NHS Fife Public Health & Wellbeing Committee

Mon 04 September 2023, 10:00 - 12:00

MS Teams

Agenda

10:00 - 10:00
0 min

1. Apologies for Absence

Alistair Morris

10:00 - 10:00
0 min

2. Declaration of Members' Interests

Alistair Morris

10:00 - 10:00
0 min

3. Minutes of Previous Meeting held on Monday 3 July 2023

Enclosed *Alistair Morris*

Item 3 - Public Health Wellbeing Committee Minutes (unconfirmed) 20230703.pdf (8 pages)

10:00 - 10:10
10 min

4. Matters Arising / Action List

Enclosed *Alistair Morris*

Item 4 - Public Health & Wellbeing Committee Action List 20230904.pdf (1 pages)

10:10 - 10:45
35 min

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

Enclosed *Neil McCormick*

Item 5.1 - SBAR Corporate Risks Aligned to Public Health & Wellbeing Committee.pdf (5 pages)
Item 5.1 - Appendix 1 Summary of Corporate Risks Aligned to the PHWC as at 20230817.pdf (6 pages)
Item 5.1 - Appendix 2 Assurance Principles.pdf (1 pages)
Item 5.1 - Appendix 3 Policy Obligations in relation to Environmental Management and Climate Change.pdf (6 pages)

5.2. Population Health & Wellbeing Strategy Corporate Risks Update

Enclosed *Margo McGurk*

Item 5.2 - SBAR Population Health & Wellbeing Strategy Corporate Risks Update.pdf (7 pages)

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

Enclosed *Dr Gillian MacIntosh*

Item 5.3 - Proposed Public Health & Wellbeing Committee Dates 2024-25.pdf (1 pages)

5.4. Delivery of Annual Workplan 2023/24

Enclosed *Nicky Connor*

Item 5.4 - Public Health & Wellbeing Committee Annual Workplan 2023-24.pdf (5 pages)

10:45 - 11:05
20 min

6. STRATEGY / PLANNING

6.1. Annual Delivery Plan 2023/24

Enclosed *Margo McGurk*

Item 6.1 - SBAR Annual Delivery Plan 2023-24.pdf (3 pages)
Item 6.1 - Appendix 1 Annual Delivery Plan 2023-24.pdf (63 pages)
Item 6.1 - Appendix 2 Annual Delivery Plan Sign Off Letter from Scottish Government.pdf (30 pages)

6.2. Anchor Programme Update and Developing Strategy

Enclosed *Neil McCormick*

Item 6.2 - SBAR Anchor Programme Update and Developing Strategy.pdf (7 pages)

11:05 - 11:25
20 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report

Enclosed *Nicky Connor / Lorna Watson*

Item 7.1 - SBAR Integrated Performance & Quality Report.pdf (3 pages)
Item 7.1 - Appendix 1 Integrated Performance & Quality Report.pdf (11 pages)

7.2. Long Covid Service Update

Enclosed *Nicky Connor*

Item 7.2 - SBAR Long Covid Service Update + Appendix 1.pdf (5 pages)
Item 7.2 - Appendix 2 Scottish Government Funding Letter.pdf (3 pages)
Item 7.2 - Appendix 3 Finance Breakdown.pdf (1 pages)

11:25 - 11:45
20 min

8. ANNUAL REPORTS / OTHER REPORTS

8.1. Alcohol & Drugs Partnership Annual Report 2022/23

Enclosed *Nicky Connor*

Item 8.1 - SBAR Alcohol & Drugs Partnership Annual Report.pdf (7 pages)
Item 8.1 - Appendix 1 Fife Alchohol & Drugs Partnership Annual Report 2022-23.pdf (38 pages)
Item 8.1 - Appendix 2 Fife Alcohol & Drugs Partnership Scottish Government Annual Survey.pdf (27 pages)

8.2. Tackling Poverty & Preventing Crisis Annual Report 2022/23

Enclosed *Lorna Watson*

Item 8.2 - SBAR Tackling Poverty & Preventing Crisis Annual Report 2022-23.pdf (4 pages)
Item 8.2 - Appendix 1 Tackling Poverty & Preventing Crisis Annual Report 2022-23.pdf (36 pages)

8.3. Health Promoting Health Service Annual Report 2022/23

Enclosed *Lorna Watson*

Item 8.3 - SBAR Health Promoting Health Service Annual Report 2022-23.pdf (5 pages)

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

Enclosed *Ben Hannan*

- Item 8.4 - SBAR High Risk Pain Medicines + Appendix 1 & 2.pdf (11 pages)
- Item 8.4 - Appendix 3 High Risk Pain Medicine Patient Safety Programme Year One Report.pdf (97 pages)

11:45 - 11:45
0 min

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1. To the Board in the IPQR Summary

Verbal *Alistair Morris*

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

Verbal *Alistair Morris*

11:45 - 11:45
0 min

10. ANY OTHER BUSINESS

11:45 - 11:45
0 min

11. DATE OF NEXT MEETING - MONDAY 6 NOVEMBER 2023 FROM 10AM - 12PM VIA MS TEAMS

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 3 JULY 2023 AT 10AM VIA MS TEAMS

Present:
Alistair Morris, Non-Executive Member (Chair)
Arlene Wood, Non-Executive Member
Mansoor Mahmood, Non-Executive Member
Chris McKenna, Medical Director
Janette Keenan, Director of Nursing
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:
Nicky Connor, Director of Health & Social Care
Christopher Conroy, Programme Director *(item 8.4 only)*
Lisa Cooper, Head of Primary & Preventative Care Services *(item 6.3 & 6.4 only)*
Esther Curnock, Consultant in Public Health Medicine *(item 8.4 only)*
Ben Hannan, Director of Pharmacy & Medicines
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Tom McCarthy, Portfolio Manager *(observing item 5.2 only)*
Maxine Michie, Deputy Director of Finance *(deputising for Margo McGurk)*
Fay Richmond, Executive Officer to the Chair & Chief Executive
Lorna Watson, Consultant in Public Health Medicine *(item 8.1 only)*
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. Apologies for Absence

Apologies were received from members Wilma Brown (Employee Director) and Margo McGurk (Director of Finance & Strategy), and attendee Susan Fraser (Associate Director of Planning & Performance).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on Monday 15 May 2023

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

4. Matters Arising / Action List

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

5. GOVERNANCE MATTERS

5.1 Annual Internal Audit Report 2022/23

The Deputy Director of Finance advised that the report was presented and approved by the Audit & Risk Committee at their meeting on 23 June 2023. The report provides outcomes on the 2022/23 internal audit work plan and outlines the Chief Internal Auditor's positive opinion on the Board's internal control framework for 2022/23. Positive progress in a number of areas were outlined. It was noted that the report highlights challenges in terms of deliverable performance targets and financial sustainability, however it also acknowledges the common challenges and issues being faced across all NHS Scotland Health Boards.

A Wood, Non-Executive Member, questioned next steps and the process to formally allocate the recommendations to the various Governance Committees. In response, the Chief Executive explained that the recommendations are aligned to individual Directors and the ownership for assurance of taking forward the recommendations sit with the Audit & Risk Committee, who also have overall responsibility for ensuring completion of audit follow-up actions.

The Committee **considered** the narrative within the corporate governance section and took **assurance** from this finalised report.

5.2 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health provided an overview on the overarching corporate risks aligned to the Public Health & Wellbeing Committee, noting that there has been positive progress. A change was highlighted in relation to the risk description for Primary Care Services, which reflects discussions at the last Committee meeting.

An update was provided on the work carried out by the Risk & Opportunities Group to further develop the assurance levels for corporate risks and to also define those levels.

The Director of Public Health highlighted the schedule of risks to come to the Committee, nothing that triannual updates on the deep dive risks would be presented.

Members commented on the summary statement, controls and risk mitigation. They noted that the activities underway to reduce risks and manage within the risk appetite are not captured in the current format of the report. The Chair requested that a description on the actions being taken, to move risks from those that are outwith the risk appetite, is added, or to consider whether the risk level should be moved. He noted that the templates and processes currently in place do not allow for discussions to mitigate and manage those risks. The Director of Public Health advised that the Risk & Opportunities Group are strengthening that process, and she agreed to discuss also

strengthening the reporting, outwith the meeting, with the Director of Finance & Strategy and Risk Manager.

Action: Director of Public Health

5.2.1 Deep Dive: Population Health & Wellbeing Strategy

It advised that the Population Health & Wellbeing Strategy was subject to two Board Development Sessions and was ratified at the March 2023 Board meeting.

The Director of Public Health outlined the Population Health & Wellbeing Strategy risk and explained the complexities and challenges around the deep dive. It was noted that the focus of the risk is around the governance, assurance and delivery of the strategy. The root causes were outlined, and it was advised that these were mapped to our four strategic ambitions in Appendix 1. It was also reported that the enabling strategies that underpin the overarching Population Health & Wellbeing Committee are being developed. Areas of significant challenge were highlighted within the report, and these relate to the root causes which have been described.

A Wood, Non-Executive Member, commented that the mitigation actions to provide reasonable assurance within the risk management framework are not being fully captured, and she also suggested to include identifying weakness and developing further mitigation actions to reduce exposure. In response, the Director of Public Health explained that there will be a range of supporting frameworks and strategies that will underpin the delivery, and as they are currently not in place, the assurance provided is limited. It was advised a mapping exercise will be carried out to identify any gaps, and actions will start to progress as the frameworks and strategies are implemented.

Following a question from M Mahmood, Non-Executive Member, the Director of Public Health indicated that there is confidence that the actions that have not started yet, will quickly be on track once they commence. It was advised that an update will be provided at the September 2023 meeting on the timeline for commencement of those actions.

Action: Director of Public Health

The Committee took **limited assurance** from the Deep Dive of this risk, noting that the actions outlined will be taken forward, with a further update provided to the Committee at the September 2023 meeting.

5.3 Delivery of Annual Workplan 2023/24

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

6. STRATEGY / PLANNING

6.1 Annual Delivery Plan 2023/24

The Chief Executive reported that the Annual Delivery Plan 2023/24 was submitted to the Scottish Government at the beginning of June 2023, and following feedback, no further iterations of the plan are required to be submitted, however clarity has been requested around some of the detailed templates. It was reported that templates have been adapted to suit NHS Fife's requirements and mapped to the new organisational strategy and to the corporate objectives. It was noted the plan is high level and does

not encompass all the actions and work that will be undertaken throughout the organisation.

Following a query from A Wood, Non-Executive Member, around the public health priorities, it was explained that the Annual Delivery Plan guidance was very specific on what was to be included within the document and was skewed towards specific expectations and priorities of the Scottish Government. It was noted that the sections around health inequalities and Anchor ambitions were both positive new additions to the Annual Delivery Plan.

The Committee **endorsed** the draft Annual Delivery Plan 2023/24 and **recommended** approval from the NHS Fife Board.

6.2 Medium Term Plan 2023-26

The Deputy Director of Finance highlighted that sections of the plan are a work-in-progress, such as planned care and that the modelling data is awaited from the Scottish Government to complete that work. It was advised that the main content within the plan is responding to specific requests around certain areas and responding to the Scottish Government recovery drivers. It was noted that there is an overlap with the Medium Term Plan and Annual Delivery Plan, with a greater focus from the Scottish Government on the Annual Delivery Plan and associated supporting plans.

The Committee discussed and **approved** in principle the content of the Medium Term Plan 2023/26 (recognising aspects remain a work-in-progress).

6.3 Primary Care Strategy 2023-26

The Director of Health & Social Care provided an update and advised that the contents of the strategy had been developed with involvement from all who have responsibilities in relation to primary care. The document outlines work that has been carried out and the challenges ahead. The strategy is aligned to the Premises Strategy and wider Population Health and Wellbeing Strategy. It was advised that there is a clear vision statement, clear strategic aims and three-year delivery plan to take forward actions. It was reported that Key Performance Indicators are actively in development and will be presented to the Primary Care Oversight Group in the first instance. It was also advised that a summarised version of the strategy, to be public facing, and to be shared with the Board, will be developed.

Following questions from members around participation and engagement activity, particularly the plans for supporting people who had experienced exclusion, and the accessibility to General Practices and dentists, it was explained that there is an ambition to ensure that everyone in Fife has access to dental services. Work to identify how many people do not have access to a General Practice, which will include looking at capacity within General Practices, will be carried out. It was noted that identifying geographical distance to services for the population of Fife can be mapped using a heat map.

It was reported that work is ongoing within the inequality teams to identify those that may be excluded from services, identifying areas that will promote accessibility. Accessing more data nationally will be linked into future performance reports and it was

advised that the data will support actions to support a positive change in outcomes. It was highlighted that the establishment of a new medical school, through partnership with St Andrews University, will support development of interventions which will promote better outcomes for patients.

It was advised that the strategy underpins both the Population Health & Wellbeing Strategy and the Health & Social Care Partnership Strategic Plan.

The Committee took **assurance** from the Fife Primary Care Strategy 2023-26 and r**ecommended** this strategy to NHS Fife Board at the July 2023 Board Meeting. The strategy will also go to the Integration Joint Board in parallel.

6.4 Implementation of the Promise National Strategy

The Director of Health & Social Care reported that the strategy will be delivered across multiple services. An overview on the work being delivered across NHS Fife & the Health & Social Care Partnership (HSCP) was provided, as detailed in the report. The expectations and examples of good practice, contained within the appendices of the report, was highlighted. It was also advised that progress updates will be brought back to the Committee.

A Wood, Non-Executive Member, suggested enhancing the Equality Impact Assessment (EQIA) to include the broader services, and to build in further data and information, including homelessness and children's rights assessment. It was explained that work is underway to include children's & young people's rights as part of all EQIAs across services.

The Chair thanked the Director of Health & Social Care, L Cooper, Head of Primary & Preventative Care Services, and their teams for all their hard work.

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

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Public Health noted that the data for immunisation has not changed since the last report to Committee, due to timings of the reporting.

The Director of Health & Social Care reported that an annual report for smoking cessation has been developed, and an update on the report was provided at agenda item 8.5. It was advised that alignment with Acute Services to improve the uptake for smoking cessation is currently underway. A Wood, Non-Executive Member, queried the targeted work for children & young people that is being undertaken, and if this includes schools and colleges. In response, an overview was provided on the key aspects of this targeted work, with it being noted that this area is included within the Health Promotion Service Annual Report.

In terms of Child & Adolescent Mental Health Services (CAMHS), the challenges with longest waits and access to treatment was explained. It was highlighted that patients are not waiting over 35 weeks for treatment, and those waiting over 18 weeks are being

closely monitored. An overview was provided on the additional actions that have been put in place to address both the longest waits and access to treatment.

An update was provided on Psychological Therapies (PT), and it was advised that there had been a slight decline in performance, potentially due to holiday periods. It was reported that a significant amount of work is being carried out in terms of both recruitment and development of PT services, and the challenges were outlined.

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

8. ANNUAL REPORTS

8.1 Director of Public Health Annual Report 2023

The Director of Public Health noted that the report is a text only version presented to the Committee, and she explained the change of approach to the report, noting that there is a single topic approach on child health for the 2023 report, which is an emerging national priority.

L Watson, Consultant in Public Health Medicine, joined the meeting and gave an overview on the report and the key findings.

A Wood, Non-Executive Member, highlighted the key recommendations and next steps and stated that we need to ensure we can influence in the right places. In response, it was advised that consideration will be given to the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (UNCRC) for decision making both within NHS Fife and our partner organisations, and that this will also influence strategies, policy documents and signposting.

M Mahmood, Non-Executive Member, questioned if there were any early years programmes as part of the early intervention within schools for mental health & wellbeing. It was explained that there are a number of initiatives and programmes in this area, and that services are working closely together. It was agreed to share with the Committee the 'Our Minds Matter' framework.

Action: Director of H&SC

The Chief Executive noted that the Director of Public Health Annual Report and Population Health & Wellbeing Strategy will form the building blocks of our delivery plans.

It was advised that the report will be shared with the NHS Fife Board, and once published will be shared externally as widely as possible.

The Committee **discussed**, **examined** and **considered** the Director of Public Health Annual Report for 2023.

8.2 Fife Child Protection Annual Report 2022/23

The Director of Nursing spoke to the report and highlighted the key points, including the challenges and successes.

Following a question from A Wood, Non-Executive Member, it was advised that the lead agency for child protection is the Local Authority. The Chief Executive added that there is an individual and collective accountability within a number of services.

An explanation was provided on accessing the child protection advice line out of hours.

It was advised that a gap analysis has been carried out for the Public Protection Assurance Framework, and once the self-evaluation toolkit is published, both documents will be brought back to the Committee.

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

8.3 Health Promotion Service Annual Report 2022/23

The Director of Health & Social Care advised that the report outlines the role of the service, which is carried out in collaboration with multiple agencies, and that it sets out the range of work undertaken and the key drivers. It was advised that there is alignment within the work presented within the report to the Population Health & Wellbeing Strategy, National Public Health priorities, and the Health & Social Care Partnership Strategic Plan.

It was reported that it is expected next year that reporting of this work will be included within the progress of the Prevention and Early Intervention Strategy.

The Chair commended all involved for the report.

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

8.4 Annual Immunisation Report 2023 & Review of Immunisation Strategic Framework 2021-24

The Director of Public Health introduced this item.

C Conroy, Programme Director, joined the meeting and provided background detail to the paper, advising that the report provides an overview of progress on the key areas of delivery. An overview on the priority areas for the coming year was provided, and the challenges were highlighted.

E Curnock, Consultant in Public Health Medicine, joined the meeting and highlighted the key points on vaccine preventable disease, surveillance rates and vaccination uptake rates, from the report.

It was agreed to hold a future Development Session focussed on immunisation to provide further detail.

Action: Director of Public Health/Board Committee Support Officer

The Committee **noted** the findings of the NHS Annual Report and **noted** progress of the delivery of the Immunisation Strategic Framework and outlined priorities for 2023-2024, for **assurance.**

8.5 Smoking Cessation and Prevention Work Annual Report

The Director of Health & Social Care advised that the report outlines the data, challenges and work that is being taking forward in relation to smoking cessation and prevention. The improvement actions for the coming year were highlighted, and it was noted that these actions are aligned to the Integrated Performance & Quality Report (IPQR). The Director of Health & Social Care highlighted some of the key areas of work being carried out.

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

9. LINKED COMMITTEE MINUTES

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

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

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to NHS Fife Board.

11. ANY OTHER BUSINESS

11.1 Committee Development Session

The Committee agreed to extend the Development Session on Tuesday 24 October 2023 and to hold the meeting from 11am – 12.30pm.

Action: Board Committee Support Officer

12. DATE OF NEXT MEETING

Monday 4 September 2023 at 10am via MS Teams.

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

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST

Meeting Date: Monday 4 September 2023

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	03/07/23	**Corporate Risks Aligned to Public Health & Wellbeing Committee**	To discuss strengthening the reporting, outwith the meeting, with the Director of Finance & Strategy and Risk Manager.	**JT**	September 2023	New process of reporting has been developed by the Risk and Opportunities Group and agreed by EDG.	Closed
2.	03/07/23	**Deep Dive: Population Health & Wellbeing Strategy**	To provide an update at the September Committee meeting on those actions that have not yet started.	**JT**	September 2023	On agenda.	Closed
3.	03/07/23	**Director of Public Health Annual Report 2023**	To share the 'Our Minds Matter' framework.	**NC**	September 2023	Complete.	Closed
4.	03/07/23	**Committee Development Session**	To extend the Development Session on Tuesday 24 October 2023 and to hold the meeting from 11am – 12.30pm.	**HT**	July 2023	Complete.	Closed

NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**4 September 2023**
Title:	**Update on Corporate Risks Aligned to the Committee**
Responsible Executive:	**Dr Joy Tomlinson, Director of Public Health, NHS Fife**
Report Author:	**Pauline Cumming, Risk Manager, NHS Fife**

1. Purpose

This report is presented for:
- Assurance

This report relates to:
- Annual Delivery Plan
- Emerging issue
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife

This report aligns to the following NHSScotland quality ambition(s):
- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

This paper provides an update on the corporate risks aligned to this Committee since the last report on 3 July 2023.

The Committee is invited to:
- Note the Corporate Risk detail as at 17 August 2023 set out at Appendix 1;
- Review all information provided against the Assurance Principles at Appendix 2;
- Consider and be assured of the mitigating actions to improve the risk levels;
- Conclude and comment on the assurance derived from the report; and
- Confirm that the deep dive review to be prepared for the next Committee meeting is on Health Inequalities

2.2 Background

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

- reliability
- sufficiency

2.3 Assessment

NHS Fife Strategic Risk Profile

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

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

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

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

Table 1

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	▲	High
To improve the quality of health and care services	5	5	-	-	-	◀ ▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀ ▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀ ▶	Moderate
Total	18	13	5	0	0		

Summary Statement on Risk Profile

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

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

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

Risk Key	
High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key

▲ Improved - Risk Decreased

◀ ▶ No Change

▼ Deteriorated - Risk Increased

Details of the risks aligned to this Committee are summarised in Table 2 below and at Appendix 1.

Risks aligned to the Public Health and Wellbeing Committee

Table 2

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
To improve health and wellbeing	1 2 - -	◀▶	• 1 - Population Health and Wellbeing Strategy • 2 - Health Inequalities • 4 - Policy Obligations in Relation to Environmental Management and Climate Change	Risk 2- Target date added. Risk 4 -Mitigations updated and target date added.
To improve the quality of health and care services	1 - - -	◀▶	• 10 - Primary Care Services	

Key Updates

Risk 2 - Health Inequalities

The Risk Owner advises there is no change to this risk and that it has been agreed the risk will be considered at the Public Health and Wellbeing Committee in November 2023.

Current Risk Rating and / or Level

No changes.

Risk Target

Further to the previous report to the Committee, a target date has been added for the Health Inequalities risk.

Deep Dive Reviews

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

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

A deep dive review on Corporate Risk 3 - Policy Obligations in Relation to Environmental Management and Climate Change is provided at Appendix 3. This is an update on the deep dive provided to the Committee on 8 November 2022.

At the Committee's request, an update on the Population Health & Wellbeing Strategy deep dive presented at the meeting on 3 July 2023 will be provided separately.

Potential Corporate Risk

The Committee is advised that there is recognition of a longer term risk around preparedness for future biological threats (including pandemics). This will require to be considered for inclusion in the Corporate Risk Register. A risk scoping exercise led by a Consultant in Public Health has commenced. The risk will be presented In due course to

the EDG and the appropriate governance groups and committees for further discussion and a decision.

Next Steps

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

The format and content of the Register and corporate risk reports will continue to evolve. Feedback from Committees and other stakeholders will be considered in order to reach consensus on priority areas for further development and / or improvement.

Connecting to Key Strategic Workstreams

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

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

Subject of the paper.

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

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

including the EDG on 17 August 2023.

2.3.8 Route to the Meeting

- Nicky Connor, Director of Health & Social Care on 25 August 2023
- Neil McCormick, Director of Property & Asset Management on 25 August 2023
- Margo McGurk, Director of Finance & Strategy on 22 August 2023
- Dr Chris McKenna, Medical Director on 25 August 2023
- Carol Potter, Chief Executive on 25 August 2023
- Dr Joy Tomlinson, Director of Public Health on 22 August 2023

2.4 Recommendation

- **Assurance**

3. List of Appendices

The following appendices are included with this report:

- Appendix No.1,Summary of Corporate Risks aligned to the Public Health & Wellbeing Committee as at 17 August 2023
- Appendix No. 2, Assurance Principles
- Appendix No.3, Deep Dive Review - Policy Obligations in Relation to Environmental Management and Climate Change

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

Appendix 1

Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee as at 17 August 2023

	Risk	Mitigation	Current Risk Level / Rating	Target Risk Level & Rating by date	Current Risk Level Trend	Appetite (HIGH)	Risk Owner	Primary Committee
1	**Population Health and Wellbeing Strategy** There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.	The strategy was approved by the NHS Fife Board in March 2023. The focus now is now 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. We are now preparing the 3-year Medium Term Plan which flows from our strategy which was submitted to Scottish Government in July 2023. An update on the deep dive review of the implementation of the Population Health & Wellbeing Strategy presented to the PHWC on 03/07/23 will be provided to the Committee on 04/09/23.	Mod 12	Mod 12 by 31/03/24	◄►	Below	Chief Executive	Public Health & Wellbeing

2	**Health Inequalities** 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.	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. 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. Consideration of Health Inequalities within all Board and Committee papers. Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife. The deep dive is to be updated for the committee meeting in November 2023.	High 20	Mod10 by 31/03/24	◀▶	Within	Director of Public Health	Public Health & Wellbeing
4	**Policy obligations in relation to environmental management and climate change** There is a risk that if we do not put in place robust management	Robust governance arrangements remain in place including an Executive Lead and a Board Champion. Regional working group and representation on the National Board ongoing. Active participation in Plan 4 Fife	Mod 12	Mod 10 by 01/04/2025	◀▶	Below	Director of Property & Asset Management	Public Health & Wellbeing

	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.'	continues. 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. 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). Resource in the sustainability team has increased by 1 FTE via external funding for 12 months. 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. An update to the deep dive review presented to the PHWC on 08/11/22, will be provided to the Committee on 04/09/23.						

	Risk	Mitigation	Risk Level / Rating	Target Risk Level & Rating by date	Risk Level Trend	Appetite (MOD)	Risk Owner	Primary Committee
10	**Primary Care Services** There is a risk that due to a combination of unmet need across health and social care as a result of the pandemic, increasing demand on services, workforce availability, funding challenges, adequate sufficient premises and 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.	A Primary Care Governance and Strategy Oversight Group is in place. The group, co-chaired by the Medical Director and the Director of Health and Social Care, brings together both the transformation and sustainability initiatives for all four of the independent primary care contractors, whilst also overseeing any critical aspects of governance. It provides assurance to NHS Fife Board and the Integration Joint Board (IJB) through the appropriate sub committees. This group allows governance and scrutiny of all aspects of primary care delivery and provides a focus for improving patient care for the population of Fife. A Primary Care Strategy is in development and is at final draft stage; it was presented to commissioners for discussion and support in February 2023 and will be taken through committees for approval by July 2023. A Primary Care Improvement Plan (PCIP) is in place; subject to regular monitoring and reporting to General	High 16	Mod 12 (3 x4) by 31/03/24	◄►	Above	Director of Health & Social Care	Public Health & Wellbeing

		Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB and Scottish Government. A workshop took place in January 2023 to review and refresh the current PCIP to ensure it is contemporary and based on current position and known risks to ensure a realistic and feasible PCIP. The refreshed PCIP for 23/24 will be progressed via committees for approval in July 2023. This refreshed PCIP will take into account the further guidance from SG and BMA received in April. The progress with the current programme will continue. Remodelling and recruitment of workforce action plan resulting from earlier Committee report will be completed as part of the refreshed PCIP. A review of models of care incorporating the learning from the pandemic is closed. The review of leadership, management and governance structure which has been jointly commissioned by Deputy Medical Director (DMD) and Head of Service (HOS) for P&PC will be completed by July 2023. Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for						

		completion is April 2024. A Deep Dive review was presented to the PHWC meeting on 15 May 2023.						

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 → Escalation / Recording
- Scrutiny or risk delegated to Committee

Year End Report

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

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? Ae 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
			

Document developed from diagram produced by NHS Lanarkshire based on principles compiled by the Assurance Mapping Group of members of Boards covered by the FTF Internal Audit Service, 2022

NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**4 September 2023**
Title:	**Corporate Risk - Deep Dive: Policy Obligations in relation to Environmental Management and Climate Change**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Jimmy Ramsay, Head of Sustainability**

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Local Policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper is brought to the Committee as part of the reporting to the governance committees on the corporate risks and provides a Deep Dive into the Risk - Environmental Management and Climate Change.

The Committee is invited to:

- Consider the Deep Dive Review

2.2 Background

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

- Relevance
- Proportionality
- Reliability
- Sufficiency

2.3 Assessment

Deep Dive Review of Corporate Risks

It is essential to provide assurance on the management of our corporate risks. To contribute to this aim, Deep Dive Reviews have been commissioned for specific risks via the following routes:

- Governance Committees
- Executive Director Group (EDG)
- Risks & Opportunities Group (ROG) with recommendations for EDG

A Deep Dive into the following risk has been prepared for members' attention.

Risk Title	Aligned Committee
Policy Obligations in relation to Environmental Management and Climate Change	Public Health & Wellbeing

Corporate Risk Selected for 'Deep Dive'

Deep Dive Review on Corporate Risk 4 - Environmental Management and Climate Change

Corporate Risk Title	**Policy Obligations in relation to Environmental Management and Climate Change**			
Strategic Priority	To deliver value and sustainability			
Risk Appetite	**High**			
Level of Risk Assurance	**Substantial Assurance**	**Reasonable Assurance**	**Limited Assurance**	**No Assurance**

Confirm Assurance Level (Add a Yes)			Yes	
Risk Description	There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.			
Root Cause (s)	The Scottish Government has implemented a policy on tackling climate change following the worldwide climate change requirements which are displayed as 17 United Nations (UN) Sustainable Development Goals. NHS Scotland is aiming to become a net-zero health service by 2040 at the latest. We are part of an international coalition of over 50 countries to date, who have committed to developing low-carbon health systems. Collaboration between the Scottish Government and NHS Scotland has resulted in the development of a 2022-2026 Climate Emergency Strategy to address areas within the Sustainability Agenda. There are five main themes currently being led by NHS Scotland in its infancy stages: 1. Sustainable Buildings & Land 2. Sustainable Travel 3. Sustainable Goods & Services 4. Sustainable Care 5. Sustainable Communities The current resource level within the Board assigned to work on areas of sustainability is insufficient. A restructuring of duties for some existing staff will be required to tackle more of the agenda alongside partnership working with local third sector organisations including a partnership Director appointment with FCCT (Fife Coast & Countryside Trust) and local government (Fife Council). However, due to the scale of the task within item 1 above alone, 'Sustainable Buildings and Land', NHS Fife will need to implement a series of projects across the estate to meet this demand over the next 18 years. Substantial capital investment is required on the decarbonisation of heat projects to replace fossil fuel sources (gas and oil) with non-fossil fuel systems (electric heat pumps etc). It is expected that the majority of capital will be funded by the Scottish Government, however, boards are expected to fund in conjunction with the Scottish Government as the internal resource to deliver these projects is currently insufficient.			
Current Risk Rating ([LxC] & Level (e.g. High Moderate, Low)	**Likelihood** **3**	**Consequence** **4**	**Level** **12**	
Target Risk Rating([LxC] & Level (e.g. High, Moderate, Low)	**Likelihood** **2**	**Consequence** **4**	**Level** **8** **Target Date - target dates are staged, per the Climate Strategy**	
Management Actions (current)				

Action	Status	Impact on Likelihood/ Consequence
An effective Governance Structure has been implemented by appointing an 'Executive Lead' and 'Sustainability Champion' as identified within the NHS Scotland Strategy and Policy. Further appointments have been made which include a lead for Clinical Sustainability and a non-exec Sustainability Champion.	Complete	Reduces likelihood
A Regional Working Group has been set up with regular meetings taking place alongside NHS Lothian and NHS Borders.	Complete	Reduces likelihood
A recent delivery of £1.5 million of renewable energy sources and energy improvement works across various NHS Fife properties.	Complete	Reduces likelihood
Twelve NHS Fife sites have been surveyed to identify a 'road map' to achieve Carbon Net Zero as result of a National Tender Programme.	Complete	Reduces likelihood
A Greenspace 2030 Strategy has been published and we are now working and partnering with external third sector organisations to link appropriate spaces with the resource and funding. Workshop involving various NHS Fife staff are complete and we are now into the second phase of developing the Strategy.	Complete	Reduces likelihood
Active participation in 'Plan 4 Fife' through the Addressing Climate Emergency (ACE) Board.	On Track	Reduces likelihood
Implementation of a Travel Platform to support NHS Fife staff with their commute which gives us the ability to track commute emissions (as required by National Reporting Standards).	Complete	Reduces likelihood
A Design Project is underway to decentralise and achieve 'net zero' at the Cameron Hospital site. (Update August 2023 - this site is at risk of non-delivery. The SG Framework does not support replacement site transformers to support the extra electrical load. Costs may run up to £1.5 million which must be funded by the Board).	At risk of non- delivery	Reduces likelihood & consequence
Attending National Working Groups with the sustainability agenda as the main focus.	On Track	Reduces likelihood
Create better opportunities for active travel including e-Bike Loan Schemes.	On Track	Reduces likelihood
Work to achieve the target of a full EV fleet by 2025 is underway.	On Track	Reduces likelihood
Outsourcing the data entry for the EMS (Environmental Management System), however, on-going management of this system will be required from various parties (legal requirement for Boards).	On Track	Reduces likelihood
Development of an SBAR to demonstrate employment of an energy related post within the Board. This will potentially pay for itself with the ongoing commitment to renewable energy projects. These show significant savings to the Board year-on-year in gas and electricity consumption costs, and also meet the demands of the policy and strategy requirements and the UN Sustainable Development Goals. This will align with the SPRA requirements.	On Track	Reduces likelihood
Of the sites that have been surveyed, £11 million investment is required to deliver these projects to enable the sites to be net zero on GHGs (greenhouse gases) as per the policy objective. Some funding may come from SG but, as this exceeds our capital allocation of £5million, meaning that if we proceed with the Cameron site plan, there will be insufficient funds available from SG and a lack of NHS Fife resources to deliver.	At risk of non- delivery (cost and resource)	Reduces likelihood & consequence
Development of more EV chargers across NHS Fife to align with local and national requirements.	On Track	Reduces likelihood

Realignment of existing post duties to meet the above criteria (subjects 1-5), namely travel & transport, waste and energy projects.	On Track	Reduces likelihood
Further discussions on sustainable care to progress, with the view that a national approach will be taken.	On Track	Reduces likelihood
A report on supply chain carbon emissions is required by all Boards. NHS Scotland is taking the lead on this to ensure a consistent approach rather than Boards progressing on an individual basis.	Significant level of delivery challenge	Reduces likelihood & consequence
Development of reporting mechanisms to enable the Board to clearly see progress against the targets. This is crucial over the next 17 years to ensure all relevant Board members are aware of the challenges.	On Track	Reduces likelihood
Development and implementation of a long-term Site Decarbonisation Plan. All heat sources to be fossil fuel free by 2038. We are currently on track to meet the 2025 target; however, we are short of the 2030 target and significantly short of the 2038 target.	At risk of non-delivery (cost and resource)	Reduces likelihood & consequence

Action Status Key
Completed
On track
Significant level of delivery challenge
At risk of non-delivery
Not started

2.3.1 Quality / Patient Care

Effective management of risks will support delivery of our strategic priorities, to improve the value and sustainability of our services.

2.3.2 Workforce

There are major workforce training implications to deliver a more sustainable care model through the participation of a wide range of staff across the organisation.

2.3.3 Financial

There are significant capital costs involved in the decarbonisation of our estate and fleet and there will be more expenditure on electricity as natural gas is phased out by 2038.

2.3.4 Risk Assessment / Management

Subject of the paper.

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

No Assessment has been carried out.

2.3.6 Climate Emergency and Sustainability Impact

This paper directly identifies risks and issues relating to Climate Emergency and Sustainability.

2.3.7 Communication, involvement, engagement and consultation

A significant campaign of communication and engagement will be required with our staff, partners and the wider population. A communication plan will be developed as part of the more formal programme management approach being developed.

2.3.8 Route to the Meeting

- NHS Fife Decontamination Group,11 August 2023
- Executive Director's Group, 17 August 2023

2.4 Recommendation

The Committee is invited to:

- Discuss and take assurance from the Deep Dive Review

3. List of appendices

- n/a

Report Contact
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NHS Fife

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**4 September 2023**
Title:	**Population Health & Wellbeing Strategy Corporate Risks Update**
Responsible Executive:	**Joy Tomlinson, Director of Public Health**
Report Author:	**Susan Fraser, Associate Director of Planning and Performance**

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- NHS Board Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

At the 3rd July 2023 Public Health and Wellbeing Committee (PH&WC) meeting, a deep dive was presented on the corporate risk associated with the implementation of the NHS Fife Population Health and Wellbeing Strategy.

The deep dive concluded that there was limited assurance in relation to the management actions for this risk. An update was requested by Committee for the next Public Health & Wellbeing Committee meeting in September 2023.

This paper provides an update on the level of assurance currently available for the Population Health & Wellbeing Strategy risk.

2.2 Background

The corporate risk register contains an organisational risk around the implementation of the strategy: *'there is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife'.* Deep dive reviews of all the corporate risks are underway. The risk relating to the strategy was reviewed in summer 2023.

The deep dive process highlighted that the entirety of the corporate risk register represents risks to the delivery of the Population Health and Wellbeing Strategy. The deep dive and accompanying management actions focussed on how we will provide assurance towards implementation of the Strategy. The Public Health & Wellbeing Committee endorsed this approach at their July meeting.

At the July meeting the deep dive concluded that there was only limited assurance was provided by the management actions and an update was requested for the committee meeting in September 2023.

2.3 Assessment

Work has been ongoing to develop a reporting process for the Population Health and Wellbeing Strategy. This has sought to ensure we avoid duplication and add value for all stakeholders. Work has been undertaken to review existing reporting processes, engaging with colleagues across NHS Fife and developing a reporting proposal.

Consideration has been given to how this process will support:

- Reporting on the delivery the key priorities in 2023/24.
- Assist the Board to consider its future vision for health services in Fife.
- Assurance of the management actions in the Population Health and Wellbeing Strategy risk deep dive.

The three horizons model has been used to provide a framework (more information on the three horizons model is included in Appendix One).

The Corporate Objectives, Annual Delivery Plan and existing strategies and strategic programmes have been mapped to the four strategic priorities and ambitions outlined in the Population Health and Wellbeing Strategy. As other strategies and programmes are identified, further mapping will be carried out. This demonstrates how this work is aligned across the organisation and provides a model for how the board supports strategic planning across all three horizons.

It is proposed that the following reports will be produced:

1. An annual report: this will provide a summary of work across horizon one. This includes:
    a. Updates on the delivery of the corporate objectives
    b. Highlighting (where necessary) when corporate risks impact on progress

c. Using stories and case studies to illustrate the impact of the strategies.

In addition, the annual report will allow the board to consider horizon 2 and 3 by describing strategic planning for the medium and longer term. This will allow the work of the board to continue to be emergent and agile.

2. A mid-year update report will also be produced. This will be focus on the in-year progress update of the work underpinning the Strategy and the progress of the delivery of the corporate objectives with identification of emergent issues in the current financial year.

Both reports will be concise with a focus on impact and outcomes. Supporting updates will include a suite of indicators. These will consider performance and quality outcomes. Improvement of longer-term measures will take longer to be evidenced, but we do expect to see progress made with shorter term goals. There is more work to be done to develop the indicators and updates will be provided when complete.

It is also planned that these reports will provide an overview and status of the health strategies and strategic programmes in Fife. This will provide a helicopter view of all the work in progress. Detailed scrutiny and assurance relating to this work will continue to take place via existing governance arrangements.

This process will allow NHS Fife to track progress, respond to emergent priorities and refocus the strategy as necessary. The mid-year update report for 2023-24 will be shared with the Board in November.

The Deep Dive presented to Committee in July, established the overarching management actions required to mitigate the risk. An update on progress of all these actions is provided below:

Action	Status	Impact on Likelihood/ Consequence
1. *Assurance on all the work supporting delivery of the strategy*- regular updates on progress of all our work is provided via established governance routes, for example, programme boards, steering groups, and other management groups. Assurance on progress is provided to NHS Fife Board and the Committees via the Executive Directors Group (EDG). *September 2023 Update:* A proposed approach to reporting on the Population Health and Wellbeing Strategy has been developed and is outlined in this report.	Significant level of Challenge Current status: On track	Reduce likelihood

Action	Status	Impact on Likelihood/ Consequence
2. *Coordinated approach to the delivery of strategic programmes*- the delivery of our strategic programmes is supported through separate Corporate Programme Management Offices (CPMO) in NHS Fife and in Fife HSCP. *September 2023 Update:* work is ongoing to ensure that the work of all our strategic programmes is aligned to the strategies and corporate objectives. By including an update on progress as part of the planned reporting there will be a clear overview, and this will support coordination.	Significant level of challenge Current status: On track	Reduce consequence
3. *Aligning our work with partners*- we are engaged in a range of work that enables us to expand our influence beyond NHS Fife. Examples include: a. Engagement in Anchor work being led by Scottish Government b. Key partner in the delivery of Plan for Fife *September 2023 Update:* this work remains on track. NHS Fife is developing a strategic Anchor Plan to be submitted to Scottish Government by October. NHS Fife is a key partner within Plan for Fife and included in future plans for this strategy.	On Track Current status: On track	Reduce likelihood
4. *Ongoing engagement and communications*- we will implement engagement and communications strategies specifically around the implementation of the strategy which are inclusive of all our stakeholders and their needs. Delivery of engagement work will be supported through building on existing links between NHS Fife and Fife HSCP engagement team. *September 2023 Update*: Work is progressing in producing an engagement strategy for NHS Fife that will inform and support this work.	Not started Current status: On track	Reduce consequence
5. *Assurance on the strategy delivery*- we will establish an effective governance mechanism to oversee all the work associated with delivery of the strategy. This will provide assurance on the ongoing progress to the committees and NHS Boards through EDG. *September 2023 Update:* A proposed approach to reporting and governance of all the work associated with the delivery of the Population Health and Wellbeing Strategy has been developed and is outlined in this report.	Not started Current status: On track	Reduce likelihood
6. *Mapping our work*- We will review all the ambitions of the PHW Strategy to ensure that there are links to all the strategies across health and care in Fife.	Not started	Reduce likelihood

Action	Status	Impact on Likelihood/ Consequence
September 2023 Update: this is now complete. As part of this mapping work we have aligned the ambitions to the short, medium and long term planning arrangements informed by the 3 horizons model. This will be kept under ongoing review as part of the governance process outlined in this paper and in particular at the point when associated strategies and frameworks are finalised.	Current status: Complete	

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

On review of the management actions for this risk, the proposal is to change the level of risk from **limited** assurance to **reasonable** assurance.

2.3.1 Quality / Patient Care

This will support quality of care by ensuring that the reporting process supports organisational planning in the short, medium and longer term.

2.3.2 Workforce

There is no impact on workforce from this paper.

2.3.3 Financial

This paper provides an update on the reporting of the progress of the population health and wellbeing strategy. A key strategic priority of this strategy is how we support value and sustainability in NHS Fife. The proposed approach to reporting will provide assurance around the work that is being taken. There are no additional financial requirements associated with the proposals outlined in this paper.

2.3.4 Risk Assessment / Management

The Deep Dive approach for this risk was discussed and endorsed at the July Public Health Committee. It was recognised that the success of the strategy is dependent on the successful management of all risks contained within the Corporate Risk Register. The oversight and assurance of individual Corporate Risks will together provide the mechanism of assurance for delivery of the Strategy.

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

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

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

- NHS Fife Executive Directors Group, 10 August 2023 (presentation)
- NHS Fife Executive Directors Group, 17 August 2023 (paper)

2.4 Recommendation

This update provides an overview of all management actions and their status. The Committee is asked to consider the update for

- **Assurance**: to review the contents of this paper noting that the level of assurance to the Committee has changed from **limited** assurance to **reasonable** assurance.

3 List of appendices

The following appendices are included with this report:

- Appendix One: 3 Horizons Model

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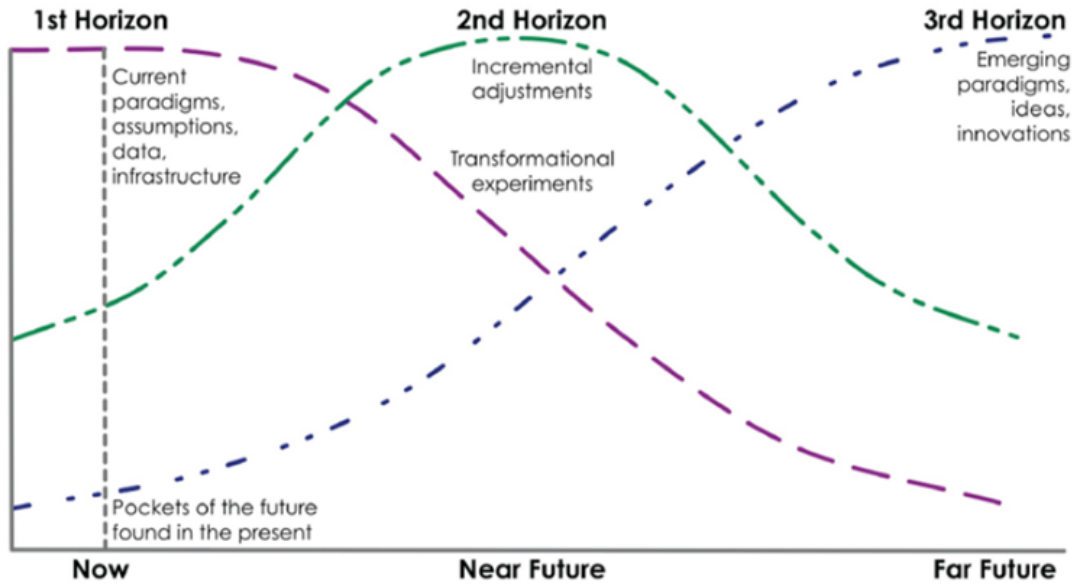
Appendix One: 3 Horizons Framework



Definition	How do we deliver	Governance
First Horizon: current context and conditions; the focus is on maintaining stability, and the mindset is that of the manager.	*Corporate Objectives* *Annual Delivery Plan* *Strategic Programmes* *PHW Strategy*	*Board Assurance and Scrutiny*
Second horizon: actions taken in the present to resist change, to adapt to change, or to build on change; the focus is on creating and managing change, and the mindset is that of the entrepreneur.	*Medium Term Plan* *Financial Medium Term Plan* *Health Strategies and Strategic Programmes* *PHW Strategy*	*Board Assurance and Scrutiny*
Third horizon: transformative emerging changes, ideas about possible futures, and visions of preferred futures; the focus is on transformation and disruption, and the mindset is that of the visionary.	*PHW Strategy* *Health Strategies*	*Board Development*

PUBLIC HEALTH & WELLBEING COMMITTEE

DATES FOR FUTURE MEETINGS

Date
Monday 13 May 2024
Monday 1 July 2024
Monday 16 September 2024
Monday 11 November 2024
Monday 13 January 2025
Monday 3 March 2025

Please note that all meetings take place via **MS Teams** / in the **Staff Club** (TBC) and start at **10am**

A pre-meeting of Non-Executive Members is routinely held, beginning at **9.30am**

* * * * *

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**	✓	✓	✓
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**		✓	✓ **Strategic Plan**	✓	
Annual Delivery Plan 2023/24	**Director of Finance & Strategy**		✓	✓	✓	✓	✓
Corporate Objectives	**Director of Finance & Strategy**	✓					
IJB Strategic Plan	**Director of Health & Social Care**	**TBC**					

Strategy / Planning (cont.)							
	Lead	**15/05/23**	**03/07/23**	**04/09/23**	**06/11/23**	**15/01/24**	**04/03/24**
Implementation of the Promise National Strategy	**Director of Health & Social Care**	**Deferred to next mtg**	✓				
Medium Term Plan	**Director of Finance & Strategy**				✓		✓
Mental Health Strategy Implementation	**Director of Health & Social Care**				✓		
Primary Care Strategy	**Director of Health & Social Care**	✓ **Update**	✓ **Strategy**				
Prevention & Early Intervention Strategy	**Director of Health & Social Care**			**Deferred to next mtg**	✓		
Population Health & Wellbeing Strategy	**Director of Finance & Strategy**		**Will be covered under deep dive**		✓		✓
Post Diagnostic Support for Dementia	**Director of Health & Social Care**				✓		
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 & Recruitment Update	**Director of Health & Social Care**	✓ **Covered at development session**			✓		✓
Dental Services & Oral Health Improvement	**Director of Public Health**					✓	
Health Weight Report	**Director of Public Health**			**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					
Local Delivery Plan Standard for Psychological Therapies	**Director of Health & Social Care**				✓		

Quality / Performance (cont.)							
	Lead	**15/05/23**	**03/07/23**	**04/09/23**	**06/11/23**	**15/01/24**	**04/03/24**
Long Covid Service Update	**Director of Public Health**			✓			
Primary Care Oversight Group	**Medical Director/Director of Health & Social Care**	**TBC**					
Tender Process for 2C GP Practices *(also goes to FPR)*	**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 *(also goes to CGC)*	**Director of Nursing**					✓ **2024 Report**	
Participation & Engagement Report *(also goes to CGC)*	**Director of Nursing**				✓		
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 *(also goes to CGC)*	**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**					✓	
Director of Public Health Annual Report *(and additional updates, based on agreed priorities)* *(also goes to CGC)*	**Director of Public Health**	**Deferred to next mtg**	✓				

Annual Reports (cont.)							
	Lead	**15/05/23**	**03/07/23**	**04/09/23**	**06/11/23**	**15/01/24**	**04/03/24**
Fife Child Protection Annual Report	**Director of Nursing**		✓				
Health Promoting Health Service Annual Report	**Director of Public Health**			✓			
Health Promotion Service Annual Report *(and additional updates, based on agreed priorities)*	**Director of Health & Social Care**		✓				
Immunisation Annual Report, including Strategy Implementation *(also goes to CGC)*	**Director of Public Health**		✓				
Integrated Screening Annual Report *(also goes to CGC)*	**Director of Public Health**				✓		
Pharmaceutical Care Services Annual Report 2021/22	**Director of Pharmacy & Medicines**				✓		
Sexual Health and Blood Borne Virus Framework Annual Report	**Director of Health & Social Care**				✓		
Smoking Cessation and Prevention Work Annual Report	**Director of Health & Social Care**		✓				
Violence Against Women Annual Report 2022/23	**Director of Health & Social Care**						✓
Linked Committee Minutes							
	Lead	**15/05/23**	**03/07/23**	**04/09/23**	**06/11/23**	**15/01/24**	**04/03/24**
Equality and Human Rights Strategy Group	**Director of Nursing**	✓ 03/02	✓ 12/05 – mtg cancelled	✓ 04/08 – mtg cancelled		✓ 10/11	
Portfolio Board	**Director of Finance & Strategy**	✓ 09/02 & 09/03	**Disbanded**				
Public Health Assurance Committee	**Director of Public Health**		✓ 12/04		✓ 14/06 & 02/08	✓ 18/10	✓ 06/12

Ad Hoc Items							
	Lead	**15/05/23**	**03/07/23**	**04/09/23**	**06/11/23**	**15/01/24**	**04/03/24**
Greenspace Strategy	**Director of Property & Asset Management**	✓					
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**		✓				
Drug Related Deaths	**Director of Public Health**				✓		
High Risk Pain Medicines - Patient Safety Programme, End of Year 1 Report	**Director of Pharmacy & Medicines**			✓			
Scottish and UK COVID 19 Inquiries Update				✓ **Private Session**			
Development Sessions							
	Lead						
Development Session 1 • Child & Adolescent Mental Health Service (CAMHS) & Psychological Therapies (PT)	**Director of Health & Social Care**	✓ 19/04/23					
Development Session 2 • Integrated Screening				✓ 24/10/23			

NHS Fife

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**4 September 2023**
Title:	**Annual Delivery Plan 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

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, following request for further information, on 26 June.

This paper provides the committee with assurance that the ADP has now been agreed with the Scottish Government.

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.

The ADP is focussed on planning for the 10 Scottish Government recovery drivers:

1. Primary and Community Care
2. Urgent and Unscheduled Care
3. Mental Health
4. Planned Care
5. Cancer
6. Health Inequalities
7. Innovative healthcare and technologies
8. Workforce
9. Digital
10. Climate Change

2.3 Assessment

Following submission of the ADP documents on 8 June, formal feedback from Scottish Government policy departments was received on 28 June 2023.

NHS Fife responded to the feedback and submitted a formal response to the feedback on 26 July 2023. Our response includes a revised version of the ADP1 with additional information in the dental and diabetes sections.

Formal sign off of the ADP from Scottish Government was received on 11 August 2023 and the revised ADP and sign off letter from the Scottish Government has been attached for formal approval.

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

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.

- Executive Directors' Group 17 August 2023

2.4 Recommendation

The committee is asked to:

- **Take assurance** from the Annual Delivery Plan 2023/24
- **Note** the ADP Review Feedback for 2023/24

List of appendices

1. Annual Delivery Plan 2023/34
2. ADP Sign Off letter from Scottish Government

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NHS Fife

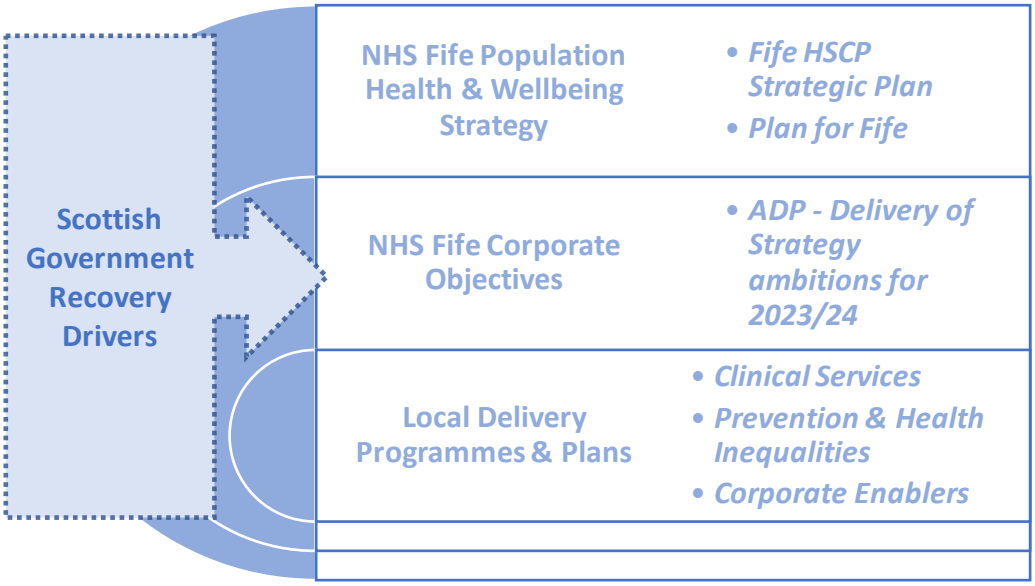
Population Health & Wellbeing Strategy

Annual Delivery Plan 1 2023/24

Table of Contents

Planning Context

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



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

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

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

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

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

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

Section A: Recovery Drivers

1. Primary & Community Care

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

To improve health and wellbeing

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

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

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

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

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

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

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

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

Another shared commitment in the Population Health and Wellbeing Strategy and HSCP Strategic plan focuses prevention and early intervention aligned to the national health and wellbeing outcome and Public Health priorities. We will demonstrate through the Prevention and Early Intervention strategy and delivery plan the steps we can take in the next few years to address health inequalities to enable everyone living in Fife to have the same chance of getting the best care or support they need. This will follow a life course approach, preventing, or limiting

problems arising so people's lives will be healthy and people can remain independent for longer. To achieve this our mission is to build a culture of prevention, involving all partners across Fife, including communities and individuals, to make sure we are as good at preventing health and social care problems as we are at treating them.

1.2 Delivery of a sustainable Out of Hours service

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

1.3 Aligning Primary Care with Mental Health and Wellbeing resources

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

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

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

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

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

1.4 Early detection of key cardiovascular conditions

The delivery plan supporting this strategy will inform the actions being taken including:

- Working closely with the Heart Disease Managed Clinical Network in Fife and will also link to the Women's Health Plan which aims to reduce cardiovascular risk in women in particular.
- We will continue integrated service improvement plans to increase capacity for early intervention and implementation which will support, empower and enable people to prevent, reduce and/or improve cardiac health risks working across services and with our partners in local authority and third sector.

- Developing low risk chest pain pathways to ensure care in the right place and right time.
- Work collectively to improve service capacity for early detection and anticipatory care planning for cardiovascular risk factors including for example Community Treatment and Care (CTAC) in line with national planning and direction.

Specific projects are under way and ongoing in Fife in relation to diabetes prevention and weight management services:

- Health Promotion Dietitians obtained additional funding from Scottish Government, to build local capacity and strengthen support around childhood obesity prevention in the early years. The bid was in partnership with Fife Council Early Years team and NHS Lothian to implement the HENRY core training train the trainer (TTT) package to produce 8 HENRY trained facilitators (4 in Fife). HENRY core training builds the skills, confidence, and knowledge of the early years workforce to support families to lead healthy lifestyles by providing practical support on healthy eating, physical activity and parenting strategies around food and behaviour. Core training, as part of TTT model, took place across Fife and was offered to the early year's workforce: To date Fife has trained 92 members of the early years' workforce in this approach with more scheduled to be trained.
- Family focused sessions, relating to Child Health Weight, are supporting being active as a family and working together to make small healthy changes.
- Diabetes Prevention Programme 'Let's Prevent Diabetes' is a six-hour course that empowers individuals to make positive lifestyle changes to prevent or delay the onset of type 2 diabetes. This is delivered face to face, online or digitally. This programme forms part of the national Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) package of support, designed by the NHS and Leicester Diabetes Centre. All individuals are invited to a weight management programme, where appropriate.
- Operationalised pathway supporting diet and lifestyle management of gestational diabetes to help achieve optimal blood glucose control to reduce associated complications for both mother and baby. Let's Prevent Diabetes programme offered post-partum to reduce risk of developing type 2 diabetes. Weight management support offered post-partum as appropriate.
- A two-year intensive weight loss programme which aims to help those living with type 2 diabetes to achieve and maintain remission. Involves total diet replacement, food reintroduction and maintenance phases. Based on evidence from the Diabetes Remission Clinical Trial (DiRECT).
- Various Weight Management Programmes supporting diet and behaviour changes which can lead to the improved management of the key cardiovascular risk factor conditions.
- Operationalised pathway supporting individuals before and after bariatric surgery. Sustained diet and behaviour changes along with significant weight loss can result in improved management of the key cardiovascular risk factor conditions.

1.5 Frailty in Primary Care

Approach adopted will be to:

- Build the capacity of the existing MCN service to include an MCN for Frailty

to ensure that people with frailty in the community can be cared for utilising recognised national approaches placed into a local framework.

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

1.6 Dental Care

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

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

National indicators to measure access are being developed and will include number of dentists resigning from dental list and joining dental list. This will be a useful measure of workforce but will not accurately capture WTE and hours working on NHS dental care versus private care. This level of data is not available. Independent dental contractors advertise for posts and NHS Fife only has responsibility for recruiting to the Public Dental Service (PDS). NHS Fife, like other NHS Boards, are experiencing challenges recruiting.

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

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

The PDS also offers a short course of care to get people dentally ‘stable’, and currently we have 5 sites (Randolph Wemyss Memorial Hospital, Rosyth,

Cowdenbeath, Cardenden and Kirkcaldy access) across Fife where we are able to provide this service.

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

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

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

Test of change proposal from Q2 is a pilot initiative being developed to provide short courses of targeted care in order to ‘stabilise’ patients’ oral health. This service will be provided out of hours to reduce the impact on the PDS in-hours. Control measures will include ensuring the patients are signposted to the correct service. An options appraisal has been worked through and a preferred model is being worked up. The success of the pilot will be reliant on dentists and dental nurses and administrative staff coming forward to work in the service, which will be in addition to their normal contracted hours. The Dental SMT are very aware of potential unintended consequences and reducing risks so as not to destabilise current services, particularly the OOH dental service. Successes from these tests of change will used to spread and sustain service from Q3.

The HSCP Primary Care Strategy 2023/2024 will focus on recovery, quality, and sustainability across all of primary care including GDS and PDS. Implementation of this will commence from August 2023. A delivery plan will ensure a focus on developing a sustainable workforce within dental services working collectively with independent contractors and the PDS to improve access to service across Fife.

Primary Care will explore innovative ways to maximise current workforce capacity to deliver dental care and optimise outcomes.

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

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

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

Review of current Shared Care provision will take place in collaboration with Secondary Care during Q1 2023/24 with development of local plans in Q2 to

transition to National Shared Care model. There will be ongoing support throughout 2023/24 to enhance qualifications for Optometrists.

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

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

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

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

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

2. Urgent & Unscheduled Care

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

To improve quality of health and care services

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

2.1 Reducing Attendances: Phase 2 Redesign Urgent Care

2.1.1 Review and Further Development of Flow and Navigation Centre

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

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

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

Connections to national best practice and learning opportunities will continue.

2.1.2 'Scheduling' unscheduled care

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

2.1.3 An integrated approach to all urgent care services

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

We will expand on the current system-wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models, a sustainable workforce across Urgent

Care Services and consistent Urgent Care support to Primary Care in hours. This will align with the continued implementation of the Primary Care Improvement plan 2023/24 and national planning and direction as the model of 24/7 urgent care evolves.

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

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

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

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

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

Figure 1 – Victoria Hospital ED 4-hour Performance Trajectory

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

2.2 Reducing Admissions: Alternatives to inpatient care

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

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

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

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

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

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

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

2.2.2 Development of new pathways including paediatrics and heart failure

Fife Health and Social Care Partnership has a well-established specialist nurse-led heart failure service in the community offering a Fife-Wide service for those suffering from heart failure. Currently accepting referrals from across primary care,

secondary care and external boards they have a proven model of care for patients in the community, assisting in preventing unnecessary admissions and offering timely, efficient and person-centred care at home. Further work to reduced unscheduled admissions remains a crucial part of their role and they are continually reviewing their model of care to meet the needs of people in Fife. Work is underway to enhance pathways between acute cardiac services and the community heart failure team, and new pathways are being considered and devised to utilise the expertise of this service with the wider community nursing team, with a view to preventing unnecessary admissions and promoting earlier, safe discharge.

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

2.3 Reducing Length of Stay: Rapid assessment and streaming

2.3.1 Increasing assessment capacity

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

2.3.2 Optimise Flow to align discharge and admission patterns

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

- Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach. As the model embeds, admission avoidance will increase through an outreach model which will be developed to support people at home.
- Develop additional models of care within Admissions and the supporting services to also accommodate the increase in admissions whilst maintaining a Respiratory Viral pathway. Reduction in length of stay for patients requiring ongoing IV antibiotic treatment.
- Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge from point of admission, coordinated with the Discharge Hub.
- Continue to reduce delayed discharge by taking a coordinated person-centred approach to discharge planning, ensuring the patient is at the centre of any decision making and planned with the patient /carer & family and not on the availability of care, equipment, or long-term care placement.

- Increase capacity of Fife Equipment Loan Store Service (FELS) to deliver and collect community equipment on behalf of Fife residents in a timely manner.
- 7 Day Pharmacy Provision of clinical and supply services across hospital care settings, reviewing the current position and additional need.
- Support and embed a criteria led discharge model to reduce boarding and improve flow.
- Further embed the front door model, continuing to work over 7-days, to enable early intervention and assessment resulting in discharge planning commencing as soon as the individual presents to hospital. This is available for patients presenting to Accident & Emergency Department, Acute Medical Unit and the Rapid Assessment Discharge Ward 9 (RAD) at the Victoria Hospital Kirkcaldy.

Fife Health & Social Care Partnership hold multidisciplinary 'verification' meetings to ensure continuous review of patients clinically fit for next stage of care with confirmed pathways of care in place and identified Planned Dates of Discharge. Daily and Weekly verification meetings feed into the weekly Whole System verification meeting where assurance at a senior level (Head of Service chairs) is provided covering patients in all aspects of delay. Any patients who can be discharged at the weekend are identified through this process.

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

2.4 Best Start Maternity and Neonatal Plan

2.4.1 Delivery of The Best Start programme

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

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

Data analysis and user feedback will contribute to planning and decision making. There is a continuous process of audit undertaken within the service which directs planning focus.

The following planning assumptions are being given careful consideration.

- The ongoing significant impact of COVID-19 on the Health and Care System including Maternity Services. Maternity Services will also require to adapt to any future effects of COVID-19.

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

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

3. Mental Health

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

 *To improve health and wellbeing*	• *Progress the business case for the mental health services programme*
 *To improve quality of health and care services*	• *Implement redesign and quality improvement to support mental health services*

3.1 Improving Access to Services

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

Fife Psychology Service leads on the delivery of PT 18-week referral to treatment target. On-going recruitment activity is a key component of building capacity. Demand-capacity data is collated and interrogated routinely and is used to inform improvement actions. The service has a detailed plan of improvement actions which relate to both the waiting times target and improving access to PTs.

- Service redesign and delivery options
- Service development and establishment of new services in response to investment and creation of new tiers of service and/or clinical pathways within established services
- Staff training within wider mental services and with 3rd sector partners and CPD to increase the skill set of specific groups of psychology staff
- Workforce skill mix and other efficiency measures including the introduction of Enhanced Psychological Practitioners
- Developing and supporting provision delivered by other services through clinical supervision and with 3rd sector partners.

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

Figure 2 – CAMHS RTT Trajectories

If 90% of patients starting treatment within 18 weeks of referral has not been achieved by March 2023, when do you project that 90% of all patients will start treatment within 18 weeks of referral	Mar-24

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Patients Starting Treatment total	60	82.8	70.8	69	60	67.8	91.2	92.8	123	107	131	120
Projected patients starting treatment within 18 weeks	51	70.38	60.18	58.65	51	47.46	63.84	64.96	73.8	64.2	91.7	108
Projected Performance Against Standard (Auto Populates)	0.85	0.85	0.85	0.85	0.85	0.7	0.7	0.7	0.6	0.6	0.7	0.9

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Waiting list ≤ 18 weeks	213	209	216	230	218	228	232	257	235	222	201	200
Projected Waiting list >18 weeks	71	89	116	113	133	98	77	86	42	39	15	0
Projected Waiting list >52 weeks	0	0	0	0	0	0	0	0	0	0	0	0

Comments (please include here any asssumptions caveats or other information that you feel is relevant).	longest waits whilst ensuring the waiting list does not grow over 35 weeks in the next 6-8 months. Trajectory reflects service capacity as recruitment progresses and optimum functioning is recovered. Trajectory is based on referral rates remaining stable with no increase in acuity/severity or presentation

Figure 3 – Psychological Therapies RTT Trajectories

If 90% of patients starting treatment within 18 weeks of referral has not been achieved by March 2023, when do you project that 90% of all patients will start treatment within 18 weeks of referral	Dec-24

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Patients Starting Treatment total	200	288	280	207	215	215	176	236	155	272	276	259
Projected patients starting treatment within 18 weeks	135	200	185	135	140	158	122	161	110	185	200	180
Projected Performance Against Standard (Auto Populates)	0.675	0.694444	0.660714	0.652174	0.651163	0.734884	0.693182	0.682203	0.709677	0.680147	0.724638	0.694981

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Waiting list ≤ 18 weeks	888	888	888	888	888	888	888	888	888	888	888	888
Projected Waiting list >18 weeks	1394	1575	1660	1625	1591	1569	1609	1596	1680	1739	1691	1604
Projected Waiting list >52 weeks	255	237	219	201	183	165	147	129	111	93	75	57

Comments (please include here any asssumptions caveats or other information that you feel is relevant).	Our target for the coming year remains to reduce longest waits to under 52 weeks and maintain the current under 18 week list size. Trajectory is based on the following – retaining current staff; recruitment to vacancy; no change in demand ; access to clinic space; and plans to increase capacity in the wider mental health system.

3.2 To deliver services that meet standards

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

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

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

3.3 Engagement with PHS to improve quality of data

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

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

3.4 Mental Health Services

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

- Data and Quality Indicators: to develop a dashboard of quality indicators aligned to the Public Health Scotland quality indicators.
- Inpatient Redesign and the development of the initial agreement and business cases required to support capital investment to improve our inpatient estate in line with consultation and the mental health model in Fife including the development of our community mental health teams.
- Distress Brief Intervention (DBI) service across both front-line health services commissioned through third sector services.
- Urgent and Unscheduled Care to ensure access to mental health support is fit for purpose.
- Mental Health and Wellbeing in Primary Care and Community settings which can be found more fully earlier within this delivery plan.

4. Planned Care

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

To improve quality of health and care services

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

4.1 Enabling a "hospital within a hospital"

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

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

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

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

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

Figure 5 below illustrates the projected capacity available to deliver New Outpatients and TTG activity in 2023/24.

Figure 5 – New Outpatient and TTG Capacity Projections

New Outpatient Capacity Projections by Specialty can be found in Appendix A whilst similar for TTG can be found in Appendix B.

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

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

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

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

Figure 6 – Same Day Knee and Hip Replacement Projections

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

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

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

4.3 Reducing unwarranted variation

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

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

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

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

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

4.4 Validation of waiting lists

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

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

Figure 8 – New Outpatient and TTG Long Wait Projections

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

5. Cancer Care

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

To improve quality of health and care services

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

5.1 Diagnostic capacity and workforce

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

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

Figure 9 below illustrates the projected capacity available to deliver endoscopy and radiology activity in 2023/24. Figure 10 demonstrates the impact of the capacity on the different diagnostic waiting lists.

Figure 9 – Diagnostic Capacity Projections

Diagnostic Capacity by Key Test can be found in Appendix C.

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

Figure 10 – Diagnostic Long Wait Projections

Expected Number Waiting at:	30th June 2023	30th Sept 2023	31st Dec 2023	31st March 2024
Endoscopy 4 key diagnostic tests				
Over 52 Weeks	3	0	0	0
Over 26 Weeks	109	63	10	0
Over 6 Weeks	373	250	140	10
Total List Size	755	785	795	795
Radiology 4 key diagnostic tests				
Over 52 Weeks	0	0	0	0
Over 26 Weeks	0	0	0	0
Over 6 Weeks	4966	6577	8188	9799
Total List Size	9107	10718	12329	13940

5.2 Roll out of RCDSs

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

5.3 Adoption of Framework for Effective Cancer Management

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

1. To reduce cancer incidence, mortality and inequalities for our population through effective prevention, screening and early detection initiatives.
2. The patients will be at the heart of how services are designed with excellent patient experience as a priority.
3. Patients will receive the right treatment at the right time in the right place by the right person.
4. Research, innovation and knowledge is central to the delivery of high-quality sustainable cancer services for our patients and population.
5. Collaborative strategies and programmes to deliver service change that is focussed on improved patient care through digital transformation.
6. Recognise workforce challenges and identify system-wide approaches to support in relation to recruitment, wellbeing, education and training to ensure our cancer patients receive the best care.

7. To ensure our healthcare environments are designed to deliver optimum patient care the current cancer estate will be reviewed.
8. To make best use of available information sources to assure patients are receiving timely, high quality, effective care.

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

Figure 11 – Cancer 31-day DTT Projections

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

Figure 12 – Cancer 62-day RTT Projections

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

5.4 Improving cancer staging data

The following plans are in place:

- Staging data collection for Prostate will be further improved by ensuring that this information is provided for or at multidisciplinary team (MDT) meetings.
- For renal, consideration is given to include the staging field in the outcomes of the MDT. Valid staging must be assigned in review preparation notes for all patients with suspected renal cancer. The outcomes to be published on the appropriate patient administration system.
- For bladder, record pathological T staging prior to each TURBT (Trans Urethral Resection of Bladder Tumour) procedure and pathological TNM staging prior to cystectomy.

5.5 Further Plans

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

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

6. Health Inequalities

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

To improve health and wellbeing

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

Cross cutting actions

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

6.1 Reducing health inequalities

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

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

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

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

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

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

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

6.2 Delivery of healthcare in police custody and prison

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

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

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

6.3 Implementation of MAT (Medication Assisted Treatment) Standards

The standards provide a framework to ensure that the system and services responsible for MAT delivery are sufficiently safe, effective, accessible and person centred to enable people to benefit from treatment and support for as long as they need. The Alcohol and Drugs Partnership is leading the multi-agency response and NHS Fife services are well engaged and represented in this work.

There are two ADP subgroups focused on

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

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

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

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

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

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

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

6.4 Delivery of the Women’s Health Plan

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

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

The plan includes:

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

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

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

6.5 Anchor strategic plan

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

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

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

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

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

6.6 Transport needs

Plans are in place to

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

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

7. Innovation Adoption

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

To improve staff health and wellbeing

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

7.1 Working with (ANIA)2 partners

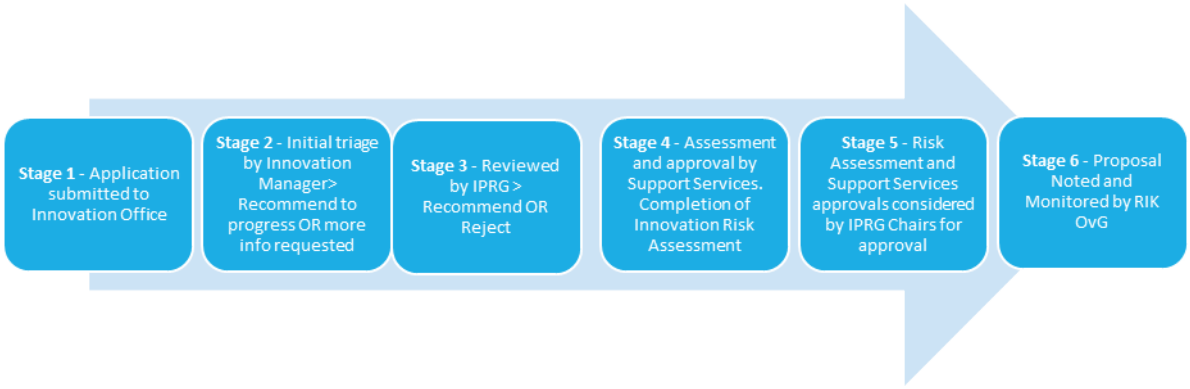
NHS Fife has invested in supporting innovation at a local level, with an Innovation Manager and Clinical Innovation Champion within Research, Innovation and Knowledge (RIK), and a Programme Manager, PMO, Innovation and Technical Design in Digital and Information (D&I). This resource also supports deeper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

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

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

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

Figure 1: Flow chart of projects through Innovation Governance Framework



7.2 Reducing the barriers to national innovation adoption

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

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

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

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

7.3 Development of ScotCOM medical degree at University of St Andrews

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

8. Workforce

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

To improve staff health and wellbeing

- *Develop and deliver an action plan to support the Implementation of the Health & Care (Staffing) (Scotland) Act 2019 (Safe Staffing Legislation)*
- *Develop and deliver a sustainability plan for the nursing and midwifery workforce*
- *Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing*

8.1 Develop a sustainable nursing and midwifery workforce

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

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

Supply Challenges

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

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

a) Age profile

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

b) Student Intake

The shortfall of new nursing students starting their degrees in 2022 means that there will be fewer newly qualified practitioners (NQPs) in 2025. This means that the gap between the number of registered nurses needed and those entering the workforce is set to widen. The significant reduction of 20% in student places that took place between 2010 and 2013 continues to impact workforce numbers. The increase in adult and mental health student places from 2013 – 2019 has returned to pre-2010 levels.

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

c) Newly Qualified Practitioners

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

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

d) Vacancies

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

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

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

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

e) Turnover

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

Supply Opportunities

a) International Recruitment

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

There is no confirmation of continued funding by SG, but organisational agreement is required to maintain the potential pipeline. There is however a stop/start arrangement with Yeovil Trust disrupting a consistent flow. Currently, there are 28 RNs in post with 15 completing OSCEs (Objective Structured Clinical Examinations) for registration, however, this can take 4–6 months from arrival to registration.

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

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

b) Return to Practice

We have 5 applicants for programme to commence this year.

c) Open University

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

d) HNC Route

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

e) Assistant Practitioners

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

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

8.2 eRostering

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

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

1. Efficient workforce management: eRostering streamlines the process of creating, managing, and updating staff rotas. It allows for automated rostering, reducing the administrative burden on managers and ensuring optimal allocation of staff resources.
2. Time and cost savings: The automation of rostering processes saves time for both managers and staff. Manual rostering can be time-consuming and prone to errors, whereas the eRostering system can quickly generate rosters, taking into account various factors such as staff availability, skill mix, and workload requirements. By reducing the time spent on rostering, managers can focus on other critical tasks. Moreover, efficient rostering leads to better staff utilisation, minimising overtime costs and reducing the need for supplementary staff.
3. Enhanced staff satisfaction: the eRostering systems has an online app feature which allows staff members to indicate their availability, preferences, and requests for time off. Time spent requesting leave on paper forms and delays in manager's response is replaced with a simple, online solution.
4. Improved patient safety: Effective rostering plays a vital role in ensuring patient safety. With eRostering, managers can ensure appropriate staffing levels, skill mix, and continuity of care. By accurately matching staff to patient needs, the risk of errors and adverse events can be reduced. Additionally, as the system is implemented, including the Safecare model, the system can

provide real-time visibility into staffing gaps or potential issues, enabling proactive adjustments to maintain patient safety standards.

5. Compliance with regulations: NHS Fife must comply with working time directives and contractual obligations. eRostering systems can help automate compliance monitoring by tracking staff working hours, rest breaks, and leave entitlements. This ensures that rostering practices align with legal and regulatory requirements, reducing the risk of non-compliance.
6. Data-driven decision making: eRostering can generate a wealth of data related to staffing patterns, workload distribution, and resource allocation. Analysing this data can provide valuable insights for workforce planning. Managers can identify trends, predict staffing needs, and make data-driven decisions to improve efficiency and resource allocation in the long term.

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

8.3 Health & Care Staffing Act 2019 – Safe Staffing legislation

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

8.4 Staff Health & Wellbeing

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

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

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

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

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

8.5 Recruitment & Retention of Staff

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

9. Digital

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

To deliver value and sustainability

- *Develop the digital medicines programme*

9.1 Optimising M365

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

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

9.2 National digital programmes

We are committed to strengthening the use of national and regional systems for delivery of key programmes in which economies of scale can be realised. We have committed to a number of programmes which will continue to be delivered over the medium term. These include:

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

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

9.3 Organisational Digital Maturity Exercise

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

9.4 Leadership in digital

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

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

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

9.5 Scottish Health Competent Authority

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

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

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

9.6 Paperlite project

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

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

Examples of Key deliverables are:

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

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

9.7 Digital Scotland Service Standard

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

10. Climate

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

To deliver value and sustainability

- *Implement actions to support climate emergency*

10.1 Decarbonise fleet

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

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

10.2 Achieve waste targets

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

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

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

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

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

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

10.3 Reducing medical gas emissions

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

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

10.4 Learning from the National Green Theatre Programme

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

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

10.5 Implementing of a building energy transition programme

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

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

10.6 Implementing the Scottish Quality Respiratory Prescribing guide

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

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

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

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

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

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

10.7 Implementing an Environmental Management System

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

Section B: Finance and Sustainability

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

To deliver value and sustainability

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

Medium-term Financial Plan

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

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

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

Establishment of Financial Improvement and Sustainability Programme

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

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

Section C: Workforce Planning and Sustainability

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

To improve staff health and wellbeing

- *Develop and deliver an action plan to support the Implementation of the Health & Care (Staffing) (Scotland) Act 2019 (Safe Staffing Legislation)*
- *Develop and deliver a sustainability plan for the nursing and midwifery workforce*
- *Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing*

Workforce Plan

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

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

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

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

Key Priorities

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

a) General Practice Sustainability

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

b) International Recruitment

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

c) Development of Assistant Practitioner and Healthcare Support Worker Roles

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

d) Youth Employment, Employability

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

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

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

e) Health & Wellbeing Framework

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

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

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

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

NHS Fife is working towards implementation of the Act in 2024 and will undertake Chapter Guidance testing, as part of the work commissioned by HIS and SG. This includes the establishment of a local reference group covering all clinical disciplines,

actively using the current real-time staffing tools to identify risks to care arising due to staffing issues, ensuring staff are aware of these, and that relevant staff have appropriate training and time and resources to implement them. This is in advance of the implementation of eRostering, which will facilitate escalation and reporting once the “Safe Care” module is live.

g) Bank & Agency Programme

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

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

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

Section D: Value Based Health and Care

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

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

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

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

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

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

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

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

Section E: Integration

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

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

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

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

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

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

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

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

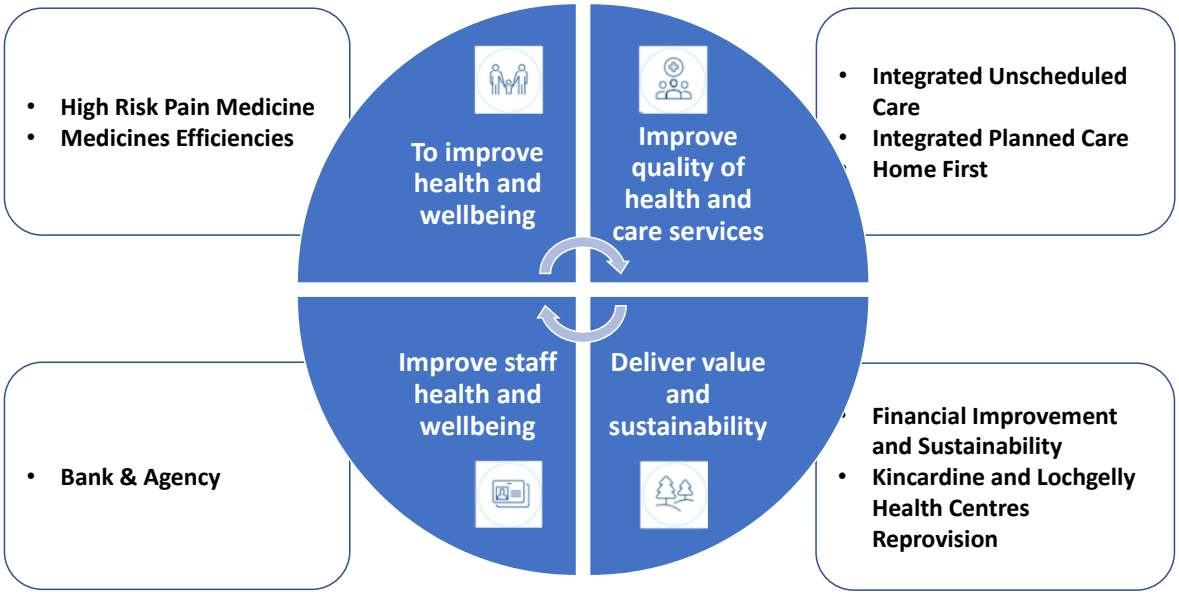
- Through our Community Planning Partnerships, we are supporting delivery against the Plan 4 Fife with the focus on place, people and community wealth building.

Section F: Improvement Programmes

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

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

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



Appendices

Appendix A: New Outpatient Capacity Projections by Specialty

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

Appendix B: TTG Capacity Projections by Specialty

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

Appendix C: Diagnostic Capacity Projections by Key Test

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

Appendix D: Improvement Programmes

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
 **To improve health and wellbeing**	High Risk Pain Medicine	Develop a High Risk Pain Medicines Patient Safety Programme to: 1. Understand how pain is currently managed across Fife including examples of good practice, in order to increase: • learning, educational opportunities and understanding with the people of Fife regarding the use of High Risk Pain Medicines; to enable more effective and safer pain management solutions • options and the use of supported self-management solutions for pain management. 2. Reduce the prescribing culture and use of High Risk Pain Medicines across all NHS Fife settings.	• Improved Quality of Life for Service Users / Patients • Safe and effective use of HRPM medicines no mater what setting in NHS Fife • Appropriate initiation, review and stopping of HRPM. • Improved financial efficiency for NHS Fife in relation to HRPM.
	Medicines Efficiencies	1. Formulary Compliance – patients to be changed to formulary alternative medicines, where appropriate. 2. Reducing Medicine Waste – reduce waste in patients own homes, hospitals and care homes 3. Realistic Prescribing – ensure effective prescribing of medicines and to reduce polypharmacy	• Cost-effective, quality and appropriate prescribing for the population of Fife in line with change in demographics
 **Improve quality of**	Unscheduled Care Programme, specifically supporting: 1. Care Closer to Home 2. Redesign of Urgent	The guiding principles for all the work underway for Unscheduled Care to ensure the safety and wellbeing of patients and staff, and support the public to access the right care, at the right time, first time for urgent care.	• Improved and increased number of pathways that ensure that patients are directed to the right place across the whole system

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
health and care services	3. Discharge without Delay		• Increase in people directed to alternative pathways • Increase in scheduled appointments
	Planned Care Programme, specifically Remobilisation of Elective Programme	Implement CfSD tools and development of speciality specific improvement plans to improve service efficiency	**Timely:** manage the reduction of flow of referrals coming through to secondary specialties and reducing waiting lists and waiting times. **Person-Centred:** Providing the right care by the right person at the right time, involved from the outset and to have information/guidance to make choices for next steps in the management of their symptoms/condition. **Effective & Efficient: C**linicians can offer improved methods of access to service when systems are robust. **Equitable: I**mplement pathways and sharing best practice across the nation that will promote less unwarranted variation.
	Home First	1. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission. 2. Services will be redesigned/developed in an integrated manner, with a focus on prevention, anticipation and supported self-management. 3. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. 4. Services will be redesigned/developed so they are flexible to growing and changing demands, as well as being sustainable.	• Reduction in admissions through interventions of a team (Data will demonstrate number of bed days avoided through community intervention) • Reduction of admissions from Care Homes • Number of ‘At Risk’ individuals avoidably Admitted (or re-admitted) to hospital • Reduction in Digital Summoning of Support (Telecare, Rapid Response, etc.) that rapidly meets / de-escalates need • Reduced number of “delayed days” (Total Number of Days in Delay)

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
		5. Assessment and planning of treatment/care will be co-ordinated. 6. Data will lead the planning and commissioning of services.	
 **Improve staff health and wellbeing**	Bank / Agency Project	• Finance – to deliver a £10 million pounds reduction in bank and agency spend in 2023/24. • Workforce – To create a consolidated single Staff Bank for the management of all supplementary staffing needs. • To communicate the benefits of joining Staff Bank, the new rules around 'On Framework Agencies only' and offer consistent messaging around polices and processes to managers and staff	• Delivery against the savings target • Improvements in Bank / Agency processes
 **Deliver value and sustainability**	FIS Programme	Overseeing the following work: • Bank/Agency Spend • Reduce Surge Capacity • Corporate Spend	• Financial Control
	Kincardine and Lochgelly Health and Wellbeing Centres Provision	Progress the Full Business Case process in line with Scottish Government timelines and funding availability.	

NHSScotland Chief Operating Officer

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11 August 2023

Dear Carol

NHS FIFE : ANNUAL DELIVERY PLAN 2023/24

Thank you for submitting your Annual Delivery Plan (ADP), setting out your operational priorities and key actions for 2023/24. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation, and subsequent review, of the ADP over the last few months.

As set out in the Delivery Plan Guidance issued in February, this year's ADP process is intended to move us forward from the volatility of the last three years and make further progress along the path towards recovery and renewal as set out in *Re-mobilise, Recover, Re-design: the framework for NHS Scotland*. As such, the guidance was framed around 10 'drivers of recovery' and we welcome the considered way in which you have responded to these when developing your 2023/24 Plan.

Following discussions between our teams, I am now satisfied that your 23/24 Annual Delivery Plan broadly meets our requirements and provides a shared understanding between the Scottish Government and NHS Fife regarding what is to be delivered in 2023/24.

There are a small number of areas where some further detailed work is required and these have already been discussed with your team. Annex 1 sets out a summary of our agreed joint position on key milestones and deliverables for 2023/24.

In moving to focus on delivery of the Plan, we do this through strenghtened engagement around the quarterly updates and the six-monthly joint Executive meetings – the next round of which is currently being scheduled for September/October.

My team will be in touch shortly to discuss your recently submitted Medium Term Plans (MTP), which provide the opportunity to set annual plans within a medium-term context. We wish to use these MTPs as the basis on which we can work in a collaborative way with Boards to ensure that they provide a robust foundation on which we can build stronger medium and long term planning capacity and capability both within Scottish Government and Boards.

Looking ahead, we will continue to build on the foundations of the annual planning process that have been laid here. In particular, we will work to ensure the ADP planning and reporting cycle is better integrated with financial and workforce planning, as well as enhanced regional and national planning. Our intention is also to bring forward the planning timetable for 2024/25, with the aim of finalising ADPs earlier in the year, and we look forward to working

with your Planning team on this to ensure we can meet this aim without placing undue pressure on Boards during busy periods.

One again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens
If you have any questions about this letter, please contact Paula Speirs, Deputy Chief Operating Officer, in the first instance (paula.speirs@gov.scot).

Yours sincerely

JOHN BURNS
NHS Scotland Chief Operating Officer

Annex 1 : Fife 2023/24 ADP Review Feedback and Responses

Primary & Community Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
1.1	Within your response, set out what you will deliver in terms of the scaling of the MDT approach by quarter and set out expected impact in terms of increased activity, extended hours.	ADP sets out a plan, through the Primary Care Strategy and Delivery Plan, to review the integration of Primary Care nursing teams and all primary care workforce, to aid more sustainable workforces but also equitable provision of Immunisation, CTAC and Chronic Disease Management. Detail is missing for FIF-PPCS-02 on specific milestones, targets and actions that will be progressed during 23/24 or narrative to explain challenges in providing this detail. This will help monitoring of actions against this deliverable. There is scope to mention the preventative role of public health nursing services e.g. Health Visitors, Family Nurses and School Nurses and how they might work across multidisciplinary teams in the community.	Additional milestones have been added to FIF-PPCS-02. As the prevention and early intervention strategy is implemented from Q3, scoping will identify opportunities to enhance integration of services including community children's services to maximise health and wellbeing for people in Fife applying a life course approach.	Content
1.2	Plans to deliver a sustainable Out of Hours service, utilising multi-disciplinary teams.	It is noted that the overall ambition is to develop plans for 24/7 'Urgent Care Hubs', interfacing between Primary and Secondary care, creating sustainable workforces across Urgent Care Services and create consistent Urgent Care support to Primary Care. It is encouraging to hear the Board's plans to expand their Urgent Care infrastructure and the continued development of urgent care pathways. We would ask that ADP2 (FIF-UUC-005 and FIF-PPCS-01) sets out further detail on key actions, milestones and associated risks in relation to this, reflecting the criticality of a	Within Fife, Urgent Care Services (USCF) – Fife's OOH Service – has a sustainable workforce model, with well-established MDT, supporting GPs as Senior Clinical Decisions Makers. Along with a well-developed MDT, UCSF host Fife's Flow Navigation Centre (FNC) and leadership team is integrated within our In-Hours Urgent Care team. The aims for 2023-2024 are to expand on this replicate and test our OOHs Urgent Care model in-hours, however this is reliant on additional funding given ongoing constraints with PCIP funding and the priorities directed by MOU2.	Content We are grateful for the Board's update, and note the milestones and dependency on factors mentioned.

		more resilient service for this winter.	Additional milestones have been added to FIF-PPCS-01 within ADP2 but are dependent on funding and workforce availability. FIF-UUC-05 is now FIF-PPCS-23.	
1.3	Build and optimise existing primary care capacity to align with existing and emerging mental health and wellbeing resources with primary care resource – with the aim of providing early access to community-based services.	It is noted that there are plans to establish MHWPCS within GP clusters or localities, with three initial test sites have been identified and then roll out across the 7 localities of Fife. More detail around optimising primary care capacity could be included. Further detail is however requested in FIF-CCCS-13 on key actions, milestones and associated risks of delivery. Without the detail on quarterly milestones, it will be challenging to monitor progress against this plan. As requested in 1.3, we would also ask that you provide detail on plans to optimise primary care capacity within the project to establish MHWPCS.	Additional milestones have been added to FIF-CCCS-13.	Content
1.4	In 2023/24, set out plans and approaches for the early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol.	RE T2DPF: no specific actions around type 2 diabetes prevention/ weight management services in relation to this action (1.4)	Section added to ADP1 and deliverable added to ADP2.	Content
1.5	In parallel with development of the national frailty programme, outline the approach of primary care to frailty and particularly managing those at most risk of admission. This should include the approach to progressing plans for Care Homes to have regular MDTs with appropriate professionals.	Mental Health Performance Build capacity of the existing MCN service to include an MCN for Frailty to ensure that people with frailty in the community can be cared for utilising recognised national approaches placed into a local framework. All Fife Care Home residents will have an anticipatory care plan in place. The ACP will be shared with MDT including GPs to anticipate any decompensation in long term condition and pro-	Noted	Content

		actively manage symptoms and offer support to avoid admission to hospital.		
1.6	Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients.	The Scottish Government recently advised NHS Boards of a further revision of the Scottish Dental Access Initiative (SDAI) capital scheme to include four areas in Fife which took effect from 26 April 2023. It is hoped that this initiative will attract interest from dental practices. The Board's accompanying narrative provides a good indication of the actions which it will undertake to support access, however these are not well defined in ADP2 milestones and mitigating controls. Workforce concerns are particularly highlighted as a key risk but mitigations are not articulated. There is no consideration of baseline metrics and stretch targets to improve. It would be helpful to understand how some actions will be taken forward, including further detail on the tests of change proposed from Q2.	Additional content added to ADP1 and deliverable FIF-PPCS-05 has been updated. National indicators include calls to dental advice line, number of patients seen in OOH dental services which are currently recorded by PDS to give baseline metrics.	Content
1.7	As part of the objective of delivering more services within the community, transition delivery of appropriate hospital-based eyecare into a primary care setting, starting with the phased introduction of a national Community Glaucoma Scheme Service. Within your response, please include forecast 2023/24 eyecare activity that will transition from hospital to primary care settings.	The Scottish Government is of the understanding that NHS Fife had the capacity to potentially go live with the Community Glaucoma Service in 2023/24. Please can the Board explain why their aim is to go live in April 2024.	Noted	Content, noting that it has been agreed to follow up on go live timeline for Community Glaucoma service as part of ADP progress update
1.8	Review the provision of IPC support available to Primary Care, including general practice and dental practice	The Board has described its first steps to implementing the IPC workforce strategy in both the acute and primary care. An Oversight Board	Deliverable FIF-NURS-08 on ADP2 has been updated. Initially mapped to wrong deliverable.	Content

		has been convened to develop a local integrated service delivery plan with the HAI exec lead and DoN working immediately on strengthening the HP, AMR and IPC workforce. More clarity is requested on timescales and addition of detail relating to IPC to GP, dental and primary care.		
N/A	General Comment	It is encouraging to see such a comprehensive set of deliverables relating to primary and community care. Although many of these are in addition to the set of areas requested in the Delivery Plan Guidance, it would be helpful to understand the scale of resource available to deliver on this wide set of actions.	Resource is either via current base lined budgets and/or non-recurring monies for specific programmes of work. Our workforce as our most valuable asset and resource are critical to success of the deliverables and any plans are anchored against our HSCP and NHS Fife workforce strategies. There is however known high level risks associated with workforce which is not specific to individual services but across all disciplines and finance and we have mitigating actions in place which are formally recorded and managed with robust oversight and governance of change activities. Digital capacity as a resource is also critical to achieving many of the deliverables within the plan and again, we are aligned with the digital strategy to seek opportunities for progression and completion	Content

Unscheduled Care

No	Key Result Areas	Initial SG Feedback	Board Comments	SG Final Sign Off Comments
2.1	Boards are asked to set out plans to progress from the De Minimis Flow Navigation Centre (FNC) model to further optimise.	Although there are actions set out in relation to elements of the FNC, we would ask for confirmation of your commitment to meet the De Minimis Specification	**Planned work/actions to progress development of FNC** Ability to carry out video consultations is in place but not currently being used, within the scope of the improvement plan for 2023/24 (NearMe).	Content

			Able to transfer patient record to receiving department / clinic but currently manual process. This is to be reviewed as part of Data & Digital workstream. Ability to capture process measures data within unscheduled care linked data is not in place. Adastra use needs to be reviewed and the outcomes / data being recorded. Work to be actioned by the operational team and then to be reviewed as part of Data & Digital workstream. Confirmation is required on what the standardised national referral process is. Referrals do come from other areas and accepted. Scoping work to be undertaken to identify what further work is required in relation to a Directory of Services that includes availability. Fife Referral Organisational Guidance (FROG) provides information on services and referral processes but not availability of appointment slots. Open access for all GP referrals 24/7 (SDEC) but scheduling processes still being built to allow visibility of appointment times / slots for Emergency and Ambulatory Care. To be reviewed as part of Data & Digital Workstream. Technically able to pass requests for transport to the appropriate provider (HB provider/SAS), where patient's need non-public transport, is not in place. This has not been identified as a requirement through FNC as a process is in place.	
2.2	Extend the ability to 'schedule' unscheduled care by booking patients into slots which reduce	Although FIF-UUC-04 references scheduling of unscheduled care, further detail is required on	All people including children accessing and assessed as requiring clinical consultation via FNC are able to be booked into slots available	Content

	self-presentation and prevent over-crowding.	specific milestones, targets and delivery risks. There is potential to include School Nurses and Health Visitors in this work to improve outcomes for mothers, babies and young people.	dependant on their care need. Improvement work continues to seek opportunities for scheduling people for care across the wider system including ambulatory care pathways. Booking systems already are in place across other services including primary care and opportunities to enhance or develop scheduling across the health and social system are being explored as part of a programme of transformational change.	
2.3	Boards to outline plans for an integrated approach to all urgent care services including Primary Care OOH and community services to optimise their assets.	There are no clear plans on integrated approach to urgent care services involving OOHs and Community services.	OOH within Fife delivered by urgent care services (USCF) are well established with pathways available to support care navigation to the right place and right time across the system. A host of professional-to-professional lines and channels for communication are established. This includes but not withstanding community nursing, community pharmacy, mental health services, social work and social care, care homes and Scottish ambulance service. At present to support safety and as a contingency primary care services including primary medical services can access UCSF if necessary.	Content
2.4	Set out plans to implement and further develop OPAT, Respiratory and Hospital at Home pathways.	Although there is reference in FIF-COMC-07 to alternatives to inpatient care, further detail is required on specific actions and trajectories.	Also see FIF-EMER-03 in ADP2 Deliverable FIF-COMC-07 within ADP2 has been updated. The below KPIs will be monitored as part of Home First Programme. • Reduce the number of times that H@H Service reaches maximum capacity from 10 (baseline) to 5 by Oct-23 • Increase in the numbers of patients of	Content

			complex community care prevented from re-admission to hospital with exacerbations of chronic respiratory disease from 50 (baseline) to 60 by Oct-23 • Increase in the numbers of patients with respiratory disease who are prevented from re-admission to hospital with exacerbations of their chronic condition from 15 (baseline) to 25 by Oct-23	
2.5	Set out plans to introduce new pathways, including paediatrics and heart failure.	No detail provided in respect of this ask.	Detail was provided in ADP1 section 2.2.2. Deliverables will be added to ADP2 when applicable. We will explore development of the Paediatric Rapid Review clinic, including options around Near-Me, for 'urgent' referrals and potentially to review children sent home from ED. Achievement of this deliverable will be dependent on stabilisation of Paediatric Middle-grade rota. Acute Cardiology Service scoping options to appoint Heart Failure nurse for front door in reach admission prevention. The below KPIs will be monitored as part of Home First Programme. • Increase in the numbers of patients with heart failure who are prevented from re-admission to hospital with exacerbations of their chronic condition from 56	Content

			(baseline) to 68 by Oct-23	
2.6	Boards are asked to set out plan to increase assessment capacity (and/or footprint) to support early decision making and streaming to short stay pathways.	Although the ADP makes reference to various actions to reduce length of stay, further detail is required, as set out in 2.6, including milestones and targets on forecast length of stay reduction into short-stay wards and reduction in boarding.	A short stay enhanced triage model (RTU) has been implemented. Target 60 patients per week with LoS for area less than 6 hrs with average <4 hrs, meeting target projection of 4hrs by Nov23. Medical Admissions Unit LoS to reduce from 24hrs to 18hrs by Nov23. Currently 19 hrs. Target of no boarding to Surgical Admissions Unit. But in the event, it occurs, numbers should not exceed 4 patients. Average boarding to Planned Care wards should not exceed average monthly figure of 25.	Content
2.7	Set out plans to deliver effective discharge planning seven days a week, through adopting the 'Discharge without Delay' approach.	Although FIF-COMC-02 does include response to 2.7, further detail on specific actions and trajectories, by quarter, is required.	Please also refer to ADP2 deliverable FIF-EMER-04 Weekend planning will include Friday verification of ECD patients to ensure Criteria Led Discharge can be maintained over Saturday & Sunday. Increase flow through reduced opening occupancy on Saturday morning. The aim to increase Weekend discharges by 10% by August 2023 and 15% by December 2023 and maintain through to March 2023. ADP1 section 2.3.1 denotes goal to have no more than 44 standard delays across Acute and Community settings. The below KPIs will also be monitored as part of Home First Programme. • Deliver a sustained reduction in delayed discharges in the acute setting so no patient is	Content

			waiting in delay by Dec-23 • Increase the number of Planned Discharge Date (PDD) being met from 60% (baseline) to 90% by Dec-23	
2.8	Outline your approach to move towards full delivery of the Best Start Programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. This should include summary of the delivery and assurance structures in place including oversight at Board level.	Good description of governance. Although there is much description of risks and challenges, this needs to be balanced out with more detail on proposed actions and milestones for 2023/24.	Please refer to ADP2 deliverable FIF-WCCS-04	Content
	General comment	It is encouraging to see such a comprehensive set of deliverables, however, many of them are missing specifics on plans and trajectories beyond Q1. Reflecting the criticality of these actions on a more resilient service for this winter, we would ask that further detail on milestones and quarterly trajectories is provided for FIF-UUC-04, FIF-EMER-01, FIF-EMER-02, FIF-EMER-03, FIF-EMER-04, FIF-UUC-02, FIF-COMC-02, FIF-COMC-04, FIF-COMC07, FIF-COMC-08.	Deliverables have been reviewed and updated appropriately. Further milestones will be incorporated in due course as planning for winter progresses.	Content

Mental Health

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
3.1	Build capacity in services to eliminate very long waits (over 52 weeks) for CAMHS and PT	Mental Health Performance CAMHS Trajectories provided, in the required template, but as a pdf. Could we have the excel file please? Continue focus on initiatives to deliver, achieve and maintain the 18-week referral to treatment standard and increase capacity. The ADP lacks clarity on which initiatives, specifically Fife will focus on, and the impact these will have on overall performance. Project that the CAMHS standard will be achieved by March 2024. CAMHS will build capacity to deliver improved services underpinned by agreed standards and specifications for service delivery. Fife CAMHS will achieve the standards set within the National CAMHS Service Specification. CAMHS Early Intervention Service is in place to ensure the right support is delivered at the right time by the right services. <u>Psychological Therapies</u> Trajectories provided, in the required template, but as a pdf. Could we have the excel file please? NHS Fife project that they will meet the PT standard by December 2024. On-going recruitment activity is a key component of building capacity. Demand-capacity data is collated and interrogated routinely and is used to inform improvement actions. The service has a	Noted	Content

		detailed plan of improvement actions which relate to both the waiting times target and improving access to PTs. 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. Fife Psychology Service will have capacity to meet demand, achieve & sustain the LDP access and waiting times standard for PTs.		
3.2	Outline your plans to build capacity in services to deliver improved services underpinned by these agreed standards and specifications for service delivery.	ADP sets out pathways to clinical services provided by CAMHS, informed by the CAMHS National Service Specification are in place or in development to ensure Mental Health support is accessible for those with the greatest need and are most vulnerable. Partners within Fife HSCP will continue to build capacity across services to achieve the standards set within the National Neurodevelopmental Specification for children and young people. Fife HSCP will achieve the standards set within the National Neurodevelopmental Specification.	Noted	Content
3.3	Boards should report on the timetable to achieve full compliance with CAPTND data set and/or plans to improve quality as above which may include work to replace or enhance their systems to achieve compliance.	Mental Health Performance Fife CAMHS have robust data collection processes in place that supports the delivery of local priorities and aligns to national standards. Engagement with CAPTND Clinical Reference Group and NHS Fife Information Services will ensure that Fife CAMHS systems for data collection have the capability to support and	Noted	Content

		adapt to future data collection requirements. The Psychology Service is currently working with NHS Fife Digital & Information team to introduce a new patient appointment system and also an electronic patient record system. Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development. Improve compliance with CAPTND dataset. Fife Psychology Service will have improved systems to support compliance with the CAPTND data set Timelines dictate that the service will be better placed to achieve full compliance with CAPTND data set during 2023/24.		
3.4	Boards are asked to set out their plans to 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%.	Although recognising the challenges in the Medium-Term Financial Plan and noting current discussions with Health Finance colleagues, we still require further detail on how NHS Fife plan to increase their MH services spend to the PfG commitment of 10% by 2026 and to increase the spend on the MH of C&YP to 1%.	Early discussions are being established with Chief Finance Officer and DoF to explore this situation. The Fife Mental Health Strategic Implementation Group has commissioned a needs assessment which will be available to inform local strategic improvements within 2023 calendar year. The outcomes from the Needs Assessment will inform the financial discussions. Mental Health spend will be reviewed to take into account the significant level of spend via SLAs elsewhere in Scotland and indeed cross border activity.	Content SG Lead will pick up with Board during routine engagement

Planned Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
4.1	Identifying a dedicated planned care bed footprint and associated resource by Board/hospital to enable a "hospital within a hospital" approach in order to protect the delivery of planned care.	Although it is noted that protected planned care beds has been established for orthopaedics, via NTC-Fife and also that Ward 24 has been reconfigured to provide an increased bed base for elective activity. We would ask however for clarity if this is protected.	Ward 24 has 9 inpatient beds for elective and emergency activity for Gynaecology. In extremis there may be occasions where a female patient may be boarded into ward 24, but to date elective activity has been sustained and none cancelled as a result of bed capacity.	Content
4.2	Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	NHS Fife are creating a procedure room in day surgery facility at QMH to release theatre capacity to increase procedures which can be conducted under LA, noting it is due for completion June 2023. This will generate ten additional sessions per week and will allow transfer of lists from VHK to QMH, freeing up theatre capacity at VHK. We would ask for confirmation on plans to further extend day surgery and for 23-hour surgery.	Completion of Procedure room now delayed for early September due to issues with static flooring in procedure room. 5-6/10 sessions occupied within procedure room. Exploring demand for local cases with specialities. In terms of transfer of lists from VHK – General Surgery, ENT and OMFS will all transfer suitable lists to QMH.	Content
4.3	Set out plan for 2023/24 to reduce unwarranted variation, utilising the Atlas Maps of variation and working with CfSD and respective Specialty Delivery Groups (SDGs) and Clinical Networks.	Comprehensive set of actions on work with CfSD to reduce unwarranted variation aligning to ATLAS of variation. It is also noted that NHS Fife are participating and engaging with the national drive toward standard high volume same procedure lists such as Cataracts. Clinical engagement with CfSD SDGs is encouraged in support of the implementation of national pathways, including Endometriosis for Gynaecology and development of an NHS Fife sustainable model including training for local consultants. TTG and NOP Capacity Projections by Specialty provided and Same Day Knee and Hip Replacement Projections	We are currently focusing on the roll out of ACRT and PIR within national and local priority specialties but plan to develop our plans for the Atlas of Variation later in 2023/24. This will be reported through the Integrated PC Board, including any proposed trajectories. Ongoing work with ophthalmology to increase throughput. Meeting with IPCT 13/7 who support test of change. Plans to introduce/trial HIIT lists for hernias at QMH. Date TBC. Same day hip and knee projections will be unchanged, clinically seeing an increase in patients with multiple pathology and frailty. Increasing number of arthroplasty patients	Content

		provided, in line with BADS guidance. Further detail is requested in relation to forecast reductions as set out in 4.3.	deemed not fit for surgery at pre-assessment stage. Staffing gaps in pre-assessment resulting in reduced number of available patients assessed fit for surgery and impacting on theatre utilisation.	
4.4	Approach to validation of waiting lists for patients waiting over 52 weeks, including potential alternatives for treatment. Board responses should also outline level of engagement with the National Elective Co-ordination Unit (NECU) to support validation.	Engagement with NECU commenced early 2023 Adopt NECU process locally to improve current processes and moving from paper-based systems which have been in place for the past 2 years to implement NETCALL	None required	Content

Cancer Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
5.1	Set out actions to expand diagnostic capacity and workforce, including endoscopy and its new alternatives	Reviewing efficiencies in service, with designated project manager(s), exploring tests of change, regular audits undertaken. For radiology - introduction of text reminder service, improve processes for utilisation of patient cancellations, monitor performance in utilisation of unused slots, weekend CT lists etc. Commitment to continue to prioritise USCs. Diagnostic capacity projections included (for endoscopy and radiology) from April 23 – March 24, forecasting a static position. Further detail is required, as requested, in the diagnostic plans as part of your 62 day improvement plan, by cancer type.	Please refer to deliverables on ADP2 relating to Endoscopy (FIF-PLAN-06) and Radiology (FIF-WCCS-03) Additional funding was unsuccessfully requested for Cancer WT therefore we have no additional capacity to offer. NHS Fife prioritise USC when vetting referrals to Radiology and will continue to do so.	Content Fife has developed a 62 day improvement plan which will be supported by expected levels of cancer waiting times funding (to be released Aug 23).
5.2	Plan for continued roll out of RCDS's – both Board level and regional approaches will be required.	One of first RCDSs in Scotland and already expanded into UGI with consideration underway to open access to pathway up to pharmacy.	Noted	Content
5.3	Set out plans to achieve full adoption of Framework for Effective Cancer Management	Little detail on actions is provided to deliver the Framework, or immediate priorities, however performance trajectories have been provided - 85.4% at March 24 for 62 day and 94.5% by March 24 on 31	Please refer to ADP2 deliverable FIF-QGC-07, this has been updated since submission.	Content Quarterly FECM returns will continue to be closely monitored by officials.

		day. We would ask that you reflect the actions that will be included within the quarterly returns summarising progress in delivering FECM. Officials will review these alongside the Board's 62 day improvements plan, mentioned above.		
5.4	Outline plans to improve the quality of cancer staging data	NHS Fife have already identified areas for improvement locally which is to be welcomed, with staging data collection for Prostate to be further improved by ensuring that this information is provided for or at multidisciplinary team (MDT) meetings. For renal, consideration is given to include the staging field in the outcomes of the MDT. For bladder, record pathological T staging prior to each TURBT (Trans Urethral Resection of Bladder Tumour) procedure and pathological TNM staging prior to cystectomy.	Noted	Content
5.5	Confirm you have: • Implemented or have plans to implement provision of single point of contact services for cancer patients • Embed referral, where clinically appropriate, to Maggie's prehab service and use of national prehab website in cancer pathways • Assurance of routine adherence to optimal diagnostic pathways and Scottish Cancer Network clinical management pathways • Embed the Psychological Therapies and Support Framework	ADP covers all areas requested and confirmation of future engagement responded to. Good evidence of activities and target milestones. Single point of contact – established for USC, colorectal or urological and to be expanded to lung cancer also this year. Many services (4 mentioned) have a dedicated pathway navigator. Looking to expand this to include breast. Maggie's Prehabilitation – comprehensive with universal sessions for anyone with a cancer diagnosis. Adherence to Pathways - A project group has been set up to implement the Optimal Lung Cancer Pathway. Psychological framework – psychological support is already embedded. Looking to use the framework to ensure equitable access to psychological support across Fife and tumour groups, and identify areas for further development. Signposting and referrals – all patients diagnosed with cancer are referred to Macmillan Improved Cancer Journey (ICJ). Potential to reference CHAS and existing relationships for children	Noted	Content

	• Signposting and referral to third sector cancer services embedded in all cancer pathways In addition, Boards are asked to confirm that they will engage and support with future data requests and advice to deliver the upcoming National Oncology Transformation Programme.	who need to access palliative care Risk noted in relation to workforce and non-recurrent funding not secured.		

Health Inequalities

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
6.1	Summarise local priorities for reducing health inequalities taking into account national strategies around Race, Women's Health Plan and any related actions within most recent Equality Mainstreaming Report	Specific action in FIF-WCCS-05 to target vaccination uptake amongst vulnerable populations (including minority ethnic people), and to capture uptake data Potential to provide further detail on how health services are identifying and supporting patients in poverty e.g. requirement for Health Visitors to support income maximisation and build links with LA Money Advice Services. No explicit reference to WHP in 6.1 but is well accounted for in 1.4 and 6.4.	In partnership with Fife Child poverty group and the tackling poverty, preventing crisis group, there will continue to be a focus in maximising household income through work with CARF in relation to Money talks and the embedding of the financial inclusion referral pathway which all midwives, health visitors and FNP have been trained in. The uptake and use will be monitored, and any improvements identified and implemented.	Content
6.2	Set out actions to strengthen the delivery of healthcare in police custody and prison; ensuring improvement in continuity of care when people are transferred into prison and from prison into the community. Boards are also asked to set out any associated challenges in delivering on the actions. This should include actions to allow primary care staff to have access to prisoner healthcare records and delivery against MAT Standards.	The Exec Level lead has been named although it seems the role is shared – more context on this approach would be welcomed. There is, however, no reference in ADP2 on plans, actions or milestones to deliver 6.2 in relation to strengthening delivery of healthcare in police custody and prison, including continuity of care or implementation of MAT Standards by 2025 in custody settings.	NHS Fife confirm that the executive lead for prison healthcare is the Director of Health and Social Care and those in custody is the Director of Acute Services. Detail added to ADP2 (FIF-CCCS-14) on how the organisation will ensure that the mental health needs of individuals in custody or leaving prison is effective and provided with equitable interventions aligned to rest of the Fife population.	Content

	Boards are also asked to state their Executive Lead for prisons healthcare and those in custody, reflecting that the prisoner population is spread across all Board areas.	We welcome the commissioning of hospital liaison although it is not clear what this will do and how those in or leaving custody will benefit – we would ask for clearer outcome measurement of this in ADP2.		
6.3	Set out plan to deliver the National Mission on Drugs specifically the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation.	ADP includes examples of work being progressed to support delivery of MAT standards. Although ADP1 sets out specific timelines, this needs to be reflected in ADP2 FIF-CCCS-09.	FIF-CCCS-09 has been removed, please see FIF-BUSE-01, FIF-BUSE-02 and FIF-BUSE-03 in relation to MAT Standards.	Content
6.4	Establish a Women's Health Lead in every Board to drive change, share best practice and innovation, and delivery of the actions in the Women's Health Plan.	ADP reflects action to deliver on the WHP Plan, including appointment of lead and local priorities.	Noted	Content
6.5	Set out approach to developing an Anchors strategic plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community.	Comprehensive response.	Noted	Content
6.6	Outline how the Board will ensure Patients have access to all information on any relevant patient transport (including community transport) and travel reimbursement entitlement.	No reference to the Young Patients Family Fund either in ADP or embedded weblink.	Parents and families of infants and children cared for within the in-patient Paediatric and Neonatal services are signposted to the Young Patients family fund for assistance with travel and subsistence costs, with written information available in both areas.	Content

Innovation Adoption

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
7.1	Set out the approach and plans to work with ANIA partners (coordinated by CfSD) to adopt and scale all approved innovations coming through the ANIA pipeline. This should include an outline of Board resource to support the associated business change to realise the	Strong response noting that NHS Fife has invested in supporting innovation at a local level. This resource also supports deeper engagement with the South East Innovation Test Bed (HISES), as one	Noted	Content

	benefits, which could include collaborative approaches to adoption.	of the three member Boards (Fife, Lothian and Borders), providing stakeholder input, leadership and strategic input. A realistic approach is set out in local adoption of ANIA, noting that the process for consideration and adoption of new innovations in NHS Fife from the ANIA pathway is under development.		

Workforce

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
8.1	*Support all patient-facing Boards to implement the delivery of eRostering across all workforce groups* Resources to be identified locally to support business change and roll out of e-Rostering/safer staffing too including optimal integration between substantive and flexible staff resource.	ADP1 provides a strong response to benefits of erostering and noted that plans for roll out to the next phase of services has been agreed. ADP2 however doesn't include any corresponding actions or milestones to progress implementation of the benefits set out in ADP1. This detail is requested to support monitoring of proposed milestones.	New deliverable added to ADP2 around BAU following implementation.	Content

Digital

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
9.1	**Optimising M365** Boards to set out plans to maximise use and increase benefits of the Microsoft 365 product. Plans should consider collaborative (local/regional/national) to offer alternative options for the delivery of programme benefits. This should include: Outlining how you will develop and improve digital skills of the workforce to realise the full operational benefits of M365	NHS Fife will establish a secure baseline in the M365 products and national tenancy by October 2023 and implement federation with Local Authority by October 2023. NHS Fife will assess future options for maximisation of M365 products in line with current licence/capacity restrictions and the work of National Groups by December 2023.	NHS Fife has an existing M365 Programme Team that is able to support the approach to roll out of M365. These resources are currently working directly with the national team on the implementation of Infrastructure Readiness and Security and Compliance baselines in line with the Operational Delivery Group. These controls also support the safe and secure use of Teams, Sharepoint, OneDrive and	Content

		Lack of detail around what resources are being used to roll out M365, along with detailing the approach being used to deliver the business change.	Local Authority Federation. An assessment on future stages will be considered once the renegotiation with Microsoft is complete.	
9.2	Boards to provide high level plans for the adoption/implementation of the national digital programmes	NHS Fife are committed to strengthening the use of national and regional systems for delivery of key programmes in which economies of scale can be realised. We have committed to a number of programmes which will continue to be delivered over the medium term, which have been included in the ADP. The ADP lacks clarity around the high-level milestones for 23/24, issues/challenges around the implementation and any identified resource pressures.	The milestones are set by the NSS Programme teams leading CHI, GP IT etc. We await the SG delivery plan finalisation to be able to make the detail assessment requested. The local ADP can be made available to provide further detail on current status.	Content
9.3	Boards to complete the Organisational Digital Maturity Exercise to be issued in April 2023, as fully as possible and in collaboration with their respective Integrated Authorit(y)ies.	Not applicable	Noted	Content
9.4	Boards should outline: • Executive support and commitment to how you are optimising use of digital & data technologies in the delivery of health services and ongoing commitment to developing and maintaining digital skills across the whole workforce • How candidates accepted on to the Digital Health and Care Transformational Leaders master's Programme are being supported and how learning is being shared across the organisation	The Psychology Service is currently working with NHS Fife Digital & Information team to introduce a new patient appointment system and also an electronic patient record system. In order to support the full adoption of National Elective Co-ordination Unit (NECU) within NHS Fife, Digital & Information are procuring a digital solution (NETCALL) within patient hub. This will digitise the current paper process with benefits identified in service efficiencies within Health Records and improved patient experience through better communications with those experiencing long waiting times. Digital & Information will look to implement by the end of	Noted	Content

		2023 and will be engaging with NECU shortly.		
9.5	Boards to demonstrate progress against the level of compliance with the Refreshed Public Sector Cyber Resilience Framework via the independent audit process. Health Boards should outline processes in place for engaging with the Cyber Centre of Excellence (CCoE) as part of compliance with the NIS regulations.	Slight lack of detail on the training being offered	Noted	Content

Climate

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
10.1	Set out proposed action to decarbonise fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest).	Gives a high level overview of progress to date and future ambitions in-line with objectives. It would be useful to have further information on the type and size of current charging infrastructure, perhaps referencing the Board's Switched on Fleets funding bid. Reliance on the Switched on Fleets funding stream is noted and is consistent across NHSScotland Boards. However, it would be useful to know what work, if any, is being done outwith this funding stream.	We believe our 2023/24 bid for infrastructure funding will be successful and the additional work will mean that we have a total of 77 charging points across NHS Fife. This will mean that (subject to a little change in behaviours/routines) we will have sufficient charge points in place to service all of our small vehicle fleet as they are changed to EVs (excluding the Enterprise Pool Cars). Out with this funding stream, wherever funds allow we are routinely switching to EV leased vehicles. We are reviewing the overall number of vehicles required with a view to reducing numbers. This will have the effect of increasing our % of vehicles which are EV.	Content NHS Fife demonstrates a positive commitment and trajectory to 2025 targets and beyond.
10.2	Set out plan to achieve waste targets set out in DL (2021) 38.	The performance data provided does not align with data provided by the Board in the past 6 months as part of a national Roue Map project and we would ask this to be reviewed and clarified so both data sets align. Whilst we commend the commitment to the existing targets the route	NHS Fife have asked for clarification on what performance data is being referred to and are unable to provide a complete response at this time. **Food waste** We are about to start a pilot in North East Fife to strengthen what we do. Due to our style of food	Content

		map data shows that the health board has considerable work to do to achieve these targets ongoing. Continued investment in food waste equipment and in national catering system is noted and welcomed. No specific reference is made to supporting the circular economy, also referenced in DL (2021)38. Circular Economy activities. The significant work done by the WMO in NHS Fife to reduce waste is noted. Regular auditing, communication about good segregation and the involvement of the WMO in the green theatre programme locally has greatly helped to engage clinical staff. The comments around the national tool on reporting is concerning but consistent across NHS Scotland currently. The WMO has been very proactive in ensuring that waste data is still reported and has developed an individual reporting system to ensure consistency. There is no reference to a waste management group which would be useful to identify the objectives and forward plan for the Board. Given that there is still work to be done by the Board it would be useful to have a plan on how the Board intends to meet the targets in the 18 months until the deadline of 2025.	service at Victoria Hospital (VHK), Queen Margaret Hospital (QMH) and Cameron Hospital, we have no production waste. Traditionally this has only been directed at patient food waste - not the food that NHS Staff bring in for consumption - this has increased dramatically with COVID and closures of staff facilities. The figures I am using are only benchmarked from 2017 - using OLLECO collections, this captures all food that comes directly out of the kitchens. We introduced food waste processing prior to 2015. **Circular economy: practical examples** We have our own in-house version of Warp-it as we have recycled furniture for years. We are in the process of getting Warp-it set up for NHS Fife. We routinely recover/refurbish chairs to avoid buying them. We are currently re-using masses of Fife Council desks from buildings they are closing. We are currently re-using vaccine centre equipment. In addition, we are currently measuring the wood and metal at VHK. **Waste Management Group** There is a quarterly waste management group for NHS Fife that is chaired by the waste management officer. **Targets** Our Domestic waste contractor uses energy from waste technology. We are already in	

			discussion with CIRECO however waste segregation is still measured in what we present rather than what they are working on which includes further segregation of waste. Re-launch of dry mixed recycling (DMR) following COVID (most wards or areas removed all of their bins and these have not been replaced). NHS assure are also getting up to 40% of all clinical orange bag waste recycled but this is reflected in NHS Scotland total clinical waste - not detailed down to health boards. PC waste is recycled through our eHealth colleagues and these figures are not recorded in the recycling process. We are counting DMR, cardboard and confidential waste as this is recycled following shredding. **Next 18 months** We will review our figures and the gathering there-of. We will roll out success of food waste pilot from North East Fife.	
10.3	Set out plan to reduce medical gas emissions – N20, Entonox and volatile gases – through implementation of national guidance.	Medical gases is a high priority area, please be clear about timelines for each gas mitigation project. Would be helpful if the clinical leads are identified for each gas mitigation project.	ADP2 updated accordingly. A nitrous oxide mitigation group has been established. This group also includes the remit for Entonox. Our clinical lead for both Nitrous Oxide and Entonox is Katie Hunter, Consultant Anaesthetist. Phase one of Victoria hospital Kirkcaldy has decommissioned its Nitrous oxide Manifold. We hope to have Phase 3 at VHK Nitrous Oxide manifold decommissioned by the end of August.	Content

			QMH and phase 2- VHK have already been decommissioned. Leaving us with no Nitrous oxide manifolds hopefully by end of August. In relation to Entonox we are awaiting a SG document detailing ask of boards and then will be able to provide timelines.	
10.4	Set out actions to adopt the learning from the National Green Theatre Programme; provide outline for greater adoption level.	HB has established group and has been tracking progress and will continue to do so. Appears limited to initial actions only and not on going work.	The board are fully committed to delivering the green theatre agenda. We have developed a local agenda which outlines that there are 17 ongoing sustainability projects in theatres which are included as part of our local action plan. The green theatres action plan will be further developed in line with the bundles provided by the centre for sustainable delivery. The sustainability tracker document previously referenced has 2 sections: open and closed actions. Open actions refer to those that are ongoing and closed refers to actions that have been completed.	Content
10.5	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.	Good high-level overview and clear reference to Energy Transition programme. Clear focus of year 1 to complete net zero roadmaps. Would clearly define whether Year 1 is 2023/24 or not. Where possible, add more clearer objectives on which (if any) decarbonisation measures that will be undertaken during 2023/24.	ADP2 updated accordingly. We confirm that year one is 2023/24. We will have completed all 12 roadmaps by December 2023 and by March 2024 will have identified the measures we need to take to reach targets. We have already started the process of decarbonisation on many of our sites. Measures taking place during 2023/24, fund dependant include: • Cameron Hospital steam decentralisation project which involves decentralising	Content Clear objectives highlighted for 2023/24.

			steam to ground source heat, design complete to RIBA 3 and now into next design stage with DNO. • Laundry Heat Recovery Project • The installation of double-glazed windows at Whyteman's Brae is underway. • Decarbonising Dalgety Bay Health Centre - Route to net-zero through installing air source heat pumps, LED Lighting & solar PV • Decarbonisation of Fife College of Nursing - Route to net-zero through installing LED Lighting, new windows and building insulation	
10.6	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.	ADP includes NHS Fife's quality improvement approach for implementation of the Scottish Quality Prescribing Guide Good to see clear plan and incorporation of environmental issues within respiratory prescribing involving the multidisciplinary team in anticipation of the quality prescribing guide release.	Noted	Content
10.7	Outline plans to implement an approved Environmental Management System.	The Board worked with HDR, a consultancy, to implement an EMS across NHS Fife. A very high-level outline plan has been provided with soft timescales, phase 1 has commenced and while they have included that it would take 6 months to roll out, timescales for phases 2 and 3 are needed. Further clarity around the phases and implementation plan with timescales is needed.	We have created an 'NHS Fife EMS implementation Roadmap' which outlines exactly how we will implement an EMS across our estate. Focusing on Victoria Hospital as our Pilot site, we will use this document as a way of steering our EMS activities and ensuring we have an effective system in place. The roadmap outlines the steps we will take across the next 2 years. The first 3 phases	Content

			are expected to take circa 18 months. Phase 1 which will occur over the next 6 months will involve developing our EMS team before carrying out a legal review. This will involve focusing on legislation and identifying the aspects that need to be addressed immediately as a starting point as well as defining legislative responsibilities. Upon completion of phase 1, Phase 2 will take around 8 months and involve creating a full Environmental Policy defining NHS Fifes' Environmental commitments and developing full impacts and aspects register as well as defining NHS Fifes environmental objectives and targets and defining key roles and responsibilities in relation to EMS. Phase 4 will involve developing the correct EMS documentation, defining operational control over aspects of our operations that impact the environment and ensuring staff with EMS responsibilities have the correct training. At the end of this phase, we will have an effective EMS in place.	

Finance & Sustainability

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
1.1	Delivery of ADP / Financial Plan	The financial information within the submitted ADP aligns to that presented in the Boards 2023-24 financial plan. We recognise the financial challenges presented by the Board and we will monitor its progress against the 2023-24 financial plan through the in-year financial performance return process, beginning with the Quarter One review. In addition, a revised financial plan is due to be submitted at the end of June 2023 that will provide an updated forecast for 2023-24 and further detail on expected delivery of savings.	Deliver year one actions of the financial improvement and sustainability programme. We are committed to supporting the Scottish Government's Sustainability and Value programme and have plans in place to deliver the 3% recurring savings target required by the programme. We have established an executive led Financial Improvement and Sustainability (FIS) Programme which contains a range of activities to deliver increased capacity and productivity and to release cash efficiencies and cost reduction. During 2023/24 we have established 3 key cost improvement initiatives to reduce; bank and agency spend, surge capacity and corporate overheads. We also have a significant medicines optimisation plan and a range of initiatives to reduce property and asset management costs.	Content

Value Based Health Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
1.1	Outline the executive sponsorship arrangements of the local Realistic Medicine Clinical Lead and Team.	No mention of the exec sponsorship In line with the condition of funding set out would expect to see a clear link to the named exec sponsor of RM locally.	The Executive Sponsor is the Medical Director the NHS Fife (Dr Chris McKenna)	Content
1.2	Indicate the connection to and overall approach of the local RM Action Plan, including the 5 key areas stipulated as conditions of funding.	RM action plan to align our work with the 5 strategic priorities of the Scottish Government Links to local action plan highlighting the alignment of the 5 key areas to RM funding.	Our RM plan, submitted to the RM team at SG in May 2023 has been explicitly aligned with the 5 strategic priorities which are implicit in ADP 1 and have been highlighted in bold in the RM plan (encouraging staff to access RM module on Turas, parents and	Content

			families encouraged to ask BRAN questions, evaluation of shared decision making from patients' perspectives, supporting local teams work with centre for sustainable development roll out ACRT, PIR and EQUIP and encouraging local teams consider current and future atlas of variation). Notwithstanding, there were other related actions in the preceding action plan (2022/23) that have been rolled over into the new RM plan (2023/24) as are still relevant in embedding RM in NHS Fife. The 5 priorities are now embedded in updated version of ADP2.	
1.3	Outline the governance arrangements for monitoring the delivery of the local RM Action Plan.	A risk workshop was organised with the RM and NHS Fife Clinical Governance Teams to identify RM risks. More detail needed on how the local governance structure and how that is connected to the local RM team and how it will monitor delivery and impact.	The current RM programme team includes the Executive Sponsor, Associate director clinical governance, the RM leads and senior project manager. The Realistic Medicine Clinical Leads directly report to MD and the RM Senior Project Manager is line managed by the Associate Director of Quality & Clinical Governance who reports to the Medical Director. RM in NHS Fife sits within the wider Clinical Governance departmental team where team members provide support that enable mainstreaming RM to the different departments in Fife. RM is now embedded in the ADP, SPRA and different departments (such as cancer). Regular meetings with Associate Director of Quality & CG to ensure we are delivering against our action plan. There are regular monthly RM team meetings. RM is on agendas as standing item and instrumental in a number of strategies in Fife. There are also regular update meetings	Content

			with the clinical governance senior managers team. Links have been made within NHS Fife to CfSD champions and planning an Atlas of Variation presentation as a topic for discussion in global cafe at Governance Workshop billed for September 2023. Following the risk workshop, we are planning a Governance Workshop to discuss with other departments on the best governance arrangements for embedding RM in Fife and if there are better ways that can be implemented. From the Governance Workshop, the governance structures and reporting processes to NHS Board will be agreed and implemented. Delivery and impact are monitored through surveys, interviews, workshops and focus group discussions. Progress reports are currently shared through the ADP, MTP, SPRA and Snapshot reports (to Scottish Government, through the RM National Team).	

NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**4 September 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**
	Neil McCormick, Director of Property and Asset Management
	Kevin Reith, Deputy Director of Workforce
	Kevin Booth, Head of Financial Services & Procurement

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

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

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

This is an update report on the developing Anchors programme of work and expectations of the National Place and Wellbeing programme. The NHS Scotland Annual Delivery Plan Guidance, included a requirement for all NHS Boards to set out their:

'approach to developing an Anchors Strategic Plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline' (Appendix 1).

The Anchors Strategic Plan is expected to set out an initial three-year strategy and be framed with reference to how it will support a 'prevention' public health approach and contribute to both community wealth building and reducing child poverty.

This paper updates progress of the Anchors Operational Group and planning the Anchors strategy for NHS Fife.

2.2 Background

Anchor institutions have been described by The Health Foundation as organisations that have an important presence in a place, usually through a combination of being large scale employers, the largest purchasers of goods and services in the locality, controlling large areas of land and/or having relatively fixed assets.

Strategic guidance was provided to territorial Boards in June 2023 by Scottish Government requesting plans include:

- How you are currently working in partnership, or intend to work in partnership, with other local anchors to progress your plan and/or develop joint plans; you should make specific reference to engagement with your Local Employability Partnership(s) and Community Planning Partnership(s).
- The actions you have taken and/or plan to take to:
    - maximise local, progressive procurement of goods and services.
    - provide fair work opportunities for new employment and for existing staff.
    - use and/or dispose of your land and assets for the benefit of the local community and local economy.
- The governance arrangements within the NHS Board to progress your Anchors Strategic Plan.
- Cross-reference to the relevant part of your Strategic Workforce Plan that sets out how you will 'enhance local supply pipelines and cement your role as an 'Anchor institution' for instance your approach to apprenticeships and community outreach' (Appendix 1).

Anchors work has been ongoing since the last update paper from 15th May 2023. NHS Fife ambitions were set out in the Annual Delivery Plan submission to Scottish Government and are also included in the Midterm Delivery Plan.

Scottish Government acknowledged climate action as being a key focus within Anchors work. The guidance advises that existing monitoring mechanisms for climate response and sustainability will continue to be used and therefore there is no requirement to include climate reporting within the Anchors Strategy. There is also no requirement to include metrics within the strategy, some aspects of work can be measured locally allowing for early benchmarking. Scottish Government have advised there is ongoing work nationally to identify suitable metrics for workforce and land and assets (Appendix 3). Proposed metrics have shared with two boards to pilot and further details are expected around October 2023.

The NHS Fife Anchor Institution Programme Board has agreed to follow the themes set out by the Health Foundation:

- purchasing more locally for social benefit
- widening access to quality work
- using buildings and spaces to support communities
- reducing environmental impact
- working more closely with local partners

Executive Directors have undertaken a self-assessment for the areas on which they lead.

2.3 Assessment

NHS Fife is in a fortunate position as Anchors work has begun ahead of the strategy request. Over the last quarter the Operational Group have repeated the local self-assessments capturing progress and highlighting priority areas within the three focused areas.

The Anchors Operational Group has coordinated a review of the self-assessment framework developed by the Health Foundation; particularly in relation to employability, procurement and spend, estates, property, and land. In its role as a Community Planning Partner. Development of the organisation as an Anchor Institution supports NHS Fife's key objective to continue to work to reduce poverty and inequality. NHS Fife has demonstrated a commitment as detailed in previously submitted papers focussing on Youth employment (Jan 2023) and Community Benefits Gateway (May 2023). Bids made through the gateway are awaited and work continues with third sector agencies to strengthen the process.

Procurement

There are a number of priority areas the Procurement Team are progressing in 2022/23 and the following years of the Strategic Plan. Key progress has been made in the following elements over the last quarter:

Living Wage Accreditation – Following the third and final round of engagement with applicable contractors, the Boards application to the Living Wage Foundation was submitted on the 31st July 2023. Discussions with the Living Wage Foundation have progressed well, and we anticipate achieving accreditation before the end of August 2023. Work will be undertaken with the communications team to highlight this achievement to our stakeholders.

Community Wealth Building – The Triage subsite developed in partnership with Fife Voluntary Action (FVA) and Public Health to facilitate more diverse and a greater number of community benefit bids from the local communities of Fife is now live. FVA are utilising their links to the local third sector and are actively working with a number of interest groups to develop bids which if and when applicable will be redirected to the National site for registering. Once the bids are live Procurement will liaise with existing suppliers to support prompt fulfilment.

Supporting and improving the cashflow in the local economy – In response to the National Systems issue in early 2023, the Boards Payment performance metrics declined. Whilst the issue has been resolved at a National Level. Procurement have embarked on a workstream to reduce the length of time and the number of active queries outstanding on supplier invoices to support improved payment performance to suppliers in the coming months.

Land and Assets

The NHS Board has formally approved the 2030 Greenspace Strategy which aims to identify the areas where we could encourage local access to our green spaces within a number of key themed areas in line with our Anchor objectives. This Strategy is built on a digital mapping system which has identified that 62% of our estate is greenspace.

The Property and Asset Management Strategy (PAMS) is also being developed in line with our Anchor objectives and is being taken to the Board in September 2023.

We are also working with the Scottish Government to identify if there are potential pilot areas within Fife that we could consider as part of the National work around Anchors and the use of Land and Assets.

Workforce

Under the Widening Access to Quality work theme, our focus is on building on our Employability activity to enhance our ability to attract members of our local communities to commence their employment with NHS Fife with appropriate programmes to support and develop career pathways. Review of the programme aims that were refreshed in 2021, the current emphasis is on the extended use of Apprenticeship programmes. Initially this has been focused on Modern Apprenticeship although opportunity for extending both Foundation and Graduate Apprenticeships will be a feature in future. In collaboration with Fife College, the Nursing Practice Education and Professional Development team have consolidated our initial Modern Apprenticeship Programme for Healthcare Support Workers. This commenced in January 2023 for a first cohort of 22 into a rolling programme of up to 3 cohorts a year for 20-25 places. Work which has been led through the Allied Health Professional teams is in progress to develop Foundation Apprenticeships in Radiology, Physiotherapy and Occupational Therapy.

Plans are being developed to add additional resource to our Employability team to support coordination of organisational work activity as programmes expand across service areas. This will also allow us to build on the work that is being undertaken by our NHS Fife Schools Engagement Network to support NHS careers promotion activity. We are working with Fife Council and other partner organisations to consider recruitment adjustments to support entry level access to job opportunities. We have also commenced work with Department of Work and Pensions initially in support of their NHS Scotland Carer to Carpenter campaign in June 2023, and now looking at themes around work placement to build collaboration on their work coaching programme.

Under the Anchors Workforce and Purchasing themes we are also delighted to be in the final stages of achieving Real Living Wage Accreditation with approval of our submission anticipated this month.

National Guidance

Guidance has been received from Public Health Scotland with a revised self-assessment framework for Scotland (Appendix 2). A comparison will be made to the pre-existing framework, considerations will be made to any gaps or required refinements and these will be reflected in the development of the Strategic Plan. To aid with the development of the Strategic Plan, Project Management Support will be provided. Milestones are being developed and the approach will have the oversight from the Anchors Programme Board, scheduled for September 2023 (see Figure 1 below).

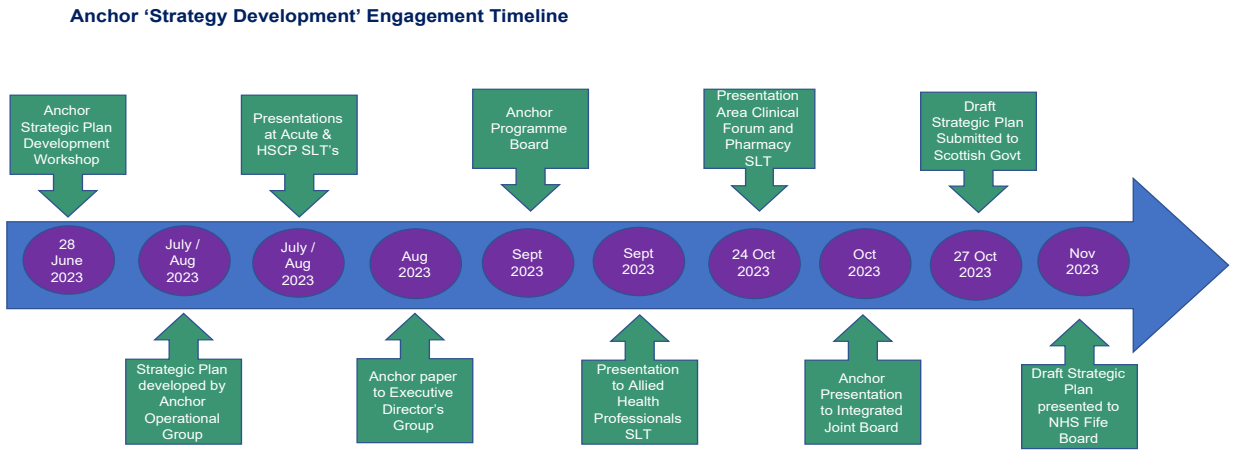
The Operational Group has made some new focus on the corporate and civic dimension. Volunteering has been explored reaching out to operational groups linked with the Royal Air Force and their veterans. The intention is not only to scope volunteering opportunities that NHS Fife can offer but to explore the wider anchors ambitions and focussed areas through employability and procurements avenues.

As our understanding of what it means to be an Anchor Institution develops, we have an emerging ambition to have Anchors themes threaded through the work of NHS Fife, building of links and networks with other partners and third sector agencies. This work is progressing but will take time. The self-assessment tool is used by the newly established Anchors Operational Group to track progress and generate priorities. Progress will be reported to the Anchors Programme Board.

NHS Fife has existing Anchors links with Scottish Government as Carol Potter, Chief Executive, is chair of National Anchors Delivery Group and David Miller, Director of Workforce chairs the Anchors Workforce Strategic Group. Neil McCormick is also working with Scottish Government leading on NHS Fife exploring pilot areas for Anchors use of Land and Assets. Meetings are being arranged with local boards, Scottish Government representatives and Public Health Scotland allowing boards to feedback on Anchors work that is ongoing and future plans, NHS Fife will be in August 2023. The Anchors Learning Network Group hosted by Public Health Scotland is a support network for local areas.

In the meantime, to progress our strategy our next steps will include continuation with ongoing work, further engagement with key stakeholders with the organisation and partners to continue to strengthen links and networks, aligning with our strategic intent. NHS Fife will forecast anchors ambitions in tandem with the Population, Health and Wellbeing Strategy, over a five-year period. The inclusion of service delivery and corporate and civic dimensions will be threaded into the Anchors strategy over the coming year.

Figure 1 – Anchor 'Strategy Development' Engagement Timeline



2.3.1 Quality / Patient Care

The quality of some of our support services may be improved by being more directly linked to local businesses and organisations. No direct impacts on quality or patient care have been identified.

2.3.2 Workforce

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

2.3.3 Financial

No additional financial costs have been identified.

2.3.4 Risk Assessment / Management

The development of a Strategy will provide a benchmark for NHS Fife to progress all aspects of being an Anchor Institution. Operationally updating the progression framework and reporting to the Anchors Programme Board.

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

Operating as an Anchor Institution and contributing to community wealth building will impact positively on reducing health inequalities. An EQiA will be completed once identified areas of action have been agreed.

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

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

Presentations have been delivered to Senior Leadership Teams within Acute on 27th July 2023 and HSCP on 7th August 2023.

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

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 at the request of the previous Chair to aid with continuity. Updates on NHS Fife as an Anchor Institution have been presented to the Public Health and Wellbeing Committee on the following dates.

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

This paper has recently been taken to the Executive Directors Group on 20th August 2023.

2.4 Recommendation

Discussion

Public Health & Wellbeing Committee are asked to review and discuss 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.

Assurance

Public Health & Wellbeing Committee are asked to take Assurance from the work progressed by the Operational Group and note the planned timeline to complete the Strategy document.

3 List of appendices

The following appendices have **not** been included with this report and are available on request:

- Appendix No. 1, NHS Scotland Delivery Plan Guidance
- Appendix No. 2, PHS Guidance
- Appendix No. 3, Place and Wellbeing Programme, Annex A – Metric development criteria

Report Contact
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NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**4 September 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 June, although there are some measures with a significant time lag and a few which are available up to the end of July.

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

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 04 September.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 17 August and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the PHW Committee for:

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

3 List of appendices

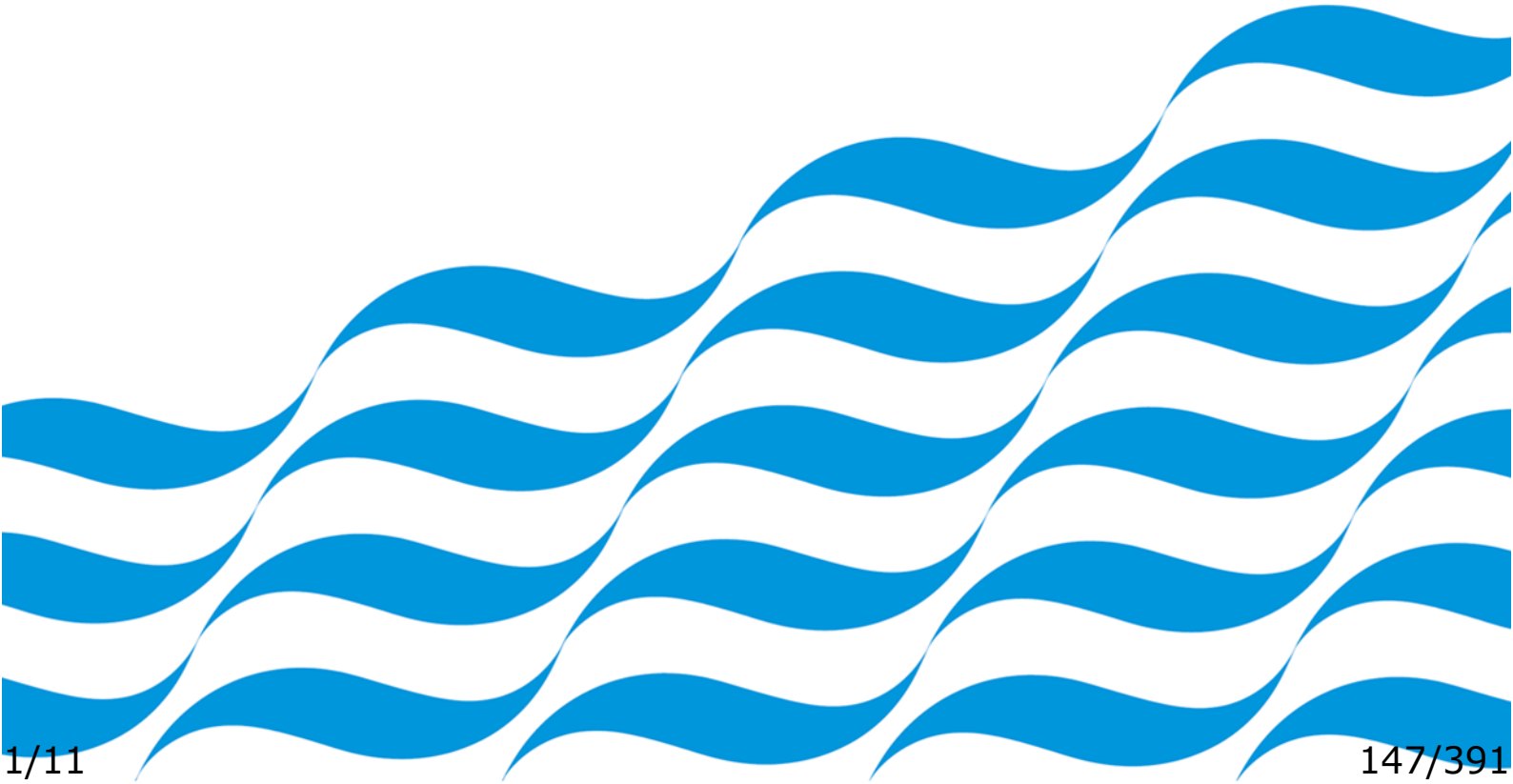
- Integrated Performance & Quality Report

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

Fife Integrated Performance & Quality Report

PUBLIC HEALTH & WELLBEING

Produced in August 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
15 August 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.

Corporate Risk 3 - COVID 19 Pandemic - Risk Rating Reduced

Following review by the Public Health and Wellbeing Committee, the current rating of this risk is reduced from Moderate(12) to Moderate(9) in light of the continued effectiveness of vaccination and the reduced impact of illness in the population.

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	Jun-23	44	○	▼	▲	●	
	Major/Extreme Adverse Events - % Actions Closed on Time	50%	Month	Jun-23	39.1%	●	▲	▼	●	
	HSMR	N/A	Year Ending	Mar-23	0.96	●	–	–	●	
	Inpatient Falls	6.91	Month	Jun-23	6.83	○	▼	▲	●	
	Inpatient Falls with Harm	1.65	Month	Jun-23	1.52	○	▼	▼	●	
	Pressure Ulcers	0.89	Month	Jun-23	1.05	○	▼	▲	●	
	SAB - HAI/HCAI	18.8	Month	Jun-23	10.3	○	▲	▲	●	QE Mar-22
	C Diff - HAI/HCAI	6.5	Month	Jun-23	17.2	○	▼	▼	●	QE Mar-22
	ECB - HAI/HCAI	33.0	Month	Jun-23	17.2	○	▲	▲	●	QE Mar-22
	S1 Complaints Closed in Month on Time	80%	Month	Jun-23	64.1%	●	▲	▲	●	2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Jun-23	16.2%	○	▲	▲	●	2021/22
	S2 Complaints Due in Month and Closed On Time	N/A	Month	Jun-23	17.1%	●	▲	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Mar-23	100.0%	●	◀▶	◀▶	●	
	4-Hour Emergency Access (A&E)	95%	Month	Jul-23	76.0%	○	▼	▲	●	Jun-23
	4-Hour Emergency Access (ED)	82.5%	Month	Jul-23	69.0%	●	▼	▲	●	Jun-23
	Patient TTG % <= 12 Weeks	100%	Month	Jun-23	44.4%	●	▲	▼	●	Mar-23
	New Outpatients % <= 12 Weeks	95%	Month	Jun-23	48.3%	●	▼	▼	●	Mar-23
	Diagnostics % <= 6 Weeks	100%	Month	Jun-23	47.0%	●	▼	▼	●	Mar-23
	Cancer 31-Day DTT	95%	Month	Jun-23	97.6%	○	▲	▼	●	QE Mar-23
	Cancer 62-Day RTT	95%	Month	Jun-23	74.4%	○	▼	▼	●	QE Mar-23
	Detect Cancer Early	29%	Year Ending	Dec-22	27.6%	●	▼	▲	●	2020, 2021
	Freedom of Information Requests	85%	Month	Jul-23	92.0%	●	▲	▲	●	
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Jul-23	9.7%	●	▼	▲	●	QE Dec-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Jul-23	6.1%	○	▼	▲	●	QE Dec-22
	Antenatal Access	80%	Month	Mar-23	86.1%	●	▲	▲	●	CY 2022
Finance	Revenue Resource Limit Performance	-	Month	Jul-23	(£10.98m)	●	–	–	●	
	Capital Resource Limit Performance	£11.17m	Month	Jul-23	£1.451m	●	–	–	●	
Staff Governance	Sickness Absence	4.00%	Month	Jun-23	6.61%	○	▲	▼	●	YE May-23
	Personal Development Plan & Review (PDPR)	80%	Month	Jul-23	40.4%	●	▲	▲	●	
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Mar-23	301	●	–	–	●	YT Sep-22
	CAMHS Waiting Times	90%	Month	Jun-23	74.1%	○	▲	▲	●	QE Mar-23
	Psychological Therapies Waiting Times	90%	Month	Jun-23	67.5%	○	▼	▼	●	QE Mar-23
	Drugs & Alcohol Waiting Times	90%	Month	May-23	89.6%	●	▲	▼	●	QE Mar-23
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Mar-23	92.5%	○	▼	▼	●	QE Mar-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Mar-23	86.4%	○	▲	▼	●	QE Mar-22

Performance Key

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

SPC Key

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

Change Key

- ▲ "Better" than comparator period
- ◀▶ No Change
- ▼ "Worse" than comparator period
- – Not Applicable

Benchmarking Key

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

c. Projected and Actual Activity

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

		Month End			Quarter End	Quarter End	Quarter End	Quarter End
		Apr-23	May-23	Jun-23	Jun-23	Sep-23	Dec-23	Mar-24
ED 4-hour Performance (VHK only)	Projected	67.9%	69.1%	70.6%				
	Actual	64.7%	66.5%	71.3%				
	Variance	-3.2%	-2.6%	0.7%				
Elective Activity Diagnostics	Projected	5,121	5,121	5,121	15,363	15,363	15,363	15,363
	Actual	4,166	4,393	4,207	12,766			
	Variance	-955	-728	-914	-2,597			
Elective Activity New Outpatients	Projected	7,573	7,372	7,364	22,309	22,337	22,274	22,308
	Actual	6,092	7,583	7,550	21,225			
	Variance	-1,481	211	186	-1,084			
Elective Activity TTG	Projected	1,138	1,139	1,139	3,416	3,433	3,487	3,492
	Actual	957	1,204	1,242	3,403			
	Variance	-181	65	103	-13			
Long Waits Diagnostics > 26 weeks	Projected	140	122	109	109	63	10	0
	Actual	164	171	171	171			
	Variance	24	49	62	62			
Long Waits New Outpatients > 104 weeks	Projected	0	0	0	0	74	212	352
	Actual	0	0	1	1			
	Variance	0	0	1	1			
Long Waits New Outpatients > 78 weeks	Projected	77	87	150	150	339	849	1358
	Actual	73	92	85	85			
	Variance	-4	5	-65	-65			
Long Waits TTG > 104 weeks	Projected	17	15	16	16	67	173	351
	Actual	14	15	20	20			
	Variance	-3	0	4	4			
Long Waits TTG > 78 weeks	Projected	99	128	159	159	305	547	893
	Actual	79	88	84	84			
	Variance	-20	-40	-75	-75			
Cataracts Average per 1/2 day session	Projected				4.5	4.5	4.5	4.5
	Actual							
	Variance				-4.5			
Arthroplasty 4 joint sessions	Projected				25.0%	25.0%	25.0%	25.0%
	Actual	6.0%	12.0%	12.0%	10.0%			
	Variance				-15.0%			
Same Day Procedures Knee Arthroplasty	Projected				1.9%	1.9%	1.9%	1.9%
	Actual							
	Variance				-1.9%			
Same Day Procedures Hip Arthroplasty	Projected				4.3%	4.3%	4.3%	4.3%
	Actual							
	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%			
	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%			
	Variance				-4.4%			
CAMHS 18 Weeks RTT	Projected	85.0%	85.0%	85.0%				
	Actual	85.3%	84.8%	76.2%				
	Variance	0.3%	-0.2%	-8.8%				
CAMHS Waiting List <= 18 weeks	Projected	213	209	216	216	228	235	200
	Actual	249	268	244	244			
	Variance	36	59	28	28			
CAMHS Waiting List > 18 weeks	Projected	71	89	116	116	98	42	0
	Actual	43	48	70	70			
	Variance	-28	-41	-46	-46			
CAMHS Waiting List > 52 weeks	Projected	0	0	0	0	0	0	0
	Actual	0	0	0	0			
	Variance	0	0	0	0			
Psychological Therapies 18 Weeks RTT	Projected	67.5%	69.4%	66.1%				
	Actual	56.2%	58.5%	55.5%				
	Variance	-11.3%	-10.9%	-10.6%				
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888
	Actual	1448	1602	1460	1460			
	Variance	560	714	572	572			
Psychological Therapies Waiting List > 18 weeks	Projected	1394	1575	1660	1660	1569	1680	1604
	Actual	1128	1136	1173	1173			
	Variance	-266	-439	-487	-487			
Psychological Therapies Waiting List > 52 weeks	Projected	255	237	219	219	165	111	57
	Actual	248	286	273	273			
	Variance	-7	49	54	54			

d. Assessment

PUBLIC HEALTH & WELLBEING								
	To improve health and wellbeing	5	2	3	-	-	▲	High

		Target	Current
Smoking Cessation	*Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas*	**473** (Mar)	**301** (Mar)

There were an additional 34 successful quits in March 2023, which is a 60% increase on Feb and more than double the reported numbers in Dec22 and Jan23. It is just 6 short of the monthly target of 40. The cumulative total for 2022/23 is 301 against an expected trajectory of 473. Achievement against trajectory to Mar23 is 63.6%.

Note that there is a significant lag in the data due to the nature of the measure (post 12-week quits) and the duration of the smoking cessation programme, so final data will not be available until around August.

Fife Specialist, Maternity & Community Pharmacy Quit Your Way (QYW) Specialist service has increased provision to 32 clinics Fife wide: these are 20 community-based and 12 GP based clinics. Following client feedback, we are now offering a blended approach for clients to access support appointments with an advisor: incorporating home visits, telephone and near me appointments to work alongside the existing system. This change has been welcomed by people who are not able to attend weekly face to face clinic appointments for a variety of reasons and we are hopeful this will increase retention of clients in the QYW programme and in turn successful 12 week quits.

Using the service mobile unit, the team are accessing community events across Fife. These events have been a positive opportunity to connect with 3rd sector organisations and attend organised events, where we have been able to offer brief interventions, advice and sign up to the service as desired.

Events attended, include the weekly Summer in the Park, Riverside Park Glenrothes, Collydean Community Centre, Levenmouth foodbank & community café, Broomhead Community Flat and the Auchmuty job club.

Positive steps have been made to re-establish and strengthen connections with Fife midwifery services. We are supporting the new Midwifery Support Assistant posts with training on smoking cessation and the importance of the very brief advice (VBA) model when working with their client group in SIMD 1 & 2 areas to ensure an effective referral pathway to the specialist service for Maternity Quit Your Way programme. We have training dates scheduled for September & October in QMH & VHK, our aim is to increase referrals to the Maternity QYW programme.

Staffing capacity remains in deficit: Three new advisors are at varying stages of completing their specialist training to complete the Smoking Cessation Competency Framework; two advisors are on maternity leave, and the Band 6 Stop Smoking Coordinator has not yet to commenced in post whilst we await employment checks.

A temporary plan is in place to support Community Pharmacies (CP) Quit Your Way programme with the administration of their 12-week quit follow up contact to clients. It has been highlighted by CP that time to conduct follow up calls is not a priority and therefore quit data is lost. Our additional support will be reviewed in 3 months to ascertain if any impact has been made to successful quits. Specialist QYW service and CP QYW service will work together to increased footfall and reach to support people to stop smoking.

CAMHS Waiting Times	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**90%**	**74.1%**

Monthly performance increased from 68.0% in May 2023 to 74.1% in June, taking it just above the 26-week average of 73%. For the seventh 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 48 in May to 70 in June. The percentage of those waiting less than 18 weeks reduced from 84.8% in May to 76.2% in June.

The number of referrals received in June was 233, a decrease of 23 on the previous month but slightly higher than the same time last year (+6.4%). The waiting list saw a slight decrease (294 in Jun compared to 316 in May) which follows 6 months of increasing waiting list numbers.

NHS Fife remains in the mid-range of Health Boards as of the last quarterly publication in June (for the quarter ending Mar 2023) and was above the Scottish average (83.8% compared to 74.2%).

DNA rate has reduced compared to May 2023 as the result of an initiative where 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 36 weeks. Although those waiting over 18 weeks has increased, the overall number of children and young

		Target	Current
people waiting has reduced. Recruitment to fill posts is underway with all posts at interview stage. RTT will continue to fluctuate dependant on ratio of urgent presentations to work against longest waits. Performance specifically related to longest waits has followed the predicted trajectory reported to Scottish Government which will see an incremental increase in waiting list until September 2023 followed by a gradual reduction through to March 2024 when RTT% will be achieved, dependant on demand following previous pattern and successful recruitment & retention of staff.			
Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**67.5%**
Monthly performance fell from 72.3% in May 2023 to 67.5% in June: this is outwith control limits and is the lowest since October 2020. Performance on the target falls when the service is focused on seeing people who have been waiting longest. In June, the number of people who had waited over 52 weeks who were taken on for treatment was 55% higher than in May 2023 and 18% higher than the average for the previous 12 months. The number of those waiting over 52 weeks decreased from 286 in May to 273 in June and the number of those waiting 36 to 52 weeks decreased from 271 to 265, although the numbers waiting between 19 to 35 weeks increased from 579 to 635. The overall waiting list however decreased by 3.8% (from 2738 to 2633). Between May and June 2023, referrals for all ages decreased by 8.4% (from 974 to 892). However, the June 2023 referral rate was still higher than that for June 2022 and higher than the average for the previous 12 months. 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%). The specific Psychology Services where waiting times remain an issue continue to progress service developments to better meet demand and there were a number of developments initiated during May. Within the Adult Mental Health (AMH) Psychology Service, a test of change has been implemented 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. As well as increasing access to PTs this development aims to improve psychologically-informed practice and interventions delivered by non-Psychology staff. Following an increase in capacity, the AMH Psychology service in Kirkcaldy and Levenmouth has also been able to re-introduce a Brief Interventions Service for people referred from Primary Care settings. This will improve access to PTs and help maintain performance against the PT target in the future. The Psychology Service as a whole continues active recruitment although national workforce pressures still pose a challenge. Access to enough suitable clinic accommodation also remains a challenge.			
Immunisation: 6-in-1	*At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age*	**95%**	**92.5%**
The latest published data (for quarter ending March 2023) shows that NHS Fife uptake for 6-in-1 at 12 months of age achieved 92.5%, falling below target to the lowest figure recorded. PCV saw a reduction of 2.6% (lowest since Dec-20); Rotavirus and MenB each saw reductions of 2.4% (lowest recorded for both). Uptake at 12 months for 6-in-1 in NHS Fife was the lowest of all mainland NHS Boards with the highest uptake being 97.2%. A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions. The group continues to meet regularly to oversee implementation. Mop up clinics are running over the summer months and contact made with those who did not bring child for Immunisation.			
Immunisation: MMR2	*At least 92% of children will receive their MMR2 vaccination by the age of 5*	**92%**	**86.4%**
The latest published data (for quarter ending March 2023) shows that NHS Fife uptake for MMR at 5 years of age had held relatively static at 86.4% (having been 86.3% in the previous quarter). Again, this is only marginally better than the low of 86.2% achieved in March 2019. MMR1, Hib/MenC and 4-in-1 all saw the same small reduction of 0.4% compared with the previous quarter. Uptake at 5 years for MMR2 in NHS Fife was the second lowest of all mainland NHS Boards with the highest uptake being 94.8%. A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions. The group continues to meet regularly to oversee implementation. Mop up clinics are running over the summer months and contact made with those who did not bring child for Immunisation.			

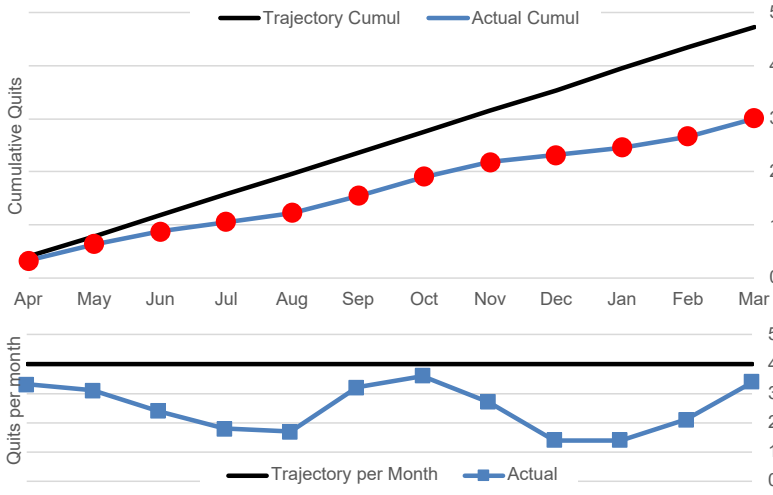
e. Performance Exception Reports

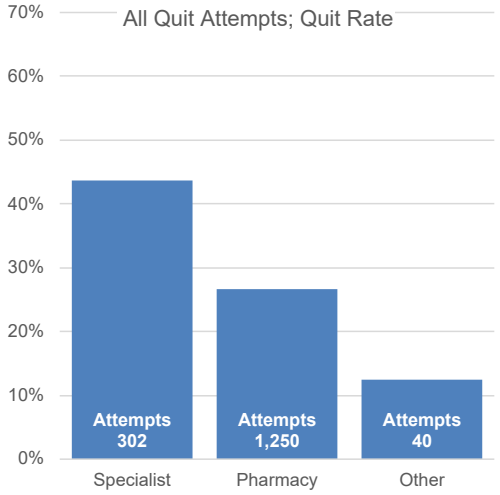
Smoking Cessation

In 2022/23, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Performance 301

Local Performance (lag due to 12-week follow-up from quit date)





National Benchmarking

		2022/23											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	33	31	24	18	17	32	36	27	14	14	21	34
	Actual Cumul	33	64	88	106	123	155	191	218	232	246	267	301
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	82.5%	81.0%	74.6%	67.1%	62.4%	65.7%	69.2%	69.2%	65.5%	62.4%	61.5%	63.6%
Scotland	Achieved			63.3%			62.0%						

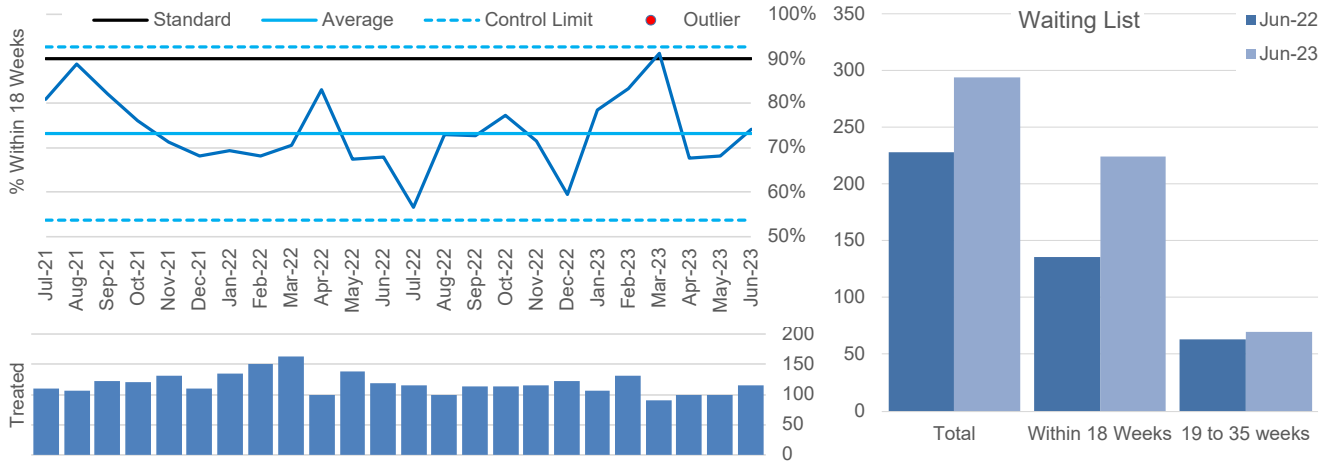
Key Deliverable		**End Date**
Off track / At risk / On track / Complete / Suspended		Proposed
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24		**Mar-24**
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers 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 74.1%

Local Performance



National Benchmarking

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	56.5%	73.0%	72.6%	77.2%	71.6%	59.3%	78.5%	83.2%	91.1%	67.7%	68.0%	74.1%
Scotland	67.5%	66.4%	69.5%	69.0%	67.4%	75.9%	74.3%	73.8%	74.5%			

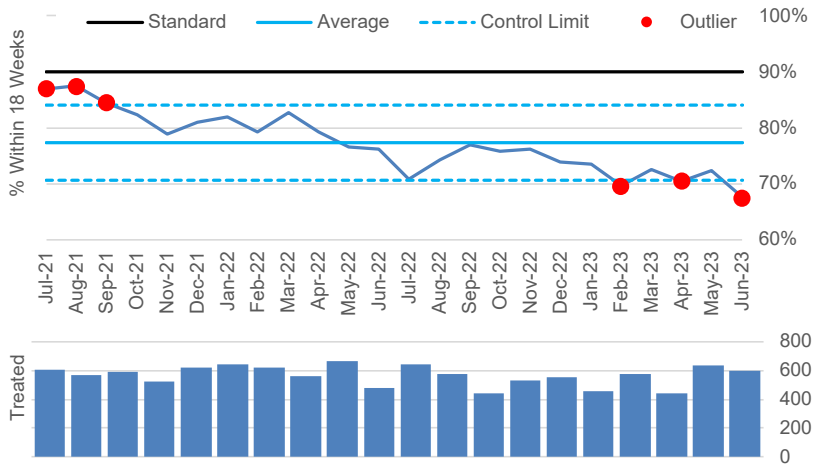
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard		**Mar-24**
Key Milestones	Implementing caseload management to ensure throughput, reduce bottlenecks and maintain capacity	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 Mileston	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

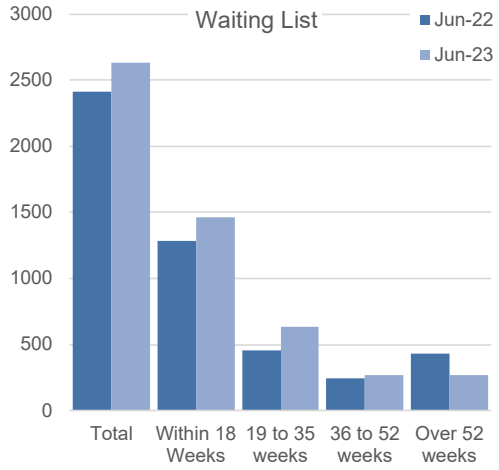
Psychological Therapies 18 weeks RTT

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

Performance 67.5%

Local Performance





National Benchmarking

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	70.8%	74.3%	77.0%	75.8%	76.1%	73.8%	73.4%	69.6%	72.5%	70.5%	72.3%	67.5%
Scotland	79.2%	81.6%	81.2%	80.9%	80.6%	82.4%	80.6%	79.4%	79.3%			

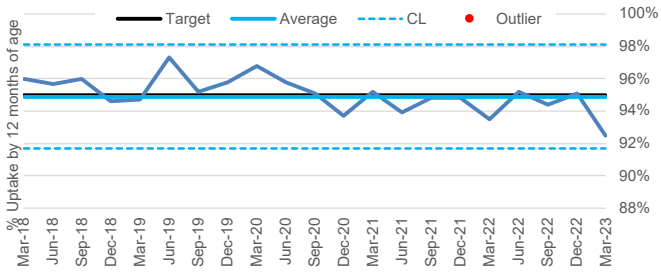
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard		**Mar-24**
Key Milestones	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

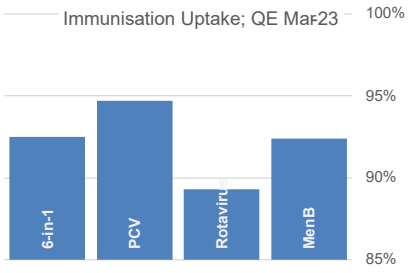
Child Immunisation

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

Performance 92.5%

Local Performance





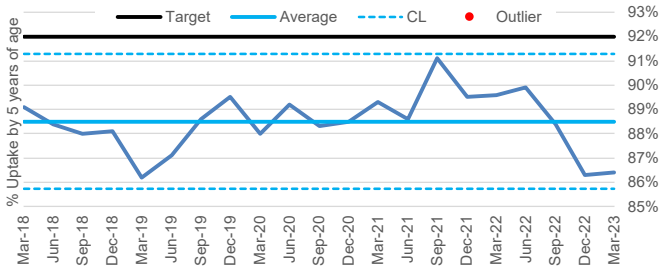
National Benchmarking

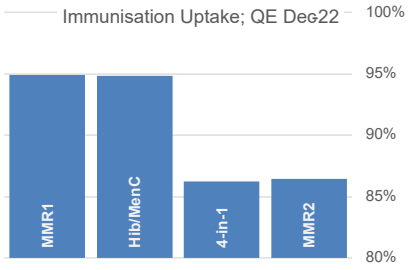
Quarter	2020/21			2021/22				2022/23			
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%	95.1%	92.5%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%	95.5%	95.2%

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

Performance 86.4%

Local Performance





National Benchmarking

Quarter	2020/21			2021/22				2022/23			
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%	86.3%	86.4%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%	90.8%	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	Aug-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	Aug-23
	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	Jul-23
	Preparation for children's 18-month visit	Sep-23
	Communication strategy to stakeholders	Sep-23

NHS Fife

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**4 September 2023**
Title:	**Long Covid Service Update**
Responsible Executive:	**Joy Tomlinson, Director of Public Health** **Nicky Connor, Director of Health and Social Care**
Report Author's:	**Amanda Wong, Director of Allied Health Professions** **Rishma Maini, Consultant in Public Health Medicine**

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This SBAR serves to update on the burden of long COVID and progress in implementing a long COVID recovery and rehabilitation service in Fife.

2.2 Background

Epidemiology of long COVID

A previous SBAR to EDG on 16 February 2023 provided an overview of the epidemiology of long COVID. Appendix 1 provides a summary of the various prevalence estimates of long COVID in Scotland according to different sources of information. However, the lack of consensus on how to define and diagnose long COVID has resulted in discordant estimates of disease burden. Therefore, all current prevalence estimates should be interpreted alongside with their respective definitions and cannot be directly compared with one another. Unfortunately, the monthly Official National Statistics COVID-19 surveys have also been discontinued, so we will no longer have a mechanism for ongoing surveillance of long

COVID in the population. However, there are plans underway to implement a digital tool (ELAROS)[1] in Health Boards to support the measurement of data relating to long COVID, including on the number of patients accessing long COVID services, their experiences, and health outcomes. Once implemented, this will provide an indication of the demand for long COVID services.

Long COVID service planning for Fife

In September 2021, the Scottish Government published the paper "Scotland's Long COVID Service". This included commitment to a £10million fund to resource the development of services for people with long COVID.

Out of this fund, the Scottish Government has made available £178,051 in Year 2 to Fife (Appendix 2) with posts sitting within the Health and Social Care Partnership. We are continuing to develop a long COVID multidisciplinary rehabilitation pathway delivering a single point of access for assessment and co-ordinated support from a range of services that include nursing, occupational therapy, physiotherapy, Integrated Community Assessment and Support Services (ICASS) and psychology, ensuring it is person-centred. This will include a range of interventions, from signposting to relevant information and support, supported self-management, and individualised targeted support.

On 16 February, due to recruitment issues, EDG agreed the following changes to the service model:

- Recruitment of a Project/Programme Manager (Band 7/8) role to review existing rehabilitation pathways. This role would be supported by a clinical reference group.
- This Programme/Project manager would undertake the scoping and mapping work we need to understand that is required for Fife, whilst linking in with the clinical reference group to understand the services and how they interact/communicate. They would ensure that those with lived experience have their voice included in the process.
- We also recommended reconsidering the skill mix of the Physiotherapy and Occupational Therapy posts and perhaps look to employ Rehabilitation health care support workers at Band 4 to support the existing teams and activity.

2.3 Assessment

Health need:

In the absence of a specific long COVID service, we do not currently have a consistent approach to recording data on patients accessing our services with long COVID. Nationally, a digital tool has been procured from ELAROS which will support improved monitoring of long COVID patients. A Data Protection Impact Assessment (DPIA) has been developed nationally and shared with each NHS Board's Information Governance Lead. This should allow for the easy adoption and implementation of the tool when it is released to go-live.

Implementation of Fife long COVID services

Unfortunately, the second round of recruitment was unsuccessful for the posts described in the EDG update of 16/02/2023. Noting the paused delivery of the Chronic Fatigue Syndrome service and redistribution of referrals to Psychology and Pain Management services, we are therefore taking a more pragmatic approach.

Our new proposed model is within the financial envelope based on existing staffing who have agreed to increase hours to assist in the delivery of the priority areas. It comprises a

[1] Procured by National Services Scotland

multi-disciplinary team of 2.5 WTE people, which includes a mix of Allied Health Professionals (Education, Physiotherapy, Occupational Therapy) and Psychology. The key focus of the roles will include:

- Mapping of services and referrals, as well as the cataloguing of educational resources.
- Specific psychological interventions on an individual basis.
- Multidisciplinary Community Groups with Physiotherapy, Occupational Therapy and Psychology.
- Pain Management support for individual interventions as well as group work with this client group.

The value of this approach is that it will enable us to both build capacity as well as support greater sustainability when the funding ends in March 2025.
These changes have been discussed with Scottish Government colleagues who are supportive.

2.3.1 Quality / Patient Care

Long COVID patients are currently receiving rehabilitation via our existing services. The proposed changes seek to augment our existing teams and pathways in delivering a more coordinated service for patients with long COVID.

2.3.2 Workforce

Existing workforce challenges and the temporary nature of the posts have meant that we have been unable to recruit to any of the originally proposed posts, or the updated changes. However, existing staff have agreed to temporarily increase their hours to support this work.

2.3.3 Financial

Short-term funding has been provided by Scottish Government to establish this service. It was not possible to establish the service last year and no funding was utilised. With the change in approach, we are confident that the service can be established within budget. Scottish Government has made it clear that NHS Boards cannot carry forward any underspend into future years. However, we may be able to use slippage monies within year.

2.3.4 Risk Assessment / Management

To mitigate the risk of future funding for our long COVID service, this flexible approach to staffing is best option moving forward.

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

An impact assessment will be completed to ensure the service is accessible to hard-to-reach populations, complying with the Public Sector Equality duty.

2.3.6 Climate Emergency & Sustainability Impact

Given the operationalisation of the long COVID service relates mainly to the recruitment to specific types of posts, they are unlikely to affect the aims and targets outlined by the NHS Scotland Climate Emergency and Sustainability Strategy.

2.3.7 Communication, involvement, engagement and consultation

The proposed changes to the service have been discussed with Scottish Government staff, including the national long COVID network's clinical lead and a lead from Clinical Priorities. All are supportive of the change of direction.

2.3.8 Route to the Meeting

This paper has been approved by EDG prior to the meeting.

2.4 Recommendation

The Public Health and Wellbeing Committee is asked to **take assurance** from this update in developing the long COVID service in Fife.

3 List of appendices

The following appendix is included with this report:

- Appendix 1: Prevalence estimates for long COVID
- Appendix 2: Scottish Government Funding Letter
- Appendix 3: Finance Breakdown

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Appendix 1: Summary of prevalence estimates available

Study	Estimate	Caveats/limitations	Data collection
ONS (latest survey results)	2.9% of total population as of March 2023	Based on self-report, not clinical diagnosis.	Was available monthly. Last results March 2023.
Scottish health survey	5% of total population	Estimate subject to uncertainty given that a sample is only part of the wider population. Not presented with confidence intervals. Based on self-report not clinical assessment.	Annual – last available data reported from 2021.
EAVE II (University of Edinburgh and Public Health Scotland)	0.02-1.8% of adult population depending on method used	Operational definition not yet validated. Long COVID likely to be under-coded. Does not include patients who do not access health services for symptoms.	Covers data collected 1 March 2020 to 20 Oct 2022.
Long COVID in Scotland (University of Glasgow and Public Health Scotland)	6-10% of those infected with COVID-19.	Potential selection bias – those with persistent symptoms may have been more motivated to respond.	Study participants followed up 6, 12 and 18 months after infection and compared with matched controls without infection.

NB: Differences in study designs; long COVID definitions; methods; data collection; and time period of collection; mean these estimates are not directly comparable with one another.

Healthcare, Quality and Improvement Directorate
Planning and Quality

E: clinical.priorities@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

NHS Board members of long COVID Strategic Network's Service Planning Group

Cc: NHS Board Directors of Finance,
nss.longcovid@nhs.scot

10 May 2023

Dear colleague,

Further to my letter of 21 April 2023, please find on page 3 an **updated breakdown** of the funding allocations for each NHS Board area. Please disregard the breakdown provided in my previous correspondence.

FUNDING FOR LONG COVID CARE AND SUPPORT

I am pleased to confirm on behalf of Scottish Ministers that funding of £3 million has been made available from the long COVID Support Fund for 2023-24.

The table at Annex A confirms the funding allocations for each NHS Board area.

Allocations will be split into two tranches, the first of which (70%) will reflected in Boards' June 2023 allocation letters. The second tranche will be made later in the financial year following progress reports and will be adjusted to reflect any slippage in the programme.

Purpose of funding
The purpose of the funding is to support NHS boards to increase the capacity of existing services supporting people living with long COVID, to develop these into more clearly defined local pathways and to provide a more co-ordinated experience for those accessing support.

Specific use of funding
The funding is to be used to support the implementation of the activities outlined in NHS Boards' submissions to the National Strategic Network on managing the long-term effects of COVID-19 in April 2022 (or subsequent adaptations to these activities as reported by Boards to the Strategic Network).

Governance
Each Board should ensure that they are represented at the regular Service Planning Group meetings organised by the National Strategic Network on managing the long-term effects of COVID-19.

The Service Planning Group meetings should be used as a forum to keep the National Strategic Network and the Scottish Government fully informed of progress with this work, and utilisation of the funding. The Service Planning Group provides opportunities for knowledge exchange and shared learning for those who are leading the delivery of support and services for people living with long COVID.

Spend this financial year

This funding is provided for the current financial year, 2023-24. Any funding remaining unspent at the end of the financial year will require to be returned to the Scottish Government. The funds should be used entirely for the purpose outlined above and should not be top-sliced or used for any other purpose.

2023-24 pay uplift

The Director of Health Finance wrote to NHS Board Directors of Finance and Integration Authority Chief Finance Officers on 8th March 2023 to confirm provision of funding for pay uplifts for staff funded through in-year allocations. Further detail on provision of recurrent funding in 2023-24 will be provided to Directors of Finance in due course.

Progress monitoring and reporting

Boards must keep the National Strategic Network fully informed of progress in delivering their funded activities, ensuring that they update the reporting template supplied by the National Strategic Network on a bi-monthly basis.

Funding in future financial years

It is our intention to provide funding beyond the financial year 2023-24 to support Boards to deliver care and support for people with long COVID. We therefore expect Boards to continue to plan on the basis that funding will be available in subsequent years, to deliver long COVID care and support. Annex A outlines indicative funding in 2024-25.

We remain committed to delivering the £10 million long COVID Support Fund in full, and any funding not utilised by NHS Boards within the financial year 2022-23 will be made available to Boards in 2025-26. Going forward, we will consider baselining long COVID Support funding for NHS Boards at a level to be determined based on progress made by NHS Boards over 2023-24.

Contact/enquries

Should you require any further information at this stage, please contact Christopher Doyle, Senior Policy Manager, Clinical Priorities Unit via Christopher.doyle@gov.scot.

Yours sincerely,

Nicci Motiang
Unit Head, Clinical Priorities Unit

ANNEX A

Health Board	2023-24 (£)			2024-25 indicative (£)*
	Tranche 1	Tranche 2	Total available funding	Total available funding
Ayrshire & Arran	£131,288	£56,266	£187,554	£187,554
Borders	£38,319	£16,422	£54,741	£54,741
Dumfries & Galloway	£55,598	£23,828	£79,426	£79,426
Fife	£124,636	£53,415	£178,051	£178,051
Forth Valley	£99,414	£42,606	£142,020	£142,020
Grampian	£178,393	£76,454	£254,847	£254,847
Greater Glasgow & Clyde	£416,618	£178,551	£595,169	£595,169
Highland	£117,310	£50,276	£167,586	£167,586
Lanarkshire	£224,005	£96,002	£320,007	£320,007
Lothian	£268,168	£114,929	£383,097	£383,097
Orkney	£10,301	£4,415	£14,716	£14,716
Shetland	£9,573	£4,103	£13,676	£13,676
Tayside	£138,330	£59,284	£197,614	£197,614
Western Isles	£13,992	£5,996	£19,988	£19,988
NHS National Services Scotland – operation of National Strategic Network			£180,916	£180,916
NHS National Services Scotland – procurement of COVID-19 YRS Digital Tool			£0	£123,577
NHS National Services Scotland – Clinical Safety Assessment of Digital Tool			£125,000	£0
NHS Inform – long COVID microsite development			£20,000	£20,000
Funding reserved for contingency			£65,592	£67,015
Total			**£3,000,000**	**£3,000,000**

*As with all our financial planning for future years, budgets are subject to final agreement through the annual budget process. The allocation for 2024-25 is therefore subject to the Scottish Parliament's approval of the Scottish budget.

LONG COVID COSTING

Funding			£178 051	
Posts	**WTE**	**Top of Scale**	**Cost**	
Band 8B	0,20	£96 413	£19 283	12 month cost
Band 7	0,80	£71 913	£57 530	12 month cost
Band 6	1,50	£60 841	£91 262	12 month cost
			£168 075	
Balance			**£9 977**	
Additional Band 6 from Balance	0,16	£60 841	£9 977	
Revised Balance			**£0**	

NHS Fife

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**4 September 2023**
Title:	**Alcohol and Drug Partnership Annual Report 2022/23**
Responsible Executive:	**Nicky Connor, HSCP Director**
Report Author:	**Elizabeth Butters, ADP Service Manager**

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership (HSCP) with a responsibility to reduce the prevalence, impact and harms associated with problematic alcohol and drug use throughout Fife for individuals, children, young people, families and communities. Fife ADP is chaired by the Integration Joint Board (IJB) Chief Officer and both the IJB Financial Officer and Head of Planning, Performance and Commissioning are also members. There is representation from NHS both operational services and Public Health, Fife Council including Criminal Justice and Children and Families Social Work, Police Scotland, HMP Perth, ADP third sector commissioned services and the ADP lived experience panel.

ADPs are required to report to the Scottish Government on progress and improvements achieved from the annual allocated government alcohol and drugs allocation and Health and Social Care Partnership contribution. This funding is routed though NHS Boards to Integration Authorities for onward allocation.

For this year, the Fife ADP Annual Report 2022/22 is in two sections. The first is a local report reflecting on progress against Fife ADP Strategy 2020 -23 and the second is a

template required by the Scottish Government to assess ADP compliance with recommendations attached to the funding. The template part of the report (Appendix 2) needed to be discussed and approved by the ADP Committee, its Chair and the IJB governance structure before onward submission to the Scottish Government for analysis and feedback.

2.2.1 Background

In October 2020, Fife ADP Committee completed its local strategy for 2020 to 2023 in line with the Scottish Government National Strategy "Rights, Respect and Recovery 2018". This was based on a local Needs Assessment 2018 and a Fife Public Health Report: A synthesis of Policy Recommendations 2019 and lived experience qualitative research conducted independently in September 2020, analysing and understanding the ADP and its response to the pandemic and lockdown. The key priorities from the ADP Strategy are outlined below:

- Prevention of problematic substance use involving work with young people.
- Early intervention to prevent worsening or development of harms which will make recovery less challenging.
- Recovery and treatment for those who have developed a physical and psychological dependence on substances.
- Protection of children and young people affected by another's use of substances.
- Whole Population Approach with an aim of achieving and maintaining health supporting levels of alcohol consumption.

In January 2021, the Scottish Government announced their Drug Mission Policy with a refocus of national strategy on the key priority of reducing drug related deaths. This included an additional £250m per annum for a 5-year period routed through both HSCPs/ADPs and directly to alcohol and drug services via the CORRA Foundation. This regalvanised the approach across Scotland and Fife to focus on the above five priorities through the lens of preventing substance but more specifically drug related deaths. In support of this, Fife ADP were allocated by the drug mission policy unit of the Scottish Government, a £1.3 million across six priorities and additional £613k for the delivery of Medication Assisted Treatment (MAT) Standards. The new priorities are indicated below:

- Whole Family Support and Development of Family Inclusive Practice.
- Increase the capacity and access to Residential Rehabilitation.
- Fast and appropriate access to treatment in line with the Medication Assisted Treatment Standards (published in June 2021).
- Assertive Outreach.
- Non-Fatal Overdose Pathways.
- Lived Experience Panel (LEP).

The ADP activity over the previous year has consisted of mapping and auditing current provision to these priorities and making best use of the new investment to address gaps in capacity and delivery following the evidence base closely. As such the ADP has increased investment and delivery in priority areas and also procured new services and new partners to deliver on priorities where there was limited and inadequate provision. Although funding has been ringfenced for reducing drug related deaths, both the ADP

Joint Commissioning Group and Committee have sought to develop improvement work and commissioning for the benefit of the population affected by alcohol related harm and death.

2.3 Assessment

During 2022/23 Fife Alcohol and Drug Partnership were in the second year of service development based on the new funding to meet the Drug Mission Policy priorities and also delivery the second plan for implementation of the new MAT Standards. Most of this commissioning and improvement work was matched against the ADP Strategy 2020 – 2023 and the progress commitments contained within it for the five themes. Below is a summary of progress undertaken in the year:

Children, Young People, Whole Family Support and Family and Carers Support

- Joint strategic planning and commissioning as part of Children Services Planning to create the Whole Family Support and Young Person's Service. Barnardo's and Clued Up provide whole family support at additional level for all referrers and provision for YP up to the age of 26.
- Commissioned Scottish Families affected by Alcohol and Drugs to provide Fife wide adult family support and carers provision across Fife co located with Tier 3 alcohol and drug services to provide key working, advice, information and group working to any adult family member affected by another's substance use.
- Additional capacity created by ADP funding allocated to Kinship Care Social Work Team to focus on family intervention/support and management and prevention of trauma within the family.

Residential Rehabilitation

- An increased investment in the FIRST service who provide thorough and robust preparation support, placements in any rehabilitation centre within Scotland thus allowing the service user choice of intervention, location, and length of stay. A self-assessment has been completed for Health Improvement Scotland, jointly with FIRST and other partners including people who attend residential rehabilitation. This has improvement pathways for priority groups which includes those who are homeless, or individuals being liberated from prison.
- Fife ADP have additionally been involved in work to develop a national framework for Residential Rehabilitation. The framework will involve providers of Residential Rehabilitation signing up to a set of standards that are expected from every provider.

Increase of Assertive Outreach, non-fatal overdose response and Assertive Outreach

- Harm reduction (injecting equipment provision, take home naloxone, wound care, testing for BBV) provided by services at point of need. level and support to access the equipment including support to report. The ADP has funded a specialist trainer to develop a Fife wide plan to improve distribution and to reduce stigma by promoting take home naloxone as part of a first aid approach given the prevalence of drug related deaths across Scotland. Furthermore, the

ADP has supported the development of peer distribution service. This involves people with lived and living experienced trained to raise overdose awareness and distribute equipment with people at risk.

- Hospital Liaison Service – The ADP continued to redevelop this in reach and outreach partnership – provided by NHS Fife Addiction Service, We Are With You and ADAPT – to support people whose alcohol and drug use has reached crisis point and who are not getting a service, or the service provided has not yet been beneficial for their recovery.

- Compass Social Work Service – This project was delayed due to recruitment issues but is now is due to be operational in 2023/24. This is a partnership between Fife Social Work Adults and Fife NHS Addictions Psychology and Therapy Service that will provide support to adults affected by alcohol or drug use who have complex, severe additional needs.

- Increased assertive outreach approaches for those in custody and in prison, delivering harm reduction and providing active linkage into universal and specialised alcohol and drug support and treatment. These services are provided by both SACRO and Phoenix Futures.

MAT Standards Implementation 2022/23

- Fife ADP were required to make implementation progress on MAT 1 to 5 and to also partially implement MAT Standards 6 to 10 over the year. Same day prescribing, medication choice, harm reduction and psychological interventions and a trauma informed approach have all improved. This has not always resulted in a shift in the Red, Amber, Green, Blue (RAGB) status externally assessed by Public Health Scotland, but foundation and preparatory work will yield a stronger impact next year.
- Progress has been made on Standards 1 to 5 though further work is needed to implement MAT 9. This has been anticipated by the ADP and a workplan to deliver improvements has been developed.

Lived Experience Panel (LEP)

- Fife ADP has commissioned Scottish Recovery Consortium to enhance and sustain the already established autonomous Lived Experience Panel. There will be training, support, and development available for the members of the LEP and a plan to embed their experience across the ADP including its subgroups and within relevant settings of the HSCP.
- Establishment of an independent advocacy service, delivered by Circles Network to work with adults with alcohol and drug problems.
- An independent living experience group in Dunfermline with a management group implementing feedback and improvements.

Locality Planning

Methil one stop shop: Between 2017 and 2019, 44 people lost their lives because of drug related deaths in the Levenmouth area with 26 occurring in the town of Methil. Fife Alcohol and Drug Partnership agreed a new set of localities based strategic priorities following extensive analysis, strategic planning, and engagement with people with lived and living experience. Central to the planning was to collaborate with all people to save lives in a non-stigmatising way with a focus on a 'no wrong door' approach that helps people access a range of services both universal and specialised in a safe, warm, and welcoming space. In March 2022, the KY8 club commenced and offers a range of statutory, third sector and lived experience informed services including. This approach offers a range of services to address the cost of living crisis, same day prescribing of Opiate Replacement Therapy (ORT) on site, mental health support and harm reduction equipment and advice.

The success of this approach in reaching people not currently in treatment or support has meant a similar co-production process has been followed in the Kirkcaldy and Cowdenbeath areas.

2.3.1 Quality / Patient Care

The quality of care has improved for the people in the current system with implementation of the MAT Standards. Assertive outreach approaches employed by the third sector will increase access to support whilst also preventing unplanned early discharge including the hospital liaison service, and Specialist Social Work Team. Support offered to families both as part of a whole family support in partnership with Children's Services, including investment in Kinship Care and delivery of adult carer's support should improve outcomes for people affected by a loved one's use and provide some targeted work for prevention on substance use problems within families and communities. Availability of harm reduction support across the community pharmacy network and within outreach teams will improve protection and act as access points for those not yet in the treatment and support system.

Delivery of support in the centre of communities developed in partnership with people with lived and living experience has also improved quality of care and moves the ADP closer to its national target for increasing numbers in treatment.

2.3.2 Workforce

An increase in budget for the ADP amounting to over £2 million has significantly increased the ADP workforce including the Support Team. The MAT Standards plan for NHS Addiction Services has caused significant increases in workforce to manage implementation and additional patients. Psychologist input has also been required for both MAT Standards and for the new Specialist Social Work Team. This is part of a planned increase in demand for services and to also provide a more intensive and frequent level of support to those with comorbidity, complex and multiple needs.

Increases have also occurred in the third sector to manage capacity demands and respond to local needs associated with Drug Mission Priorities funding.

2.3.3 Financial

The ADP provides quarterly financial information on the income and expenditure matched against key themes outlined within as standardised report for Scottish Government.

2.3.4 Risk Assessment / Management

The production of the Annual Report does not require a risk assessment or analysis of legal implications. The ADP has a current Risk Register which is targeted and reflective of projects outlined within the ADP Strategy with risks outlined clearly and mitigating and contingency actions identified and recorded.

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

For the annual report, an EQIA has not been completed and is not necessary as the report is retrospective and reflects the work undertaken over the year. An Equality Impact Assessment is not required to record previous activity and outcomes. However, an EQIA will be completed during the development of the new ADP strategy.

2.3.6 Climate Emergency & Sustainability Impact

The ADP Annual Report does not have a direct impact on environmental and climate change position in Fife. Recovery based projects within the report do encourage and support people in recovery to be part of environmental based work.

2.3.7 Communication, involvement, engagement and consultation

The Lived Experience Panel Chair is a member of the ADP and has attended all meetings and consulted with the Panel on ADP strategy, policy and service reviews. Over the year the Lived Experience Panel has contributed to the review of their own Panel and the commissioning of an independent service to support their individual and collective development. People with lived and living experience have been involved with the co-production and planning of the locality-based approach in Levenmouth and continued to be regularly consulted on their needs as the project evolves. The ADP works closely with Scottish Drugs Forum's living experience group based in Dunfermline and a management group meets quarterly to consider feedback and improvement recommendations from this group. The development of the peer led Take Home Naloxone was also co-produced and developed with people with lived and living experience.

The ADP has employed people with lived experience to qualitatively survey people using services and their family members in Fife affected by alcohol use for the purpose of including their feedback in strategic and service improvements. Similarly, the ADP has also used similar approaches to assess the implementation and impact of the MAT Standards during the second year of implementation.

This report was endorsed by the Chair of the Fife ADP Lived Experience Panel on 19th June 2023

2.3.8 Route to the Meeting

- Fife Alcohol and Drug Partnership Committee, 19th June 2023. Their feedback has informed the content of the report.

- Finance, Performance and Scrutiny Committee – 6th July 2023. Their feedback has informed the content of the report.
- HSCP Integrated Joint Board – 28th July 2023

2.4 Recommendation

Assurance – assure members of the current delivery position of Fife ADP in relation to the ADP Strategy 2022-23

Discussion – examine and consider the implications of the ADP Annual Report 2022/23

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 – Fife ADP Annual Report 2022/23
- Appendix No. 2 – Fife ADP Scottish Government Annual Survey

Report Contact
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Alcohol and Drug Partnership Service Manager
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Fife Health & Social Care Partnership

Supporting the people of Fife together

Fife Alcohol and Drug Partnership

Promoting Recovery. Reducing Harm.

Fife Alcohol and Drug Partnership Annual Report 2022 – 2023

Contents

Executive Summary

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership. Its role is reducing the prevalence, impact and harms associated with problematic and dependent alcohol and drug use throughout Fife. The ADP Strategy 2020 – 2023 has five main themes;

- **Prevention** of problematic substance use involving work with young people.
- **Early Intervention** to prevent worsening or development of harms which will make recovery less challenging.
- **Recovery and treatment** for those who have developed a physical and psychological dependence on substances.
- **Protection** of children and young people affected by another's use of substances.
- **Whole Population Approach** with an aim of achieving and maintaining health supporting levels of alcohol consumption.

All ADPs are required to report annually to their Integrated Joint Board and nationally to the Scottish Government on progress on embedding the strategy and improvements achieved from the annual ring-fenced government alcohol and drugs allocation and partner agency contributions.

Commissioning and Quality Improvement

Family Support - Continued whole family support improvements to the joint commissioning with Education and Children's services for whole family and young people. New services commissioning to address gaps in adult family support and carer's service and kinship care.

Residential Rehabilitation – Self assessment completed with pathways, staffing and service model improved to increase coverage, access and choice for people and their families in Fife affected by alcohol and drug use.

Medication Treatment Standards Improvement Programme 2022/23 - For MAT 1 to 5, same day prescribing, and choice of medication have progressed from amber to provisional green. Harm reduction, assertive outreach and retention in services has progressed and improvements recognised but the Public Health Assessment indicates the RAGB has remained the same. Partial implementation has been achieved on MAT 6 to 10 in particular psychological interventions and independent advocacy, but further work is needed for MAT 9. A one stop shop approach in Levenmouth has been highlighted in the MAT Standards National Report as an area of good practice for community-based approaches informed by local data.

Assertive Outreach and Harm Reduction – New commissioning for services to reach people in police custody suites, prison, hospital and social work. Development

of a whole system overdose awareness and take-home naloxone programme to prevent overdose and substance related deaths.

Lived/Living Experience Panels – Fife ADP has commissioned Scottish Recovery Consortium to enhance and sustain the already established autonomous Lived Experience Panel. An independent living experience group in Dunfermline - with a management group implementing feedback and improvements - has been established with support of services and Scottish Drugs Forum

Fife ADP Strategic Performance and Service Delivery

Fife ADP and its services are required to record and achieve national targets for Alcohol Brief Interventions (ABI), local delivery for numbers in treatment target and 90% of people seen within three weeks and Take-Home Naloxone distribution. The ADP also tracks national datasets on substance related deaths to assess impact of the strategy. Furthermore, each project and operational service is monitored on a six month and annual basis against evidence-based activity, outputs and outcomes as contained within the strategy.

National Targets – Some targets have been sustained and some show improvement. ABI delivery has yet to fully recover from the impact of lockdown. A review has commenced with improvements expected in year.

National Datasets – There has been a delay to National Records Scotland report for 2022 for drug related deaths but data from Police Scotland on suspected does not indicate a significant reduction for Fife. Alcohol specific deaths are lower in Fife than the Scottish average but more is needed and the current approach is outlined.

Service Delivery – Most services (Tier 3 and Tier 2) including newly commissioned and those reviewed as part of the strategy have met or exceeded targets and continue to meet demand and manage capacity.

Next Steps for 2023 - 2024

Fife ADP priorities over the final year of this strategy are further embedding the MAT Standards using its community based one stop shop approach in Cowdenbeath and Kirkcaldy, enhancing the voice of lived and living experience, an improvement approach for early engagement and treatment of those affected by alcohol use and further targeted prevention work with people and communities at risk of harm. Development of a new strategy will be a mina focus for the partnership aligned with the health and social care partnership strategy.

ADP Introduction and Reporting

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership. Its role is reducing the prevalence, impact and harms associated with problematic and dependent alcohol and drug use throughout Fife. Membership is drawn from senior officers of Fife Council, Fife Health and Social Care Partnership, NHS Fife, Fife Constabulary, HMP Perth Prison, Voluntary Sector alcohol and drug services and people with lived and living experience. Following the development of the strategy a restructuring occurred over 2021/22 to align with strategic priorities and meet the needs of the people of Fife.
The new ADP structure is presented with group descriptions is contained in structure and governance section of this report. The ADP forms strategic alliances with many other partnerships and directorates where there is a shared responsibility for outcomes and service delivery planning, some of these include the Plan for Fife, Safer Communities Partnership, Fife Violence Against Women Partnership and Children's Services Strategic Plan and also include national groups. In its role of supporting the ADP Committee and its services, the ADP support team provides this function to ensure that people affected by alcohol and drugs are considered in wider strategic planning particularly on drivers for substance use and there is a collaborative approach to prevention, early intervention and whole population and system approaches.

All ADPs are required to report annually to their Integrated Joint Board and nationally to the Scottish Government on progress and improvements achieved from the annual ring-fenced government alcohol and drugs allocation and partner agency contributions. This funding is routed though NHS Boards to Integrated Authorities for onward allocation.

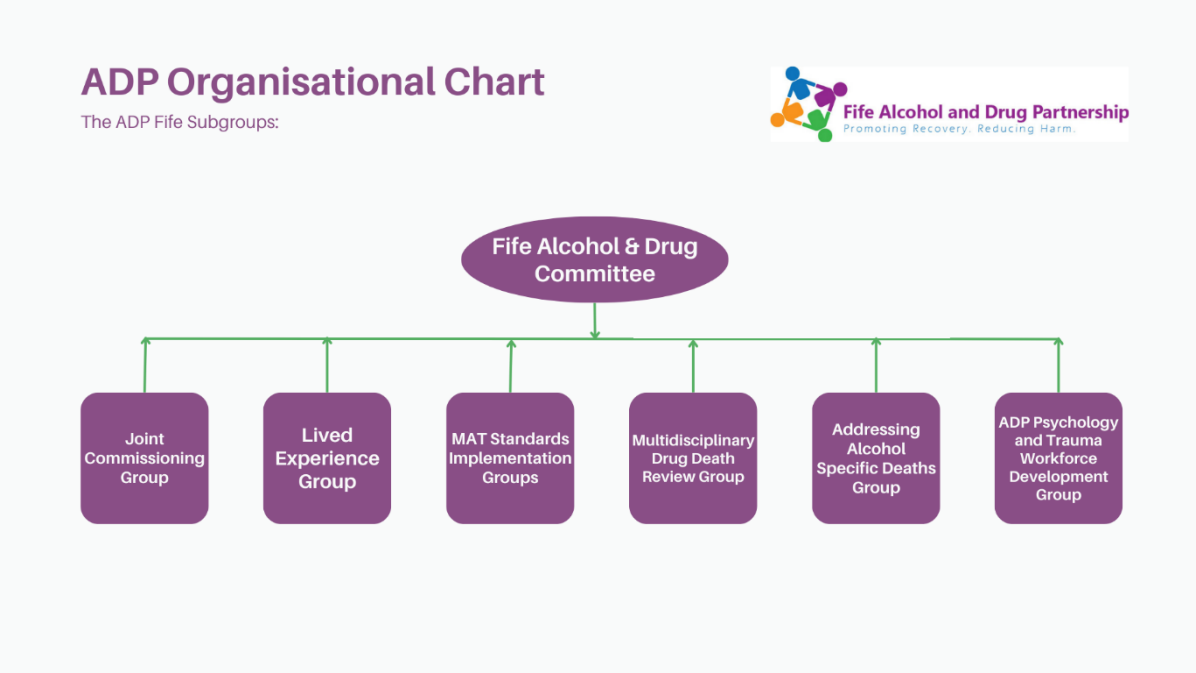
The Fife ADP Annual Report 2022/23 is in two parts.

- A local annual report for the Health and Social Care Partnership, detail on structure, governance, commissioning and improvement work and performance of commissioned and statutory services undertaken in the year to progress towards outcomes within the ADP Strategy 2020 to 2023.
- The second part is a mandatory template provided by the Scottish Government and reflects activity against the five themes indicated in the national strategies, Rights Respect and Recovery 2018 and latterly Drug Mission Priorities 2022 - 26. These are prevention, improvement of the support and treatment system, protecting and supporting families, parity in

delivery for those within the criminal justice system and whole population approaches for alcohol.

ADP Structure and Governance

Following a consultation with the ADP Committee members, services and people with lived and living experience, the ADP reviewed its membership, subgroup membership, purpose and terms of reference to ensure increased governance and performance towards the targets and improvement work set out in the local strategy and guided by national strategy and expectations for the MAT Standards 2021 and Drug Mission Priorities 2022-26. Below is the new structure and governance developed by the ADP:



There are four new sub-groups focused on addressing harm caused by alcohol and drug including prevention of alcohol specific and drug related deaths. These groups work across partnerships and directorates within HSCP, Fife Council and NHS Fife and include relevant representation from the voluntary and independent sectors and lived and living experience. There are clear remits with a focus on analysing and reviewing our current position and assessing options and opportunities to deliver improvements across the entire system, reporting back to the ADP Committee. Below is an outline of each subgroup:

- **Multiple-agency Drug Related Death Review Group** – A Public Health Surveillance Group focused on a full review and real time learning of each suspected drug related death to implement, immediate service to service improvements and highlight systematic gaps applicable to services and systems of care beyond the ADP, thus influencing whole system change. This group also runs meetings in conjunction with the NHS Fife addictions team's cluster review which addresses all those who were open to addiction services at the time of death.
- **Medication Assisted Treatment (MAT) Standards Implementation Group** – To deliver the rights-based trauma informed framework for the safe and effective provision of opiate substitution therapy, psychosocial support, and psychology interventions. This group project manages the implementation of the standards within the ADP system of care and works to influence provision in other interconnected strategy development and service delivery.
- **Addressing Alcohol Specific Deaths Group (AASDG)** – To analyse and review all ASD in 2020 for the purpose of developing a profile of those at risk, identify points at which an earlier intervention could have contributed to prevention. This learning will be forming the basis of recommendations presented to the ADP Committee as part of its improvement-based action plan for policy and service delivery to address alcohol harm and alcohol specific deaths.
- **Medication Assisted Treatment (MAT) Standards 6 & 10** - Psychology based workforce development subgroup delivering a plan compliant with MAT standards to retain people in treatment improve the quality of psychosocial support trauma informed response within the current system of care involving all ADP funded services.

The **Joint Commissioning Group** continues in its role of strategic commissioning, managing performance and overseeing the financial position and reporting of the ADP, including the new commissioning for the Drug Mission Priorities and MAT Standards. The **Lived Experience Panel** (established December 2020) continued in its role of amplifying the voices of people with lived and living experience within the ADP Committee and its structure ensuring the work places the needs of the care group at the heart of strategic planning.

Over 2022/23 Fife ADP has continued to address the national Drug Related Death crisis and has worked closely with the national Drug Death Taskforce and Scottish Government Drug Mission Policy Unit to align provision to the new evidence-based recommendations. This regalvanised the approach across Fife to focus on its strategic priorities through the lens of delivering interventions to focus on addressing the drug related deaths crisis**.** Locally the ADP has adopted a similar commitment to address alcohol specific deaths and related harm and a subgroup specifically

focused on analysing this and developing recommendations for improvement both in and out with the current treatment and support system.

ADP National Strategy:

Rights Respect and Recovery (2018)

The National Strategy for Alcohol and Drug use “Rights, Respect, Recovery” was published in November 2018. The strategy reaffirms that individuals’ families and communities have the right to:

- health and life free from the harms of alcohol and drugs.
- be treated with dignity and respect.
- be fully supported within communities to find their own type of recovery.

It is mapped against five key themes followed by the ADP Committee in the development of the Fife ADP Strategy for 2020 to 2023. These themes are:

- **Prevention** of problematic substance use involving work with young people.
- **Early Intervention** to prevent worsening or development of harms which will make recovery less challenging.
- **Recovery and treatment** for those who have developed a physical and psychological dependence on substances.
- **Protection** of children and young people affected by another’s use of substances.
- **Whole Population Approach** with an aim of achieving and maintaining health supporting levels of alcohol consumption.

Progress against these themes is provided in the commissioning and improvement work section of this report.

The Alcohol Framework for Preventing Harm (2018)

The National Strategy for prevention of harm associated with alcohol use focuses on four main impacts:

- Protecting Young People

- Tackling Health Inequality
- Improving National Systems
- Whole Population Approaches

Aspects of this strategy were again mapped against the themes in the ADP Strategy 2020 – 23.

The Drug Mission Priorities (2022 – 26)

The drug mission priorities were announced in January 2021 focused entirely on preventing the drug related deaths in Scotland, these are focused on:

- Whole family support and development of family inclusive practice
- Increase the capacity and access to Residential Rehabilitation for women, veterans, those with dual diagnosis and young people.
- Fast and appropriate access to treatment in line with the Medication Assisted Treatment:
  - People at high risk are proactively identified and offered support.
  - Effective pathways between justice and community services are established.
  - Effective near-fatal overdose pathways are established across Scotland.
  - People are supported to make informed decisions about treatment options.
  - People are supported to remain in treatment for as long as requested.
  - People have the option to start MAT from the same day of presentation.
  - People have access to high standard, evidence based, compassionate and quality assured treatment options.
- Assertive outreach and Non-fatal overdose pathways
- Lived Experience Panel

Progress against these priorities is provided in the commissioning and improvement work section of this report.

Medication Assisted Treatment Standards (2021)

The Medication Assisted Treatment Standards were published in June 2021 by the Scottish Government with an expectation of full implementation in all ADP areas by the end of that financial year. The standards are part of the National Drug Mission

Policy response to address the prominent levels of drug related deaths in Scotland, declared a national public health crisis by the First Minister. In Fife drug related deaths have increased by 86% over the last ten years reaching 65 deaths in 2020 and increasing to 70 deaths in 2021.

Commitment to the implementation of the standards was adopted very early by the ADP and as such the standards aligned with work already underway to improve assertive outreach, harm reduction, advocacy and increasing participation and engagement with people with lived and living experience. They are also strategically aligned with early intervention and whole family support service redevelopment.

The ten standards are simple statements intended to be understood by those who use the system of care and drug and alcohol services and presented with evidence and rationale for their inclusion in the framework. NHS Board, ADP and HSCP responsibilities for each standard are detailed with process, numerical and experiential measures required to be submitted to Public Health Scotland and Scottish Government on an annual basis. The MAT Standards are:

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people can access evidence-based harm reduction at the point of MAT delivery.
5. All people receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social connections.
7. All people have the option of MAT shared with Primary Care.
8. All people have access to independent advocacy as well as support for housing, welfare, and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma informed care.

In August 2022, a programme improvement plan was submitted to Public Health Scotland and the Scottish Government based on feedback from the first year of assessment. This aimed to further enhance the services and system delivery moving Fife close to full implementation of the MAT Standards and to comply with reporting,

benchmarking, and assessment criteria for the end of year assessment. Specific deliverables were identified and agreed by the MAT Standards Implementation subgroup, the ADP Committee and both Chief Executives for the Local Authority and NHS. Fife ADP continued its aim to invest the majority of the funding with the NHS Addiction Service due to the focus of the first five standards on health board provision. Although longer-term funding was not confirmed until July 2022, causing some delay to implementation and recruitment.

An additional £204k from the ADP's drug mission funding was also allocated to the project to increase capacity in the service. This will be sufficient to achieve the "Numbers in opiate replacement treatment target" linked to MAT Standards. This will be measured centrally by PHS and reported and published on a quarterly basis. The target will measure a planned and sustained increase in the numbers of people receiving opiate replacement in the area to improve the prevalence of problematic opiate dependent drug use/ people receiving OST treatment percentage. This is currently an estimation and thus all boards have been given a universal 9% target (154 patients for Fife) increase over the next 2 years.

Fife ADP have monitored and managed progress towards the standards via quarterly reports submitted to the Scottish Government indicating completion of milestone actions and through their risk assessment. These have been shared with all partners and used as a mechanism for assurance and redirection, if necessary, though the ADP has recognised that a more robust performance framework is required for the remaining three years of the implementation plan to measure impact, improvement and progress in year.

In April 2023, Fife ADP was externally assessed by Public Health Scotland on the first five standards by process, numerical and experiential evidence and MAT 6 to 10 on process and experiential evidence as partial implementation was expected. For 2023/24, the ratings for all 10 standards are detailed in the next section with plans for further improvements over 2023/24.

Fife MAT Standards Progress 2022-2023

MAT Standard Descriptor	PHS Assessed Performance for 2021-2022	PHS Assessed Performance for 2022-2023 Progress Description	Implementation Plan for 2023/24
1. **S**ame day prescribing	Amber	Provisional Green ⇧ Same day prescribing through rapid access clinics (MAT 1) is available across all the sites and has been maintained at the Methil Community Centre.	To maintain same day prescribing across all sites and to continue to offer this in Methil. To roll out rapid access clinics as part of "One stop Shop" partnership with third sector in Cowdenbeath and Kirkcaldy Locality where harm is highest in Fife
2. **C**hoice of ORT at start and review	Amber	Provisional Green ⇧ LAIB (Long-acting injectable buprenorphine) is now available across the full service at initial titration or after medical review and provides additional choice (MAT 2) for those accessing opiate replacement therapy.	To improve on choice of ORT rates at all sites
3. **A**ssertive Outreach & Anticipatory Care	Amber	Amber ⇔ Assertive Outreach is	To review outreach pathway third sector provider of Non-Fatal Overdose Project ensuring that more people are risk assessed within the three-

		available in localities with ADAPT clinics, recovery cafes but also in key areas such as prisons, custody suites and hospital wards provided both by commissioned third sector and statutory services providing anticipatory care to people with lived and living experience. The drop-in support at the Methil Community Centre is key service acting as an access point to treatment as too is the living experience group now operating in Dunfermline.	day window.
4. **H**arm Reduction (Injecting Equipment Provision, THN, Wound Care, BBV testing at the point of MAT delivery)	Amber	Amber ⇔ Take Home Naloxone, Wound Care and Blood Borne Virus Testing available in all sites. Further improvements needed to increase coverage of Injecting Equipment	MAT 4 group to continue with implementation plan Third sector will support with a specialist trainer. Adopting a new database will allow NHS Addictions Service to record distribution and develop service-based targets and improvements.
5. **R**etention in Services	Amber	Amber Rapid access clinics and a third sector retention service (MAT 5) also provide additional support to those at risk of early unplanned discharge	Review current retention practises, recording and policy within services. However, retention has improved as shown in "Numbers in Treatment" target.
6. **P**sychological interventions throughout the	Not assessed	Amber	To continue with workforce development plan now funded

system of care.		The MAT 6 and 10 psychological interventions and trauma informed workforce development plan is complete with all services (NHS and third sector) committed to embedding decider skills and advanced motivational interviewing into their operation practice including supervision, coaching and group support. This work will commence in 2023/24 and places Fife Alcohol and Drug Partnership ahead of its current implementation plan.	by ADP
7. **P**rimary Care Integration & choice for patients.	Not assessed	Amber embedding a MAT Standards compliant approach with primary care. This is likely to encompass locality-based work in specific areas of Fife where prevalence of harm and substance related deaths are highest.	Convene MAT 7 implementation and planning group and agree workplan and key deliverables
8. **A**dvocacy, Housing & Welfare.	Not assessed	Amber Independent advocacy service has been commissioned and is in place with people with lived experience as part of the service workforce.	To further embed and promote advocacy, housing, and welfare support into the ADP system of care
9. **I**ntegration with Mental Health	Not assessed	Red Review improvement work for MAT Standards 9 aimed at enhancing pathways, protocol, treatment and care for those affected by dual diagnosis and/or other mental	Re-establish MAT 9 planning and implementation group for those affected by emotional wellbeing and mental health needs as well as dual diagnosis

		health difficulties has commenced with the establishment of a dual diagnosis working group. Work is currently underway to develop the 2023/24 plan and performance framework.	
10. **A**DP System of Care must be trauma informed.	Not assessed	Provisional Amber The MAT 6 and 10 psychological interventions and trauma informed workforce development plan is complete with all services (NHS and third sector) committed to embedding decider skills and advanced motivational interviewing into their operation practice including supervision, coaching and group support. This work will commence in 2023/24 and places Fife Alcohol and Drug Partnership ahead of its current implementation plan.	To continue with improvements (via a separate working group) required within spaces used by services to ensure a broader approach to the development of trauma informed services.

Fife Case Study from the National Benchmarking Report 2022/23 (June 2023)

Background

Between 2017 and 2019, 44 people lost their lives in the conurbation of Levenmouth with 26 occurring in the town of Methil. Following extensive analysis, strategic planning and engagement with people with lived and living experience, Fife Alcohol and Drug Partnership agreed a new set of locality based strategic priorities. Central to their planning was to work with all people to save lives in a non-stigmatising way with a focus on a “no wrong door” approach that helps people access a range of services both universal and specialised in a safe, warm and welcoming space.

Impact

In March 2022, the ADAPT- KY8 one stop shop opened its doors. It opens one day a week and offers a range of statutory, third sector and lived experience informed services including:

- Naloxone training and supply of kits
- Blood borne virus (BBV) testing
- Access to harm reduction equipment
- Individual and family support
- Access to Addiction Services and Fife based Recovery Services
- Access to rapid prescribing and mental health support onsite, and
- Housing support, welfare checks and support to attend other services.

They currently welcome on average 30 people per week and offer around 20 Naloxone kits to new and repeat visitors with 30 people having already started treatment from this venue. The atmosphere is informal and relaxed. People attend to have a chat, get a bite to eat and meet with service providers and professionals to learn more about what is available to them. The hub also runs activities such as snooker, bingo and craft sessions to encourage people to engage and reduce isolation and loneliness. Several people also attend other sessions delivered by services they first discovered at the hub.

Learning

The team at the hub soon realised the importance of a protected space for their population to help them feel safe, heard and respected. They understand how anxious people are when they first attend the hub and their support often starts outside the front door, reassuring people that they are welcome, and it is safe to come in. Extensive promotion across the locality is central to the success of the hub.

Top Tips

- Continual consultation where possible with communities and people with lived and living experience is key to success.
- Be prepared to adapt and modify service delivery based on peoples' feedback.

- Identify and collaborate with partners with the same vision and ethos to build a one-stop shop approach for people.

Next Steps

NHS Fife Public Health are conducting an evaluation of the planning involved with this approach to inform future locality-based provision in other areas of Fife where its inclusion is required to address inequalities.

Numbers in Treatment Target

Baseline	Target at the end of financial year 2023-2024	Numbers in receipt of ORT – Q1 2022/23	Numbers in receipt of ORT – Q4 2022/23	Fife Percentage increase from Q1 to Q4	Overall Increase from Baseline
1711	1865	1816	1853	⇧ 2.36%	⇧ 8.29%

Fife over a two-year period is expected to increase and maintain its numbers in treatment target from baseline by 9% or n=154 patients. After year one, the target has increased by 8.29% to 142 patients receiving opiate replacement therapy in Fife. This demonstrates a success in increasing access and retention within the service.

Commissioning and Improvement Work – Fife ADP Strategy 2020 – 2023

Fife ADP was awarded a £1.3 million per annum across six new priorities and immediately took the view that given the high number of alcohol specific deaths in the area, any additional investment would consider this local priority too. Additional funding for MAT Standards implementation has also been awarded following the development of a project specification plan. Below is a summary of improvement work funded from these additional investments.

Children, Young People, Whole Family and Adult Family Carers Support

- Joint strategic planning and commissioning as part of Children Services Planning to create the Whole Family Support and Young Person's Service. Barnardo's and Clued Up provide whole family support at additional level for all referrers and provision for YP up to the age of 26.
- Adult family support provision across Fife co located with Tier 3 alcohol and drug services but mainly NHS Addictions to provide key working, CRAFT based support and group working to any adult family member affected by another's substance use. The service was commissioned by ADP and is provided by Scottish Families Affected by Alcohol & Drugs and will take a carers'-based approach with an aim of providing support to carers to improve their own wellbeing. A further aim is to improve access to services for the member of the family using alcohol or drugs by providing family members with knowledge, tools, and techniques to improve motivation and support recovery. Take Home Naloxone/overdose awareness training and general harm reduction advice for alcohol are also provided as part of the approach for the prevention of substance use deaths.
- Additional capacity created by ADP funding allocated to Kinship Care Social Work Team for two social work positions to focus on family intervention/support and management and prevention of trauma within the family.

Increase Access to Residential Rehabilitation

- An increased investment in the FIRST service who provide thorough and robust preparation support, placements in any rehabilitation centre within Scotland thus allowing the service user choice of intervention, location, and length of stay. Family support whilst the placement is ongoing and referral into community-based rehabilitation on return. A self-assessment has been completed for Health Improvement Scotland, jointly with FIRST and other partners including people who attend residential rehabilitation. This has improvement pathways for priority groups which includes those who are homeless, or individuals being liberated from prison.
- Fife ADP have additionally been involved in work to develop a national framework for Residential Rehabilitation. The framework will involve providers

of Residential Rehabilitation signing up to a set of standards that are expected from every provider.

Increase of Assertive Outreach, Non-Fatal Overdose Response and Harm Reduction

- **Harm reduction** (injecting equipment provision, take home naloxone, wound care, testing for BBV) provided by services at point of need. The ADP has conducted an audit of Take-Home Naloxone distribution both within its services and its wider partners and concluded that there are further training needs for overdose awareness, take home naloxone training at an individual and training level and support to access the equipment including support to report. From this the ADP has funded a specialist trainer to develop a Fife wide plan to improve distribution and to reduce stigma by promoting take home naloxone as part of a first aid approach given the prevalence of drug related deaths across Scotland. Furthermore, the ADP has supported the development of peer led distribution of Take-Home Naloxone in partnership with We are With You and Scottish Drugs Forum. This involves people with lived and living experienced trained to raise overdose awareness and distribute equipment with people at risk.

- **Hospital Liaison Service** – The ADP will continue to redevelop this in reach and outreach partnership – provided by NHS Fife Addiction Service, We Are With You and ADAPT – to support people whose alcohol and drug use has reached crisis point and who are not getting a service, or the service provided has not yet been beneficial for their recovery. Evaluation measures are required to assess the impact this service is making in preventing the need for A&E attendance and admission to hospital. This work is due to be undertaken next year.

- **Compass Social Work Service** – This project was delayed due to recruitment issues but is now is due to be operational in 2023/24. This is a partnership between Fife Social Work Adults and Fife NHS Addictions Psychology and Therapy Service will provide support to adults affected by alcohol or drug use who have complex, severe additional needs which make it difficult to access and engage in treatment and support and/or be retained in services. This will also provide additionality to people supported through the Hospital Liaison Service whose needs include social care and support and treatment for complex childhood and adult trauma.

- **Increased assertive outreach** approaches for those in custody and in prison, delivering harm reduction and providing active linkage into universal and

specialised alcohol and drug support and treatment in the community. These services are provided by both SACRO and Phoenix Futures.

Lived/Living Experience Panels & Advocacy

- Fife ADP has commissioned Scottish Recovery Consortium to enhance and sustain the already established autonomous Lived Experience Panel. This is a recognised subgroup of the ADP with the same rights and responsibilities as other subgroups to develop policy, strategic direction and contribute to improvements of service delivery. Scottish Recovery Consortium will support the LEP in its next steps of improving the reach of the voice of lived and living experience across all subgroups of the ADP and in other relevant partnerships of the Health and Social Care Partnership. There will be training, support, and development available for the members of the LEP and a plan to embed their experience across the ADP including its subgroups and within relevant settings of the HSCP.
- Establishment of an independent advocacy service, delivered by Circles to work with adults with alcohol and drug problems.
- An independent living experience group in Dunfermline with a management group implementing feedback and improvements.

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Locality Planning

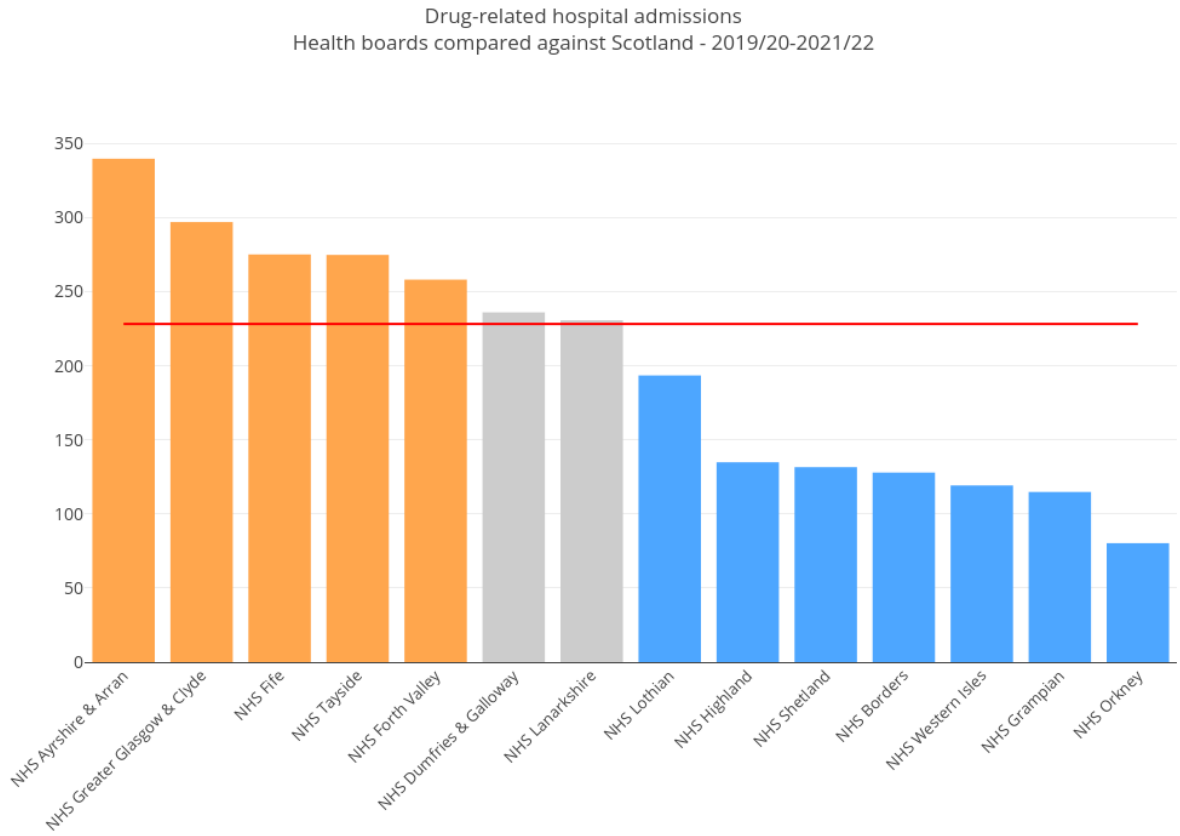
- **Methil one stop shop:** Between 2017 and 2019, 44 people lost their lives because of drug related deaths in the Levenmouth area with 26 occurring in the town of Methil. Fife Alcohol and Drug Partnership agreed a new set of localities based strategic priorities following extensive analysis, strategic planning, and engagement with people with lived and living experience. Central to the planning was to collaborate with all people to save lives in a non-stigmatising way with a focus on a 'no wrong door' approach that helps people access a range of services both universal and specialised in a safe, warm, and welcoming space. In March 2022, the KY8 one stop shop opened its doors. It opens one day a week and offers a range of statutory, third sector and lived experience informed services including:

- Hot food on the day, supplies of food and other items to relieve the cost of living crisis.
- Social activities and contact, reducing isolation and promoting connectivity based on a holistic approach.
- Naloxone training and supply of kits and other harm reduction advice and support.
- Access to NHS Addiction Services on site and Fife based Recovery Services with same day prescribing (MAT 1, MAT 2, and MAT 3) also available.
- Blood Borne Virus (BBV) testing.
- Onsite mental health support provided by NHS Addictions and third sector
- Individual and family support provided by a commissioned third sector service.
- Housing support, welfare checks and active linkage to attend other services.

The success of this approach in reaching people not currently in treatment or support has meant a similar co-production process will be followed in the Kirkcaldy and Cowdenbeath areas over 2023/24.

National and Local Response: Context and Performance

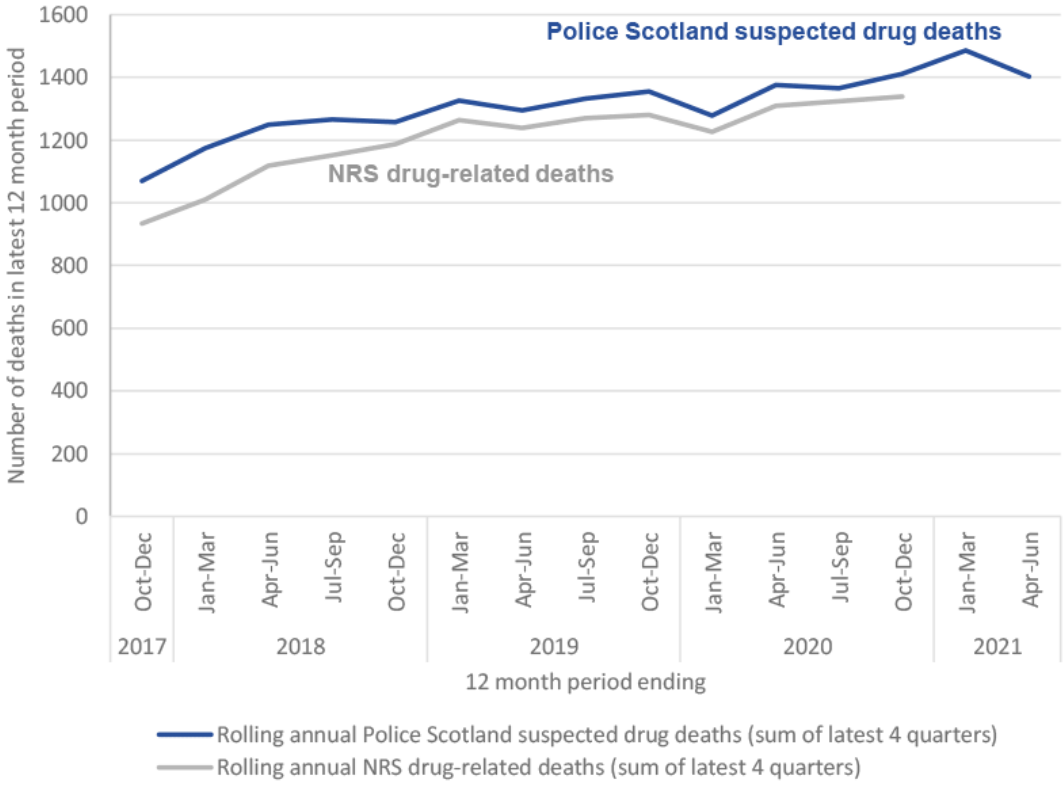
Drug related hospital admissions in Fife: Drug related hospital admissions are defined as general acute inpatient and day case stays with diagnosis of drug misuse in any position. They are measured by a 3-year rolling average number and then age-sex standardised per 100,000 population. The official 2022 figures have yet to be released, however Fife rates over the 2018/2019-2020/2021 period was 288. In the period 2019/2020 to 2021/2022 Fife rates were 275. Compared to Scotland overall, during the period 2019/20 to 21/22 the drug related hospital admissions in Fife were higher than the Scottish average.

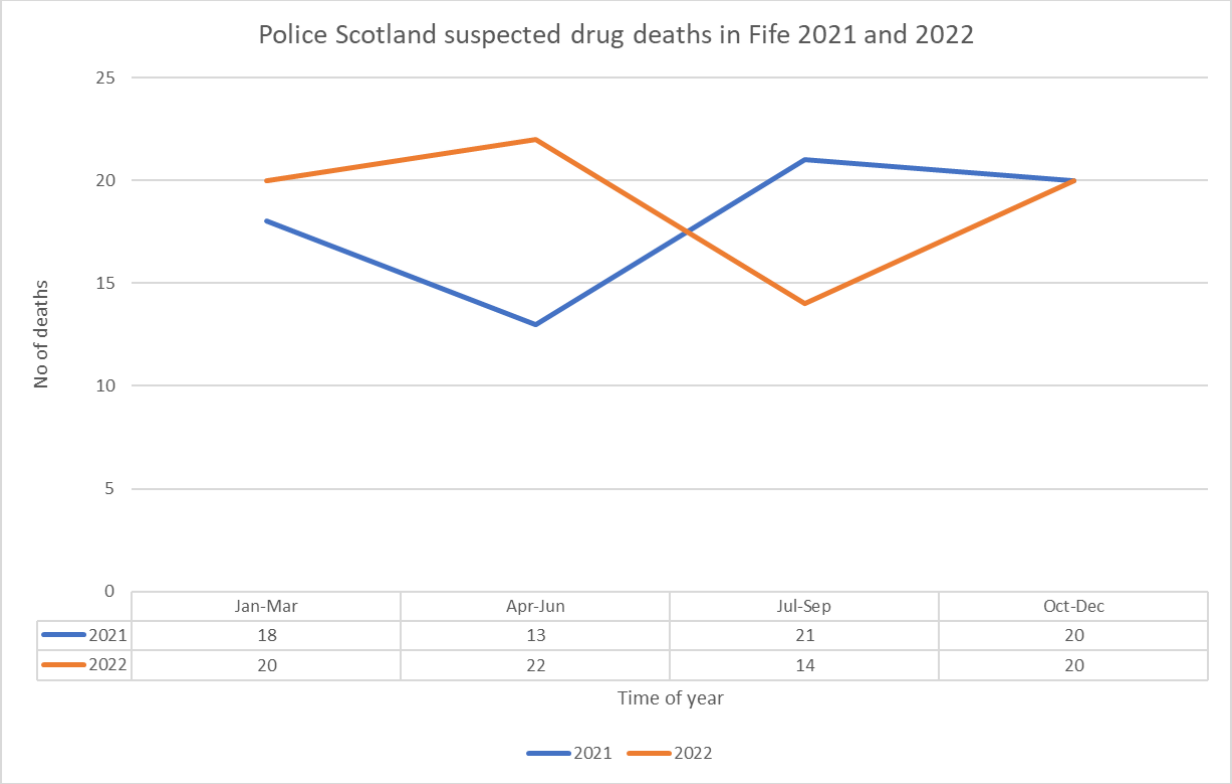


Drug related deaths in Fife: The official 2022 drug related death figures for Scotland have yet to be published by the National Records of Scotland (NRS)

however the following is being reported on the **suspected** drug related deaths data gathered by Police Scotland. It provides an indication of current trends in suspected drug deaths in Scotland. This data is sourced from management information from Police Scotland who compile figures on the basis of reports from police officers attending scenes of death. Classification as a suspected drug death is based on an officer's observations and initial enquiries at the scene of death. Police Scotland suspected drug deaths correlate very closely with the official NRS drug death statistics.

- Drug death rates in Scotland overall have reduced from 1,339 in 2020 to 1,330 in 2021 as previously mentioned the official figures for 2022 are yet to be published.
- The Police Scotland drug deaths report showed 1295 deaths in 2021 and 1092 deaths in 2022 in Scotland overall.
- Fife figures from the Police report showed 72 deaths in 2021 and 76 in 2022.
- Opioid use continues to remain high across Fife's suspected drug related deaths overall.





The above graph shows the suspected drug-related deaths in Fife for 2021 and 2022 based on each reporting period. The Police total in Fife for 2021 was 72 and in 2022 it was 76. Although it should be noted that this is an estimation and not the official figures reported by National Record Scotland.

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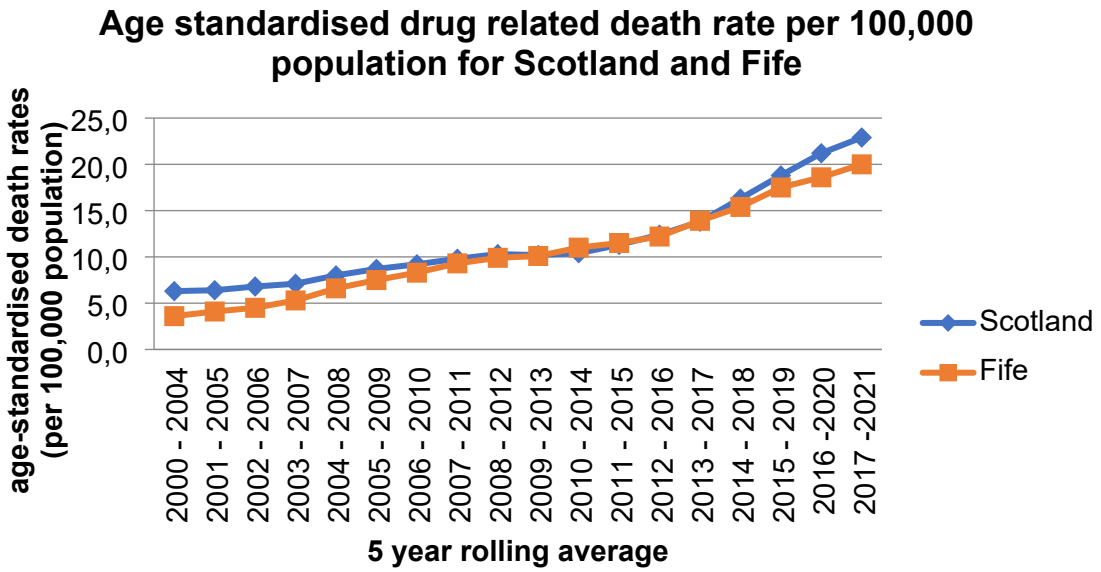


The above graph indicates the standardised rates per 100,000 population on a 5-year rolling average of official Drug Related Deaths and presents the challenges still faced in Fife and across Scotland. The ADP will provide an annual report for 2022, once official records are available from National Records Scotland

Take Home Naloxone Performance

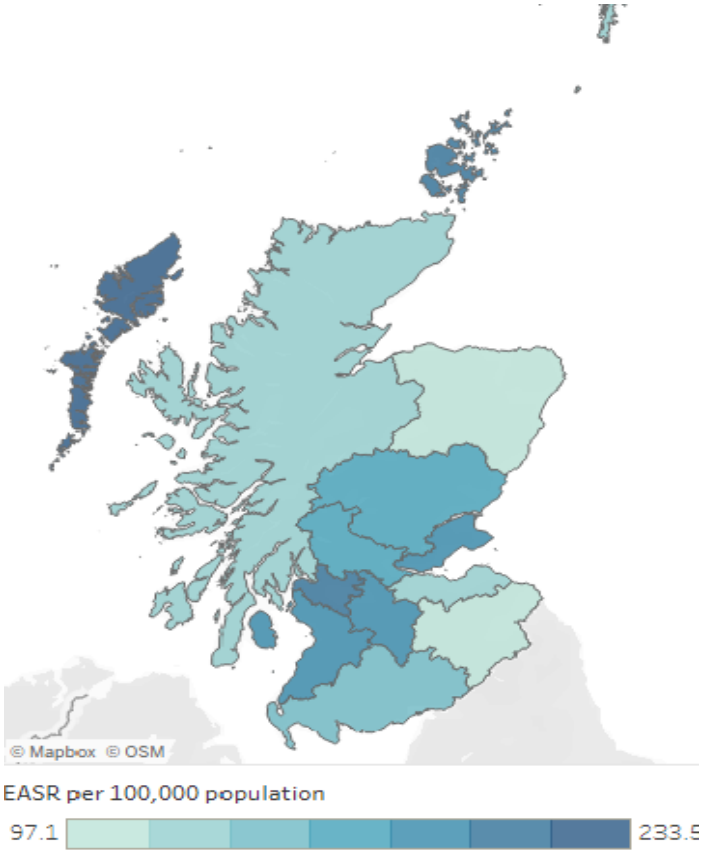
Indicator	Target	2021-2022	2022-2023	Performance Indicator
Take Home Naloxone (THN)	1400	585	1098	⇧

Increasing coverage of Take-Home Naloxone (overdose reversal medication) is one of the essential interventions required to prevent drug related deaths During the year, Fife ADP conducted an audit of its Take-Home Naloxone) performance amongst its statutory and commissioned services identifying barriers to distribution and working collegiately on a recovery plan to restore the target of 1400 needed across Fife. In addition, Fife ADP has commissioned a harm reduction trainer withing We Are With You, a third sector harm reduction specialist service. This role will ensure that initial and refresher training including overdose awareness are rolled out amongst our services and a plan has been developed to mainstream this training

with partners working with people at risk and their families. An extremely positive outcome for the ADP over the year is an increase in distribution of 88% moving significantly closer to the local target.

Alcohol Related Hospital Admissions

Fife has had an increase in alcohol related hospital admissions from 204.3 per 100,000 population in 20/21 to 233.8 per 100,000 population in 21/22. For mental and behavioural disorders caused by alcohol Fife were above the Scottish average for new patients and had the 4th highest rate of new patients compared to other NHS boards in Scotland. This was also an increase for Fife from 20/21.



New patients in 2021/22 for mental and behavioural disorders

due to alcohol. EASR per 100,000 of the population.

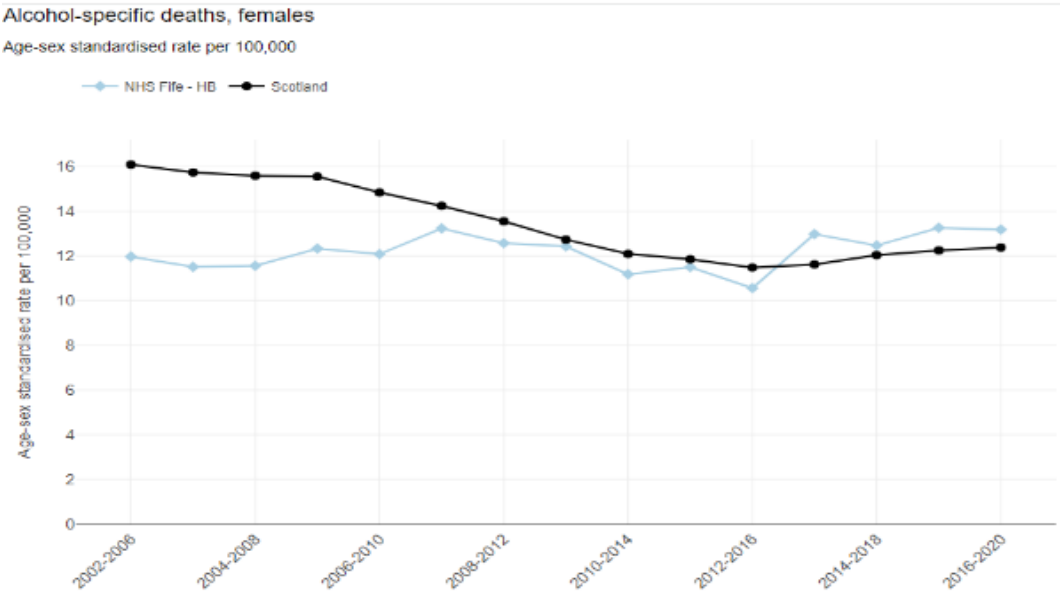
For new patients for alcohol liver disease, Fife was below the Scottish average for new patients. There was a slight increase from the previous year of 20/21 to 21/22.

ABI Performance

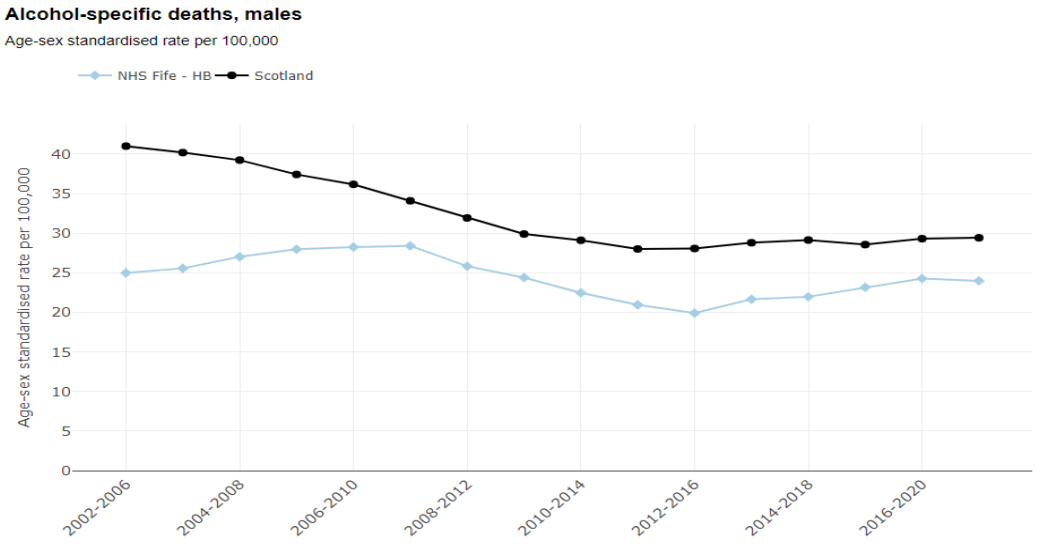
The Scottish Government are currently reviewing the local target for Alcohol Brief Interventions given that this is the first year this information has been collated since the pandemic. Fife's performance is currently lower than the pre pandemic target and clearly some element on the digital delivery of services in the ADP has had some impact though it is less clear in the priority settings. The Joint Commissioning Group of the ADP has asked for a review of the performance and recommendations for improvement over the next year.

Indicator	Target	2021-2022	2022-2023	Performance Indicator
Alcohol Brief Interventions (ABIs)	3141	Not collated	2751	⇩ From annual target

Alcohol specific deaths in Fife on a whole have been lower than the Scottish average. The number of women dying from alcohol specific deaths is marginally higher however than the Scottish average.



The number of men dying from alcohol specific deaths is marginally lower than the Scottish average.



The Addressing Alcohol Specific Death Group (AASDG) a subgroup of the ADP focuses on prevention of harm and premature mortality with the ADP strategic aim to reduce alcohol specific deaths and produce a recommendation report back to the ADP Committee indicating improvements required at service and system level to reduce the prevalence of alcohol specific deaths in Fife. The group oversees two research projects, which are:

The two key priorities of the group to achieve these goals are to;

- In partnership with Public Health – a review of alcohol deaths for 2020 by collecting primary and secondary care data, as well as third sector and social work data. A report will then be produced with recommendations from the data gathered and submitted to the ADP for an improvement plan aligned to national standards for improvement of care for people affected by alcohol use.
- In partnership with Scottish Drugs Forum, services and people and families with lived and living experience – A peer research to be carried out by individuals with lived or living experience. This will result in a report with key recommendations that link in with the Alcohol Specific Death report. This work is currently on track and the group will receive the draft report for this work in August 2023.

Local Delivery Plan Drug & Alcohol Waiting Times

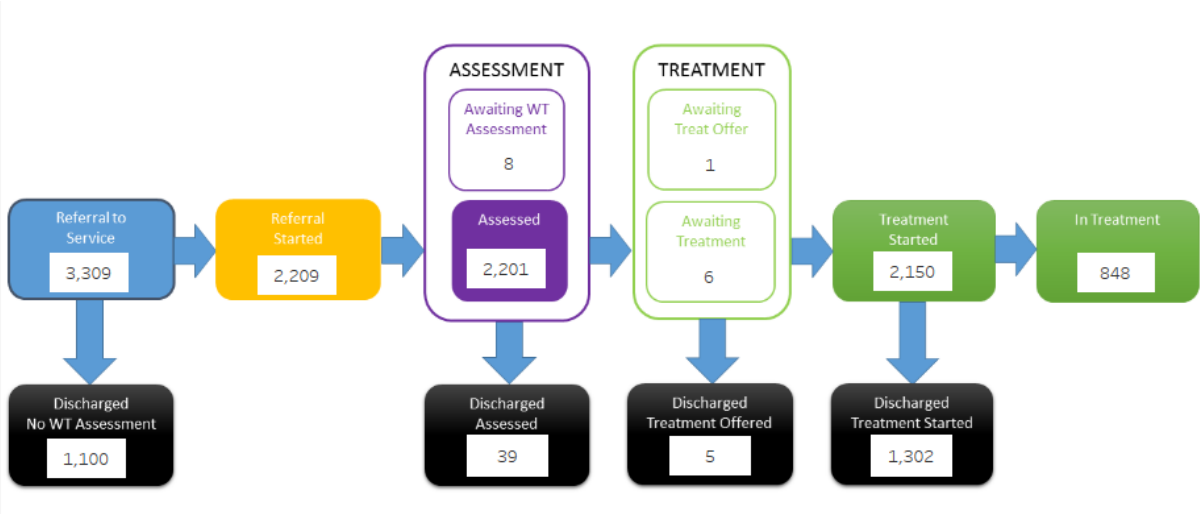
The local delivery plan requires that 90% of people accessing tier 3 support for alcohol and drug issues are seen and assessed within a three-week period. Over the last year Fife ADP has consistently meant the waiting times target for treatment for all four quarters of the year. Though there have been fluctuations these have never been lower than the national target and demonstrate a good level of access to services for people affected by alcohol and drugs in Fife.

Indicator	Target	2021-2022	2022-2023	Performance Indicator
Drug and Alcohol Treatment Waiting Times – Q1	90%	94%	94.1%	⇧
Drug and Alcohol Treatment Waiting Times – Q2	90%	89%	95%	⇧
Drug and Alcohol Treatment Waiting Times	90%	93%	97%	⇧

– Q3				
Drug and Alcohol Treatment Waiting Times – Q4	90%	100%	96%	⇩

Service and System Performance

Nationally Reported Fife Tier 3 Performance



From April 2022 - March 2023 Fife Tier 3 adult services received 3,309 referrals. 2,150 of the referrals started treatment and 848 remained in treatment after March 2023.

ADP Contract Reporting – Tier 3 Services

Tier 3 services are defined as services delivering a specialist intervention as part of a recovery/care or treatment plan. They are linked to the improving our recovery system of care theme but do undertake harm reduction and other early intervention and prevention support in the community.

Below is a summary of our tier 3 services and their performance based on reports submitted to the ADP support team:

NHS Addictions Services – The rapid access clinic reported 87 referrals between April 22- September 22 with the highest number of referrals from the Kirkcaldy area and the majority of referrals were male. There were higher numbers of people in treatment for drug use retained in service for longer than those with an alcohol dependency. For those in service due to opioid dependency 48% of those demonstrated a reduction in days the substance was used. There was however and increase in use of crack cocaine and cocaine use for those in treatment.

NHS Psychology - Psychology have submitted a report on targets, which indicates all targets are being met and data was provided for outcomes. 83 individuals received psychological assessment and evidence based psychological therapy. 29 new clients also received emotional resource approach but the funding for this work ceases in July. Psychology obtained funding from the ADP for help implementing MAT6&10, this included extra provision for two psychologists, as well as a training budget.

DAPL - This service provided a comprehensive ADP report return, which showed targets were met for counselling, ABI's, DBI's and provision of out of hours service. This service continues to deliver SMART meetings. There was a slight decline in engagement rate from referral from 59% to 44%. 277 naloxone kits were offered and 31 distributed.

FIRST – The Community Rehabilitation team has exceeded its ADP targets and demonstrated good outcomes for those engaged with the service. The highest referral rate has come from Kirkcaldy area, and 25–40-year age group. The engagement rate from referral is 62% which is quite standard across services. Two naloxone kits were distributed and 128 ABI's and 151 DBI's were delivered.

FIRST - The Residential Rehabilitation Service received 65 referrals across the year and 17 individuals accessed residential rehabilitation in this period. Positive

outcomes were demonstrated for those who accessed residential rehabilitation. Ongoing work continues with Healthcare Improvement Scotland on pathways and access for minority groups.

ADP Contract Reporting – Tier 2 Services

Tier 2 services are defined by the delivery of support on ADP strategic themes around prevention, early intervention, whole family support and a focus on creating parity in service provision by those affected by the criminal justice system. The work offered can often be outreach, sometimes to high volumes of people and brief in nature based on actively linking service users to Tier 3 provision but this has evolved and will change dependent on the needs of the service user.

ADAPT - All targets for this service were met and the report was fully completed. The service had 1117 attend the drop-in clinics and provided counselling to 109 individuals however 203 were referred. ABI (Alcohol Brief Interventions) targets were also met with 227 being delivered, and 293 naloxone kits were distributed. 35% of those working towards abstinence achieved this, whilst 70% made progress towards improvement in physical and psychological health.

ADAPT NFO - This service saw 305 individuals throughout the reporting period. 80% of referrals exited after support 19% still active in service. 50 naloxone kits were also distributed. The main substances which resulted in the referral were heroin, alcohol, and street Valium.

Barnardo's Education Service - A full report was provided from Barnardo's for Education with the majority of pupils/staff fully achieving or making progress of increased knowledge at exit. Due to the ongoing review of the Education service Barnardo's have not recruited to the vacant senior practitioner post and therefore some inputs in Q4 were reduced. Where inputs were reduced, resources were provided to teachers to cover any gaps in provision.

Barnardo's and Clued-Up Whole Family support service – A full report was provided for this service. Referrals were on target for young people provision. Outcomes for young people show positive changes in key areas including reduction in substance use, improved family relationships and improved mental health with very few leaving support having not benefitted in some capacity. For intensive whole family provision, in the reporting year 8 families were support and some outcomes

were recorded for improvement in safety for the families and relationships, parental engagement and improvements in connections to local groups.

Clued-Up Employability Service – This service has been working towards outcomes for young people to gain employment, volunteer, develop positive routines and access further education. 17 males and 11 females developed positive routines, 6 engaged in volunteering opportunities, 14 entered further or higher education and 3 males and 8 females secured employment.

Circles Network - Circles is the new advocacy service and has a responsibility within Medication Assisted Treatment Standards for independent advocacy support. The service has been working on their reporting outcomes and from April 2023 can now report on outcomes for service users and staff. Both positions for advocacy workers were commissioned specifically for individuals with lived experience. 194 cases were seen by Circles within the year with the key issues being housing, finance, and welfare.

Frontline Fife – One to one support was offered to 61 individuals with an engagement rate of 66% from referral. The highest area for engagement was Kirkcaldy which mirrors last year's reporting. All outcomes were clearly demonstrated and 25 ABI's and 34 DBI's were conducted. The team also distributed 7 naloxone kits throughout the year.

Hospital Liaison Service - ADAPT worked with 59 individuals with most referrals from the Leven and Kirkcaldy area. 99% of ADAPT referrals had an alcohol related problem. Whilst Addiction Services had 354 referrals, with 133 open cases within Addiction Services. It was also noted that addiction services received approximately 50 referrals per month. Both services referred onto other services and provided support to the individuals engaged. NHS Pharmacy services are still to recruit to their role due to the temporary nature of the funding and WAWY again highlighted only a small number of referrals are being passed to them.

Phoenix Peer Mentoring - This service has provided Fife ADP annual report showing targets and engagement. All outputs were met for volunteer opportunities, mentee engagement and engagement in wider community. There were 39 referrals to this service, and 38 people engaged. There was one female referred however they did not engage. 37% of people when exiting the service has a reduction in drug and alcohol use as well as improvement in physical health. 14 naloxone kits were offered, and all were issued. Kirkcaldy remined to be the main area of referrals followed by Glenrothes.

Phoenix Futures Return to Nature - A full report was provided from the service. 27 people completed the RTN programme, with a target of 30 to complete. Targets were met for volunteer opportunities and recovery cultural events which has increased since the last reporting period. 20 naloxone kits were distributed which is a 100% increase from the last reporting period. There was a high engagement rate from referral and of those who did complete the RTN programme, 100% improved in physical and emotional health and increased social networks.

Restoration - This service has reported on targets with 269 active members attending at least one activity per week. The highest area of engagement is the Dunfermline and Levenmouth area with 129 active members. A client survey highlighted self-improvements in isolation, mental and physical health and feeling safe. Outgoing referrals continued to be high with people supported into services that help with transport needs, ongoing community support and foodbanks.

SACRO - This service completed a full report detailing ADP targets. Most targets were met with the service receiving 240 referrals to the service within the year, and 150 service users engaging over a period of 3-12 weeks. This is a 42% increase in referrals from the previous year due to staff recruitment. The target for service users having increased motivation to decrease substance increased to 54, with a target of 40. Staff are now able to issue naloxone kits however only 2 kits were distributed in the reporting period. There was a reduction of 84% in reported criminal activity which exceeded the target of 60%.

SFAD - 105 individuals engaged with this service through a variety of one to one's and group work. Included in this were 22 family members who received bereavement counselling. Family members had positive outcomes from their engagement with SFAD including better physical, emotional, and mental health.

WAWY - A full report was returned, and all annual outputs have been exceeded. 606 naloxone kits were distributed which is above target the peer naloxone champions are responsible for over half of this distribution. As well as this, drop-in clinics and triages were 27% over the target. Brief interventions were over double the annual output. The ADP support team will work with the service to increase annual targets on the SLA. Levenmouth continues to have the highest referral area, with 41-50 years being the highest age range for referrals.

Next Steps for 2023 - 2024

Moving forward it is essential that the ADP continue to implement its strategy and focus on the key areas in order to prevent, intervene early and provide quality in treatment and support to all people of Fife. The continued implementation of the MAT Standards will be a critical focus for Fife ADP and nationally as we continue to embed the standards within ADP services but also mainstream the approach in universal provision where people with alcohol and drug problems struggle to engage. A complete system approach to the MAT standards is required in primary care, mental health, housing and welfare and advocacy services.

The residential rehabilitation service will continue on its continuous improvement approach in partnership with the ADP support team to continue providing positive outcomes but to also reach priority groups and identify pathways and partnerships to increase the reach of this type of support.

A focus will also be maintained on alcohol related harm and deaths and the complexities of reporting around those as well as the contributing factors involved. Fife ADP will use the information gained from the Addressing Alcohol Specific Death work and the voice of people and their families with lived and living experience to drive improvements in the system of care and other partnerships where prevention and early intervention can improve outcomes. As proposed in the delivery plan, the Addressing Alcohol Specific Death Group will form an implementation group to support wider organisations in utilising the data collated and the overarching themes from their findings.

Much has already been done to engage and ensure participation individuals with lived or living experience within the strategic planning and policy work of the ADP. A dedicated worker has been commissioned through Scottish Recovery Consortium to ensure that people and their families are fully support to co-produce and collaborate and offered development opportunities on a volunteer basis. The aim is to ensure all ADP subgroups are collaborating directly with people with lived and living experience and the voice of lived and living experience is present across the HSCP and other universal service provision where their voice can benefit service improvements, strategic planning and policy development. The ADP continues to value the work of those with lived and living experience as part of the harm reduction approach including the provision of overdose reversal medication and raising awareness.

The ADP Strategy 2023/26 is currently in development cognisant of the HSCP themes and improvements pertaining to the ADP, aligned to correlated strategies such as mental health, prevention and early intervention and the carers strategy and also aligned to the national strategies. The new strategy will learn from our past experiences, assess, and review current data before looking to the horizon to identify

the directions required to improve performance and outcomes for people of Fife affected by substance use.

Further Information

Fife ADP Strategy 2020 – 2023 - Fife-ADP-Strategy-2020-23.pdf (fifeadp.org.uk)

Rights Respect and Recovery 2018 - Rights, respect and recovery: alcohol and drug treatment strategy - gov.scot (www.gov.scot)

Alcohol Framework Preventing Harm 2018 - Alcohol Framework 2018 - gov.scot (www.gov.scot)

National Drug Mission Priorities Plan 2022 – 2026 - National Drugs Mission Plan: 2022-2026 - gov.scot (www.gov.scot)

Medication Assisted Treatment Standards 2021 - Medication Assisted Treatment (MAT) standards: access, choice, support - gov.scot (www.gov.scot)

Fife ADP Mat Standards Implementation Plan 2022 – 2023 - Microsoft Word - Fife ADP MAT Standards Improvement Plan 22 -23

Fife ADP Getting Help - Getting Help | FifeADP

Glossary

AASDG – Addressing Alcohol Specific Death Group, a subgroup of the ADP

ABI – Alcohol Brief Intervention, a short structured intervention delivered to people at risk of alcohol related harm

ADP – Alcohol and Drug Partnership

DAISY – Drug and Alcohol Information SYstem, a national database for recording waiting times for treatment for Tier 3 services.

DAPL – Drug and Alcohol Psychotherapies Limited

DBI – Drug Brief Intervention, a short, structured intervention delivered to people at risk of drug related harm

FIRST – Fife Intensive Rehabilitation Substance use Team.

JCG – Joint Commissioning Group, a subgroup of the ADP

LEP – Lived Experience Panel, a subgroup of the ADP.

MAT – Medication Assisted Treatment, a framework for the safe, consistent and effective delivery of care for people who can benefit from opiate replacement therapy.

MDDRG – Multi-agency Drug Death Review Group, a subgroup of the ADP

OST/ORT – Opiate Substitute Therapy or Opiate Replacement Therapy

SACRO – Scottish Associate for the Care and Resettlement of Offenders

SFAD – Scottish Families Affected by Alcohol and Drugs

SLA - Service Level Agreement

THN – Take-Home Naloxone, a medication that can reverse the effects of an opioid overdose.

WAWY – We Are With You, the harm reduction service

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission **during the financial year 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as Official Statistics on the Scottish Government website. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Tuesday 27th June 2023. Your submission should be signed off by the ADP and the IJB, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?
[single option, drop-down menu]

Fife ADP

Q2) Which groups or structures were in place **at an ADP level** to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply)
[multiple choice]

- ☒ Alcohol harms group
- ☒ Alcohol death audits (work being supported by AFS)
- ☒ Drug death review group
- ☐ Drug trend monitoring group/Early Warning System
- ☐ None
- ☐ Other (please specify):

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews? (select only one)
[single option]

☐ Yes
☒ No
☐ Don't know

Q3b) If no, please provide details on why this is not the case.
[open text – maximum 255 characters]

The ADP is producing a learning and improvement recommendations report based on previous public health surveillance of suspected drug related deaths across the whole system. This will allow for meaningful development of actions across HSCP and LA/NHS.

Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented? (select only one)
[single option]

☒ Yes
☐ No
☐ Don't know

Q4b) If no, please provide details.
[open text – maximum 255 characters]

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31st March 2023.
[open text, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	4.60
Total vacancies (whole-time equivalent)	1.00

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.
[open text – maximum 255 characters]

Analytical and performance management support is required and this has been recruited for 2023/24 financial year

Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area? (select only one)
[single option]
☒ Yes
☐ No (please specify who does):
☐ Don't know

6b) If yes, please provide the whole-time equivalent staffing resource **for alcohol and drug services** in your ADP area.
[open text, decimal]

Total current staff (whole-time equivalent)	151.00
Total vacancies (whole-time equivalent)	10.00

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)
[multiple choice]
☒ Coaching, supervision or reflective practice groups with a focus on staff wellbeing
☒ Flexible working arrangements
☒ Management of caseload demands
☒ Provision of support and well-being resources to staff
☒ Psychological support and wellbeing services
☒ Staff recognitions schemes
☐ None
☐ Other (please specify):

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience using services you fund? (select all that apply)
[multiple choice]

☐ Feedback/complaints process
☐ Questionnaire/survey
☐ No
☒ Other (please specify): Since Dec 2020, the ADP have had a Lived Experience Panel in partnership with Scottish Recovery Consortium. In 2022/23, a living experience panel has been established with Scottish Drugs Forum. This feedback is shared with a service managers and ADP group

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply)
[multiple choice]

	Lived/living experience	Family members
Feedback used to inform service design	☒	☒
Feedback used to inform service improvement	☒	☒
Feedback used in assessment and appraisal processes for staff	☐	☐
Feedback is presented at the ADP board level	☒	☒
Feedback is integrated into strategy	☒	☒
Other (please specify)		

Q9a) How are **people with lived/living experience** involved within the ADP structure?
(select all that apply)
[multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other (please specify)
Board representation at ADP	☒	☒	☒	
Focus group	☒	☒	☒	
Lived experience panel/forum	☒	☒	☒	
Questionnaire/ surveys	☒	☒	☒	
Other (please specify)				

Q9b) How are **family members** involved within the ADP structure? (select all that apply)
[matrix, multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other stage (please specify)
Board representation at ADP	☐	☐	☐	
Focus group	☐	☐	☐	
Lived experience panel/forum	☒	☒	☒	
Questionnaire/ surveys	☒	☒	☒	
Other (please specify)				

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.
[open text – maximum 2000 characters]

In partnership with members of the Fife ADP Lived Experience Panel (established December 2020), the ADP support team reviewed, analysed and developed a new plan for the continual developement and sustainablity of the panel. This concluded in October 2022 and it was agreed that an indpendent service with experience of supporting people with lived/living experience to contribution to service development and amplify the voice of lived and living experience throughout the ADP subgroups and the HSCP and other directorates where services are provided to people affected by alcohol and drug use. A new service was commissioned and a participation and engagement plan developed to provide training, support and mentoring to volunteers and to delivery broader engagement.

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?
[open text – maximum 2000 characters]

The Alcohol and Drug Partnership support team review all services' performance at six monthly intervals. Part of this process involves ensuring that services develop and support the voice of lived and living experience in service development and improvement approaches. This monitoring and recording process captures good examples of how this approach has been employed throughout the year. Most services of the ADP conduct surveys, feedback interviews, development days, provide mentoring and volunteering opportunities and employ people with lived and living experience. There are varying degrees of participation from consultation to co-production with people with lived and living experience and their family members.

Q11) Which of the following support is available to people with lived/living experience and/or family members to reduce barriers to involvement? (select that apply)
[multiple choice]

☒ Advocacy
☒ Peer support
☒ Provision of technology/materials
☒ Training and development opportunities
☒ Travel expenses/compensation
☒ Wellbeing support
☐ None
☒ Other (please specify): Fife ADP commissioned a new Fife wide Family and Carers' Support Service. This is specifically to support people affected by a loved ones' use and provides one to one and group support. The service also advocates for families inclusion in treatment.

Q12a) Which of the following volunteering and employment opportunities for people with lived/living experience are offered by services in your area? (select all that apply)
[multiple choice]

☒ Community/recovery cafes
☒ Job skills support
☒ Naloxone distribution
☒ Peer support/mentoring
☒ Psychosocial counselling
☐ None
☐ Other (please specify):

Q12b) What are the main barriers to providing volunteering and employment opportunities to people with lived/living experience within your area?
[open text – maximum 2000 characters]

None

Q13) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)
[multiple choice]

☒ MAT Implementation Support Team (MIST)
☒ Scottish Drugs Forum (SDF)
☒ Scottish Families Affected by Drugs and Alcohol (SFAD)
☒ Scottish Recovery Consortium (SRC)
☐ None
☐ Other (please specify):

Cross cutting priorities: Stigma Reduction

Q14) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)? (select only one)
[single option]
☒ Yes (please specify which): ADP Strategy 2020 to 2023 and included in the Annual Reports
☐ No
☐ Don't know

Q15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.
[open text – maximum 2000 characters]

Fife ADP reduce stigma in partnership with people with lived and living experience within commissioned services, across other partnerships and divisions recognising it is a barrier to service access and retention and ultimately recovery. The Lived Experience Panel (a sub group of the ADP) plays a vital role in developing and supporting this voice and to enhance the panel development, the ADP has recently commissed SRC to support the panel. Addressing stigma is a clear priority for this panel. As it is for the living experience group based in Dunfermline and supported by service workers with lived and living experience. This information is used by the ADP and its services to improve delivery and reducing service approaches viewed as stigmatising.
Fife ADP has commissioned an independent advocacy service, delivered by Circles to work supporting people with alcohol and drug problems to have a voice in the services they access and develop the skills and confidence to self advocate. The service uses a mixed model of employed and volunteer advocates all with lived experience of substance use and recovery. This approach directly challenges the stigma around recovery proving that people can recover but also allows the individual to self challenge with the support of their worker. Furthermore the service works across partnerships supporting people holistically to access the services they need and to reduce the barrier of stigma.
Fife ADP also commissioned a Fife wide locality based adult family support service recognising their status as carers'. This service supports the rights of families to be included in their loved ones's treatment and care but also provides training and other workforce development aimed at increasing inclusion and reducing stigmatising barriers.
As the ADP redevelops its Strategy for 2024 - 2027, a coordination and consistent strategic approach will be required to challenge stigma directed towards all people affected by substance use.

Fewer people develop problem substance use

Q16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply) [multiple choice]

	Non-native English speakers (English Second Language)	People with hearing impairments	People with learning disabilities and literacy difficulties	People with visual impairments	Other audience (please specify)
In person (e.g. at events, workshops, etc)	☒	☒	☐	☐	Interpretors are available and other adaptions can be made
Leaflets/posters	☐	☐	☐	☐	The ADP does not produce leaflets and posters about services
Online (e.g. websites, social media, apps, etc.)	☐	☐	☐	☐	Website meets accessibility criteria
Other (please specify)					

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)	25+ (adults)	Parents	People in contact with the justice system	Other audience (please specify)
Counselling services	☐	☒	☒	☒	☒	☒	☒	
Information services	☐	☒	☒	☒	☒	☒	☒	
Physical health	☐	☐	☒	☒	☒	☒	☒	
Mental health	☐	☒	☒	☒	☒	☒	☒	
Naloxone	☐	☐	☐	☒	☒	☒	☒	
Overdose awareness and prevention	☐	☐	☒	☒	☐	☒	☒	
Parenting	☒	☒	☒	☒	☒	☒	☒	
Peer-led interventions	☐	☐	☒	☒	☒	☒	☒	
Personal and social skills	☒	☒	☒	☒	☒	☒	☒	
Planet Youth	☐	☐	☐	☐	☐	☐	☐	Fife ADP commission Clued Up for a similar early intervention and prevention service with young people.
Pre-natal/pregnancy	☒	☒	☒	☒	☒	☒	☒	
Reducing stigma	☐	☒	☒	☒	☒	☒	☒	
Seasonal campaigns	☐	☐	☐	☐	☒	☐	☐	
Sexual health	☐	☐	☒	☒	☒	☒	☒	
Teaching materials for schools	☐	☒	☒	☒	☐	☐	☐	

Wellbeing services	☒	☒	☒	☒	☒	☒	☒	
Youth activities (e.g. sports, art)	☐	☒	☒	☒	☒	☒	☒	
Youth worker materials/training	☐	☐	☒	☒	☒	☒	☒	
Other (please specify)								

Risk is reduced for people who use substances

Q18a) In which of the following settings is **naloxone** supplied in your ADP area? (select all that apply)
[multiple choice]
☐ Accident & Emergency departments
☒ Community pharmacies
☒ Drug services (NHS, third sector, council)
☒ Family support services
☐ General practices
☒ Homelessness services
☒ Justice services
☐ Mental health services
☒ Mobile/outreach services
☒ Peer-led initiatives
☒ Women support services
☐ None
☒ Other (please specify):

Q18b) In which of the following settings is **Hepatitis C testing** delivered in your ADP area? (select all that apply)
[multiple choice]
☐ Accident & Emergency departments
☐ Community pharmacies
☒ Drug services (NHS, third sector, council)
☐ Family support services
☐ General practices
☐ Homelessness services
☐ Justice services
☐ Mental health services
☒ Mobile/outreach services
☐ Peer-led initiatives
☐ Women support services
☐ None
☐ Other (please specify):

Q18c) In which of the following settings is the **provision of injecting equipment** delivered in your ADP area? (select all that apply)
[multiple choice]
☐ Accident & Emergency departments
☒ Community pharmacies
☒ Drug services (NHS, third sector, council)
☐ Family support services
☐ General practices
☐ Homelessness services
☐ Justice services
☐ Mental health services
☒ Mobile/outreach services
☐ Peer-led initiatives
☐ Women support services
☐ None
☐ Other (please specify):

Q18d) In which of the following settings is **wound care** delivered in your ADP area? (select all that apply)
[multiple choice]
☐ Accident & Emergency departments
☒ Community pharmacies
☒ Drug services (NHS, third sector, council)
☐ Family support services
☒ General practices
☐ Homelessness services
☐ Justice services
☐ Mental health services
☒ Mobile/outreach services
☐ Peer-led initiatives
☐ Women support services
☐ None
☐ Other (please specify):

Q19a) Are there protocols in place to ensure **all** prisoners identified as at risk are offered with naloxone upon leaving prison? (select only one)
[single option]
☐ Yes
☐ No
☒ No prison in ADP area

Q19b) If no, please provide details.
[open text – maximum 255 characters]

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? (select only one)
[single option]
☒ Yes
☐ No
☐ Don't know

Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway? (select only one)
[single option]
☒ Yes
☐ No
☐ Don't know

Q20c) If no, when do you intend to have this in place?
[open text – maximum 255 characters]

Q21) In what ways have you worked with justice partners? (select all that apply)
[multiple choice]
☒ Contributed towards justice strategic plans (e.g. diversion from justice)
☒ Coordinating activities
☒ Information sharing
☒ Joint funding of activities
☒ Justice partners presented on the ADP
☒ Prisons represented on the ADP (if applicable)
☒ Providing advice/guidance
☐ None
☐ Other (please specify):

Q22a) Do you have a prison in your ADP area? (select only one)
[single option]
☐ Yes
☒ No

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply)
[multiple choice]

	Pre-arrest	In police custody	Court	Prison (if applicable)	Upon release	Community justice
Advocacy	☒	☒	☒	☒	☒	☒
Alcohol interventions	☒	☒	☒	☐	☒	☒
Alcohol screening	☒	☒	☒	☐	☒	☒
Buvidal provision	☒	☐	☐	☐	☒	☒
Detoxification	☒	☐	☐	☒	☒	☒
Drugs screening	☒	☒	☒	☐	☒	☒
Psychological screening	☒	☒	☐	☐	☒	☒
Harm reduction	☒	☒	☒	☒	☒	☒
Health education	☒	☒	☒	☐	☒	☒
"Life skills" support or training (e.g. personal/social skills, employability)	☒	☒	☒	☒	☒	☒
Opioid Substitution Therapy (excluding Buvidal)	☒	☐	☐	☐	☒	☒
Peer-to-peer naloxone	☒	☒	☐	☐	☒	☒
Recovery cafe	☒	☐	☐	☒	☒	☐
Recovery community	☒	☐	☐	☒	☐	☐
Recovery wing	☐	☐	☐	☐	☐	☐
Referrals to alcohol treatment services	☒	☒	☐	☒	☒	☒
Referrals to drug treatment services	☒	☒	☐	☒	☒	☒
Staff training	☒	☒	☐	☐	☒	☒
Other (please specify)						

Q23a) How many recovery communities are you aware of in your ADP area?
[open text, integer]

32

Q23b) How many recovery communities are you actively engaging with or providing support to?
[open text, integer]

10

Q24a) Which of the following options are you using to engage with or provide support to recovery communities in your area? (select all that apply)
[multiple choice]

☒ Funding
☒ Networking with other services
☒ Training
☐ None
☐ Other (please specify):

Q24b) How are recovery communities involved **within the ADP**? (select all that apply)
[multiple choice]

☐ Advisory role
☒ Consultation
☒ Informal feedback
☒ Representation on the ADP board
☐ Recovery communities are not involved within the ADP
☐ Other (please specify):

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms**? (select all that apply)
[multiple choice]
☒ Access to alcohol medication (Antabuse, Acamprase, etc.)
☒ Alcohol hospital liaison
☒ Alcohol related cognitive testing (e.g. for alcohol related brain damage)
☒ Arrangements for the delivery of alcohol brief interventions in all priority settings
☒ Arrangement of the delivery of alcohol brief interventions in non-priority settings
☒ Community alcohol detox
☒ In-patient alcohol detox
☒ Fibro scanning
☒ Psychosocial counselling
☐ None
☐ Other (please specify):

Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? (select all that apply)
[multiple choice]
☐ Current models are not working
☐ Difficulty identifying all those who will benefit
☒ Further workforce training required
☐ Insufficient funds
☒ Lack of specialist providers
☐ Scope to further improve/refine your own pathways
☒ None
☐ Other (please specify): Training is being enhanced across the full ADP workforce for preparatory work for residential rehab. The ADP has commissioned an additional worker for this. There is a lack of bed capacity across the country, additional funding has increased demand.

Q27) Have you made any revisions in your pathway to residential rehabilitation in the last year? (select only one)
[single option]
☐ No revisions or updates made in 2022/23
☒ Revised or updated in 2022/23 and this has been published
☐ Revised or updated in 2022/23 but not currently published

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select all that apply)
[multiple choice]
☐ Difficulty identifying all those who will benefit
☐ Further workforce training is needed
☒ Insufficient funds

☐ Scope to further improve/refine your own pathways
☐ None
☐ Other (please specify): We do not have funding specifically ring fenced for MAT 6, 7, 9 & 10 though we do have quality improvement approaches in place.

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)	☐	☒
Diversionary activities	☒	☒
Employability support	☒	☒
Family support services	☒	☒
Information services	☒	☒
Justice services	☒	☒
Mental health services	☒	☒
Outreach/mobile	☒	☒
Recovery communities	☐	☒
School outreach	☒	☒
Support/discussion groups	☒	☒
Other (please specify)		

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years)** and **5-12 (primary)** affected by **alcohol**.
[open text – maximum 2000 characters]

Statutory – Intensive and Additional
The Family Support Service within the Children & Families Services adopts a whole family model and works with a range of C&YP who may be using drugs /alcohol.

Third Sector – Intensive, Additional and Universal

Barnardo's Empowering Change Service commissioned in partnership between Fife ADP and Fife's Education and Childrens' Services offer a whole family support services for children 0 to 13 yrs and their families. Recommissioning of this model and integration of the two directorates' resources allowed for an additional level service to be developed to complement and prevent families needing the intensive service. As such more families are supported prior to crisis through strength-based and asset approach. Kyla and her family would be able to engage at this earlier stage. Furthermore, to ensure a more integrated offer Barnardo's – through the commissioning of a new service brief – now has a strong operational integrated partnership with Clued Up, a young person, youth friendly and grassroots organisation offering support to young people as part of the model but also in their own right, respecting the need for young people to have their own worker. This service works both with young people at risk of developing problematic relationships with

alcohol and drugs and those affected by parental use on a one-to-one basis and in group work. Their open-door approach (both drop ins and community outreach) ensures that the service is accessible to all young people including those not currently in school. The service covers ages from 12 to 26 and includes an improving employability and reengaging children and young people with their communities.
Through Our Minds Matters mental health counselling framework, DAPL offer counselling support this service is offered throughout Fife from ages 5 to 17

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Diversionary activities	☒	☒
Employability support	☒	☒
Family support services	☒	☒
Information services	☒	☒
Justice services	☒	☒
Mental health services	☒	☒
Opioid Substitution Therapy	☒	☒
Outreach/mobile	☒	☒
Recovery communities	☒	☒
School outreach	☒	☒
Support/discussion groups	☒	☒
Other (please specify)		

Q30b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years)** and **5-12 (primary)** affected by **drugs**.
[open text – maximum 2000 characters]

Fife ADP and commissioned partners do not distinguish between alcohol and drugs when supporting children and young people affected by another's use, their own use or at risk of early problematic use. Thus the answer in Q29b applies here.

Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups? (select all that apply)
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	☒	☐
People from minority ethnic groups	☒	☐
People from religious groups	☒	☐
People who are experiencing homelessness	☒	☐
People who are LGBTQI+	☒	☐
People who are pregnant or peri-natal	☒	☐
People who engage in transactional sex	☒	☐
People with hearing impairments	☒	☐
People with learning disabilities and literacy difficulties	☒	☐
People with visual impairments	☒	☐
Veterans	☒	☐
Women	☒	☐
Other (please specify)		

Q32a) Are there formal joint working protocols in place to support people **with co-occurring substance use and mental health diagnoses** to receive mental health care? (select only one)
[single choice]
☒ Yes (please provide link here or attach file to email when submitting response):
☐ No

Q32b) If no, please provide details.
[open text – maximum 255 characters]

Q33) Are there arrangements (in any stage of development) within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**?
[open text – maximum 2000 characters]

There is local guidance for management of mental illness and guidance on support for patient's with substance misuse problems. There is a dual diagnosis group established to oversee implemetation of protocols, procedures and pathways between the two services, encouraging a greater level of integration. However there is also an agreement to establish a MAT 9 group to focus on variances of mental health/emotional wellbeing difficulties (not diagnosed) and substance use (not dependent) services to include third sector colleagues and people with lived experience.

Q34) How are you, as an ADP, linked up with support service **not directly linked to substance use** (e.g. welfare advice, housing support, etc.)?

[open text – maximum 2000 characters]

Attendance on the ADP Committee and subgroups providing full collaboration/coproduction on improvement work Linked in with locality planning work for one stop shops/rapid access to MAT 1 clinics and access to holistic services for people affected by alcohol and drugs.

Q35) Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? (select all that apply)
[multiple choice]

☒ Engaging with people with lived/living experience
☒ Engaging with third sector/community partners
☒ Recruiting staff
☒ Training existing workforce
☒ Working group
☐ None
☐ Other (please specify):

Children, families and communities affected by substance use are supported

Q36) Which of the following treatment and support services are in place for **children and young people** (under the age of 25) **affected by a parent's or carer's substance use**? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)
Carer support	☒	☒	☒	☒
Diversionary activities	☐	☒	☒	☒
Employability support	☐	☐	☒	☒
Family support services	☒	☒	☒	☒
Information services	☒	☒	☒	☒
Mental health services	☐	☒	☒	☒
Outreach/mobile services	☐	☒	☒	☒
Recovery communities	☐	☐	☐	☒
School outreach	☐	☒	☒	☒
Support/discussion groups	☐	☐	☒	☒
Other (please specify)				

Q37a) Do you contribute toward the integrated children's service plan? (select only one)
[single option]

☒ Yes
☐ No
☐ Don't know

Q37b) If no, when do you plan to implement this?
[open text – maximum 255 characters]

Q38) Which of the following support services are in place **for adults** affected by **another person's substance use**? (select all that apply)
[multiple choice]
☒ Advocacy
☒ Commissioned services
☒ Counselling
☒ One to one support
☒ Mental health support
☒ Naloxone training
☒ Support groups
☒ Training
☐ None
☐ Other (please specify):

Q39a): Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? (select only one)
[single option]
☒ Yes
☐ No
☐ Don't know

Q39b) Please provide details.
[open text – maximum 255 characters]

Q40) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place? (select all that apply)
[multiple choice]

	Family member in treatment	Family member **not in treatment**
Advice	☒	☒
Advocacy	☒	☒
Mentoring	☒	☒
Peer support	☒	☒
Personal development	☒	☒
Social activities	☒	☒
Support for victims of gender based violence	☒	☒
Other (please specify)		

Confirmation of sign-off

Q41) Has your response been signed off at the following levels?
[multiple choice]
☒ ADP
☐ IJB
☐ Not signed off by IJB (please specify date of the next meeting): 30th July 2023

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the forthcoming ADP annual report, scheduled for publication in the autumn.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

NHS Fife

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**4 September 2023**
Title:	**Tackling Poverty Preventing Crisis Report 2022/23**
Responsible Executive:	**Dr Joy Tomlinson, Director of Public Health**
Report Author:	**Dr Lorna Watson, Deputy Director of Public Health**

1 Purpose

This report is presented for:

- Discussion

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Tackling Poverty Preventing Crisis Report 2023 is produced by Fife Council in partnership with NHS Fife, and incorporates the legal requirement to produce a Child Poverty Report every year under the Child Poverty (Scotland) Act 2017. The meeting is asked to discuss the report in the context of pressure on the cost of living and the effect of poverty on health and health inequalities.

2.2 Background

The report was prepared by Sheena Watson and Lauren Bennett in Fife Council and highlights activity that is contributing to the delivery of the Tackling Poverty & Preventing Crisis (TPPC) outcomes and child poverty targets, as well as communicating best practice, learning points and challenges for the year ahead.

This year the report brings together for the first time a report on all poverty related activity in Fife relating to adults and children in one report, and covers objectives in Community Planning and the Plan 4 Fife. The Child Poverty aspects will be scrutinised by national organisations related to child poverty.

2.3 Assessment

The latest data show 23.2% of children in Fife (aged under 16) are living in relative poverty before housing costs and 18.5% live in absolute poverty. This is above the national average at 21% and 16.5%, respectively, and there is wide variation in rate in different areas across Fife.

The current policy document for child poverty in Scotland is Best Start Bright Futures. This describes six priority groups for child poverty which are: Lone parents, families affected by disability, mothers under 25, children under 1, ethnic minorities and families with more than 3 children. Some highlights of actions in the TPPC report are given below.

Maximising incomes

In 2022/23 the Money Talks Team income maximisation programme from midwifery, health visiting and Family Nurse Partnership resulted in 370 cases being referred, and £347,000 total financial gain for clients.

Boosting budgets is an income maximisation scheme in schools for children identified at risk of a non-positive destination which is being implemented this year, and a separate pilot is taking place in Early years.

The Fife Benefit Checker has been developed and staff have been trained is using this, increasing benefit checks for families.

Each of the seven Committee Areas have a Poverty Action Group made up of public services (Fife Council and Health) as well as local voluntary organisations who both plan and deliver anti-poverty action.

The TPPC Board approved the short term funding of a new full-time post to help increase the number of training sessions and lead on the delivery of all aspects of Poverty Awareness Training. The post holder sits within Fife Health Promotion Service Training Team.

In 2022/3 £728,159 was allocated in Crisis Grants to help with fuel costs.

A Low Income Family Tracker (LIFT) has been procured by Fife Council which can help target households in persistent poverty.

Cost of living

Fife Council has a Winter programme totalling £8.6 million to provide help with the cost of living in a variety of programmes.

Further areas of work include reducing cost of the school day and reducing barriers to sport through Active Fife's Cost of living pledge.

The Opportunities Fife Partnership is looking to improve staffing in childcare settings, as access to childcare is often a barrier for parents to find work.

Community Wealth Building and Employability work, linking to Anchor Institution ambitions, is developing support to overcome barriers to employment.

Prevention

Actions on housing and homelessness, Whole Family Wellbeing, the No Wrong Door approach and working to improve access to child maintenance payments are all part of a longer term approach to deliver services based around the needs of the population. Basing services on lived experience and co-producing with relevant groups is an area for ongoing review and development.

2.3.1 Quality / Patient Care

Actions in the report will positively affect health of the population and health inequalities, and reduce health service demand in the longer term.

2.3.2 Workforce

Actions in the report will have a positive effect on lower paid staff in NHS Fife. Improving income maximisation opportunities and taking up training offered in relation to poverty may have an impact on workload of frontline staff.

2.3.3 Financial

No direct financial implications.

2.3.4 Risk Assessment / Management

This relates to the risk relating inequalities and health improvement in delivering the NHS Board.

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

Groups with protected characteristics are affected to a greater degree by poverty, for example women, disability, ethnicity. Actions to reduce poverty support the Fairer Scotland Duty and Anchor Institution ambitions. This is partnership work led by Fife Council and as it is an annual report on progress an Equality Impact Assessment was not required.

2.3.6 Climate Emergency & Sustainability Impact

No direct impact identified.

2.3.7 Communication, involvement, engagement and consultation

Individual projects may incorporate the voice of communities, children and young people, and this is an aspect for further development. Third sector organisations sit on the Tackling Poverty and Preventing Crisis Board.

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.

- Tackling Poverty Preventing Crisis Board 01 August 2023.

- Fife Partnership Board 17 August 2023.

2.4 Recommendation

- **Discussion** – For examining and considering the implications of a matter.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, TPPC Annual Report 2022-23 Final Draft

Report Contact
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Tackling poverty and preventing crisis Annual Report 2022/23

Contents

PLAN 4 FIFE

Introduction

This is Fife's first annual report on Tackling Poverty & Preventing Crisis, giving an overview of progress made by partners, during 2022/23, against the Tackling Poverty & Preventing Crisis Delivery Plan.

We have a statutory requirement from the Child Poverty (Scotland) Act 2017 to produce an annual Local Child Poverty Action Report. To meet this requirement, we have included the relevant information, as per the Act, in this report. We have done this not just to fulfil our statutory duty but in order to make the major shift that is needed in how we tackle poverty. This is a shift towards better prevention and providing the right kind of support for people, to keep them out of crisis, and make sure no-one is left behind. Child poverty is a consequence of parents' poverty and recent crises have impacted many vulnerable children, young people and adults across demographics and geographies in Fife.

Too many children in Fife live in poverty and too many people are unable to manage financially and suffer from significant insecurity and lack of control as a result. In Fife, we've been focusing on ensuring opportunities for all through the Plan for Fife. Post-pandemic, our Recovery and Renewal Plan for Fife 2021-2024 has provided renewed focus to tackle deep-rooted issues by prioritising tackling poverty and preventing crisis. Fife's latest Children's Services Plan 2023-2026 prioritises equity and equality, recognising that poverty is a key factor in poorer outcomes for children in Fife. Work with children, young people and families in Fife is underpinned by a rights-based approach rooted in the UNCRC[1].

Doing things differently

In Fife, we are tackling poverty and preventing crisis in a different way. Our focus during 2022/23 has been empowerment, not just empowering the individual, but also communities, by working with a broad range of partners across Fife by using data and lived experience to target and involve people, children and families in new ways. The COVID pandemic pushed us into new ways of working together for the public and third sector and provided learning on how to tailor support to people most in need. We need to prevent crisis from occurring. Too often services are on the back foot. Personalised support that takes account of individual and family needs, circumstances and strengths is key to our approach of building resilience within individuals, families, and communities. The impact of having strong communities was clear during the pandemic, and we are fostering change based on this learning.

The aim of this report is to highlight activity that is contributing to the delivery of the Tackling Poverty & Preventing Crisis (TPPC) outcomes and child poverty targets, as well as communicating best practice, learning points and challenges for the year ahead. The outcomes we seek to achieve are:

1. More people's incomes are maximised and there is increased access to benefits.
2. People are protected from cost of living increases with a focus on support for food, fuel and childcare costs.
3. Preventing homelessness and making it short and non-recurring
4. More people have crisis prevented through a No Wrong Door approach ensuring early and joined up support.
5. Improved use of data relating to poverty and crisis to target spend on prevention of crisis.

[1] United Nations Convention on the Rights of the Child

We want to tell a story about where we have been, where we are and where we are going. We want to reflect on this journey and increase the work we are doing on prevention. We recognise the lack of dignity many people face when they are left with no option but to use a foodbank. This annual report provides an opportunity to reflect on our progress to make a difference to people and families across Fife.

One of our outcomes focuses on the use of data to inform our decision making on where to target resource and support. This is integral to achieving all outcomes in the TPPC delivery plan. Fife Council procured a system called the Low-Income Family Tracker (LIFT) in 2022, which is allowing us to identify households with low incomes and monitor changing circumstances. We can now see who is going to be worse off when they move from legacy benefits to Universal Credit, and we can target specific support to vulnerable groups. We are moving towards knowing our communities better and working with them locally. Place-based solutions are key to our People approach. They work especially well for us when we start with an understanding of the assets, stakeholders and relationships in a locality and build from there, recognising that success looks different in different places.

We have a strong partnership approach, which underpins so much of the work that happens in Fife. We are broadening the range of partners we work with, especially the third sector, and we have some outstanding examples of this working well like the Big Hoose project[2]. We are working together and increasing co-production with communities to help make a difference. Without partners from across the public sector, third sector and local businesses coming together to support local people, none of what we're doing would be the success it is.

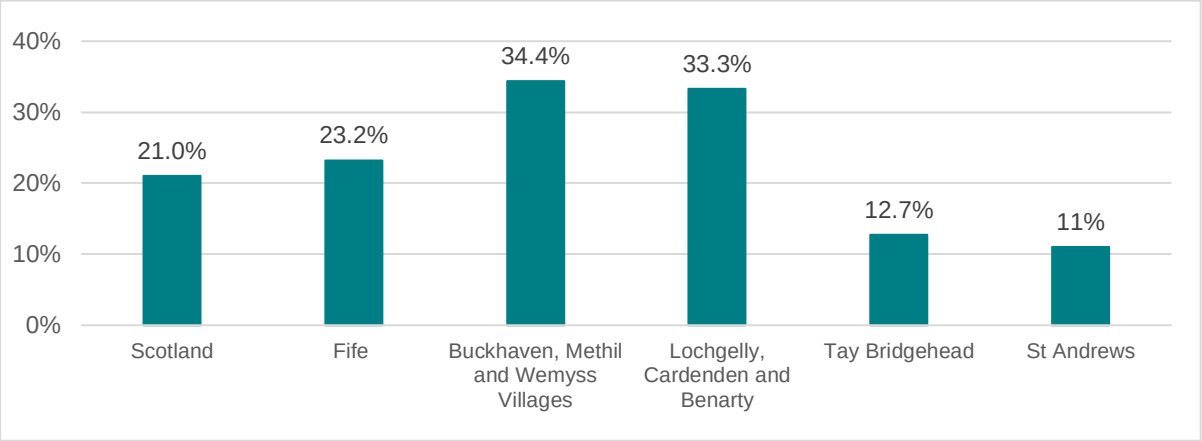
Unfortunately, there are many children, young people, families, and communities experiencing poverty and hardship in 2023 and there is a lot of work to be done to bring about a fairer Fife.

[2] See page 11

Poverty in Fife

The latest data release on children in low-income families show 23.2% of children in Fife (aged under 16) are living in relative poverty before housing costs and 18.5% live in absolute poverty. This is above the national average at 21% and 16.5%, respectively. The graph below shows the percentage of children living in low-income families at a national, Fife-wide level and locally for the highest and lowest levels in Fife.

Graph 1. Percentage of children (aged under 16) in low-income families living in relative poverty before housing costs – national, regional, local, 2021/22



The lowest rates shown above (Tay Bridgehead and St Andrews) are in North East Fife; one of Fife's more rural areas. Data from the Scottish Index of Multiple Deprivation (SIMD) has indicated that almost 1 in 3 (32%) people who live in North East Fife, live in an area that is classed as deprived in relation to physical access to services. Independent research conducted in North East Fife has highlighted the difficulties unemployed people face in affording essential travel, including poor mental health and wellbeing from social isolation, difficulties in accessing health services and a reliance on more expensive food retailers because of a lack of money to use public transport.

Decentralisation and increased resources for Area Teams

Fife Council has been undergoing decentralisation to ensure that local service providers work together with devolved resources to respond to the needs of local communities. This is being achieved through empowering local teams to be able to deliver local services tailored to local needs. To better enable local teams to fulfil this role and support local people and families who are living in poverty, seven new anti-poverty officers were recruited to Fife Council Local Area Teams. These officers have been vital in setting up and coordinating a range of support for their areas.

During 2022, Fife Council's Cabinet Committee agreed a £10m Community Recovery Fund to provide additional local support to aid the pandemic recovery. Applications for the fund have been reviewed and details of the projects and their outcomes will be reported in the next annual tackling poverty report. Many of the proposals are directly addressing poverty and inequality.

Work to tackle poverty is undertaken in partnership, particularly in responding to local crisis and need. Many areas have multi-agency poverty action groups and tackling poverty is a key priority in Local Community Planning across all areas of Fife. Areas have recently been refreshing their Local Community Plans and some have developed Anti-Poverty Action Plans

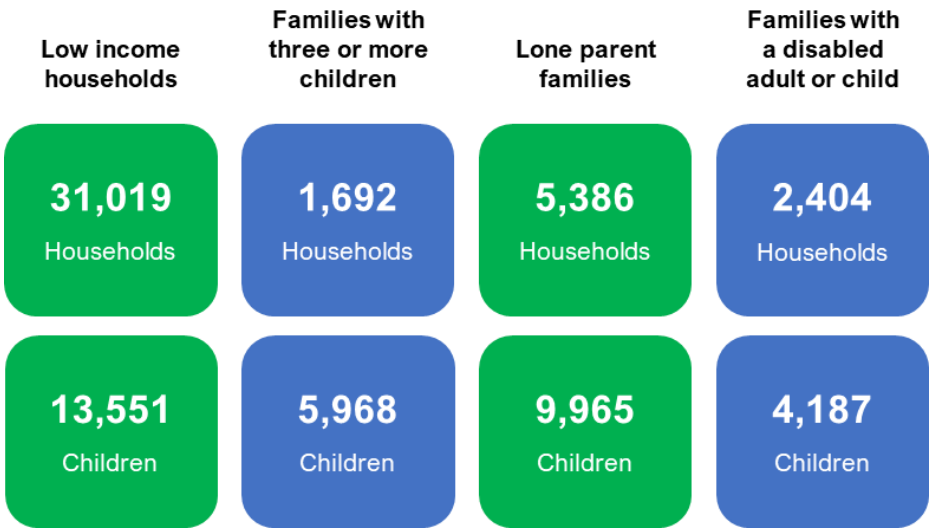
to focus on tackling poverty. The work on Warm Spaces took a local, decentralised approach with a central pot of seed funding facilitating community-led services to address local need. The awards recognised the value of small empowering interactions between people and service providers, at a local, neighbourhood level, to potentially increase a person's ability to overcome disadvantage.

Improving our use of data

Research into Fife Council internal spend found that there is scope to develop a more systemic way to target anti-poverty spending, focused on tangible impact. The use of data is integral to how we target spend and allocate resources, especially given the significant financial pressures public services are currently facing.

Our new LIFT system can tell us the number of low-income households in Fife and the proportion of these that are likely to be 'at risk' of their take home income being less than their expected expenditure. Single households account for 67.4% of households classed as Low-Income and similarly account for two thirds (66.1%) of Low-Income households 'at risk'. Lone Parents are the second most common Low-Income household type, accounting for 15.5% of Low-Income households and 25.9% of Low-Income households 'at risk'. A snapshot of March 2023 shows the number of low-income households in Fife (see Illustration 1 below). Whilst we don't have numbers for all the child poverty priority groups[3], we can now see data for large families, lone parent families and families with a disabled adult or child. This will be important for how we design targeted activity around these priority groups.

Illustration 1. Number of low-income households and children in Fife identified by LIFT, March 2023

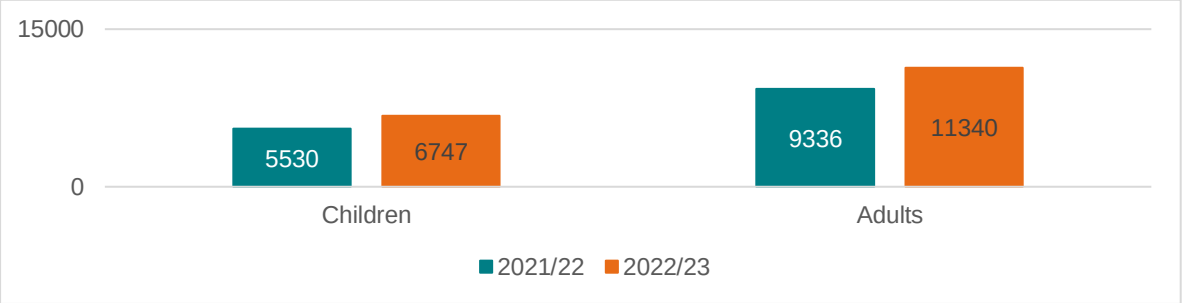


Trussell Trust food banks operate in some of Fife's most deprived areas. Whilst the data from the Trussell Trust Fife Network doesn't provide a whole picture for Fife, it does provide a snapshot of the people and families using some of Fife's busiest food banks. In 2022/23, over 18,000 beneficiaries received food parcels from the Trussell Trust Fife Network, compared with approximately 15,000 in 2021/22.

[3] Child poverty priority groups: lone parent families, ethnic minority families, families with a disabled adult or child, families with three or more children, families with a pregnant woman or child under 1, mothers aged under 25.

44% of the households accessing Trussell Trust food banks were single households (no children), compared to 19% for Single Parents, 18% for Families (with children), 13% for Couples (no children) and 7% Other. The main reason for accessing foodbanks was 'low-income', which accounted for 55% of the crisis types during the reporting year, followed by 'other' at 10% and 'benefit delays' at 9%. Despite high numbers of foodbank usage, there is an encouraging sign with decreased acceleration in the number of food parcels delivered to children in the latter half of 2022/23. This could be linked to changes to the Scottish Child Payment and we will continue to monitor these trends.

Graph 2. Number of beneficiaries of the Trussell Trust Fife Network, 2021/22 - 2022/23



Fuel and food poverty is often linked to wider issues of poverty and inequality, such as low incomes, insecure employment, and poor housing conditions. Addressing these root causes through measures such as living wage policies, affordable housing, and social security reforms can help to reduce the prevalence of poverty. Overall, tackling these issues requires a coordinated approach that addresses both the immediate needs of households and the underlying causes of the problem. We have many multi-agency groups in Fife that are focused on shaping delivery that works; Fife's Welfare Reform Delivery Group is now being briefed on the LIFT findings to influence operational decisions regarding welfare reform, benefits and income maximisation services.

Embedding lived experience in our decision making

We have been working with forums made up of those with lived experience of poverty in Fife. These are run by the third sector and provide valuable feedback on proposed actions and activity to address poverty. We are working to embed the understanding and experience of those with lived experience at the development stage of policy and decision making and to have scrutiny and challenge from service users on our activity, particularly in how services are accessed and any barriers.

Each of the seven Committee Areas have a Poverty Action Group made up of public services (Fife Council and Health) as well as local voluntary organisations who both plan and deliver anti-poverty action. These can be used to ensure people's voices are considered and that areas where action is needed are raised. One example of this has been the issue of school meal debt. This issue was raised at a local Poverty Action Group and the TPPC Board were able to allocate funding and a process for writing off this debt on a case-by-case basis.

Maximising Incomes

More people's incomes are maximised and there is increased access to benefits

Benefit maximisation is a key driver of poverty. By increasing the number of people in Fife who are receiving their full benefit entitlement, we can safeguard more people and families against cost-of-living increases and from reach cash crisis points.

In Fife, we provide a range of income maximisation services that work in partnership across the public and third sector. Some of these are longstanding projects that we know work, whilst other activity is new and in response to emerging need. It is important to us that we are hitting key service points that can introduce benefit maximisation to people and families at key stages of their lives.

Fife's new benefit checker from Entitled To – the Fife Benefit Checker – has been a game changer this year; increasing the number of benefit checks being carried out across Fife and identifying entitlements people and families may not be aware of. A new income maximisation project, Boosting Budgets, launched this year and is focused on supporting families with children who are at risk of non-positive destinations when leaving school.

This year, training the workforce was key in ensuring frontline staff were equipped to signpost people and families to wider support, provide help with benefit checks and to feel confident about having conversations about finances with their service users. The Poverty Awareness Training Programme covered the basics like challenging stigma and discrimination to technical sessions about key benefits and how to consider a child's voice when living in poverty, whilst ad-hoc Poverty Awareness Information Sessions targeted key staff groups. The TPPC Board approved the funding of a new full-time post to help increase the number of training sessions and lead on the delivery of all aspects of Poverty Awareness Training. The post holder sits within Fife Health Promotion Service Training Team.

More information on these projects and a full breakdown of activity for this outcome is provided in Appendix 1. Some of our income maximisation achievements are illustrated in the infographic on page 9, showing a huge number of beneficiaries and financial gains that can relieve crisis and help get people and families back on a more financially stable footing.

Supporting our approach to prevention

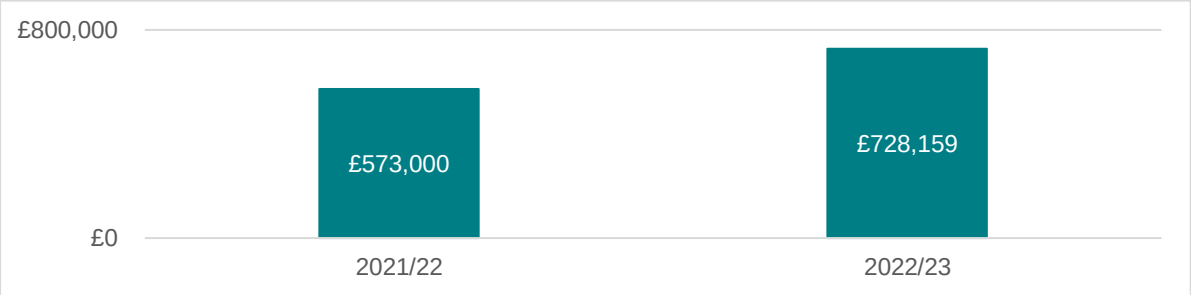
Income maximisation is key to our prevention approach (outlined in more detail on page 16). A great example of this has been the Fife-wide benefit maximisation campaigns, which demonstrates how data can be used in take-up campaigns for a variety of demographics and benefits across Fife. The procurement of the Low-Income Family Tracker (LIFT) has enabled Fife to deliver more targeted campaigns that seek to increase people's incomes through benefits and other social security payments. LIFT was used to for a specific take-up campaign on Pension Credit, which ran during November and December 2022. LIFT was used to identify those people who were eligible for but not claiming pension credit, and to track outcomes for these households over time. This has helped us to understand the effectiveness of a general awareness campaign, but also to identify if there is a need for more targeted follow-up. Our experience from this is informing future campaign approaches.

Furthermore, LIFT has supported us to mitigate the Benefit Cap. The Scottish Government provided additional funding to councils from January 2023 for Discretionary Housing Payment to mitigate the Benefit Cap. LIFT identified 96 households in Fife that were being

affected by the cap. These households were written to by Fife Council's Benefit Assessment Team to invite them to make an application for their housing costs to be met. 83 of these households have since had their housing costs met – 97% are households with children and 69% are lone parents. 31 households had backdated amounts paid out totalling over £31,000. This has been instrumental in quickly identifying the households affected and getting money to them to meet their housing costs and has resulted in all 83 of these households being removed from LIFT's "at risk" category following our intervention.

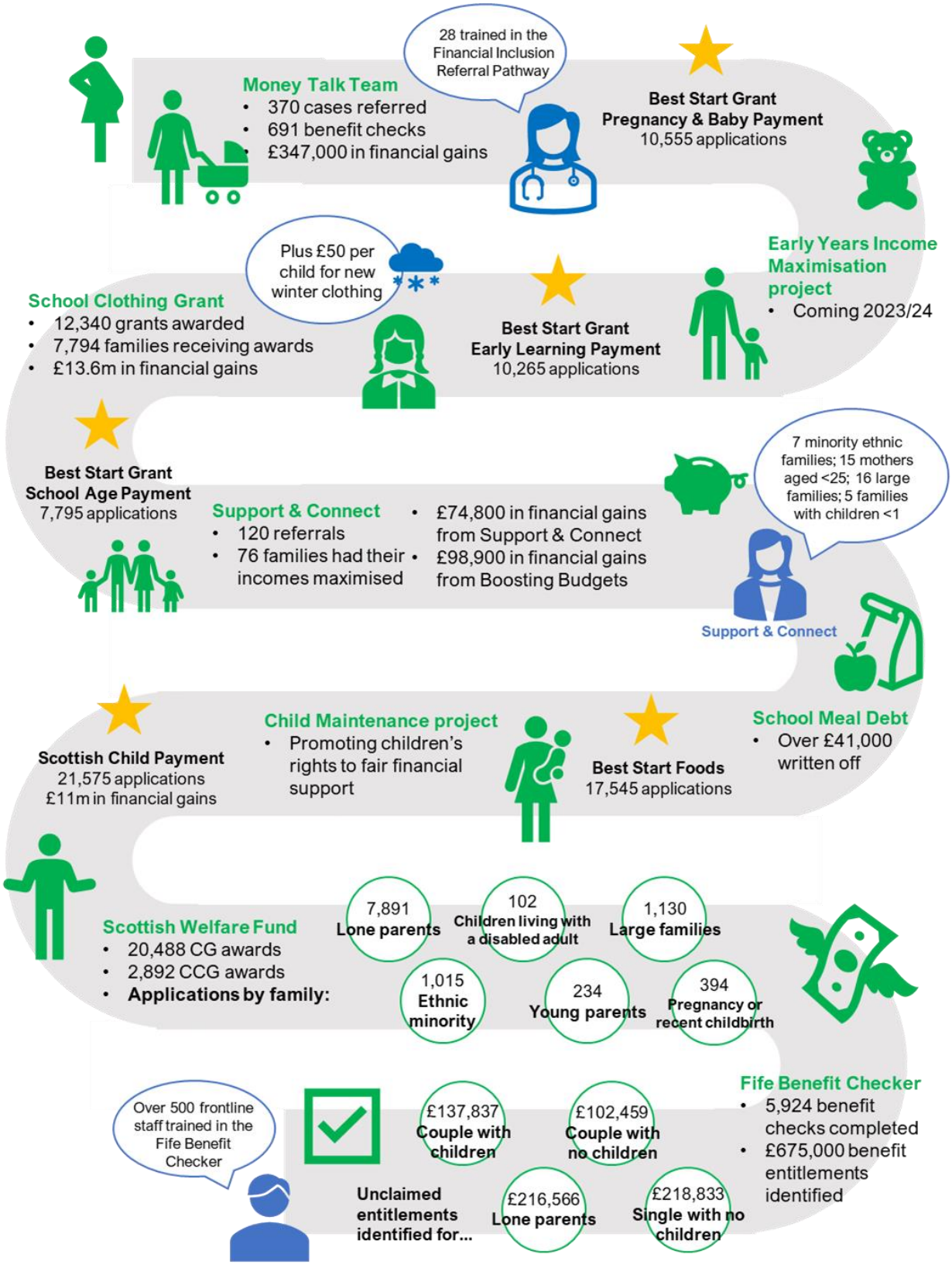
We often use the Scottish Welfare Fund as a proxy measure for local need and there has been a substantial increase in the volume of applications and spend in the past four years, which was a continuing trend in 2022/23. Over 32,000 applications for Crisis Grants were received - more than during the pandemic. Spiralling energy costs have been fuelling the current cost of living crisis, which is having an impact on Crisis Grant applications. Between 2021/22 and 2022/23 there has been a 21% increase in crisis grants allocated for fuel reasons. In 2022, 77% of applications were repeat applications, and 70% of awards were repeat awards, only one percentage point lower for both compared with 2021, showing no real progress in reducing the need for crisis support.

Graph 2. Total amount of Crisis Grants awarded for help with fuel costs (Scottish Welfare Fund)



Dips in the volume of Crisis Grant applications were seen in July and November 2022, which coincided with the UK Government's Cost of Living payments for those on benefits and tax credits. Whilst there may be other reasons for this decline in applications, we can assume the payments relieved some pressure from low-income households.

Fife's Benefit Maximisation Journey 2022/23[4]



[4] The infographic highlights key milestones in the benefit maximisation journey, however it doesn't provide a complete picture as many voluntary sector organisations will also be undertaking benefit maximisation activity.

The Cost of Living

People are protected from cost-of-living increases with a focus on support for food, fuel and childcare costs

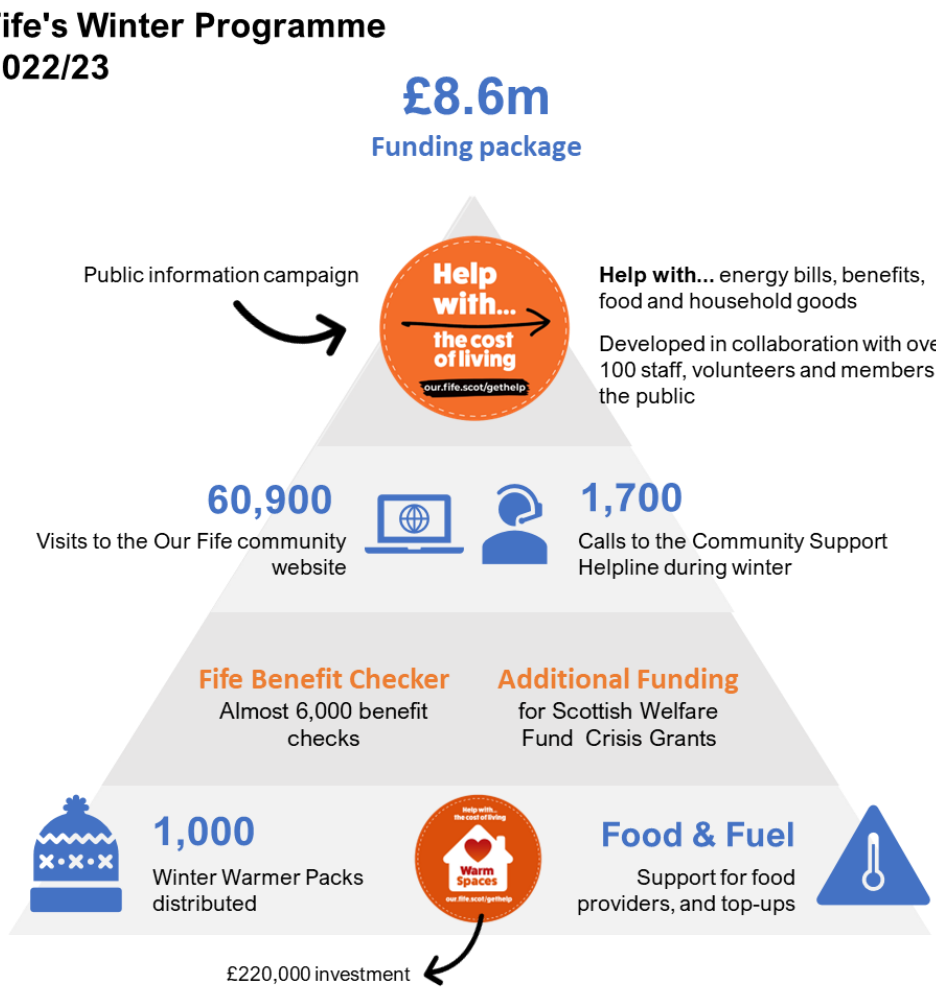
In Fife, we have been working hard to combat the Cost of Living Crisis by putting in place, or expanding, measures to ease the pressure on people and families. Support has covered food and fuel, as well as household and sanitary items. We've focused efforts on ensuring cost isn't a barrier to participation in school and sports, and that working people are supported into training, education and employment. We have a long way to go, but the action taken in 2022/23 takes us in the right direction. The infographic on page 13 details our key activities and outputs relating to this outcome and the full progress update is available in Appendix 1.

Making an impact

Research from the pandemic showed that small empowering interactions between people and service providers, at key moments, can potentially boost a person's psychological resources, which can in turn increase their ability to overcome crisis or prevent crisis from occurring in the first place. Fife's Warm Spaces provided respite for people from the challenges of heating their homes. Reports from Area Teams show more people from harder to reach groups are coming forward for support, indicating that referral and signposting from community-led initiatives like Warm Spaces are working.

As part of our concerted effort on combatting the cost of living, we developed a wider Cost of Living campaign[5]. This was a small part of a greater £8.6m[6] package of support agreed by Fife Council to help mitigate the increased and combined risks of winter weather, seasonal ill-health, rising costs and lower disposable income for people and families across Fife (see the infographic below). The Winter Programme was underpinned by an improved and coordinated approach to contact, referral, information, promotion and joint working across public services and the third sector. Other support was provided by the third sector during the winter months, with organisations like Fife Gingerbread purchasing winter items for families and providing festive packages. The breadth of support to individuals and families in Fife this winter was significant and one we are keen to replicate. However, this illustrates only part of the effort undertaken by organisations across Fife that want to make a difference to people's lives.

[5] Campaign costs were approximately £6,000.
[6] Includes administration funding on the uplift to School Clothing Grants.



An evaluation of the programme is being undertaken and will influence the programme for winter 2023/24. This will help us better understand the drivers of fuel poverty, the patterns of demand, 'what works' responses, and to identify the demographic data to inform better targeting. Monitoring the impact of our interventions is integral to our approach of targeting prevention. Understanding how activity has impacted individuals and families, as well as to what extent, is fundamental to our future planning of tackling poverty and preventing crisis. Throughout 2023/24, we will be evaluating key interventions such as our food, fuel and cash support and the Community Recovery Fund.

Making the news

The Big Hoose has been providing much needed household items for families in Fife that are struggling with the cost of living. The Cottage Family Centre in partnership with Amazon UK and a range of other corporate sponsors work with third sector and public sector organisations to give frontline workers the ability to support families through access to a range of household goods like bedding, kitchen items, towels etc. To assist with distributing the goods across the area, Fife Council provided £200,000 of financial support in 2022/23. Over 29,000 products were distributed via the project during 2022/23 and the project was featured in local and national news.

Removing cost barriers

Key to reducing the cost of living and increasing incomes is removing cost barriers to services like childcare and enabling more children to feel included during the school day. No one should be prevented from participating in school, work or physical activity due to not being able to afford period products, and everyone should be able to access sport, no matter their income. Full details on our activity on this during 2022/23 can be found in Appendix 1.

To remove barriers to sport, Active Fife's Cost of Living Pledge has been supporting community sports clubs to help people get into sport in Fife. Officers have found that many clubs offer a range of support to members, such as kit recycling and flexible memberships, but don't advertise these. The Cost of Living Pledge sets out to showcase all the help that's on offer to communities by attending these clubs. Five clubs from across Fife adopted the pledge during 2022/23 and some are starting to think about how they can use their data to understand the impact of poverty on their communities. Clubs are using SIMD to assess the spread of membership and identify how many of their members live in deprived communities. This enables clubs to consider community needs and determine their capacity to address them. Kirkcaldy Rugby Football Club is leading the way, setting themselves a vision of being an inclusive rugby club that prioritises increasing participation in rugby, especially for low-income families.

Prevention by increasing income from employment

Income from employment is a key driver of child poverty and we know how important it is to support adults, whether they be parents or carers or just supporting themself, to find and sustain work if they are able. During 2022/23, relationships were strengthened between the TPPC Board and the Opportunities Fife Partnership (OFP) – Fife's multi-agency employability partnership. OFP's Adult Delivery Group is looking at what improvements can be made to increase staffing for childcare services. Staffing resource is a big issue in Fife, with services struggling to recruit officers. This working group is piloting a project that takes on people without the necessary childcare qualifications to get them on the job training. Not only does this help the struggling childcare sector but gives people new opportunities to develop their careers.

We know there is more to be done to ensure employability and wider economic development activity has an impact on Fife's most deprived and disadvantaged communities. We are developing our approach in partnership with the Community Wealth Building Board, which seeks to take a community wealth building approach to local economic development in Fife. The Community Wealth Building workstream has been leading on action related to progressive recruitment with Fife anchor organisations including NHS Fife and Fife Council. This involves redesigning recruitment approaches, which help applicants overcome digital and process barriers, as well as targeting recruitment from priority groups who face inequalities and who are furthest from the labour market. Moving forward, employability programmes are to be designed into recruitment processes for identified posts with guaranteed job outcomes for participants. A key pillar of the Community Wealth Building approach is increasing Fair Work and developing local labour markets that support the prosperity and wellbeing of communities.

Further on employability, Fife Council's Employability Team developed several Pre-Employment Programmes building on their experience to date in delivering pre-recruitment and academy activities. The programmes have been designed to support clients to prepare for successful applications and interview for potential jobs, as well as gaining relevant

training and workplace experience. Many clients have progressed into a positive destination resulting from the support they received. The feedback from employers and the number of participants (101 during 2022/23) demonstrates the success of the delivery model and is one the team is continuing into 2023/24.

Fife Council's Employability Team has been exploring untapped potential through employability. There are many groups with certain characteristics who experience challenges in accessing employment and the team has started by focusing on families of people in prison, people experiencing homelessness or at risk of homelessness and the LGBTQ+ community. The aim is to better understand specific challenges relating to employability and to better target provision and/or adapt existing provision to enable better access to employment. The project intends to gain insight into the challenges faced by the target cohorts in entering an employability pathway, finding and securing paid work. It aims to increase employers' capacity to offer flexibilities, accommodation or adjustments to increase their workforce diversity and include more people from the target cohorts.

Making it Work for Families brings staff together from Fife Gingerbread, Clued Up, CARF and FIRST to support lone parent, low-income or unemployed families with current, historic or who are considered to be 'at risk of' substance use and who have children in P7, S1 or S2 who are struggling to engage with or attend school. The project is linked to four secondary schools as well as feeder primary schools within the Kirkcaldy and Levenmouth areas. The team takes a whole family support approach to working with families and works with each individual to meet their specific needs. The project is funded through the Edinburgh & South East Scotland City Region's Intensive Family Support Service, and received additional funding in 2022/23 from Fife's Whole Family Wellbeing Fund to expand the project to include families with P7 pupils, extend the delivery model, strengthen and improve relationships with the local Children and Families Social Work teams and deliver the Model for Improvement focused on 'a whole family approach to attendance'.

Cost of Living Support – key outputs 2022/23

FOOD

72
Small grants awarded to community food providers

£5,333
Average grant for community food providers

162,409
Number of meals distributed through Café Inc

£478,200
Total spent on Café Inc

For more information on the campaign, see Appendix 1

21,759
Meals distributed during the Easter school holidays

105,969
Meals distributed during the Summer school holidays

35,381
Meals distributed during the October school holidays

6,668
Meals distributed during the Christmas school holidays

FUEL

4,700
Fuel top-ups for Fife Council tenant households

£148
Average fuel top-up payment to Fife Council tenant households

74
Warm Spaces supported across Fife

63
Households assisted with community boiler repairs

£1,746
Average payment for community boiler repairs

3,610
Telephone energy advice sessions from **Cosy Kingdom**

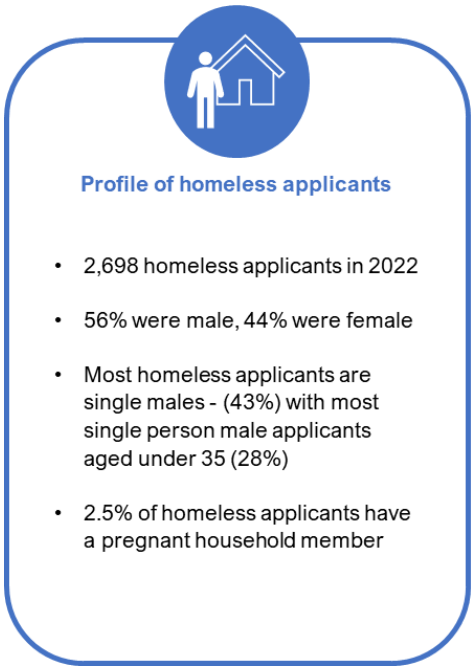
1,068
Home visit energy advice sessions from **Cosy Kingdom**

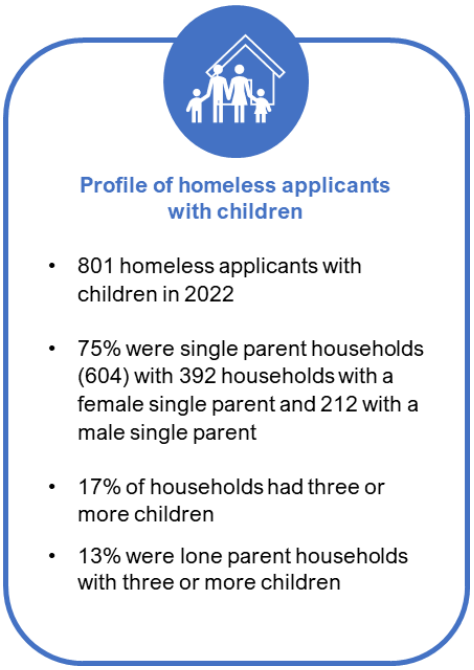
500
Households assisted with insulation from **Cosy Kingdom**

Homeless Prevention

Preventing homelessness and making it short and non-recurring

Too many people and families are homeless and living in temporary accommodation in Fife. The number of children in Fife Council temporary accommodation doubled during the pandemic period and there is a need for greater homelessness prevention and early intervention. There are many reasons why people become homeless. Reasons can be complex and interrelated such as poverty and inequality, relationship breakdown and job loss, as well as external factors, for example rising housing costs and access to mental health and social care services, etc. In 2022, 14% of homeless applicants stated that the reason for failing to maintain their current accommodation was due to financial difficulties.





Priority groups for homeless prevention

The Ending Homelessness Together (EHT) Board's aim is simple – to end homelessness in Fife. The Board is a key stakeholder of the Tackling Poverty & Preventing Crisis Board, given its role in the reduction and prevention of homelessness. Five priority groups were identified by the Scottish Government, but data from Fife supports further consideration for each of these groups' customer journey. The priority groups are:

- Young Care Leavers - 5% of homeless customers in Fife have been looked after children.
- Hospital Discharge - there appears to be a lack of process for people leaving hospital with nowhere to stay and there is a lack of data to support if this is an issue or not.
- Prison Release - 6% of homeless customers said they were leaving prison.
- Domestic and Sexual abuse - 11% of homeless customers said they were fleeing a violent/ abusive relationship.
- Armed forces - 4% of homeless customers been in the armed forces.

The EHT Board is setting up short life task and finish groups to help prevent homelessness and to support customers not to be homeless in the future. The remit of these groups is to consider existing processes and make recommendations for improvements for these priority groups. The aim is that, wherever possible, customers from these groups should not be assessed as homeless.

An additional priority for the EHT Board is families with children with the aim to not have children in temporary accommodation. Research carried out by Fife Council on children in council temporary accommodation explored the reasons for family homelessness presentation, impacts, support and prevention measures. A review of case notes identified about 200 families and 450 dependent children and noted mental and/or physical health issues as a common theme and characteristic with mental health issues being most prevalent. Many of the families are lone parent households and there are numerous large families with three or more children (as noted within the profile of homeless applicants above). These are also child poverty priority groups, which signify that these families may also be living in poverty or at greater risk of poverty. A significant number of the adults have experienced domestic abuse and relationship breakdown, which is a strong theme for pre-homelessness presentation. The other priority groups mentioned could have children within their household and any improvements made to these groups should also have an impact on families with children. Fife Council's Housing Service will be working to improve housing access for families with children through its new Whole Family Wellbeing Team.

The EHT Board are working with other council services and partners to consider what they are doing/can do to prevent and reduce recurring homelessness. Data shows that 29% of homeless applicants in Fife have been homeless before. To prevent homelessness recurring, Fife Council's Housing Service has launched a project to provide tenancy related support. Short Term Housing Support (STHS) enables service users to maintain their tenancy and become independent in doing so. STHS is a 'doing with' not 'doing for' service and the purpose is to support customers to establish good routines and help with the life skills needed to maintain a tenancy. STHS is helping service users to maximise their incomes through benefit checks, guidance on budgeting, support with benefits and crisis grants, and fuel poverty support and energy efficiency advice. The service also helps service users with their living environment (such as healthy eating/cooking, food hygiene, cleaning, recycling et.), buying food (to support budgeting and healthy eating), and support with attending appointments (depending on individual needs).

Preventing Poverty and Crisis

More people have crisis prevented through a No Wrong Door approach ensuring early and joined up support

Crisis management is still very much at the heart of frontline services in Fife with over 50% of Fife Council anti-poverty spending on crisis management and over 30% on mitigation for unemployed people. Having services put people and families at the heart of support is where we want to get to. Asking people “what matters to you?” and embedding a person-centred, relationship-based approach that targets early intervention and prevention and stops the flow of poverty. We want to get people back on track to supporting themselves and leading fulfilling lives.

Whole system change

In our Recovery and Renewal Plan for Fife 2021-2024 Update we said we would make it easier for people and families to access services through a 'No Wrong Door’ approach. In essence, this is about enabling services which are localised, agile and flexible, with the ability to respond to community demand, collaboratively and efficiently, as well as taking a people-centred, relationship-based approach. This links with wider work in Fife to #KeepthePromise by ensuring families can access the support they need, where and when they need it, and takes a ‘whole family approach’.

During 2022, Fife Partnership ran a series of Leadership Summits to engage senior leaders across the Community Planning Partnership to look at how we currently deliver support services, our vision for ‘No Wrong Door’ and what needs to change to achieve our ambition. The outputs and learning from these summit conversations can be viewed here. Our next step as a partnership is looking at how we can achieve our agreed vision by taking ‘No Wrong Door’ from concept to reality.

There are many strengths to build on in Fife, including service-level projects, strong partnerships and impactful “tests of change”. However, to achieve maximum impact we need to deliver at scale. We recognise the complexity of achieving a shift in the system of this scale and are seeking support to develop a detailed design of a model and an associated business case which provides greater confidence of the costs and benefits of the approach. This is a key priority for Fife Partnership, particularly for Fife Council, during 2023/24.

How services work together to better support people and families to take control of their own lives is integral to our No Wrong Door approach. By looking at the ways professionals work with service users and by empowering children, young people, and families to build their own capacity and resilience through relationship-based, person-centred support will be central to the future of our public services. Fife Children’s Services Partnership is working on Whole Family Wellbeing to build local capacity for transformational whole system change and to scale up and drive the delivery of holistic whole family support services. The Whole Family Wellbeing Fund is enabling Fife to:

- Improve access to a range of evidence-based group work across the continuum
- Provide targeted, flexible support to children, young people and families in crisis
- Improve access to early support for pregnant women and children under 4 years of age where drug and alcohol is an area of vulnerability
- Provide early access support in communities which is non-stigmatised through the Community Social Work model

- Deliver practice development sessions to increase collaboration and a collective approach to whole family wellbeing
- Engage in meaningful conversations with families and stakeholders to support co-design activity across the system
- Improve the connectivity of the third sector and public sector interface
- Contribute to strategic commissioning of family support services based on gaps and evidence of service impact
- Increase opportunities for training and employment by expanding Making it Work for Families

Putting children and families at the centre of service design

Colleagues that are working on WFW are also heavily involved in the work to develop a No Wrong Door approach. These two programmes are strongly linked and complimentary with WFW contributing to our change approach of putting children and families at the centre of service design and delivery.

We are developing our approach to ensure people and families are at the centre of service design and delivery through co-production and co-design and taking account of the voice of lived experience in decision making. Fife's Whole Family Wellbeing Fund is enabling a co-production project to engage in meaningful conversations with families and stakeholders and support co-design activity across the whole family support system. The project is working with children, young people and families alongside professional and leadership colleagues to help shape a better understanding of current experiences of services, what needs to improve and how change can be facilitated by working together utilising a co-production and co-design approach. This is being led by FVA and the third sector who have a track record in this area to develop and spread this approach with and alongside families learning what works in co-production and co-design.

Tests of change

Putting People First has been a key 'No Wrong Door' test of change within Fife Council. It aims to test whether working together to share information, resources and knowledge can improve frontline responses to crisis, financial shocks and the impact of poverty. The test of change brings together three council services – Community Development, Housing and Community Social Work – to identify and test new ways of preventing crisis and mitigating the impact of hardship at an earlier stage by focusing on people's underlying issues. Through a shared case management system, early joined up support and offering a single point of contact the test of change seeks to identify learning for 'No Wrong Door'.

80% of Putting People First cases require support with multiple issues primarily accessing benefits, improving home conditions, crisis management, social and emotional support, and support to access other services. The first phase of the test of change showed achievements in information sharing, a shared staff ethos and new working culture, enhanced packages of support, enhanced organisational learning (particularly on prevention), evidence of preventing tenancy abandonments and supporting people with multiple issues. 90% of participants reported an improvement in their living conditions or reported feeling better about their home situation. 75% of those engaged in support reported that they had achieved their personal goals.

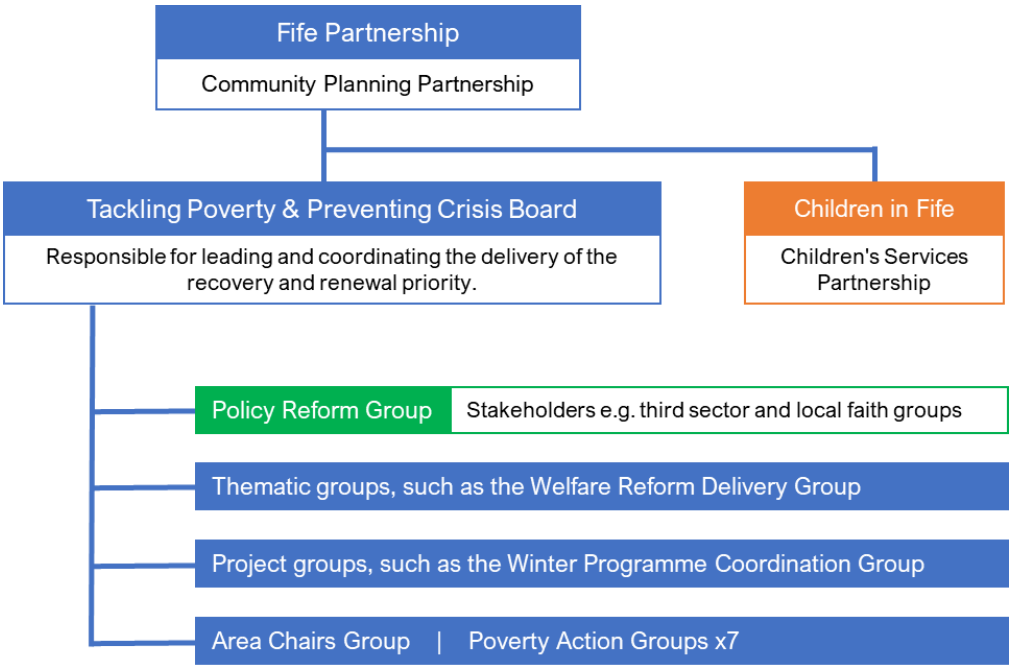
Choice First was a six-month pilot to test and share learning on cash first responses to address recurring food crisis. The pilot was a collaboration between Fife Council's Putting People First Team, Greener Kirkcaldy and Kirkcaldy Food Bank. It tested how access to financial support via vouchers and a range of other support could make a meaningful impact on financial situations, personal choice and dignity, and improve wellbeing. Findings suggest that offering a longer-term package of financial assistance coupled with access to holistic support contributed to mitigating some of the negative impacts of the Cost of Living Crisis. Findings show improved feelings of wellbeing and social connectedness, improved diet and nutritional choices, timelier access to support and opportunities through the partnership model and increased peer support.

The pilot has helped shape local area approaches, with Greener Kirkcaldy developing a new model to provide vouchers and support to people on their Langtoun Larder pantry waiting list. The pilot identified a need to develop more access routes to assistance for local people in the Kirkcaldy area. The findings of this pilot add to the evidence base for cash first approaches and will hopefully influence other models across Fife and Scotland.

Working in Partnership

To achieve our ambition of tackling poverty and crisis through a prevention approach, our existing system must operate more effectively to ensure people and families get the right type of help, in the right way and at the right time. This requires greater collaboration between services locally. During 2022/23, we have accelerated and strengthened existing partnerships and established new ones to have more collaboration and joined up support for people and families through an approach which values and helps sustain local and informal networks.

The TPPC Board is responsible for leading and coordinating the delivery of activity to tackle poverty and prevent crisis. The Board reviews progress with its delivery plan (see Appendix 1) and considers information, data and emerging need to identify new actions. The Board is multi-agency with representation from key Fife Council Services, NHS Fife Public Health, Fife Voluntary Action, CARF and Fife Gingerbread.



The Child Poverty Sub-Group is a thematic group that considers progress on actions related to child poverty, including income maximisation services for families, childcare and the Cost of the School Day. The group is interested in lived experience and promotes the use of the voice of the child in decision making and the targeting of the priority family groups in Fife.

The Policy Reform Group was set up to create a way to engage and discuss developing issues around poverty and proposed actions with the third sector and local faith groups. The group involves a mix of large and small organisations, including Fife Gingerbread, Fife Centre for Equalities, the Big Hoose, Fife Presbytery (Poverty Task Group), Dunfermline Clothing Bank, Frontline Fife, Homestart, Greener Kirkcaldy and the Trussell Trust. Issues raised have included the rise in the number of single adult male users of the Trussell Trust food banks and a decrease in the number of families using food banks, as well as discussion on how to improve the help for people moving into tenancies.

Fife Council and NHS Fife would like to thank our partners. Without the continued support of services and organisations from across Fife's public and third sector and local businesses, we couldn't achieve the range and scale of activity to tackle poverty and prevent crisis.

Tackling Poverty & Preventing Crisis Delivery Plan 2021-2024: Progress Report

Outcome: More people's incomes are maximised and there is increased access to benefits

Action	2022/23 progress update and priorities for 2023/24	Status / notes
Deliver integrated income maximisation from benefits across key service points	• **Support & Connect**, Fife Council Education initiative, involving one-to-one support and group work provision. Families identified by specific schools in Fife based on levels of deprivation. 120 referrals received during 2022/23 with financial gains for 76 families totalling over £173,000 (for both Support & Connect referrals and Boosting Budget referrals – see below). Access to a discretionary fund enabled the service to support struggling families with over £12,000. See case study in Appendix 2. • **Boosting Budgets** is a new pilot project delivered by Support & Connect and works with families with children who are reported as being at risk of a non-positive destination on leaving school. A 7-week financial capability course run in partnership with CARF and Cosy Kingdom. 56 clients during 2022/23 with over £98,947 of financial gains. Participants receive breakfast or lunch at each session, a certificate on completion and a £30 shopping voucher of their choice. • Delivery of a **Financial Inclusion Referral Pathway** is a key area which all NHS Boards must deliver as part of the Scottish Government Child Poverty agenda. During 2022/23, training was delivered to 28 participants through two workshops. These sessions reiterated the importance of staff being empowered and confident in having conversations with clients around areas of finance and maximising income in the household. • CARF's **Money Talk Team** provide the income maximisation service as part of the Financial Inclusion Referral Pathway. In 2022/23, the number of referrals increased slightly over the course of the year, in line with previous year's trends of antenatal numbers and births being slightly higher during the spring/summer months. Naturally the Cost of Living Crisis has also impacted the number of referrals as clients reported struggling with their finances. • Building on the success of the Financial Inclusion Referral Pathway, Fife Council Education Service is introducing an **income maximisation project within Early Years**. This will involve training Early Years Officers and Pupil Support Staff to have conversations with parents and carers about money issues and how they can get better access to support. A data process has been set up to capture information from the pilot. The pilot will run in 5 schools across Fife. • Fife Council procured the benefit checker, Entitled To, and launched the **Fife Benefit Checker** in October 2022. To support its roll out, frontline staff across Fife Partnership	**On track** ☑ **Child poverty action** **Child poverty action** **Child poverty action** **Child poverty action** **Child poverty action**

	received training in how to use the benefit checker. 43 workshops were delivered by CARF and the Health Promotion Service to over 500 participants. There have been 5,924 benefit checks completed, which has identified over £675,000[7] that people are entitled to but have not been claiming. • Fife Gingerbread are working in partnership with the Poverty Alliance to revisit research into **Child Maintenance** carried out in 2016, in the context of pandemic recovery and the Cost-of-Living crisis to understand how or if the challenges have changed. The project aims to help lone parent families make the most of the current system by navigating the parameters of existing mechanisms and identify how services can better support lone parents to successfully claim Child Maintenance. **2023/24 priorities** • Continue to deliver key benefit maximisation activity in a range of service points, such as Council Tax Reduction and targeted at carers. • Fife Gingerbread, working with One Parent Families Scotland and IPPR (Scotland), to deliver evidence-based recommendations to achieve transformational change to the UK child maintenance system and contribute to reducing child poverty. • Identify gaps in service points that would benefit from having income maximisation for service users; explore funding and resource opportunities.	**Child poverty Action** **Child poverty action**
Develop a tiered training programme on welfare support to increase the range and number of staff participating in the Health Promotion poverty awareness training	• The **Poverty Awareness Training Programme** ran from September to March and offered a range of in-person and virtual workshops, e-learning and webinars. Courses for 2022/23 covered the basics like challenging stigma and discrimination to technical sessions about key benefits and how to consider a child's voice in supporting families living in poverty. Courses were delivered to 113 participants virtually and 49 face-to-face. • A series of ad hoc and targeted **Poverty Awareness Information Sessions** was set up in 2022/23 with 22 participants. Training for Trainers workshop was also organised and was open to group members and the Health Promotion Service to increase delivery of these session. There are now 9 additional trainers trained to deliver these sessions. **2023/24 priorities**	**Work started** **Child poverty action**

[7] This figure reports the total identified entitlements for the moment in time of the benefit check. It does not account for whether the individual goes onto claim a benefit and how much they would get over the time they are claiming. This figure is identified entitlements, not unclaimed entitlements as some users may already be claiming an entitlement that is flagged up during a check.

	• Secure funding through the Community Recovery Fund to develop a tiered training programme for welfare support across the partnership ensuring a range of staff are trained to various degrees depending on their role and remit.	
Deliver targeted campaigns to increase take up in benefit entitlement	• Funding from Fife Council has been used to support a series of **evidence-based benefit maximisation campaigns**. The project is being supported by a new Benefit Take-Up Campaign Lead who has been recruited to CARF. Benefits take-up campaigns on Pension Credit and Tax-Free Childcare ran for several weeks in January and March 2023, respectively. • Fife Council automatically re-awarded **School Clothing Grants** to over 6,800 pupils in the summer of 2022, and wrote to around 4,300 more families who were identified as being eligible to let them know about their eligibility. Over 12,340 clothing grants were awarded for the year, equating to over £1.6 million for families. An increase to the School Clothing Grant was approved in Autumn 2022 of £50 per child for families to purchase winter clothing for children. **2023/24 priorities** • Continue to provide targeted campaigns for **families of school age children** covering a range of potential entitlements, such as the Scottish Child Payment, and a series of **"Get Ready for Winter"** campaigns linked to this year's Cost of Living Payment entitlement qualifying dates.	**On track** ☑ **Child poverty action** **Child poverty action** **Child poverty action**
Ensure there are additional ways people can access services, advice and information out with office hours to support those in in-work poverty	• To increase awareness of support available during the Cost of Living crisis, Fife Council launched a public information campaign – **the Cost of Living campaign** – designed to be used by partners across Fife's public and third sector. The campaign sought to ensure all Fifers can access local support as early as possible to help relieve the pressure of rising costs and the associated impact on health and wellbeing. The campaign was developed in consultation with over 100 staff, volunteers, and members of the public aged 16 to over 65. • The **OurFife community website** was created by the Council with partners and community organisations to provide practical information and contact details to help the public navigate their way around the maze of information and support. From its launch to the end of 2022/23, there were over 60,900 visits to the website. • The **Community Support Helpline** is a continuation of Fife Council's COVID Community Helpline. This was available over winter to support people undertaking benefit checks and to signpost to support. Individuals could access extra support to complete the Fife Benefit Checker, if required. There were over 1,700 calls to the Community Support Helpline during	**On track** ☑

	winter 2022/23 helping with a range of supports from benefit checks, fuel top-ups, food vouchers etc. **2023/24 priorities** • Ensure an approach for Winter 2023/24. • Further explore options for increasing access to services outwith office hours.	
Support people to get online and access benefits and provide job search support	• **Community Job Clubs** continue to be run in Fife with job search and benefit support supplied by Fife Council Welfare Support Assistants. **2023/24 priorities** • Explore what more can be done to support people to get online and digitally enabled.	**Work started**

Outcome: People are protected from cost-of-living increases with a focus on support for food, fuel and childcare costs

Action	2022/23 progress update and priorities for 2023/24	Status / notes
Establish and support a community food network to strengthen community-led, and community owned, responses to food insecurity including food banks, fridges and pantries	• Support was made available through the Winter Programme to community food providers across Fife through a **Small Grants Scheme**. Providers were able to apply for the fund to help with general running costs, purchasing food to meet demand, replacing equipment or purchase new equipment, and enhancing volunteer training and development opportunities. Over £380,000 was paid out to 72 organisations across Fife. • **Café Inc** was delivered through schools (provided by Fife Council's Catering Service) and community centres (delivered in partnership with Fife Council Local Area Teams and third sector partners) with other support available such as family activities, financial support and signposting to other services. Over 169,000 meals were distributed during 2022/23. **2023/24 priorities** • Identify ways of jointly procuring and delivering essential items to community food providers, as well as helping to give security of supply and reducing the costs of buying food items. • Develop a local area approach to food and fuel support to ensure help is targeted at local need.	**Work started** **Child poverty action**

	• Develop, implement and monitor a Winter Programme for 2023/24 led by evidence from the findings of the 2022/23 Winter Programme evaluation, including support for fuel, food and cash.	
Provide support to individuals and families who are experiencing, or at risk of, fuel poverty	• Additional support was made available through the Winter Programme to enable Fife Council's Housing Service and the Cosy Kingdom Partnership to support households in need of **fuel support**. • Support included **fuel poverty advice, fuel top-ups, help with bills and home energy debt**. • The Cosy Kingdom **Handy Service** for cold mitigation (energy saving lightbulbs, carpets, thermal curtains, radiator panels delivered services. • Approximately 1,000 **Winter Warmer Packs** consisting of a fleece, hot water bottles, insulated cups and hats and gloves in a kit bag were distributed across Fife's seven areas to vulnerable individuals in temporary crisis. • Fife Council invested over £220,000 in a programme of **Warm Spaces** run jointly with community groups, Fife Sports & Leisure Trust and Fife Cultural Trust. To ensure a local approach, Fife Voluntary Action ran a grant scheme to provide grants of up to £5,000 for community groups to provide warm places in their communities. 72 Warm Spaces in Fife were supported through this funding. Warm Spaces were most successful where they provided food and addressed social isolation. **2023/24 priorities** • Develop a local area approach to food and fuel support to ensure help is targeted at local need. • Develop, implement and monitor a Winter Programme for 2023/24 led by evidence from the findings of the 2022/23 Winter Programme evaluation, including support for fuel, food and cash.	
Improve access to local, affordable and flexible childcare including exploring parent-led approaches to take advantage of learning, training and job opportunities	• Fife Council are working with Hempsall's who are undertaking a 'Take Five' review into low take-up of **Tax-Free Childcare** in Fife and to increase awareness of the scheme. **2023/24 priorities** • Childcare Working Group to consider the main issues for Fife and produce recommendations that support the development of Fife's childcare sector.	**Work started** **Child poverty actions**

	• Undertake a test of change to increase the workforce in Fife's childcare sector by focusing on giving people on-the-job qualifications in childcare whilst working for Fife Council.	
Promote banking and affordable credit options, and develop a joined-up approach to debt across partners	• During 2022, Fife Council extended the criteria for **debt support** to include wider indicators of vulnerability. This provides targeted relief to people in specific situations by, for example, writing off debt and establishing a more holistic approach to debt management by considering all circumstances people and families are facing in the round. • Fife Council agreed to provide funding to help households in Fife who have unpaid **school meal debt**. The debt ranges from small amount of a few pounds to hundreds of pounds. Over £41,000 was written off in 2022/23. **2023/24 priorities** • Learn from South & West Fife pilot on financial education in partnership with Kingdom Community Bank.	**Work started** 🏁 **Child poverty action**
Promote Fife as a Living Wage region and look at the role of procurement in this	• A Community Wealth Building Anchor Charter was agreed at Fife Council Cabinet Committee at the start of April 2023. This provides a new focus for the Real Living Wage. Fife was the first place in the United Kingdom to secure a 'real Living Wage' town status, for Glenrothes. Through a dedicated action group, significant increases have been seen in businesses becoming accredited RLW employers. This continued to grow through the pandemic, but now requires additional focus to extend to other Fife places. **2023/24 priorities** • Implement a roll-out of the Real Living Wage Fife-wide – beginning with the next town focus on Kirkcaldy. • Encourage that commissioned activity funded through government grants, requires suppliers and delivery organisations to be accredited Real Living Wage employers.	**Work started** 🏁

Utilise LACER funding to deliver multiple interventions that support local economic recovery and ease cost of living impacts on low-income households	• The Local Authority COVID Economic Recovery (LACER) Fund enabled Fife to deliver several key actions during 2022/23, such as:
	  ○ Additional funding for **Scottish Welfare Fund** to cover increased demand for Crisis Grants, on top of Scottish Government funding and the top-up Fife Council allocates annually.
	  ○ Funding to **Cosy Kingdom** to support people who are in fuel poverty.
		Completed ☑

	○ Continue the **Fife Hardship fund f**or 12 months to provide for those who are not eligible for the Scottish Welfare Fund and need basic needs covered such as fuel top ups, weekly shopping, and other emergencies. ○ Support for projects which supply much needed **charitable goods** (including excess goods) and services to vulnerable families in Fife and to oversee the logistics and distribution of donated goods. ○ Facilitate **pre-employment training** to help address long term unemployment.	**Child poverty action**
Develop and implement a new, locally informed framework for commissioning employability services in the area through the No One Left Behind programme and Parental Employment Support Fund	• Activity commenced for NOLB delivery in April 2022. An outline of the activity was provided in our previous Local Child Poverty Action Report. • The **Commissioning Framework** was updated in 2022 to recognise the terms of the UK Shared Prosperity Fund (UKSPF) and the National Strategy for Economic Transformation (NSET), ahead of a further round of commissioning for activity funded by UKSPF in 2023-25.	**On track** ☑ **Child poverty action**
Make period products free and obtainable for anyone who needs them in Fife	• During 2022/23, Fife Council started making products available to **community groups** for their service users to access. • Fife Council published its **Statement on Exercise of Functions** in September 2022, outlining the delivery arrangements for implementing the provision of free period products. Products are provided to anyone in Fife who needs them at a range of locations and to children and young people in Fife's schools. **2023/24 priorities** • Continue to expand the range of places where products are available for people to pick up and raise awareness of the free provision.	**On track** ☑
Develop and produce an action plan on the food insecurity pillar of the Food4Fife Strategy	• The **Food Insecurity Group** developed a draft action plan for the Food4Fife Strategy and Action Plan 2023-2030, which was used in the formal strategy consultation. **2023/24 priorities** • Use feedback from the consultation to finalise the action plan for the food insecurity pillar.	**On track** ☑

Outcome: Preventing homelessness and making it short and non-recurring

Action	2022/23 progress update and priorities for 2023/24	Status / notes
Replace 20% (100) scatter flats per year through conversion to mainstream tenancies and reprovision	• In the last year, due to the Kirkcaldy Court Judgement there were 650 households in temporary accommodation that should have been flipped to permanent Scottish Secure Tenancies (SST). Half of there were able to be flipped due to them being the correct size/location, the remainder were mis-matched and alternative accommodation was offered to provide them with SST.	**Work started**
Implement the Housing First Model for 75 tenancies per year focussed on groups at risk of homelessness	• The Housing First Programme can now receive referrals for all customers with multiple and complex needs. Rock Trust continue to provide services to under 25s and Turning Point Scotland, Bethany Christian Trust and Fife Women's Aid provide support to those over 25. Recently the new partners have been recruiting staff in Fife and combined training organised for new recruits and to some Housing Service Staff. A new monitoring framework has been introduced to track progress of Housing First. **2023/24 priorities** • To continue to increase the numbers of customers that are supported via Housing First and to raise awareness of Housing First as a housing option for some customers across the Housing Service.	**On track** ☑
Increase the range of accommodation with support options available to vulnerable families	• The roll out of the **Rapid Access Concept** is being undertaken, however recruitment delays and capacity issues have been a challenge during 2022/23. Three accommodation options have been reprovisioned with support on offer. Focus is still on the unprecedented demand on statutory temporary accommodation.	**On track** ☑
Recommission a range of housing support and homelessness services with an enhanced focus on prevention and early intervention	• Progress has been made in the recommissioning of £8m of housing support and homeless funding to support the Rapid Rehousing Transition Plan (RRTP). A new monitoring and funding framework are in place to track the performance of all the Housing Service commissioned services.	**On track** ☑
Implement the Transitional Affordable Housing programme	• Between 2018/19 and 2022/23, the Housing Service has built 532 properties and our Fife Housing Register Partners have built 1512. During the same period we have bought 283	**On track** ☑

	properties from the private sector to boost social housing stock. In 2022/23, 62 empty homes were brough back into use in Fife.	

Outcome: More people have crisis prevented through a No Wrong Door approach ensuring early and joined up support

Action	2022/23 progress update and priorities for 2023/24	Status / notes
Move the 'No Wrong Door Approach' from pilot stage to organisational change with a focus on how frontline services are accessed and delivered	• During 2022, preliminary research was undertaken to consider what was working well and not working well in Fife, and to look at successful models from across the UK that demonstrated the '**No Wrong Door**' ethos working in practice. Fife Partnership ran a series of Leadership Summits to engage senior leaders across the Community Planning Partnership to look at how we currently deliver support services, our vision for 'No Wrong Door' and what needs to change to achieve our ambition. The outputs and learning from these summit conversations can be viewed here. • The **Whole Family Wellbeing Fund** is enabling Fife to deliver a number of activities that seek to build local capacity for transformational whole system change and to scale up and drive the delivery of holistic whole family support services. This is key to our No Wrong Door approach and both workstream are working closely to ensure alignment on whole systems change, leadership, culture and workforce, availability and access to services, and putting children and families at the centre of service design. • The **Putting People First** test of change brings together three council services – Community Development, Housing and Community Social Work – to identify and test new ways of preventing crisis and mitigating the impact of hardship at an earlier stage by focusing on people's underlying issues. There have been 111 referrals with 64 people engaging in support since December 2021. There have been 68 benefit checks resulting in average financial gain of £121. **2023/24 priorities** • Move **No Wrong Door** from concept to reality by working with external consultants to develop a high-level blueprint and outline business case for Fife Council in partnership with Health and the third sector. • Progress the Whole Family Wellbeing approach in Fife.	**On track** ☑ **Child poverty action**

Develop a tiered training programme to support and empower front line staff to develop positive relationships with clients and help them with benefit and welfare support	**2023/24 priorities** • Secure funding through the Community Recovery Fund to develop a tiered training programme for welfare support across the partnership ensuring a range of staff are trained to various degrees depending on their role and remit.	**Not yet started** ●
Simplify access to crisis welfare funding and develop cash-first approach	• **Choice First** is a six-month pilot to test and share learning on cash first responses to address recurring food crisis in the Kirkcaldy area. The pilot was a collaboration between Fife Council's Putting People First Team, Greener Kirkcaldy and Kirkcaldy Food Bank. It tested how access to financial support via vouchers and a range of other support could make a meaningful impact on financial situations, personal choice and dignity, and improve wellbeing. There were 14 participants with 10 income maximisation checks resulting in average financial gains of £138. In terms of individuals participating in the pilot, 36% were aged over 65, 36% were aged under 25, 21% were families with children, and 7% were Care Experienced. **2023/24 priorities** • Make the case for Fife taking a Cash First approach and gain commitment on the approach.	**On track** ☑

Outcome: Improved use of data relating to poverty and crisis to target spend on prevention of crisis

Action	2022/23 progress update and priorities for 2023/24	Status / notes
Use data and project intelligence to deliver better outcomes	• Fife Council procured the **Low-Income Family Tracker** (LIFT) during 2022/23. • From 1 January 2023, Scottish Government have agreed to fully mitigate the **benefit cap** to those people affected, without a financial assessment. This will be done by application to the Council and will be paid via the Discretionary Housing Payment (DHP) Fund. Although an application is required, if a household applies and they are affected by the cap, the Council will pay the difference between what they are receiving and what they should be entitled to for either Housing Benefit and Universal Credit Housing Costs. LIFT was used to identify those households affected by the benefit cap so that their housing costs can be met. These households were then contacted by the Benefits Assessment Team to invite them to make an application for their housing costs to be met. This has been instrumental in quickly identifying the households affected and getting money to them to meet their housing costs.	**On track** ☑

	• During November and December 2022, Fife ran a **Pension Credit Campaign**, encouraging people to check their entitlement to benefits – using the new Fife Benefit Checker – and apply by 19 December to be eligible for Cost of Living payments. LIFT was used to identify those people who were eligible for but not claiming pension credit, and to track outcomes for these households over time. This has helped us to understand the effectiveness of a general awareness campaign, but also to identify if there is a need for more targeted follow-up. Our experience from this is informing future campaign approaches. **2023/24 priorities** • Explore full functionality of LIFT and develop actions to target low-income households across Fife.	
Improve data sharing across the Partnership	• Fife Council have started sharing LIFT data with partners through the **multi-agency Welfare Reform Delivery Group** to monitor how welfare reforms will impact on Fife's low-income households and inform decision making. **2023/24 priorities** • Identify opportunities for benefit maximisation activity by sharing data across partners, targeting interventions such as Council Tax Reduction and benefit deductions. • Use partner data, including information from Social Security Scotland to increase take up of the Scottish Child Payment	**Work started**
Develop a systematic approach for targeting anti-poverty spend focussed on tangible impact that increases prevention measures	• Fife Council has approached this work through a series of **Policy Review Groups**, which are part of the Winter Programme evaluation for 2022/23. Groups have included local authority and third sector partners. **2023/24 priorities** • Target investment through local area teams to address local needs through actions like Warm Spaces and the community food providers Small Grants Scheme. • Use learning from the 2022/23 Winter Programme to influence how we develop a systematic approach to prevention and targeting spend.	**Work started**
Improve community voice structures at local and regional level ensuring	• The WFWF is enabling a newly recruited team based in Fife Voluntary Action to work with CYPF alongside officers and public and third sector leadership to help shape a better understanding of current experiences of services, what needs to improve and how change can be facilitated by working together utilising a **co-production and co-design approach**. Central	**Work started** **Child poverty action**

direct connectivity to decision makers	to this will be embedding the active and meaningful involvement of families in Fife in the design, development and delivery of services. • Established a **Tackling Poverty – Policy Reform Group** to engage and discuss developing issues around poverty and proposed actions with the third sector and local faith groups. **2023/24 priorities** • Continue to engage with families, staff and partners to produce a detailed co-produced report with recommendations to inform future children and families support service planning, commissioning, and design.	**Child poverty action**

Other activity delivered during 2022/23

Action	2022/23 progress update and priorities for 2023/24	Status / notes
The Big Hoose	• **The Big Hoose** was established during 2022 and has been providing much needed household items for families in Fife that are struggling with the cost of living. The project works in partnership with The Cottage Family Centre, Amazon UK and a range of other corporate sponsors with third sector and public sector organisations to give frontline workers the ability to support families through access to a range of household goods like bedding, kitchen items, towels etc. To assist with distributing the goods across the area, Fife Council provided £200,000 of financial support in 2022/23. Over 29,000 products were distributed via the project during 2022/23. The project was featured in a variety of local news sites and national news including BBC News and The Guardian. **2023/24 priorities** Continue to support/enable delivery of the Big Hoose project when required, if necessary.	**On track** ☑ **Child poverty action**
Cost of the School Day	• All Headteachers received support through regular Attainment Scotland Networks, to plan mitigations to the **Cost of the School Day** during 2022. Schools are directed to the cost of the school day toolkit and associated resources created by the Child Poverty Action Group. The Poverty Alliance provided a specific training for 39 Pupil Support Assistants from across Fife schools in May 2022. Schools were able to share good practice and learn from colleagues across Scotland. All schools in Fife receive Pupil Equity Funding as part of the Scottish Government's Attainment Scotland Fund. Schools can use this funding to remove barriers to learning and reduce the cost of the school day. Many schools use this to provide additional food through breakfast clubs or food carts. A few schools have a resource box in each classroom with resource toiletries and snacks from which young people can help	**Work started** 🏁 **Child poverty action**

	themselves. Fife Council Education Service are looking to scale and spread the effective practice in this area and have set up a working group of Headteachers to facilitate this.	
Funded programme for summer 2022 to reach target families in low-income households, extend activity times to build capacity within the system to provide childcare, and drive capacity for food provision as a central part of the offer	• The funded programme helped support **care experienced children and young people**. Looked after children and young people in the nine Fife Council residential houses were able to access a range of opportunities including accessing summer activities; day trips; local recreational resources; play and recreational equipment. • The funded programme helped support **low-income families, children with a disability/ASN/in need of protection/supported by a Childs Plan**. The Children & Families' Activity & Achievement Fund has offered a variety of opportunities and experiences for children and young people; promoting wellbeing, developing new skills, improving confidence, and building resilience. This has enabled a vast array of opportunities for vulnerable children and young people who due to circumstances are often disconnected from to mainstream activities. This fund has also supported target group work which has been activity based. • **High school-based programmes** for P7 pupils provided the opportunity for them to meet and work with pupils from their cluster primary schools in a range of activities in an informal setting. Pupils would become familiar with the layout and facilities of the school when it is quieter reducing some of the fears and anxiety experienced when transitioning from primary. • An **inclusive multi-sport club** was offered weekly for pupils with a disability and/or additional support need. This provided an opportunity for pupils to be active, learn new skills and connect with their peers in a safe environment with the support of coaches and volunteers to enable all pupils to take part. • **Water Confidence** - 6 weeks of instructor-led swimming teaching (4 days per week for 45 minutes) was made available by Fife Council with Community-Use Schools. Families who would not be able to access swimming lessons due to financial barriers were targeted with young people in P5,6,7. Many of these young people held a fear of water and without 1-1 support would not have been able to learn to swim. • The funding enabled **Playschemes and Protected Places** for children referred by Health, Education etc. The schemes are designed to support families in crisis, children in need of protection, Kinship Care, Young Carers, Additional Support Needs, food poverty, and lack of play opportunities. • The **Free Range Outdoor Play Project** was run by the Practice Development Team (Early Years) in partnership with Falkland Estate. This involved targeted referrals based on an identified health and wellbeing need via Social Work, Education, NHS, and voluntary sector	**Completed** ☑ **Child poverty action** **Child poverty action** **Child poverty action** **Child poverty action** **Child poverty action** **Child poverty action** **Child poverty action**

	organisations for children aged 4-10 years (pre-school nursery year to P5). An additional 30 places were funded for this scheme. • The funding enabled some of Fife's Special Schools were opened over the summer to allow families to access specialist equipment and a familiar environment. • Fife Council Education Service supported third sector partners including Fife Gingerbread, Young Carers and DAPL to provide summer activities.	**Child poverty action**
Supporting sports clubs to understand the impact of poverty on their communities	• **Active Fife** - Fife Council's Sports Development team – have been supporting community sports clubs to help people get into sport by reducing cost barriers. There have been many examples of clubs trying to get new members by offering free sessions, but these often fail to get people committed to attending more than once. Active Fife officers have found that many clubs offer a range of support to members, such as kit recycling and flexible memberships, but don't advertise these to new members. The **Cost of Living Pledge** was established to showcase all the help that's on offer to communities by attending these clubs and the public can see local sports groups that are dedicated to making sport more accessible. So far, five clubs from across Fife have adopted this pledge. • Sports clubs in Fife are starting to think about how they can **use their data to understand the impact of poverty on their communities**. Clubs are using SIMD data to assess the spread of their membership and see how much of their membership lives in the most deprived communities. It allows clubs to consider the local community needs and assess the club's capacity to address those needs. This is being demonstrated by Kirkcaldy Rugby Football Club, which has set themselves a vision of being an inclusive rugby club that prioritises increasing participation in rugby, especially for low-income families.	**On track** ☑

Pre-employment programmes	• The **Fife Council Employability Team** have developed several pre-employment programmes that build upon their experience to date in delivering pre-recruitment and academy activities. The programmes have been designed to support clients to prepare for successful applications and interview for potential jobs, as well as gaining relevant Health & Safety training, work placement training and industry experience. The Team prepares unemployed candidates to develop an understanding and increase motivation to meet the recruitment standard of employers who are planning to recruit. Programmes delivered during 2022/23 include:
	  ○ Babcock Pre-Employment Academy: Two-week programme completed with 15 participants securing a place at Babcock PSO assessment centre.
	  ○ Mulholland Construction Pre-Employment Programme: First programme completed with 5 participants securing employment, second programme planned before year end for 6 positions.
		On track ☑

	○ Fife Youth Initiative: Training for young adults who have disengaged, or at risk or disengaging, from Education. The initiative ensures wraparound support and provides referral to pre-employment programmes as part of the Employability Pathway. Programme commenced with 14 secondary schools engaged. ○ Matrix Fife Pathways to Work: First programme completed with three candidates securing four-month paid placements.	
Making it Work for Families	• **Making it Work for Families** brings staff together from Fife Gingerbread, Clued Up, CARF and FIRST to support lone parent, low-income or unemployed families with current, historic or who are considered to be 'at risk of' substance use and who have children in P7, S1 or S2 who are struggling to engage with or attend school. The project is linked to four secondary schools as well as feeder primary schools within the Kirkcaldy and Levenmouth areas. The team takes a whole family support approach to working with families and works with each individual to meet their specific needs. The project is funded through the Edinburgh & South East Scotland City Region's Intensive Family Support Service, and received additional funding in 2022/23 from Fife's Whole Family Wellbeing Fund to expand the project to include families with P7 pupils, extend the delivery model, strengthen and improve relationships with the local Children and Families Social Work teams and deliver the Model for Improvement focused on 'a whole family approach to attendance'.	**On track** ☑ **Child poverty action**

Additional actions identified as priorities for 2023/24:

Actions and outcomes
Outcome: People are protected from cost-of-living increases with a focus on support for food, fuel and childcare costs 1. Transport and access to services 2. Community Wealth Building – recruitment and employability: Redesigned recruitment approaches which help applicants overcome digital and process barriers 3. Community Wealth Building – recruitment and employability: Targeted recruitment from priority groups who face inequalities and who are furthest from the labour market

Case Studies

Case Study – Support & Connect

A lone parent with four children, two of whom have autism, was referred by the Fife Council Social Work Disability Team. The parent had recently left a relationship due to emotional and financial abuse and was unaware of the support available to her.

With the help of the Support & Connect officer, an income and expenditure assessment was completed and was followed by a benefit check. The oldest child is entitled to Child Disability Payment and requires full time care from mum. The officer supported the parent to change her circumstances in her Universal Credit journal and apply for Carers Allowance. This took away the parent's stress from her UC work seeking commitments. The parent was also supported with budgeting skills. Financial gains were made by applying for the following benefits and grants:

- Child Benefit for 2 unclaimed children = £1502.80 per year
- Carers element of Universal Credit £168.81 = £2,025 per year
- From November 2022, Scottish Child Payment = £5,200 per year
- Hardship Fund to clear an overdraft = £1,000 (one-off)
- Child Disability Payment for youngest child with autism = pending

Total income maximised by over £9,700.

Case Study - Boosting Budgets

A parent with two children (one with a disability) self-referred to the Boosting Budgets advisor due to a change in circumstances – the client's partner had been offered a new job and they were unclear as to how that could affect their benefit payments.

A benefit check was carried out to show their current entitlements and what changes would occur if the client's partner accepted the job offer. This showed they would still be entitled to Universal Credit and could keep claiming the Scottish Child Payment for their two children.

One child was in receipt of Child Disability Payment; however, no one was being treated as the child's carer on the benefit claim. The client advised that they did not work due to their caring responsibilities for the child. The adviser recommended that they report to UC that they are caring for the child, as this would flag up other benefits they could be entitled to. Applications for additional benefits were made and the client's financial gains to date are:

- Ongoing Carers Allowance for 52 weeks - £3,624.40
- Carers Allowance Supplement paid twice in the year - £491.40
- Universal Credit Carer premium for 52 weeks - £2,025.72

Total income maximised by over £6,000.

The client also declared ongoing health conditions that she suffers from, so the advisor provided information on Adult Disability Payment, which the client is now in the process of applying for.

Without looking at the family's whole situation, the client may never have known that they were entitled to additional support, nor would they have had their income maximised by over £6,000.

NHS Fife

Meeting:	**Public Health and Wellbeing Committee**
Meeting date:	**4 September 2023**
Title:	**Health Promoting Health Service Annual Report 2022/23**
Responsible Executive:	**Joy Tomlinson, Director of Public Health**
Report Author:	**Kay Samson, Health Improvement Programme Manager**

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive

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

- Person Centred

2 Report summary

2.1 Situation

NHS Fife are required to submit an annual update on progress against the Health Promoting Health Service (HPHS) outcomes and indicators as part of the Chief Medical Officers HPHS Guidance (CMO 2018 3 letter).

With the establishment of the new model for Public Health Scotland the requirement to submit an annual report has been suspended until such times as we get direction nationally against this work stream and reporting requirements. Remobilisation of activities across the HPHS agenda has been progressing during the 22/23 reporting year.

This paper provides the Board with an update on progress within NHS Fife during 2022/23.

2.2 Background

The Health Promoting Health Service (HPHS) is a national programme that focuses on the health and wellbeing of staff, patients and visitors in the hospital setting. It has an underpinning theme that "***every healthcare contact is a health improvement opportunity***."

The HPHS guidance (CMO 2018 3 letter) sets out the continued focus of Health Promoting Health Service on prevention, early intervention and whole systems working in improving healthy life expectancy and addressing health inequalities in Scotland. NHS Fife has an established action plan outlining our planning, activity and performance against 4 outcomes.

- **Outcome 1**: Prevention, improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such.
- **Outcome 2**: Patients are routinely assessed for health improvement and inequalities as part of their person-centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long-term conditions.
- **Outcome 3**: All staff work in an environment that promotes physical and mental health, safety and wellbeing.
- **Outcome 4:**The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.

2.3 Assessment

The HPHS framework continues to be developed with improvements around prevention, health improvement and inequalities activity in acute and community hospitals, as part of the broader strategic approach to improving health and wellbeing.

Prior to the pandemic progress had been made in developing and embedding a HPHS approach within NHS Fife by recognising where health promotion fits into existing activity, acknowledging and supporting work in practice.

As services remobilise, a mixture of activity and programmes of work are underway / getting re-established to pre-covid levels.

Some examples of this are:

- **Compassionate Leadership Programme -** Psychology Services supported 135 people through the compassionate leadership programme.
- **Values Based Reflective Practice sessions –** a high level of interest in sessions delivered by the Spiritual Care team where staff have appreciated the space to be heard and listened to.
- Whole system approach to **Staff Health & Wellbeing** through the creation of a **Framework** to support physical, mental and emotional health and wellbeing.
- **Travel Expenses for Patients** accessing our main hospitals. A leaflet was designed to improve the awareness of the NHS Fife Travel cost support available to those in need (criteria: those claiming a range of benefits). The leaflet has been promoted through Fife Wide Welfare support Teams, social security teams, GP practices, Hospital reception areas.
- As part of the staff health and wellbeing group the food and health team have provided a series of **healthy balanced recipes** for staff to access via Stafflink/Blink to support their physical health and wellbeing.
- As part of the Food4fife strategy a focus on **sustainable food procurement** which will promote good food and improve the eating habits of many thousands of people but also to create the large-scale demand for healthy, sustainable and local food.

- **Staff Health & Wellbeing Hubs** - Our Staff Hubs on the main Acute and Community Hospital sites provide spaces for recharge, relaxation and refreshment. New, modern Hubs were opened in 2022 and into early 2023 at Adamson, Glenrothes, Queen Margaret, RWMH and St Andrews Community Hospitals. Work is progressing on other sites.
- **Menopause support for staff -** a Menopause Hub for NHS Fife staff was developed to provide in person help, advice and support. In addition, a telephone helpline and a specific email address for questions was set up. The intention is to talk about what's working, what's not, break down barriers and taboos and clarify misinformation. In addition, a one-off Menopause in the Workplace event was held in the VHK.
- **Implementation of e-bike Loan Schemes** and bike repair stations at various locations across Fife. **Bike to Work Scheme** was also available to encourage staff to apply for funding in order to purchase a bicycle or e-bike.
- **Green Area development to support staff Mental Health –** A range of improvements to outdoor green spaces across our estate, to create a more mentally and physically restorative outdoor environment for staff on their breaks. For example, Phase One entrance of VHK has been upgraded to a greener area with new planters and benches for staff to enjoy time out and their lunch. New planters, bulbs, grounds works and benches for staff and patients to enjoy at the entrances to the children's department and maternity unit. There are also new garden areas – ICU Roof Garden, the Haven at QMH and the really good space within the Flourish (Horticultural Therapy) area at Stratheden Hospital.

Other areas of system wide approaches that positively impact of the Health Promoting Health Service agenda are:

- Development and published **Living well, working well and flourishing in Fife** our Population Health and Wellbeing Strategy
- **NHS Fife fleet** have increased the use of electric fleet vehicles and charging points.
- **NHS Fife as an Anchor Institution** – as a large organisation connected to the local area and community, we can influence the health and wellbeing of the people of Fife though investing in and working locally with others.
- **Workforce Health, Safety and Wellbeing Conference** to raise awareness of the benefits and importance of workforce health, safety and wellbeing.
- **Suicide Awareness Prevention Week** – this year's focus for Suicide Awareness Prevention week this year was on the emotional impact related to the cost-of-living crisis.

Next Steps

As there has been no updates from Scottish Government on HPHS, PHS are still advising Boards to proceed as they were, until we get further information.

HSCP are developing a Prevention and Early Intervention Strategy and Delivery Plan to support health improvement which is relevant to the HPHS priorities and action plan.

The HPHS work already has an established action plan and this will be taken forward as capacity allows. A further self-assessment will be planned in line with national expectations.

Proposal that once the HSCP Prevention and Early Intervention Strategy and Delivery Plan, and the NHS Fife Anchor Strategic plans are in place, a review of HPHS to be undertaken to consider delivery mechanism for the key HPHS outcomes.

2.3.1 Quality / Patient Care

Improve the quality of patient care through consideration of social determinants and health inequalities in patient pathways; promotion of physical and mental health, safety and wellbeing, the hospital environment and improving access to services.

The HPHS work stream underpins the delivery of high Quality of Health and Care Services.

2.3.2 Workforce

Contribute to improved health and wellbeing and reduction of staff sickness absence.

The HPHS work stream links directly to the NHS strategic priority to Improve Staff Experience and Wellbeing.

2.3.3 Financial

No additional financial costs have been identified.

Prevention and Early Intervention impacts positively on the health and prevention of disease across the life course of our population.

HPHS work stream links directly to the strategic priority to “Deliver Value and Sustainability”.

2.3.4 Risk Assessment / Management

N/A

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

The HPHS programme aims to provide fair and equitable services for all individuals who come in contact with our services. Staff interactions with individuals will consider the needs of all individuals in their day to day work. HPHS supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board’s Equalities Outcomes.

No impact assessment has been completed but the work will contribute to ensuring that population groups who may be disadvantaged are fully considered across the 4 HPHS outcomes.

2.3.6 Climate Emergency & Sustainability Impact

NHS Fife is actively working towards the aims and targets of NHS Scotland Climate and Sustainability Strategy.

Some examples of work across the HPHS agenda

- promoting active travel opportunities
- installation of electric vehicle charging points

- transitioning fleet to electric vehicles
- availability of electric lease cars
- installation of LED lighting

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

Health Promotion Senior Management 27 July 2023
Staff Health and Wellbeing Group Chair 27 July 2023
HSCP Head of Primary & Preventative Care Services 28 July 2023
Director of Public Health 31 July 2023
Public Health Assurance Committee 2 August 2023
Executive Directors Group 17 August 2023

2.4 Recommendation

- **Assurance** – For Members' information.

3 List of appendices

None

Report Contact
Kay Samson
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NHS Fife

Meeting:	**Public Health & Wellbeing Committee**
Meeting date:	**4 September 2023**
Title:	**High Risk Pain Medicines Patient Safety Programme – End of Year One Update**
Responsible Executive:	**Ben Hannan, Director of Pharmacy & Medicines**
Report Author:	**Garry Robertson, Programme Manager, CPMO/Finance**

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- National Health & Wellbeing Outcomes/Care & Wellbeing Portfolio

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

The programme aims to understand how pain is currently managed across Fife, including identifying examples of good practice, with the objectives of seeking a reduction in the prescribing culture and use of High-Risk Pain Medicines across all NHS Fife settings and increased awareness and utilisation of non-pharmacological strategies for managing pain.

To achieve these objectives, the programme was structured over three annual phases (Appendix 1). The purpose of this paper is to provide assurance on progress to date at the end of year one and outline the areas of work being planned for year two.

2.2 Background

NHS Fife has higher rates of prescribing of these medicines compared to other healthboards, as measured by National Therapeutic Indicators, as well as a higher-than-average involvement of prescribed medicines in drug related deaths.

The day-to-day governance of the Programme is via the Programme Board (mandated by the Sponsoring Group/EDG).The programme reports into Clinical Care Governance and Population Health & Wellbeing Committees and shares information with the Health and Social Care Partnership through the Integrated Joint Board (IJB) and Senior Leadership Team.

2.3 Assessment

Since last year's mid-year one event in November 2022, the programme has made positive progress to deliver year one programme objectives to understand the problem. The main findings from year one are outlined in *Appendix 2: Summary Of Key Findings, Understanding The Problem Phase*. These findings were discussed at stakeholder engagement workshops which generated a significant number of change and improvement ideas. A further stakeholder engagement event reviewed these to identify key themes and priorities, which were deemed to be ambitious but realistic, given programme constraints of available time, cost, resource and the capacity of services to support change work among many competing challenges. The following year two priorities are proposed:

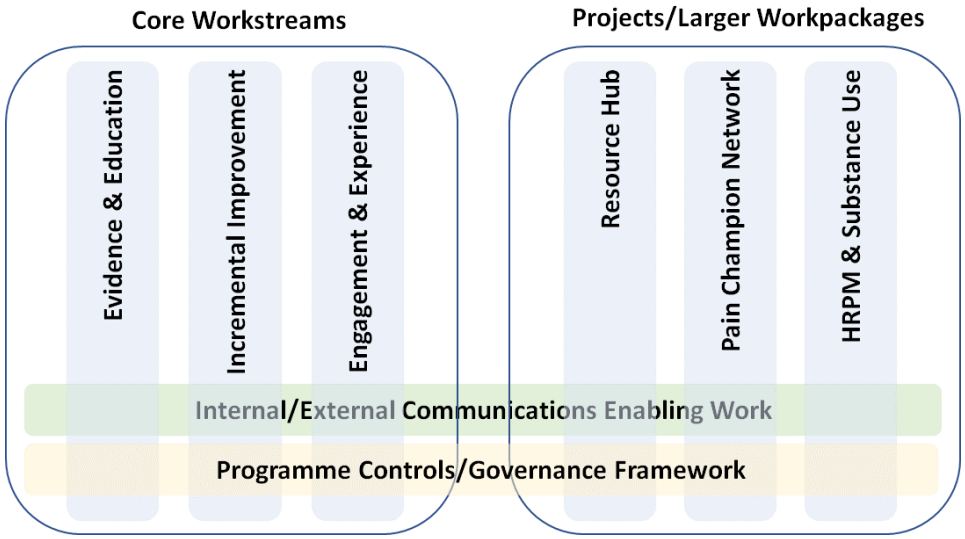
Programme Response / Main Product	Outline Description
Resource Hub	A re-occurring idea was the need for a single point to act as a resource site (similar to Mood Cafe) for clinicians, employers and patients to improve awareness and access to Supported Self-Management Solutions/resources based on area and individual circumstance. An exact scope will be worked through by the project process, but will likely include developing an online platform that offers patients information, take away resources and potentially self-referral (where appropriate) to some services. Clinicians should also have a single point to navigate from when seeking to signpost patients, access prescribing guidelines/guidance and when seeking information around more specialist service referrals.
Education Training Response	It was felt by stakeholders a training offer from the programme was required. The design and delivery of training should include the following areas: 1. Primary Care Lunchtime Education Sessions 2. Training for Junior Doctors/Consultants/ANP/Pharmacy/AHP around HRPM 3. Rolling base awareness training on HRPM for NMP 4. HRPM Training for Pain Champions (Pain Champions work outlined below) 5. Community Education/Awareness Sessions

Programme Response / Main Product	Outline Description
Pain Champion Network	To help support services with the management of patients with pain conditions as well as drive local process improvement activity, the creation of a pain champion network has been discussed. By creating this network, this should directly support improvement activity and tests of change identified by the programme, as well as act as a source for future improvement ideas/tests of change.
New Guidelines/Toolkit & Data Packs	Restructure our guidelines to be easier to use and become more of a 'toolkit' opposed to sizeable/static reference documents. Related to the toolkit theme is work around primary care data packs in relation to HRPM prescribing volumes. Regular data packs should be provided to primary care colleagues, to help focus their own improvement efforts in this area.
Improvement Activity/Tests of Change	Several tests of change/improvement activities have been identified across the Primary Care and Acute settings. The broad themes of these are to support improvements in communication between patient pathway interfaces, improve patient understanding and support clinicians in managing patient expectations.
Patient Experience Group	Patients have expressed a desire for ongoing programme involvement and their input into the design of solutions is highly valuable. Creating this group gives the basis for this and can act as a reference group to enable collaboration and co-production opportunities with patients, around of some of the public facing programme solutions (for example the recommended Resource Hub).
Promotional Campaign	A key finding was the need to manage expectations of patients to help support clinicians with conversations on alternatives to pain medication. Given the work needing progressed in the Fife context, waiting on a national campaign was not seen as an option. Therefore, the programme will work with communication colleagues to design a public facing campaign to be delivered during year two.
HRPM & Substance Use	As part of year one, a short life working group was established to support our understanding of HRPM involvement in substance use in Fife. This group will continue into year two, but the scope remains focused on: 1. Delivering a report that explains our understanding of HRPM and substance use in the Fife context 2. Provide recommendations based on these findings Any wider work related to substance use remains out of scope for this programme.

<u>Programme Composition Year 2</u>

The programme structure has been revised to support the co-ordination of activity and decision making required across multiple streams of work in year two.

The below illustrates the main groups that come under the programme.



There are three ongoing core workstreams recommended for year two of the programme.

1. **"Evidence and Education"** to co-ordinate the work required on prescribing guidelines, data and the programme's training response.
2. **"Incremental Improvement"** will support the planning, coordination and evaluation of identified service tests of change/process improvement work.
3. **"Engagement and Experience"** will establish a patient experience group to enable collaboration with patents and ongoing patient engagement around HRPM solutions, as well as help support patients accessing a patient peer support network to directly address patient feedback.

In addition to these workstreams, there will be some dedicated work packages to take forward the work of a pain champion network, as well as the continuation of the short life working group focused on HRPM and substance use. A full project team will also be formed to manage the creation of a new Pain Resource Hub.

Supporting the work across all streams and project groups will be NHS Fife Corporate Communication and Corporate Programme Management Office (CPMO) colleagues. Communications will help the programme define the desired public facing campaign and build their work plan in line with the communication needs of the core workstreams and individual projects/work packages. The CPMO will ensure the appropriate programme tools are in place to maintain activity alignment to desired programme outcomes, provide oversight and to help ensure change activity is controlled and coordinated as a whole.

The Clinical Leads of the programme will contribute as leads/members across all these groups as required.

2.3.1 Quality/Patient Care

The focus of this programme is to improve patient safety and care in relation to use of high-risk pain medicines. From patient engagement work in year one, the significant impact of pain on patients' health and wellbeing was clearly articulated. The work from year one has also identified a number of areas for improvement of patient care in relation to ensuring patients are better informed regarding their high risk pain medicines, more regular review and access to non- pharmacological ways of managing their pain.

2.3.2 Workforce

Dedicated workforce recruited to with no issues of concern to escalate. This programme will support delivery of education and training of the workforce to ensure they have the appropriate skills and knowledge to help patients manage their pain and ensure safe and effective use of high risk pain medicines.

2.3.3 Financial

Funding for the programme was agreed as a joint liability for Health and the Partnership. The budget for year one of the programme was £200,000. Spend forecasts assumed a 3% employee uplift. Following pay settlements and a review of outturn, year one costs total around £132,007, thereby an anticipated underspend of around £67,993 for year one activity. The underspend was due to delayed recruitment of the Engagement officer post and not utilising Pain Champions and sessional posts as initially anticipated in the "Understanding the Problem Phase".

The budget for year two of the programme is £200,000. The engagement officer is in place and pain champions are being recruited to, to facilitate delivery of Tests of Change. Year two activity is forecast to be within current budget, no financial implications are anticipated for this phase of the programme. There are risks to outcomes of the programme if either sector (Health or Partnership) were to reduce funding.

One of the programme benefits aims to reduce the prescribing of high risk pain medicines, with subsequent delivery of £50,000 medicines efficiencies.

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

This is a system wide programme of work, therefore will cover all areas across Fife including where health inequalities are experienced by local communities. A Stage 1 Equalities Impact Assessment (EQIA) has been published. It highlighted the need to build community links with opportunities for joint working to advance the equality of opportunity. Stage 1 also highlighted the need to capture both patient and staff experiences in the management of pain to foster good relations. These considerations having informed work plans now complete for year one with work progressed on engaging staff via events/surveys. Patients/carers have been engaged through the development of patient stories/surveys.

There is a requirement to complete a Stage 2 EQIA. A draft has been produced and work is ongoing. Early considerations include; ensuring that there is a method to evaluate the effectiveness of new training provided, the planned Resource Hub should include supported-self management resources as part of project scope, the programme should work with patients via the planned Patient Experience Group to ensure solutions do not have any disproportionate adverse impacts to identified groups, literature produced for patients should be in 'easy read' format as required.

The outcomes from the Stage2 EQIA will be reflected in all work plans of the programme.

2.3.5 Risk Assessment / Management

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

Ineffective/ High Prescribing

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

Ineffective Pain Management Pathways

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

The above risks are being mitigated by the ongoing work of the programme. The programme also uses a Risks and Issues Log, which is regularly assessed and reviewed to inform risk mitigations.

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement, and consultation

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

What	When
GP Cluster Quality Leads	August 2021
Pharmacy Senior Leadership team, Addiction Services	November 2021
Pharmacy Managed Service	December 2021
Physiotherapy Senior Management Team	February 2022
Senior Nurse Forum	March 2022
Royal Pharmaceutical Society Best Practice Event	May 2022
Grand Round, GP Cluster Quality Leads	June 2022
Fife Voluntary Action, Health & Social Care Forum	July 2022
GP Learn @ Lunch Session-awareness (also recorded/circulated)	August 2022
Grand Round	September 2022
ScotGem Medical Students GPST Lunchtime Training	October 2022
Phase 1: Understanding the Problem Event, GP Learn @ Lunch Session, Showcasing the Art of the Possible GP Cluster Quality Leads, data & engagement	November 2022
Patient gateway events to raise awareness and plan ongoing	December 2022

What	When
engagement	
GP Practice Visits – Oakley	December 2022
21 patient interviews 6 surveys (patient/carer and staff) 4 workshops (patient pathways/resources mapping, prescribing data/guidance review, staff and patient/carer perspectives)	March to April 2023
End of Year 1 event: "Steps Towards Solutions"	May 2023

2.3.8 Route to the Meeting

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

1. HRPM Steering Group, 6 December 2022
2. HRPM Programme Board, 20 December 2022
3. Executive Directors Group, 5 January 2023
4. Population Health & Wellbeing Committee, 11 January 2023
5. Clinical Governance Committee, 13 January 2023
6. HRPM Steering Group, 14 June 2023
7. HRPM Programme Board, 20 June 2023
8. Pharmacy Senior Leadership team 5 July 2023
9. HSCP SLT 7th August 2023
10. Acute SLT 8th August 2023
11. Executive Directors' Group 17th August 2023

2.4 Recommendation

The Public Health & Wellbeing is asked to take **assurance** from the delivery of year one of the HRPM Patient Safety Programme, and plans outlined for year two.

3 List of appendices

Appendix 1: Three Year Programme Phases
Appendix 2: Summary of Key Findings from Year 1: Understanding the Problem Phase
Appendix 3: High Risk Pain Medicine Patient Safety Programme Year One Report

Report Contact

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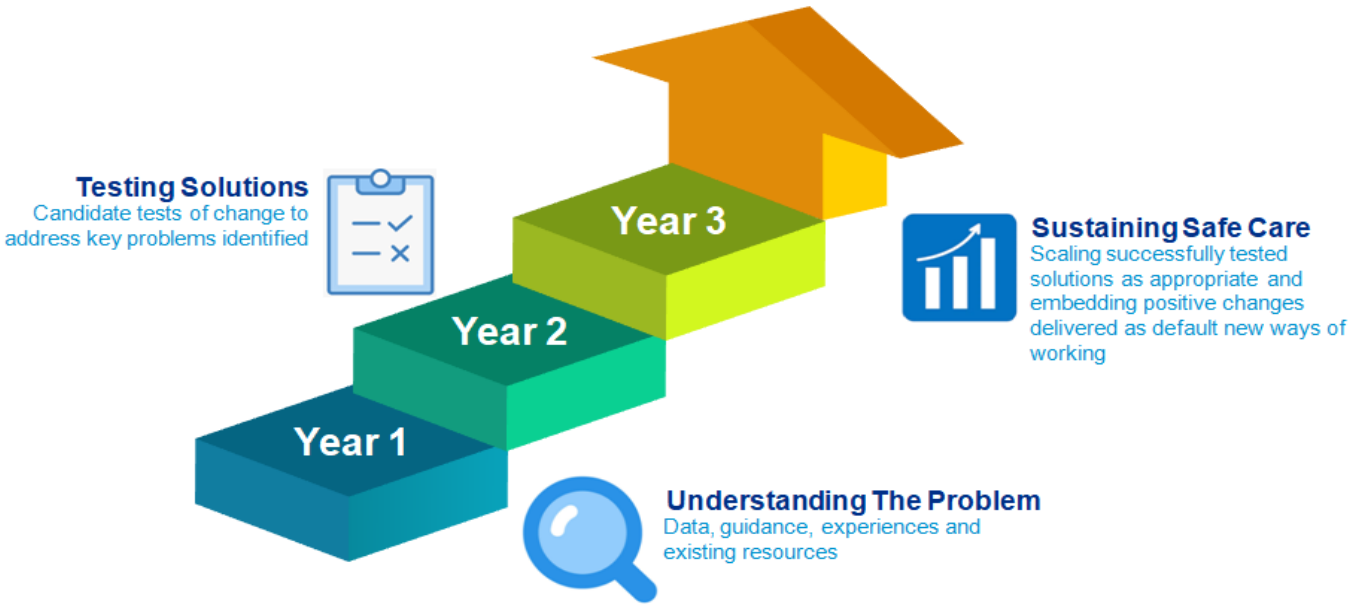
Appendix 1: Three Year Programme Phases



Appendix 2: Summary of Key Findings from Year 1: Understanding the Problem Phase

Problem Identified	Evidence or Understanding
High clinician confidence in delivering pain management in both sectors contrasting with very limited accessing of guidance and lower confidence in advising on non-pharmacological strategies suggesting a risk that current pain management work is not aligned to the most up to date guidance	• Clinician surveys in primary and secondary care • Guidance difficult to find, lengthy and not clear whether current or not on accessing • Pain teaching across professions usually focussed on acute (not chronic)pain management • Limited implementation of Surgery & Opioids guidance 2021 in acute hospital setting
Communication across services, sectors and between clinicians can be limited which impacts on clinician understanding and ability to support patients effectively	• Clinical audits evidenced only 25% of Secondary Care Clinicians initiating HRPM documenting treatment intent, duration and tapering plan • Patient surveys indicating information not being given regarding treatment plan • Primary Care Pathway analysis highlighted touch points and time points where key conversations should take place • Staff surveys highlighting a request for easier access to support
Cohorts of patients at greater risk of adverse effects from HRPM	• Practice level baseline data identifying high risk patient groups • National Registers of Scotland Report drug related death (DRD) report identifying prescribable medicine involvement and Substance use short life working group audit identifying what proportion of these were prescribed • 10% of patients in acute medical admissions units meet criteria for high dose opioid or high risk combination prescribing • Patients continuing on new and pre-existing HRPM, especially opioids, post surgically
Varying clinicians' perceptions on role and expectations of Fife Pain Management Service (outpatient chronic pain team and inpatient pain team) leading to missed opportunities to refer or inappropriate referrals.	• Staff surveys flagging various levels of understanding and differing expectations on what pain service provision should be

Problem Identified	Evidence or Understanding
Clinician and patient awareness and utilisation of services which would facilitate supported self management	• Staff, patient and carer surveys highlighting varying awareness and utilisation
High rates of prescribing of HRPM above Scottish average (measured by National Therapeutic Indicators) with increased risk of adverse effects, potential for diversion and waste	• large variation in prescribing in primary care and across wards/ services from prescribing data and audits • Involvement of prescribable medicines in DRD audit • Anecdotal evidence of waste from community pharmacy
Patient understanding of acute v chronic pain management, over reliance on pharmacological strategies for pain management and expectation of pain resolution through a medical model	• staff surveys highlighting challenges of supporting patient groups • Patient & carer surveys
Patients experiencing short and long term adverse effects from HRPM impacting on quality of life and overall health leading to cascade prescribing and increased utilisation of healthcare resources including hospital admissions	• Feedback from patient surveys and stories. • Case reports from clinicians across sectors and in patients pain team • Literature search and evidence from NHS England medicine safety programmes • SCOTGEM identification of HRPM high risk cohorts in Admissions Units
Patients' stories highlight that living with a pain condition has a significant negative impact on their physical and mental health/quality of life, as well as on the wellbeing of those who closely support them	• Patient and carer surveys • 1-2-1 interviews as part of patient stories
Patients felt there could be better information provided on their medicines, and would welcome more regular medication reviews	• Patient and carer surveys • 1-2-1 interviews as part of patient stories
Patients felt underrepresented and isolated, would welcome peer support and opportunities for further involvement in the work of the programme	• Patient and carer surveys • 1-2-1 interviews as part of patient stories
Patients would like information about alternatives to medicines and supported self-management solutions, but from one easy to find location (as the feeling was information was too dispersed and they did not know where to find it)	• Patient and carer surveys • 1-2-1 interviews as part of patient stories
There is involvement of prescribed HRPM in drug related deaths (25% of deaths had prescribed gabapentinoids implicated; 14% of deaths had prescribed benzodiazepines implicated; 11% of deaths had prescribed opioids/opiates	• Review of drug related deaths, prescribing data and medical examiners report.

Problem Identified	Evidence or Understanding
after excluding opioid substitution therapy (OST)).	
There are specific needs of people who use illicit substances in relation to the HRPM programme. Particularly in relation to their experiences of trauma and stigma; their needs in relation to alternatives to prescribing; the risks of deprescribing interventions; the needs to effectively manage dual issues of chronic pain and dependency; specific needs in relation to guidelines. And the need to avoid diversion through a universal approach to stewardship.	• HRPM/ substance use short life working group • Professionals focus group • Learning from multi-disciplinary drug death review group

Fife Health & Social Care Partnership

NHS Fife

Year one report

High-risk pain medicine patient safety programme

Managing pain,
a time for change

Published July 2023

www.nhsfife.org

Foreword

"I welcome this report at the end of the first year of our three-year High-Risk Pain Medicines Patient Safety Programme, which has been developed through engagement with communities and staff. Within NHS Fife and the Health and Social Care Partnership the safety of our population is paramount, and we want the people of Fife to live well, work well and flourish.

Growing evidence tells us we need to think differently about how we manage pain, and the medicines used to help manage it. We recognise the impact that pain can have on the quality of life and the wellbeing of our population. We need to ensure pain medicines are used safely and effectively and that there are meaningful alternative strategies to medicines available within our communities.

In our first year we have taken time to understand the needs of our patients by recognising the challenges they face in managing their pain, and the difficulties faced by carers and professionals supporting people to achieve this. As we move into year 2, we begin to explore opportunities to improve the care and support offered and reduce the risk of harm from pain medicines.

I'd like to take this opportunity to thank the patients, carers and colleagues who have taken time to share their experience and acknowledge the hard work of the programme team in delivering year 1.

I look forward to continuing to work with all."

Ben Hannan,
Director of Pharmacy and Medicines, NHS Fife

"It is testament to the values of NHS Fife and the Health and Social Care Partnership that they have recognised this important area of patient care and medicines safety and are taking a system wide approach to improving care and support offered to our population managing pain. Pain is a complex condition, and whilst most of us have some experience, it is often under recognised as a condition, not just a symptom of something else. As many as a third of our population may be managing a long-term pain condition. That means over 120, 000 people in Fife, perhaps your family, friends, colleagues or even yourself, are managing this condition which can be invisible to others yet have an overwhelming impact on how you live your life. Our year 1 of understanding, has given us valuable insight. For us to know how to improve, we need to understand our current experience, positioning and offer.

I am honoured to lead on this programme and to work collectively with all those involved, and I wholeheartedly thank the contributions from patients, carers and colleagues and the enthusiasm and hard work from the programme team and I look forward to continuing to work with you all. Roll on year 2 and making a difference".

"Managing pain, a time for change."

Debs Steven, Programme Director,
HRPM Patient Safety Programme

Contents

1. Introduction

1.1 Purpose

The High-Risk Pain Medicines (HRPM) Patient Safety Programme seeks to understand how pain is currently managed across Fife. This area of work was identified as a corporate objective in response to national drivers around change in evidence of medicine benefit in chronic pain, prescribed medicine dependency, involvement of prescribed medicines in drug related deaths and identification of Fife as an outlier compared to other health boards with a particular focus on the prescribing of opioids, gabapentinoids, non- steroidal anti-inflammatory drugs (NSAIDs) and benzodiazepines.

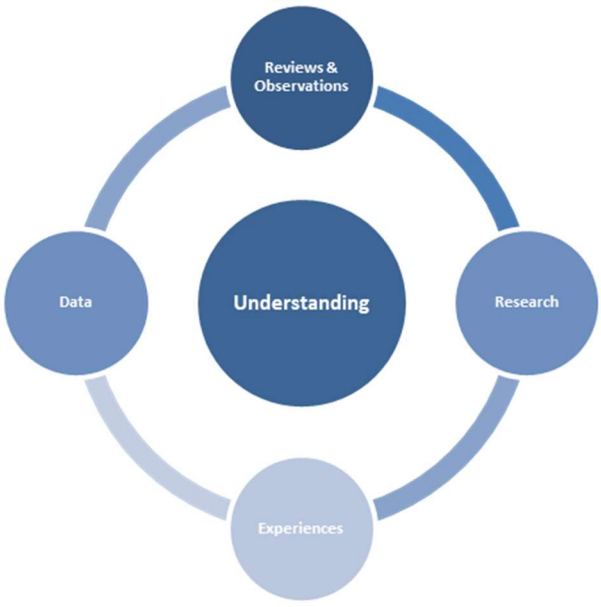
The programme also aims to reduce the prescribing culture and use of High-Risk Pain Medicine (where appropriate) and raise awareness of alternatives to prescribing across all NHS Fife settings.

Phase one 'understanding the problem' covered the programme's initial year.

The purpose of this report is to present the main findings from the programme's efforts in developing this understanding, as well as recommend initial Tests of Change/Projects for the next phase, which aim to inform and enable system improvements.

1.2 Approach

Several programme workstreams were established to support the activity of phase 1. Across these workstreams analysis work has been undertaken to help with our understanding of the problem. The diagram below outlines the main ways this understanding has been developed:



Reviews & Observations: Review work has mainly centred on understanding how well our HRPM existing guidelines inform and are used in practice. Existing resources have also been reviewed, for example the Pain Management Jigsaw, to identify levels of awareness and use of these resources to bring alternatives to our patients. Process/Patient Journey Mapping is another tool adopted to understand patient flow, process interfaces, and identify what key services/staff roles are involved in supporting processes.

Research: Desk research complimented with site visits and lessons learned from other similar work help to establish context. They also develop an understanding on what has gone well or could be further improved. Survey work has also been undertaken to baseline key stakeholder awareness, staff knowledge/skills and attitudes regarding the use of HRPM in the management of pain conditions.

Experiences: Qualitative information has been captured on our patient/carer and staff/prescriber experiences of both living with and managing pain conditions. This has been done using stories/case examples, developed through semi-structured interviews. Surveys have also been used to indicatively establish a generalised sense of peoples' experiences.

Data: Measures have been agreed and new measures created to help us better understand our prescribing data across the system. This includes the analysis of prescribing data recorded in management systems, as well as the use of manual audits to help bridge known data gaps across the wider system.

Overall, the triangulation from the methods outlined above ensure the problem is considered from multiple perspectives. These combine to improve our understanding of:

- Prescribing data across the system.
- High risk pain medicines prescribing guidelines awareness and utilisation.
- Awareness and utilisation of existing supported self-management resources.
- The experiences of patient/carers and staff/prescribers living with and managing pain conditions.

Described in the main body of this report are the main findings from the totality of this analysis work completing phase 1 of the programme.

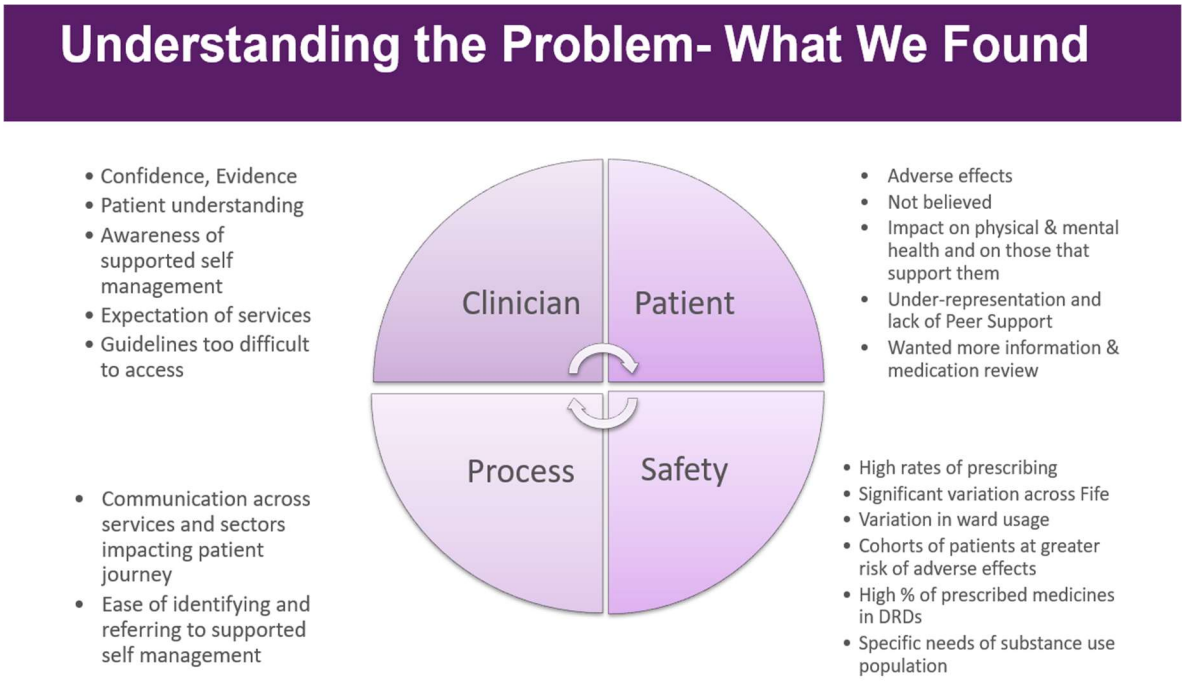
2. Key Findings & Conclusions

2.1 The Problem Summary

Problem Identified	Evidence or understanding
High clinician confidence in delivering pain management in both sectors contrasting with very limited accessing of guidance and lower confidence in advising on non-pharmacological strategies suggesting a risk that current pain management work is not aligned to the most up to date guidance.	• Clinician surveys in primary and secondary care. • Guidance difficult to find, lengthy and not clear whether current or not on accessing. • Pain teaching across professions usually focussed on acute pain management. • Limited implementation of Surgery & Opioids guidance 2021 in acute setting.
Communication across services, sectors and between clinicians can be limited which impacts on clinician understanding and ability to support patients effectively.	• Clinical audits evidenced only 25% of Secondary Care Clinicians initiating HRPM documenting treatment intent, duration and tapering plan. • Patient surveys indicating information not being given. • Primary Care Pathway analysis highlighted touch points and time points where key conversations should take place. • Staff surveys highlighting a request for easier access to support.
Cohorts of patients at greater risk of adverse effects from HRPM.	• STU Practice level baseline data identifying high risk patient groups. • National Registers of Scotland Report drug related death (DRD) report identifying prescribable medicine involvement and Substance use short life working group audit identifying what proportion of these were prescribed. • 10% of patients in acute medical admissions units meet criteria for high dose opioid or high-risk combination prescribing. • Patients continuing new and pre-existing HRPM, especially opioids, post surgically.
Varying clinicians' perceptions on role and expectations of Fife Pain Management Service (outpatient chronic pain team and inpatient pain team) leading to missed opportunities to refer or inappropriate referrals.	• Staff surveys flagging various levels of understanding and differing expectations on what pain service provision should be.
Clinician and patient awareness and utilisation of services which would facilitate supported self-management.	• Staff, patient and carer surveys highlighting varying awareness and utilisation.
High rates of prescribing of HRPM above Scottish average (measured by National Therapeutic Indicators) with increased risk of adverse effects, potential for diversion and waste.	• Large variation in prescribing in primary care and across wards/ services from prescribing data and audits. • Non prescribed involvement of prescribable medicines in DRD audit. • Anecdotal evidence of waste from community pharmacy.

Problem Identified	Evidence or understanding
Patient understanding of acute v chronic pain management, over reliance on pharmacological strategies for pain management and expectation of pain resolution through a medical model.	• Staff surveys highlighting challenges of supporting patient groups. • Patient & carer surveys.
Patients experiencing short- and long-term adverse effects from HRPM impacting on quality of life and overall health leading to cascade prescribing and increased utilisation of healthcare resources including hospital admissions.	• Feedback from patient surveys and stories. • Case reports from clinicians across sectors and in patients pain team. • Literature search and evidence from NHS England medicine safety programmes. • SCOTGEM identification of HRPM high risk cohorts in AMAUs.
Patients have described various situations that demonstrate living with a pain condition has a significant negative impact on their physical and mental health/quality of life, as well as to the wellbeing of those who closely support them.	• Patient and carer surveys. • 1-2-1 interviews as part of patient stories.
Patients felt there could be better information provided on their medicines and would welcome more regular medication reviews.	• Patient and carer surveys. • 1-2-1 interviews as part of patient stories.
Patients felt underrepresented and isolated, would welcome peer support and opportunities for further involvement in the work of the programme.	• Patient and carer surveys. • 1-2-1 interviews as part of patient stories.
Patients would like information about alternatives to medicines and supported self-management solutions, but from one easy to find location (as the feeling was information was too dispersed and they did not know where to find it).	• Patient and carer surveys. • 1-2-1 interviews as part of patient stories.
There is involvement of prescribed HRPM in drug related deaths (25% of deaths had prescribed gabapentinoids implicated; 14% of deaths had prescribed benzodiazepines implicated; 11% of deaths had prescribed opioids/opiates after excluding opioid substitution therapy (OST).	• Review of drug related deaths, prescribing data and medical examiners report.
There are specific needs of people who use illicit substances in relation to the HRPM programme. Particularly in relation to their experiences of trauma and stigma; their needs in relation to alternatives to prescribing; the risks of deprescribing interventions; the needs to effectively manage dual issues of chronic pain and dependency; specific needs in relation to guidelines. And the need to avoid diversion through a universal approach to stewardship.	• HRPM/ substance use short life working group. • Professionals focus group. • Learning from multi-disciplinary drug death review group.

2.2 Recommendations/Change for Year 2



Overall, from the main findings of year 1 of the programme our stakeholders generated a significant number of change and improvement ideas. These ideas have been explored with stakeholders in several ways including site visits, 1-2-1 conversations and across several workshops leading to the finalising of the 'understanding the problem' phase. Although the programme would like to do everything suggested to the fullest level, sadly several programme constraints exist in terms of available time, cost, resource and the readiness of in scope Services to be able to support change work among many competing challenges.

That said, when discussing ideas in the context of constraints it was felt the below recommendations found a balance for year 2 of the programme, across the next 'testing solutions' phase. It is felt the programme response outlined below remains ambitious but at the same time is realistic to deliver on over the next phase:

2.2.1 Resource Hub

A re-occurring idea was the need for a single point to act as a resource site (like Mood Cafe) for both clinicians and patients to improve awareness and access to Supported Self-Management Solutions/resources based on area and individual circumstance.

It is proposed a dedicated project be established to define and plan this work. The exact scope would be worked through by the project process but will likely include developing an online platform that offers patients information, take away resources and potentially self-referral (where appropriate) to some services. Clinicians should also have a single point to navigate from when seeking to signpost patients, access prescribing guidelines/guidance and when seeking information around more specialist service referrals.

2.2.2 Education Training Response

The findings highlighted some gaps in knowledge/skills regards pain management. They also implied some assumptions are made perhaps based on historical training. It was felt by stakeholders a training offer from the programme was required. Consequently, it is recommended work is progressed on the design and delivery of training across the following areas:

- Primary Care Lunchtime Education Sessions
- Training for Junior Doctors/Consultants/ANP/Pharmacy/AHP around HRPM
- Rolling base awareness training on HRPM for NMP
- HRPM Training for Pain Champions (Pain Champions work outlined below)
- Community Education/Awareness Sessions

2.2.3 Pain Champion Network

To help support services with the management of patients with pain conditions as well as drive local process improvement activity, the creation of a pain champion network has been discussed. It is recommended as part of year 2, the programmer creates a work package to define the pain champion role (to cover both pain as a subject and improvement support), work with services to identify candidates to undertake such a role and support the role with a training offer (referenced above).

By creating this network, this should directly support improvement activity and tests of change identified by the programme, as well as act as a source for future improvement ideas/tests of change.

2.2.4 New Guidelines/Toolkit

Based on the findings from guidelines reviews, the identified low levels of frequency of use and feedback on ease of use, it is recommended guidelines be restructured in a more consumable manner and attempt to become more of a ‘toolkit’ as opposed to sizeable and more static reference documents.

Related to the toolkit theme, is work around primary care data packs in relation to HRPM prescribing volumes. It is also recommended that regular data packs be provided to primary care colleagues, to help focus their own improvement efforts in this area.

2.2.5 Improvement Activity/Tests of Change

Key findings from 4 workshops formed the basis for the conclusion of year 1 of the programme and several tests of change/improvement activities were identified. These broadly sought to support improvements in communication between patient pathway interfaces and to support clinicians in managing patient expectations. Activity areas recommended to define, plan and evaluate across year 2 are outlined in the tables below:

Primary Care	
What?	**Why?**
Test Acute limit on prescriptions.	To reduce waste, minimise risk of sharing medications, encourage review and help manage patient expectations.
Test Pharmacists dealing with discharge letters.	To better identify patients at risk from HRPM (Perhaps targeting scope on post-surgical patients because of evidence around not managing people well at that point leads to medicines going on long-term repeat. Make this just a HRPM review not all drugs. Look at pre surgery HRPM meds and have an overall conversation. Should be alert to risky combinations and volumes.)
Test using 'Managed Repeats' in a different way to increase timely review of HRPM.	To enable an improved/ automatic process to trigger medication reviews.
Test 3-6 months Acute to Chronic Pathway (de-prescribing).	To improve conversations/ awareness of alternative options for those living with longer-term pain.
Test patient (concertina) information cards.	To enable early patient conversations and drip feed key messages on drug harms/alternatives.
Test standardised consultation format/ template in GP system.	To enable consistent patient discussions, improve the review approach and associated admin.
Test Community Pharmacy HRPM Patient Safety Bundle.	To help raise awareness and increase the opportunities to inform patients of the risks associated with HRPM.

Secondary Care	
What?	**Why?**
Test pre-operative identification of complex cases for flagging to inpatient pain team.	To help alert pain team to patients earlier in the process to improve advice to patients regards pain management.
Test post operative Immediate Release (IR) v Modified Release (MR) opioid use.	Implementation of surgery and opioid guidance. Use of immediate release (IR) preparations rather than modified release (MR). There is reasonable application within some areas of planned surgical, but this need applied across all surgical settings.
Test implementation of Post operative standardised leaflet with individual patient care plan.	To help raise awareness and increase the opportunities to inform patients of the risks associated with HRPM.
Test prescribing plan in Discharge Letters.	To improve communication, care continuity and overall patient experience when moving across services.
Test criteria for in-house pain team referral.	To ensure appropriate referral to the in-house pain team to improve advice to patients regards pain management.

2.2.6 Patient Engagement & Experience

Through the engagement efforts of year 1, the programme has found patients have been willing to engage significantly. Patients have also expressed a desire for ongoing programme involvement.

To create the basis for this, it is recommended the programme establish a 'Patient Experience Group'. This group can act as a reference group to enable collaboration and co-production opportunities with patients, around some of the public facing programme solutions (for example the recommended Resource Hub).

2.2.7 Public Health Campaign

A key finding was the need to manage expectations of patients to help support clinicians with conversations on alternatives to pain medication.

Given the work needing progressed in the Fife context, waiting on a national campaign was not seen as an option. Therefore, it is recommended the programme team with NHS Fife Communication colleagues to design a public facing campaign to be delivered during year 2, that supports the work and objectives of the overarching programme.

2.2.8 HRPM & Substance Use

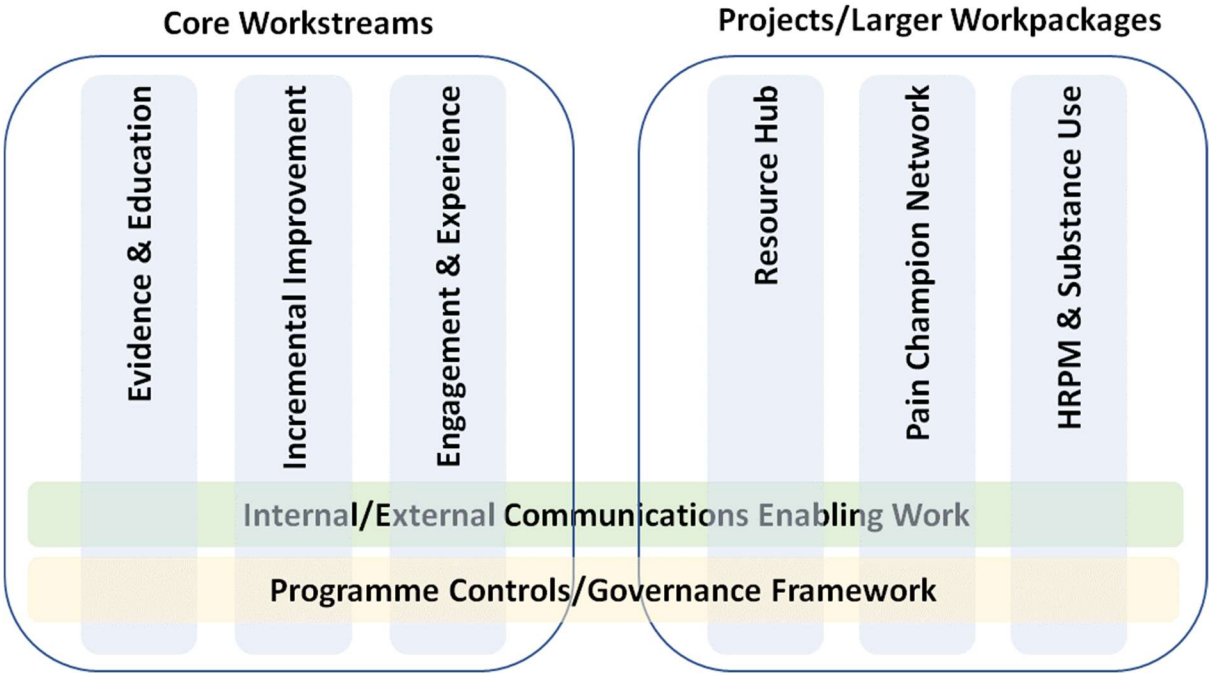
As part of year 1 a short life working group was established to support our understanding of HRPM involvement in substance use in Fife. It is recommended this group continue into year 2, but the scope remain focused on:

- Delivering a report that explains our understanding of HRPM and substance use in the Fife context
- Provide recommendations based on these findings

Any wider work related to substance use remains out of scope for this programme.

2.2.9 Year 2 Programme Structure

To support the work recommended above, the below illustrates the suggested programme structure for year 2:



There are three ongoing core workstreams recommended as part of year 2 of the programme. “Evidence and Education” would be responsible for the work outlined under 2.2.2 and 2.2.4. “Incremental Improvement” would support the planning, coordination, and evaluation of work under 2.2.5. “Engagement and Experience” would establish and provide the ongoing management of work outlined in 2.2.6 as well as support the wider engagement work of the programme and its related workstreams/projects.

In addition to these workstreams there will be some dedicated work packages to take forward the work of a pain champion network (in 2.2.3), as well as the continuation of the short life working group focused on HRPM and substance use (in 2.2.8). A project team will also be formed to manage the Resource Hub work (in 2.2.1).

Supporting the work across all streams and project groups will be our NHS Fife Corporate Communication and Corporate Programme Management Office (CPMO) colleagues. Communications will help the programme define the desired public facing campaign (in 2.2.7) and build their work plan in line with the communication needs of the core workstreams and individual projects/work packages. The CPMO will ensure the appropriate programme tools are in place to maintain activity alignment to desired programme outcomes, provide oversight and to help ensure change activity is controlled and coordinated as a whole.

3. What Insights Can Be Gained from Our Data?

3.1 Prescribing Of HRPM

3.1.1 Background

HRPM are initiated or prescribed through a range of routes within NHS Fife in Primary and Secondary Care. Differences in technology and recording systems mean some areas are easier to identify and analyse than others. HRPM issued in Primary Care (mainly GP systems) are electronically recorded in national Public Health Scotland data systems and can be readily accessible using nationally available dataset presentations such as National Therapeutic Indicators Dashboard or be downloaded to allow local analysis via Digital & Information colleagues using MicroStrategy.

Secondary Care initiated HRPM are far more challenging to understand as currently prescribing in inpatient settings is manually using Kardexes. In outpatient settings most initiation is via prescription recommendations to the patient's GP which may be by a clinic letter or recommendation slip issued to the patient. Occasionally patients may be issued with patient packs or a hospital (blue HBP) prescription for presentation to Community Pharmacy. This makes central understanding of the prescribing challenging. The introduction of the HEPMA hospital electronic prescribing system soon, should make ongoing understanding and monitoring easier. Other routes to identify use are analysing stock supply to ward systems. This can give some limited insight to overall use caveated that it lacks patient specific information and can be confounded by stock returns.

3.1.2 Primary Care Prescribing - General

The NHS Fife Primary Care gross ingredient cost (GIC) for all analgesics over the financial year 2021/22 was £6.62 million. The number of items issued for all analgesics over the financial year 2021/22 was 1,012,509. These figures exclude benzodiazepines which do not normally fall under analgesic prescribing but have been included in HRPM due to use as a muscle relaxant and increased risk of harm due to concomitant use in pain and mental health co-morbidities. Pain medicines account for around 8.5% of the total Primary Care spend and 14% prescription volume. Items and GIC noted for benzodiazepines separately as predominantly fall under mental health and difficult to determine exact pain use.

2021-22	GIC	Items
Opioids	£3,004,898	402468
Gabapentinoids	£758,027	139478
NSAIDs	£ 992,160	166306
Analgesic HRPM Total	**£ 4,755,085**	**708252**
Benzodiazepine & Z drug total	£ 642,204	120156
HRPM Total	**£ 5,397,289**	**828408**

3.1.3 Primary Care Prescribing - National Therapeutic Indicators (NTIs)

There are 8 National Therapeutic indicators relating to HRPM. The first four relate to volume of use defined by DDDs (daily defined doses). The second 4 relate to specific safety recommendations with HRPM regarding rising risk on increasing Morphine equivalent daily (MED) dose and high dose gabapentinoid use.

The table below outlines NHS Fife position on Mar 22 and the percentage change needed to achieve at or below Scottish average on March 22:

Mar-22	National therapeutic Indicator	Measure	Fife	Scotland	% difference +/- from Scotland average	% change in Fife required to achieve Scotland average @ Mar 22	HB position
1	Gabapentinoid	DDDs	25.04	19.58	27.90%	21.80%	1st
2	Strong Opioid	DDDs	18.28	12.72	43.70%	30.40%	2nd
3	Hypnotics & Anxiolytics	DDDs	23.57	21.91	7.60%	7.00%	3rd
4	NSAID	DDDs	31.13	31.52	-1.20%	-1.30%	11th
5	High dose opioid>120MG MED	Percentage	1.74	1.58	10.10%	9.20%	6th
6	Increasing opioid risk > 50mg MED	Percentage	7.22	6.24	15.70%	13.60%	4th
7	Long term opioid (> 2yrs)	Percentage	56.64	60.1	-5.80%	-6.10%	11th
8	High dose Gabapentinoid	Percentage	0.4	0.45	-11.10%	-12.50%	7th

On March 22 Fife was above Scotland average in 5/8 indicators and below Scotland average in 3/8 indicators. In most instances, current guidance on prescribing would suggest it would be better to be at or below Scottish average.

The data from the NTI dashboard was used to create a local MicroStrategy dashboard which allowed us to look at Cluster and practice level NTI performance under a RAG status as below.

Practice/Cluster > Fife average & > Scotland	Practice or Cluster indicator is higher than both Fife & Scotland average - generally an area that requires significant improvement
Practice/Cluster < Fife average & > Scotland	Practice or Cluster indicator is lower than Fife but higher than Scotland average - generally an area that requires improvement
Practice/Cluster < Fife average & < Scotland	Practice or Cluster indicator is lower than both Fife & Scotland average - opportunities for improvement but may not be a priority area
Practice/Cluster > Fife average & < Scotland	Dependent on the measure - e.g. for NSAIDs the whole of Fife may be better than Scotland average but still an important area to work on

RAG Status Cluster Level Quarter 1 Apr-Jun 22

RAG Status for Destinations										
Indicator		value								
	QUARTER	Cowdenbeath	Dunfermline	Glenrothes	Kirkcaldy	Levenmouth	North East Fife	South West Fife	Fife	Scotland
Analgesics (gabapentanoid DDDs) (weighted)	22_23 Q1	27.45	21.37	27.12	27.38	45.73	17.83	21.74	25.67	19.83
Analgesics (opioid DDDs) weighted	22_23 Q1	23.23	14.61	20.71	18.82	31.42	12.89	16.54	18.73	12.79
Hypnotics and Anxiolytics (DDDs) weighted	22_23 Q1	29.25	24.64	23.48	18.24	35.87	20.23	21.61	23.80	21.78
NSAIDs (DDDs) weighted	22_23 Q1	30.34	30.07	36.88	27.24	47.51	26.28	28.06	31.73	32.43
Opioid and gabapentinoid dependency (high dose gabapentinoids %)	22_23 Q1	0.45	0.62	0.51	0.52	0.27	0.27	0.52	0.46	0.41
Opioid and gabapentinoid dependency (high dose opioids %) 120mg	22_23 Q1	0.81	0.88	1.40	1.27	1.37	0.89	0.78	1.07	1.54
Opioid and gabapentinoid dependency (high dose opioids %) 50mg	22_23 Q1	6.34	4.25	6.37	5.88	6.27	4.86	4.44	5.51	6.10
Opioid and gabapentinoid dependency (long term opioids %)	22_23 Q1	53.27	48.67	59.71	53.15	62.03	50.86	52.22	54.13	60.00

The table above shows variation between clusters. North East Fife has the highest number of green indicators (7/8) with Levenmouth the lowest (1/8).

This data has been driven down to practice level and will be shared with Practices as part of a data pack to help drive their own understanding and encourage local quality improvement work. The proof of concept has been disussed and agreed at Cluster Quality lead level and also at 4/7 cluster are meetings. It has helped identify potential outlier practices which could be offered additional engagement to support understanding and potential tests of change.

3.1.4 Primary Care Prescribing – Scottish Therapeutic Utility (STU)

The Scottish Therapeutics Utility (STU) was developed to improve safety, optimise efficiency, and reduce avoidable waste (processes and costs), particularly in relation to repeat prescribing. STU is intended for use by healthcare professionals and GP practice staff to monitor and review repeat prescribing systems at practice level. The utility allows users to interrogate their prescribing in real time and provide active patient lists to support local targeted review.

Nine STU indicators relevant for the HRPM programme have been identified. Some are linked to the NTI's, and others are safety measures. Practice level searches were conducted in each GP Practice by the pharmacy team to provide a base line number of patients for each measure Dec 22-Jan 23. The intention is that the STU data is collected every quarter by the pharmacy team to track change and progress over the duration of the programme. The data collated to cluster and board level quantifies the number of patients in high-risk cohorts.

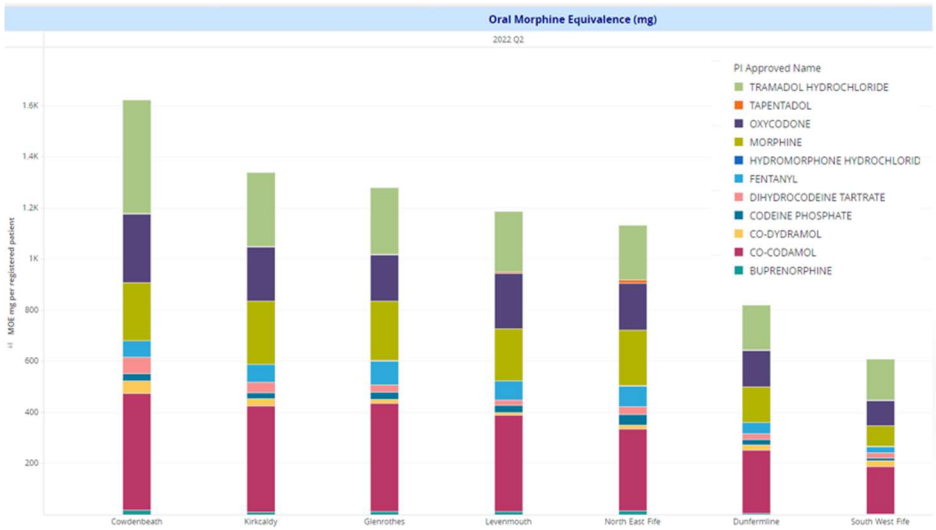
STU Data Practices Nov22-Jan 23.									
Total No. of patients for each measure by Cluster	High dose opioid >120mg	High dose opioid >90mg	High dose opioid >50mg	Opioid > 2 yrs.	Gabapentinoid dependency: >4800mg gabapentin	NSAID > 75 years (no PPI)	Triple whammy AKI (NSAID /ACE/ Diuretic)	Opioid and Benzo/z drug	Benzo or Z drug > 8 weeks
Kirkcaldy	133	195	597	1111	0	29	34	35	948
Lochgelly	62	107	475	1101	0	19	35	26	835
Dunfermline	67	97	362	777	0	24	23	38	1109
SW Fife	39	61	235	488	<10	12	16	31	547
Levenmouth	87	132	442	974	0	26	50	23	706
NE Fife	87	119	354	681	<10	58	51	39	969
Glenrothes	107	170	529	1123	0	35	59	30	910
Fife Total	**582**	**881**	**2994**	**6255**	**<20**	**203**	**268**	**222**	**6024**

In line with guidance, we would hope to see a reduction in all the above columns throughout the programme.

3.1.5 Primary Care Prescribing – Morphine & Gabapentinoid "load"

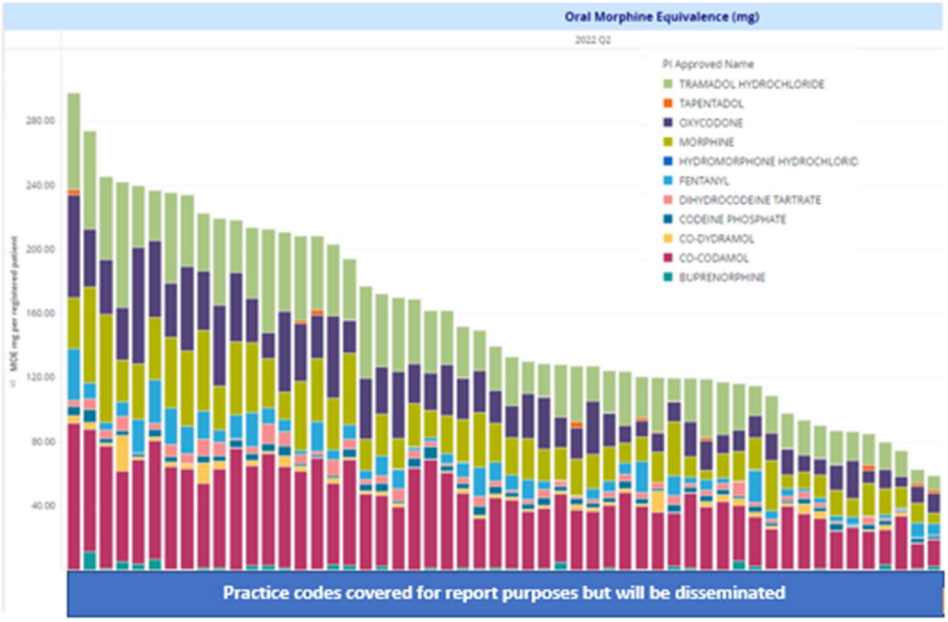
Whilst prescribing data can be looked at from a volume and cost perspective this is not always helpful when considering risk. The programme may result in moving from one opioid or gabapentinoid to another or reduction in dose which, whilst reducing overall risk may not be reflected in a reduction in volume or cost. We know morphine and gabapentin have increasing risks of harm as dosage increases. Oral Morphine Equivalence (OME) is a known measure for comparing different opioids, using conversion factors. It is sometimes known as Milligram Morphine Equivalence (MME) or Morphine Equivalent Dose (MED). We used this to develop the concept of Morphine "load" per registered patient per quarter to allow us to compare the total use of opioids at practice and cluster level and thus put a determinant on areas of greater risk. This measure also allowed us to look at the range of opioids used and those which are formulary and non-formulary.

Graph Oral Morphine Equivalence per registered patient per quarter Q2 Jul-Sept 22 by cluster



Variation can be seen across clusters with a 2.5 fold variation between the highest load cluster (Cowdenbeath) and the lowest load cluster (South West Fife).

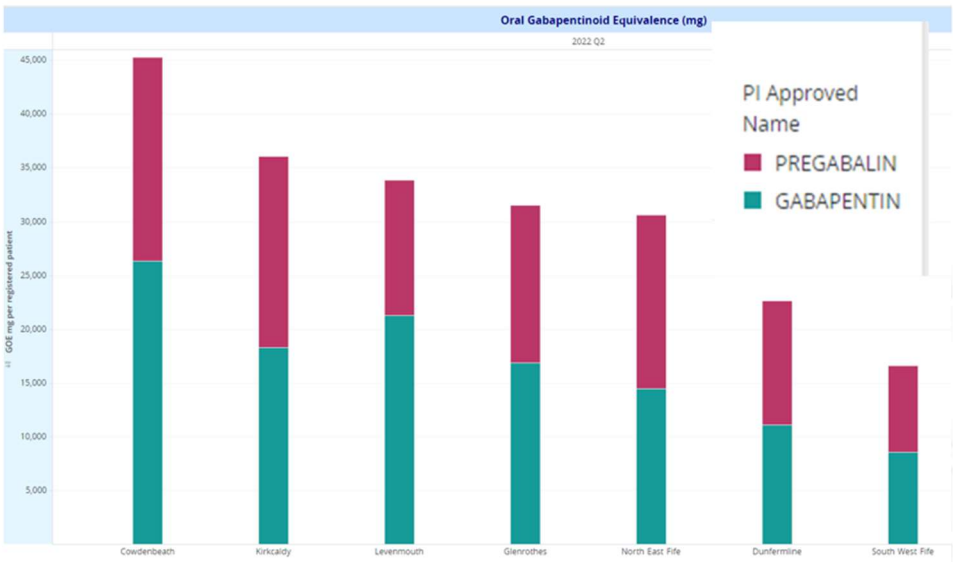
Graph Oral Morphine Equivalence per registered patient per quarter Q2 Jul-Sept 22 by practice



Variation can be seen across practices with a 5 fold variation between the highest load practice and the lowest load practice.

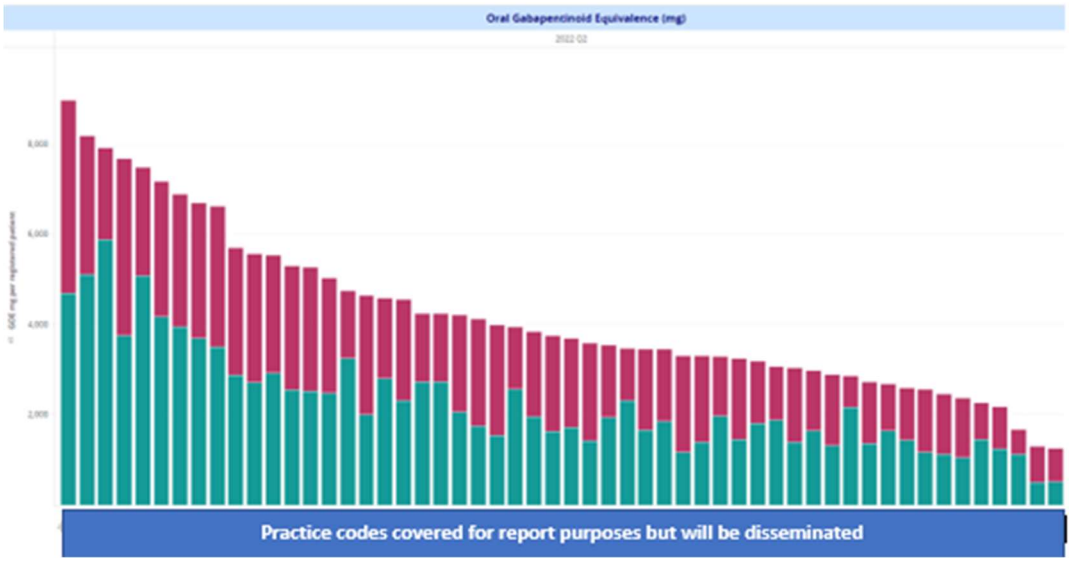
A comparable exercise was repeated for gabapentinoids and whilst there are not the same universally utilised conversion rates between pregabalin and gabapentin an informal conversion rate was identified and verified by a number of research sources which allowed calculation of gabapentinoid “load” per registered patient per quarter.

Graph Oral Gabapentinoid Equivalence per registered patient per quarter Q2 Jul-Sept 22 by cluster



A similar variation can be seen across clusters with a >2.5 fold variation between the highest load cluster (Cowdenbeath) and the lowest load cluster (South West Fife).

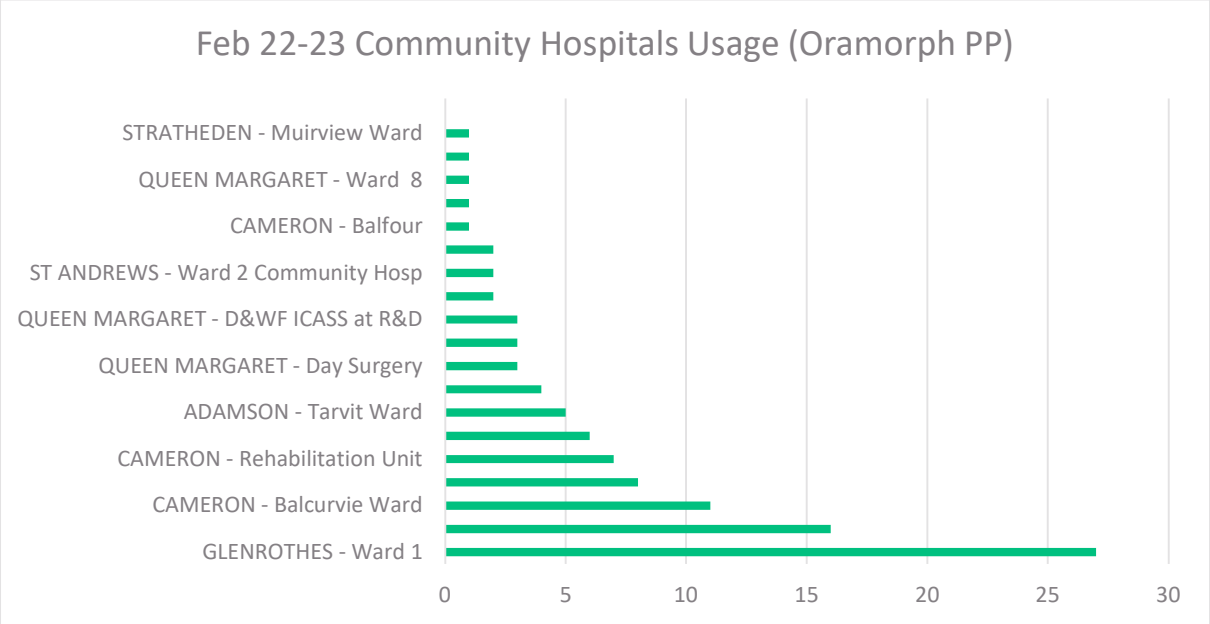
Graph Oral Gabapentinoid Equivalence per registered patient per quarter Q2 Jul-Sept 22 by practice



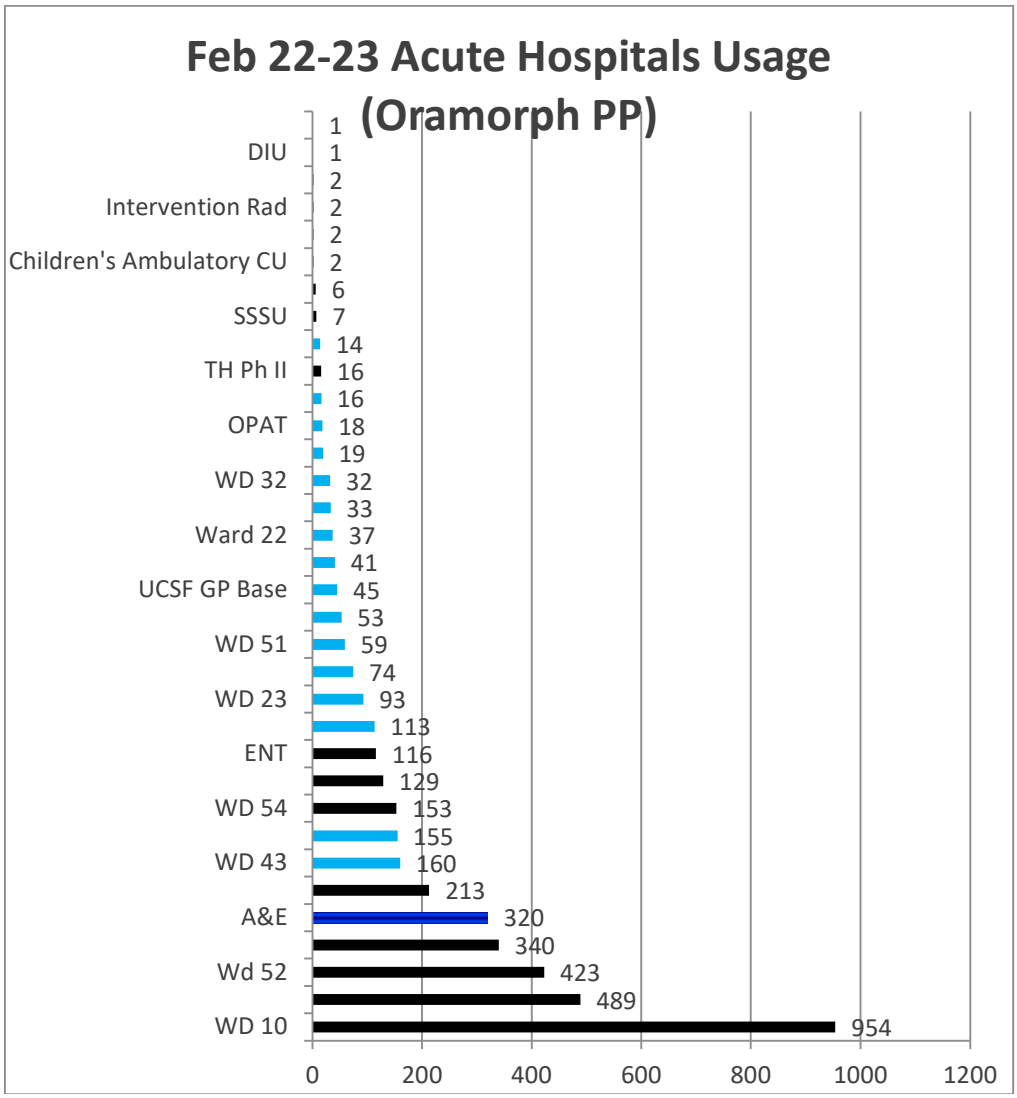
The greatest variation was seen in this measure with >8.5 fold variation between the highest practice and the lowest practice. This information can be disseminated to practices and Cluster Quality Leads with the practice data pack to encourage reflection and action. We would hope to see a reduction in overall load as we progress through the programme.

3.1.6 Acute Setting – Prescribing HRPM

As noted in background, in the absence of electronic systems acute setting prescribing is challenging to understand. Supply systems can be looked at to explore volumes supplied to wards and areas and help identify any outliers. An review of supply over a 12month period of Oramorph (oral morphine solution) patient packs was undertaken in the acute hospital and community hospital setting. Oramorph patient packs were chosen as this is given as a single pack per patient and is a surrogate for usage.



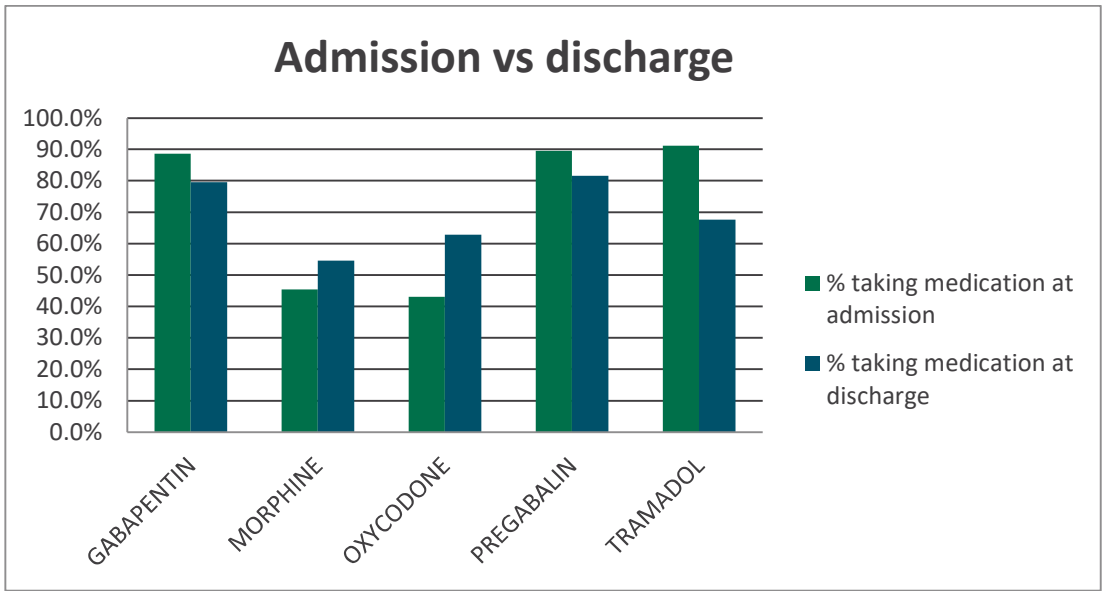
Usage is relatively low within the community hospitals however there does seem to be differing practice in a couple of the wards therefore this will be investigated further.



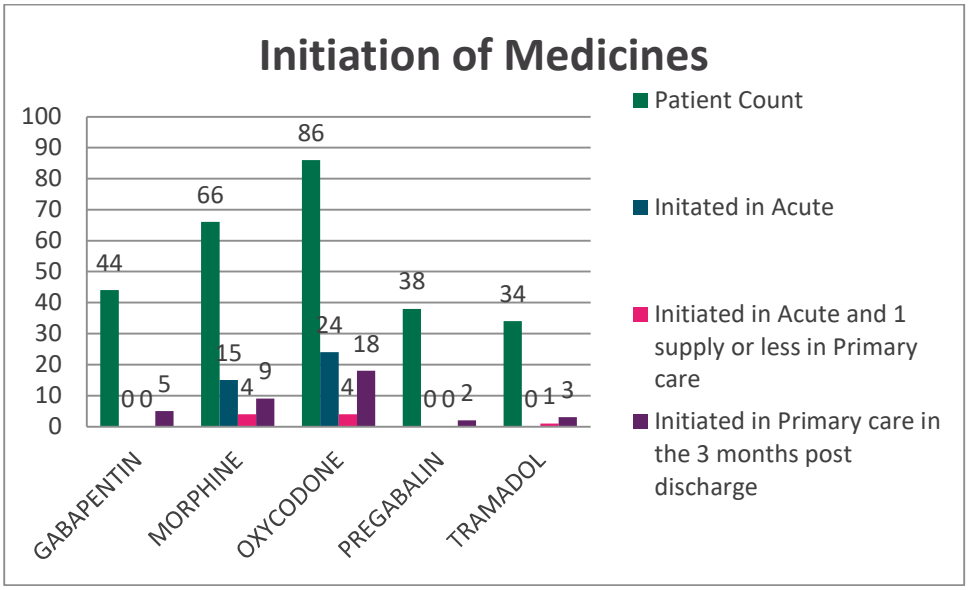
Not unsurprisingly in the acute setting the greatest use was found in elective and trauma surgical wards. Another area of use was in A&E -this is worthy of further understanding. GP feedback from surveys and workshops flagged a concern that use of Oramoph in OOH or ED seemed to be increasing and can build patient expectation to have GP continue the prescription.

There are several areas that warrant further investigation, the above chart displays surgical wards in black and medical wards in blue therefore medical wards 43 and AU1 also seem to be outlier having greater usage than some surgical areas.

A retrospective audit was also conducted this included all patient in a 1 month period (April 2022) who were discharged on Oxycodone, Morphine, Gabapentin, Pregabalin or Tramadol. The data was then cross referenced with PIS data looking at supplies in the three months prior to admission and the 3 months post admission. The reason for admission was not necessarily for a pain condition so pain medicines may not have been considered for review during stay. This audit did not look at patients on combinations of HRPM. The admission versus discharge data is shown below.



From this data there evidence of some review of pain medicines during admission as there is a reduction in the medications for neuropathic pain (approx 10%) and weaker opoids (tramadol 20%). The main medications started within the acute setting are strong opioids. 50% of the tramadol reduction was due to patients receiving stronger opioids and 50% were stopped. We do not have data on the clinical indication for initiation, it may be assumed that a large proportion of this is related to post operative acute pain management, which would align with our guidelines. This is further explored in the chart below.



The chart above shows the number of patients receiving these medications at any point in the 7 months of data capture. Of the patients intiated within the acute setting 14% of thoses intiated on Oxycodone and 21% of those initated on Morphine were continued beyond 1 additional supply, therefore indicative that this was indeed for acute pain. The data also shows that several patients were started on HRPM medication from each of the categories in Primary Care within the three months following admission (these are new initiations as those already receiving have been captured in the other categories). It can be seen that the initiation of HRPM occurs in both the primary and secondary care setting.

Opportunities for improvement around admissions and discharges on HRPM

- There is an opening to use every admission as a potential opportunity for review of HRPM, potential deprescribing and clear plan documented
- Where acuteness of presenting condition does not allow for review, clinician should flag HRPM issue as part of discharge to Primary Care team.

3.1.7 Acute Setting – Out of Hours Prescribing HRPM

Another route of prescribing identified for supply of HRPM is Out of Hours (OOH) services. OOH use ADASTRA system and at May 23 we are still in early stages of analysis which will include indication for use. Scoping of other areas had shown involvement of OOH in Lanarkshire QI work.This is an important area to understand so will be completed as part of early year 2 work and include learning from other areas.

3.2 Audits

3.2.1 Background

In the absence of sound electronic data of use of HRPM medicines in the acute setting several manual audits were undertaken to understand the use of HRPM, particularly in relation to perioperative prescribing. Consultant Anaesthetist and lead medic acute setting for HRPM, Dr Fiona Bull co-ordinated audits to aid understanding in acute setting.

In March 2021 the Faculty of Pain Medicine released Surgery & Opioids Best Practice Guidelines-[1] a multi-collegiate document with clear detailed recommendations for each stage of the surgical pathway, including post- discharge management. The guidance focuses on the key principles of shared decision making with the patient and the professionals' duty of care to ensure the following:

- that opioids started in the perioperative period are not continued unnecessarily. Research shows that 6% of surgical patients (versus 0.4% of the non-surgical cohort) persistently use opioids 90-180 days after surgery
- that patients taking opioids are identified before surgery.
- identify risk factors for opioid misuse disorder (e.g., anxiety, depression, and use of other psychoactive drugs) and ensure patients have access to relevant preoperative and/or subsequent care
- deprescribing procedures/mechanisms exist at the interface between hospital and Primary Care (e.g., letter/ leaflet/ communication with General Practitioner) and that there is effective communication with both the patient and their General Practitioner (GP) and other relevant healthcare professionals such as nurse prescribers and pharmacists.
- that chronic post-surgical pain is recognised and treated appropriately.

Pre-operative Recommendations

- **Pre-operative assessment-** patient screening for chronic pain and pre-operative opioid use
- **Pre-habilitation-** optimal pain management and education/ expectation discussion
- **Complex cases-** referral to pain specialist in advance of operation and opioid weaning considered
- **Peri-operative management plan**- between patient and care teams

Intra-operative Recommendations

- Multimodal analgesia and use of opioid sparing techniques
- Procedure specific analgesic techniques
- Tailored to individual patients

Post-operative Recommendations

- Pain relief should be optimised - before leaving post op recovery area
- Functional pain assessment- as well as pain intensity should be undertaken
- Immediate- release opioids- are preferred when simple analgesics are insufficient
- Advice on medicine self-administration-education re-enforced by a leaflet
- Clear discharge plan on letter to GP
- Identification and support of patients for de-escalation of opioids prescribed prior to surgery which may no longer be required-
- Guidance about any necessary medicine review post discharge and max of 5-7 days' supply issued

Post-discharge Recommendations

- Post operative opioids must not be added to repeat and should be reviewed by a prescriber at each issue
- Any patient not normally on opioids still taking them 90 days after surgery should be reviewed and further assessment triggered including review by operating surgeon.
- Gabapentinoids should be tapered off if no longer indicated
- Pain and opioid related re-admissions should be notified to inpatient pain team.

Several audits were undertaken to assess how well this guidance was being adhered to and aid our understanding of HRPM use.

3.2.2 Pre-assessment Audit To Aid HRPM Understanding

Two audits were undertaken in the surgical pre-assessment clinics , one in 2021 (n=124) and one in 2022 (n=92). The results were as follows:

Meds prior to surgery	2021	2022
n=	124	92
Gabapentinoid	15%	19%
Opioid	25%	37%
Benzodiazepine	2%	9%

Oral Morphine Equivalence prior to surgery	2021	2022
n=	124	92
0-50mg	74%	58%
50-90mg	19%	15%
>100mg	7%	15%
		*12% not documented

HRPM combinations	% patients on meds	
	2021	2022
single opioid	68%	63%
>1 opioid	6%	4%
Opioid + gaba	23%	21%
Opioid + benzo	0%	8%
Opioid+benzo+gaba	3%	4%
Benzo + gaba	0%	0%

It should be noted these audits were undertaken in the post pandemic recovery period where waiting times for elective operations significantly increased and this may have resulted in increased prescribing of HRPM medicines.

- The % of patients on opioids prior to surgery was 25-37% with an increase seen in 2022
- There was also an increase in gabapentinoid and benzodiazepine use in 2022 with a 4% increase in Gabapentin (19%) and a 7 % increase in Benzodiazepine use (9%)
- In 2022 there was a greater % of patients on the highest morphine equivalence dose > 100mg.
- In both audits it can be see that over 1 in 4 patients were on a combination of HRPM prior to surgery which increases risks of central nervous system or respiratory depression.

Education and expectation management was not specifically assessed in the audit, but current understanding suggests opportunities for improvement with greater staff understanding of the implication of HRPM use particularly in chronic pain management. High risk patients (on high dose opioid or HRPM combinations) are not currently flagged to the inpatient pain team before the operation. Audit paperwork also identified issues with staff knowledge of drug names and drug groups which could have implications for clinical care.

Opportunities For Improvement in Surgical Pre-assessment

- Targeted information discussed with patient at appointment and re-enforced by a leaflet being developed -"Managing pain after surgery"
- Staff training of team undertaking pre-assessment clinics to:
    - Aid identification of high risk patients and promote understanding of HRPM risk and management of chronic pain
    - Promote expectation management identifying those who may need additional support to reduce preoperative anxiety and catastrophising
- High risk patients identified to the in patient pain team before the operation
- Aspirational:- prehab engagement of pain team or surgical pharmacist and involvement in potential opioid weaning pre surgery.

3.2.3 Theatre Audit to Aid HRPM Understanding

Audits were undertaken in Phase 2 (elective ortho theatres), n=29 and Phase 3 (main theatre suite) n=85. This again identified HRPM use in patients prior to admission for surgery and then HRPM initiated immediately post-surgical. The results were as follows:

Meds prior to admission	Phase 2	Phase 3
n=	29	85
Paracetamol	59%	31%
NSAID	14%	13%
Gabapentinoid	14%	4%
Opioid	38%	22%
Benzodiazepine	0%	0%

Meds given post op	Phase 2	Phase 3
n=	29	85
Paracetamol	91%	98%
NSAID	16%	29%
Gabapentinoid	X	X
Opioid	85%	95%
Benzodiazepine	X	X

- Opioid use prior to admission ranged from 22-38%. A higher % was seen in the elective orthopaedic theatres.
- There was high use of opioids in both theatre settings.
- The audit did not assess high risk combinations.

- Post operatively the use of standard paractamol was high in both theatre suites in line with guidance recommendations though NSAID use was higher in the main theatre suite compared with elective orthopaedics.
- Reassuringly neither gabapentinoids or benzodiazepines were initiated post operatively. Pre pandemic there had been evidence of some post operative initiation of gabapentinoids in some specialities but this has subsequently not been supported by evidence.

The opioids used post operatively were audited on two bases, the use of morphine as first line formulary choice and the use of Immediate release preparatons in line with Surgery & Opioids guidance. The results were as follows:

Post op Opioid	Phase 2	Phase 3
% opioids Morphine	75%	85%
% IR	76%	86%

- Morphine was the most used opioid in at least ¾ of patients
- The immediate release (IR) formulation was used in over ¾ of patients in both settings in line with the guidance.
- The inpatient pain team have been driving use of IR v MR over the last year

<u>Opportunities For Improvement in Surgical Post-Operative management</u>

- Consideration to increase oral standard analgesia use pre-operatively (paracetamol +/- NSAID)
- Whilst both relatively high, there are further opportunities to increase first line morphine use and use of IR preparation,
- Upskilling of ward teams in pain assessment and standard pain management
- Utilisation of in patient pain team for specialist advice when standard pain management measures are not effective

3.2.4 Primary Care Discharge Audit

Dr Shabnam Hussain, Lead GP HRPM undertook an audit of 100 patients discharged post surgically to assess compliance with the Surgery & Opioids Guidance. 14 patients were subsequently excluded based on surgery was for investigative procedure or patient was under 18.

86 patients were fully audited.

Operating speciality	Patient number	%
Orthopaedics	35	41%
Gynaecology	9	10%
Neurosurgery	3	3%
Urology	20	23%
General surgery	19	22%
Total	86	

The results were as follows:

- 22/86 (26%) were already prescribed an opioid analgesia pre-surgery- this was roughly in line with acute setting audits.

- 40/86 pts (47%) were discharged on post operative opioid analgesia. This was slightly higher for orthopaedics (19/35= 54%) than non ortho (21/51= 41%)
- 10/40 pts (25%) had clear plan on the discharge letter for reducing analgesia , this was slightly higher for orthopaedic patients (6/19 =32%) versus non-ortho specialities (4/21 =19%)
- It was not clear from letters if staff were counselling patient's pre discharge with regards to their newly prescribed opioid analgesia, dosing, weaning, storage and disposal as per guidance.

With regards post discharge management, Dr Hussain explored how many patients had direct contact with her practice pharmacotherapy team to discuss their analgesia and also whether any patients had their post operative opioid automatically added to repeat prescribing.

- 27/40 (67.5%) had a practice initiated pharmacy review post operatively on receopt of discharge letter to practice. From pharmacotherapy audit results in the pharmacy service it has been stated approximately 50% of patients receive a call from the pharmacotherapy team post admission about discharge medication in general.
- No patients had an opioid added to repeat without consultation with a GP post discharge.
- 7/40 (17.5%) remained on their post operative opioid at 1 month.
- This reduced to 3/40 (7.5%) at 3 months- it is not known if these patients were reviewed at this time in line with guidance.
- The 22 patients who had been on an opioid prior to admission had changes made to these opioids either as part of admission or on review after discharge. The outcomes of these reviews were as follows

Pts on Opioid Pre surgery n=	22	%
Opioid stopped	7	32%
Opioid reduced	6	27%
Continued as previously	9	41%

<u>Opportunities For Improvement in Peri-operative Prescribing of Opioids from A Primary Care Perspective</u>

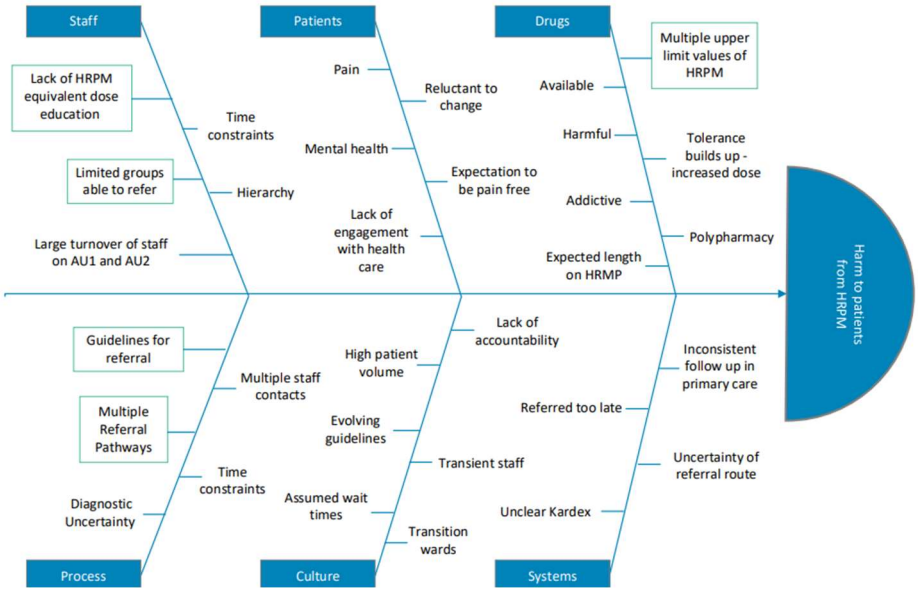
- **In Secondary Care/ interface**
  - Surgical speciality ensuring clear documented analgesic tapering plan in discharge letter
  - Including education/ information discussed with patient as part of letter or documenting issue of new standard post surgical opioid leaflet which could include individualised plan and expectation management of tapering and stopping analgesia.
- **In Primary Care**
  - There is an opportunity to prioritise opioids as a medication triggering a pharmacotherapy discharge medication review including discussion of pre-operative analgesic use.
  - Implement a flagging system which identifies patients remaining on previously prescribed opioid or post surgically initiated opioid at 1 and 3 months to facilitate de-prescribing or post-surgical reassessment of ongoing pain by appropriat service.
- **In both settings**
  - Planned or adhoc review of pre-operative analgesia to assess ongoing need.

3.2.5 SCOTGEM Admissions Audit

Scottish Graduate Entry Medicine (SCOTGEM) students on placement with NHS Fife In February 23 undertook a QI project to understand HRPM prevalence in acute medical admissions units (AMAU 1&2) at VHK and explore opportunities for increasing early referral to the inpatient pain team from

the AMAU. A known challenge for the inpatient pain team is recieving referrals to engage with complex pain patients too near to their anticipated discharge date to effect meaningful intervention. The project also gave the opportunity for raising awareness of HRPM programme and risks associated with the medicines.The SCOTGEM students undertook a fishbone analysis and identified several potential areas for improvement to reduce risks to patients.

Fishbone diagram highlighting potential contributing factors to patient harm from HRPM. Split into 6 key domains. Contributors in boxes were directly addressed by changes made in this project



393 patient kardexes were screened as a snapshot during the project to quantify those patients at highest risk of adverse effects from HRPM based on two critera:

1. On an opioid with Oral Morphine equivalence of >90mg/ day
2. On an opioid with Oral Morphine equivalence of <90mg/ day but co-prescribed a gabapentinoid, opioid or benzodiazepine

39 patients met the above criteria. It was broken down as follows

Criteria	No.Of Patients Identified
1. On an opioid with Oral Morphine equivalence of >90mg/ day	14
2. On an opioid with Oral Morphine equivalence of <90mg/ day but co-prescribed a gabapentinoid, opioid or benzodiazepine	32

The team also explored barriers to in patient pain team referral which included awareness/ ambiguity of referral criteria, role of the pain team, accountability (who should refer), patient turnover, capacity/ time and kardex challenges.

The SCOTGEM project aided understanding of prevalence of highest risk HRPM use in patients presenting in HRPM, approx 10% of patients screened. The project did not look at the possible involvement of the medicines in the presenting condition. The project team made a number of

suggestions for improvement which were limited by the time they had to undertake the project but which could be further developed as part of Year 2 in HRPM.

<u>Opportunities For Improvement in Management of Patients at Greatest Risk of HRPM Adverse Effects Presenting in AMAU 1&2</u>

- Agree referral pathway and criteria for HRPM associated patients to in patient pain team as appropriate for support during admission.
- Further develop training and posters created by SCOTGEM to support awareness and increase consideration of HRPM adverse effects in presenting condition.
- Explore role of Pharmacist & Pharmacy technicians in identifying patients for advice or review.
- Develop leaflet which can be given to patients to support their understanding and awareness, signposting for further medication review at appropriate time.

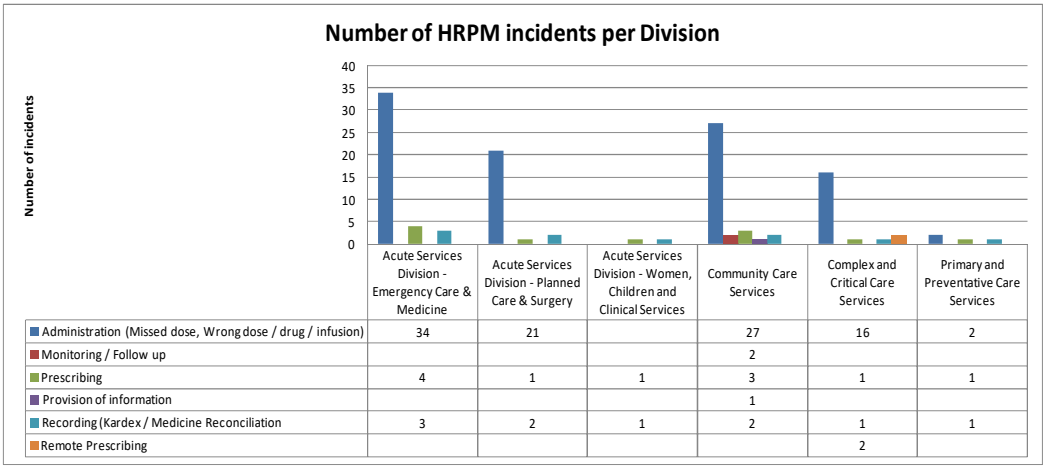
3.2.6 ED HRPM Presentations Audit

It has been established that adverse drug reactions or effects can result in avoidable hospital admissions with NSAIDS and Opioids in the top five drug groups[2,3] It had been hoped to undertake an audit of patients presenting at the Emergency Department (ED) to assess how many attended that were currently prescribed HRPM and in how many presentations could HRPM be potentially implicated. Early meetings were held to discuss and there was good engagement from ED consultants to take forward. Unfortunately service pressures in Winter/ Spring 22-23 meant this area of work did not progress. This area may merit further exploration to help identify impact of HRPM on healthcare resource.

3.2.7 HRPM Datix Analysis

An analysis was carried out on Datix for all medication incidents from April 22 to November 22 and filtered to identify incidents that involved HRPM (Opioids, gabapentanoids, benzodiazepines and NSAIDS). There were 209 incidents in total. 83 incidents were excluded from further analysis as being incidents that lay outwith the scope of HRPM work relating to supply, breakage, controlled drug register disctepancy or Ward audit.

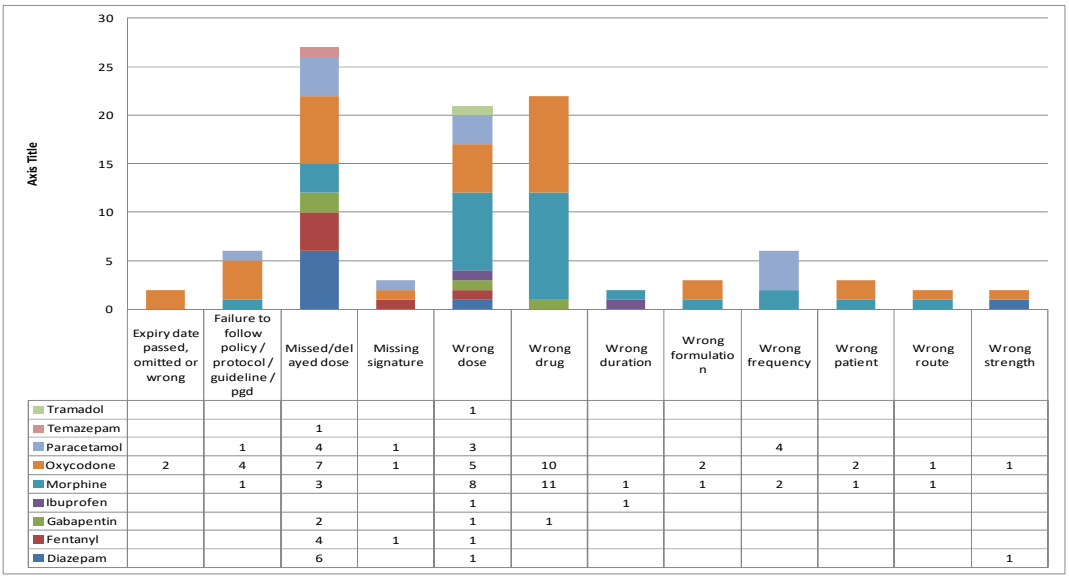
Graph -Number of HRPM incidents per division



	Acute Services Division - Emergency Care & Medicine	Acute Services Division - Planned Care & Surgery	Acute Services Division - Women, Children and Clinical Services	Community Care Services	Complex and Critical Care Services	Primary and Preventative Care Services
Administration (Missed dose, Wrong dose / drug / infusion)	34	21		27	16	2
Monitoring / Follow up				2		
Prescribing	4	1	1	3	1	1
Provision of information				1		
Recording (Kardex / Medicine Reconciliation	3	2	1	2	1	1
Remote Prescribing					2	

- The greatest number of incidents were in Emergency Care & Medicine followed by Community Care Services

Graph Datix Administration incidents broken down by medication



Outcome in terms of harm	No. Datix
Major	3
Moderate	4
Minor	13
No harm	106

- The greatest number of incidents related to missed or delayed dose which were typically graded as no harm if the patient had not indicated they were in pain at the next given dose. This could still lead to poor pain control, or given the nature of the opioids and gabapentinoids, potentially put the patient into withdrawal which may manifest itself as an overall worsening of presentation/ health rather than just pain.
- Wrong drug was next most common at 22, with only one gabapentin (should have been pregabalin) incident, the rest being oxycodone and morphine involved. CD governance group are currently developing tools to support selection of Morphine and oxycodone, such as presentation, lanyard posters and stickers.
- 21 incidents involved the wrong dose being administered, with morphine being the most common medication involved in this type of incident.
- Consistent with findings previous to HRPM work, and despite previous intervention, Morphine and Oxycodone continue to have the greatest number of datix.
- Issues relating to prescribing and recording were not specific to one drug and included issues such as missing information, not complying with Controlled Drug legislation and failure to follow protocols.

<u>Opportunities For Addressing Issues Highlighted by Datix</u>

- Linking with CD Goverance group to identify training needs which can be supported as part of wider understanding of pain management & raising awareness of risk of loss of pain control or tipping into withdrawal with missed doses.

3.3 HRPM & Substance Use

3.3.1 Background

National Registers Scotland publish an annual drug related death(DRD) report, latest was for 2021 in July 2022[4]. Four of the HRPM medicne groups are regularly implicated in DRD- Opioids, Gabapentinoids and Benzodiazepines. Fife has a higher involvement of some prescribable medicines in DRD than most other health boards, particularly gabapentinoids with involvement in 53% of DRD versus 47% for Scotland. They are often implicated as part of a complex polypharmacy mix of substances but it is unclear why there is greater involvement of gabapentinoids in Fife than other areas though it could be speculated that higher local rates of prescribing lead to greater patient access or increased volume in the community which may lead to diversion.

People with a dependency and substance use who also manage a chronic pain condition can find it difficult, as with all people with pain as a long term condition, to effectively manage their pain and address the impact of pain on their lives. In the substance use cohort this can be compounded by stigma, lifestyle challenges and access to the right support services.

In order to explore this area more a short life working group (SLWG) was established, lead by Dr Catherine Jeffrey Chudleigh, Public Health Consultant NHS Fife with key stakeholders from the Alcohol & Drugs Partnership, Addiction Services and 3rd sector agencies. It was agreed to focus on four areas:

a. Audit and analysis of the drug related deaths in NHS Fife in the year 2021 to identify how many involved HRPM and establish whether the person had been being prescribed the HRPM at time of death or not. This will help understand the source of supply, whether through a legal medical route or whether from another illicit source such as diversion through relatives and friends, local networks or other route e.g. internet.
b. Literature search
c. Multi-professional focus group with staff from NHS services, and substance use third sector agencies.
d. Substance Use Lived Experience engagement through either focus group or survey

3.3.2 Analysis of HRPM Involvement in Drugs Related Deaths in Fife

To understand the extent that prescribed HRPM medicines were implicated in drug related deaths, we reviewed the medical records of all people who died of a drug related death in 2021 and identified the prescribed high risk pain medicines estimated to be available to the patient at time of their death and of these, those that were assessed to have been implicated in or contributed to their cause of death (according to the medical examiners report) to produce some summary statistics. Some data was not available, so the following figures are estimates based on the available data.

In this review, prescribed high risk pain medicines were implicated in 41% of drug related deaths in Fife in 2021. After excluding methadone and buprenorphine OST, prescribed high risk pain medicines were implicated in 30% of drug related deaths. There were no deaths where prescribed medicines were the only drugs implicated.

Where high risk pain medicines were prescribed and implicated, a median of 5 drugs (illicit or prescribed) per person were implicated in drug related deaths (range 2-7). Of these a median of 2 high risk pain medicines were prescribed to the person which were implicated in the death (range 1-4). After removing buprenorphine and methadone OST from the analysis, a median of 1 high risk pain medicines were prescribed to each person.

This supports evidence from the professionals focus group held to inform this project that use of medicines, other than as prescribed, is complex and unlikely to be the primary driver of drug related death. Furthermore, whilst misuse of prescribed medicines might be observed in people who use substances, this is typically associated with complex drug use also involving illicit substances, and associated history of trauma or mental health problems.

Prescribed opioids/ opiates were the most likely group of prescribed medicines to be implicated in drug related deaths (38% of deaths). However, the vast majority of opiates/ opioids implicated in drug related deaths were opioid substitution therapies, so not prescribed for pain. Excluding methadone and buprenorphine OST, only 6 people had been prescribed an other opiate/ opioid which was implicated in their death (11% of deaths) indicating that prescribed opiates/ opioids, other than OST, were relatively rarely implicated in drug related deaths, even in combination with other substances.

The NRS drug related death report for 2021 identified methadone (from all sources) implicated in 53% of all drug related deaths and buprenorphine implicated in 4%. The results suggest that more than half of methadone implicated in drug related death could be prescribed. Illicit or diverted methadone is likely to be implicated regularly. Gabapentinoids are the most likely prescribed high risk pain medicine to be implicated in drug (25% of deaths) after opiates/ opioids and probably of greatest concern of all the prescribed medicines implicated in drug related deaths in Fife in this review. Prescribed Pregabalin and Gabapentin were equally implicated in the drug related deaths.
The NRS drug related death report for 2021 identified that gabapentinoids were implicated in 53% of Fife drug related deaths. The results suggest that just under half of gabapentinoids implicated in drug related death could be prescribed.
Diazepam and Nitrazepam were the only prescribed benzodiazepines/ Z drugs implicated in drug related deaths (14% of deaths), with the majority involving Diazepam. The NRS drug related death report for 2021 identified that benzodiazepines were implicated in 70% of Fife drug related deaths, of which 26% were estimated to be prescribable. Diazepam was implicated in 23% of deaths. The results suggest that the majority of Benzodiazepines implicated in drug related death appear to be from an illicit or diverted source, However, just over half of prescribable benzodiazepines implicated in drug related death could be prescribed.
NSAIDs did not feature as prescribed high risk pain medicines implicated in drug related deaths

3.3.3 Literature

Public Health Fife and Fife Alcohol & Drug Partnership are currently undertaking a literature review of the UK only evidence base to understand the prevalence of factors which contribute to and the nature of use of prescribed medicines other than as prescribed. The review will also look at interventions to reduce misuse and diversion of prescribed medicines which might help elicit interventions suitable for test of change in Fife. The review is currently ongoing.

3.3.4 Multiprofessional Focus Group

A multi-professional focus group was held with four staff members from substance misuse pharmacy, substance misuse nursing, harm reduction service and substance misuse third sector service in March 2023. The purpose was to consider the drivers for misuse and diversion of HRPM, potential interventions to address these and to consider the needs of the people who misuse substances in the context of the HRPM patient safety programme workstreams. This is an executive summary of the themes arising in the discussion.

A question set was used to guide the discussion, which was shared with participants A thematic analysis of the discussion was undertaken.

Focus group question set

- Do some of your patients/ service users have a dependence on HRPM?
- In your experience, have patients who use HRPM been initially prescribed these for a clinical indication?
- How might people access HRPM prescriptions medicines (not prescribed to them) from your experience?
- What do you think might reduce misuse or diversion of HRPM?
- How should we best support patients with an HRPM dependency to manage their chronic pain condition in your view?
- What are the risks of alternatives to prescribing for this group?

This summary reflects the perspective of the participants of the focus group, amongst whom there was considerable consensus on these issues. It provides some helpful insights into some of the drivers for misuse and potential interventions to reduce inappropriate use in the patient group who are at risk of or who are inappropriately using prescribed medicines. However, it cannot be assumed that this necessarily reflects or captures the breadth of perspectives of the wider multi-professional group of colleagues involved in providing support for addiction in Fife in relation to these questions.

Drivers for misuse/diversion

The drivers for ongoing misuse of HRPM are complex and interrelated and likely to be influenced by trauma, poor mental health and compounded by poverty. Many people in contact with addiction related services in Fife are using prescription or prescribable HRPM. However very few people in contact with addiction services (and who die of a drug related death) are solely misusing prescription medicines, usually this is in the context of polypharmacy including illicit substances.

It is not uncommon for people who are known to misuse high risk pain medicines (HRPM) to have been initially prescribed HRPMs for a legitimate clinical indication at some point in the past and this use sometimes escalates and can transition to illicit or diverted sources over time. For some people, medicines have been prescribed in the past and continue to be prescribed and are being taken alongside illicit substances, but this use of HRPM may not so easily be characterised as misuse, even if the appropriateness of long-term prescribing is questionable.

There is thought to be large amounts of HRPM in cupboards throughout the community with significant potential for misuse and diversion. Family, friends, and neighbours are thought to be likely sources of diverted medicines as well as the internet. The volumes of HRPM supplied between reviews and infrequency of reviews in Primary Care; are all thought to significantly influence the availability of HRPM in the community and thus potential for misuse and diversion of HRPM. Some people particularly those prescribed in the more distant past, report that not understanding how powerful the drugs were that they had been prescribed, or the long-term consequences and potential for dependence were contributory factors to their subsequent dependence, highlighting the role of prescriber/patient communication.

Historic de-prescribing programmes are also thought to be a considerable contributor to ongoing prescribed medicine and also illicit misuse in our communities for example programmes to reduce opiate/opioid prescribing reportedly contributed to increased gabapentinoid prescribing which is also associated with dependency and harms, and efforts to reduce benzodiazepine prescribing was observed to contribute to increases in illicit benzodiazepine use.

Interventions to reduce misuse/ diversion

Reducing the amounts supplied per patient and potentially implementing supervised consumption particularly where there is a perceived higher risk of dependence, misuse or diversion might reduce this. Increasing the frequency of reviews, particularly at an early stage in prescribing would also reduce potential for inappropriate long-term use and potential dependence or misuse/ diversion. Clinicians should also be aware of the potential for anyone to become dependent or divert medicines and apply a universal approach to amounts supplied and frequency of reviews. Lastly ensuring that people are aware of the nature of the drugs prescribed and potential for dependence is important, although it is recognised that this is being done far better presently than it was historically.

Alternatives to prescribing

It was recognised that Primary Care colleagues have limited access to alternatives to prescribing including to treat the drivers for inappropriate/misuse like adequate support for mental health or co-occurring chronic pain and addiction. There is an unmet need for satisfactory chronic pain support for people who are also have problematic substance misuse who might be under the care of the addiction service but without shared care and expertise to address underlying pain. Appropriate alternatives to prescribing that could be implemented might include adequate support for pain or mental health needs at an early stage; mitigating barriers to access and support for alternatives; social prescribing; potential role for Primary Care link workers supported by 3rd sector addiction support for more complex patients.

Risks and mitigations associated with de-prescribing

There is a considerable perceived risk of unintended consequences associated with de-prescribing interventions or reducing access to prescribed medicines. Some such programmes have historically contributed to people resorting to alternative prescribed medicines or harmful illicit substances to address their needs and could result in higher rates of harm and potentially drug related death.

It was felt to be important to take an anticipatory holistic approach to supporting people through de-prescribing. This will include people who are assessed to be at immediate risk of illicit substance use. It should also include consideration for people with potential dependency/ addiction to prescribed HRPM who are currently not accessing services or even using other substances but may be at higher risk of illicit substance use as an alternative to address their need for example through being affected by poor mental health or trauma. Implementing de-prescribing interventions alongside a trauma informed package of support for people at greatest risk of resort to illicit alternatives and preparedness for increasing demand for substance misuse services were proposed approaches to mitigate these risks.

3.3.5 Multiprofessional Focus Group High Level Summary

Drivers of misuse/ diversion

Drivers for misuse or diversion – patient	Drivers for misuse – patient and prescriber/ system	Drivers for misuse or diversion – prescriber / system
• Initial clinical indication • Poverty • ACEs and trauma • Mental health • Difficulty engaging with alternatives • Ease of availability (family, friends, internet)	• Advice communicated to patient and their understanding • Support for people with pain and addiction • Support for mental health	• Amount supplied • Frequency of reviews • Significant impact of historic deprescribing programmes

Potential Interventions

Interventions to reduce misuse/ diversion	Alternatives to prescribing	Mitigating harms from de-prescribing
• Reducing amounts supplied • Regular reviews • Potential for daily supervised therapy • Awareness of potential for anyone to become dependent or divert medicines	• Adequate pain and mental health support at an early stage • Mitigate barriers to access to support • Social prescribing • Role of link worker supported by 3rd sector.	• Anticipatory support in the community for de-prescribing • Preparedness for increasing demand for substance misuse services

3.3.6 Substance Use Lived Experience Engagement

At the time of report writing the SLWG were in early discussion how to take forward this area and would anticipate it continuing into year 2. This will be important to understand routes of diversion and supply of prescribed medicines locally; reasons for use; and the experiences of chronic pain and support managing this amongst people who are using substances.

3.3.7 Key Findings/Recommendations HRPM & Substance Use

There is a plan to develop recommendations following a workshop with members of the short life working group and other stakeholders in August 2023. Some early reflections are presented for this report.

Prevention/ early intervention - It is well understood that prevention and early intervention is vital to avoiding the harms and deaths associated with substance use. This includes addressing the social factors that contribute to initiation and escalation of drug use. In the context of this project, implementation of evidence-based guidelines around prescribing, in the early stages of pain management, are likely to have the potential to prevent addiction to prescribed high risk pain medicines and the harms associated with this. Early consideration and intervention to address the factors that could be contributing to medicine use other than as prescribed such as poor mental health, dependency, complex pain needs, and other social needs would ideally be considered and be integrated in pathways of care developed to improve patient safety associated with high-risk pain medicines. It is also recognized by substance use professionals that there is the potential for anyone to divert high risk pain medicines, not just people who are assessed to be at high risk of substance use/ dependency. Often the reported source of diverted high risk prescribed medicines is older people who may not necessarily be perceived to misuse or divert substances.

When developing interventions and guidelines relating to appropriate high risk medicine prescribing, it will be important to consider the potential for anyone to divert medicines (either intentionally or unintentionally).

All communications and interventions are trauma-informed and stigma-free - The drivers of high-risk pain medicine substance misuse, as with all substance use are complex and commonly associated with experiences trauma and unmet mental health needs. Unfortunately, stigma and shame are frequently experienced by people using substances and felt through their contact with services. Communications, interventions, training and guidelines for this programme should be trauma informed and consciously avoid stigma at all stages.

Guidelines and processes systematically consider the needs of people who use substances - The extent of prescribed gabapentinoids implicated in drug related deaths in Fife is considerable and highlights the importance of guidelines which are embedded in systems of care and support evidence-based prescribing to minimise the risk of harms to the patient, diversion of medicines and drug related death. Prescribed benzodiazepines are also implicated in a high proportion of drug related deaths and similarly evidence-based guidelines should be implemented to support their appropriate use to mitigate harms, diversion and drug related death. Guidance on prescribing high risk pain medicines for people who use substances and their needs, would preferably be systematically embedded in all guidance relating to HRPM. Reducing amounts of medicines supplied and increasing regularity of reviews where high risk pain medicines with dependency potential and diversion potential are also thought to be likely to support more appropriate prescribing and use.

De-prescribing interventions and need to mitigate the significant risk of harm to people who use substances
A potential significant risk of harm to people who use substances has been identified for de-prescribing interventions, which have been observed, in the past, to contribute to diverting people to illicit and potentially more harmful substances. Proactive assessment of need and anticipatory care should be in place for people who are having medicines reduced as part of prescribing stewardship interventions, who also use illicit substances or are potentially dependent on prescribed medicine, potentially with the support of third sector services experienced with supporting people experiencing substance use.
Alternatives to prescribing consider the needs of people who use substances - People who use substances are more likely to experience barriers to accessing services including through ability to travel or pay for travel, digital exclusion or other barriers to accessing services. How to mitigate these inequalities should be systematically considered as alternatives to prescribing are developed and implemented, including potentially the locations of support services and potential roles for third sector services involved in addiction, and others, in support in supporting and signposting. People who have been self-medicating (with prescribed medicines/ illicit substances) for long periods of time might have difficulties engaging with alternative methods of support for their pain. The needs of people who use substances in relation to alternatives to prescribing should be considered and addressed. It is hoped the literature review and lived experience survey might help us develop this further.

Support for chronic pain needs of people who use substances and people who are dependent on prescribed medicines - There would be benefits from a formalised pathway for supporting people with addiction and chronic pain needs/ prescribed high risk pain medicine dependency to meet both needs
(With input from both services). This may contribute to optimal prescribing for this patient group. Pathways for prescribing pain relief post operatively in people on OST is also likely to improve care. There is also a need for accessible guidance for professionals in substance use around where to signpost and materials/ information to give for people who experiencing pain and substance use, including non-digital materials to reduce digital inequalities.

4. What Insights Can Be Gained from Our Reviews?

4.1 Prescribing Guidelines Review

The Data, Prescribing and Guidance workstream of the programme reviewed NHS Fife's Prescribing Guidelines/ Guidance.

The table below outlines the consensus of the workstream following this review:

Positives	Potential Improvement Considerations
1. Guidelines base content is in-depth and covers the material well 2. Guidelines were reasonably up to date speculation prior to the review was this may not be the case	1. Current guidelines were lengthy, in a long format and diffcult to consume, especially when trying to check something quickly 2. It may not always be clear if the guidelines being accessed are current or not, therefore last reviewed/modfified version control in the document would help inform how current they are (potentially with a note of changes between versions to see what has changed at a glance) 3. Access would be improved by having one central location where the most recent versions are held

The focus of subsequent guidelines discussion was to better understand how often these are used. From an Awareness Primary Care Staff Survey undertaken by the programme over March 2023, the table below summarises findings when asked about the frequency of access and ease of use:

How <u>often</u> do you access the following local guidance?						
Guidance	**Daily %**	**Weekly %**	**Monthly %**	**Rarely % (<1 month)**	**Yearly %**	**Never %**
Fife Formulary Section 4 CNS 4.7 Analgesics	2	17.6	17.6	25.5	3.9	33.3
Appendix 4C Guidance on the management of chronic non-malignant pain	3.9	13.7	11.8	37.3	7.9	25.5
Appendix 4G Strong opioid Guideline & Educational Pack	2	7.8	5.9	33.3	7.8	0
Appendix 4H Opioids Quick reference guide	0	11.8	7.8	31.4	7.8	41.2
Appendix 4J Strong Opioid Withdrawal guidance	2	3.9	11.8	33.3	13.7	35.3

How easy do you find the guidance to use?						
Guidance	**Very Easy %**	**Easy %**	**Neutral %**	**Difficult %**	**Very Diffic.%**	**I do not use %**
Fife Formulary Section 4 CNS 4.7 Analgesics	5.9	21.6	25.5	3.9	11.8	31.4
Appendix 4C Guidance on the management of chronic non-malignant pain	5.9	21.6	23.5	5.9	7.8	35.3
Appendix 4G Strong opioid Guideline & Educational Pack	3.9	13.7	27.5	3.9	7.8	43.1
Appendix 4H Opioids Quick reference guide	3.9	17.6	25.5	3.9	5.9	41.2
Appendix 4J Strong Opioid Withdrawal guidance	2	11.8	29.4	5.9	7.8	43.1

Overall “rarely” or “never” consistently represented a significant proportion of responses regards how often the guidelines were accessed, with only between 14% to 28% indicating they find the guidance “easy” or “very easy” to use.

When asked to select the barriers to applying the guidelines in practice, over 80% of the barriers fell into 6 main categories, shown in the table below:

Category	Count	% (nearest whole)
Time	31	25
Patient expectations	22	17
Lack of familiarity	22	17
Difficult to navigate/find what is needed	17	13
Accessibility/not sure where to find them	9	7
Do not match experience	9	7

When asked for ideas to improve the guidance the main suggestions included:

- One defined place for guidance
- Searchable, modern, user friendly
- Shorter, more focused
- Clear steps with concise information
- Simplify
- Highlight when updates/changes
- Accessible to patients

For those who did access guidance figures A and B show how this is most accessed at present and the preferred method of access:

Figure A: How guidelines are accessed currently

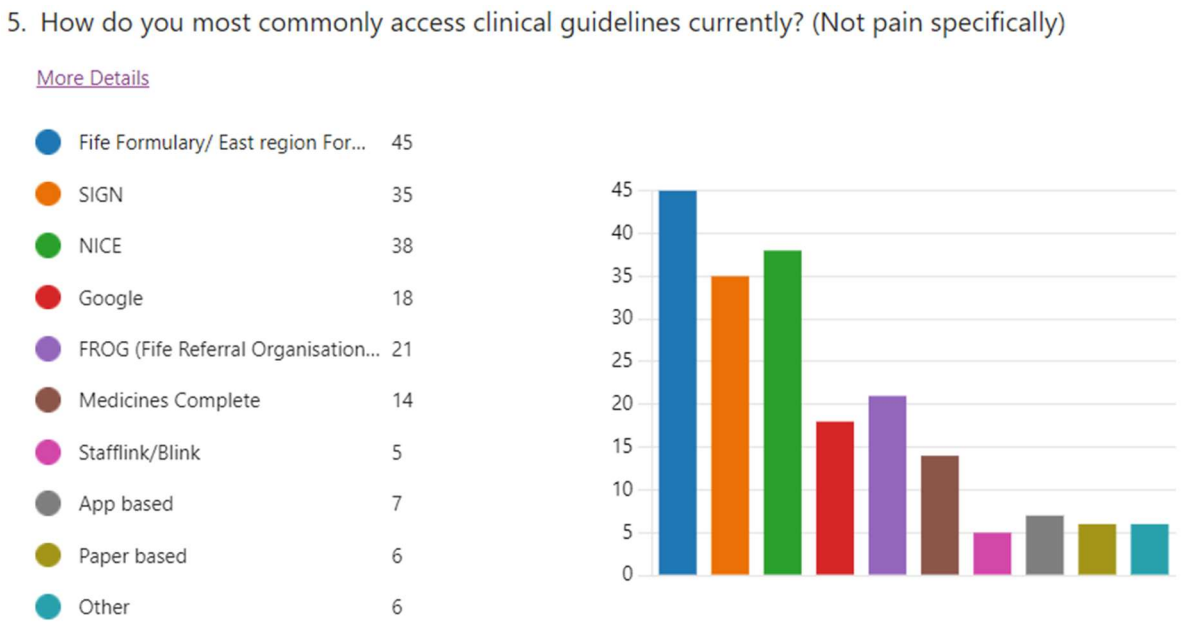


Figure B: Preferred way to access guidelines:

Appendix 1 contains a list of supporting documents that can provide a full summary of findings from the Awareness Primary Care Staff survey. The staff perspective findings are also discussed further in section 6.1 of this report.

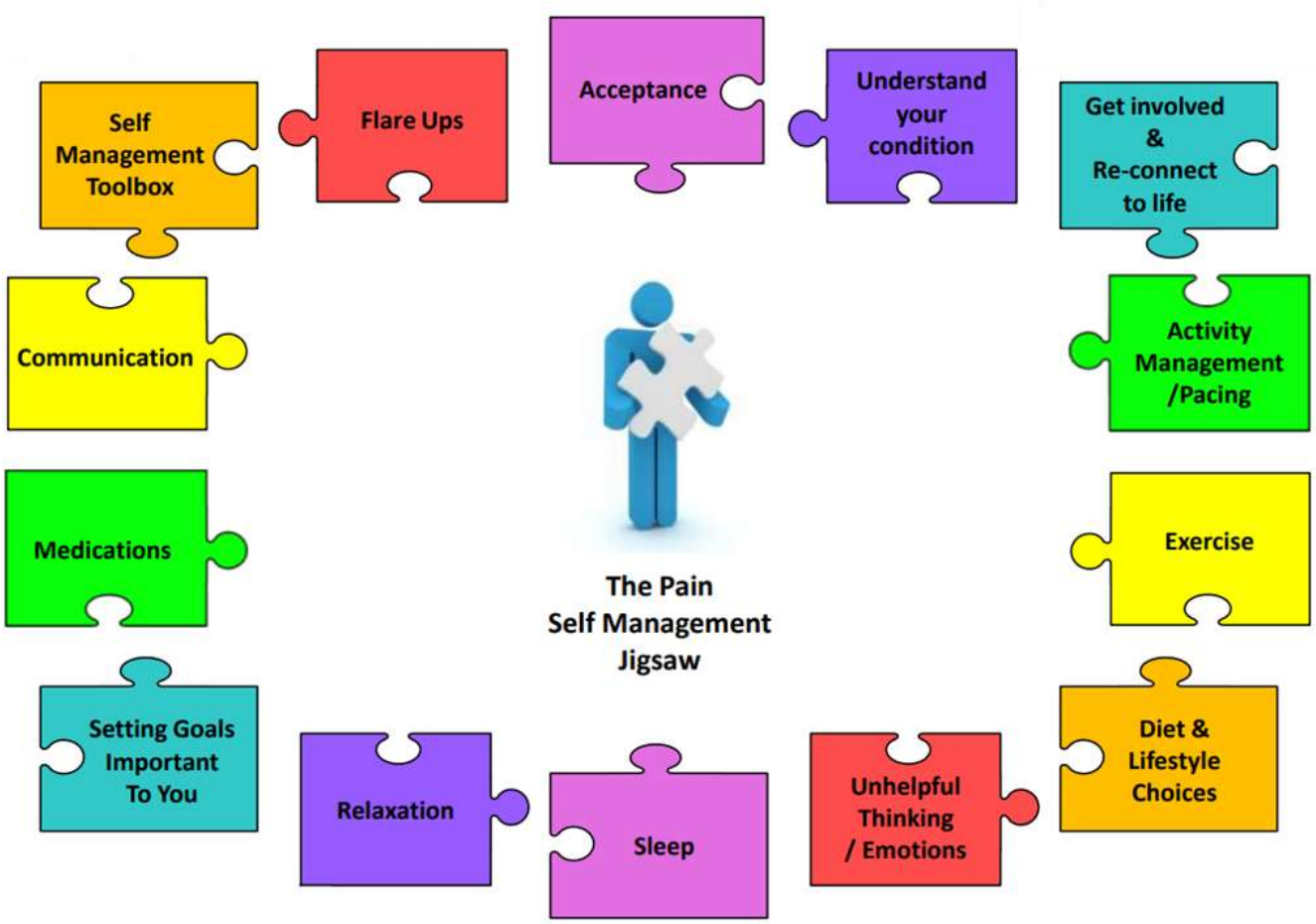
Overall survey findings show consistency with the previous review work and anecdotal feedback. There is a high proportion of Primary Care staff “rarely” or “never” accessing prescribing guidelines with ease of use, accessibility, structure, and presentation of the guidelines coming through as areas for consideration to inform improvement. Although there is an indication of the preferred method to access guidance, work will need to be done around understanding any business rules/technology limitations on where these should be held. However, attempts will be made to ensure this is a single location to address some of the key improvement areas staff highlighted.

Into year 2 of the programme, these findings will directly inform a proposed revised set of guidance that seeks to make the existing guidelines less of a static document and more of a toolkit to support

staff. Any revised guidance will seek to improve accessibility and ease of use. It is likely this will be framed around the key stages of; initiation, continuation, de-escalation and dis-continue, to better support prescribing and medication review decisions.

4.2 Pain Management Jigsaw

The Fife Pain Management Jigsaw is an interactive resource that outlines a range of interlinked factors that need to be considered as part of pain self-management. For each factor or 'jigsaw piece' several additional resources are located together, with direct links provided to help advise and guide patients. It has been developed and used as an internal resource within Fife Pain Management Service (FPMS) and underpins the ethos of the service of supported self-management. It is currently hosted on the FPMS webpages. It was rapidly developed as part of the pandemic response and was being reviewed by the FPMS. The Fife Pain Management Jigsaw is illustrated below:



Over the duration of the first phase of the programme, the Supported Self-Management Solutions Workstream were invited to feedback on the Fife Pain Management Jigsaw in conjunction with FPMS.

The table below summarises the consensus from key stakeholders:

Positives	Potential Improvement Considerations
1. The jigsaw provides a good visual depiction of the range of factors that may need to be considered when talking to patients about how they are coping with the pain caused by their condition. 2. Is a useful resource as it attempts to bring all relevant information into a single location. 3. Visual format helps make each aspect more consumable and easy to follow.	1. There are some technical navigation issues/linkages that need to be resolved. 2. There is likely limited overall awareness of the Pain Management Jigsaw. 3. Some of the signposting and video materials could be updated/replaced with other identified examples (some specific suggestions have been received for the 'Diet and Lifestyle Choices' and 'Activity Management/Pacing' sections).

As the Fife Pain Management Jigsaw has been reviewed, work has also been undertaken to update the Workbook used by professionals in the Pain Management Service. As this Workbook resource will align with any changes to the Jigsaw, there is also potential for the workbook to be shared with selected services outwith the existing Service. The proposal would be to advocate for Fife wide use of the interactive jigsaw in various services. Therefreshed jigsaw will be finalised as part of year 2 work.

4.3 Existing "alternatives to prescribing" Services Review

As part of the first phase of the programme, the Supported Self-Management Solutions Workstream alongside key partners/stakeholders also mapped the resources that help support those living with pain conditions.

Part of this process led to the creation of Summary Service Descriptors (details available from a separate document identified in Appendix 1), that defined the main purpose of health, social, community and tertiary care services offered. This helped create a base sense of awareness, as anecdotal feedback from those working in such areas suggested that even staff do not understand what each Service could offer. Therefore, it is unlikely our patients/service users will have that awareness.

The mapping also sought to identify where such services were located across Fife, as well as identify by service grouping the main method used in the delivery of each service (available in Appendix 1).

The original grouping and presentation of Services (by Primary, Secondary, Tertiary, Community etc) was thoroughly discussed, given some services overlap/are integrated and could feasibly occupy multiple groupings. Overall this presentation was thought to not be that useful. Instead the service offering could be better viewed more as a tier model. This would involve identifying and grouping service offerings in lower tiers as items suitable for self-directed service and potentially self-referral. With higher tier services being those requiring professional referral and specialist input.

This re-grouping of service offerings around a tier model principle will be picked up as part of year 2 activity of the programme. This could help inform the business rules required for any prospective pain 'Resource Hub' future capability, implemented via the parent programme.

5. What Do We Know About the Awareness And Experience Of Our Patients/Carers?

5.1 Patient Awareness

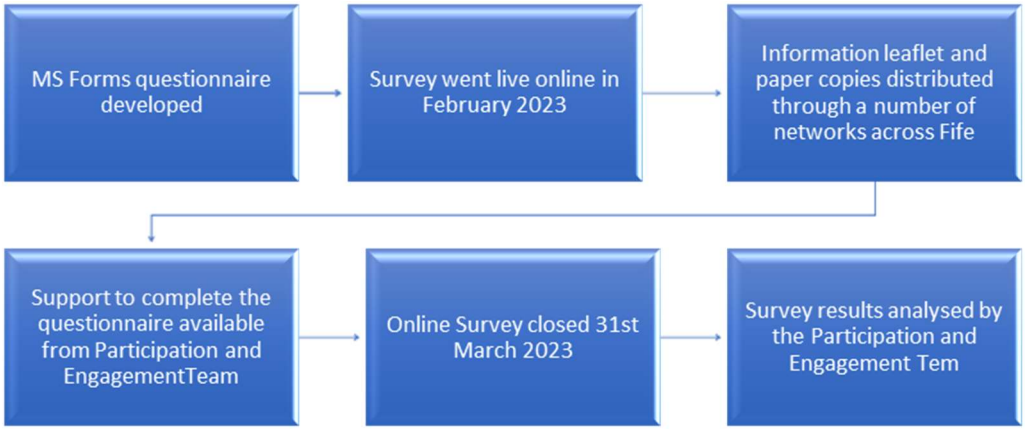
5.1.1 Background

Patient and Carer Surveys were developed to capture the experiences of people living with long-term pain or caring for someone that does, and people across Fife were invited to share their experiences of managing pain and pain medicines by completing the survey.

The results of the survey will help to inform the current and future work in managing pain, prescribing pain medicines, and improving the patient's experience.

In Section 5 of the survey – Supported Self-Management – patients were asked to share their experiences of alternatives to pain medicines. This information forms part of the report but NHS Fife are not endorsing non-evidence alternatives and cannot supply the range of methods used.

5.1.2 Approach



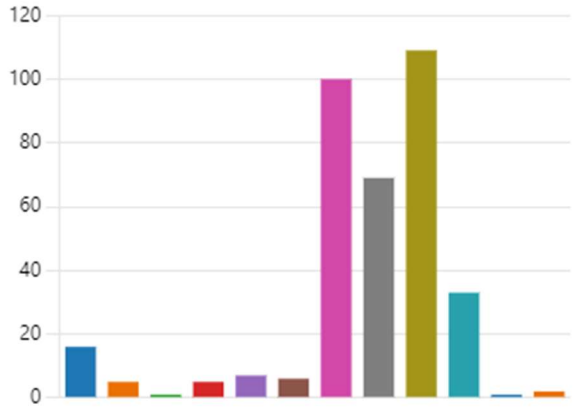
The surveys were promoted online and via social media by NHS Fife, Fife Health and Social Care Partnership and Fife Carers Centre. Paper copies were available on request. Survey flyers with QR code to access surveys and paper copies with prepaid envelopes were also distributed by the Participation and Engagement Officer attending Pain Association Scotland Meetings, via all GP practices in Dunfermline,1 in Southwest Fife, 3 Community Pharmacies in the Dunfermline and Cowdenbeath cluster area and to patients attending Fife Pain management Service.

5.1.3 Background Information

A total of 193 people completed the Patient survey for those with lived experience of chronic pain. Most responses from the Patient Survey were from those in the 45-54 and 55-64 age groups.

A total of 186 people who completed the Patient Survey were white, with 160 people identifying as Female and 32 Male. Of the 193 people who completed the Patient Survey,191 responded that they did not consider themselves to be trans or have a trans history. 1 person preferred not to say.

People were asked about their other health conditions and had the option to choose all that applied to them. 109 people indicated that they had a Long-term illness, disease, or condition, 100 people had a physical disability and 69 people had a mental health condition. Full details provided below:

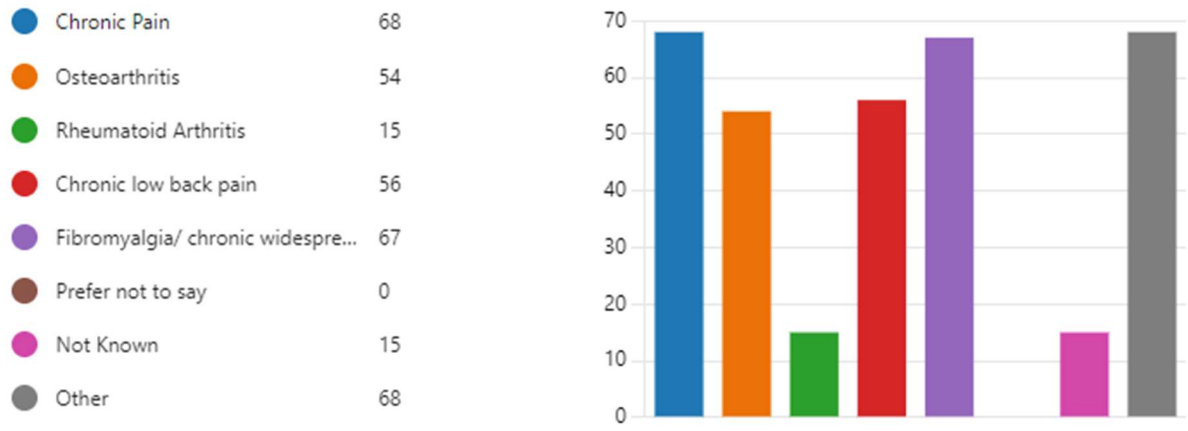


The highest number of responses came from people who lived in Dunfermline with 46 responses and Northeast Fife with 36. The lowest number was from Southwest Fife with 6 responses.

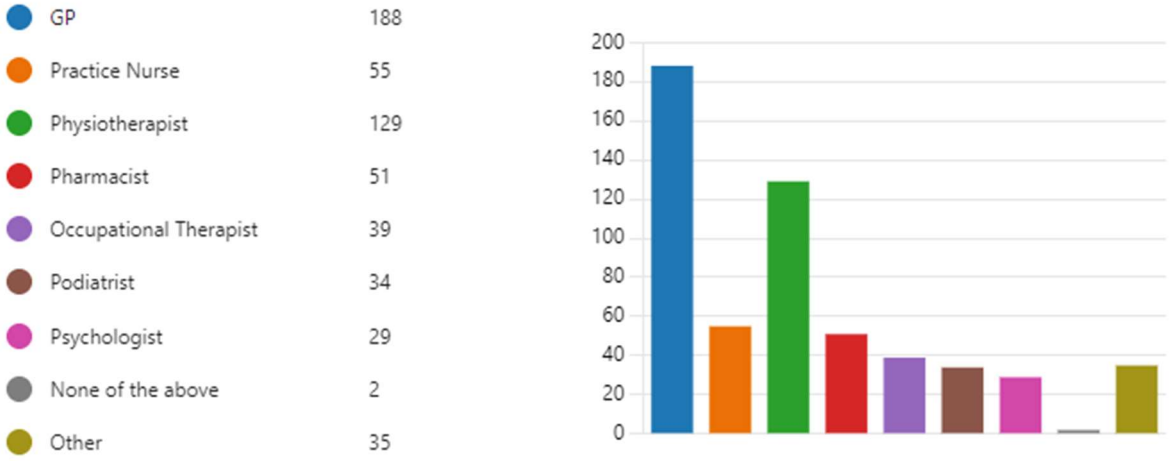
5.1.4 Patient Experience

Over half of the people who responded had been managing pain for more than 10 years with 42 people managing pain for 5-9 years. 6 people had been managing pain for 3-11 months.

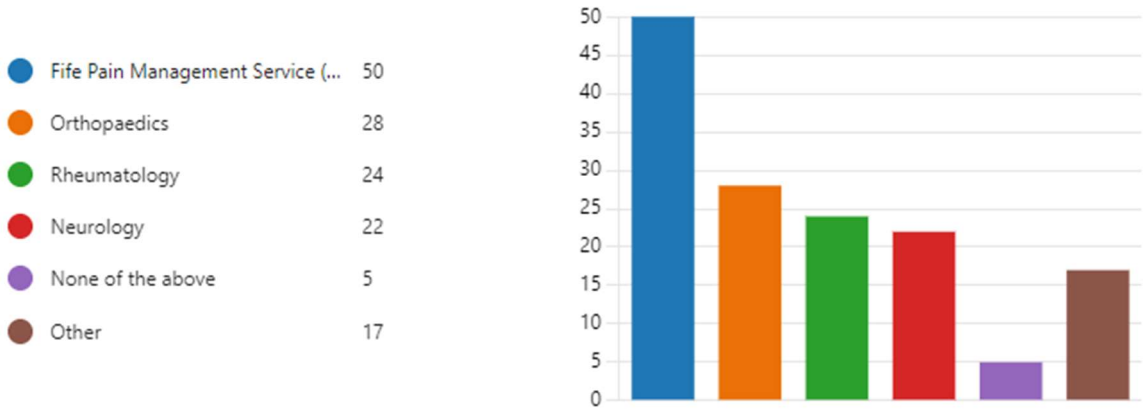
68 people who responded had been diagnosed with Chronic Pain and 67 had Fibromyalgia with 68 people having a condition that was not listed. The conditions in the other section were wide ranging and included trigeminal neuralgia, ankylosing spondylitis, endometriosis, migraine, neuropathy, hypermobility, Ehlers Danos Syndrome, Raynaud's disease, irritable bowel syndrome, ulcerative colitis, lupus, and hip dysplasia.



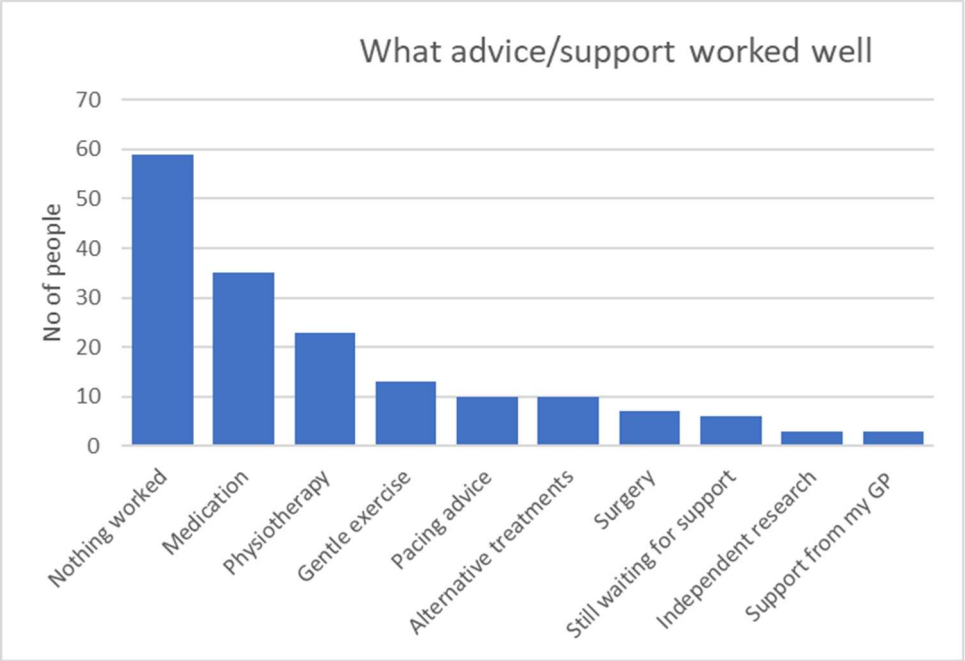
Nearly all the people who responded had been seen by their GP and over 60% had also seen a physiotherapist. 35 people had seen professionals who were not on the list including gynaecologist, chiropractor, dermatologist, rheumatologist, and other specialist consultants. Full details below:



More than half of the people had been referred to specialist services with the remainder who had not. 17 people had been referred to services which were not on the list including, gynaecology, urology, endocrinology, and pain clinics in other areas. Further information on which services they had been referred to is included in the table below:



Over a quarter of the people who completed survey said that nothing had worked well for them. 17% said that medication was helpful.



Comments included:

"None really, tried various medications with little success"

"Absolutely not had any support or advice. When fibromyalgia mentioned, can hear their eyes rolling across the room"

"Taking regular analgesia has some effect. Not had much in the way of advice apart from that"

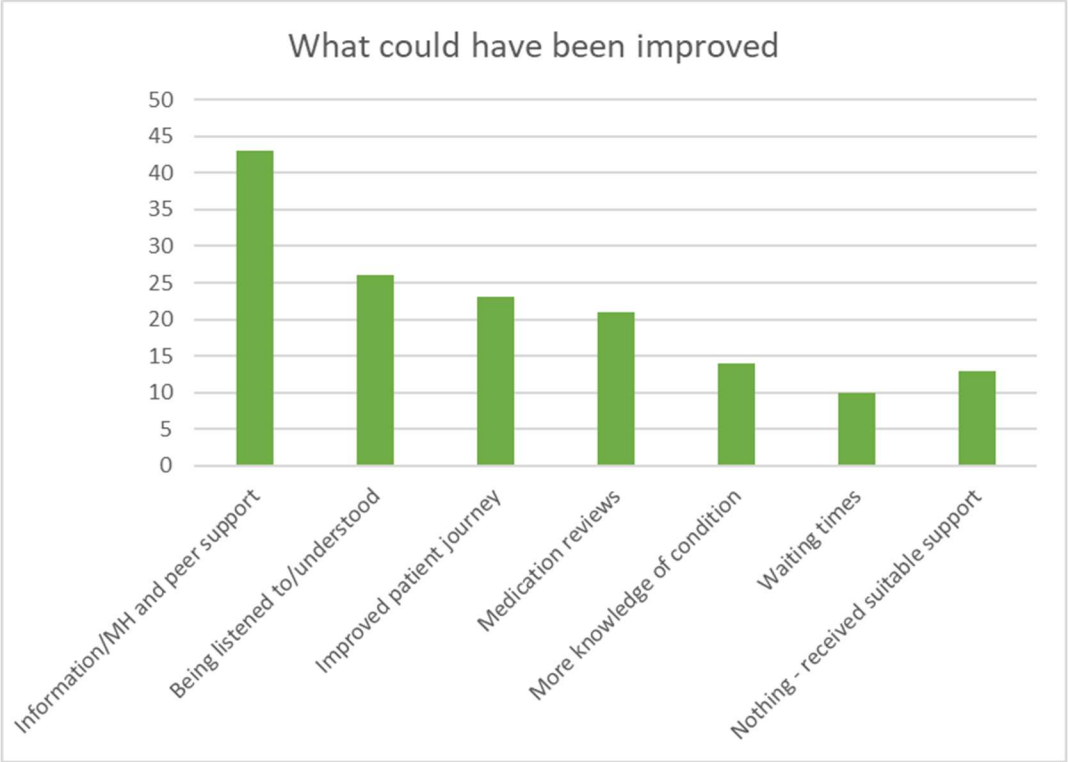
"Rituximab recently but many other drugs have been successful for some time but then ceased to work, e.g., Cimzia, Etanercept, Methotrexate, Sulphasalizine plus painkillers such as Co-Codamol. In addition steroid injections to help manage flares."

"General advice from pain management and other NHS physios.

"Hands-on treatments from physios in the past improved my functioning a lot, but the NHS seems unwilling or unable to provide that now- I now have to pay to access this from a private physio, along with massage therapy which is also very helpful."

5.1.5 What Could Have Been Improved About the Advice or Support from Healthcare Professionals

Almost a quarter of people felt that having additional information, particularly around peer support and mental health support would have helped. Over 12% did not feel that they had been listened to and understood.



"Don't put everything down to being overweight. It isn't always the reason. I lost weight and pain is the same"

"A better understanding of fibromyalgia from all healthcare professionals and be empathetic towards the person. Also, not to belittle the persons pain"

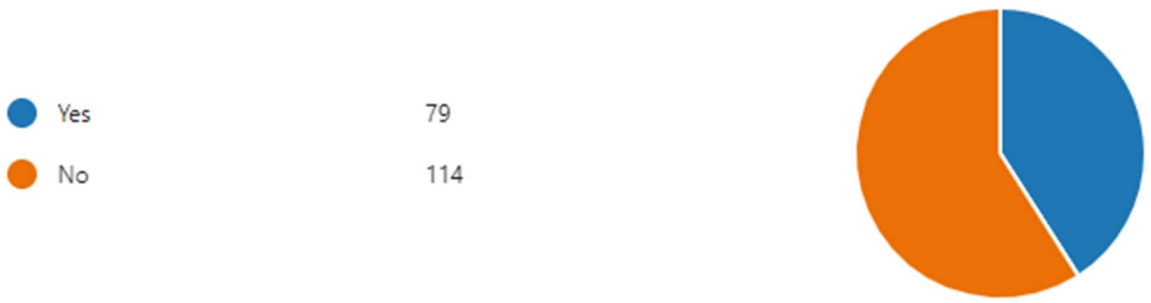
"Not everyone has the same symptoms or deals with it the same way"

"No follow up after medication prescribed. Simply on repeat prescription for months/years"

"I struggle with Fibromyalgia pain on an ongoing basis, experiencing frequent flare-ups and varying degrees of pain and life being quite impacted by the symptoms. I manage the condition with painkillers and trying alternative therapies on an ongoing basis. I've never been referred to Rheumatology or the Pain Management Service. I've had one physical examination prior to diagnosis and have had telephone consultations following on from this over the years. I feel advice and support is quite limited"

5.1.6 Paying Privately for Support to Manage Pain

79 people who completed the Patient Survey had paid privately for support to manage pain with 114 people answering that they had not paid for private support.



Approximately 16% of people paid privately for physiotherapy treatment with 10% paying for massages. Other privately purchased services included acupuncture, chiropractor, and podiatry with single numbers of people paying for a range of other services including private scans, appointments with consultants and alternative therapies.

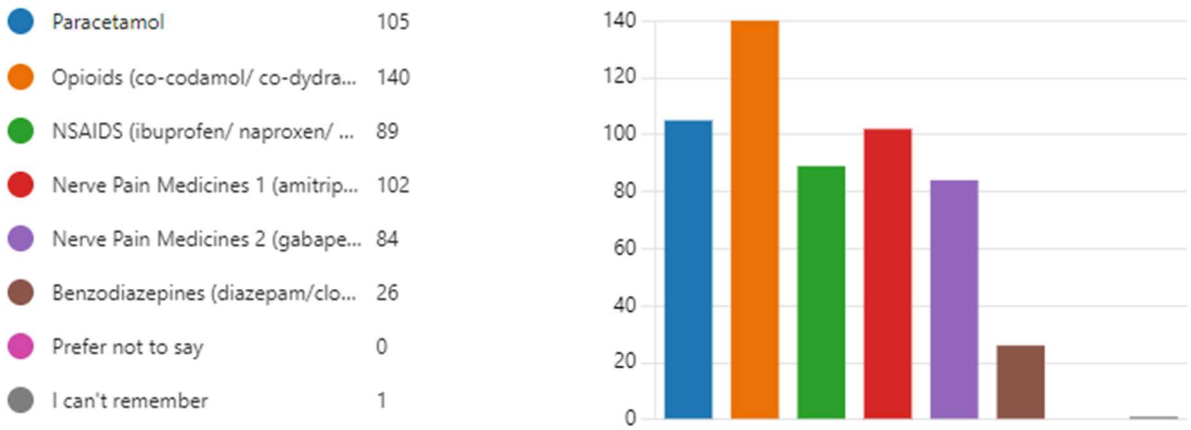
5.1.7 What Helps & Hinders

More than half of people said that their pain was helped by pain medicines with around a quarter of people feeling that heat and rest helped pain. 10% felt that exercise helped with lower numbers mentioning tens machine, moving around, sleep and CBD oil. Sixteen people responded that nothing helped their pain.

A quarter of people said that their pain was made worse by exercise with approximately 15% saying that stress, over exertion and cold weather made it worse. Other things that made it worse included remaining still for too long, lack of sleep, fatigue, and lack of medication.

5.1.8 Prescribed Medicines

178 people had been prescribed medicines to help with their pain with 15 people not having medicine prescribed:



43% of people had not had their medicines reviewed by a healthcare professional within the last 2 years with 23% reporting that a review had happened within the last 3 months. 44% of respondents who answered this question reported having had their medicines reviewed in the last 12 months.

Over one third of people purchased a range of vitamins with approximately 10% buying over the counter medicines including paracetamol, ibuprofen, and aspirin. People also bought CBD oil and gels/rubs with one person purchasing cannabis.

34 people had borrowed medicines with 144 people answering that they had not.

Approximately 20% of people said that nothing had gone well with their experience of pain medicines with 15% mentioning specific medications that had helped to ease pain. 10% of people said that their medicine eased the pain with lower numbers stating that it helped them for short periods and enabled them function or to sleep.

"The doctors seem content to prescribe so I am not in pain. They are accessible and can be ordered easily through the pharmacy. I appreciate prescriptions being free as it would be expensive to manage my pain otherwise."

"Over time I've been able to get just about the right level of pain medicines to help. I currently take paracetamol, dihydrocodeine. I can't take naproxen or diclofenac as it results in mouth ulcers. I take a triptan medication for migraines"

"They mostly take the edge off my pain and help me carry out everyday tasks"

A quarter of people mentioned the side effects of pain medicines and approximately 15% said that their medication did not work. 5% said that it only helped for a little while and single numbers of people mentioned that they had experienced a lack of follow up, support and that they had not felt listened to. 3 people were concerned about addiction.

"Built up tolerance to pain medicines and they have little to no effect"

"Differing advice, not following up referral and not having regular review"

"Limited effectiveness for the type of pain I have, inability to maintain daily function when needing to take high dose opiates"

93 people felt that they had been given enough information about pain medicines with 79 indicating that they had not. 6 people preferred not to say.

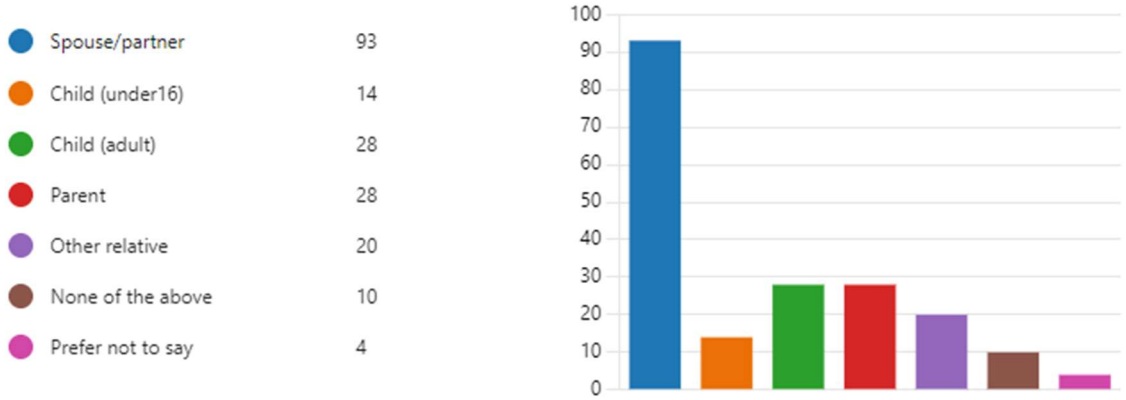
Around 20% of people felt that they would have liked more information on side effects with 12% feeling that better communication would have helped. Single numbers mentioned that they felt advice on using medication, more frequent reviews of medication and alternatives to medicines would have been helpful.

"Brief explanation of what they were designed to achieve to know if they were actually doing that - the blurb that comes in packs can be overwhelming with so much info that by the time you've read it all, you've forgotten what it said at the start"

"More explanation on what the side effects are and what to expect"

"The dangers of long-term use should have been made known to me, and medical reviews have been few and far between (sometimes lapsing for years)"

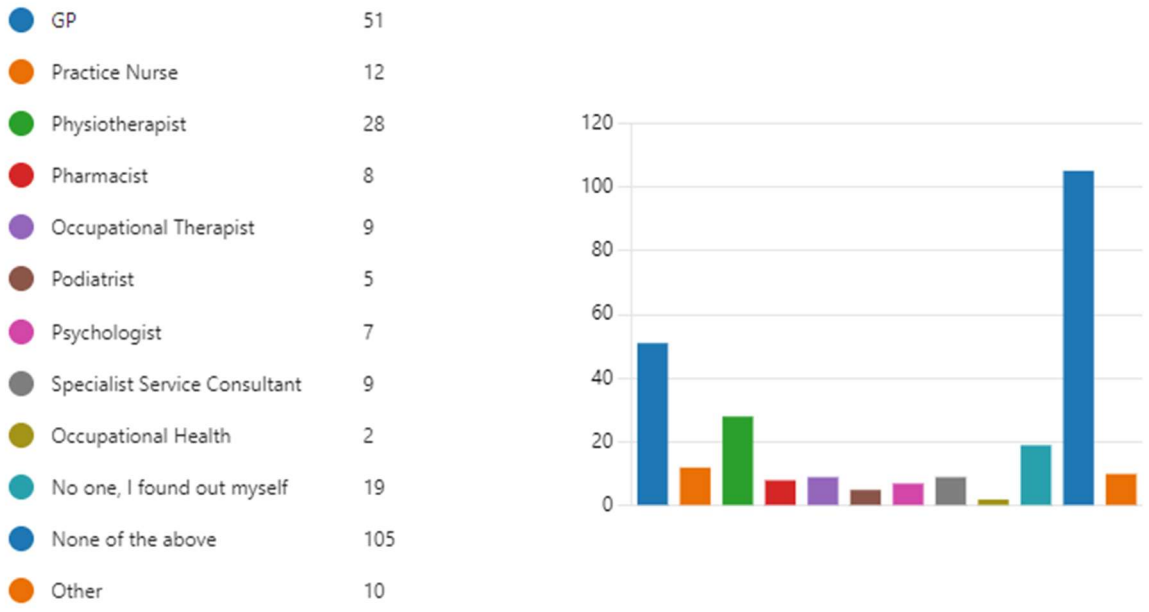
More than half of the people relied on others to support with day-to-day tasks and almost a third of people did not. Most of the people who relied on support received this from a partner with others relying on parents and adult children. 14 people who responded were supported by a child under the age of 16.



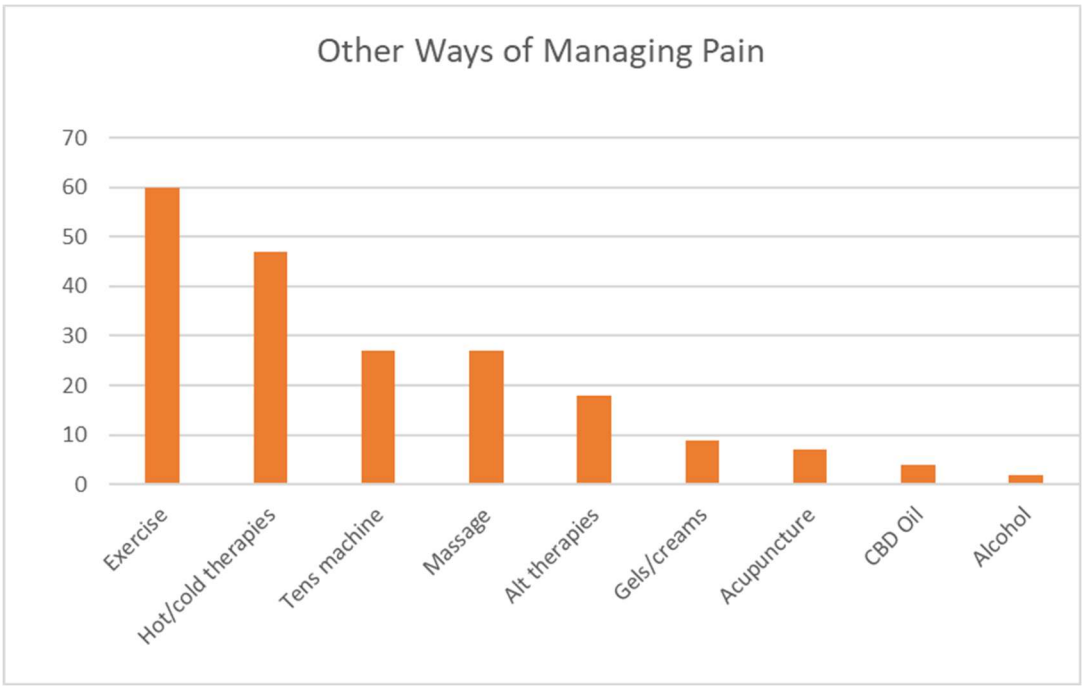
5.1.9 Supported Self-Management

Over one third of people understood the term to be things that they could do for themselves while being supported by health professionals and another third did not know what the term meant. 10% understood it to mean that they had to fix themselves.

More than half of people who responded had not been spoken to by any of the professionals listed in relation to supported self-management. A quarter of people had been spoken to by their GP and others had discussed with a physiotherapist. Further details in the diagram below.



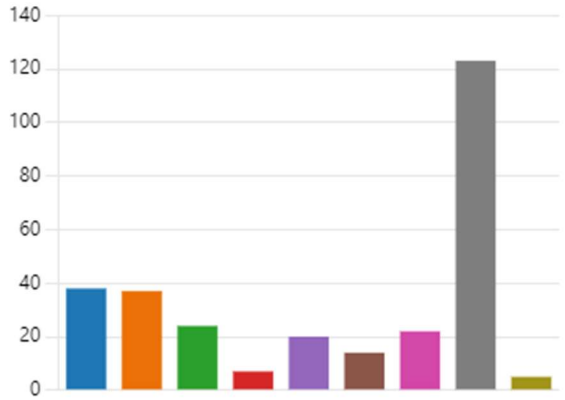
75% of the people who responded had used other ways to manage pain as outlined in the diagram below.



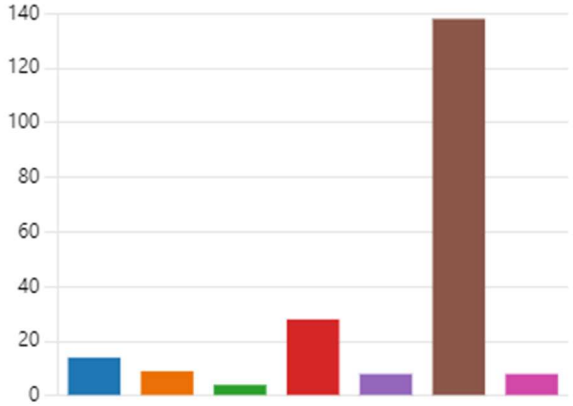
A quarter of people said that using other ways to manage their pain gave them some short term/limited relief. Around 10% felt that they didn't help at all, 7% felt that they reduced pain levels

with another 7% saying that they distracted them from the pain. Single numbers of people mentioned that they improved mobility, reduced **stiffness,** and helped with their mental health.

More than half of the people who responded had not used any of the listed website resources to help manage pain. Approximately 20% of people had used Fife Pain Management Service Pain Jigsaw. Full details in the diagram below:



Almost 60% of people had not used any of the listed services or groups. Approximately 15% of people had used local physical activity groups with others attending Active Options (Fife Sports and Leisure Trust).



Additional patient comments on supported self-management included:

"Despite having suffered with back pain for many years, the suggestion of attending a pain management clinic has only just been offered by my GP. I am currently awaiting a physio review and after that I will be referred to attend the pain management clinic. Given that acupuncture and manipulation have been helpful in managing my pain it would be fantastic if these could be offered through the NHS. Other boards in Scotland also offer free classes at local sports centres if a clinical benefit is identified and I think I could benefit from this by attending something like aqua aerobics (but I don't think Fife so this)".

"Would be a good idea to give patients some information on self- management on diagnoses."

"When you have a physical disability and physical activity worsens your pain being told repeatedly physical activity will help you get over it is not helpful. When you have a neurodivergent brain mindfulness isn't always an option and when you suffer with personality disorders this again is an

issue. Too many of these websites are aimed at people with the sole focus of pain but there are many comorbidities alongside pain that is not considered here"
"Pain clinic team are stand out 11/10 and have a real positive impact on quality of life. Everything is so connected and well ran through them it's a pleasure to be supported by them"

5.1.10 Patient Overall Experience

17% of people highlighting that they wanted to be listened to with 10% feeling that better understanding of their pain condition would have helped. 10% of people would have liked more information and support to manage their condition and 6% mentioning having more effective medication. Small numbers of people felt that an earlier diagnosis and face to face appointments would have made a difference.

"Being listened to, understanding and taken seriously"

"A mandatory review with nurse/GP An overview of ladder of painkillers covering all options available"

"Health professionals need to listen to patients and not play Russian roulette with people's health and lives"

"Finding someone who believes the amount of pain I'm in and finding something that works"

"Better understanding of psychology/mental health from NHS staff in general- not just those in pain management"

One quarter of people stated that the most important thing was being able to function daily with 15% wanting to feel there was more understanding of their condition. 15% of people felt that having effective pain relief was the most important thing and 13% felt that quality of life mattered most. Single numbers of people wanted to feel that they had been believed and others wanted some pain free, comfortable spells.

"To allow me to continue to be as active as possible to help support my disabled wife and daughter"

"Getting the correct medications and advice from professionals"

"Access to the exact information to help yourself or supplement medication with exercise/movement and where to source it. I hated taking medication, but it did help initially"

"Mental health support because you feel so guilty and a burden to your family. Being listened too, you know your body and what it's telling you"
"Understanding! Too much bias out there and thinking it's all in your head. Fibromyalgia is awful! But I've learnt to manage it"

Additional patient thoughts, comments, and ideas included:

"To check up yearly on pain management and regular reviews of pain medication"
"Maybe not make the person feel so alone when having this condition and help instead of saying well we have tried everything there's nothing life to try just take you opoids which make me like a zombie so again that's no way to live. Doctors are so easy to give up on people with long term pain conditions and don't believe them when they say how much pain they are in. Doctors and other health professionals need update literature and have a degree of understanding of what its like to live day to day with this."
"I believe mentorship would help (positivity from historic sufferers)"

"I think it would be beneficial that when patients are in pain for over a set period, they should be referred for pain management review. Every specialty or GP should be supporting patients to access the best possible advice and care"

"There has been no offer of (and, no, I haven't asked for) mental health support, despite my crying/upset in front of 3 different GPs. One of whom prescribed me codeine at one visit and Tramadol at another. Had I not been as strong a character as it seems I am, it's a worry what I could potentially have done with all this dangerous meds!!! (And, yes, I tried to use them as pain relief, but they made me feel worse in different ways.)"

"Further training for health care staff regarding fibromyalgia. Some still don't even believe it exists and this is very upsetting for patients"

"I want to feel seen, understood and believed when I talk about my pain."

"Pain is one of the biggest barriers in my life, when I feel like I have to justify its existence to doctors I feel like I am not seen or understood."

"It would be helpful if there was more information available about the pain management clinics. Perhaps self-referral would be good as it seems to work well with podiatry

5.1.11 Conclusions

The response to the surveys highlighted that the pain population of Fife were keen to engage with the Pain Medicines Patient Safety Programme. People responded from across Fife, and we have gathered a lot of quality data which will inform the work of the Programme as it moves into Year 2 and Year 3.

The key themes that emerged are:

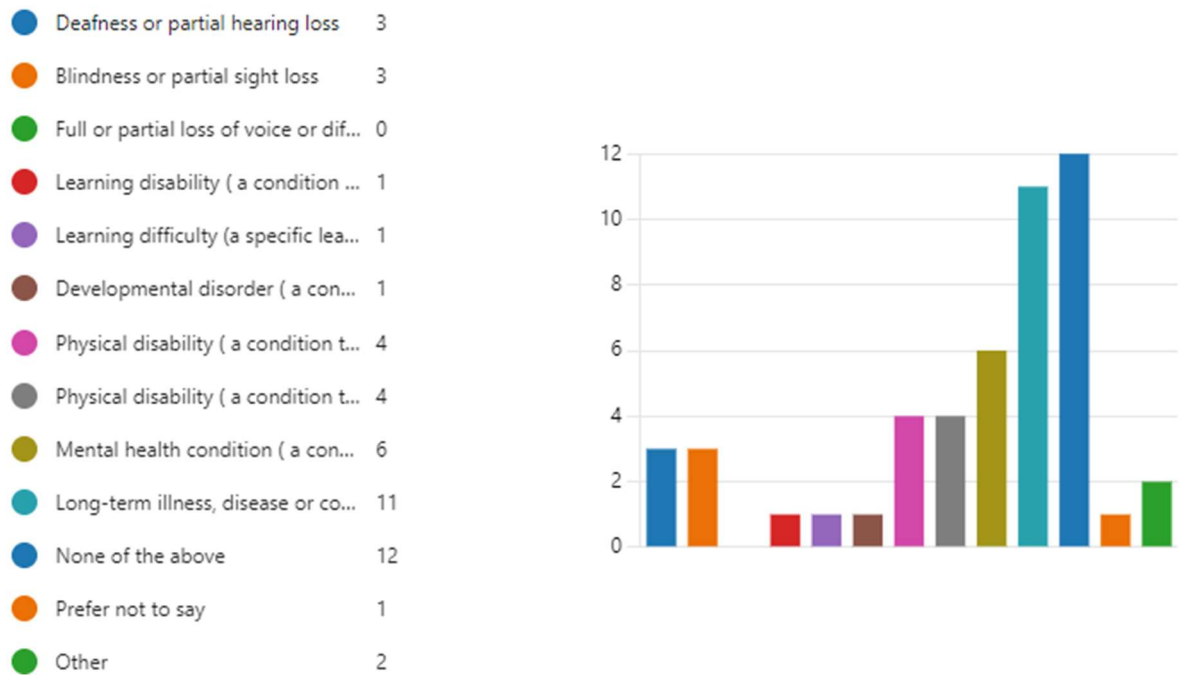
- Most people living with long term pain have been managing pain for more than 10 years.
- Chronic Pain and Fibromyalgia were the most common conditions and nearly half of the people had not had a review of their medicines for over 2 years.
- Most people who responded had been referred to specialist services with many of those referred to Fife Pain Management Service (FPMS).
- Almost all the people who responded had been prescribed pain medicine and over half of them felt that they had been given enough information about their medicines.
- Those who had not had enough information would have liked more frequent reviews, better communication, and more information about side effects.
- To ensure safe and effective use of pain medicines guidance is that medicines should be reviewed regularly (at least annually). Despite current challenging times within the NHS post pandemic, 44 % had received review.
- Reviewing medication is not the sole responsibility of the GP, this can be carried out by other health professionals across the system either planned or adhoc.
- In some instances, reviews may have happened but may not have been well enough communicated with the patient which does not reflect the Realistic Medicine principles of shared decision making.
- Two thirds of people living with long term pain conditions rely on support from family members with day-to-day tasks.
- More than half of the people understood the term Supported Self-Management, but the remainder did not understand this approach and had not been spoken to by any professionals. Many who did not know said that they would have liked more information about this.
  Many people had, however, tried alternative ways to manage pain.
- Many people wanted to feel that they were being listened to and their pain condition was understood by health professionals. Being able to function and have a good quality of life was what mattered most.

5.2 Carer Awareness

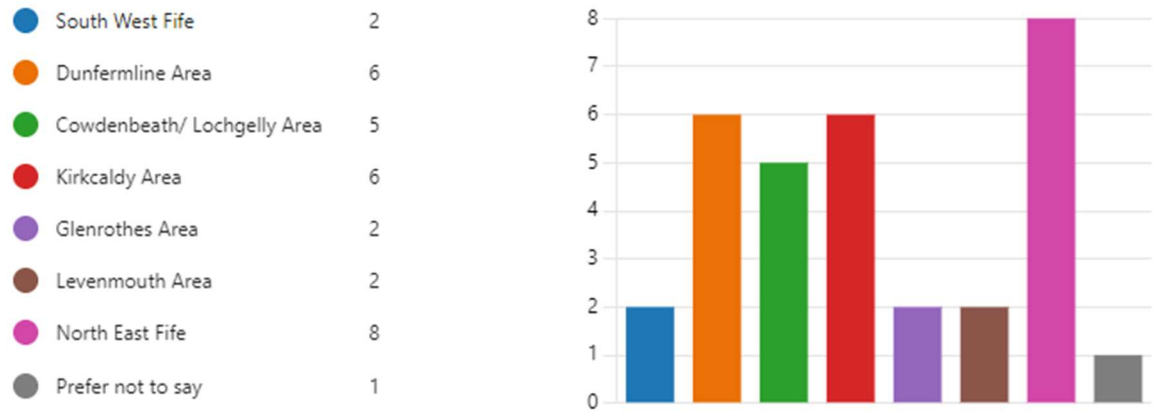
5.2.1 Background Information

A total of 32 people completed the Carer survey for those who are carers/relatives of people living with chronic pain. Most responses from the Carer Survey were from the 45-54 and 55-64 age groups. People who completed the Carers Survey were White, 1 person was African, Scottish African, or British African and 1 preferred not to say. 18 people who completed the Carers Survey identified as Female, with 14 identifying as Male. None of the people who completed the Carers Survey considered themselves to be trans or to have a trans history.

Carers were asked about their health conditions with 11 people indicating they themselves had a long-term illness and 6 people had a mental health condition. The diagram below provides a breakdown:

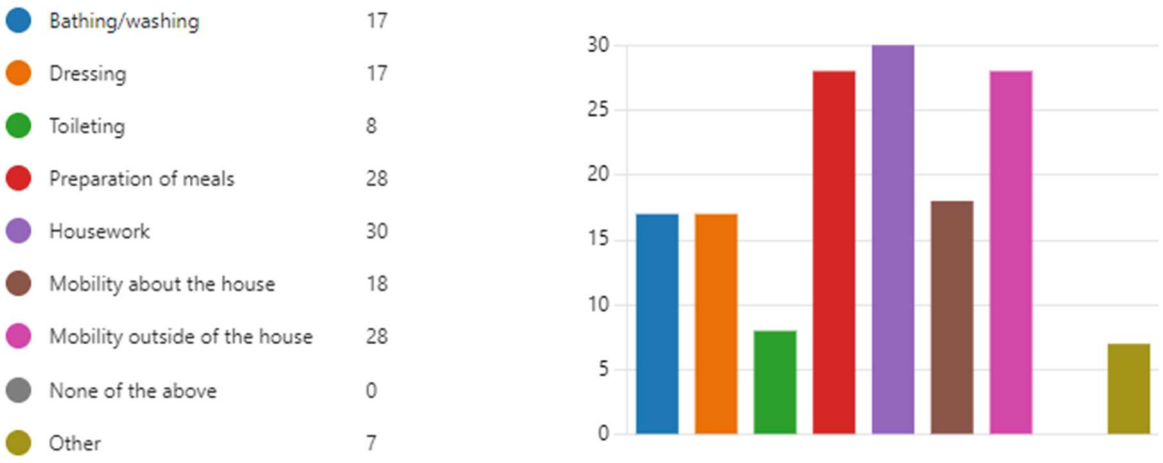


Responses were received from across Fife with the highest number from Northeast Fife. The locations of respondents are illustrated below:

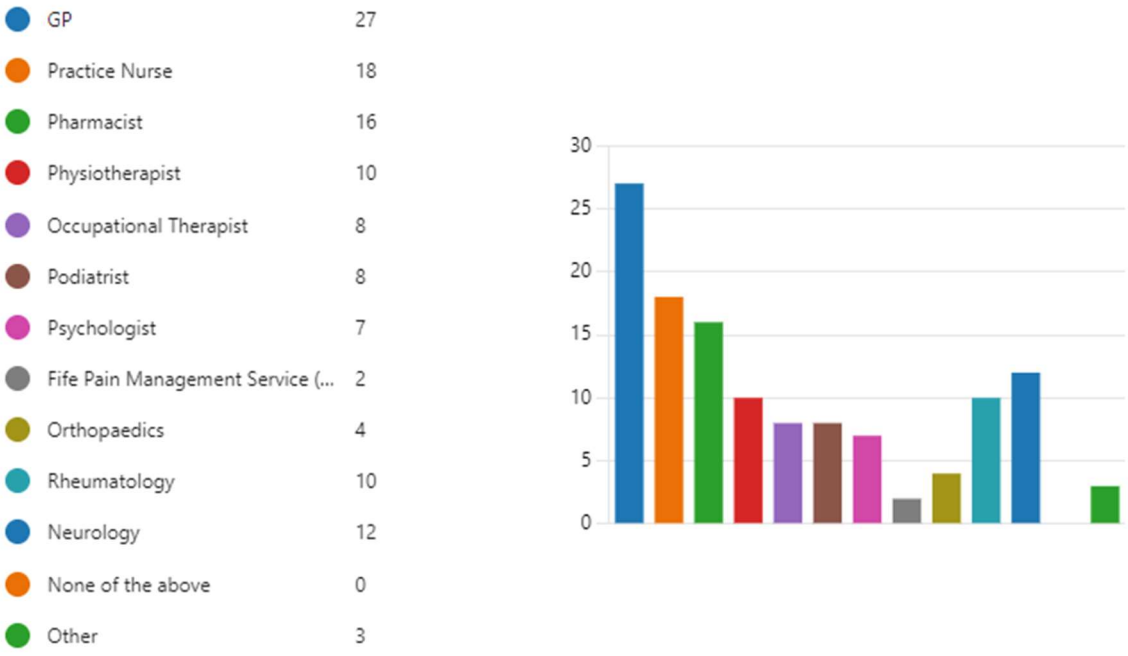


12 Carers had been supporting someone to manage their pain for more than 10 years. More than half of the people who responded were caring for a spouse or partner with 9 people caring for an adult child.

More than half of the people being cared for were over the age of 65.
People reported a range of activities that required daily support. Almost all were supporting with domestic activities, and more than half were assisting with mobility and personal care. Other support included emotional support and shopping. The below diagram provides a full breakdown:



26 people attend all healthcare appointments with the person they care for, 4 attend some appointments and 2 people do not attend appointments. The range of appointments attended is outlined below:



7 people reported that the person they cared for found living with unmanaged levels of pain the most challenging thing. 5 people answered limited mobility and 5 mentioned that a lack of support and understanding was challenging. Full details provided below:

5.2.2 Impact on The Person & Carer

40% of people described a poorer quality of life for the person they cared for with isolation, reduced social opportunities, loss of interest in hobbies and maintaining friendships all impacts of living with pain. 28% responded with comments around the mental health impact which ranged from feeling angry about life to feeling suicidal.

"Devastating. He rarely leaves the house now and needs to rest in the afternoons. He has flare ups which make everything worse. He has become more introverted and has lost self confidence. He suffers from depression - I took early retirement recently and that has helped."

"It has taken away his life".

"She has lost most friends, due to cancelling at last minute. She must sleep a lot and cannot exert herself too much. Often felt suicidal"

Half of the people who responded mentioned the emotional impact caring had on them. They reported finding it stressful seeing a loved one in pain, constantly worrying, and feeling distressed. Almost one quarter found it physically tiring and others mentioned the impact on their own mental health and poorer quality of life with little time to themselves.

Comments included:

"My heart breaks for him and the life we should have now. We can't go out as a couple very often and holidays are extremely rare. Intimacy is a thing of the past."

"Can be upsetting seeing them in so much pain, feel unable to do much other than care, feeling alone, emotionally and physically drained at times"

"It is very difficult. I am ill myself and exhausted all the time. I'm not able to support him emotionally as well as I used to. I no longer see my friends; I've lost touch with most of them. I don't go out anywhere".

5.2.3 What Helps & Hinders

A quarter of people felt that receiving support from family and friends helped them to continue in their caring role with almost a fifth saying that they did it because they loved the person, and it was their role to care. Others mentioned practical support and attending support groups helped them to manage. 2 people said that nothing helped, or they did not have enough support.

Comments included:

"Friends, family and loving him. Trying to stay positive and focus on the pros rather than the cons. I am part of an AS support group on Facebook. On a practical level, applying for and receiving Adult Disability Payment (for him), Carer's Allowance (for me) and his blue badge. The extra money means we are not struggling financially after my early retirement and when I do need to take him out in the car, the blue badge means I'm not stressed about finding a space near to our destination"

"My own health & relative fitness at 84 years of age - motivation and a measure of practical skills as I undertake all manner of domestic and personal tasks in support of my wife"

"My wife has various aids wheelchair, gutter frame, panic alarm, wet room, shower chair, grab rails, bed rail closomat toilet with aerolet and perching stools"

"Nothing- it's very lonely."

A quarter of people responded that the most challenging thing was feeling helpless when a loved one was suffering. Other challenging things mentioned included a lack of support and feeling they had to hide their own emotions. 3 people mentioned that the person they care for takes their frustration out on the Carer.

"To be there 24/7, and to see my wife in constant pain is very distressing".

"His constant pain is emotionally draining for us all."

"Most challenging is that she is still in. A lot of pain and I feel I just can't help her with the pain".

"The emotional side- that everything gets taken out on me."

5.2.4 What Support Would Help Carers

A quarter of people responded that they needed more support to help provide care, including things like respite from caring, the right care packages, financial help, and aids/adaptations. 5 people felt that having the right pain-relieving medication would help.

"GP or pain specialist who would actually prescribe medication with frequent review."

"Someone to come out to see my mum such as gp ect not just giving her medication all the time and not even see her."

"A wet room that he was promised from occupational therapy. And maybe another day centre day or a person in to see him for company"

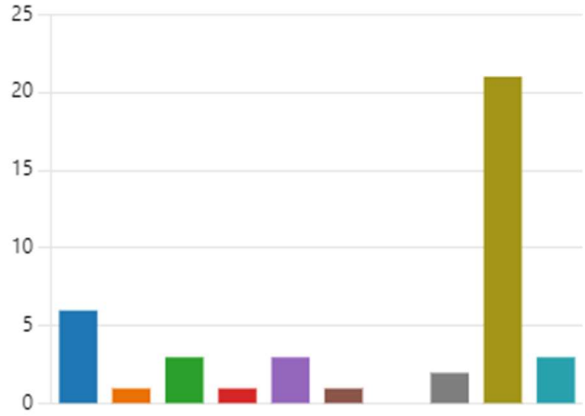
"Currently been awarded a care package but due to lack of staff no carers available to help"

5.2.5 Supported Self-Management

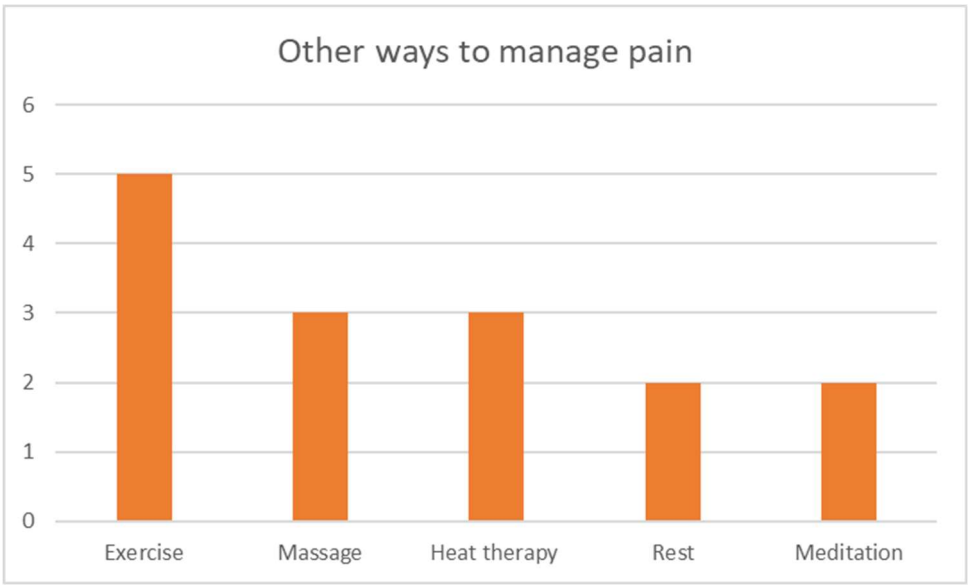
60% of the people who responded did not understand the term. Almost a third understood that it meant doing things to look after themselves with support from professionals.

21 people indicated that no-one on the list of professionals had spoken to them or the person they care for about supported self-management. 3 people had spoken to social care staff or family. Full details below:

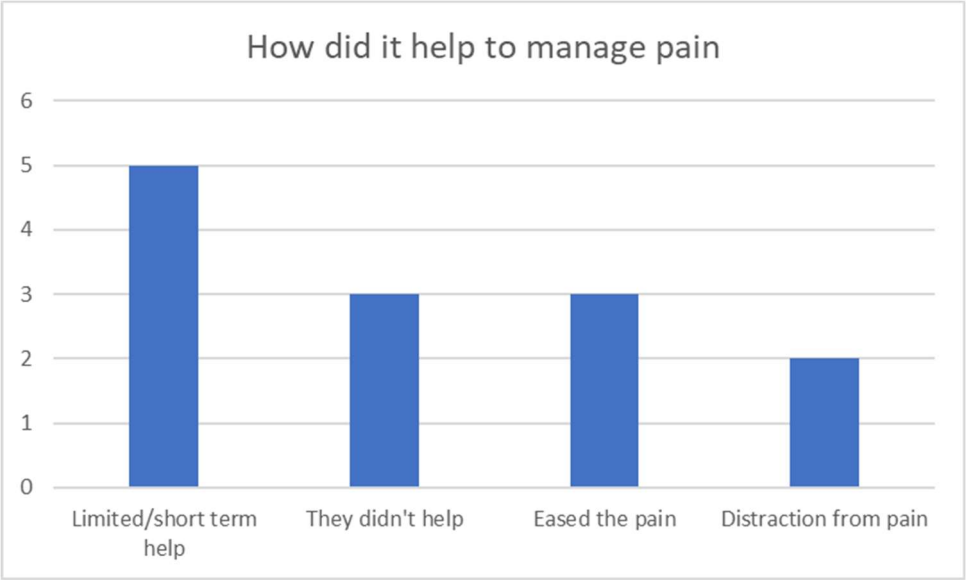
GP	6
Practice Nurse	1
Physiotherapist	3
Pharmacist	1
Occupational Therapist	3
Podiatrist	1
Psychologist	0
No one, I/ they found out myself	2
None of the above	21
Other	3



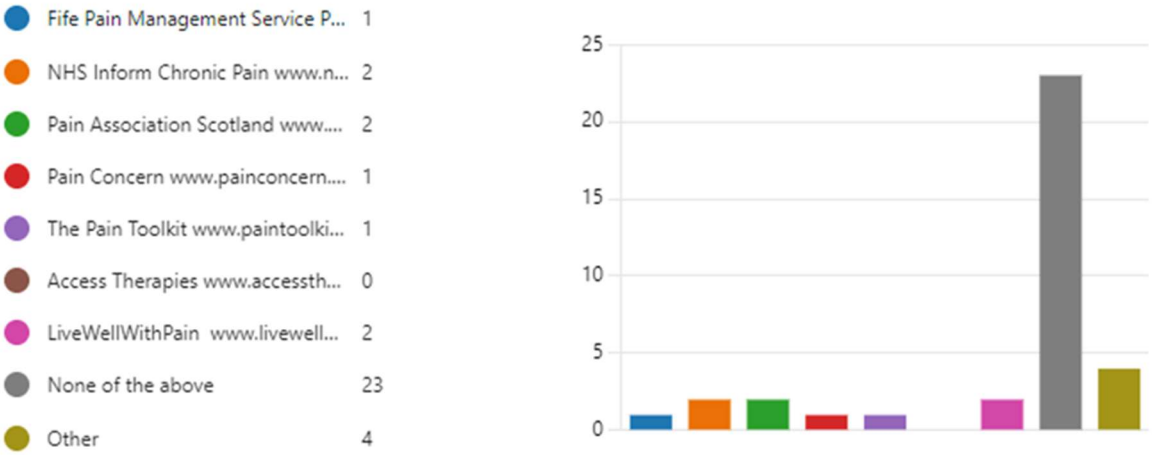
16 people indicated that other ways to manage pain had been used with 16 people saying that they hadn't. The below outlines these other methods:



Having tried other methods above, the below outlines how this helped:



23 people reported that neither they nor the person they care for had used or accessed any of the listed websites. 4 people selected other, but no other websites were listed in the responses. Low numbers of people selected some of the options listed.



25 people reported that the person they care for had not attended any groups. 3 people selected other but did not mention other groups and a low number of people attended some of the groups listed.

Comments from carers on supported self-management included:

"Being more active would be easier if he wasn't in so much pain all the time. He is never pain free and his default level of pain drains him completely, never mind when he has a flare up. I know painkillers can mask symptoms and that we need to feel pain to keep us safe, but surely there must be a better middle ground?"

"I believe supported self management would have to be well funded and staffed adequately, with a robust communication network to be effective"

"My partner suffers from M.E. And groups don't consider the requirements for someone with ME"

"Mum would never attend a group, and has little time for self management... Unless she came up with it herself"

5.2.6 Patient Overall Experience

When asked what one thing could have been done differently regards health care support of the person, almost one third of people mentioned that they would have liked more access to support. This included information on pain management, mental health support and respite care.

When asked what one thing could have been done differently to support the carer, one quarter of people would have liked more access to support. This included respite, equipment, and information about other services available.

When asked what matters most as a carer supporting someone with pain, more than half of the people responded was being able to access support for the person they were caring for. 4 people mentioned that having a good quality of life for themselves mattered so that they could continue in their caring role.

Additional carer comments, thoughts and ideas included:

"It would be good for people in the future if they were aware of what support is available"

"I do not presently have neither time nor inclination to "share" - I am living the nuts and bolts business of just coping and caring alone until any "cavalry" might come riding in form of Care Package or whatever"

"I know nhs is under an extreme amount of pressure and I greatly value all the work that staff put in. And how lucky we are to have an nhs."

5.2.7 Conclusions

The response to the surveys highlighted that carers were keen to engage with the Pain Medicines Patient Safety Programme and share their experiences. People responded from across Fife, and we have gathered a lot of quality data which will inform the work of the Programme as it moves into Year 2 and Year 3.

The key themes that emerged include:

- Many carers have their own physical or mental health issues and have been caring for someone for more than 10 years.
- The majority support with domestic tasks and more than half provide assistance with mobility issues and personal care.
- Reduced quality of life was reported both for the carer and for the person living with pain with limited social opportunities and mental health and emotional impacts for both.
- What mattered most to Carers was having better access to the support services and information that they needed to improve quality of life for both them and the person they care for.

5.3 Patient/Carer Stories

5.3.1 Background

In order to better inform the proposals for year 2 of the programme, it was important to enable patients to have 'a voice'. To provide this opportunity and gain valuable qualitative insights a "patient story" approach was adopted which is outlined in the diagram below:

Listening events were held across December 2022. Feedback from the events included involving more men in this work as they are often missed, use of language to help understanding (e.g., long-term pain rather than chronic pain) and making events/activities accessible to more people. This feedback helped to direct the approach taken to collecting and documenting the experiences of patients through patient stories.

Stories were gathered between January to March 2023 and the majority of these involve patients or those caring for people with complex needs. Initial interest came via Pain Association Scotland, local services, email, and word of mouth.

The first phase of story gathering involved 14 patients and 1 carer. Joe, Fiona, Charlie, Buck, Suzie, Lynne, Margaret, Pen, Sian, Selena, Fred, John, and Elle very kindly shared their stories (names have been changed to protect identities as requested). Joe is a carer and is also a patient himself therefore shared 2 stories from each perspective. There was also input from 2 other family members who are undertaking caring responsibilities, although did not identify themselves as carers. Patients and carers were asked a set of questions during their one-to-one sessions covering:

- pain conditions
- length of time managing pain
- what helps the pain/makes it worse
- support needs to help with daily tasks and who provides this
- involvement of Primary Care/referrals to specialist services
- prescribed medicines
- other ways of managing pain
- what matters most to everyone

5.3.2 Individual Situations & Conditions

People highlighted a range of situations through their stories including onset of long-term health conditions, accidents, and injuries. Long-term conditions included fibromyalgia, trigeminal neuralgia, osteoarthritis, greater trochanteric pain syndrome, functional neurological disorder, Scheuermann's Kyphosis, endometriosis, migraines, Crohn's Disease, hypermobility, lymphoedema, kidney disease, ulcerative colitis, COPD, shingles, long covid, diabetes resulting in neuropathy, charcot, sepsis, amputation as well as other conditions that have pain as a symptom. Most people sharing their

stories had experienced these conditions for anywhere between 10 to 30 years. Everyone highlighted they need help with doing daily tasks and receive this support from their partner/spouse or family members, although Joe as a carer and a patient himself had to put his wife's complex care needs before his own.

5.3.3 Pain Medicines

All 14 people were prescribed a variety pain of medicines and the majority take these on a regular basis. All individuals have had prolonged use of these medicines. That said, 5 people have significantly reduced medication, 2 people have stopped taking it all together and others use a minimal approach to medication taking only when needed alongside other methods of pain management.

5.3.4 Experience of Using Pain Medicines

Experiences included 6 patients having regular reviews, 3 people had no medicines review or follow up, 5 people made no reference to reviews or follow up and 9 people had adverse reactions to initial prescribed medicines or with other medication resulting in people stopping medicines themselves or with advice from a professional.

"I have been on the same medication for 15 years and it seems to work well for me, but I have never had it reviewed - something I hope to rectify soon." Lynne's story

"Originally, I was afraid of taking medicines as I prefer to keep a clear mind, although doctors and everyone were first class, so this helped me greatly." Charlie's story

"There was no medicine review until I asked for one as I was finding the 'painkillers' offered little relief and I didn't want to exacerbate any further issues with high blood pressure medication." John's story

5.3.5 Information About Medication

In relation to information provided about medication 12 out of 14 people received little or no information about their medicines, with 2 people reported receiving good information. Most people felt they had to find the information they needed themselves. Two people who accessed the Fife Pain Management Service had time with the pharmacist explaining medicines and how to take them. Another patient eventually received more information about his medicines which eventually benefitted him positively and enabled him to sleep. Joe (carer) highlighted how his GP takes a 'trial and error' approach with his wife's medicines due to the amount she needs/general complexity of her multiple conditions.

5.3.6 Referrals To/Involvement from Healthcare Professionals/Other Services

All participants had contact with their GP and physiotherapy in the first instance, with most people referred to specialist services such as neurology, occupational therapy and rheumatology, Fife Pain Management Service (FPMS)/pain clinic, Spinal Unit, Pain Association Scotland groups and acupuncture. Four people felt that the pain clinic/FPMS worked well for them, 3 people had good experience with physiotherapy, 3 people said that they benefit from the Pain Association Scotland groups and 3 people said occupational therapy was helpful. People stated the advice/guidance offered by health professionals that didn't work was mainly around level of support provided, lack of understanding and attitude.

"Everything the pain clinic did with me was great – lots of appointments, checks, explained everything well including medicines, diagnosis, it was all sorted out. I had acupuncture which I paid for privately and that helped with the pain. Things ran well, and nothing could have been done differently." Charlie story

"Advice from the surgeon at Western General was to lose weight and take up pilates – it did help a bit." John's story

"After I was diagnosed my GP referred me to a neurologist, but he didn't believe there was such a thing as fibromyalgia and advised me to take up yoga!" Lynne's story

5.3.7 Impact on Mental Health

Most people (12 out of 14) said that their pain experience or caring for someone impacted negatively on their mental health. The mental health impacts included feeling low, depression, anxiety, addiction, and non-accidental overdose.

"Before I was diagnosed, I had a nervous breakdown because I was in so much pain and couldn't sleep. I stopped eating for a while because I had no appetite and no desire to carry on." Lynne's story

"I was getting a lot of flare ups, and these could last up to 2-3 weeks, so I had to learn not to overdo it and stop hurting myself". Charlie's story

"There's a view that if you're given tablets – you're being 'dealt with'... no one asks, 'am I being 'dealt with' properly? or is this working for me?" John's story

5.3.8 What Helps/Worsens Pain

Most people indicated that overdoing things and stress made their conditions worse. Other examples included sitting or standing for too long, over-stimulation and lack of sleep.

Things that helped with pain included pacing self, exercise, rest and in some instances using a tens machine or heat products. Both patients and carers were keen to share this information as a guide/support to others experiencing similar situations.

5.3.9 Other Ways to Manage Pain

Most people (12 out of 14) use other ways of managing pain including exercise, heat therapy, pacing activities, rest, acupuncture, healthy eating, meditation, talking therapy, massage, complimentary therapies, support groups and arts and crafts.

"I realised after someone in the pain clinic said to me – it's about what you do and it's up to you now. It was like a wake-up call, and I realised I had to start thinking/doing things differently – they had arts, crafts, and other groups on – that is when I went to the art group. Thank goodness for the pain clinic – they had different projects for patients, and I used to draw so I decided to try the art. Pat was a great teacher and I'll never forget her – this was the start of my journey and I started to learn to live with the pain". Charlie's story

"Fibromyalgia affects everyone who has it differently and needs a more holistic approach. To be believed and to have emotional support is just as important as pain relief. It would have benefited me greatly in the early days to have had someone to talk to who lived with fibromyalgia." Lynne's story

"I often ask myself 'will I still be taking these drugs in 10 years time when I'm 71? Offering alternatives or 'assisted self-help' would be good and using a scale to measure pain levels as well as understanding psychological impacts of pain e.g., will it ever go away and changing health behaviours/perceptions around this." John's story

5.3.10 Other Ways to Manage Pain

There are several areas where people felt things could be improved including pain medicines, management, and interaction with services. A lack of understanding or attitude of staff was described as unhelpful by 6 people, they didn't feel listened to or believed. Six people felt that they had no-one to talk to and 2 felt medication was prescribed too readily. Improvement suggestions were around having support for carers, staff being better informed, receiving support and information on self-management.

5.3.11 Key Themes/Areas for Learning & Improvement

Over 50% of people described what matters most to them in relation to their experience including being treated as a whole person, being listened to, having an advocate/single point of contact, peer support, having somewhere to go and someone to talk to as highlighted in comments below.

"What matters most to me is about understanding what pain is e.g., short-term, long-term pain etc and its more about understanding the pain rather than just taking it away." John's story

"It there was one thing that could have been done differently regarding my experience of managing pain it would be for GPs to be better informed." Lynne's story

"I'm at a stage now where I know what I can or can't do and when to ask for help. It's important to accept the pain and make the best of how you are." Charlie's story

5.3.12 Patient Stories Conclusions

The quotes selected in this section of the report are from 3 patients broadly representative of the wider patient group. However, all the patient stories documented as part of the first phase of the programme are detailed and available in the separate report referenced in Appendix 1.

The below table summarises the key findings taken from the patient stories work as a whole:

Themes	Areas For Learning/Improvement
Lack of information provided about medicines	Spending time with patients & carers to understand pain medicines, how to take them effectively including side effects
Lack of medication reviews	Ensure reviews are booked as appropriate and particularly if medicines are being used for prolonged periods
Adverse interaction between medicines	Being aware of other conditions/issues/co-morbidities
Lack of communication across services/ healthcare professionals	Improved communication between healthcare professionals
Single Point of Contact/Coordinated Approach/Advocate	Coordinated approach to service delivery, particularly in relation to co-morbidities/multiple long-term conditions
Non-pharmacological solutions (other ways of managing pain)	Knowledge of wider pain management solutions/options. People having to learn to self manage.

	Knowing what's out there to help support/ manage pain.
Holistic approach to pain management	Being aware of and treating the 'whole person' Being aware of pain impact on mental health and providing support
Condition-Specific Peer Support	Use of a peer support network/group so once someone is diagnosed/or needs support related a particular condition they could be offered a peer support forum
Impact on Mental Health	Negative Impact of pain/pain medicines on mental health and overall wellbeing Diagnosis of mental health issues as a direct result of pain conditions
Good/Meaningful Conversations	Early meaningful conversations with Patients & Carers regarding other ways of managing pain Embedding key information as early as possible including a range of ways to manage pain effectively

6. What Do We Know About the Awareness and Experience Of Our Staff?

6.1 Primary Care Staff Awareness

6.1.1 Background

Survey work was undertaken with Primary Care staff to understand awareness, knowledge, skills, and attitudes regarding the use of HRPM in the management of pain conditions in Primary Care settings.

Four electronic surveys were designed using MS Forms and circulated electronically via Primary Care Managers, Professional leads and through Newsfeed on Stafflink. The focus of the surveys was Awareness, Knowledge/Skills/Attitudes, Awareness and Utilisation of Supported Self-Management Solutions and Prescribing & Guidance (Table 1).

The surveys used a combination of closed-option and open-ended responses to allow both quantitative analysis and context/thematic analysis to be undertaken.

The key findings from the Awareness, Knowledge/Skills/Attitudes and Awareness and Utilisation of Supported Self-Management Solutions surveys are described below. The key findings from the Prescribing & Guidance survey are described in Section 4.1.

Table 6a: Primary Care Surveys for HRPM Patient Safety Programme, Jan - April 2023

Survey Title	Survey Purpose	Target Audience	Dates	Responses
HRPM Awareness	What do you know of the programme and/or pain management?	General Practitioners (GPs) Practice Nurses (PN) District Nurses (DN) Allied Health Professionals (AHP) Primary Care Pharmacists (PCP) Primary Care Technicians (PCT) Community Pharmacists Physiotherapists Occupational Therapists (OT) Podiatrists	30 Jan – 12 Mar	72
Knowledge / Skills Attitudes	Existing knowledge and attitudes towards pain management		13 Feb – 18 Mar	42
Supported Self Management Solutions (SSMS)	Awareness and utilisation of supported self management solutions		27 Feb – 26 Mar	47
Prescribing & Guidance	What guidance do you access and how?		13 Mar – 9 Apr	51

6.1.2 Primary Care Staff Awareness of HRPM Patient Safety Programme & Pain Management

Of the 72 Primary Care staff who took part in the survey, one responded from a personal point of view i.e., as someone who suffers from chronic pain. As the survey was aimed at collecting views

from a staff perspective, this response was not included in any analysis. Thus, the total number of surveys used for analysis was 71.

The majority (29, 41%) of respondents were GPs, 16 (22%) were MSK Physiotherapists and 8 (11%) were GP Practice based Pharmacists.

The highest number of respondents worked in the North-East Fife area with the lowest number of respondents working in the Levenmouth and Lochgelly/Cowdenbeath areas.

When asked about awareness of the HRPM Patient Safety Programme, just over half (37, 52%) of respondents reported being aware.

Of those who were aware of the Programme, 18 (25%) reported seeing the Primary Care Newsletter, 10 (14%) had seen the Stafflink pages, 15 (21%) attended the August Primary Care lunchtimes sessions and 10 (14%) attended the November Primary Care lunchtime sessions. 7 (10%) of respondents attended both lunchtime sessions.

When asked about the challenges with supporting patients with pain conditions, several themes emerged: Time available for reviews, Patient expectations of pain medicine, Patient understanding of pain management, Patient acceptance of alternatives and accessing other services.

When asked about the challenges with supporting medication initiation and review in patients on HRPM pain medicines, several themes emerged: Lack of time, Patient reluctance, Accessing appropriate staff/services and Prescribing practices.

When asked about what would help to support patients to manage their pain better, the themes that emerged were: Access to services, Knowledge and access to alternatives to medication, Pharmacist support, Patient information/education and Staff education.

When looking at the survey responses, several key themes emerge: Time, accessing other services and Patient acceptance of alternatives or reluctance to change medication. These themes along with illustrative quotes are presented in Table 2 below. Further detailed analysis can be accessed (Appendix 1 has details).

Table 6b: Key themes, with illustrative quotes, from Primary Care Awareness Survey

Theme	Illustrative Quote
Time available for reviews	*"… there is simply no time or resources to tackle this neglected population." GP* *"Time constraints when consulting with patients regarding their pain/ pain medicines" Practice Pharmacist*
Lack of time	*"Time to explain what a complex area is - many people have no concept of the problems with long-term opioids for example." GP* *"Time and opportunity for longer consultations during a normal community pharmacy day" Community Pharmacist*
Access to services	*"Support from other agencies Eg Pain management services, physio and pharmacist support" GP* *"Easier access to pain clinic and pain management resources" ANP*
Accessing other services	*"Long waiting times in secondary care for painful conditions" GP* *"Lack of any pain service in fife, or one so geographically distant it is unusable for patients." GP*
Patient acceptance of alternatives	*"Getting them on-board with self-management strategies such as exercise" MSK Physio* *"Reluctance to accept psychological input can help." GP*
Patient reluctance	*"Patients often are reluctant to reduce doses or struggle when they do and ask to be put back up again." Practice Pharmacist* *"Resistance from patients to engage in dose reduction or medication change, even when medications are ineffective" Practice Pharmacist*

6.1.3 Primary Care Staff Knowledge, Skills & Attitudes

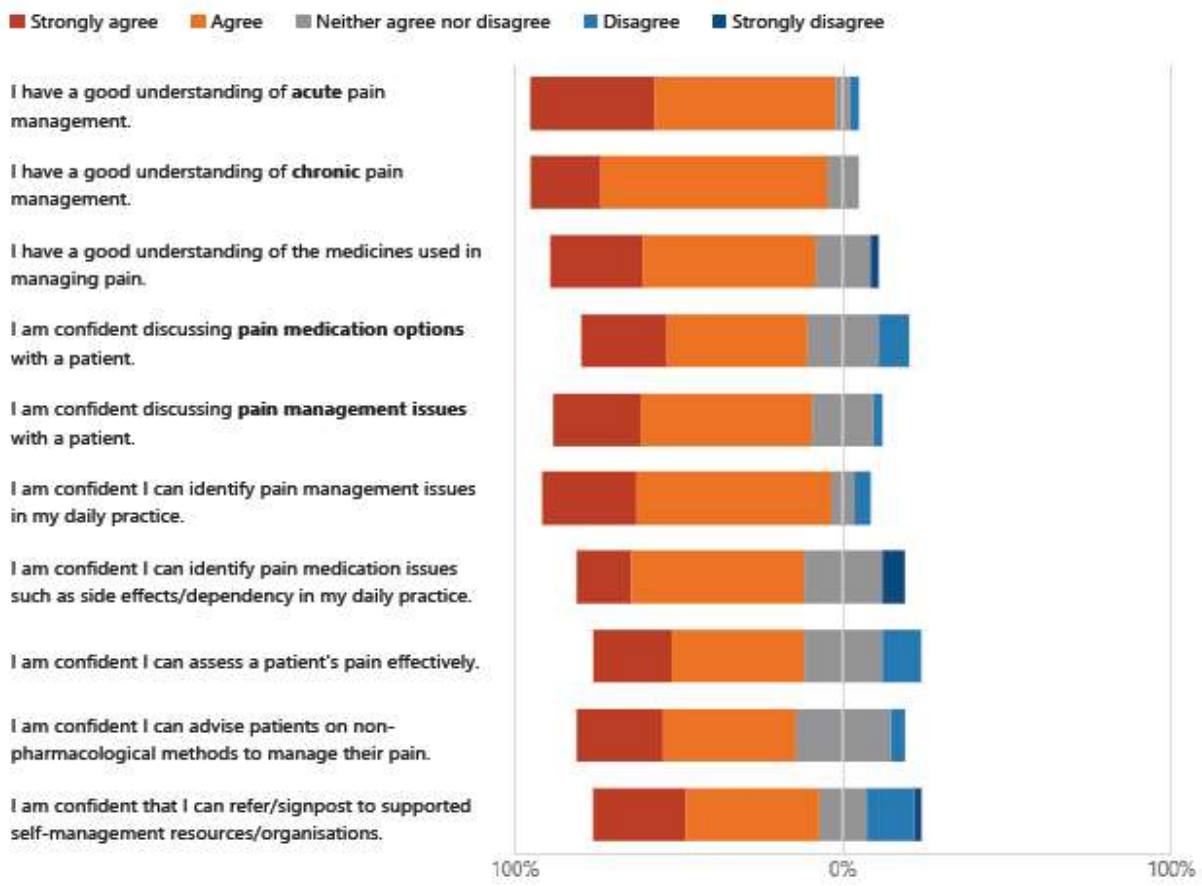
There was a total of 42 responses to the Primary Care Staff Knowledge, Skills, and Attitudes survey with 15 (36%) of responses being from GPs, 8 (19%) from First Contact Practitioner Physiotherapists, 6 (14%) from MSK Physiotherapists and 6 (14%) from GP Practice based Pharmacists.

Summary responses are provided here with full responses available from documents identified in Appendix 1).

The highest number of respondents worked in the Dunfermline, Kirkcaldy and Northeast Fife areas and the lowest number of respondents worked in the Lochgelly/Cowdenbeath area.

When asked about their knowledge, understanding and confidence regarding pain, respondents reported high levels across all areas listed – see Figure 6a.

Figure 6a: Primary Care Staff Knowledge, Understanding and Confidence regarding pain



When asked about awareness of pain assessment tools, 40 (95%) were aware of the Numerical Scale (1-10), 35 (83%) were aware of the Verbal Descriptor tool (Mild, moderate, severe), 18 (43%) were aware of the Patient Self-Efficacy Questionnaire, 16 (38%) were aware of the Activity Tolerance Tool and 11 (26%) were aware of the Wong-Baker Facial Grimace Scale.

When asked about the use of pain assessment tools, 38 (90%) reported using the Numerical Scale, 31 (74%) used the Verbal Descriptor, 13 (31%) used the Activity Tolerance tool and 13 (31%) reported using the Pain Self-efficacy Questionnaire.

When asked to rank what influenced prescribing practices, Guidelines/Protocols, WHO Pain Ladder, more senior/experienced staff and Secondary Care Specialist were the most common responses (Fig 6b).

When asked to rank what influenced prescribing of a particular pain medicine, On the formulary, Side effects and Drug interactions were the most common responses (Fig 6c).

When asked to rank what related to the patient influenced prescribing practice, Type of pain, Duration of pain and Previous medicines already tried were the most common responses (Fig 6d).

Fig 6b: Influences on prescribing practice

Fig 6c: Influences on prescribing a particular pain medicine

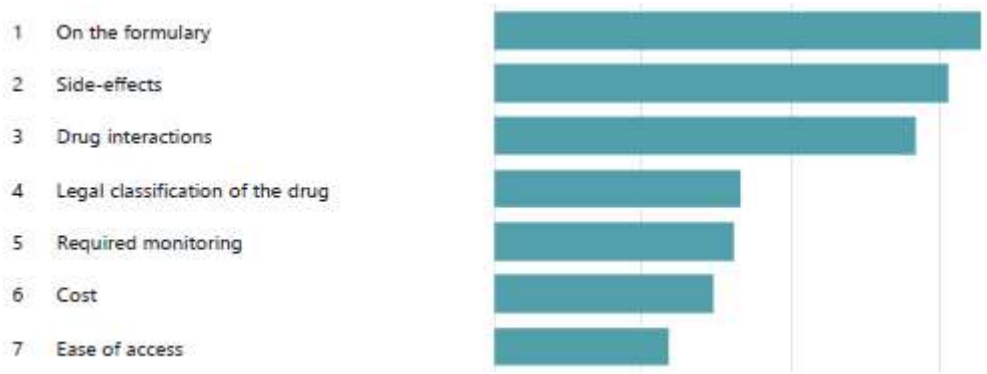
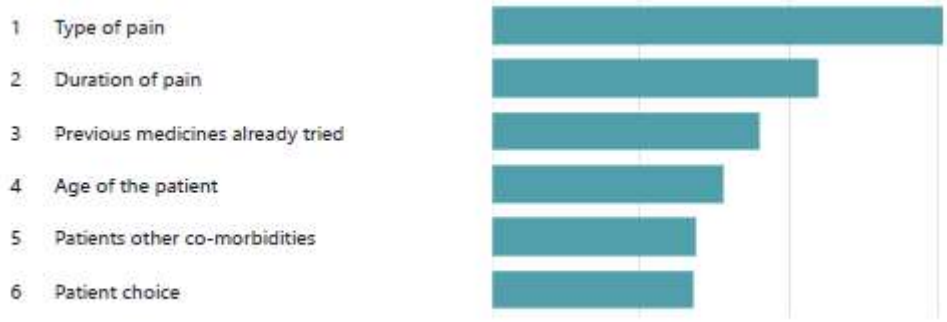


Fig 6d: Influences on prescribing practice related to the patient



6.1.4 Primary Care Staff Awareness and Utilisation of Supported Self-Management Solutions

A total of 47 people responded to the survey on awareness and utilisation of supported self-management solutions. Most responses were from GPs (24, 52%) followed by MSK Physiotherapists (8, 17%) and 5 (11%) of GP practice-based Pharmacists.

Many respondents worked in the Northeast Fife, Kirkcaldy and Dunfermline areas and the least responses were from staff working in the SW Fife, Lochgelly/Cowdenbeath and Levenmouth areas.

When asked about awareness of websites or resources to support patients with pain, most respondents (45, 96%) were aware of the Fife Moodcafe website, 34 (72%) were aware of the Pain Association Scotland website and 27 (57%) were aware of the Fife Pain Management Service website.

When asked about the frequency of referring or signposting patients to these websites or resources, fewer responded that they did this on a monthly, weekly, or daily basis and, where signposting did happen, the Fife Moodcafe website was most frequently signposted to (32, 68%) whilst 15 (32%) of respondents said they signposted or referred patients to the Fife Pain Management Service website.

When asked about awareness of services which could support people with pain, there were varying levels of awareness of the different services – 45 (96%) respondents were aware of the Fife Pain Management Service, 41 (87%) were aware of the MSK Physiotherapy Service, 38 (81%) were aware of the Weight Management Service and 34 (72%) were aware of the Fife Sport & Leisure Trust Active Options Programmes.

When asked about frequency of referring patients to these services, again fewer respondents referred to these services on a monthly, weekly, or daily basis. Where they did refer, 27 (58%) would refer to MSK Physiotherapy Service, 19 (41%) would refer to NHS Fife Silvercloud Programme, 15 (32%) would refer to First Contact Practitioner Physiotherapists and 18 (36%) would refer to Fife Pain Management Service.

When asked what would increase awareness of supported self-management resources to patients and clinicians, the themes that emerged were: Information in one place, Information for staff and Information for patients.

When asked what would increase ease of referral or signposting to supported self-management resources the themes that emerged were: Information in one place: Website, Information in one place: leaflet, Self-referral options and Information for staff.

When asked what other services or resources they would like to see to help support patients managing pain, the themes that emerged were psychological support and Information in one place. There were several other suggestions including “a “how to carry out a pain review” demonstration,” “Social spaces with drop-in clinics maybe run by patient champions who know what it feels like to have a good life despite pain” and “better education on opioids - not for chronic pain for patients and unfortunately staff colleagues too please”.

The themes from these open-ended questions, with illustrative quotes, are presented in Table 6b.

6.1.5 Primary Care Staff Conclusions

On the 17 April 2023, the key findings from all surveys were discussed as part of a dedicated workshop centred on agreeing our understandings from the staff perspective. The main conclusions taken from the survey findings included:

- Awareness raising of Programme needs to be ongoing, with focused messaging released often likely to be more effective than several topics infrequently.
- Solutions that support improvements to time and provide resources are identified as a benefit. One recurring theme as part of workshop discussion is the creation of some form of a 'resource hub.' It is thought this hub could help save time by acting as a 'single point of accesses for information on supported self-management and alternatives to prescribing. It could also offer resources to both patients and clinicians to support their pain management conversations and actions.

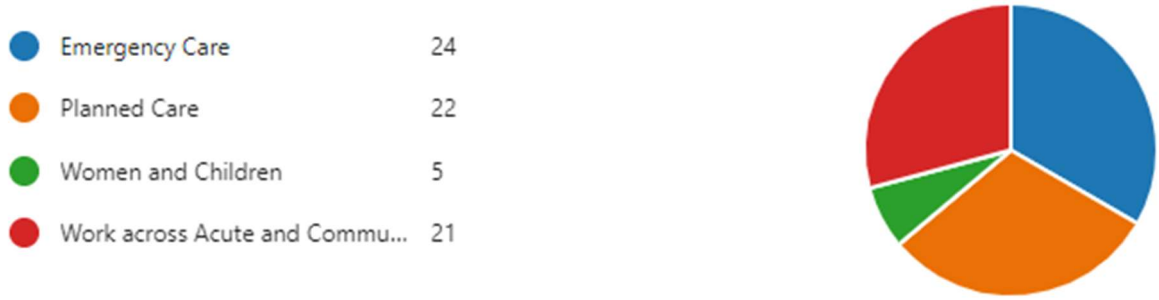
- The surveys indicate a strong confidence around pain management, but at the same time show via the prescribing and guidance survey that guidelines are mainly "never" or "rarely" used (less than once per month). This infers a risk that prescribers may not be aligned to the most up to date guidance. Section 4.2 of this report helps understand some of the reasoning behind this. Section 4.2 also identifies potential improvement areas for the existing guidance to focus on, to enable it to become more of a supporting tool. From the workshop discussion focused on the staff perspective, it was agreed there is likely a training response needed, to help raise awareness and embed desired ways of working.

6.2 Secondary Care Staff Awareness

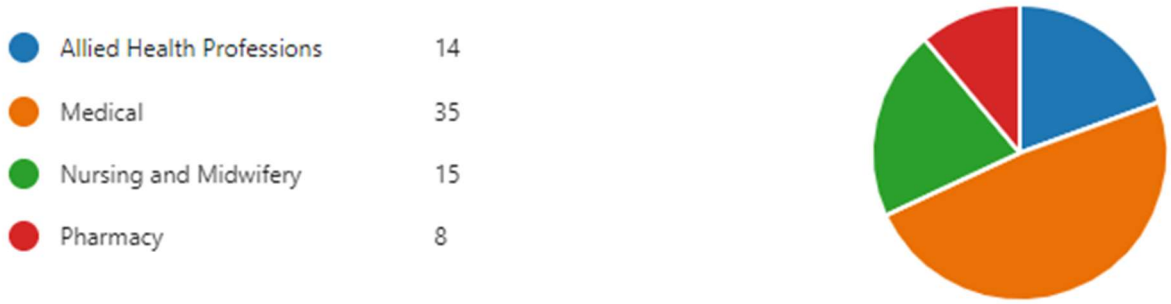
6.2.1 Background

Survey work was undertaken with Secondary Care staff to better understand awareness, knowledge, skills, and attitudes regarding the use of HRPM in the management of pain conditions.

A total of 72 secondary care staff responded. Across the following areas:

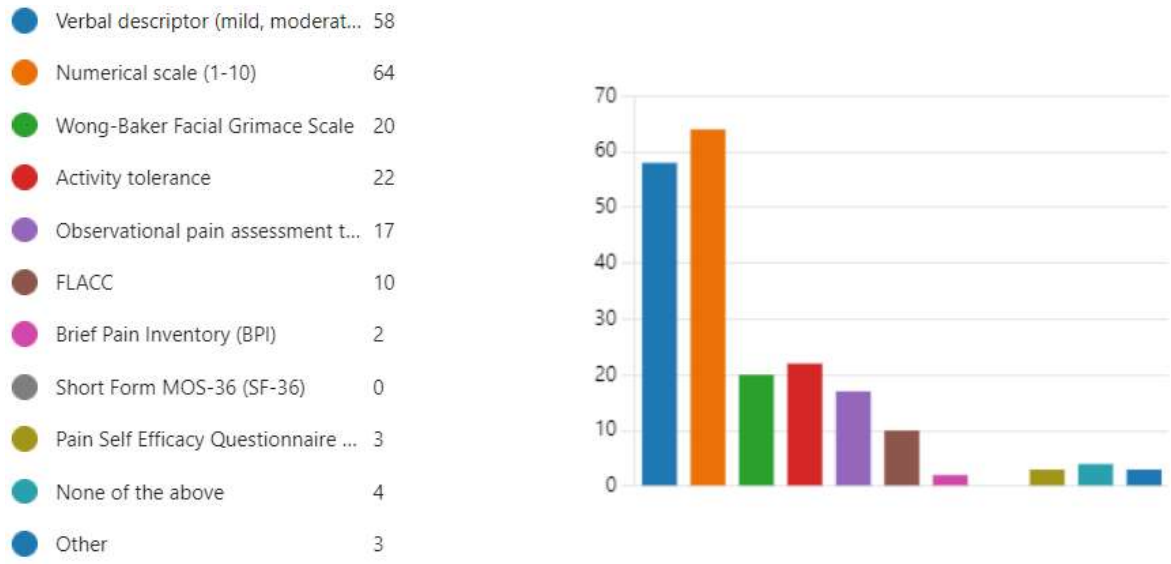


The roles covered included:



Allied Health Professions were mostly qualified physios, plus 4 from Occupational Therapy and Speech and Language Therapy, as well as 2 support workers. Medical was mainly consultants and 12 FYs. Nursing & Midwifery was mostly registered staff almost evenly split across staff/charge/senior charge/ advanced/ specialist and 2 Health Care Support Workers. For Pharmacy, 50% were clinical pharmacists.

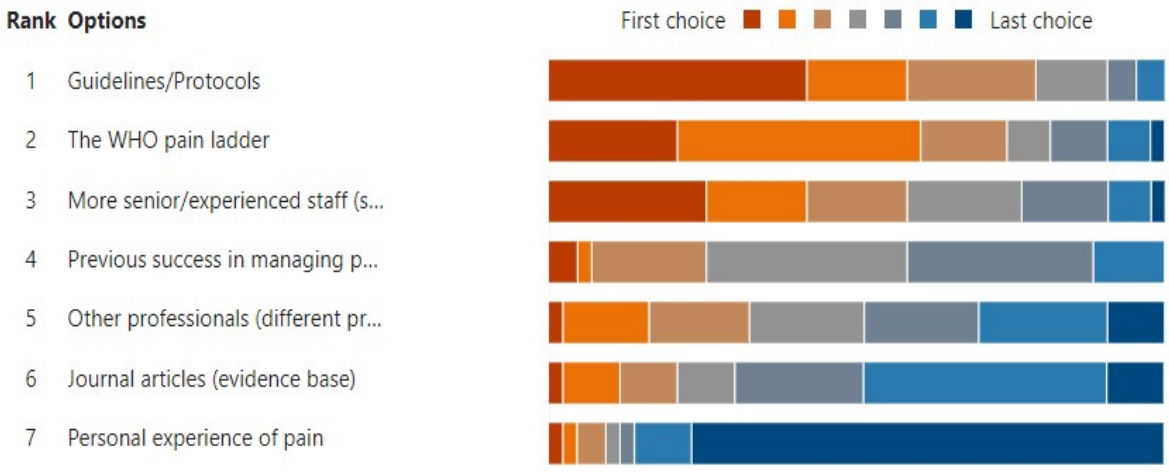
The following chart illustrates all the tools indicated as being used in pain assessment by Secondary Care staff:



The 4 who did not use any tool included 3 pharmacy staff (including 1 prescriber) and a Speech and Language Therapist.

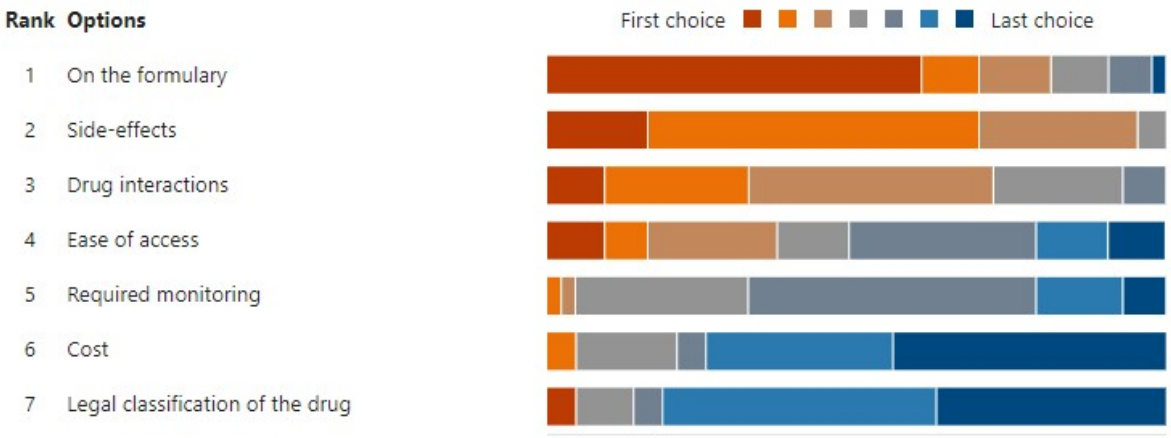
6.2.2 Prescribers

When asked what the influences were on prescribing practices in Secondary Care, the following were selected:

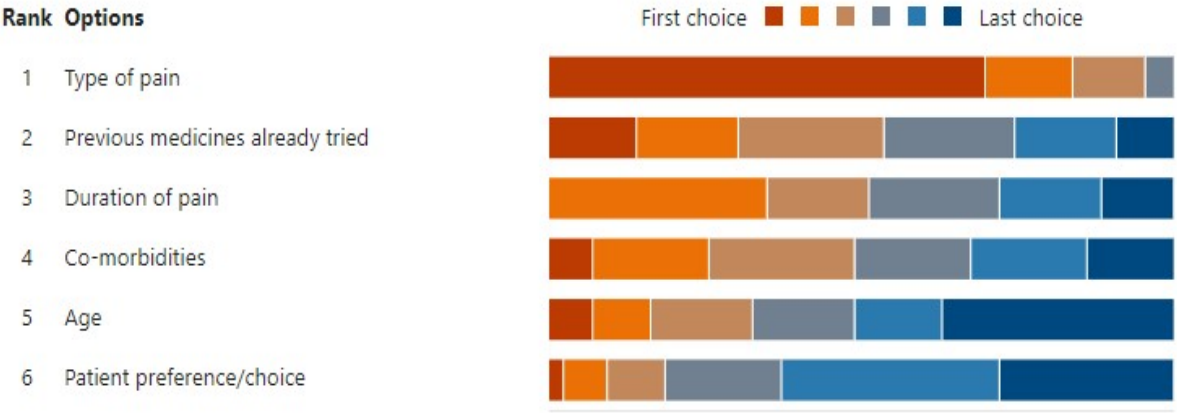


This was completed by mostly medical staff, only 4 NMPs (3 Nurses and 1 pharmacist) completed the survey.

The following outlines what is considered when prescribing a particular medicine:

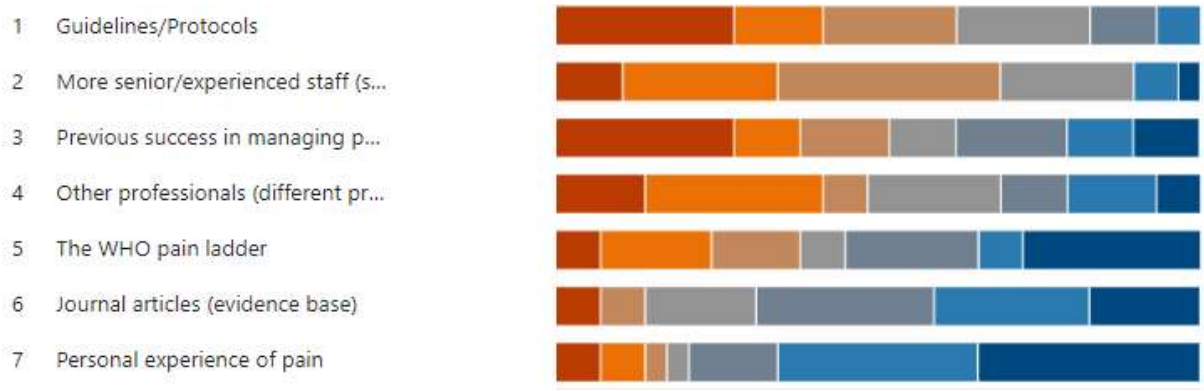


The following outlines what patient related factors are taken into consideration when prescribing a particular medicine:



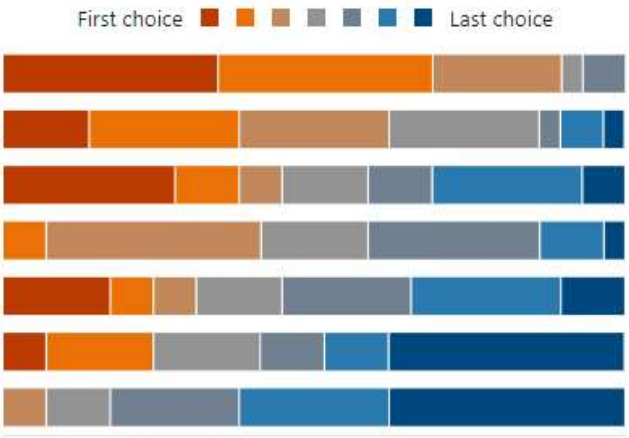
6.2.3 non-prescribers

The following indicates the main influences when considering pain management:



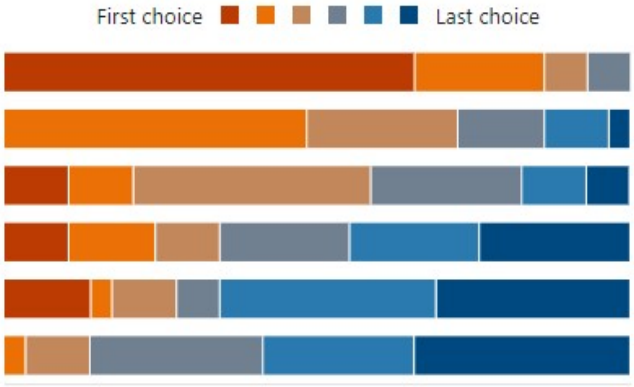
The following indicates the main influences on staff views of a particular medicine:

Rank	Options
1	Side-effects
2	Drug interactions
3	On the formulary
4	Required monitoring
5	Ease of access
6	Legal classification of the drug
7	Cost



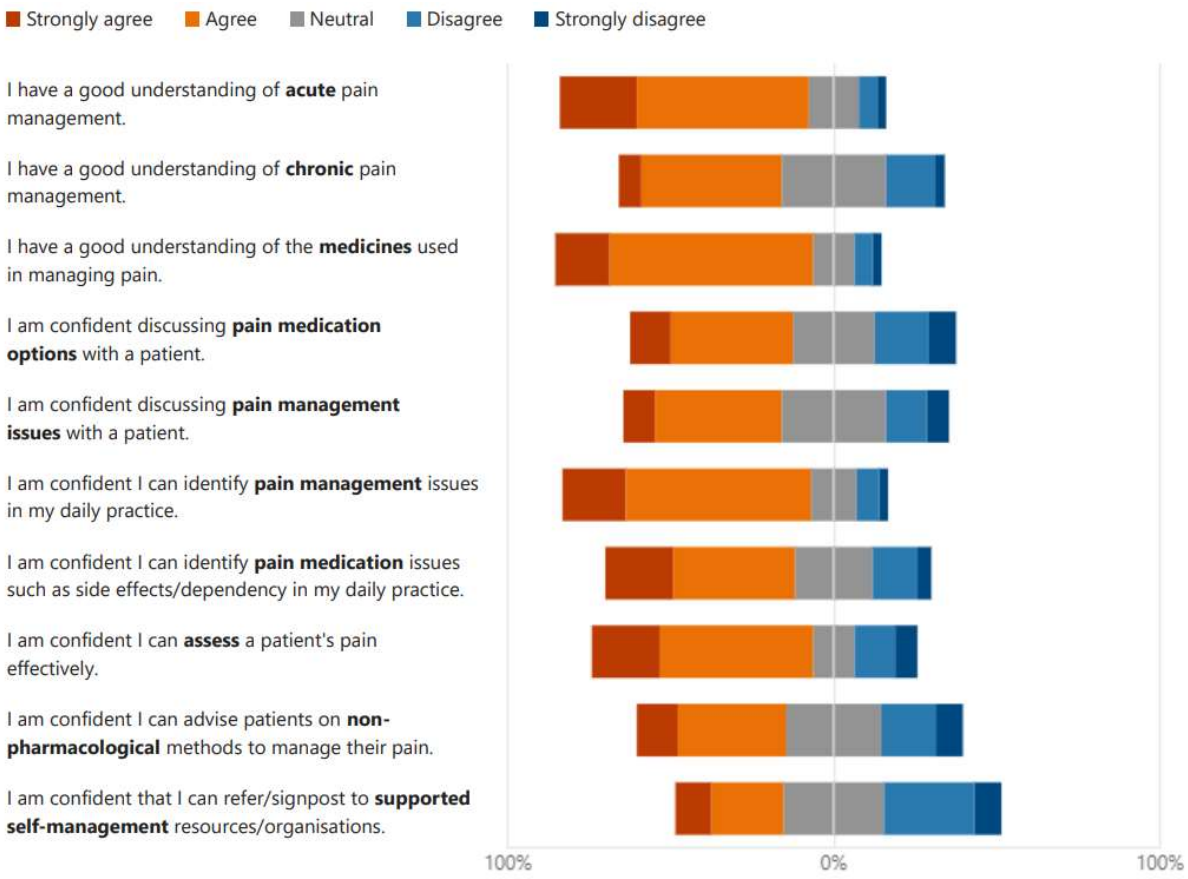
The following indicates the patient-related factors that influence opinion of a particular medicine.

Rank	Options
1	Type of pain
2	Duration of pain
3	Previous medicines already tried
4	Co-morbidities
5	Age
6	Patient preference/choice



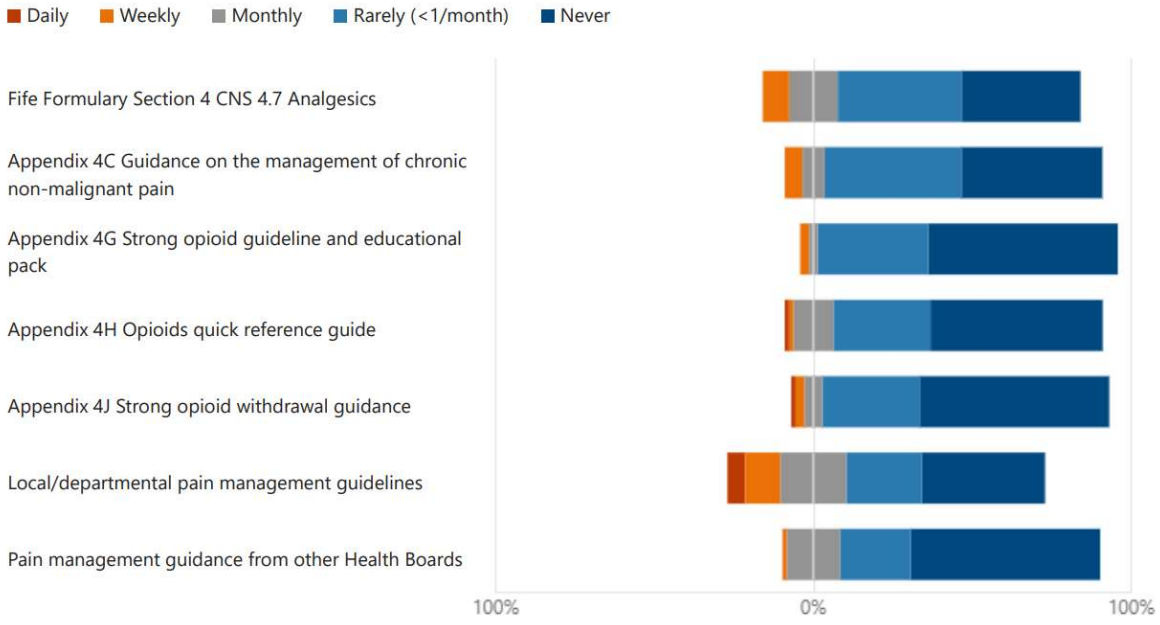
6.2.4 All Respondents: Pain Management Guidance

When asked to think about their knowledge, understanding and confidence regarding pain, the following shows the level of agreement with each of the statements:



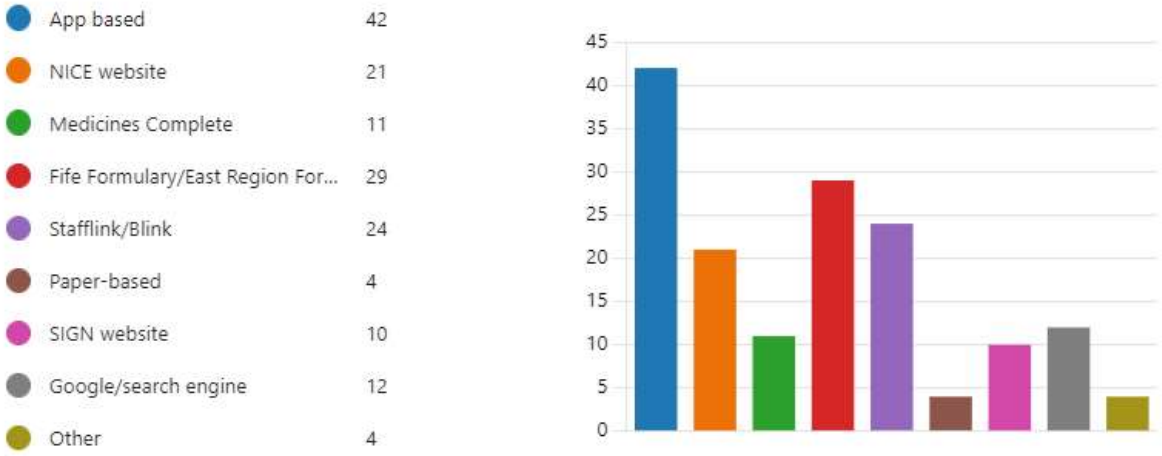
Overall, the diagram above suggests a very high level of confidence in the understanding of acute/chronic pain. There is also a very high level of confidence in the use of medicines in managing pain, discussing pain management issues, assessment of pain and the use of non-pharmacological/alternatives in supporting pain management.

In terms of accessing guidance, the following indicates how often this occurs across each component:



This shows a consistent pattern of mainly accessing guidance either “rarely” (less than once per month) or “never”.

When asked to indicate the preferred ways to access pain management guidance, the following were highlighted:



6.2.5 Secondary Care Staff Conclusions

As part of the end of year 1 programme phase and like the previous Primary Care staff section of this report, on the 17 April 2023 the key findings from all surveys were discussed as part of a dedicated workshop. This focused on agreeing our understandings from the staff perspective.

The main conclusions taken from the Secondary Care survey mirror that of the Primary Care staff. At the workshop there was a particularly noted consideration on the seemingly contrasting finding of a very strong confidence around all aspects of pain management. Yet at the same time guidance is being mainly “never” or “rarely” used. This infers a risk that pain management work is not aligned to the most up to date guidance. Section 4.2 of this report helps understand some of the reasoning behind this. Section 4.2 also identifies potential improvement areas for the existing guidance to focus on, to enable it to become more of a supporting tool. Like for Primary Care staff, from the staff perspective workshop it was agreed there is likely a training response needed to help raise awareness and embed desired ways of working.

7. What do our patient pathways tell us?

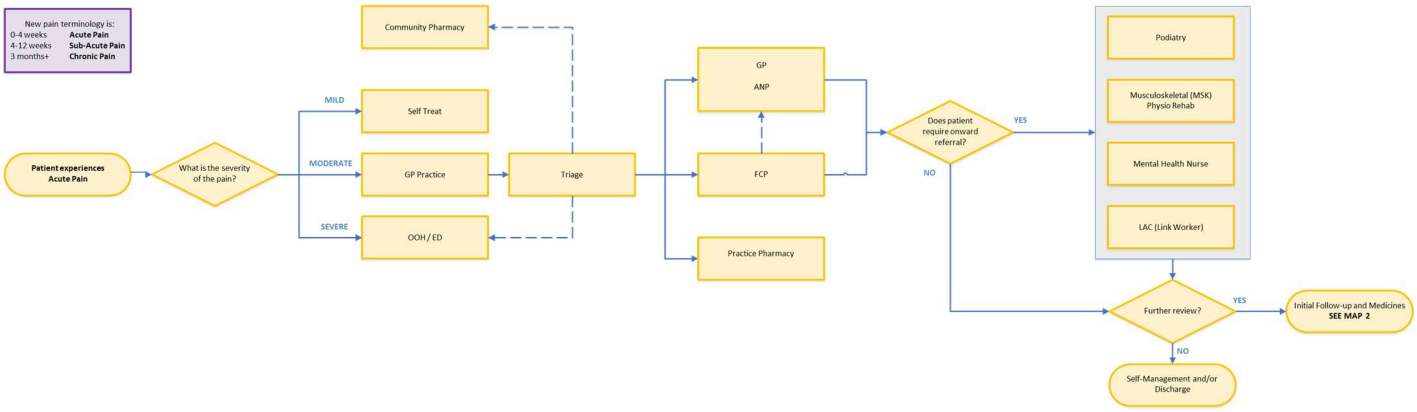
7.1 Primary Care Pathways

Over January/February 2023, 3 workshops were held to better understand our Primary Care Patient Pathways. The workshops firstly sought to identify the main activities that occur on the pathway and the sequence that these activities follow. The pathways have been looked at in 3 key time periods

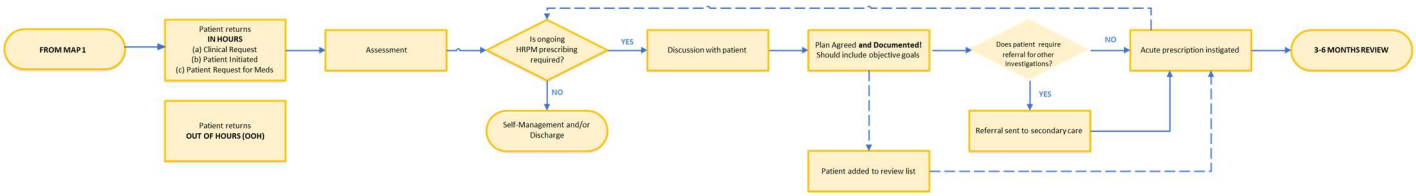
- Acute pain (duration less than 1 month)
- Subacute pain (duration of 1-3 months)
- Chronic pain (duration of more than 3 months)

This is illustrated in the below flow diagrams:

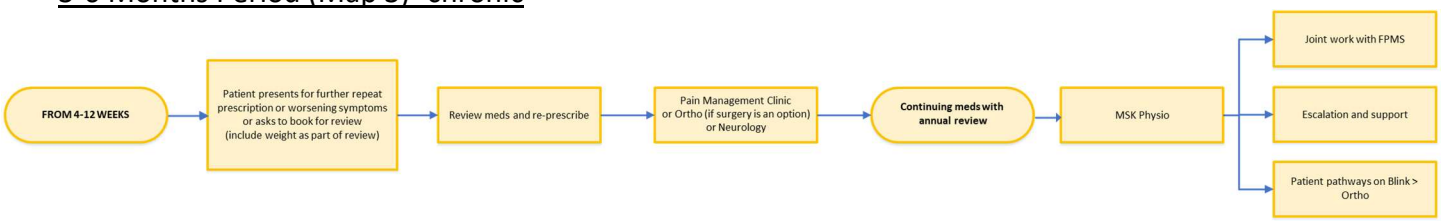
Initial Appointment (Map 1)- Acute pain



4-12 Week Period (Map 2)- Subacute pain



3-6 Months Period (Map 3)- chronic



The workshops then sought to identify areas of difficult and opportunity. This was taken into end of year 1 workshops with a wider set of stakeholders and discussed in April 2023, as part of refining the understanding of the problem.

These workshops sought to clarify and further develop the areas of opportunity to improve the existing pathways. The recurring themes of areas to focus improvement activity efforts on were:

- Improved communication especially at hand-off points in the system between Acute/Primary Care (one example being discharge letters covering intent/plan for the prescribing provided).

- At each patient contact point take the opportunity to educate/raise awareness of HRPM/pain management/alternatives e.g., the form this could take would vary based on the nature of appointments, but it could include full information leaflets/some discussion, to small reference cards linking to other resources.

- Better integrate the role of pharmacy in reviews (e.g., Medicines Management Support Workers may be able to support adding triggers for reviews from discharge letters).

- Have an acute limit on default tablet numbers for prescribers (not based on default pack sizes).

The above areas suggested, directly inform the programme candidate tests of change. It is also acknowledged that Secondary Care, and particularly out of hours may need to be explored further to ensure that tests of change initiated do cover the full system.

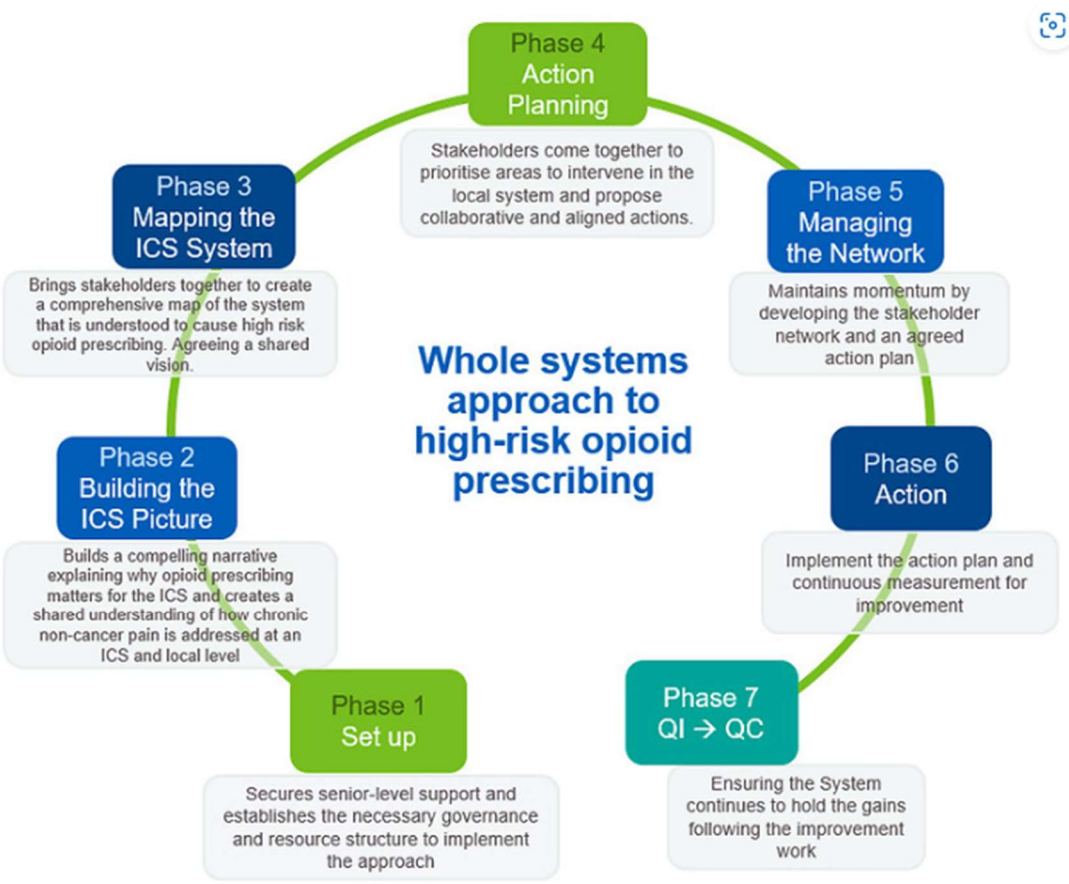
8. What Have We Learned from Elsewhere This Last Year?

8.1 Background

A substantial literature and desk-based search was undertaken with support from NHS Fife library services to identify key guidance and literature relating to analgesic stewardship. Many studies focussed on opioids alone, the challenges of system wide issues, lack of alternatives to prescribing.

The programme director linked with key stakeholders from a few organisations across the UK to understand how they were attempting to address this area, exploring what went well and what were the difficulties.

NHS England have taken a nationwide approach to addressing Opioid prescribing, developing a strand of their Medicines Safety Improvement Programme (MedSIP) to focus on Opioids. They designed an improvement programme intended to be delivered by Integrated Care Systems (ICS) which are like our health boards. It promotes a whole systems approach outline below:



The HRPM programme has followed a similar structure with Year 1 "Understanding the Problem" reflecting Phase 1-3 above. As we move into Year 2, we are considering phase 4-6 with Phase 7 in Year 3 and beyond.

Findings from other areas are noted over the tables below:

What	Focus/ What it is	How it was done or Recommendations	Possible/ Actual Benefits/ Risks

Painkillers Don't Exist www.painkillersdontexist.com
 	
NE England
	Opioids & Public Health messaging	• Position Statement re high dose opioids
		• Public health campaign
		  • targeting long term or high dose
		  • Now focussing on 3-6 mths
		• Guidance pack to support structured medication review by GP & Practice Pharmacy team
		• Focus on patients wanting to reduce medicines
			4 years into programme:
			• 50% reduction strong opioid prescribing
			• 30% all opioid

Scottish Antimicrobial Prescribing Group (SAPG)- discussion with previous national lead pharmacist	Group developed to support the safe and effective use of antibiotics across hospital and community settings to tackle antimicrobial resistance	• National level with public health messaging • Multidisciplinary and multi sectorial • Developed clear and accessible guidance • Use of digital technology • Nominated leads at board level • Took time to take off and be recognised	• Joined up approach • "All in it together"
Campaign to Reduce Opioid Prescribing (CROP) Yorkshire and North East & Cumbria CROP NENC	Opioids (Yorkshire) Opioids & Gabapentinoids (NE & Cumbria)	• Practice data packs • Some targeted practice visits	• Yorkshire - Reduced opioid use • NENC – limited practice engagement and limited change

What	Focus/ What it is	How it was done or Recommendations	Possible/ Actual Benefits/ Risks
USA CDC Clinical Practice Guideline for prescribing opioids for pain 2016 implementation- Updated 2022	Guidance on Opioid Prescribing https://www.cdc.gov/opioids/healthcare-professionals/prescribing/guideline/at-a-glance.html	• National guidance • Revisited 2022 to highlight patient centred approach • "A clinical tool to improve communication between clinicians and patients and empower them to make informed, person-centred decisions related to pain care together"	• 2016 version poorly implemented in some areas with forced tapering or abrupt cessation of prescribing • "Prohibition" implementation led to other increased risk of harm including increased rates of opioid overdose, suicide, and mental health issues- MUST be patient centred
Local Medical Practice with positive NTI profile (Green in 7/8 indicators)	Practice Visit to discuss how practice treats HRPM	• HRPM on acute/ reduced quantity • Practice work as a team • Manage patient expectations of benefit • Nominated GP per Patient /Historically had pharmacist follow up	• Due to lack of patient public health messaging and understanding of chronic pain some negative patient feedback/ "Facebook flack" • Higher use of NSAIDs than Fife average bit may be appropriate if mitigating for risk as reflected in STU data
Ayrshire & Arran	Opioid Prescribing	• Analgesic subgroup of ADTC • Position statement & Medical Director wrote to outliers	• Reduction in prescribing
Swansea Bay Medicines Management team	Supporting analgesic stewardship	• Quick tips for stewardship strategies for GP practices • Community Pharmacy key messages & actions • Pharmacotherapy team targeted reviews	• Reduction in prescribing

What	Focus/ What it is	How it was done or Recommendations	Possible/ Actual Benefits/ Risks
Lanarkshire – Coatbridge Practice GP Veronica Rainey (Associate Medical Director)	Focus on Opioid prescribing	• Opioids on acute/ reduced quantity • Whole team involvement (incl admin) with Practice meetings & peer discussion • Patient Engagement • Focus on one drug group at a time e.g., co-codamol • Focus was not highest risk / most complex • Pharmacist & Technician follow up • Linked with Out of Hours to reduce what was issued there	• 70% reduction in opioid prescribing
Fife Pain Management Service	"Sore? Know More"- winter funding drop-in session pilot see	• Individualised patient education & signposting session based in leisure centres in Cowdenbeath & Levenmouth in Feb & Mar 22. • Patient booked for 20 min appointment with physio practitioner from FPMS and offered support re pain management and to access local services, two NHS rehabilitation support workers and a member of Fife Sports and leisure trusts were present and supported	• Patients felt informed, supported and more confident to use supported self-management resources • Risk- specialist resources required- can we make use of local area co-ordinators or lay people? • Opportunity to explore larger education session with follow up signposting?
OUCH Opioid Use Change Link to OUCH video	Educational video on opioid prescribing aimed at Secondary Care Clinicians	• Academic health services network Northeast & Cumbria funded project • Gliszczynski et al (2023) Online education for safer opioid prescribing in hospitals—lessons learnt from the Opioid Use Change (OUCh) project Post Graduate Medical Journal 1-5	• Educational opportunity to facilitate system wide responsibility for addressing opioid use

What	Focus/ What it is	How it was done or Recommendations	Possible/ Actual Benefits/ Risks

Centre for Sustainable Delivery- Modernising Patient Pain Pathways	Multiple pilots across Scotland- examples noted	• Calderside Lanarkshire- MDT Primary Care team (GP, AHP. Pharmacist, Link worker, 3rd sector)- created pain register reviewed patients.
		• Govanhill – Pharmacist led clinic linking with Advanced Practice Physiotherapist, Link Worker and Yoga Pain Specialist, and other members of the practice to deliver a more comprehensive pain service for patients encouraging and promoting self-management of pain as well as optimising pain medication, de prescribing and tackling addiction to prescription analgesics
		• Ayrshire- Pharmacist & nurse clinic-led to decreased GP appointments for pain conditions and improved patient reported outcome measures
			• Calderside
			  • 50% reduction in opioid and gabapentinoid prescribing
			  • Reduced GP consultation rate
			• Govanhill
			  • Reduction in opioids
			  • Reduced GP consultation rate
			• Ayrshire
			  • 49% reduction in Oral Morphine equivalence
			  • Improved patient confidence
			  • Reduced GP appointments

Right Decision Service- supported by Scottish Government	High Risk prescribing Decision support integrated with GP electronic health record systems – reflects STU indicators	• Piloted and now being rolled out in NHS Lothian & Tayside and being piloted in GGC • All participants wished to continue using platform after pilot • 88% planned to use it in long term conditions reviews, 82% in medicines reviews, 63% in routine consultations. • 88% confirmed that the system adds significant value over the inbuilt Vision and EMIS alerts.	• Improving patient safety and reducing avoidable emergency admissions • Available at no cost to the board • Supports beyond HRPM- needs advanced at board level

What	Focus/ What it is	How it was done or Recommendations	Possible/ Actual Benefits/ Risks

NHS England Framework March 2023
 	
Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms: Framework for action for integrated care boards (ICBs) and primary care
	National framework to drive change for medicines associated with dependence which include opioids, gabapentinoids and benzodiazepines	• Action 1 – Personalised care and shared decision-making
		  • through dedicated clinics or using structured medication reviews (SMRs).
		  • openly discuss with the patient
		  • intended outcome from prescribing
		  • potential benefits, risk, and harm of the treatment
		  • decisions about whether to continue, stop or taper treatment.
		• Action 2 – Alternative interventions to medicines
		• Action 3 – Service specification and change management
		• Action 4 – Taking whole system approaches
		• Action 5 – Population health management
			• Promotes system wide approach

Scottish Government Pain management - service delivery framework 2022	National framework to reduce impact of chronic pain on quality of life and wellbeing	• Clear accessible information for patients • Patient & Carer engagement • Workforce development • Public health messaging planned	• In progress- public health messaging will not be early enough for programme but national supporting resources such as NHS inform update and ultimately TURAS staff development hub will support local work

What	Focus/ What it is	How it was done or Recommendations	Possible/ Actual Benefits/ Risks

NHS England Medicines Safety Improvement Programme (MedSIP) - to reduce harm from opioid medicines by reducing high dose prescribing (>120mg oral Morphine equivalent), for non-cancer pain by 50%, by March 2024	National programme taking whole system approach to Opioid prescribing- advises how to take local approach	• Framework and toolkit to support local integrated care systems (health boards) review causes of opioid prescribing and develop action plans
		• 5 targeted areas
		  • Prevent Initiation
		  • De-escalate doses early
		  • Find Chronic use
		  • Treat (Taper & Support)
		  • Sustain
		• Use of action learning sets
		• National dashboard supporting prescribing comparators
			• Outcomes ongoing- early analysis suggests saved 347 lives over last 2 years and 2,152 fewer cases of moderate harm
			• Helping 62 people to stop (or not start) opioids saves 1 life
			• Halve the risk of death by reducing from high dose to weak opioids

EMPOWER study- Professor Beth Darnall, University of Stanford	Ongoing research study (Effective Management of Pain and Opioid free ways to Enhance Relief)	• Focus on person and readiness to taper • Work with small decreases • Patient has ability to pause, stop or drop out of taper • Supported with education and access to supported self-management resources • Remember outliers- some WILL need prescription opioids with pain worsening on reduction- support use, review after fixed period and mitigate risk	• 50% reduction in opioid intake at 4 months and pain did not increase • 3 years later most continued decrease or stopped

9. What Does Good Look Like?

9.1 Programme Blueprint

The following section of this report attempts to outline what an improved system could look like by the end of year 3 of the programme. This is an aspirational direction that the projects of the programme should be providing outputs to help us move towards. It will often start vague but can be further refined and detailed as activity progresses and the impact of change work is evaluated.

Processes	**Organisation**
Seamless communication between services at pathway interface/hand-off points with clear plans related to prescribing intentions. Patients initiated on HRPM will have early review planned to assess efficacy and ongoing need. Patients continuing to need HRPM beyond 3 months will be identified to support transition to chronic pain management and role of supported self-management. Regular medication reviews (minimum annually) based on realistic medicine principles of shared decision making to inform any de-prescribing plan, ensuring this is comfortable, not daunting and patient feels supported. Medication reviews will be more proactively planned and highest risk groups targeted with a multidisciplinary approach maximising skills of non-medical prescribers (Community & Practice Pharmacy teams and Advanced Nurse Practitioners) Medication reviews follow a consistent framework and key criteria consultations should cover. Medication reviews will help set specific, measurable, aspirational but realistic objectives moving from focus on pain relief to function and quality of life (e.g., walk around the garden for 10 minutes 3 times a week). Patients will receive information regarding the impact of their medicines and the likely alternative options at key contact points. Post surgically patients will be weaned off opioids before discharge where possible Patients reporting clear benefits from HRPM use will be supported to continue appropriate use, mitigating for risk and with clear timelines for further review.	Wide organisational awareness of the differences between acute and chronic pain and the management strategies for both. Acceptance that pain management is everyone's problem and we all must influence the management of it where we have opportunity – there will be no new service that will do this for us. Fife Pain Management Service will support the most complex patients with most patients supported in the community. An established lived experience group and link with third sector organisations who can be approached for co-production and collaboration. We will have the workforce better trained around pain medicines and pain management and early identification of issues which will empower people to act on, or flag to, appropriate clinician to improve patient safety and experience We will have an Analgesic Stewardship group comprising key stakeholders across the organisation will monitor board prescribing, guidance, datix and impact and drive an ongoing communication strategy for HRPM Guidance will be regularly used to support prescribing to help ensure alignment to most current practice. We will have clear position statements on prescribing of HRPM to support clinician delivery Specialist pain service FPMS will have clear referral criteria and pathways, easily accessible to clinicians in all settings

Patients can self-refer or be referred by clinicians to community education sessions to support understanding of chronic pain and supported self-management	
Technology A new resource hub will make it easy for patients to access materials to understand their condition and to self-manage their pain condition. It will also provide a gateway to clinicians to access alternative services and support patient signposting and referrals. A new in-patient prescribing and administration solution will come to the organisation, which will support the information needs of the programme/wider system. A nationally supported electronic tool for GP prescribing systems will support clinicians identifying highest risk patients in real time to facilitate consultations and safety discussions. A MicroStrategy dashboard will support practice, cluster, and board level understanding of HRPM prescribing and can be used by practice teams to facilitate QI reflection. As part of public space refurbishment/face to face contact points with patients experiencing pain, our estate will consider distance to treatment rooms, the need for rest points etc.	**Information** Materials to support clinicians and patients understand conditions, guidance and supported self-management will be easily accessible through one central resource. Where HRPM are indicated, patients will be given information on benefits, risks and alternatives and clear plan for assessment of ongoing need before a shared decision to prescribe and will have the opportunity to further understanding or to ask questions in community pharmacy as part of supply route. Post-surgical patients discharged on opioids will be informed how to self-administer opioid medication safely, wean analgesics, how to dispose of unused analgesic medications safely and impact on driving. A leaflet will be provided to support the discussion. Discharge letters will contain a clear plan on why HRPM medicines were prescribed and the intent following discharge. Patient information on medicines and pain management will be accessible in digital and alternative formats. Patients transitioning from sub-acute (1-3 months) to chronic pain(>3months) will have information to support understanding of importance of non-pharmacological strategies and role of supported self-management Updates to guidance and safety messaging of HRPM will be actively disseminated through appropriate communication channels, targeting services and clinicians who regularly prescribe HRPM

9.2 What does a good patient journey look like?

HRPM initiated in community:
Acute (<1 month)

- Presentation at Community pharmacy
    - I explained what was wrong
    - The pharmacist asked some questions to clarify if it could be managed over the counter (OTC) or whether I needed to be seen by someone else
    - They checked my other medicines and conditions and then talked through the OTC medicine options with me and made a recommendation
    - I was given advice on what to take and when, they pointed outside effects to watch out for and flagged to me that these medicines are better for short term use only as there are risks with longer term use
    - They also gave me some useful tips on what I could do to help manage the pain just now using heat/cold, keeping the movement, when to rest and I was given a handy leaflet to back up the information they gave me
    - I was reassured that they advised me to contact the GP if things worsened and gave me a timescale to get back in touch if things weren't improving

- Presentation at GP practice
    - I explained what was wrong and the triage call identified whether I needed to be seen by GP or Advanced Physiotherapy Practitioner
    - I outlined the steps I'd taken on pharmacy advice so far and the clinician checked exactly how I had been taking my medicines
    - Pain assessed- physical and questions, was asked about
        - Pain what makes it worse/ better
        - Medicines benefits/ side effects
        - My sleep and mood
        - What I can do/ what my pain is stopping me doing
    - The clinician physically ruled out anything that required further investigation at this time
    - They discussed medicine options and we agreed for short term use of an opioid based medicine to compliment what I was taking, using on a when required basis.
    - It was highlighted how important it was for me to keep the joint active and I was shown how to do some gentle exercises, building up gradually to maintain strength whilst not overdoing it
    - Both the prescribing clinician and dispensing pharmacist repeated the short-term nature of use to avoid risk of dependency and checked I knew what side effects to expect, that it may make me drowsy and to avoid driving if impacted.
    - I was dispensed a small quantity of opioid, advised how to store it and to return any extra to the pharmacy if I no longer needed it.
    - I was advised to contact the GP surgery if things worsened or if I felt I needed further medicines
    - 2-3 weeks later I contacted the surgery, it was still troublesome but not any worse and I needed more medicines
    - I was booked for a call with the pharmacist who checked that things hadn't got any worse and asked about the benefit of the medicines I was taking. When I said I thought they were helping they also asked whether I had any side effects and

what else I was doing to help. They also checked if I was seeing the physiotherapist.
- I was issued with a further 2-3 weeks supply and asked to contact the GP surgery if things worsened or if I felt I needed further medicines

Sub-Acute (5-12 weeks)

- After the 3 weeks I requested more medicines and had a further conversation with the practice pharmacist- it was now approx. 7 weeks since the problem began
- The pharmacists again assessed the benefit of the medicines, checked for what they termed "red flag" symptoms and asked about my activity and what I was struggling with, what made my pain better/ worse. They said they didn't need to refer me to the GP or physio at that point. I got some good tips about when to take my medicines and some self-management ideas.
- I was issued with 1 months' worth of medicines and was advised to make a review appointment with the GP before they ran out if things were not improving, or earlier if there was a worsening of symptoms

Chronic Pain (>3months)

- **3-month review by GP**
  - My pain was re-assessed- physical and questions similarly to my first assessment
  - The benefit of my medicines was reviewed
  - I explained I was becoming less physically active, not able to do as much. I'd stopped my football and because of that was not seeing my friends as regularly. It was making my work harder and it was frustrating me. I was also worried that something was wrong and with being off work it was beginning to impact me financially.
  - The GP
    - Reassured me that there was nothing of concern at this time but that they recognised the impact it was having on me, and we needed to think slightly differently as surgery or medicines were not going to fix it at this time.
    - They explained medicines aren't always as effective in long term pain- they won't take it away completely and we needed to focus on non-medicine strategies too
    - They used the term supported self- management and we agreed a plan that would focus on keeping me doing the things I wanted to do and keep me active
    - We agreed some goals for me to aim for, like gradually building up to walking to shops or walking dog or doing some of my hobbies.
    - They showed me an online resource which would help my understanding and told me about a local education session and Pain Association Scotland groups
    - We agreed a medication plan and I was advised what do during a flare-up and how to reduce the medicines safely if things were improving
    - They said they would authorise my medicine to be repeated for the next 3-6 months and then I would be re-assessed to see if anything worsened, and I needed referral to orthopaedics
  - I could see on my prescription and medicine label when my next review was due but was able to order my medicine up to then

- **6-9 months of pain- review by GP or Other professional at the practice**
  - My pain was re-assessed- physical and questions similarly to my first couple of assessments but I was asked how I was pacing my activity and how I was getting on with my goals and how I was maintaining social contact.

- We made some adjustments to my medication after discussing options- I felt I had been able to contribute to the decision-making process and I know what to do during flare-up.
- My condition had deteriorated further, and the GP referred me to Orthopaedics for assessment. They explained it may be a wait before I was seen and that it was just as important to maintain my pain management strategies in the meantime.
- The GP was also realistic and highlighted that I may not be suitable for surgery, or it might not be indicated, re-enforcing the need for thinking to the future and maximising my ability to use alternatives to prescribing.
- I think this helped me understand that surgery and medicines might not be the answer but if it did progress to surgery I needed to be as fit as possible before hand- the GP called it "pre-hab".
- The GP checked whether I had accessed the resource hub or attended the local community education session- I hadn't yet but I resolved to book on.
- I was also referred to a local exercise class with Fife Sports and leisure trust- designed for those managing a long-term pain condition to help keep us active.
- I was referred for an x-ray of my joint
- My medication was then authorised for 12 months, but I knew I could contact the Practice Pharmacy team or the Community Pharmacist with any queries
- The community pharmacy team checked in with me now and again too to see if I was experiencing any side effects and how best to take my medicines

- **<u>Prior to orthopaedics appointment</u>**
  - I attended the community education session- it really resonated with me. They seemed to understand the impact it was having on me, my social and work life and even my finances. I was given lots of good advice on local resources that might help and put in contact with the local area co-ordinator and the Wells.
  - I had a follow up with the local area co-ordinator and found out how to access financial and occupational health advice- this was a weight lifted off my mind.
  - Everyone involved in my care seemed focussed on what mattered to me, and I felt supported and informed.

- **<u>Orthopaedics and Peri-operatively</u>**
  - I received a letter to let me know my referral had been accepted and I was on a waiting list
  - I was seen by the consultant within 12 weeks, and they discussed my x-ray, the impact of the pain on my life and what it stopped me doing
  - I was scheduled for an operation and given advice to manage pain and remain active in advance of the operation.
  - I had a pre-assessment appointment with a clinician in the 4 weeks before the operation. They reviewed what my current analgesic use was, discussed a plan for post operatively and checked to see I didn't need referred to the inpatient pain team as a high-risk candidate.
  - It was explained what would happen on the day and that I could expect some pain immediately afterwards, but it should be manageable, and they would work with me to get me as up and active as quick as possible
  - After the operation I was given some strong pain medicine to help for the first few days. I was given a plan how to gradually stop it which also included advice on how to reduce the pain medicines I was on prior to the operation if things kept improving. It was talked through with me, but it was also written down in a leaflet I was given

which explained how to store my medicines, what side effects to expect and how to manage and what to do with any extra I had left if I no longer needed them.

- I was given a clear exercise plan to build up my activity.
- An electronic letter outlining the plan was sent to my doctor and I was given a copy of the discharge letter too.
- I had a phonecall from the pharmacy team at the GP practice 2-3 days after my op to see how things were and to check I understood the plan for the medicines. They also checked to see if I needed any more or if I was managing how I could continue to reduce, including a plan for the pain medicines I was using pre-operatively. They said it was normal to be a bit sore after the operation and they would check in again in a fortnight but to get in touch if things were worsening
- I had a follow up call from the pharmacy team 2-3 weeks after the operation and they checked how I was getting on with the plan to gradually taper the medicine I was on before the operation- they discussed how I could use my medicine short term for a flare up if needed.
- As everything was going well and I had been able to reduce quite well they said they would put me on a 6-month pain medicine review but to get in touch if needed.
- They reminded me about local resources that would help and referred me to the local pain association Scotland Group

10. Exclusions/limitations

1. Although the surveys conducted have a high rate of return, these can only remain indicative. The findings reported here reflect the responses that were provided to the surveys and might not reflect the views of other Patients/Care/Primary and Secondary Care staff.
2. Audits were not undertaken in all key areas due to resource capacity so can only remain indicative of current practice in a particular prescribing setting. Some of the audits were undertaken in an Orthopaedics environment where there is slightly higher adherence to the recommendations from the Surgery and Opioids guidance.

Appendix 1: Supporting Documents

Below is a list of supporting documents that provide further detail/information on specific pieces of work that helped contribute to the overall findings detailed in this report.

Please contact fife.hrpm@nhs.scot for copies of any of these should you like to view any additional material.

- 1 Summary Service Descriptors
- 2 Geographic Mapping
- 3 HRPM SSMS Resource Mapping
- 4 Detailed Patient & Carer Stories
- 5 HRPM Carer Survey Evaluation
- 6 HRPM Patient Survey Evaluation
- 7 Staff Awareness Combined Summary
- 8 SMSS Combined Summary
- 9 Primary Care Knowledge Skills and Attitudes
- 10 Combined P&G Summary
- 11 Secondary Care Clinical Staff Summary

NHS Fife provides 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.

NHS Fife 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

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