

# NHS Fife Public Health & Wellbeing Committee

Wed 01 March 2023, 10:00 - 11:55

MS Teams

## Agenda

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

0 min

*Tricia Marwick*

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

0 min

*Tricia Marwick*

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10:00 - 10:00 **3. Minutes of Previous Meeting held on Wednesday 11 January 2023**

0 min

*Enclosed Tricia Marwick*

 Item 03 - Public Health Wellbeing Committee Minutes (unconfirmed) 20230111.pdf (9 pages)

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

10 min

*Enclosed Tricia Marwick*

 Item 04 - Public Health & Wellbeing Committee Action List 20230301.pdf (2 pages)


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10:10 - 10:40 **5. GOVERNANCE MATTERS**

30 min

**5.1. Committee Self-Assessment Report 2022/23**

*Enclosed Gillian MacIntosh*

 Item 05.1 - SBAR Committee Self-Assessment Report 2022-23.pdf (10 pages)

**5.2. Annual Review of Committee's Terms of Reference**

*Enclosed Gillian MacIntosh*

 Item 05.2 - SBAR Annual Review of Committees Terms of Reference.pdf (2 pages)


 Item 05.2 - Appendix 1 PH&WC Terms of Reference.pdf (4 pages)


**5.3. Corporate Risks Aligned to Public Health & Wellbeing Committee**

*Enclosed Joy Tomlinson*

 Item 05.3 - SBAR Corporate Risks Aligned to Public Health & Wellbeing Committee.pdf (6 pages)

 Item 05.3 - Appendix 1 Summary of Corporate Risks Aligned to the PHWC.pdf (5 pages)

 Item 05.3 - Appendix 2 Deep Dive Review - Health Inequalities.pdf (4 pages)

 Item 05.3 - Appendix 3 Assurance Principles.pdf (1 pages)



**5.3.1. Deep Dive – Health Inequalities**

**10:40 - 11:10**   **6. STRATEGY / PLANNING**

30 min

**6.1. Draft Population Health & Wellbeing Strategy**

*Enclosed*                      *Margo McGurk/Susan Fraser*

-  Item 06.1 - SBAR Population Health & Wellbeing Strategy + Appendix 1.pdf (7 pages)
-  Item 06.1 - Appendix 2 Draft NHS Fife Population Health and Wellbeing Strategy.pdf (33 pages)



**6.2. Strategic Planning & Resource Allocation 2023/24 - Corporate Objectives 2023/24 Initial Proposal**

*Enclosed*                      *Margo McGurk*

-  Item 06.2 - SBAR Strategic Planning & Resource Allocation 2023-24.pdf (6 pages)


**6.3. Integration Joint Board Strategic Plan 2023 – 2026**

*Enclosed*                      *Nicky Connor*

-  Item 06.3 - SBAR Integration Joint Board Strategic Plan 2023 – 2026.pdf (7 pages)
-  Item 06.3 - Appendix 1 IJB Strategic Plan 2023 - 2026.pdf (51 pages)


**6.4. Getting it Right for Everyone Pathfinder**

*Enclosed*                      *Nicky Connor*

-  Item 06.4 - SBAR Getting it Right for Everyone Pathfinder.pdf (4 pages)

**6.5. Progressing Children’s Rights**

*Enclosed*                      *Nicky Connor*

-  Item 06.5 - SBAR Progressing Children's Rights.pdf (10 pages)

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**11:10 - 11:30**   **7. QUALITY / PERFORMANCE**

20 min

**7.1. Integrated Quality & Performance Report**

*Enclosed*                      *Joy Tomlinson/Nicky Connor*

-  Item 07.1 - SBAR IPQR.pdf (4 pages)
-  Item 07.1 - Appendix 1 IPQR.pdf (14 pages)

**7.2. Autumn/Winter Covid-19 and Flu Vaccine Delivery Campaign**

*Enclosed*                      *Nicky Connor*

-  Item 07.2 - SBAR Autumn Winter Covid-19 and Flu Vaccine Delivery Campaign.pdf (8 pages)

**7.3. 2C Board Managed General Practices – Tender Process Update**

*Enclosed*                      *Nicky Connor*

-  Item 07.3 - SBAR 2C Board Managed General Practices – Tender Process Update.pdf (4 pages)

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**11:30 - 11:40**   **8. ANNUAL REPORTS**

10 min

## 8.1. Violence Against Women Annual Reports 2021/22

Enclosed *Nicky Connor*

📎 Item 08.1 - SBAR Violence Against Women Annual Report 2021-22 + Appendices.pdf (83 pages)

## 8.2. NHS Fife Annual Climate Emergency and Sustainability Report 2021/22

Enclosed *Neil McCormick*

📎 Item 08.2 - SBAR NHS Fife Annual Climate Emergency and Sustainability Report 2021-22.pdf (4 pages)

📎 Item 08.2 - Appendix 1 NHS Fife Annual Climate Emergency and Sustainability Report 2021-22.pdf (18 pages)

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## 11:40 - 11:45 9. FOR ASSURANCE

5 min

### 9.1. Delivery of Annual Workplan 2022/23

Enclosed *Joy Tomlinson*

📎 Item 09.1 - Delivery of Annual Workplan 2022-23.pdf (5 pages)

### 9.2. Annual Public Health & Wellbeing Committee Workplan 2023/24

Enclosed *Joy Tomlinson*

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

📎 Item 09.2 - Appendix 1 Proposed Public Health & Wellbeing Committee Annual Workplan 2023-24.pdf (5 pages)

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## 11:45 - 11:50 10. LINKED COMMITTEE MINUTES

5 min

### 10.1. Portfolio Board held on 8 December 2022 (confirmed) & 12 January 2023 (unconfirmed)

Enclosed

📎 Item 10.1i - Cover Paper Portfolio Board 20221208.pdf (1 pages)

📎 Item 10.1i - Portfolio Board Minutes 20221208 (confirmed).pdf (5 pages)

📎 Item 10.1ii - Cover Paper Portfolio Board 20230123.pdf (1 pages)

📎 Item 10.1ii - Portfolio Board Minutes 20230112 (unconfirmed).pdf (5 pages)

### 10.2. Public Health Assurance Committee held on 1 February 2023 (unconfirmed)

Enclosed

📎 Item 10.2 - Cover Paper Public Health Assurance Committee 20230201.pdf (1 pages)

📎 Item 10.2 - Public Health Assurance Committee Minutes 20230201 (unconfirmed).pdf (3 pages)

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## 11:50 - 11:55 11. ESCALATION OF ISSUES TO NHS FIFE BOARD

5 min

### 11.1. To the Board in the IPQR Summary

Verbal *Tricia Marwick*

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

Verbal *Tricia Marwick*

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## 11:55 - 11:55 12. ANY OTHER BUSINESS

0 min

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11:55 - 11:55

0 min

**13. DATE OF NEXT MEETING - WEDNESDAY 15 MAY 2023 AT 10AM VIA MS  
TEAMS**

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING  
HELD ON WEDNESDAY 11 JANUARY 2023 AT 10AM VIA MS TEAMS**

**Present:**

Alistair Morris, Non-Executive Member (Vice Chair)  
Mansoor Mahmood, Non-Executive Member  
Arlene Wood, Non-Executive Member  
Carol Potter, Chief Executive  
Margo McGurk, Director of Finance & Strategy  
Chris McKenna, Medical Director  
Janette Owens, Director of Nursing  
Joy Tomlinson, Director of Public Health

**In Attendance:**

Nicky Connor, Director of Health & Social Care  
Susan Fraser, Associate Director of Planning & Performance  
Ben Hannan, Director of Pharmacy & Medicines  
Emma O'Keefe, Consultant in Dental Public Health (*item 7.1 & 7.2 only*)  
Gillian MacIntosh, Head of Corporate Governance & Board Secretary  
Hazel Thomson, Board Committee Support Officer (Minutes)

**Chair's Opening Remarks**

The Chair welcomed everyone to the meeting and extended a warm welcome to Ben Hannan, who has now joined the Committee as a regular attendee.

The Chair thanked everyone throughout the whole organisation, noting that we are living through exceptional circumstances, and the hard work that is being carried out to provide the best healthcare during this time of extremely heavy demand is recognised.

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 Tricia Marwick (Chair) and Wilma Brown (Employee Director).

**2. Declaration of Members' Interests**

There was no declaration of members' interests.

**3. Minutes of Previous Meeting held on Monday 7 November 2022**

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

**4. Matters Arising / Action List**

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

## **5 GOVERNANCE MATTERS**

### **5.1 Corporate Risks Aligned to Public Health & Wellbeing Committee**

The Director of Public Health advised that four risks have been identified from the Corporate Risk Register that are aligned to the Public Health & Wellbeing Committee. It was highlighted that the overall risk levels for 'Health Inequalities' and 'Primary Care Services' are high and both of those are relatively new risks added to the Corporate Risk Register.

It was reported that a focus of the Health Inequalities risk is to ensure that NHS Fife actions in relation to Health Inequalities are in place and that these will be embedded within the new Population Health & Wellbeing Strategy. A deep dive on this risk will be provided at the March 2023 Committee meeting. It was reported that there are emerging governance structures in relation to the Primary Care Services risk, and a deep dive will be provided at the May 2023 Committee meeting.

A Wood, Non-Executive Member, sought clarification around the Health Inequalities risk and queried how the risk connects to the work that is being carried out across all localities, and how the interventions and mitigations also connect. The Director of Public Health advised that the scheduled deep dive would provide more detail in this area, noting that discussions are ongoing in relation to mitigations and the actions that are required to be taken. The Director of Health & Social Care noted that there are groups now working in each of the localities and are linking in with Public Health colleagues for a joined-up approach.

The Committee **agreed** the scheduling of Deep Dive reviews as follows:

- Health Inequalities corporate risk on 1 March 2023
- Primary Care Services corporate risk on 15 May 2023

## **6 STRATEGY / PLANNING**

### **6.1 Population Health & Wellbeing Strategy**

The Director of Finance & Strategy reported that a first draft of the strategy document will be presented to the Portfolio Board at their meeting on 12 January 2023. The content of the strategy document has been prepared with input from all the Directors, who have been working on developing and drafting the strategy within their own areas. Further work will take place and the strategy document will be brought to the March 2023 Board Committee meetings.

The Director of Finance & Strategy noted that there is a focussed section within the strategy document around Health & Inequalities, and the various roles within NHS Fife that are working towards reducing this. The document also sets out our ambition to be an Anchor Institution.

The Committee took **assurance** on the progress of the strategy through the contents of this report.

## 6.2 Anchor Institution Programme Board Update

The Director of Public Health provided an overview of the paper which describes youth employment and employability, and the Community Benefit Gateway portal. The themes set out by the Health Foundation were outlined, and the new and additional opportunities for engagement was highlighted. The Director of Public Health noted that a detailed three-year outline is provided in appendix 1 and lists specific future actions.

A Wood, Non-Executive Member, queried the timeline within appendix 1, and noted it would be helpful to have sight of the intended outcomes that have been achieved. The Director of Public Health agreed to seek clarity.

**Action: Director of Public Health**

The Chief Executive reported that planned employability, youth employment & apprenticeship activities are a priority, and that further discussions will take place through this Committee and the Staff Governance Committee. The Chief Executive also noted that these areas will feature as a significant part of our corporate objectives in their next iteration.

The Director of Public Health reported that the Community Benefit Gateway portal is a national initiative that matches community groups and voluntary sector organisational needs with NHS suppliers for required resources. It was reported that there is joint activity in the development work between NHS Fife and Fife Council, and it was noted that there is no cost to NHS Fife. Following a question from the Vice Chair, it was advised that there are currently no local examples of the Community Benefit Gateway portal, however, the national examples are being used to develop the approach.

It was advised that an operational group of the Anchor Institution Programme Board will be meeting and setting out ambitions for the priority areas over the coming year, and that this detail will be included in the next update to the Committee.

The Committee took **assurance** on progress and ambitions of the Anchor Institutions Programme Board.

## 6.3 Fife Mental Health Strategy – Progress Report

The Director of Health & Social Care provided an update, as detailed in the paper, and advised that the Mental Health Strategy contains the ambition to develop and improve our services across seven areas of commitment. The summary of the funded key areas and strategic commitments were outlined, along with an overview of the risks.

The Director of Health & Social Care advised that the refresh of the Mental Health Strategy in Fife will underpin the Health & Social Care Partnership Strategic Plan and will also connect into the Population Health & Wellbeing Strategy. The refresh will be based on the National Mental Health Strategy, which is expected to be received this month. Following a question from A Wood, Non-Executive Member, it was advised that performance and outcomes monitoring aligned to any new indicators within the national strategy will be enhanced. This will also link into performance reporting.

The Director of Health & Social Care highlighted that there is strong engagement from people with lived experience, which is also informing the Mental Health Strategy, and that this will continue throughout the development of our strategy work.

Following a question from A Wood, Non-Executive Member, assurance was provided that the funded services are connected to wider services to support pathways.

The Vice Chair highlighted the financial and recruitment challenges and questioned whether this would pose a risk for the strategy. The Director of Health & Social Care advised that workforce and the change in financial climate will be included in the Mental Health Strategy refresh as a risk. It was also advised that the extent of the risk is not yet fully understood for mental health, until the national strategy is released. The Director of Finance & Strategy noted that there will be varying levels of risk associated with revenue and capital required to support the delivery of the new Mental Health Strategy.

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

#### **6.4 Primary Care Update**

The Medical Director provided an overview on the paper and advised that it sets out the work undertaken on Primary Care, noting that Primary Care is a combination of NHS Fife services and four independent contracted providers, who meet through the newly convened Primary Care Governance & Strategic Oversight Group. The Medical Director outlined the extent of the challenges, which will be an important area of work going forward.

A Wood, Non-Executive Member, queried the sustainability of General Practice and the challenges with supporting the wider areas of Primary Care. The Medical Director explained that the landscape for General Practitioners has changed, and that there is a renewed relationship between contractors and NHS Fife, which provides a better opportunity for oversight. The Medical Director provided assurance that oversight across the whole system is much more robust. In terms of General Practitioners, the Medical Director reported that there is renewed engagement from General Practitioners, system support and the NHS Fife Board around sustainability. It was noted discussions are taking place regularly internally on day-to-day issues and longer term a strategy is in development. Assurance was provided there will be more transparency and opportunity, with it being noted that more work is still required.

Following a question from the Vice Chair on risks to Dental Practices, the Medical Director advised that due to Dental Practices having a private service, they have a choice on whether to contract NHS patients and that this is a greater risk compared to General Practitioners. The Director of Public Health noted that our Corporate Risk Register Deep Dive on Primary Care Services will provide a good opportunity to discuss mitigations that have been put in place through the various layers of governance.

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

### **7 QUALITY / PERFORMANCE**

#### **7.1 Integrated Performance & Quality Report (IPQR)**



The Director of Health & Social Care reported on smoking cessation and advised that there is a time lag with the data provided in the report. The challenges and opportunities were outlined, and assurance was provided that the challenges are being worked through.

An overview on the Child & Adolescent Mental Health Services (CAHMS) was provided, noting that performance has improved. A lot of work has been carried out and staff are being proactive in addressing the challenges. It is expected the target will be met by March 2023, and this is being closely monitored in terms of staffing and demand on service.

In relation to Psychological Therapies (PT), it was reported that there have been challenges with performance, which has been due to demand on the service and recruitment of staff. It was noted actions that are being undertaken are included within the report, and that it is anticipated the target will be delayed due to pressure on services.

A Public Health & Wellbeing Committee Development Session is being arranged to discuss PT and CAHMS in more depth.

It was reported that the target was achieved by November 2022 for Covid vaccinations and Seasonal Flu vaccinations. Work continues to support and promote these vaccinations, including for staff, and to make these vaccinations accessible for people across all our services.

The Director of Public Health provided an update on the narrative within the report for immunisation, noting that, due to timings, this has since been updated. It was reported that there is a small reduction in uptake for NHS Fife, which is slightly below target. It was advised that the aim going forward is to ensure that the target is consistently achieved above target, and that we improve our ranking within the other mainland Health Boards. It was reported a Quality Improvement Group was formed in September 2022, who are carrying out an evidenced-based review and looking at quality improvement actions. Similarly, for MMR2, uptake has fallen slightly, and the aim is to achieve the target consistently and the Quality Improvement Group will work towards a detailed project plan.

It was highlighted that seasonal flu levels within the report are noted as moderate, and since the time of writing the report, this has been updated to extraordinary levels.

A Wood, Non-Executive Member, questioned if the current performance levels have returned to pre-Covid levels, and if we are close to meeting this level over the short term. The Director of Public Health advised that more detail will be included in the next iteration of the IPQR.

**Action: Director of Health & Social Care/Director of Public Health**

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

## 7.2 Dental Services & Oral Health Improvement

E O'Keefe, Consultant in Dental Public Health, joined the meeting to present on Dental Services & Oral Health Improvement. She highlighted the successes detailed in the paper, noting that Fife is not an outlier in terms of pressures on the system. Assurance was provided that the Consultant in Dental Public Health regularly links in with the Chief Dental Officer at the Scottish Government and other Directors in dentistry to look at overcoming some of the issues.

The current situation was outlined, and it was advised that there is a backlog following the pandemic and issues with recruitment and workforce for both dentists and the wider dental team.

In terms of governance and risk mitigation, the Consultant in Dental Public Health provided assurance that due process is being followed within the limited resources that are available.

It was highlighted that dental services also contribute to general health and wellbeing and noted that dental disease is highly preventable. An overview was provided on the oral health improvement programmes, and areas of remobilisation. In terms of promoting oral health improvement, it was noted the challenges are around access and that a number of complaints have been received around this.

Assurance was provided that a lot of hard work continues on oral health improvement and to deliver high quality and efficient dentistry.

Following a question from A Wood, Non-Executive Member, the Consultant in Dental Public Health explained the dental body corporate model, how this works and accountability structures.

A Wood, Non-Executive Member, also questioned the Covid-19 incidents associated with dentistry and queried the definition of the incident themes. It was advised that an increase in Covid levels within Dental Practices increased with the spread of Covid. It was also noted that NHS Fife supported Dental Practices to ensure they were operating safely, with patient wellbeing at the forefront.

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

### **7.3 Medication Assisted Treatment Standards Progress Report**

The Director of Health & Social Care reported that there is a concerning challenge across Scotland in relation to drug & alcohol related deaths. The Fife Alcohol and Drug Partnership (FADP), which includes a number of agencies and those with lived experience, are addressing the National Mission on Drugs plan set out by the Scottish Government. It was advised that a focus for the FADP is on the Medication Assisted Treatment (MAT) Standards for the improvement in care.

The ten simple standards were highlighted, and it was advised that they are intended to be understood by those who access drug and alcohol services. It was noted the current particular focus is on standards 1 – 5. For standards 6 – 10, national funding has not been received yet, and April 2025 is the target date for those standards.

It was reported a new Steering Group will be formed to take forward the work in relation to Medication Assisted Treatment, and that this will also link into the wider work of primary care.

An Annual Report from the Alcohol and Drugs Partnership, including Medical Assisted Treatment will be brought back to the Committee in due course.

The Director of Public Health and Director of Pharmacy & Medicines, and their teams, were thanked for all their support.

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

#### **7.4 High Risk Pain Medicines (HRPM) Patient Safety Programme – Year One Update**

The Director of Pharmacy & Medicines provided an overview on the programme, as detailed in the paper. It was highlighted that high risk pain medicines are a complex issue, and it is important to ensure that work is carried out fully for any interventions. It was advised that monthly scrutiny is carried out through the Executive Directors' Portfolio Board, who receive the detail on delivery against the plans.

Assurance was provided that a first stage Equality & Diversity Impact Assessment (EQIA) has been published and close working is being carried out between NHS Fife teams and the Health & Social Care Partnership to ensure that the patient voice forms part of this programme. The EQIA stage two submission is scheduled to be completed by the end of January 2023.

Following a question from the Director of Public Health on over-the-counter purchasing, the Director of Pharmacy & Medicines advised that these medicines have a limited therapeutic benefit in the doses that are given, however they still contribute to problems with addiction. The Director of Pharmacy & Medicines advised that he meets with the General Pharmaceutical Council on a quarterly basis, who regulate and inspect Community Pharmacies in Fife, and any areas of concern would be raised through this group. It was noted that over-the-counter purchasing is decreasing, which is due to Community Pharmacies who are now the first port of call, and that this will form part of the evaluation of data.

The Committee took **assurance** from the Year One delivery of the HRPM Patient Safety Programme.

## **8 INEQUALITIES**

### **8.1 Interim Progress Report on Equality Outcomes and Mainstreaming Plan 2021-2025**

The Director of Nursing spoke to the report and highlighted the progress made towards each of the specified equality outcomes. It was advised that the NHS Fife Equalities and Human Rights Lead will attend a future Board Development Session on improving and embedding knowledge & skills through learning, mentoring and leadership.

It was noted the format of the report will be revised before being published.

Following a question from M Mahmood, Non-Executive Member, it was advised feedback from international recruits has been positive, and the Spiritual Care Team have been providing pastoral support to help these new staff settle in.

A Wood, Non-Executive Member, queried progress on the key pieces of data detailed in section 4 of the report. The Director of Nursing advised that there will be various committees and groups who will take this forward, and the Equality & Human Rights Strategy Group will support in the collation of data. It was noted that the final report is scheduled to be published in two years' time, and that further work will be carried out on the detail which will be included.

The Committee:

- took **assurance** that the report details NHS Fife's mainstreaming activity and how we intend to continue to make progress against these actions for the next two years;
- **considered** the contents of the report; and
- **agreed** to publish the Interim Report by 31 March 2023

## 9. FOR ASSURANCE

### 9.1 Delivery of Annual Workplan

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

### 9.2 Proposed Annual Workplan 2023/2024

The Director of Public Health welcomed any additions to the proposed workplan for 2023/24 and advised a final version will be brought back to the Committee at the March 2023 meeting for final approval.

The Committee:

- **considered** and **approved** the proposed workplan for 2023/2024; and
- **approved** the approach to ensure that the workplan remains current

## 10. LINKED COMMITTEE MINUTES

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

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

10.2 Portfolio Board held on 15 September 2022 (confirmed) & 13 October 2022 (unconfirmed)

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

A Wood, Non-Executive Member, queried the Cost of Living Report, which was highlighted from the Fife Partnership Board minutes. The Director of Public Health explained that a programme of work in the Tackling Poverty Crisis Board are looking at opportunities in relation to available resources and where the focus should sit. It was reported at the last meeting that a discussion took place to raise awareness with all partner organisations to ensure that we are considering what we could do to amplify and ensure as many people as possible can be reached through the various initiatives to address the cost of living crisis.

## **11. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **11.1 To the Board in the IPQR Summary**

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

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

There were no matters to escalate to NHS Fife Board.

## **12. ANY OTHER BUSINESS**

There was no other business.

## **13. DATE OF NEXT MEETING**

Wednesday 1 March 2023 at 10am via MS Teams.

<b>KEY:</b>	Deadline passed / urgent
	In progress / on hold
	Closed

## PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST

**Meeting Date:** Wednesday 1 March 2023



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	29/08/22	<b>Child &amp; Adolescent Mental Health Service (CAMHS) Performance &amp; Recruitment Update</b>	To hold a Public Health & Wellbeing Committee Development Session in early 2023 for a deep dive on psychological services and CAHMS.	<b>NC/HT</b>	Early 2023	In progress. Dates being explored for April 2023.	In progress & almost complete
2.	To explore the option of over recruiting with the team.		<b>NC</b>	Development Session – April 2023 (exact date tbc)	These actions will be covered at the Development Session.	In progress	
3.	To ask the team to provide some examples, in relation to successful joint working, in the next iteration of the report for further discussion at this Committee on what else can be achieved through support from other sectors and services.						
4.	To feed back to the team and provide an update in the next iteration of the report re the 'All National Referrals to CAMHS per 1,000 people' and 'Accepted National Referrals to CAMHS per 1,000 people' charts in the paper and to also explain why Fife receive more referrals compared to other local authorities.						
5.	11/01/23	<b>Anchor Institution Programme Board Update</b>	To seek clarity on the intended outcomes that have been achieved, as per the three-year outline provided in appendix 1.	<b>JT</b>			Extended to May 2023

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
6.	11/01/23	IPQR	More detail to be included in the next iteration of the IPQR in relation to current performance levels and pre-Covid levels, and if we are close to meeting this level over the short term.	NC/JT	01/03/23	Fife have achieved the target uptake levels for seasonal flu and have shown steady progress over the autumn/winter campaign.	Closed

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>1 March 2023</b>
<b>Title:</b>	<b>Committee Self-Assessment Report 2022-23</b>
<b>Responsible Executive:</b>	<b>Dr Joy Tomlinson, Director of Public Health</b>
<b>Report Author:</b>	<b>Gillian MacIntosh, Board Secretary</b>

## 1 Purpose

**This is presented to the Public Health & Wellbeing Committee for:**

- Discussion

**This report relates to a:**

- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

The purpose of this paper is to provide the outcome of this year's self-assessment exercise recently undertaken for the Public Health & Wellbeing Committee, which is a component part of the Committee's production of its annual year-end statement of assurance.

### 2.2 Background

As part of each Board Committee's assurance statement, each Committee must demonstrate that it is fulfilling its remit, implementing its agreed workplan and ensuring the timely presentation of its minutes to the Board. Each Committee must also identify any significant control weaknesses or issues at the year-end that it considers should be disclosed in the Governance Statement and should specifically record and provide confirmation that the Committee has carried out an annual self-assessment of its own effectiveness. Combined, these processes seek to provide assurance that a robust governance framework is in place across NHS Fife and that any potential improvements are identified and appropriate action taken.



A light-touch review of the standard question set was undertaken this year, taking account of members' feedback on the length and clarity of the previous iteration of the questionnaire. Board Committee Chairs each approved the set of questions for their respective committee.

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in early February 2023. The survey was undertaken online, following overwhelmingly positive feedback on the move to a non-paper system of completion, and took the form of a Chair's Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled 'Agree/Disagree' response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee's effectiveness.

## 2.3 Assessment

As previously agreed, Committee Chairs have received a full, anonymised extract of the survey responses for their respective committee. A summary report assessing the composite responses for the Public Health & Wellbeing Committee is given in this paper. The main findings from that exercise are as follows:

### Chairs' Checklist (completed by Chair only)

It was agreed that the Committee was currently operating as per its Terms of Reference, with adequate membership, an appropriate schedule of meetings and processes in place to allow for escalation of matters directly to the Board.

### Self-Assessment questionnaire (completed by members and attendees)

In total, 7 of 9 members (excluding the Chair) and 2 regular attendees completed the questionnaire. In general, the Committee's current mode of operation received a positive assessment from its members and attendees who participated. In particular, the greater clarity over the past year in the areas covered by the Committee (particularly in context with the potential overlap with Clinical Governance) was welcomed.

Some areas for improvement were highlighted. Initial comments identified for further discussion include:

- agreeing a programme of briefing topics to deliver at dedicated committee Development Sessions (these have been scheduled over the past year for other committees and have worked very well);
- enhancing the clarity around reporting lines and required assurances from the Health & Social Care Partnership, for areas within the Committee's remit;

- improving the focus via workplan / agenda management on core determinants and strategies for improving population health and tackling health inequalities; and
- continuing refinement of the risk management processes and reporting to the Committee, to aid clarity around the assurances provided by the various risk controls.

In relation to the issue of induction and allowing new members to develop appropriate knowledge of the key areas under the Committee's remit, it is suggested that in 2023/24 a specific Induction Handbook is created for each Board Committee, containing key information such as Terms of Reference, Membership, the previous year's Annual Committee Assurance Report and any further reading / links to national strategies or guidance of particular relevance to each Committee's area of responsibility. This document can be refreshed regularly, as required, and would be expected to take the form of pre-reading material for new members before they meet with the Committee Chair and Executive Lead as part of their formal introduction to their new committee.

### **2.3.1 Quality/ Patient Care**

N/A

### **2.3.2 Workforce**

N/A

### **2.3.3 Financial**

N/A

### **2.3.4 Risk Assessment/Management**

The use of a comprehensive self-assessment checklist for all Board committees ensures appropriate governance standards across all areas and that effective assurances are provided.

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

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

### **2.3.6 Climate Emergency & Sustainability Impact**

N/A

### **2.3.7 Other impact**

N/A

### **2.3.8 Communication, involvement, engagement and consultation**

Invitation, and reminders, to complete the questionnaire were sent to all members, allowing for all the chance to submit feedback.

### **2.3.9 Route to the Meeting**

This paper has been considered initially by the Committee Chair and Lead Executive Director.

## **2.4 Recommendation**

This paper is provided for:

- **Discussion** – what actions members would wish to see implemented to address those areas identified for improvement.

## **2 List of appendices**

The following appendices are included with this report:

- Appendix 1 – Outcome of Committee's self-assessment exercise

### **Report Contact**

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

[gillian.macintosh@nhs.scot](mailto:gillian.macintosh@nhs.scot)

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
<b>A. Committee membership and dynamics</b>						
<b>A1.</b>	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	4 (44.5%)	5 (55.5%)	-	-	<p>Note, I have only attended one meeting as an observer and one as a member therefore my responses are reflective of this.</p> <p>The membership is made up of senior executives and non-executives, so we all have a great deal of understanding of the current situation, challenges and successes and have a broad spectrum of engagement with NHS Fife. As it is chaired by the current board chair and the CEO attends, there is a high level of authority and resource.</p> <p>This is a new committee that is still finding its feet but is performing well.</p> <p>Committee is gradually becoming established. Some complexity remains about assurance of services within H&amp;SCP.</p> <p>This committee has developed greatly over the past year. Now has clear purpose to the agenda.</p>
<b>A2.</b>	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	6 (66.5%)	3 (33.5%)	-	-	<p>As above, the membership is made up of senior executives and non-executives, so we all have a great deal of understanding of the current situation, challenges and successes and have a broad spectrum of engagement with NHS Fife.</p> <p>Representation is good.</p> <p>As we move toward sign off on the strategy, this may be an opportune moment to consider any other stakeholders to join the Committee.</p> <p>Membership covers all main areas of responsibility and attendance has been consistently high in the last year.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A3.	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	1 (11%)	8 (89%)	-	-	<p>In common with other committees, it is hard to take assurance about results/performance. It is very easy to take assurance about skills employed and effort but due to the lack of resource (through no fault of the committee or NHS Fife) it is difficult to have confidence in the attainment of projected outcomes.</p> <p>There remains some degree of overlap with the Clinical Governance Committee, but clarity is improving.</p> <p>This is a new committee and therefore is still forming in terms of areas of focus, however the position is growing in clarity</p> <p>Some areas of uncertainty about scrutiny of services within remit of Health &amp; Social Care Partnership. Committee members have actively engaged with this through the year, and this will shape future approaches.</p>
A4.	Committee members are able to express their opinions openly and constructively.	5 (55.5%)	4 (44.5%)	-	-	<p>Very open and constructive discussions.</p> <p>There is challenge where appropriate.</p> <p>Committee members regularly offer opinions and almost always in a constructive way. It has been helpful to hold longer sessions on more complex issues and this is a model the committee can expand in future.</p>
A5.	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	4 (44.5%)	5 (55.5%)	-	-	<p>Members are encouraged to speak up in an open and inclusive way.</p> <p>The refreshing of the IPQR and re-fresh of the corporate risk register has allowed much more positive scrutiny from committee members. Anticipate that this will develop further as deep dives into the risks are completed over the course of the coming year.</p>
A6.	The Committee has received appropriate training / briefings in relation to the areas applicable to the Committee's areas of business.	2 (22%)	6 (66.5%)	1 (11%)	-	<p>I have not received specific training but do have terms of reference etc to study.</p> <p>We could probably do with the occasional development day.</p> <p>Greater insight and training on the determinants and strategies for improving population health would give further support to committee.</p> <p>This has happened but needs to be further developed given the breadth of the remit.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A7.	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	1 (11%)	7 (78%)	1 (11%)	-	<p>This response is reflective of being a new member as I am still getting to grips with the subject matter.</p> <p>Executive members certainly do, and non-executives are pretty good as well, but obviously within the limits of their remit.</p> <p>Context and performance papers provide additional information to increase members understanding and knowledge. Deep dive papers produced and discussed where appropriate.</p> <p>As above, greater insight and training on the determinants and strategies for improving population health would give further support to committee.</p> <p>Still a work in progress given this is a young committee but members are actively engaging with areas of concern.</p>
<b>B. Committee meetings, support and information</b>						
B1.	The Committee receives timely information on performance concerns as appropriate.	7 (78%)	2 (22%)	-	-	<p>If anything, we receive too much detail. I would prefer the non-executives to be more direct in identifying the core issues with solutions and consequences clearly described in the papers.</p> <p>Through IPQR and deep dive papers.</p>
B2.	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	2 (22%)	7 (78%)	-	-	-
B3.	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	1 (11%)	7 (78%)	1 (11%)	-	<p>Difficult to respond to as I am new to the committee. I think a development session would be really helpful to have clarity around focus for the Public Health &amp; Wellbeing Committee and priorities as aligned to the Public Health Scotland three-year plan.</p> <p>Sometimes it is difficult to implement some of those strategies due to conflict between one strategy and another and resource pressures.</p> <p>Similar point to Clinical Governance Committee - the Committee might benefit from an oversight of e.g. the Chief Medical Officer's report on Values based Health and Care.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
<b>B4.</b>	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	2 (22%)	7 (78%)	-	-	<p>I think there needs to be more focus around health inequalities and data that highlights progress or otherwise in reducing the known health inequalities. There are a lot of papers describing these but not so much what is being done about it and the impact of the interventions.</p> <p>As per earlier comments: Sometimes it is difficult to implement some of those strategies due to conflict between one strategy and another and resource pressures. If anything, we receive too much detail. I would prefer the non-executives to be more direct in identifying the core issues with solutions and consequences clearly described in the papers.</p> <p>IPQR reviewed and in line with good governance guidance.</p>
<b>B5.</b>	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	6 (66.5%)	3 (33.5%)	-	-	Although they are issued a number of days prior to the actual meeting, they are so voluminous that they take a long time to read and digest.
<b>B6.</b>	Committee meetings allow sufficient time for the discussion of substantive matters.	4 (44.5%)	5 (55.5%)	-	-	Although to end the meetings timeously, the Chair does have to keep conversation on point and push matters along.
<b>B7.</b>	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	6 (66.5%)	3 (33.5%)	-	-	Minutes are of very high standard.
<b>B8.</b>	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	7 (78%)	2 (22%)	-	-	Action points are clearly recorded.
<b>B9.</b>	The Committee is able to provide appropriate assurance to the Board that NHS Fife's strategies, policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	3 (33.5%)	4 (44.5%)	2 (22%)	-	<p>I think this may become clearer when the Population Health and Wellbeing Strategy is completed and shared. Also, not sure there is sufficient assurance around the health inequalities.</p> <p>Due to lack of resources and competing government policies (target achievement and resource reduction for example) the strategies themselves can be robust but the intended outcome is not achieved.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
<b>B10.</b>	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub groups) is operating effectively as part of the overall governance framework.	2 (22%)	7 (78%)	-	-	This is an area of strength in NHS Fife.
<b>C. The Role and Work of the Committee</b>						
<b>C1.</b>	The Committee reports regularly to the Board verbally and through minutes, can escalate matters of significance directly and makes clear recommendations on areas under its remit when necessary.	5 (55.5%)	4 (44.5%)	-	-	This happens as a matter of course.
<b>C2.</b>	In discharging its governance role, the focus of the Committee is at the correct level.	3 (33.5%)	6 (66.5%)	-	-	-
<b>C3.</b>	The Committee's agenda is well managed and ensures that all topics with the Committee's overall Terms of Reference are appropriately covered	3 (33.5%)	6 (66.5%)	-	-	Agenda is shared and discussed at EDG with minimal changes required. Some development anticipated in coming months/years as the committee becomes more established.
<b>C4.</b>	Key decisions are made in a structured manner and can be publicly evidenced.	4 (44.5%)	5 (55.5%)	-	-	Strong procedural governance exists.
<b>C5.</b>	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?	<p>A development session to just clarify priorities for the committee and how this committee connects with and differs from other committees e.g. CGC.</p> <p>I also think the evaluation has highlighted some of my own learning needs to be up to speed as a new member of this committee. Improved resource and better aligned government strategies.</p> <p>Possibly more use of development sessions to give time for more complex areas of population health.</p>				
<b>D. Public Health &amp; Wellbeing Committee specific questions</b>						



		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
<b>D1.</b>	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit are being managed to a tolerable level.	2 (22%)	6 (66.5%)	1 (11%)	-	<p>I think the risks are clear, there is mitigation in place but there is a gap around assurance and evidence that risk mitigation is fully operational and also how effective it is in mitigating the risk. However, in saying this, I also know there is work underway to address this.</p> <p>The risks are being managed as well as they can be in the circumstances. We are lucky to have such committed and knowledgeable executives who genuinely try hard without agendas and are open to positive change. Some of the corporate risks are outwith our control.</p> <p>Marking as 'agree' rather than 'strongly agree' as we are at the beginning of this process.</p>
<b>D2.</b>	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	2 (22%)	7 (78%)	-	-	<p>It has improved a lot over the last year but is still not intuitive enough to give assurance that we understand the meaning of the data and are focussed in on the highest of risks.</p>
<b>D3.</b>	Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues.	2 (22%)	6 (66.5%)	1 (11%)	-	<p>As above, due to lack of resources and competing government policies (target achievement and resource reduction for example) the strategies themselves can be robust but the intended outcome is not achieved.</p> <p>Follow-up papers have been requested, produced and discussed at the committee.</p>

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>1 March 2023</b>
<b>Title:</b>	<b>Annual Review of Committee's Terms of Reference</b>
<b>Responsible Executive:</b>	<b>Joy Tomlinson, Director of Public Health</b>
<b>Report Author:</b>	<b>Gillian MacIntosh, Board Secretary</b>

## 1 Purpose

**This report is presented to the Public Health & Wellbeing Committee for:**

- Decision

**This report relates to:**

- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

All Committees are required to regularly review their Terms of Reference, and this is normally done in March of each year. Any changes are then reflected in the annual update to the NHS Fife Code of Corporate Governance, which is reviewed in full by the Audit & Risk Committee and then formally approved by the Board thereafter.

### 2.2 Background

The current Terms of Reference for the Committee were last reviewed in March 2022, as per the above cycle.

### 2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with suggested changes tracked for ease. Proposed amendments largely relate to updating the references to the risk management reporting arrangements, given the replacement of the Board Assurance Framework by the Corporate Risk Register.

Following review and approval by each Committee, an amended draft will be considered by the Audit & Risk Committee as part of a wider review of all Terms of Reference by each

standing Committee and other aspects of the Code. Thereafter, the final version of the Code of Corporate Governance will be presented to the NHS Board for approval.

### **2.3.1 Quality / Patient Care**

N/A

### **2.3.2 Workforce**

N/A

### **2.3.3 Financial**

N/A

### **2.3.4 Risk Assessment / Management**

The regular review and update of Committee Terms of Reference will ensure appropriate governance across all areas and that effective assurances are provided to the Board.

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

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

### **2.3.6 Climate Emergency & Sustainability Impact**

N/A

### **2.3.7 Communication, involvement, engagement and consultation**

N/A

### **2.3.8 Route to the Meeting**

This paper has been considered initially by the Committee Chair and Lead Executive Director.

## **2.4 Recommendation**

This paper is provided for

- **Decision** – consider the attached remit, advise of any proposed changes and approve a final version for further consideration by the Board.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1 – Public Health & Wellbeing Committee's Terms of Reference

### **Report Contact**

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

[gillian.macintosh@nhs.scot](mailto:gillian.macintosh@nhs.scot)

# **PUBLIC HEALTH & WELLBEING COMMITTEE CONSTITUTION AND TERMS OF REFERENCE**

Date of Board Approval: \*\*\*

## **1. PURPOSE**

- 1.1 To assure Fife NHS Board that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population, including overseeing the implementation of the population health and wellbeing actions defined in the Board's strategic plans and ensuring effective contribution to population health and wellbeing related activities.
- 1.2 To exercise scrutiny and challenge over the delivery performance of a range of services for which NHS Fife is accountable to Scottish Ministers.
- 1.3 To strengthen collaboration, build momentum, enable ownership and demonstrate leadership across all current partnerships and networks in Fife (particularly Fife Partnership Board), to address health inequalities and improve the wider determinants of health for our population.
- 1.4 To assure the Board that appropriate mechanisms and structures are in place for public health and wellbeing activities to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including services delivered by partners, to reflect NHS Fife's ambition to be an anchor institution within its population area.

## **2. COMPOSITION**

- 2.1 The membership of the Public Health & Wellbeing Committee will be:
  - The Chair of the Board (who will act as Chair of the Committee)
  - Three Non-Executive members of the Board
  - Employee Director
  - Chief Executive
  - Director of Finance & Strategy
  - Director of Nursing
  - Director of Public Health
  - Medical Director
- 2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the lead Executive officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:
  - Director of Health & Social Care

- Associate Director, Planning & Performance
- Board Secretary

2.3 The Director of Public Health shall serve as the lead Executive officer to the Committee.

### **3. QUORUM**

3.1 No business shall be transacted at a meeting of the Committee unless at least three members are present, two of whom should be Non-Executive members of the Board. There may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the Committee so that quorum is achieved. This will be drawn to the attention of the Board.

### **4. MEETINGS**

4.1 The Committee shall meet as necessary to fulfil its remit but not less than six times per year.

4.2 The Chair of Fife NHS Board shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Non-Executive Committee members to chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

### **5. REMIT**

5.1 The remit of the Public Health & Wellbeing Committee is:

- To agree key areas of focus within the public health priorities that will be taken forward every year, oversee the agreed population health activities, ensure equity in provision and access to services, and provide assurance thereon to Fife NHS Board.
- To ensure that a strategic plan is formulated that reflects public health and wellbeing needs and priorities for the population serviced by NHS Fife in line with the priorities of the national care and wellbeing programmes.
- To monitor strategy implementation through regular progress reports and review of intermediate measures and long-term outcomes.
- To receive assurance that the risks relating to primary care and community services are addressed in line with the directions set and that robust mitigating actions are in place to address any areas of concern or where performance is not in line with national standards or targets.
- To support the work of the Anchor Institute Programme Board and Portfolio Board and receive updates on progress and outcomes.
- To support the work of the Primary Care Governance & Oversight Group, in its development of the Primary Care Strategy.

- To support the ambitions set out in the Plan for Fife (Community Planning Partnership) through collaboration on agreed areas of influence.
- To undertake scrutiny of individual topics / projects / work-streams to promote the health of the population in Fife, including NHS Fife staff, with particular emphasis on prevention and addressing health inequalities.
- To ensure appropriate linkages to other key work of the Board, such as the development of new services, workstreams and delivery plans.
- To undertake an annual self-assessment of the Committee's work and effectiveness.

5.2 The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's areas of responsibility.

5.3 The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.

5.4 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

5.5 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

## 6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Public Health & Wellbeing Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

## 7. REPORTING ARRANGEMENTS

7.1 The Public Health & Wellbeing Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2 Each Committee of the Board will scrutinise ~~relevant risks on~~ the Corporate Risks aligned to that Committee Register on a bi-monthly basis.

7.3 — Each Committee of the Board will scrutinise the Board Assurance Framework risk(s) aligned to it on a bi-monthly basis.

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>1 March 2023</b>
<b>Title:</b>	<b>Corporate Risks Aligned to Public Health &amp; Wellbeing Committee</b>
<b>Responsible Executive:</b>	<b>Dr Joy Tomlinson, Director of Public Health, NHS Fife</b>
<b>Report Author:</b>	<b>Pauline Cumming, Risk Manager, NHS Fife</b>

## 1. Purpose

**This report is presented to the Public Health & Wellbeing Committee 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 is brought as part of the third cycle of reporting on the corporate risks to the governance committees. It provides an update on the current status of the risks aligned to this Committee since the last report on 11 January 2023.

The Committee is invited to:

- Note the Corporate Risk detail as at 20 February 2023 at Appendix 1;
- Consider the Deep Dive Review at Appendix 2;
- Review all information provided against the Assurance Principles at Appendix 3;
- Consider and be assured of the mitigating actions to improve the risk levels; and
- Conclude and comment on the assurance derived from the report



## 2.2 Background

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

- relevance
- proportionality
- reliability
- sufficiency

## 2.3 Assessment

### NHS Fife Strategic Risk Profile

The overall Strategic Risk Profile contains 18 risks as previously reported.

- No risks have been closed.
- No new risks have been identified.
- One risk has increased its target score (level and rating) - Primary Care Services
- One risk has reduced its current risk score (level and rating) - COVID 19 Pandemic.

The Committee is asked to note that the majority of corporate risks remain outwith risk appetite which reflects the continued heightened risk profile during a period of sustained operational challenge. This position was highlighted to the Board on 31 January 2023, when they recognised this deviation from our stated risk appetite for elements of service quality, patient experience, staff health and wellbeing, and financial decision making, in order to support service delivery and workforce.

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
<b>Total</b>	<b>18</b>	<b>13</b>	<b>5</b>	<b>0</b>	<b>0</b>		

**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.

<b>Risk Key</b> <table border="1"> <tr><td>High Risk</td><td>15 - 25</td></tr> <tr><td>Moderate Risk</td><td>8 - 12</td></tr> <tr><td>Low Risk</td><td>4 - 6</td></tr> <tr><td>Very Low Risk</td><td>1 - 3</td></tr> </table>	High Risk	15 - 25	Moderate Risk	8 - 12	Low Risk	4 - 6	Very Low Risk	1 - 3		<b>Movement Key</b> Improved - Risk Decreased No Change Deteriorated - Risk Increased
High Risk	15 - 25									
Moderate Risk	8 - 12									
Low Risk	4 - 6									
Very Low Risk	1 - 3									

Details of the risks aligned to this Committee are summarised in Table 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 - -	◀▶	<ul style="list-style-type: none"> <li>1 - Population Health and Wellbeing Strategy</li> <li>2 - Health Inequalities</li> <li>4 - Policy Obligations in Relation to Environmental Management and Climate Change</li> </ul>	Risk 1 - Population Health & Wellbeing Strategy -To remain at moderate. It is hoped that this may reduce to low following the Board development session on 28/ 02/23.
 To improve the quality of health and care services	1 - - -	◀▶	<ul style="list-style-type: none"> <li>10 - Primary Care Services</li> </ul>	Risk 10- Primary Care Services. Proposed increase in risk target.  Mitigations updated for Risks 2, 4 and 10.

**Risk Update**

In reviewing their risks, owners were asked to give particular attention to target risk scores to ensure these realistically reflect the risk and the extent to which it can be mitigated locally in the current challenging climate.

Members are asked to note the change in relation to the following risk:

### **Risk 10 - Primary Care Services**

The target score of this risk has been revised upward to more realistically reflect the risk and the extent to which it can be mitigated locally in the current challenging climate.

Further to a previous increase in the risk target rating from Moderate 8 to 12, the target has been raised again. An increase from Moderate 12 by March 2023 to High 16 is proposed, with a target of 12 by 2024. Moderate 8 may be achievable by March 2025.

### **Deep Dive Reviews**

It is essential to provide assurance on the management of our corporate risks. To contribute to this aim, deep dive reviews will be commissioned for specific risks via the following routes:

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

At its last meeting on 11/01/23, this Committee commissioned the following deep dives:

<b>Risk Title</b>	<b>Committee Date</b>
Health Inequalities	1 March 2023
Primary Care Services	15 May 2023

The Health Inequalities Deep Dive Review is provided at Appendix 2.

### **Next Steps**

The Corporate Risk Register will be updated between each committee cycle, including through review at the ROG and recommendations to EDG. This process will take note of committees' feedback, and use it to support improvement.

The ROG will also consider the developing Population Health and Wellbeing Strategy, and outputs of the SPRA process, in order to identify and recommend changes or additions to the Corporate Risks.

Focus will continue to be placed on enhancing the content of risk reports, including the deep dive component, to ensure that it:

- explicitly links to the risk;
- is relevant;
- is based on reliable evidence; and
- is sufficient to allow an overt conclusion to be reached on the assurance provided

### **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 'Policy obligations in relation to environmental management and climate change' aligned to this Committee.

### **2.3.7 Communication, involvement, engagement and consultation**

This paper reflects a range of communication and engagement, including with the Public Health Assurance Committee on 1 February 2023, ROG on 1 February 2023, and EDG on 16 February 2023.

### **2.3.8 Route to the Meeting**

- Nicky Connor, Director of Health & Social Care on 20 February 2023
- Neil McCormick, Director of Property & Asset Management on 20 February 2023
- Margo McGurk, Director of Finance & Strategy on 20 February 2023
- Carol Potter, Chief Executive on 20 February 2023
- Dr Joy Tomlinson, Director of Public Health on 20 February 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 20 February 2023
- Appendix No.2, Deep Dive Review: Corporate Risk 2 - Health Inequalities
- Appendix No. 3, Assurance Principles


**Report Contact:**

Pauline Cumming


Risk Manager, NHS Fife

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**Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee  
as at 20 February 2023**

 To improve health and wellbeing								
	Risk	Mitigation	Current Risk Level / Rating	Target Risk level/ rating by 31/03/23	Risk Level Trend	Appetite (HIGH)	Risk Owner	Primary Committee
1	<b>Population Health and Wellbeing Strategy</b>  There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.	EDG has established a Portfolio Board, reporting to the Public Health and Wellbeing Committee to deliver the required system leadership and executive support to enable effective strategy development.  The Portfolio Board commissions and monitors the delivery of key milestone activity associated with the delivery of an effective new strategy.	Mod 12	Mod 8	◀▶	Below	Chief Executive	Public Health & Wellbeing
2	<b>Health Inequalities</b>  There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute	Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population.	High 20	Mod 10	◀▶	Within	Director of Public Health	Public Health & Wellbeing

	<p>to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.</p>	<p>The future Population Health and Wellbeing Strategy will identify actions which will contribute to reducing health inequalities.</p> <p>Consideration of Health Inequalities within all Board and Committee papers.</p> <p>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.</p> <p>Deep dive into risk prepared for March 2023 meeting of PHWC.</p>						
4	<p><b>Policy obligations in relation to environmental management and climate change</b></p> <p>There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'</p>	<p>Robust governance arrangements have been put in place including an Executive Lead and Board Champion appointed.</p> <p>Regional working group and representation on the National Board.</p> <p>Active participation in Plan 4 Fife.</p> <p>Develop draft NHS Fife Climate Emergency Report and Action Plan by end of January and June 2023 respectively. Draft sent to Scottish Government (SG). To go to EDG, Public Health &amp; Wellbeing Committee and the Board in March 2023, before submission to SG.</p> <p>These will form part of the Annual Delivery Plan. Mechanics and timescales still to be defined.</p>	Mod 12	Mod 10	◀▶	Below	Director of Property & Asset Management	Public Health & Wellbeing

	Risk	Mitigation	Risk Level / Rating	Target Risk level/ rating by 31/03/23	Risk Level Trend	Appetite (MOD)	Risk Owner	Primary Committee
 <b>To improve the quality of health and care services</b>								
10	<b>Primary Care Services</b>  There is a risk that due to a combination of the demand on services, workforce availability and current funding and resourcing of Primary Care, it may not be possible to deliver sustainable quality services to the population of Fife into the medium-term.	<p>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.</p> <p>This group allows governance and scrutiny of all aspects of primary care delivery and provides a focus for improving patient care for the population of Fife.</p> <p>A Primary Care Strategy is in development and is at final draft stage; it will be presented to commissioners for discussion and support February 2023 then via committees for approval by April 2023.</p>	High  16	High16 ▼  (12 by 2024; 8 possible by 2025)	◀▶	Above	Director of Health & Social Care	Public Health & Wellbeing




		<p>A Primary Care Improvement Plan in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality &amp; Communities (Q&amp;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. This will be progressed via committees for approval and move to implementation in April 2023.</p> <p>A review of models of care incorporating the learning from the pandemic is continuing alongside a review of leadership, management and governance structure which has been jointly commissioned by Deputy Medical Director (DMD) and Head of Service (HOS) for P&amp;PC with recommendations expected in March 2023.</p> <p>Remodelling and recruitment of workforce action plan resulting from earlier Committee report will be completed as part of the refreshed PCIP</p> <p>Memorandum of Understanding 2 - (Pharmacotherapy, Community Treatment and Care (CTAC) Network and Vaccine Programme) action plan to deliver by September 2022 - Vaccine Programme is COMPLETE.</p>						
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		<p>Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024.</p> <p>Deep dive into this risk to be prepared for 15 May 2023 meeting of PHWC.</p>						
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**Risk Movement Key**

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

## Deep Dive Review: Health Inequalities for Public Health &amp; Wellbeing Committee on 01/03/23

Corporate Risk	<b>2 - Health Inequalities</b>
Strategic Priority	 To improve health and wellbeing
Risk Appetite	<b>HIGH</b>
Risk Description	<p><b>Context:</b></p> <p>Our communities and groups within them do not experience equal health outcomes. Lives are being cut short for people living in poverty. In 2019-21, men from the most deprived areas of Fife lived on average 10 years less than men in the least deprived communities. These differences in health outcomes are described as health inequalities. To a large extent they are avoidable.</p> <p>Poverty is a significant driver of poor health outcomes. The current cost-of-living crisis is therefore forecast to exacerbate health inequalities due to its impact on determinants of health such as housing, food etc.</p> <p><b>Expanded Risk:</b></p> <p>If NHS Fife does not develop and implement an effective strategic approach to address avoidable health inequalities and their causes, there is a risk that differences in health outcomes will continue to widen significantly between communities. This in turn will place greater pressures on an already overwhelmed health system.</p> <p>Health inequalities could manifest as differences in:</p> <ul style="list-style-type: none"> <li>- life expectancy;</li> <li>- rates of avoidable mortality;</li> <li>- incidence of and effective primary and secondary management of long-term conditions;</li> <li>- prevalence of poor mental health and wellbeing; and</li> <li>- exposure to preventable risk factors for poor health.</li> </ul>
Root Cause	<p>Social factors including education, employment, income, protected characteristics and the conditions in which we live and work are all thought to have a significant influence on health and wellbeing. Ultimately, these factors drive health inequalities and the health behaviours that may influence them.</p> <p>Price inflation has risen rapidly in the UK, creating risks for the affordability of food, heat and other goods and services. This is likely to affect health through multiple pathways. Public Health Scotland have undertaken a rapid health impact assessment which indicates population premature mortality could still increase by up to 6.4%, and life expectancy could decrease by up to 0.9%. The mortality impacts would be greater in more deprived areas under all scenarios, resulting in increased absolute and relative health inequalities.</p> <p>The most deprived areas of Fife have 53% more hospitalisations than the overall average. A few examples below illustrate the severe impact in terms of poorer clinical outcomes and ongoing long-term effects associated with</p>

health inequalities:

### **Cancer in Fife**

- The most deprived areas had 15% more cancer registrations than the overall average in 2018-2020.
- Rates of cancer registration are 1.3 times greater in the most deprived areas than in the least deprived areas. Deaths from all cancers remains the biggest cause of death in Fife.
- The most deprived areas have 41% more cancer deaths among the population aged under 75 years than the overall average in 2021.
- Rates of early deaths from cancer in the most deprived areas are double those in the least deprived areas.

### **Coronary Heart Disease in Fife**

- The most deprived areas in Fife had 33% more patients hospitalised with coronary heart disease (CHD) than the overall average in 2019/20 -2021/22
- Patient hospitalisations would be 24% lower in Fife if the levels in the least deprived areas were experienced across the whole population.
- Rates of CHD death among those under 75 years of age in the most deprived areas are almost three times (2.9) greater than in the least deprived areas in 2021.
- Early deaths (<75 years) from CHD would be 44% lower in Fife if the levels in the least deprived areas were experienced across the whole population.

### **Mental Health in Fife**

- Adults living in the most deprived areas in Scotland were almost twice as likely in to report two or more symptoms of depression and twice as likely to report two or more symptoms of anxiety than those living in the least deprived areas in 2021.
- Reports of feeling lonely 'often or all of time' across Scotland in 2021 increased with increasing deprivation from 5% of respondents in the least deprived areas to 13% in the most deprived.
- The most deprived areas had 36% more people receiving prescribed drugs for anxiety/depression/ psychosis than the Fife average in 2019/20,
- The rate of suicide in the most deprived areas in Scotland was 2.9 times higher than in the least deprived areas in 2021.

### **Dental Health in Fife**

- The results from the 2022 [National Dental Inspection Programme](#) showed an increase in the number of children who had severe decay or abscess from 3.4% in 2020 to 11.7% in 2022 for Fife; this compares to an increase for Scotland from 6.65% in 2020 to 9.7% in 2022. Inequalities remain, with 58.1% of Primary 1 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1), compared with 83.4% in the least deprived areas (SIMD 5) in Scotland.
- The latest [report on NHS dental registration and participation](#) was published January 2023. Participation is defined as accessing NHS dental assessment and treatment in the last 2 years. In 2022, children and adults from the most deprived areas in Fife were less likely to have seen their dentist within the last two years (56.6% compared to 74.7% for children and 45.7% compared for 54.1% of adults). *N.B: The report only includes data on patients registered with an NHS dentist within primary care; data for patients*

registered with or treated by private dentists are not available.

**Child Health**

- In 2018/19-2020/21 the three-year average proportion of expectant mothers reporting smoking at booking was eight times higher in the most deprived areas (34.5%) than the least deprived areas (4.2%) in Fife.
- Smoking during pregnancy would be 79% lower if the levels in the least deprived area were experienced across the whole population in Fife.
- The most deprived areas in Fife had 31% more premature births than the overall three-year average in 2018/19-2020/21.
- The proportion of babies being exclusively breastfed at 6-8 weeks of age in 2021/22 in the least deprived areas (44%) was more than double that in the most deprived areas (18%) in Fife.
- Inequalities are evident in child healthy weight, 75% of children living in the most deprived areas were a healthy weight at aged 4-5 years compared with 81% of those living in the least deprived areas in 2021/22.

Whilst ‘undoing’ these factors is outside of the control of the NHS, many opportunities have been identified in the NHS Population Health and Wellbeing strategy to prevent and mitigate the impacts of deprivation and poverty on health and wellbeing, thus reducing health inequalities in Fife.

Our risk appetite for addressing health inequalities remains high; insufficient action to address inequalities will only further compound current pressures on services, leading to worse health outcomes which disproportionately affect the most vulnerable. The Population Health and Wellbeing strategy due to be published in March 2023 will signal our strong commitment to addressing inequalities across NHS Fife, justifying the lowering of our target risk level.

<b>Current Risk Level &amp; Rating</b>	<b>High</b> <b>20</b>	<b>Likelihood</b> <b>5</b>	<b>Consequence</b> <b>4</b>
<b>Target Risk Level (in year delivery)</b>	<b>Moderate</b> <b>10</b>	<b>Likelihood</b> <b>5</b>	<b>Consequence</b> <b>2</b>

**Management Actions (current)**

<b>Action</b>	<b>Status</b>
A standing committee of the board has been established: the Public Health and Wellbeing Committee, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population.	<b>Delivered - ongoing</b>
NHS Fife and HSCP will engage with Place Based Approaches and Community Planning across all the Fife Partnership Board to collaborate on wider determinants of health inequality. This includes issues such as housing, employability, child poverty, environment, alcohol, substance use, mental well-being and preventable disease.	<b>On track - ongoing</b>
Development and finalisation of an NHS Fife Population Health and Wellbeing strategy which commits NHS Fife to implementing evidence-based approaches to reduce inequalities (in progress). After review by EDG it was agreed to set a new target date.	<b>On Track - March 2023</b>

Continue ongoing work by NHS Fife already aimed at reducing health inequalities, including Health Promotion, Vaccination, Screening, Dental Public Health. This includes inequality related policies and interventions in individual departments e.g. maternity work on financial inclusion; midwife work relating to barriers causing Did not Attends (DNAs); and the improving the cancer journey project.	<b>On Track - ongoing</b>
Under protected characteristics, include consideration of social and economic characteristics in stage 1 of EQUIA documentation when considering policy, programmes, service design and projects.	<b>Ongoing</b>
NHS Fife Board commitment to developing NHS Fife as an anchor institution, including working more closely with communities and building on their existing strengths and assets.	<b>On Track - ongoing</b>
Introduction of anti-poverty measures such as Income Maximisation for patients within GP practices and for NHS staff.	<b>On Track - ongoing</b>
<b>Management Actions (future)</b>	
<b>Action</b>	<b>Status</b>
The Population Health and Wellbeing Strategy is almost complete. Future work will include the development and finalisation of an evaluation framework with robust metrics to monitor progress of a range of specific actions and delivery plan, and how these are addressing health inequalities. Where possible, indicators will be disaggregated by Scottish Index of Multiple Deprivation (SIMD), age, sex, other characteristics.	<b>After March 2023</b>

<b>Completed</b>
<b>On track</b>
<b>Significant level of delivery challenge</b>
<b>At risk of non delivery</b>
<b>Not started</b>

## Assurance Principles

**Risk Assurance Principles:**

**Board**

- Ensuring efficient, effective and accountable governance

**Standing Committees of the Board**

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

**Committee Agenda**

- Agenda items should relate to risk (where relevant)

**Seek Assurance on Effectiveness of Risk Mitigation**

- Relevance
- Proportionality
- Reliable
- Sufficient

**Chairs Assurance Report**

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

**Year End Report**

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

GENERAL QUESTIONS:		
	<ul style="list-style-type: none"> <li>Does the risk description fully explain the nature and impact of the risk?</li> <li>Do the current controls match the stated risk?</li> <li>How weak or strong are the controls? Are they both well-designed and effective i.e. implemented properly</li> <li>Will further actions bring the risk down to the planned / target level?</li> <li>Does the assurance you receive tell you how controls are performing?</li> <li>Are we investing in areas of high risk instead of those that are already well-controlled?</li> <li>Do Committee papers identify risk clearly and explicitly link to the strategic priorities and objectives / corporate risk?</li> </ul>	
SPECIFIC QUESTIONS WHEN ANALYSING A RISK DELEGATED TO THE COMMITTEE IN DETAIL:		
	<ul style="list-style-type: none"> <li>History of the risk (when was risk opened); has it moved towards target at any point?</li> <li>Is there a valid reason given for the current score?                             <ul style="list-style-type: none"> <li>Is the target score:                                     <ul style="list-style-type: none"> <li>In line with the organisation's defined risk appetite?</li> <li>Realistic/achievable or does the risk require to be tolerated at a higher level?</li> <li>Sensible/worthwhile?</li> </ul> </li> </ul> </li> <li>Is there an appropriate split between:                             <ul style="list-style-type: none"> <li>Controls – processes already in place which take the score down from its initial/inherent position to where it is now?</li> <li>Actions – planned initiatives which should take it from its current to target?</li> <li>Assurances - which monitor the application of controls/actions?</li> </ul> </li> <li>Assessing Controls                             <ul style="list-style-type: none"> <li>Are they 'Key' i.e. are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?</li> <li>Overall, do the controls look as if they are applying the level of risk mitigation stated?</li> <li>Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?</li> </ul> </li> <li>Assessing Actions – as controls but accepting that there is necessarily more uncertainty :                             <ul style="list-style-type: none"> <li>Are they are on track to be delivered?</li> <li>Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?</li> <li>Are they likely to be sufficient to bring the risk down to the target score?</li> </ul> </li> <li>Assess Assurances:                             <ul style="list-style-type: none"> <li>Do they actually relate to the listed controls and actions (surprisingly often they don't)?</li> <li>Do they provide relevant, reliable and sufficient evidence either individually or in composite?</li> <li>Do the assurance sources listed actually provide a conclusion on whether:                                     <ul style="list-style-type: none"> <li>the control is working</li> <li>action is being implemented</li> <li>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</li> </ul> </li> <li>What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk):                                     <ul style="list-style-type: none"> <li>1<sup>st</sup> line – management / performance / data trends?</li> <li>2<sup>nd</sup> line – oversight / compliance / audits?</li> <li>3<sup>rd</sup> line – internal audit and/or external audit reports / external assessments?</li> </ul> </li> </ul> </li> </ul>	
LEVEL OF ASSURANCE		
<b>Substantial Assurance</b>	<b>Adequate Assurance</b>	<b>Limited Assurance</b>
Controls are applied continuously with minor lapse	Controls are applied with some lapses	Significant breakdown in the application of controls

<b>Meeting:</b>	<b>Public Health and Wellbeing Committee</b>
<b>Meeting date:</b>	<b>1 March 2023</b>
<b>Title:</b>	<b>Population Health and Wellbeing Strategy – <i>Living Well, Working Well and Flourishing in Fife</i></b>
<b>Responsible Executive:</b>	<b>Margo McGurk Director of Finance and Strategy</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director Planning and Performance</b>

## 1 Purpose

**This report is presented to the Public Health & Wellbeing Committee for:**

- Discussion
- Endorsement

**This report relates to:**

- NHS Board Population Health and Wellbeing Strategy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

NHS Fife has been developing a new Population Health and Wellbeing Strategy which sets out the strategic direction for the organisation for the next 5 – 10 years. A draft of the strategy document is attached at Annex 1. Members of the Population Health and Wellbeing Committee are invited to discuss and endorse before the strategy is submitted to the NHS Fife Board for discussion and approval.

### 2.2 Background

Work on the strategy started in April 2021. Work has been interrupted through various points of the Covid-19 Pandemic, particularly the emergence of the Omicron variant in December 2021.



Development of the strategy was underpinned by a strategic framework that includes the vision- *'living well, working well and flourishing in Fife'* and four strategic priorities. (appendix1).

A high-level milestone plan was agreed with the NHS Fife Board in March 2022 that has guided the subsequent development of the strategy. A core team has coordinated implementation of this plan and the following pieces of work have been delivered:

- An assessment of Fife population health and wellbeing led by the NHS Fife Public Health Team.
- Identification of key opportunities for NHS Fife by public and staff to make a positive impact on population health and wellbeing.
- A review of the 2016-21 Clinical Strategy. This review involved extensive engagement with operational and management teams across NHS Fife.
- There has been wide-ranging engagement undertaken with members of the public in Fife, community groups and the NHS Fife workforce. An external company, Progressive, was commissioned to support this work. A survey was undertaken which received 1300 responses. Further work was commissioned with Progressive to follow up with a range of focus groups and interviews to explore the findings of the questionnaire in more detail. The final report has been received summarising the findings of this engagement work and key points have been included in the strategy.
- Staff engagement continued with a Grand Round which provided background to the strategy to staff working across the organisation. Staff were invited to share their ideas on how we can improve population health and wellbeing across Fife communities. We have also provided regular updates and continued engagement with a wide range of colleagues across the organisation.
- The enabling strategies are in development and include the plans across Property and Asset Management (PAMS), Digital and Information (D&I), Workforce and Finance.

Regular papers and updates summarising this work have been shared with the NHS Fife Portfolio Board, the Board Governance Committees, the Area Partnership Forum and the Area Clinical Forum. Collectively this engagement has informed the development of the strategy. Drafts of the strategy have been developed and shared with a wide range of stakeholders and their feedback has been used to refine the output further.

## 2.3 Assessment

This draft strategy sets out the proposed strategic direction of travel for NHS Fife for the next 5-10 years. The timeframe for the strategy is a matter which will be considered by the full NHS Fife Board. The strategy is not a detailed blueprint of all our work but provides a statement of our key strategic priorities and how we will take forward plans

to deliver against the corporate objectives arising from them. The strategy will be dynamic and allow NHS Fife to be agile to respond to future emergent pressures and changing priorities on an ongoing basis.

The strategy document contains the following sections:

- **Foreword:** an introduction to the Strategy by the NHS Fife Chief Executive and NHS Fife Board Chair. This introduces the strategy acknowledging the need to support recovery from the Covid-19 Pandemic and the known challenges in the future. It makes a commitment to continued partnership working.
- **Overview:** provides a summary of how the strategy was developed.
- **Context:** this sets out some of the key areas that inform the strategy. These include:
  - Our drivers for change:
    - Continuing our ongoing recovery from Covid-19
    - Supporting our aging population
    - Responding to the differences in health and wellbeing across Fife
    - Doing more to prevent ill health
    - Using our resources well
    - Continuing to support joined up and seamless care across health and social care
    - Responding to the climate emergency
  - How the strategy aligns with other work
  - Our principles and values
- **Engagement:** how we have listened to the population of Fife and our workforce to help shape the development of the strategy and what we learned.
- **Strategic Priorities:** for each of the four priorities we have identified key ambitions, summarised what we were told through the engagement work, and given examples of what we plan to do. Each priority is supported with stories to make our work relatable to our public and our staff.
- **Implementation:** explaining how we will implement the strategy: a commitment to continue to work in partnership, involving our staff and the public, delivering a range of strategic programmes, ongoing monitoring and evaluation and regular communication to update all our stakeholders on what is happening.

The strategy is candid and acknowledges the legacy of the pandemic on our population, our staff, and our services. A key driver for change within the strategy is NHS Fife's ongoing recovery from the pandemic. We know that across our healthcare system, performance on a range of metrics, for example waiting times, is not to the standard that we want it to be. Addressing this is a theme running throughout the strategy in line with national policy.

It is important to acknowledge this strategy doesn't simply seek to rebuild what was there before March 2020. Many of the challenges captured within the strategy predate March 2020 and the pandemic. For example, changing demographics and our aging population meant that services were not sustainable. The strategy seeks to find new ways of doing things, building on the learning from the pandemic and ensuring that we have a health service fit for the future.

Prior to presenting the strategy at the NHS Fife Board, we are continuing the engagement work with our staff. A plan to further communicate the strategy once it is signed off is also being taken forward. The table below summarises this work:

Activity	Timescale
Presentations to Local Partnership Forums	March /April 2023
Return visits to clinical teams, management teams and strategic programme boards to share the strategy and NHS Fife's priorities	February/March 2023
Drop-in sessions for staff held on teams and in person across and range of NHS Fife sites	February/March 2023
Develop Communications Plan developing a multi-channel communications plan for staff and the public post approval of the strategy (to be taken forward at the end of March onwards)	
1. A follow-up Grand Round session	29 March 2023 (tbc)
2. Exploring the creation of a short animation providing an overview of the strategy.	April 2023
3. Online content for staff link and webpages	April/May 2023

A delivery plan, which essentially creates the corporate objectives for 2023/24 and the years beyond that, is also being developed.

### 2.3.1 Quality / Patient Care

The strategy places a commitment to the delivery of high-quality health and care services across Fife. The strategy sets out how we will seek to address this whilst recognising that change will be required to deliver this.

### 2.3.2 Workforce

A key priority of the strategy is supporting improvements to staff experience and wellbeing to enable greater resilience and support across all our workforce. The draft strategy outlines a series of commitments to the NHS Fife workforce.

### 2.3.3 Financial

A key driver for change is ensuring that NHS Fife is financially sustainable in the medium and longer term. We know that we will need to continue carefully manage our resources

and the strategy provides the NHS Fife Board a framework to support decisions about the allocation of our financial resources.

#### **2.3.4 Risk Assessment / Management**

There has been ongoing risk assessment throughout the development of the strategy and reported through the organisational risk management processes. Further risk assessment will be undertaken as part of the implementation of the strategy across key programmes of work and this will be monitored on an ongoing basis.

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

This strategy recognises the NHS Fife commitment to equality and diversity and places these at the heart of everything we will do. The impact of health inequalities and NHS Fife's role as an anchor institution is outlined in the strategy as a key driver for change. Collectively the priority actions outline the steps we will take to reduce the impact of inequalities and how we can achieve this. As we evaluate the impact of the strategy, we will be monitoring and assessing the impact of inequalities over time.

#### **2.3.6 Climate Emergency & Sustainability Impact**

A key driver for change captured within the strategy is addressing the impact of the Climate Emergency.

#### **2.3.7 Communication, involvement, engagement and consultation**

There has been good engagement process throughout the development of the strategy that has captured the views of members of the public who use our services and our staff. We commissioned Progressive to undertake a survey of our staff and the public. This was then followed up with focus groups and in-depth interviews with the public. We have presented on the strategy across a wide range of forum's and gathered views from across the organisation. Collectively we have engaged with over 2000 staff and members of the public. Engagement work remains ongoing and we are continuing to share the draft strategy with staff prior to submission to the NHS Fife 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.

- Portfolio Board 12 January 2023
- Portfolio Board 9 February 2023
- Area Partnership Forum 25 January 2023
- Area Clinical Forum 2 February 2023
- NHS Fife Board Development Session 28 February 2023

## 2.4 Recommendation

The Committee is asked to:

- Take **Assurance** from the process undertaken to develop the NHS Fife Population Health and Wellbeing Strategy and the ongoing engagement work.
- **Endorse:** Members of the Committee are asked to review and endorse this strategy for discussion and final approval at the March NHS Fife Board Meeting.

## 3 List of appendices

Appendix One: Strategic Framework

Appendix Two: Draft NHS Fife Population Health and Wellbeing Strategy

### Report Contact

Tom McCarthy

Portfolio Manager

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# Our Strategic Framework 2022–2027

This is our strategic framework, developed by our staff and built on our vision and values.



## OUR PRIORITIES

- To improve health and wellbeing**  
Helping people to stay well at home and addressing inequalities and access.
- To improve the quality of health and care services**  
Providing the safest and best possible services to the people of Fife.
- To improve staff experience and wellbeing**  
Valuing and looking after our staff.
- To deliver value and sustainability**  
Ensuring our services are sustainable, relevant and provide the best use of our resources.

## NATIONAL CARE PROGRAMMES

- Place and Wellbeing**  
The aim is to support partnership working to improve health and wellbeing and reduce health inequalities of a population within a defined local geography.
- Preventative and Proactive Care**  
The aim is to proactively keep people well, independent and in the most appropriate care setting for their needs.
- Integrated Unscheduled care**  
The aim is to provide support to those people in need of urgent health and/or social care.
- Integrated Planned Care**  
The aim is to support the effective implementation of the Remobilise, Recovery, Redesign Framework (2020).

## OUR ENABLERS

- Digital and Information**  
To improve the care and wellbeing of people in Fife by making the best use of digital technologies in the design and delivery of services.
- Property and Asset Management**  
To ensure the infrastructure is fit for purpose and supports the delivery of patient care and services across Fife.
- Workforce**  
To ensure a sustainable, fulfilled workforce to deliver innovative and high quality patient care.
- Finance**  
To support investment and disinvestment which delivers prioritised and impact assessed financial arrangements.

Living well, working well and flourishing in Fife



# Population Health and Wellbeing Strategy

2023-2028

## FOREWORD

# Welcome from our Chief Executive

We aim to deliver excellent care and improve population health and wellbeing for the people of Fife



**Carol Potter**  
Chief Executive

**We have developed this new strategy through extensive engagement with our communities, staff, patients, and partners.**

This work has highlighted what matters to the people of Fife when they need health care services and how communities want to be supported in maintaining and improving their health and wellbeing.

This strategy does not set out a series of detailed actions. Instead, it is a declaration of our vision and intent to prioritise health inequalities and support improvement in the health and wellbeing of our citizens. Through annual delivery plans, the implementation of the strategy will be taken forward in the context of a range of drivers for change.

The key will be our continuing recovery from the global pandemic which has significantly impacted our communities and their physical and mental health and wellbeing. The pandemic has also been very challenging for our staff and the delivery of our services. We anticipate this impact will continue for the foreseeable future.

Looking ahead, we will continue working towards providing high-quality care whilst addressing the challenges in the length of time many patients wait to receive their care. Our staff have continued to demonstrate their extraordinary commitment to public service, working under significant and sustained pressure for a period longer than anyone could have predicted at the outset.



**This is an interactive document**

The top toolbar allows you to navigate through the different sections of the guide.



We face an uncertain and challenging financial position as we emerge from the pandemic and redesign our services to fit the future needs of our communities.

It is widely recognised across health and social care and by professional organisations, including Audit Scotland, that the NHS was not financially sustainable before the pandemic. However, our challenges have been exacerbated by its impact and legacy. NHS Fife, like all NHS Boards, must plan an effective response to the significant capacity and supply issues in key areas of our workforce.

This new strategy acknowledges the compounding pressures that the financial and workforce challenges ahead of us will bring.

We are proactively preparing to deliver financial sustainability over the medium term and embracing all opportunities to provide new ways of working and developing new staff roles in supporting us through these most challenging times.

We know that recovery will not be achieved in the short term, but we remain ambitious for longer term recovery. We will work to secure a positive legacy from the pandemic, and this strategy underpins our approach.

Central to all our work will be a focus on prevention and early intervention. We know that our health and wellbeing are determined by many factors – education, housing, and employment, to name just a few – and as far back as 1948, the World Health Organisation recognised that “health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”.

We aspire toward being one of the most trusted and responsive health systems in the country, developing and delivering services that enable all of our citizens to “live well, work well, and flourish in Fife”, and we look forward to working in partnership with other public sector bodies, third sector, industry, academia, and our communities across Fife to deliver this vision.



Population Health and Wellbeing Strategy

# Overview

The building blocks of our strategy



## Our vision

Living Well, working well and flourishing in Fife

## Our values

Care and compassion

Dignity and respect

Openness, honesty and responsibility

Quality and teamwork

## Our principles

Supporting communities

Empowering people

Prevention and early intervention

Creating wellbeing

Being kind

Listening and involving

## Our strategic priorities

### 1. Improve health and wellbeing



We will work to close the inequality gap in communities across Fife, ensuring that all people of Fife can flourish.

### 2. Improve the quality of health and care



We provide the safest and best possible services to the people of Fife.

### 3. Improve staff experience and wellbeing



We value and look after our staff.

### 4. Deliver value and sustainability



Ensuring our services are sustainable and appropriate and using our resources best.



## CONTEXT

# Living well, working well, and flourishing in Fife

The population of Fife and its healthcare needs are changing. Here we describe some key factors that explain how health and care are changing, how this strategy links with other work, and the guiding principles underpinning our decision-making.

## Why we need to change

### Recovery from the pandemic

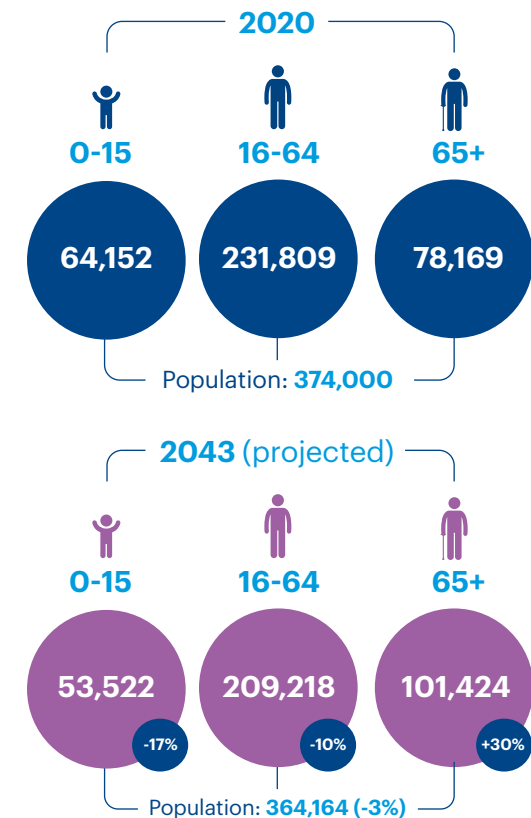
The impact of the pandemic has touched all parts of health and care services. The virus meant difficult decisions were made to protect patients and staff. It will be some years in the future before the legacy of the pandemic is fully understood.

The pandemic has taught us how things can be done differently, at a pace and in an agile way. We have seen how we can use technology to deliver virtual consultations by phone or video call as a part of a blended approach to clinical service delivery. Looking ahead, we want to build on what has happened in the last three years and continue innovating to support service delivery and provide high quality care.

Due to the pandemic, many patients are now experiencing longer waits for treatment and care.

There are challenges in responding to this increased demand; we must be creative in addressing this.

### Our ageing population



Fife's population is expected to grow older. By 2043, there will be a 30% increase in those aged 65+. We know that this age group is likely to experience multiple health conditions with increasing frailty. People in the 65+ age group are the highest users of healthcare.

We want to ensure that people can live well as they age, they are supported to make decisions about the care they want to receive and ultimately, we want to ensure that people can receive good end of life care. To achieve this, we need to make changes to how we are currently delivering services so that they remain sustainable in the future.



### Differences in health and wellbeing across Fife

Our recent [Director of Public Health Annual Report](#) highlighted that many factors influence health and wellbeing. Some cannot be changed, such as our age or genetics, while others can be modified such as our diet. Levels of obesity, alcohol intake, lack of exercise, smoking, and experience of childhood adversity, are higher in Fife than they should be for good health.

Our health and wellbeing is also influenced by the conditions in which we grow up, live and work. The “building blocks” of community health and wellbeing include affordable, secure, and quality housing; stable, well-paid work; accessible childcare; training and education.

These shape the conditions in which we work, live, and grow. When some or all of these building blocks are missing, community health and wellbeing declines. For example, not having enough income can lead to constant worrying about making ends meet. Over time this can then put people at increased risk of illnesses such as heart disease.

We know that people living in poverty have shorter lives. In 2016–2020, men from the most deprived areas of Fife lived on average 10 years less than men in the least deprived communities. These differences in health outcomes are described as health inequalities and are to a large extent avoidable. Unfortunately, the recent [cost-of-living](#) crisis is forecast to widen health inequalities even further.

## Supporting health, wellbeing and reducing inequalities

As a large organisation connected to our local area and community, we recognise we can make a positive contribution as an [Anchor institution](#).

As an anchor institution, we can influence the health and wellbeing of people in Fife simply by being there. But by investing in and working with others locally and responsibly, we can have an even greater impact on the wider factors that make us healthy.

However, we cannot directly influence all the building blocks for good health and wellbeing. That is why we need to work in partnership with other organisations, such as the Fife Health and Social Care Partnership, Fife Council, Scottish Government, and the voluntary sector.

## Our role as an anchor institution

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



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



We deliver prevention services such as effective healthy weight programmes, vaccination, and screening services.



### Sally's story

In 2022 we participated in a work experience initiative to provide young people aged 16-24 from our local communities with valuable work experience and development opportunities.

Sally started her six-month placement within the Procurement team, liaising with various multi-disciplinary ward-based staff to ensure the provision of critical products needed to deliver effective patient care.

By the end of the placement, Sally's self-confidence had increased and the work experience gained, allowed her to actively apply for a permanent post.

## How we work across Health and Social Care

We have legislation, the Public Bodies (Joint Working) (Scotland) Act 2014, which requires health boards and local authorities to collaborate to integrate the provision of health and social care services known as 'health and social care integration'. Fife Health and Social Care Partnership provides a wide range of delegated health and care services for NHS Fife and Fife Council.

In 2020, the Scottish Government undertook an Independent Review of Adult Social Care. In response to the review, the Scottish Government has committed to establishing a National Care Service by 2026. We will work with Fife HSCP and others to ensure that people experience joined-up care, in the right place, at the right time, both now and in the future.

## Achieving financial sustainability

Whilst planning services, we bring together operational, workforce and financial objectives to ensure the most effective allocation of resources across our health system. The finite nature of our financial resources will inevitably require us to prioritise areas for investment and disinvestment.

With increasing demand for our services, we must look at ways to deliver more. We will ensure we drive the best value from our resource allocation for the people of Fife. There are likely to be important choices ahead, ensuring that we focus on the areas of service and support which drive the most health benefit to the people of Fife.





## Climate change and sustainability

We recognise our duty to act to address climate change, working towards aligning ourselves to the national Sustainability Strategy and achieving the targets set within this and our approach to sustainable development.

As both an anchor and a public sector organisation, we must look towards the tools at our disposal.

Nationally the Scottish Government has published the [NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026](#). This sets out five key themes and a range of actions to support the achievement of 'Net Zero'.

Our objectives mirror the national strategy. Examples of our work include:

- Identifying ways to heat all NHS buildings using renewable resources by 2038.
- Reducing emissions from propellant in metered dose inhalers.
- Promoting sustainable travel.

We have developed a local action plan to support the delivery of these objectives. This work will impact all aspects of our strategy.

## How this strategy aligns with other work

Our strategy aligns to a range of local, national and partnership plans reflecting national policy and local ambitions.

# Population Health and Wellbeing Strategy 2023–2033

### NHS Fife

- Cancer Framework
- Pharmacy and Medicines Strategy
- Workforce Strategy
- Digital and Information Strategy
- Property and Asset Management Strategy
- Research, Innovation and Knowledge Strategy
- Green Space Strategy
- Medium Term Financial Plan

### Partnerships

- [Plan for Fife](#)
- [Fife Health and Social Care Partnership: Strategic Plan for Fife](#)
- [Food for Fife Strategy](#)

### National

- [NHS Scotland Recovery Plan](#)
- [National Clinical Strategy](#)
- [Value Based Healthcare](#)
- [Public health approach to prevention and the role of NHSScotland](#)
- [Women's Health Plan: A plan for 2021-2024](#)
- [NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026](#)





# A foundation for Improvement

An enduring focus on the performance and sustainability of our services and on improving population health and wellbeing.

## Principles for the strategy

Our principles underpin the development and implementation of the strategy. They commit us to:

1. Support people to help each other in the **communities** that they live and work.
2. **Empower** people to take control and manage their own care.
3. Embed **prevention** and early intervention into the delivery of healthcare services.
4. Ensure the **wellbeing** of communities and staff is central to everything we do.
5. Act with **kindness** embedding it into the systems and culture of our organisation.
6. **Listen** and involve people in how we design, deliver and improve everything we do

## Our values

We treat people using services and provide our workforce with the care, compassion, dignity and respect they expect and deserve.

We believe in an open and honest culture. Everything we do is delivered through teamwork, and continued quality improvement is core business.

Care and compassion



Dignity and respect



Openness, honesty and responsibility



Quality and teamwork





## ENGAGEMENT

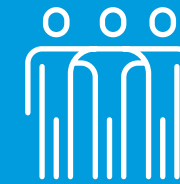
# Listening to what matters to you

We discussed with our staff and the public ways to improve health and wellbeing, the impact of the Covid-19 pandemic, and their experience of our services.

### Who we spoke to

We have completed extensive engagement with our staff and communities across NHS Fife.

We spoke to over **2000** people.



**1300** members of the public.

**200** staff sessions to talk about inequalities.



We have spoken at over **60** meetings about the strategy.

We reviewed over **350** patient stories.



Presented to over **550** staff about the strategy.

## What we learned

Following extensive engagement with our staff, service users and the communities we serve, a number of consistent themes started to emerge.

People of all ages spoke about how the pandemic affected their mental health and the challenges of accessing timely support during this period.

### Patient-centred care

The perception of many respondents was that the focus of health care services has changed to managing the volume of patients rather than providing individual care.

Lack of joined-up care was also a recurring theme, with patients expressing concerns about communications between services and other health boards.

### Access and waiting times

We heard first-hand experiences of pressure in the health and care system including the impact of needing to wait for care and difficulties in making appointments. In some parts of Fife, it was commented that it is difficult to register or make a GP appointment.

Geography was also highlighted, particularly for some more rural and isolated communities. For those who do not have access to a car, travelling around Fife is difficult. Participants spoke about the challenges of taking a bus to and from hospital appointments.



### Health and wellbeing

Improving health and wellbeing was highlighted as a key priority and ensuring individuals were able to access services to actively help and support their own physical and mental health.

Some of the barriers identified included cost, time and uncertainty around what support was available.

There was geographical variation identified, for example from those living in more rural communities feeling disadvantaged in being able to access services near where they live.

The impact of the pandemic was also highlighted as having a negative impact on health and wellbeing and access to services.

## Communication

The importance of good communication between staff, patients and clinical teams was also highlighted. With suggestions for improvement including more regular updates, more accessible information and better conversations between patients and their clinical team.

## Workforce

Members of the public spoke positively about our friendly, caring and professional staff, while recognising the pressure they were under in relation to staffing levels.

Staff also highlighted the importance of focussing on staff recruitment and retention to allow us to meet increasing demand while continuing to deliver patient-centred care.

## Innovative ways of working

In response to the global pandemic, we had to look at doing things differently to ensure that those with clinical needs could continue to access health care in a safe and sustainable way.

Technology played a huge part in enabling clinicians and their patients to continue engaging safely through the various lockdowns and restrictions.

As we look ahead, these new ways of working adopted in the pandemic will continue to be part of our offering, with patients having options on how they wish to engage with clinical teams.

This new blended approach will include telephone triaging, video conferencing consultations, and online self-referral in tandem with face-to-face appointments with a range of health care professionals.

A recurring theme throughout our engagement was the recognition that technology was seen as a vital element in delivering a modern, fit-for-purpose health and care service, combined with face-to-face appointments, helping to make access to services easier and more flexible for patients.





**interactive infographic**  
Click the icons for more information.



**Improve health  
and wellbeing**

**Improve staff  
experience and  
wellbeing**

**Improve the  
quality of health  
and care services**

**Deliver  
value and  
sustainability**



## PRIORITY 1

# Improve health and wellbeing

We will work to close the inequality gap in communities across Fife ensuring that all people of Fife are able to flourish.

### Ambitions\*

A Fife where we:

- 1 live in flourishing, healthy and safe places and communities.
- 2 thrive in our early years.
- 3 have good mental wellbeing.
- 4 reduce the use of and harm from alcohol, tobacco, and other drugs.
- 5 have a sustainable, inclusive economy with equality of outcomes for all.
- 6 eat well, have a healthy weight and are physically active.

\*Based on Scotland's [6 public health priorities](#).

### What we were told

Throughout our engagement with our colleagues and the local communities we serve, we heard about the challenges people living in Fife faced in maintaining and improving their physical and mental health and wellbeing.

Addressing health inequalities was also a recurring theme with a drive and motivation expressed to create a Fife where everybody can thrive.

It was acknowledged that health inequalities across communities and the general population are caused by a range of factors, including where we are born, live, work and grow. These conditions influence our opportunities for good mental and physical health.

As an anchor institution, we are working with the public, third and independent sector partners as well as local companies and employers to help address these issues and provide opportunities for all to thrive.

One of the most effective things we can do for peoples' health is to help them financially.

There are already examples of good practice in this area. Many of our services routinely ask people about their financial circumstances and, where appropriate, refer them for benefits advice. This work has shown clear evidence that by supporting people to maximise their income can have a direct and positive impact on their physical and mental health.



## What we will do

Current examples of local initiatives include:

- We will scale up the work supporting people to access benefits advice so that more people, where appropriate, can access financial and benefits support.
- Ensuring universal access to immunisations including influenza and COVID-19.
- In line with the [UN Convention on the Rights of the Child](#), we will support every child to have the best possible health. Examples include promoting breast-feeding and helping to address child poverty.
- Improving awareness of the range of mental health and wellbeing support across Fife amongst NHS staff and the public.
- Improving mental health services for individuals struggling with substance misuse through closer working with the community alcohol and drug partnership.
- In line with the NHS Fife Greenspace Strategy, we will use NHS Fife's buildings and land to support communities to improve health and wellbeing. For example, by making our buildings and land available for the voluntary sector to support their activities where appropriate.
- We will support people to make healthier food choices and maintain their physical activity, particularly in older age, enabling them to stay independent and healthier for longer.
- Collaborating in regeneration projects like the [River Leven programme](#).

## Julia's story

Julia lives in a three-bed private let in East Fife with her three children: Ben (9-months), Amy (4) and Sam (8). Julia's health visitor asked her how she was managing and Julia shared that she was struggling to make ends meet.

Recognising that Julia might be entitled to other benefits she was not currently claiming, her Health Visitor referred her to the Money Talk Team for information and advice. The Money Talk Team is run by the Citizens Advice and Rights Fife (CARF) and aims to increase financial awareness, maximise incomes and improve health outcomes for people.

The team identified that Julia was entitled to Universal Credit. They also explained that this is a qualifying benefit allowing people to apply for other benefits such as a Council Tax reduction.

As well as advising on benefits, the team provided her with information on practical ways to reduce her outgoings such as energy costs.

“

Thank you [Money Talks Team] for explaining everything, you made it so easy to understand and didn't treat me like a child. I feel more confident as I know I will have more independence now I have some money coming in.

Feedback from a client of the Money Talks Team

Citizens  
Advice &  
Rights  
Fife







## Jack's story

Jack is a 78-year-old widower with emphysema. He was admitted to the hospital following a fall at home. During Jack's admission, the healthcare team fully assessed his needs. They identified that Jack lives alone without any family nearby. His hobbies include gardening and walking, but his shortness of breath makes this challenging.

The healthcare team suggested Jack visit The Well, a drop-in service provided by the Fife Health and Social Care Partnership in community venues and online. It provides information and general advice to help people stay well and independent within their local community.

The Well provided Jack with information on a community walking group which will allow Jack the opportunity to meet new people whilst doing some gentle exercise. Not only does this help Jack continue to do what he enjoys by keeping physically active, but it may also reduce the risk of another fall and being readmitted to the hospital. Jack also raised a concern regarding his finances. The Well referred to Citizens Advice and Rights Fife to ensure he receives the benefits he may be entitled to.



We need services to change their models and access approach. Work in areas not traditionally health and also consider other methods.

NHS Fife staff member



## PRIORITY 2

# Improve the quality of health and care services

Providing the safest and best possible health and care services to the people of Fife.

### Ambitions

- 1 Provide high quality patient centred care.
- 2 Deliver services as close to home as possible.
- 3 Less reliance on inpatient beds by providing alternatives to admission to hospital.
- 4 Timely access to emergency, elective and community care services based on clinical need.
- 5 Prevent and identify disease earlier.
- 6 Support the delivery of seamless, integrated care and services across health and social care.

### What we were told

The pandemic led to many changes in health and care services. During our engagement work with members of the public and staff we heard that their experience is that many of the services they work in or rely upon have been negatively impacted.

In common with other health boards across Scotland, we know that our performance standards have deteriorated. This is evident in longer waits in the Emergency Department and for diagnostics and treatment.

We have an ageing population who are becoming frailer with more medical conditions which results in more demand on existing services. We must identify new ways of working that do not solely rely on access to hospital services and admission to hospital.

## What we are going to do

- Redesign urgent and emergency care to reduce our reliance on the Emergency Department and in-patient care.
- Improve cancer care, for example by continuing to develop our Rapid Cancer Diagnostic Service.
- Provide a world class elective orthopaedic service through the National Treatment Centre – Fife Orthopaedics.
- Further develop our day surgery service at Queen Margaret Hospital.
- Increase the level of ambulatory services (care provided without being admitted to hospital) across Fife.
- Focus on waiting times and support people, where appropriate, to wait well for their procedure.
- Continue to invest and develop in new technologies such as robot assisted surgery to provide high quality care.



## John's story

John is a 53-year-old man who suffered from unexplained weight loss and feeling nauseous. He made an appointment with his GP, who carried out several blood tests. This highlighted some abnormal results, and following a discussion with his GP, it was agreed that he should be referred to the Rapid Cancer Diagnostic Service. This service investigates patients with possible symptoms that may be caused by cancer and aims to confirm or exclude a cancer diagnosis within 21 days from a referral by a GP.

The day after John was referred, he received a phone call from the Advanced Clinical Nurse Specialist, as this is a nurse-led service.

They spoke through John's blood test results, explored John's symptoms further and recommended that John have a Computerised Tomography (CT) scan.

A CT scan and consultation was booked over the phone to address any concerns John had.

48 hours after the CT scan, John received a phone call from the service, who explained that he didn't have any sign of cancer. However, the tests did show severe inflammation in the small intestine.

John was given a treatment plan and a further follow-up CT scan was arranged in 3 months to check the inflammation was improving.



I personally want to thank the Rapid Cancer Diagnostic Service for such great service – thank you NHS Fife.

Feedback from John on the service he received

## Dorothy's story

Dorothy is 86 years old and lives in Sheltered Housing. Dorothy was recently discharged from hospital following a fractured hip. Dorothy has a mild cognitive impairment (she can sometimes get confused) but can live independently at home. During admission, she has been advised to use a walking stick to help her move around safely. Her 65-year-old daughter Louise has been supporting her with managing her money, general domestic tasks, and some meal preparation.

On Thursday afternoon at around 4pm, Dorothy had another fall while her daughter was there. Louise helped her Mum to get back into a chair. However, Dorothy continued to complain of discomfort in her hip that was previously broken.

Fearing that her Mum had broken her hip again, Louise contacted NHS 111 for advice on what to do next. They directed her to attend the hospital to get assessed. As Louise called 111, they can bypass A&E and Dorothy is admitted directly to an assessment unit.

The team on the assessment unit reviewed Dorothy, and she remained in the unit overnight. The following morning Dorothy was assessed by the frailty team, who confirmed no fracture. The frailty team recognise that Dorothy would benefit from some further rehabilitation to see if they can support Dorothy to continue to live at home independently.

They review Dorothy's care with a social worker in the hospital who suggests accessing a Short-Term Assessment and Reablement (STAR) bed which Fife Health Social Care Partnership provides in conjunction with care homes across Fife. This service helps people return to their homes after a short stay in the hospital. A STAR bed is identified, and Dorothy is discharged on a Friday afternoon. She is supported to recover further and later returns to her home with a support plan to help her continue living as independently as possible in her own home.

**Short-Term Assessment and Reablement (STAR) bed helps people return to their homes after a short stay in the hospital.**





### PRIORITY 3

# Improve staff experience and wellbeing

Valuing and looking after our staff.

## Ambitions

Our workforce:

- 1 is inclusive and diverse, reflecting Fife's communities.
- 2 experiences compassionate leadership in a culture that supports wellbeing.
- 3 is supported to develop new skills that help improve care for patients.
- 4 is heard and at the heart of transforming services.
- 5 works in partnership across health and social care, recognising interdependencies.

## What we were told

During the engagement work the importance of our staff has been repeatedly highlighted. We heard that people using our services have confidence in NHS Fife staff. We also heard that Covid-19 has had an enduring impact on our workforce who have worked on the frontline responding to the pandemic.

NHS Fife has developed a 2022-2025 workforce plan which sets out how NHS Fife will respond to these workforce challenges. This plan aligns across our Fife partners and details how:

- We will develop our workforce to reflect changing clinical services.
- The workforce will be supported as services are transformed.
- Sustainability of the workforce to support clinical services will be achieved.

## What we are going to do

We will:

- Develop and launch a new Leadership Framework with a continued focus on compassionate leadership and an open, transparent and nurturing culture.
- Promote a range of career pathways with a focus on developing our workforce,
- Expand and enhance our employability programmes across Fife including a range of foundation and modern apprenticeships.
- Continue to support our staff with their practical health and mental wellbeing
- Set new international recruitment targets annually for Fife, focusing on key areas of shortage over the next 5 years.

## Developing our workforce: creating new nursing roles

We are creating a new Assistant Practitioner role to support our nursing workforce. These new roles are integral to the wider nursing team and enable registered nurses to focus on more complex clinical care.

We are working with Fife College to provide a one year fully funded training programme to support training and recruitment of high-quality nursing care across NHS Fife.

“

Fife College is delighted to be working in partnership with NHS Fife in delivering this exciting new course.

## Rebecca's story

After having children in her teens, Rebecca\* started college in her early 20s, thinking she might train to work in nursery education. But soon decided it wasn't the right role for her. Rebecca saw jobs advertised in maternity services and she jumped at the opportunity to use her skills in a different way.

Rebecca never imagined that she would love it as much as she did. After about six months, she realised she wanted to be a nurse and enrolled in a Paediatric nursing course. Rebecca qualified as a paediatric nurse and was offered a job in the Neonatal Unit, which she absolutely loved.

Following her first role in nursing, Rebecca progressed in Fife to the junior charge nurse role, but her passion lay with working with babies so she specialised as an Advanced Neonatal Nurse Practitioner.

“

I've been an Advanced Neonatal Nurse Practitioner for seven years, and it has been a challenging but amazing career. I feel very blessed to work with all the families and babies that I have. It is their stories that inspire me.

Rebecca talking about her career as a nurse



Population Health and Wellbeing Strategy

## Helen's story

Helen's journey into working in healthcare has been an unconventional one. Before the pandemic, she worked in media production, however during the pandemic, work in this area was severely impacted by lockdown, and she had to explore new opportunities for employment.

She began her NHS journey as a Venue Support Worker at the vaccination clinics and loved this experience. The team she worked with were great, and she admired how much everyone worked together with a common purpose and drive and commitment to deliver the ambitious vaccination programme.

Her healthcare support worker colleagues encouraged her to join the NHS Fife nurse bank. She joined the bank as a Healthcare Support Worker and never looked back.

Helen started working at Stratheden Hospital and was inspired by the team she was working with. She realised that she was working in a role she was truly passionate about and incredibly rewarding.

After working for a year on the nurse bank at Stratheden, she decided to make the leap and become a full time health care support worker with the intention to train to become a mental health nurse.



The NHS helped me when I needed it most, and I've unexpectedly found a passion and career path where I feel like more than just a number.

I feel appreciated, valued and needed. I am excited to see where the next few years will take me.

[Helen talking about her career path](#)







## PRIORITY 4

# Deliver value and sustainability

Ensuring our services are sustainable, relevant and provide the best use of our resources.

### Ambitions

- 1 Provide the right services in the right places with the right facilities.
- 2 Ensure the best use of our buildings and land.
- 3 Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.
- 4 Deliver our capital programmes for primary care, mental health, and acute services creating high quality environments for patients and staff.
- 5 Deliver sustainable and effective resource allocation that supports value-based healthcare.

### What we were told

During the pandemic, we rapidly changed how we deliver services that in some cases reduced the need to travel to access care.

We should embrace this shift to alternative ways of delivering and supporting healthcare using technology but ensure options remain for more traditional methods of service delivery where required.

We should offer more healthcare closer to the community including outreach services which can be accessed more easily and promptly.

Members of the public and our staff felt that technology could be better used to help services become more efficient and support better sharing of information internally between services and externally between health boards and other partners.

We continue to focus on sustainability and working towards being carbon neutral by changing to the way we heat our buildings, reducing travel and reducing waste.

With current financial pressures, we need to ensure that we continue to use our funding as effectively as possible and invest in sustainable solutions.



## What we are going to do

- Maximise the use of our buildings and land in line with service needs.
- Develop new buildings to support service delivery such as new Health and Wellbeing Centres in Kincardine and Lochgelly.
- Redesign and develop mental health services in Fife, including modern inpatient and community-based services.
- Develop services using a structured approach to identify financial efficiencies. For example, through careful procurement of supplies and use of generic medications.
- Become an organisation providing more responsive care using technology, developing digital solutions such as virtual appointments, electronic access to test results and growing our use of data to support planning and delivery of care.
- Reduce our energy usage through use of zero carbon technology such as increased usage of solar panels and redesigning how we heat our buildings.
- Lower the environmental impact of travel by making the use of technology (virtual appointments and virtual working), supporting sustainable travel (walking, cycling and public transport) and investing in electric and low emissions vehicles.
- Apply the principles of value based healthcare to support achievement of financial sustainability.

## National Treatment Centre – Fife Orthopaedics

Nationally the number of people requiring orthopaedic services has been growing. This, combined with the development of innovative new approaches to care and treatment has provided an opportunity for NHS Fife to open the first national treatment centre in Scotland.

The development of the new National Treatment Centre on the Victoria Hospital site will provide a purpose-built orthopaedic centre. An increase in the number of theatres, additional outpatient space and dedicated wards will mean we can significantly increase the capacity for patient care for people in Fife and across Scotland.

Building on our international reputation as a centre of excellence in orthopaedic surgery including pioneering hip and knee replacement day surgery, we are taking the opportunity to integrate a range of technology into the new build to facilitate teaching research and innovation to enhance the patient experience and outcomes.

[Insert quote from first minister](#)



## Towards Net Zero: improving the energy efficiency of our buildings

NHS Fife is working towards achievement of 'Net Zero carbon' by 2045. Heating and lighting our buildings makes up a large proportion of the Board's carbon emissions. Taking an energy efficient approach to improving buildings is vital to minimise energy demand and reduce emissions. Working with Scottish Government NHS Fife has secured investment in energy saving measures. This includes installing LED lighting; improving the fabric of buildings such as installing draft proofing and insulation; and installing solar panels to generate electricity. As part of this work solar panels have now been installed on a range of NHS Fife sites.

The benefits of this work include reducing our energy usage which leads to financial savings, reducing the environmental impact of buildings by supporting achievement of Net Zero and helping to maintain buildings across the NHS Fife estate.





## IMPLEMENTATION

# How we will deliver the strategy

Supporting the implementation of our strategy with clear plans, oversight of our progress and ongoing monitoring of impact and benefits.

### Partnership working

We will work in partnership with other key organisations involved in the planning and provision of services to support population health and wellbeing. Examples of key partners include Fife Health and Social Care Partnership (HSCP), Fife Council, Fife Health Charity, Fife Voluntary Action, other NHS Boards and the Scottish Government.

We also have close relationships with local universities and colleges. They support both the delivery of education and training for our current and prospective workforce as well as innovation and research that benefits our current and future patients.

### Continuing to involve our staff and the public

This strategy has been informed by extensive engagement with both staff and the public. Through ongoing engagement we will continue to respond and adapt to feedback enabling us to continually improve our services.



Population Health and Wellbeing Strategy

## Programme planning and implementation

We will establish a range of strategic programmes to support the delivery of this strategy. Examples of NHS Fife programmes that currently underway include:

- **Integrated Unscheduled Care** – how we provide care in an emergency, including services provided by Minor Injuries Units, Emergency Department and Inpatient Care.
- **Integrated Planned Care** – care that is scheduled in advance, including outpatient appointments, diagnostics and inpatient/day-case treatment.
- **Cancer Services** – all services to support people with cancer, including diagnostics (such as scans), surgical services and non-surgical treatments such as chemotherapy.

- **High-Risk Pain Medicines** – improving patient safety through improved understanding, prescribing and access to alternatives to help people manage their pain conditions.
- **Digital and Information** – supporting the transformation of services using technology across Fife.
- **Financial Improvement and Sustainability** – ensuring the ongoing effective allocation of financial resources.

Our programmes will be developed in conjunction with our key partners. We will work together with the programmes of Fife Health and Social Care Partnership, such as Mental Health and Learning Disability programme to ensure our work remains joined up and delivers benefits to the population of Fife.

## Communication

We will regularly report on the progress of implementation of the strategy to the staff and public. Clear and consistent disclosure of plans, progress, risks and opportunities will maintain trust and confidence that we are doing what we said we would.

## Monitoring and evaluation

We will undertake ongoing monitoring and evaluation of the strategy. This will enable us to track our progress and achievements but also ensure we remain able to adapt to changing organisational priorities.



## Published March 2023

The names of individuals in our patient stories have been changed for anonymity.

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

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

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

## NHS Fife

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<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>1 March 2023</b>
<b>Title:</b>	<b>Strategic Planning and Resource Allocation 2023/24 – Corporate Objectives 2023/24 Initial Proposal</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance</b>
<b>Report Author:</b>	<b>Bryan Archibald, Planning and Performance Manager</b>

## 1 Purpose

**This is presented to the Public Health & Wellbeing Committee for:**

- Assurance
- Discussion

**This report relates to:**

- Strategic Planning and Resource Allocation Process

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

The Strategic Planning and Resource Allocation (SPRA) Process for 2023/24 is in progress.

The SPRA process is a planning and resource allocation framework to support the development of the organisational strategy for NHS Fife. This will inform the 5-year



financial and strategic plan to support the delivery of the Population Health and Wellbeing Strategy. This paper provides an update on the process so far and outlines initial proposals for Corporate Objectives for 2023/24. Further work is ongoing to finalise the proposal with EDG.

## 2.2 Background

This is the third year of the Strategic Planning and Resource Allocation process which brings together the planning of services with financial and workforce implications of service delivery and change. It is an annual process which details how each directorate/programme supports the delivery of the overall organisational strategy.

## 2.3 Assessment

Workshops were held between 25<sup>th</sup> October and 11<sup>th</sup> November covering all Corporate and Acute Services Directorates. All five workshops were well attended with majority of SPRA templates returned by deadline (16<sup>th</sup> December). All templates were submitted by early January.

Templates have been reviewed and linked to Corporate Objectives for 2022/23 to propose revised Objectives for 2023/24. Further analysis of the templates will be required over the coming months to produce the Annual Delivery Plan (ADP) for 2023/24. Scottish Government have advised that guidance for ADP will be distributed by the end of February.

The below tables outline the proposed Corporate Objectives for 2023/24, aligned to Strategic Priorities. These detail whether the objective has been updated or is a direct carry over from 2022/23 objective or is a new addition following analysis of SPRA.

To Improve Health and Wellbeing		
Proposed 2023/24		2022/23
Implementation of the Population Health & Wellbeing Strategy through the development of detailed delivery plans	<b>UPDATED</b>	Develop the Population Health and Wellbeing Strategy
Develop the strategic plan to secure teaching Health Board Status with the University of St Andrews	<b>NO CHANGE</b>	Develop the strategic plan to secure teaching Health Board Status with the University of St Andrews

<b>To Improve Health and Wellbeing</b>		
<b>Proposed 2023/24</b>		<b>2022/23</b>
Develop and deliver the Fife COVID Recovery and Rehabilitation Framework	<b>NO CHANGE</b>	Develop and deliver the Fife COVID Recovery and Rehabilitation Framework
Deliver the OBC and progress to FBC for the Mental Health Services Programme	<b>UPDATED</b>	Deliver the Initial Agreement (IA) for the Mental Health Services Programme
Implement phase 1 of Mental Health Strategic Plan informed through collaborative working with people with lived experience and trauma informed practice	<b>UPDATED</b>	Refreshed Mental Health Strategic Plan informed through collaborative working with people with lived experience and trauma informed practice
Deliver the FBC and secure SG Funding Commitment for both the Kincardine and Lochgelly Health Centres	<b>UPDATED</b>	Deliver the OBC and progress to FBC for both the Kincardine and Lochgelly Health Centres
Implementation and delivery of Cancer Strategic Framework	<b>*NEW*</b>	
Delivery of the MAT Standards	<b>*NEW*</b>	

<b>To Improve the Quality of Health and Care Services</b>		
<b>Proposed 2023/24</b>		<b>2022/23</b>
Operationalise National Treatment Centre	<b>UPDATED</b>	Deliver the National Treatment Centre Fife and ensure operational readiness for opening
Implement a system wide medicines safety programme with initial focus on high-risk pain medicines	<b>UPDATED</b>	Develop and implement a system wide medicines safety programme with initial focus on high-risk pain medicines
Develop and deliver an enhanced model of care in the Emergency Department	<b>NO CHANGE</b>	Develop and deliver an enhanced model of care in the Emergency Department
Develop and deliver an augmented ambulatory, interface care model supporting early and appropriate discharge	<b>UPDATED</b>	Integrated Unscheduled Care Programme: Develop and deliver an augmented ambulatory, interface care model (RUC) supporting early and appropriate discharge
Develop Queen Margaret Hospital as an Ambulatory and Day Surgery Centre	<b>UPDATED</b>	Develop and implement an integrated planned care programme to address waiting list backlog, including the optimisation of day surgery at QMH

<b>To Improve the Quality of Health and Care Services</b>		
<b>Proposed 2023/24</b>		<b>2022/23</b>
Working in partnership to deliver Plan 4 Fife and evidence delivery of our Anchor ambitions	<b>UPDATED</b>	Oversight of NHS Fife Anchor Institution delivery plan for 2022/23
Deliver Home First to enable prevention of admission, person centred transfers of care and a responsive integrated system	<b>NO CHANGE</b>	Deliver Home First to enable prevention of admission, person centred transfers of care and a responsive integrated system
Deliver an approved Integrated Primary and Preventative Care Strategy to set the strategic direction supporting early intervention	<b>NO CHANGE</b>	Deliver an approved Integrated Primary and Preventative Care Strategy to set the strategic direction supporting early intervention
Develop and Implement the Women's Health Plan	<b>*NEW*</b>	
Deliver corporate and system leadership that contributes to system wide activities including Plan 4 Fife	<b>NO CHANGE</b>	Deliver corporate and system leadership that contributes to system wide activities including Plan 4 Fife

<b>To Improve Staff Experience and Wellbeing</b>		
<b>Proposed 2023/24</b>		<b>2022/23</b>
Deliver Safe Staffing and eRostering to support effective workforce planning to support high quality patient care alongside supporting staff health and wellbeing	<b>UPDATED</b>	Deliver high quality systems to support staff health and wellbeing
Create and Nurture a Culture of Person-Centred Care	<b>*NEW*</b>	
Evidence delivery of the strategic and career frameworks for NMAHP Bands 2 – 4	<b>UPDATED</b>	Develop and deliver strategic and career frameworks for NMAHP Bands 2 – 4
Evidence delivery of the Workforce Strategy	<b>UPDATED</b>	Develop the Workforce Strategy to support Population Health & Wellbeing Strateg
Increase the pace of delivery in the localities of Fife in line with the Plan for Fife.	<b>NO CHANGE</b>	Increase the pace of delivery in the localities of Fife in line with the Plan for Fife.
Develop and implement an NMAHP Care Assurance Framework	<b>NO CHANGE</b>	Develop and implement an NMAHP Care Assurance Framework
Develop and deliver the Faculty for Excellence in NMAHP education, training and professional development	<b>NO CHANGE</b>	Develop and deliver the Faculty for Excellence in NMAHP education, training and professional development

<b>To Deliver Value and Sustainability</b>		
<b>Proposed 2023/24</b>		<b>2022/23</b>
Commence delivery of the medium-term financial plan including the delivery of the Financial Improvement and Sustainability Programme	<b>UPDATED</b>	Develop and deliver the medium-term financial plan including the implementation of the Financial Improvement and Sustainability Programme
Implement the Climate Emergency and Sustainable Development Policy including agreed Net Zero commitments	<b>NO CHANGE</b>	Implement the Climate Emergency and Sustainable Development Policy including agreed Net Zero commitments
Develop the Initial agreement (IA) and Outline Business Case (OBC)	<b>UPDATED</b>	Develop the Initial agreement (IA) and Outline Business Case (OBC) for Robotics in Pharmacy
Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	<b>*NEW*</b>	

### **2.3.1 Quality/ Patient Care**

The main aim of SPRA process is to continue to deliver high quality care to patients.

### **2.3.2 Workforce**

Workforce planning is key to the SPRA process.

### **2.3.3 Financial**

Financial planning is key to the SPRA process.

### **2.3.4 Risk Assessment/Management**

Risk assessment is part of SPRA process and will be part in the prioritisation of key objectives.

### **2.3.5 Equality and Diversity, including health inequalities**

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

### **2.3.8 Route to the Meeting**

EDG – 16 February 2023

## **2.4 Recommendation**

The Committee is asked to take **assurance** and **discuss** this initial proposal in relation to the Corporate Objectives for 2023/24.

## **3 List of appendices**

None

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<b>Meeting:</b>	<b>Public Health and Wellbeing Committee</b>
<b>Meeting date:</b>	<b>1 March 2023</b>
<b>Title:</b>	<b>Integration Joint Board Strategic Plan 2023 - 2026</b>
<b>Responsible Executive:</b>	<b>Fiona McKay</b>
<b>Report Author:</b>	<b>Head of Strategic Planning, Performance, and Commissioning</b>

## 1 Purpose

**This report is presented to the Public Health & Wellbeing Committee for:**

- Assurance

This report accompanies the final version of the Strategic Plan 2023 to 2026 which was approved by Fife Integration Joint Board (IJB) on 27<sup>th</sup> January 2023. The Strategic Plan is included in Appendix 1.

**This report relates to:**

- National Health and Wellbeing Outcomes
- IJB Strategy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

Fife Integration Joint Board (IJB) is responsible for the strategic planning of the functions delegated to it, and for ensuring the delivery of those functions under Section 25 of the Public Bodies (Joint Working) (Scotland) Act 2014:

[www.legislation.gov.uk/asp/2014/9/section/25/enacted](http://www.legislation.gov.uk/asp/2014/9/section/25/enacted).

Section 29 of the above Act requires the IJB to prepare a Strategic Plan which sets out the arrangements for carrying out its integration functions, and identifies how these arrangements are intended to achieve, or contribute to achieving, the National Health and Wellbeing Outcomes. Section 37 of the Act requires the IJB to review its Strategic Plan at least every three years.

The new Strategic Plan for 2023 to 2026 was approved by the IJB on 27th January 2023 and is provided to the NHS Fife Public Health and Wellbeing Committee for awareness that it is published and also for assurance that there is clear connection and whole system approach that also aligns to the Population Health and Wellbeing Strategy.

This is a link to the published version: [www.fifehealthandsocialcare.org//Fife-Strategic-Plan-2023-to-2026](http://www.fifehealthandsocialcare.org//Fife-Strategic-Plan-2023-to-2026)

## 2.2 Background

The Strategic Plan for Fife 2023 to 2026 sets out the vision and future direction of health and social care services in Fife over the next three years. 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. This Strategic Plan replaces the previous IJB Strategic Plan 2019 to 2022 which was reviewed on an annual basis in line with legislative requirements. Despite the significant impact from the coronavirus pandemic good progress was made. The new Strategic Plan will lead the work of the Integration Joint Board in the coming years to deliver against Fife Health and Social Care Partnership's mission, vision and values for health and social care in Fife.

## 2.3 Assessment

### Overview

The Strategic Plan is based on a strategic needs assessment and robust participation and engagement work. There is alignment to both the Plan for Fife and the developing NHS Fife Population Health and Wellbeing Strategy to support strong connections between strategies and a Team Fife approach. The Strategic Plan is aligned to the outcomes of integration and the Integration Joint Boards legislative requirements for localities, governance, equality and inequalities. It acknowledges the impact of the coronavirus pandemic and demonstrates a clear golden thread from national and regional priorities to local delivery. Spanning a range of key priorities to ensure what we deliver is local and sustainable, enables wellbeing, supports integration and has a strong focus on outcomes. This Strategic Plan is ambitious in our aspirations for the people of Fife and also realistic about the challenges faced across the public sector. The strategy defines what success would look like and how we will deliver that through due diligence on budget, finance, risk, workforce participation and engagement and quality.

The Plan has been designed to provide an overarching strategy and this will be underpinned by both transformation and enabling strategies which will have clear delivery plans with specific, measurable, timely and realistic objectives. The Strategic Plan also acknowledges the potential for changing policy landscape in the coming years and can assure that through the robust monitoring and alignment to the IJB committee structures this will be monitored, and annual delivery priorities will be responsive to this. There is clear alignment to both transformation and the Partnership's Medium-Term Financial Strategy which is critical to enable sustainability in the medium to long term. Progress will report through the robust governance structures of the Integration Joint Board. The process of delivery of the Strategic Plan will be overseen by the Partnership's Strategic Planning Group with reports on a regular basis to the Quality and Communities Committee. Annual progress will be included within the published Annual Performance Report which will report to the Finance, Performance and Scrutiny Committee and to the full Integration Joint Board.

### Performance Reporting

The Strategic Plan 2023 to 2026 will be supported by nine transformational strategies and five enabling strategies. A Work Programme has been developed to provide a performance reporting framework for the Partnership's Strategic Planning Group.

Each strategy will have an approved Action/Delivery Plan that sets out how and when key priorities will be delivered. A strategy approval programme is being developed which will outline the timeline for the development of each of the underpinning strategies with the associated delivery plans. This will be reported through the next governance cycle of the Integration Joint Board. Quarterly Flash Reports for each strategy will be provided to the Strategic Planning Group to enable effective performance monitoring. The Flash Reports will form the basis of an Annual Report for each strategy. Regular reporting of progress will be reviewed by the Quality and Communities and Finance, Performance and Scrutiny Committee. All of the strategy annual reports will feed into the Strategic Plan's Annual Performance Reports.

### **2.3.1 Quality / Patient Care**

The Strategic Plan outlines the Integration Joint Boards commitment vision and future direction of health and social care services in Fife. Through participation and engagement, the voices of staff, the public and partners have shaped the development and priorities of the plan.

A Quality Assurance Framework has been developed to ensure appropriate oversight for all of the activities related to the Strategic Plan. The Partnership's Strategic Planning Group has a key role in overseeing the implementation of the Strategic Plan and will regularly review quality and performance and provide report on it to the Quality and Communities Committee, who will in turn provide assurance on progress to the IJB Board. The Annual Performance Report which is reported through all the governance committees



prior to being approved by the Integration Joint Board and published will also provide further assurance on delivery.

Professional leadership is key to supporting, enabling and assuring quality. There is robust professional oversight through both the professional leads within the Health and Social Care Partnership and professional advisors to the Integration Joint Board. There will be alignment to our clinical and care governance arrangements with areas of transformation and quality connecting to the quality and communities committee.

### **2.3.2 Workforce**

The Strategic Plan provides a high-level overview; any impact on the Partnership's workforce will be managed through the supporting strategies, policies, and procedures relating to implementation of integration functions and operationalisation of the Strategic Plan.

The Integration Joint Board approved and published the Partnership's Workforce Strategy in November 2022. The priorities outlined in the Workforce Strategy define how we will Plan, Attract, Train, Employ and Nurture our workforce. This is instrumental to enabling the delivery of the Strategic Plan and we have been cognisant of this in developing the strategy. There is clear alignment to both NHS Fife and Fife Council as employing bodies and the third and Independent Sector as key partners in delivery to support a whole systems approach. When each of the underpinning strategies as associated delivery plans are developed there will be a review at the Partnership's Workforce Strategy Implementation Group to identify if there is any impact on the Workforce Strategy priorities or organisational risk to ensure our workforce delivery plans remain contemporary and cognisant of any potential changing need. The Workforce Strategy aims to recognise not only "what" we do but "how" we will approach this which includes demonstrating our values of being person-focused, having integrity, being caring, respectful, inclusive, and empowering, with kindness. We cannot achieve any of this without the support of our highly skilled and dedicated workforce, our partners in NHS Fife, Fife Council and the Third and Independent Sectors, carers, and our communities. It's by working together that we will continue to progress with integrating services, deliver our strategic objectives and ensuring we care and support people in Fife.

Valuing the critical importance of our workforce as our greatest asset there is clear alignment to the Integration Joint Boards Strategic Risk Register which recognises workforce as an area of high risk with mitigating actions being progressed and is closely and regularly monitored through the Finance, Performance and Scrutiny Committee. Through the Local Partnership Forum there is regular engagement, scrutiny and oversight of workforce pressures in partnership between the Senior Leadership Team, Trade Unions and Staff side Colleagues

### **2.3.3 Financial**

The IJB continues to operate in uncertain times, facing significant budget challenges and pressures. It is therefore important to develop an aligned resource strategy including a

clear financial framework which will support delivery of the IJB's Strategic Plan within the finite resources available. Financial activities are managed through the Medium-Term Financial Strategy, we need to make the best use of our restricted budgets and resources by redesigning services and doing things differently. The Integration Joint Board Strategic Risk Register outlines a financial risk and with close monitoring and regular review through the Finance, Performance and Scrutiny Committee. Through the annual review and budget setting process there will be opportunities to ensure ongoing alignment regarding both the Strategic Plan and the Medium-Term Financial Strategy. Robust financial management is a key priority, we will also explore options to achieve efficiencies by improving our systems and processes, for example through better coordination of services or providing alternative delivery models. A key enabler for delivery is the capacity to support transformation this will be enabled by the business enabling teams including the Partnership's Project Management Office, Participation and Engagement Team, and Organisational Development. The development of all transformation plans will be supported by business cases which will include consideration of capacity assessed at the Senior Leadership Team. This will enable assurance to be provided through future reports to the Strategic Planning Group and to the Quality and Communities Committee on transformation capacity and capabilities.

Relevant Directions for NHS Fife and Fife Council will be developed and progressed through the Finance, Performance and Scrutiny Committee to the IJB as per our usual governance process.

#### **2.3.4 Risk Assessment / Management**

There has been engagement with Audit Services during the development of this Strategic Plan and a full Internal Audit Report on the production of the Strategic Plan is imminent. The audit advice given is reflected in this SBAR and/or the Strategic Plan as appropriate.

Through the Strategic Plan there is a clear product which meets the legislative requirements. Through the development of the underpinning strategies there is ongoing work which will ensure a robust golden thread through the overarching Strategic Plan and the Partnership's priorities for transformation (e.g. Mental Health, Primary Care) and for enabling strategies (e.g. Workforce, Medium-Term Financial Strategy). In combination these strategies outline our priorities and to manage risk these priorities need to be progressed in line with realistic parameters of both the challenges we face including finance and workforce, but also opportunities we can embrace to transform our services and delivery models such as digital and technology ensuring that we have people at the heart of all we do (our population and our workforce). The Partnership's Strategic Plan also outlines clear principles for delivery including participation and engagement and quality and governance and ensuring that there is a robust delivery plan which will be monitored through IJB governance structures and progress also published in the Annual Performance Report.

Risks relating to the delivery of the Strategic Plan are included in the IJB Strategic Risk Register. These risks will now be reviewed, including the wording, score and mitigating actions for all Integration Joint Board strategic risks, taking into account the knowledge we have in relation to constraints, pressures and opportunities. This recognises that the

Strategic Plan is connected to several strategic risks including finance (Strategic Risk ref 3 – High Risk), Workforce (Strategic Risk ref 7 – High Risk), Strategic Plan (Strategic Risk ref 9, Moderate Risk), Primary Care (Strategic Risk ref 26 High Risk), Demographics and changing landscape (Strategic Risk Ref 19, Moderate Risk), Whole System Capacity (Strategic Risk ref 27 High Risk) which all reference the Strategic Plan. This will continue to be reviewed regularly in line with due governance and updated when the underpinning strategies and delivery plans are produced with any risks and mitigating actions.

The Integration Joint Board is actively undertaking work in relation to risk appetite which supports good governance and decision making as part of our approach to active governance.

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

An impact assessment has been completed for the Strategic Plan 2023 to 2026 and is available here: [www.fifehealthandsocialcare.org/EquA-Strategic-Plan-for-Fife-2023\\_2026](http://www.fifehealthandsocialcare.org/EquA-Strategic-Plan-for-Fife-2023_2026).

### **2.3.6 Climate Emergency & Sustainability Impact**

Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated. An Environmental and Climate Change Report is presented annually to the Integration Joint Board which provides assurance that environmental impacts are monitored appropriately, and an opportunity to highlight any associated benefits or risks.

### **2.3.7 Communication, involvement, engagement and consultation**

During August to November 2022 the Partnership's Participation and Engagement Team completed a wide range of engagement activities with different stakeholder groups. This included:

- Face-to-face discussions.
- Public events.
- Surveys and feedback forms.
- Online consultation, including an easy-read version.

Overall, 683 people participated in the engagement process to develop the new Strategic Plan 2023 to 2026, this included 182 responses to the online consultation.

People overwhelmingly agreed with the strategic priorities. Many individuals also provided additional suggestions on how the priorities should be implemented or included comments on things Fife Health and Social Care Partnership should consider moving forward.

The key themes identified in the feedback were:

- Hospital admissions and discharges.
- Increased recruitment and retention of staff, particularly Home Carers.
- The importance of early intervention and preventative care.
- Funding and resources to deliver the planned service improvements.
- Additional support for unpaid carers.

The IJB Strategic Plan 2023 to 2026 was also informed by the independent survey commissioned by NHS Fife involving Fife residents and NHS Fife employees to identify their views on local health and care services, and their aspirations for NHS Fife.

### 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.

- Fife Integration Joint Board on 27th January 2023.
- Executive Directors Group – 16<sup>th</sup> February 2023

## 2.4 Recommendation

- NHS Fife Public Health and Wellbeing Committee are **informed** that this strategy is now published and asked to take **assurance** that there is clear connection and whole system approach that also aligns to the Population Health and Wellbeing Strategy.

## 3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, IJB Strategic Plan 2023 to 2026

### Report Contact

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# Strategic Plan for Fife 2023-26

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# A message from our Chair

Our Strategic Plan for 2023 to 2026 sets out how health and social care services will evolve over the next three years and continues the journey to improve outcomes for the people of Fife, through the integration of health and social care in the Kingdom.

As the new chair of Fife's Integration Joint Board (IJB), I'm delighted to see the steady progress made over the past three years across a wide range of services, which is no mean feat given the challenges we have faced. Having to adapt how we deliver many of our services in response to the pandemic, we have learned so much. In developing our refreshed Strategic Plan, we have remained focussed on our core strategic priorities whilst aiming to be innovative and inclusive.

This Strategic Plan is ambitious, and the IJB is committed through integrated working to provide the best care and support we can, to achieve our vision for all residents in Fife to live healthy and independent lives. It is underpinned by extensive engagement with health and social care staff, independent and third sectors and Fife's citizens.

We couldn't do what we do, and care and support people across Fife, without the skilled and dedicated health and social care workforce, including those from the voluntary and independent sectors and the many unpaid carers within our communities. They are essential to delivering high standards of care and enhancing wellbeing and I thank and value what they do, each and every day.

It is by working together that we can deliver improved health and

social care services for the people of Fife. There will no doubt be challenges ahead, however, it's our Strategic Plan that sets the way forward, building on our strengths, working collaboratively, and looking at ways to improve to ensure the people of Fife have the best possible outcomes.

I look forward to the next three years and working with health and social care staff, partners and citizens, to continually improve on what we do and to make a real difference in our communities.



**Arlene Wood**

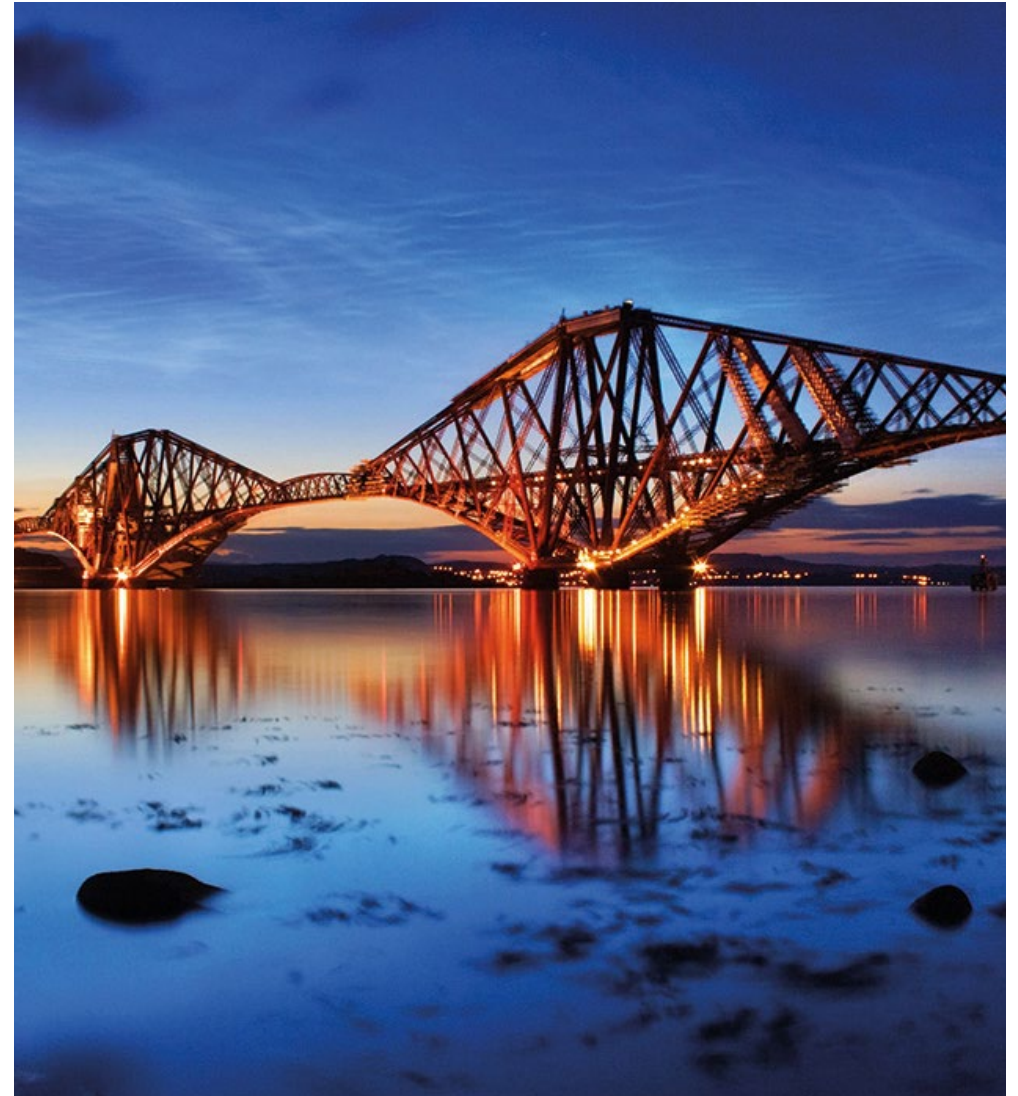
*Chair, Fife Integration Joint Board*

# Introduction

I'm delighted to introduce the refreshed Strategic Plan for Fife and look forward to leading on the implementation of the Plan to ensure we deliver the best services we can in our Fife communities.

Building on the foundations established in the 2019 to 2022 Strategic Plan, the refreshed plan is innovative and ambitious about the future for health and social care in Fife, focusing on the years 2023 to 2026. We will achieve our objectives by enhancing our Partnership approach and by building on the existing integrated working of our health and social care teams. We know that by working together we will achieve the best outcomes for our citizens and make the best use of our collective resources for the wellbeing of our communities.

The Plan sets out our vision for the Partnership with communities, individuals, and staff at the heart of this. Co-producing this plan has enabled us to incorporate all we have learned about integration since the Partnership was created, especially over the last three years as we have worked through the ongoing challenges of the pandemic. Collaborative working over this period was critical to our success in continuing to deliver services and it has been humbling to see all agencies working together and supporting each other in practical and compassionate ways. This emphasised the critical importance of kindness within our work, so much so that we have added this to our core values expressed in this Strategic Plan.





Another innovation that demonstrated its value over the pandemic was the increasing use of digital technology, enabling us to provide flexible services to those we support as well as supporting staff to operate in a dynamic way using a range of technologies.

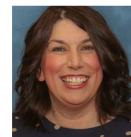
As a Partnership we wholeheartedly believe that our greatest strength is our staff, and how they responded to the pandemic alongside the ongoing daily challenges demonstrates just how committed, resilient, and skilled our Fife health and social care workforce is. I hear daily from those using our services how much staff are valued and I'm extremely proud to lead this workforce. We want our staff to work in an organisation with a clear vision, and to experience positive leadership and an optimistic culture. Another key strength we have is our partnership working through our "Team Fife" approach working closely with partners in NHS Fife, Fife Council, third sector and independent sector. This collective belief in the value of working together to meet the needs of the people of Fife underpins the delivery of this Plan.

We have achieved a lot over the last three years, but recognise there is still much more we can do. We want to ensure our future way of working continues to embrace integrated working and the opportunities that digital platforms can provide, and the ambitions in this Strategic Plan will help us to do this.

Our collective vision is for a Partnership that has strong, meaningful connections with our localities in Fife to ensure people have the right care and support at the right time and in the right place, and we will

do this by actively listening, learning and responding to feedback from the people of Fife. We are ambitious and are committed to continuous service improvements focusing not only on "what" we do to improve our performance, outcomes and sustainability but also "how" we do things, placing significant importance on organisational development and culture, through demonstrating values-based leadership in the way we work together.

I look forward to working with you all on delivering our collective ambitions for Fife.



**Nicky Connor**

*Director of Fife Health and Social Care Partnership  
Chief Officer, Fife Integration Joint Board*

# About Fife Integration Joint Board and Fife Health and Social Care Partnership

## What is health and social care integration?

In Scotland, we have legislation, the Public Bodies (Joint Working) (Scotland) Act 2014, which requires local authorities and health boards to work together to integrate health and social care services, and to improve outcomes for individuals, carers, and their communities. The Council and Health Board working together to deliver these services is known as 'health and social integration'.

Fife Integration Joint Board (IJB) was established on 1st April 2016 and is responsible for the planning and delivery of integration arrangements and delegated functions in Fife. The IJB includes

representatives from Fife Council and NHS Fife, it also has several professional advisors and other specialists.

The IJB is commonly referred to as Fife Health and Social Care Partnership. This is the public facing aspect of Fife Integration Joint Board and is essentially the employees from both organisations working in partnership to deliver health and social care services.

*Further information about the legislation is available online: Public Bodies (Joint Working) (Scotland) Act 2014: [www.legislation.gov.uk/asp/2014/9/contents/enacted](http://www.legislation.gov.uk/asp/2014/9/contents/enacted)*



## Which services and functions are integrated in Fife?

Fife Health and Social Care Partnership is responsible for these services and functions:

- all adult and older people Social Work Services
- community health services, for example district nursing, physiotherapy, and mental health services
- children's community health services, such as health visiting
- housing services which provide support services to vulnerable adults, and disability adaptations; and
- the planning of some services provided in hospital, for example medical care of the elderly.

In Fife we work with around 300 organisations across the third and independent sectors and they are a vital part of the Partnership in delivering services.



## What is the Strategic Plan?

Every Integration Joint Board in Scotland has to have a Strategic Plan that sets out the vision and future direction of their health and social care services. 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. Strategic Plans are reviewed regularly to make sure that they are still relevant to the needs of the area and the people who live there.

## National Health and Wellbeing Outcomes for Health and Social Care

- NW01** People are able to look after and improve their own health and wellbeing and live in good health
- NW02** People, including those with disabilities or long-term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- NW03** People who use health and social care services have positive experiences of those services, and have their dignity respected.
- NW04** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- NW05** Health and social care services contribute to reducing health inequalities.
- NW06** People who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring roles on their own health and well-being.
- NW07** People using health and social care services are safe from harm.
- NW08** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- NW09** Resources are used effectively and efficiently in the provision of health and social care services.

## Public Health Priorities for Scotland

- PHP1** A Scotland where we live in vibrant, healthy and safe places and communities.
- PHP2** A Scotland where we flourish in our early years.
- PHP3** A Scotland where we have good mental health.
- PHP4** A Scotland where we reduce the use of harm from alcohol, tobacco and other drugs.
- PHP5** A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
- PHP6** A Scotland where we eat well, have a healthy weight and are physically active.

The previous Strategic Plan for Fife covered the timescale 2019 to 2022. Lots of things have changed since then, both nationally and locally. To ensure that the people who live, visit, or work in Fife have opportunities to influence the Strategic Plan, we worked with a range of service users, patients, carers, employees, and service providers, to find out what is important to them and what the Health and Social Care Partnership should be focussed on over the next three years.

This Strategic Plan sets out an updated vision for the timescale 2023 to 2026.

*Further information about the strategic planning process, including opportunities to get involved in consultations or other engagement events, is available on our website: [www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)*

*The National Health and Social Care Health and Wellbeing Outcomes are available here: [www.gov.scot/publications/national-health-wellbeing-outcomes-framework/](http://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/)*

*The Public Health Priorities for Scotland are available here: [www.gov.scot/publications/scotlands-public-health-priorities/pages/1/](http://www.gov.scot/publications/scotlands-public-health-priorities/pages/1/)*

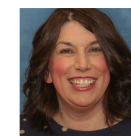


## Strategic Direction

To deliver reform, transformation, and sustainability, Fife Health and Social Care Partnership was restructured in 2021 to create clearer, more service-user-aligned care pathways, that enable the people who need to work together to be a team together. This seeks to create the conditions for a collaborative, systems approach to service design and delivery through operational delivery, professional standards, and business enabling and support services. These portfolios include:

- **Primary and Preventative Care:** service delivery across primary care and early intervention and prevention.
- **Community Care:** a range of services across community hospitals, care homes and people's own homes, promoting people's independence and enabling people to stay well at home and in a homely setting.
- **Complex and Critical Care:** including the delivery of mental health, learning disability and adult and older peoples social work services.
- **Professional Quality Standards and Regulation:** this is integrated professional leadership in support of the delivery of nursing, medicine and social work working collaboratively with leads in allied health professions, pharmacy, and psychology.
- **Business Enabling:** services that support our delivery including finance, strategic planning, performance, commissioning, organisational development, and culture.

## Senior Leadership Team



**Nicky Connor**

Chief Officer and Director of Health & Social Care

### Operational Service Delivery

SLT leads for operational management delivery and business outcomes for a portfolio of services



**Lisa Cooper**  
Head of Integrated Primary & Preventive Care Services



**Lynne Garvey**  
Head of Integrated Community Care Services



**Rona Laskowski**  
Head of Integrated Complex & Critical Care Services

### Business Enabling

SLT leads for Corporate Services and functions inc. financial governance, strategic planning, performance, transformational change and organisational development



**Audrey Valente**  
Chief Finance Officer and Head of Transformation & Corporate Services



**Fiona McKay**  
Head of Strategic Planning, Performance & Commissioning



**Roy Lawrence**  
Principal Lead Organisational Development & Culture

### Professional & Quality Services

SLT leads for quality, safety, experience, clinical and care governance, professional regulation and standards



**Lynn Barker**  
Associate Director for Nursing



**Helen Hellewell**  
Associate Medical Director

# About Fife

## Locality Planning

An important part of Fife health and social care integration was the creation of localities, bringing decision making about health and social care local priorities closer to communities. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires each Integration Authority to establish at least two localities within its area.

Localities provide one route, under integration, for communities and professionals (including GPs, acute clinicians, social workers, nurses, Allied Health Professionals, pharmacists, and others) to take an active role in, and provide leadership for, local planning of health and social care service provision.

Our understanding of our seven localities across Fife is taken from:

- Area Profiles – both national and local data and statistics.
- Stakeholder Engagement - experience and knowledge of people who use services and staff working in the localities who attended engagement and subsequent locality meeting/events across the seven localities.

## Localities aims to:

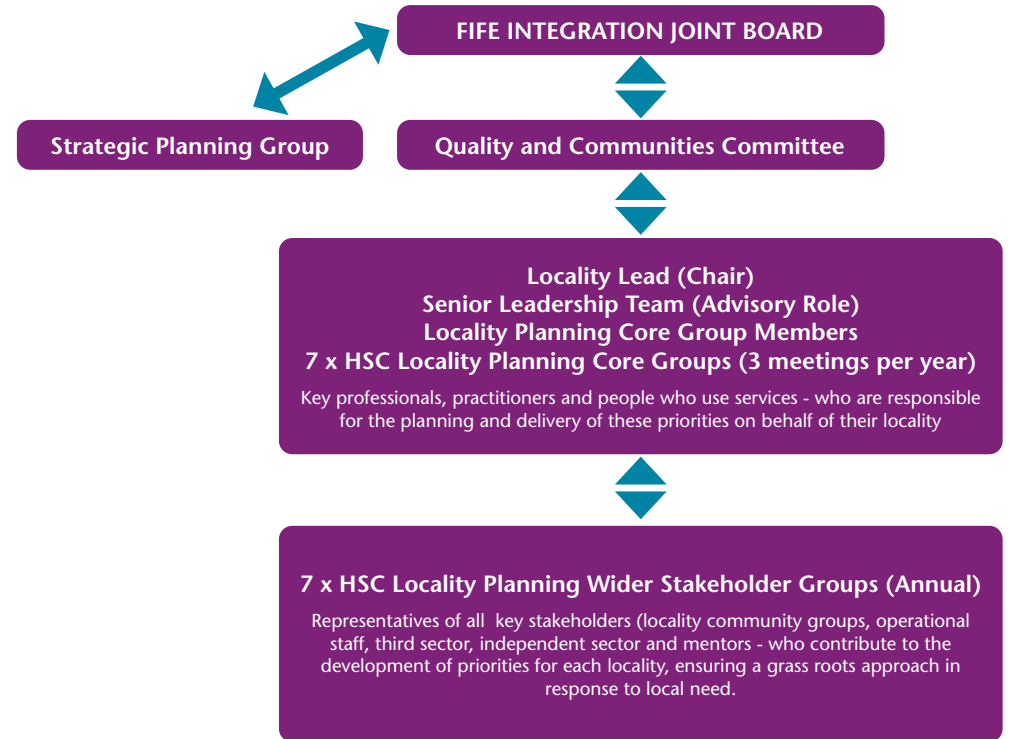
- a) Support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved - robust communication and engagement methods will be required to assure the effectiveness of locality arrangements.
- b) Support GPs to play a central role in providing and co-ordination of care to local communities, and, by working more closely with a range of others – including the wider primary care team, secondary care, and social care colleagues, and third sector providers – to help improve outcomes for local people.
- c) Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care.



We introduced a governance and reporting route for Health and Social Care Locality Planning, which allowed us to implement a process to engage and consider the views of our communities and professionals working within the localities.

These are links to the current Locality Guidance Documents:

- [Cowdenbeath](#) (includes Lochgelly, Kelty and Cardenden)
- [City of Dunfermline](#)
- [Glenrothes](#) (includes Thornton, Kinglassie and Leslie)
- [Kirkcaldy](#) (includes Burntisland and Kinghorn)
- [Levenmouth](#) (includes West Wemyss, Buckhaven, Methil, Methilhill, Kennoway and Leven)
- [North East Fife](#) (takes in Auchtermuchty, Cupar, Taybridgehead, St Andrews, Crail and Anstruther)
- [South West Fife](#) (includes Inverkeithing, Dalgety Bay, Rosyth, Kincardine, Oakley and Saline)



This process also allows us to consider a range of local and national strategies and frameworks.



## Population Profile

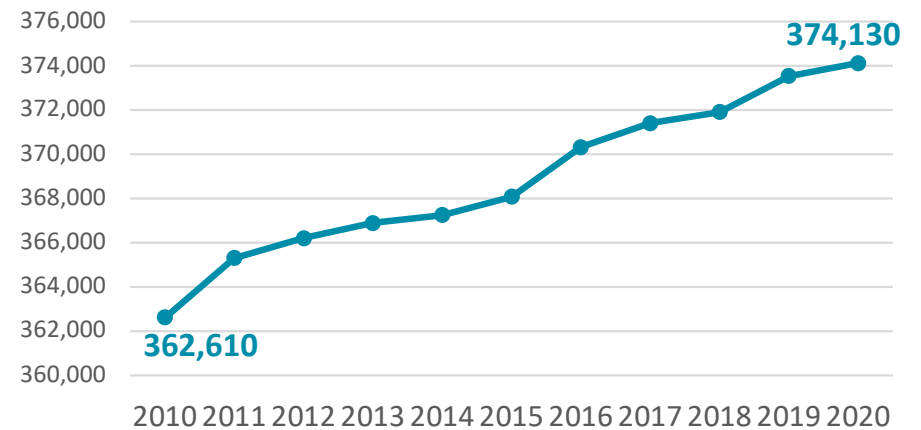
Fife has a population of 374,000 (National Records of Scotland, 2020), this is an increase of 11,500 people (3.2%) since 2010.

- 64,152 (17%) children aged 0-15 years
- 231,809 (62%) adults aged 16-64 years, and
- 78,169 (21%) older people aged 65 and over.

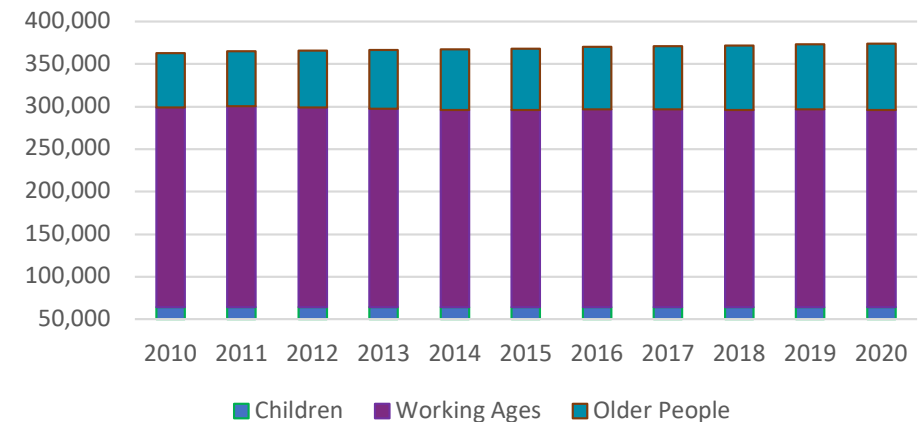
However, not all age groups have seen increases over the last ten years, some groups have experienced decreases.

- Children (aged 0-15) have seen their numbers fall by around 0.6%, with the youngest age groups, pre-school age children (0-4 years) seeing the most reductions.
- People of working age (16-64 years) have seen the largest decreases in numbers of around 1.3%.
- Older people (aged 65 and over) have seen the largest increase of all the age groups, with numbers rising by nearly 24% in the 10-year period. Groups of people aged in their 70s have seen the largest increases.

### All Ages



### Age Groups



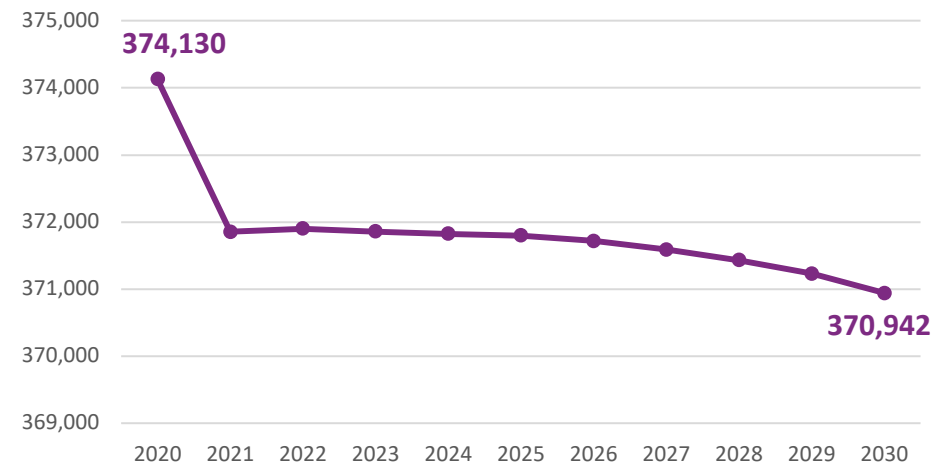
## Healthy Life Expectancy and Mortality

After several decades of year-on-year increases in Fife's overall population, Fife's future population is set to reduce. This is similar to many other parts of Scotland. Unlike the rest of the UK, Scotland is the only UK country that expects to see reductions in its population, and Fife is one of eighteen council areas that will see these reductions.

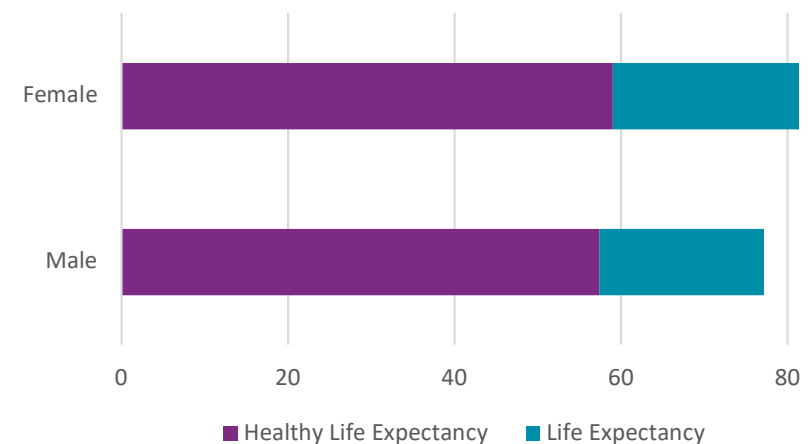
The overall population in Fife is expected to decrease from 374,000 in 2020 to just under 371,000 by 2030, a decrease of 1%. However, only children and groups of working age people will see decreases, older people (aged 65 and over) will continue to see the largest increases of all the age groups, with numbers expected to rise by 20% in the 10-year period. Those aged in their late 60s and early 80s will show the largest increases. In 2020, older people made up around 21% of the total population; by 2030, this proportion is expected to have grown to 25%.

With a life expectancy of 81 years, women in Fife are estimated to live 59 years in relatively good health. Men are expected to have shorter life expectancy (77 years) and marginally lower healthy life expectancy (57 years).

### All Ages



### Life Expectancy



## Poverty and Deprivation

Significant rises in the cost of living, including fuel, energy, and food, increases the financial pressures for Fife's residents, and may lead to crisis point for those already facing financial hardship. The identification of individuals living with financial insecurity who may require increased care is paramount as many will be residing in areas of differing degrees of deprivation.

Several communities within Fife face additional and multiple disadvantage. In many cases this was amplified during the coronavirus pandemic. For example, some disabled people are more likely to face multiple disadvantage than non-disabled people, with less access to employment, greater ill-health and mortality, increased social and digital exclusion and food insecurity. Likewise, several housing areas in Fife, including Levenmouth and Cowdenbeath, also experience increased deprivation compared to other housing areas, such as North East Fife.

Significant health inequalities exist and persist within the Fife population. The most deprived areas have 35% more deaths and 106% more early deaths (aged 15 to 44) than the Fife average. In addition, Fife has a higher rate of both emergency admissions and potentially preventable hospital admissions than Scotland. The most deprived areas have 53% more preventable emergency hospitalisations for a chronic condition, and 42% more repeat

hospitalisations in the same year than the Fife average.

There is potential to re-design and deliver services that focus on early intervention and preventative care. Supporting people to manage their own long-term conditions, and helping them avoid preventable conditions is key in managing future demand for community and primary care health services. The Partnership is committed to helping people develop and maintain the knowledge to manage their own health conditions, and to live independent and healthier lives.



## Housing and Homelessness

People living in areas of multiple deprivation are more likely to experience housing issues leading to poor health and well-being, including overcrowding, fuel poverty, poorer housing quality and housing that does not meet their needs. The demand for adapted housing and specialist housing is expected to rise in line with the ageing population profile, with individuals in the age group 75 years having the greatest need.

Most households in Fife currently live in private sector housing (75%).

The percentage of social housing (23%) has increased over recent years through new-build affordable housing programmes. However:

- 40% of households cannot afford to buy a lower priced house
- 58% of households cannot afford the average private rent

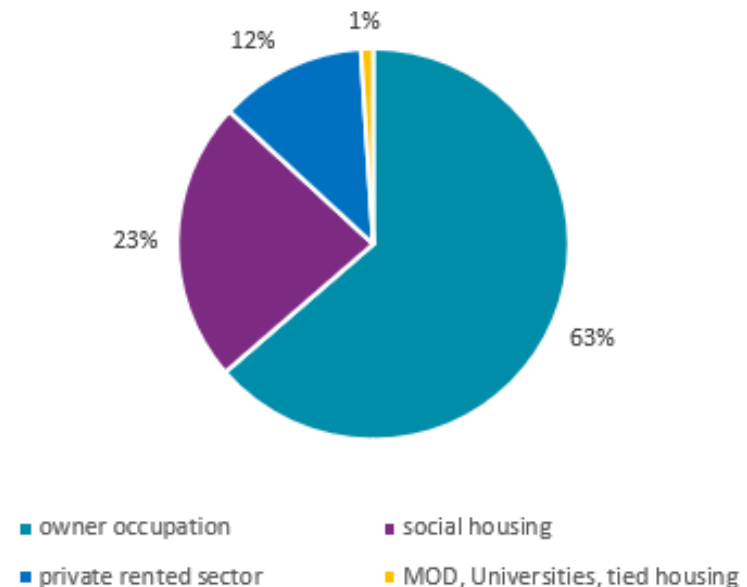
During 2021 to 2022, across Fife, 2,502 people were identified as homeless. Most homeless households in Fife are single people, and 17% have moderate or complex support needs. Key housing interventions to support these needs are:

- Accessible and adapted homes
- Adaptations in existing homes
- Care and support services
- Home safety, security, and repairs
- Supported housing for key groups
- Technology enabled care

16 For more information visit [www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)

The Partnership works with Fife Council and other housing partners to assess specialist housing needs and deliver integrated solutions that are designed to increase access to safe, sustainable, and appropriate housing, and enable people to live well at home, or in a homely setting, for longer.

Fife Household Types



## Coronavirus Pandemic

Over the last few years the coronavirus pandemic has had a substantial impact on the health and wellbeing of individuals and their communities. It has also increased the demand for social care services, highlighted high levels of inequalities in the health of the population, and changed the way that we all live our lives.

Across Scotland, at the start of the pandemic, coronavirus was the second leading cause of death and disability, lower than heart disease but higher than all other leading causes such as dementias, lung cancer, and drug use disorders, with deaths occurring most frequently in the elderly, vulnerable, and frail. Despite the success of the vaccination programme in reducing significant illness and death, the pandemic has starkly demonstrated the importance of health to the normal functioning of society. While all groups of people faced considerable impact from this, not all social groups and communities experienced the same level of impact. Older people, those with underlying health issues, and people from black and minority ethnic groups are the most vulnerable to the disease itself. Those with disabilities are more disadvantaged by coronavirus and are at increased clinical risk as they have higher rates of illness compared to the general population. The pandemic continues to have a disproportionate impact on health outcomes, with those living in deprived areas suffering the worst outcomes.

The past few years have been incredibly difficult for the people that we care for, and for the employees and other individuals

involved in delivering that care. The ongoing impact of the pandemic, and unprecedented demand over the winter period, has created increased demand for health and social care services and reduced options through both ward and care home closures, and challenges in community care capacity. These factors have produced unprecedented pressures on our workforce.

We recognise that the impact of these pressures will continue into the future and are working hard to reduce inequalities and improve outcomes for individuals and their communities, and to ensure that our employees are fully supported, both professionally and personally, in the work that they do.

Fife Health and Social Care Partnership, the individuals who access our services, and society in general, owes a huge debt of gratitude to the work carried out by the health and social care workforce, which includes those working formally in these sectors and those volunteering to provide care and support for loved ones and neighbours.

# Plan for Fife 2017 to 2027

The Strategic Plan incorporates the aims outlined in the Plan for Fife 2017 to 2027 which includes actions to reduce levels of preventable ill health, and premature mortality across all communities, particularly around obesity, alcohol and smoking.





**374,000**  
people lived in Fife  
In 2020


**4,285**  
Deaths in Fife in 2020

**3,143**  
Babies born in Fife in 2020

 Children aged 0-15 years make up 17% of the population of Fife

 62% of the population are adults aged 16-64 years

 Older people aged 65 and over make up 21% of the population of Fife

2020  
  
**374,000** people

	2020	2043	
0-15	64,152	53,522	-17%
16-64	231,809	209,218	-10%
65+	78,169	101,424	+30%

2043  
  
**364,164** people

# Vision, Mission and Strategic Priorities

## Vision

To enable the people of Fife to live independent and healthier lives

## Mission

We will deliver this by working with individuals and communities, using our collective resource effectively. We will transform how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes.

## Values

- Person-focused
- Integrity
- Caring
- Respectful
- Inclusive
- Empowering
- Kindness



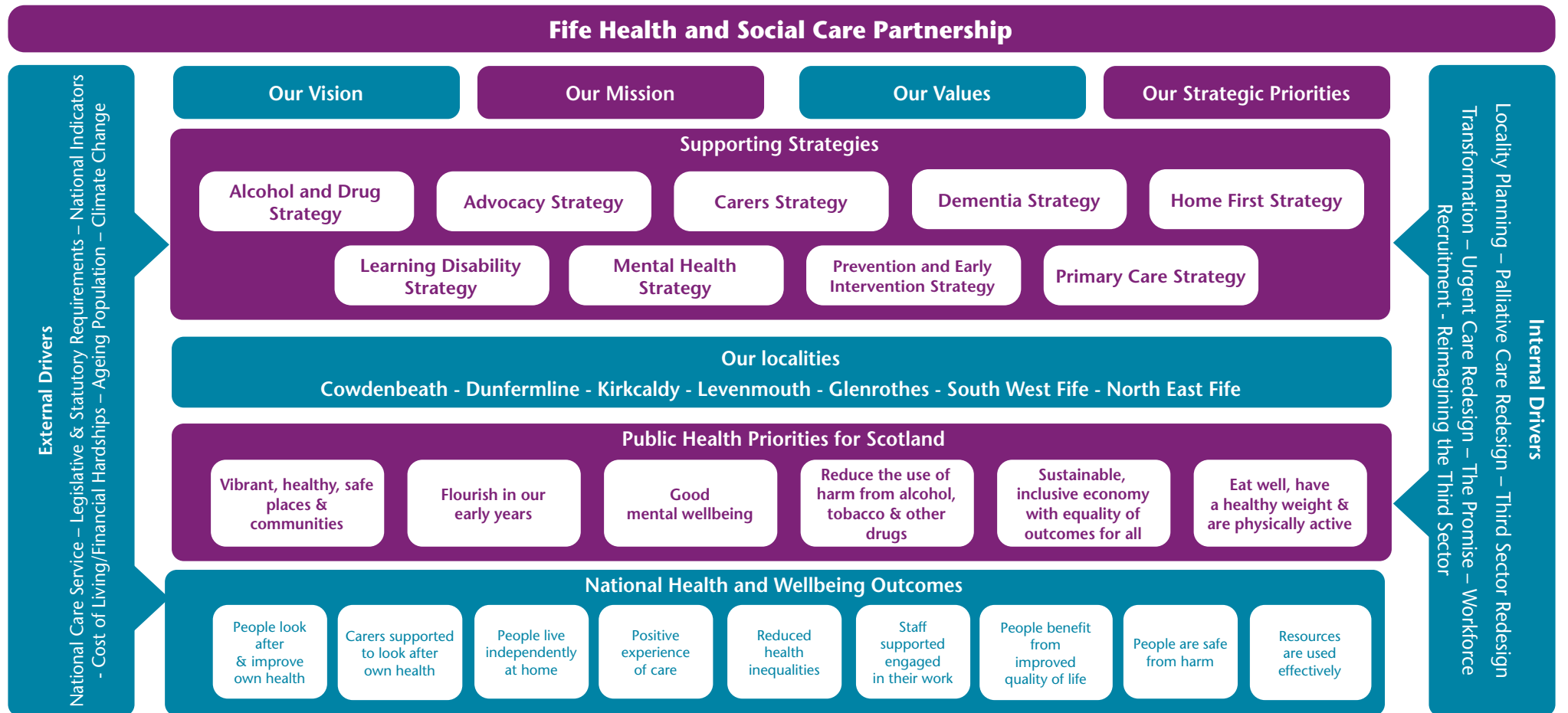
## Strategic Priorities 2023 to 2026





# Our Plan – Making it Happen in Fife

The Strategic Plan integrates the Partnership’s vision, mission and values with all of the national requirements and key drivers as highlighted in this strategic framework. The Partnership’s strategic priorities set out how we will deliver national requirements in our localities, and provide a foundation for all of the work that we will do, and the services that we will deliver, over the next three years.



The Strategic Plan 2023 to 2026 is supported by nine transformational strategies which describe some the work that the Partnership will carry out over the next three years to deliver our vision of enabling the people of Fife to live independent and healthier lives. These are the key areas of work; this is not a complete list of all activities.



The top five priorities for each of the transformational strategies are included in the tables below. We will measure our performance against these objectives and provide an Annual Performance Report once a year that will explain the work that we have completed. Sometimes unexpected events, for example a global pandemic, can influence our Strategic Plan and the activities that we have planned. The Annual Performance Reports will explain any significant changes that have happened, and any changes that are required. The first Report is due to be published in September 2023.

A high-level summary is also included for each of the enabling strategies:

- Commissioning Strategy
- Digital Strategy
- Risk Management Strategy
- Local Housing Strategy
- Medium Term Financial Strategy
- Workforce Strategy
- Participation and Engagement Strategy

The Partnership's Strategic Planning Group will assess the progress of the Strategic Plan against the national health and wellbeing outcomes. This includes monitoring the progress of the supporting strategies and delivery plans. We have a robust performance framework in place to ensure that any identified risks or significant

changes are considered and responded to timeously by the Strategic Planning Group and Fife Integration Joint Board.





# Local - A Fife where we will enable people and communities to thrive



- We will work with individuals, local communities, staff, and partners to provide personalised care, by the right person, in the right place, and at the right time.
- We will engage and listen to individuals, local communities, and provide support to more people enabling them to live well at home, or in a homely setting.
- We will maximise opportunities to provide safe, sustainable, and appropriate housing.

The changes we need to make	What will success look like?	Where do we want to be in 2026
<b>Alcohol and Drug Strategy</b> – we will provide targeted support to people and communities at risk of harmful substance use by listening carefully to those communities and building responses and service provision together.	Develop and maintain a community drop-in model provided by specialist Alcohol and Drug Teams. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development.	More ‘one stop shop’ drop-ins in the heart of communities where the prevalence/need is high and access to support and treatment is low.
<b>Dementia Strategy</b> – we will identify opportunities to build the capacity of day services support for people with dementia in each locality and provide greater opportunities to deliver meaningful support.	There will be more daytime opportunities for people with dementia and their carers.	Identification and delivery of improvement opportunities for delivering day services to support people in Fife who live with dementia.
<b>Dementia Strategy</b> – we will develop and deliver a locality level capacity building plan.	Completion of a gap analysis of the support services available within each locality for people with dementia, and identification of opportunities to build additional capacity at a local level.	People with dementia have access to appropriate care services, provided in a suitable environment by well trained staff who are skilled in caring for and rehabilitating, people with dementia.
<b>Home First Strategy</b> – we will transform the hospital discharge process, ensuring that discharge planning and discussion begins as soon as possible.	A reduction in the number of patients who are required to remain in hospital after they are medically well enough to be discharged home.	Individuals require fewer hospital admissions, and when they do require hospitalisation are able to return to their home environment as soon as they are medically well enough.

## Local continued...

The changes we need to make	What will success look like?	Where do we want to be in 2026
<b>Home First Strategy</b> – we will utilise digital systems and applications to enable relevant multi-agency access to a single Anticipatory Care Plan.	An increase in the number of patients and service users with an agreed Anticipatory Care Plan, and the number of agencies that can access the Plans.	All patients and service users will be offered the opportunity to develop an appropriate Anticipatory Care Plan.
<b>Home First Strategy</b> – we will utilise digital systems and applications to create a single point of access and build capacity in communities to embed a new model of care.	Access to community care services will be streamlined, there will be fewer people visiting in people’s houses and care coordination within localities will result in people being cared for at the right time at the right place.	People in Fife will be able to live longer healthier lives at home or in a homely setting.
<b>Home First Strategy</b> – we will ensure that people who present at the Victoria Hospital, Kirkcaldy (VHK) and do not need an acute admission, are redirected and supported to be cared for in the right place.	Multi-disciplinary teams will work on-site at the VHK and will be integrated with Acute Services to ensure joined-up decision making, resulting in appropriate redirection of patients who do not require hospital admission.	Only individuals who require acute care and whose needs cannot be met at home, or in a homely setting, are admitted to VHK.
<b>Home First Strategy</b> – we will continue to build a model that utilises multi-agency Teams who can prevent admissions and support people to manage their long-term condition(s) at home.	Teams will have access to relevant records and information that highlights those who may be at risk of admission to hospital, and supports those who require intense case management.	People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.
<b>Learning Disability Strategy</b> – we will map and redesign pathways into and out of our specialist Learning Disability Hospital.	Development and implementation of clear roles and remit for hospital based assessment and treatment.	All admissions to hospital are planned, as far as possible, with clear clinical outcomes identified in advance. Planned discharge is integral to the admission process.
<b>Mental Health Strategy</b> – we will develop additional and alternative services that meet national requirements, support local needs and support improvement in the mental health of individuals and local communities.	Mental Health and Wellbeing multi-agency hubs are set up in each of the seven localities.	An integrated community-based system which supports mental health and wellbeing, ensures access to the right service, in the right place, at the right time, and supports people to live independent and healthy lives.



# Sustainable - A Fife where we will ensure services are inclusive and viable



- We will work together to identify unpaid carers within our communities. We will offer, and increase the support available for all carers, including enabling regular breaks for carers, and supporting all models of care.
- We will work with our partners in the third and independent sector to deliver services that are collaborative.
- We will ensure our financial viability is considered in any transformation work identified.

The changes we need to make	What will success look like?	Where do we want to be in 2026
<b>Alcohol and Drug Strategy</b> – we will amplify the voice of lived and living experience of those affected directly by alcohol and drug use and their family members.	Continued development of the ADP’s Lived Experience Panel. Peer led advocacy service has a sustainable model including the use of volunteers. Improvements to the alcohol treatment system.	A sustained lived/living experience panel (including family members) with coproduction approaches in place for the development of ADP strategy, policy and service development.
<b>Carers Strategy</b> – we will complete a review and update of our short breaks service statement, and commission a significant increase in the support for unpaid carers to access breaks from their caring role(s).	An increase in the range and format of short breaks, personalised support, and other initiatives that are available to carers, including regular micro-breaks and self-directed support provided for carers.	Our approach to short breaks is fully aligned to the duties within the Carers Act, National Carers Strategy, and National Care Service and other aligned strategies and policies.
<b>Carers Strategy</b> – we will commission a full independent audit and impact assessment of our approach to supporting carers.	Completion of an independent audit which will inform future planning.	Carers will have access to high quality information at a time and place that best meets their needs, and enables them to make positive choices regarding their caring role.
<b>Carers Strategy</b> – we will encourage and support carers to look after their own health and well-being.	Increased opportunities for carers to improve their knowledge and understanding of preventative care, and positive choices for their own health and wellbeing.	Improved outcomes for carers, and a reduction in any negative impact of their caring role on the carer’s own health and wellbeing.

## Sustainable continued...

The changes we need to make	What will success look like?	Where do we want to be in 2026
<b>Carers Strategy</b> – we will review and update our existing eligibility criteria in accordance with national developments including the National Carers Strategy.	Development of an approach to support carers which is outcome focused, person-centred and considers the views and experiences of carers.	An improvement in people’s experience of support for carers in Fife, as evidenced by positive feedback and increased user satisfaction.
<b>Dementia Strategy</b> – we will complete a comprehensive review of dementia services, and engage with service users, carers and partner agencies to identify local needs and aspirations.	Development of a robust Dementia Strategy which incorporates both national and local requirements for people living with dementia, their families, and carers.	An improvement in people’s experience of dementia support and services in Fife, as evidenced by positive feedback and increased user satisfaction.
<b>Dementia Strategy</b> – we will develop plans to ensure all public spaces in Fife meet the Dementia Friendly Standard.	Dementia Friendly Plans implemented in all public access areas managed by Fife Health and Social Care Partnership.	Dementia Friendly Scheme embedded across all public places in Fife.
<b>Dementia Strategy</b> – we will complete a full review of current pathways to social and medical support for everyone who is living with dementia.	A dedicated team will be established to review current pathways, and develop solutions that expand the scope, scale and availability of support for people with living with dementia.	Improved health and wellbeing outcomes for people living with dementia, their families, and carers.
<b>Learning Disability Strategy</b> – we will develop a Workforce Plan for the full range of Learning Disability Services, from anticipatory through to complex.	Workforce Plan for full range of learning Disability Services developed and implemented	A relevant and skilled workforce that provides successful and resilient social care services for people with learning disabilities is established.
<b>Mental Health Strategy</b> – we will develop additional and alternative services that meet national requirements, support local needs and support improvement in the mental health of individuals and local communities.	Mental Health and Wellbeing multi-agency hubs are set up in each of the seven localities.	An integrated community-based system which supports mental health and wellbeing, ensures access to the right service, in the right place, at the right time, and supports people to live independent and healthy lives.



# Wellbeing - A Fife where we will support early intervention and prevention



- We will support people to develop and maintain the knowledge to manage their own health conditions, make positive choices, and lead healthier lives.
- We will actively promote opportunities and knowledge in our citizens and staff that support reducing the risk of harms, and give individuals confidence to look after their health, to the best of their abilities.
- We will promote prevention, early intervention, and harm reduction.

The changes we need to make	What will success look like?	Where do we want to be in 2026
<b>Alcohol and Drug Strategy</b> – we will continue to develop assertive outreach and retention approaches and improve follow up protocols and pathways into treatment from hospital, A&E, custody, prison and other statutory provision.	A reduction in the number of people affected by drug related, and alcohol specific, harm and death. Improving access to residential rehabilitation provision by promoting new pathway developments.	National Treatment Measure met and sustained. Increased use of residential rehabilitation places for those in priority groups. Fully embedded Hospital Liaison Service across all sites
<b>Alcohol and Drug Strategy</b> – we will work with partners to protect children, young people and families as part of a targeted early intervention/prevention approach to address deprivation, poverty and stigma.	Evidence of collaborative and shared care approach between the ADP’s families, children and young people’s service/Kinship care and adult treatment. Lowering indicators of alcohol and drug harm indicated in health and wellbeing measures for children and young people.	Greater integration between family services and adult treatment and support service. Adult Family Support service fully embedded into applicable provision with family groups/support in all areas of Fife.
<b>Alcohol and Drug Strategy</b> – we will continue to develop a safe, accessible, effective and human rights-based system of care, treatment and support for all people seeking recovery in line with the Medication Assisted Treatment Standards.	A reduction in the number of people affected locally in Fife by drug related, and alcohol specific, harm and death. An increase in people trained (from non-drug services) to carry and distribute take home naloxone (THN).	The Medication Assisted Treatment Standards fully implemented in the ADP system of care as measured by processes, numerical and experiential measures. National Treatment in Target Measure met and sustained.



# Wellbeing continued...

The changes we need to make	What will success look like?	Where do we want to be in 2026
<b>Mental Health Strategy</b> – we will improve access to mental health services.	A reduction in referral times for mental health services, and an increase in the number of referrals offered to individuals.	An improvement in people’s experience of access and availability of Mental Health Services in Fife evidenced by positive feedback and increased service user satisfaction.
<b>Mental Health Strategy</b> – we will re-establish the Mental Health Strategic Implementation Group to ensure key stakeholder involvement, and an integrated approach, is established across Mental Health Services.	Development of a dynamic and effective feedback loop that includes patients, service users, families, carers and wider stakeholder groups.	Alignment with national strategies for Suicide Prevention, Self Harm, and the over-arching Mental Health Strategy for Scotland.
<b>Mental Health Strategy</b> – we will analyse the patient journey to inform strategic service improvement and development of a stepped care model.	Development of a stepped care model, where the most effective, yet least resource-intensive treatment is provided first, from first contact through to highly specialised psychiatric care and treatment.	All service development will be trauma informed, and developed with people who have lived experience, ensuring that co-production is central to service delivery.
<b>Prevention and Early Intervention Strategy</b> – we will develop a life course approach which values and improves the health and wellbeing of both current and future generations.	Implementation of a life course approach (which highlights key life stages and experiences) to the prevention and management of long-term conditions.	An integrated, person-centred, life course approach is embedded across Fife.
<b>Prevention and Early Intervention Strategy</b> – we will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.	Increased opportunities for people to improve their knowledge and understanding of health and lifestyle choices, leading to more positive outcomes.	Preventative care is fully embedded in care services across Fife.
<b>Prevention and Early Intervention Strategy</b> – we will improve data collection and management, ensuring that our resources are deployed effectively.	An increase in the number of conditions that can be successfully addressed at an early stage, leading to reduced pressure on acute services.	An improvement in health and wellbeing outcomes for the people in Fife.
<b>Prevention and Early Intervention Strategy</b> – we will ensure inclusive and equitable access to care across Fife.	More support available with personalised support to prevent escalation of need as the first line of prevention.	People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.



# Outcomes - A Fife where we will promote dignity, equality and independence



- We will work with partners, staff, local communities, and individuals, to challenge sources and biases towards inequality.
- We will, as appropriate, target specific actions to support communities and individuals most at risk of harm from inequalities.
- We will actively work to improve health and wellbeing outcomes across Fife.

The changes we need to make	What will success look like?	Where do we want to be in 2026
<b>Advocacy Strategy</b> – we will complete an extensive gap analysis of our Advocacy Service provision and identify measures that will improve access and availability of Advocacy Services in Fife.	Completion of a gap analysis of Advocacy Service provision which will inform future planning for Advocacy Services.	An improvement in people’s experience of access and availability of Advocacy Services in Fife evidenced by positive feedback and increased service user satisfaction.
<b>Advocacy Strategy</b> – we will work in partnership with Fife Advocacy Forum and other advocacy organisations to develop an effective communication strategy and raise awareness of Advocacy Services using a wide variety of communication methods.	Development and delivery of a robust communication strategy and an effective awareness raising campaign.	More people will be aware of what advocacy is, how it can benefit them, what advocacy services are available and how to access them. Evidenced through an increase in the number of referrals to advocacy organisations.
<b>Advocacy Strategy</b> – we will review our Service Level Agreements with local advocacy providers to ensure that these are fully reflective of the aims and objectives of the Advocacy Strategy and incorporate any necessary changes in policy, legislation, and guidance.	Completion of a review of Service Level Agreements with advocacy providers and development of a new SLA template where appropriate.	Service Level Agreements will be in place with advocacy providers (as appropriate) that are reflective of the Advocacy Strategy and current policy, legislation and guidance.
<b>Carers Strategy</b> – we will ensure that our health and social care workforce have the skills, knowledge and confidence to identify, support, and involve, carers in accordance with legislative requirements and current best practice.	Relevant training on identifying and effectively supporting carers has been provided across the health and social care workforce.	Carers are able to access the support and assistance to which they are entitled, and encouraged to balance their caring activities with a meaningful quality of life beyond their caring role(s). Carers’ Adult Carer Support Plans will be prepared within published timescales.

## Outcomes continued...

The changes we need to make	What will success look like?	Where do we want to be in 2026
<b>Learning Disability Strategy</b> – we will complete a needs assessment of people with learning disabilities, and identify measures that will improve people’s experiences and satisfaction.	Completion of a needs assessment of people with learning disabilities which will inform future planning.	An improvement in people’s experience of the Learning Disability Service in Fife as evidenced by positive feedback and increased user satisfaction.
<b>Learning Disability Strategy</b> – we will co-produce a plan for service redesign and investment in Learning Disability Services in Fife.	Current service provision has been mapped, and a gap analysis of service capacity (informed by the needs assessment) has been completed.	Re-design of Learning Disability Services completed and implemented.
<b>Prevention and Early Intervention Strategy</b> – we will assess existing service provision and identify both current and future requirements.	Completion of gap analysis, and improved range of service interventions available.	Improved outcomes evidenced for individuals and their families, as evidenced by positive feedback and increased user satisfaction.
<b>Primary Care Strategy</b> – we will recover and transform services to reduce backlogs of care and unmet need with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system.	Individual wellbeing and outcomes are optimised through building enabling relationships with people and focusing on continuity of care, supported self managements and asset-based approaches.	More seamless pathways between primary care, secondary care, third and independent sectors, underpinned by a system and place-based approach with the person engaged and involved in their care when possible.
<b>Primary Care Strategy</b> – we will embed and accelerate digital solutions to support recovery and underpin transformation of primary care.	An environment that is more supportive of digital health innovation to improve and enhance care delivery.	Digital solutions will be embedded and underpin the care delivery models.
<b>Primary Care Strategy</b> – we will contribute to improving population health and wellbeing and reducing health inequalities.	Primary Care Services recognise the needs of people whose lives are negatively affected by inequalities, isolation, and the wider social determinants of health, and actively support a reduction in the inequalities of access to care.	A localities based approach to the transformation of Primary Care Services in Fife that ensures services are co-designed with communities to better meet the needs of people, families, and carers.



# Integration – A Fife where we will strengthen collaboration and encourage continuous improvement



- We will champion collaboration and continuous improvement, enabling our workforce to be responsive and innovative.
- We will manage our resources effectively to increase the quality of our services and provide them to those individuals and communities most at need.
- We will continue the development of an ambitious, effective, and ethical Partnership.

The changes we need to make	What will success look like?	Where do we want to be in 2026
<b>Advocacy Strategy</b> – we will work in partnership with our advocacy providers to review eligibility criteria with a view to expanding the range of people who are eligible to receive advocacy services.	Completion of a review of eligibility criteria to advocacy services ensuring that the criteria are fit for purpose and are inclusive of all equality groups.	Provision of eligibility criteria across Fife which meets the full range of advocacy service requirements as well as meeting our legal obligations, including the Equality Act and Fairer Scotland Duty.
<b>Advocacy Strategy</b> – we will renew our independent professional advocacy contract to ensure provision of a comprehensive independent advocacy service which adheres to our legislative requirements and aligns with the priorities within our Advocacy Strategy.	Refresh and renewal of the Partnership’s Advocacy Contract in accordance with current, and identified future needs.	Delivery of a comprehensive professional independent advocacy contract which adheres to legislative requirements and meets the advocacy needs of the people of Fife.
<b>Learning Disability Strategy</b> – we will develop and implement a fully integrated health and social care Learning Disability Service.	An increase in the support and life opportunities available for people with learning disabilities.	Implementation of a fully integrated Health and Social Work Learning Disability Service.
<b>Primary Care Strategy</b> – we will work in partnership to develop an integrated Workforce Plan to support the capacity and capabilities required across all Primary Care Services.	Our primary care workforce is extended, more integrated, and better co-ordinated with community and secondary care.	A sustainable primary care workforce delivering the right care, to the right people, at the right time and by the right person.

## Integration continued...

The changes we need to make	What will success look like?	Where do we want to be in 2026
<p><b>Primary Care Strategy</b> – we will improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality Primary Care Services.</p>	<p>Investment in premises and management support that enables expansion of the multidisciplinary teams within primary care to better manage demand, create capacity, and support localities to operate at scale.</p>	<p>Services are developed and delivered at scale, with improved planning, infrastructure, delivery, and person-centred practice that supports individuals and communities.</p>
<p><b>Re-imagining Third Sector Commissioning</b> – we will develop an outcome focussed approach, incorporating gap analysis, to commissioning that aligns with the Partnership’s Strategic Plan.</p>	<p>All Third Sector Commissioning Services are aligned to the HSCP strategic priorities and reflect the needs of local people.</p>	<p>An outcome focussed approach to commissioning which supports all partners to work effectively together to create innovative, sustainable, support solutions, aligned to strategic priorities and local needs.</p>
<p><b>Strategic Planning Group</b> – we will oversee the development and implementation of the Strategic Plan, and provide advice to the IJB on national policy and requirements.</p>	<p>Increased compliance with legislative and statutory requirements relating to the development and implementation of the Strategic Plan including the Integration Delivery Principles.</p>	<p>The Strategic Plan has delivered transformational change that is person-centred, community based, and effectively uses available resources to support health and well-being improvements for the people of Fife.</p>

# Partnership Working

## Commissioning Strategy

Fife Health and Social Care Partnership is committed to meeting the health and social care needs of the people in Fife by providing access to high quality, flexible, and responsive, care and support services that meet our vision and mission, maintain our values, and promote good practice standards. These services are delivered via a combination of direct support from the Partnership, or on our behalf by external providers in the voluntary or independent care sectors.

Our commissioning activity is governed by procurement legislation known as the Public Contracts (Scotland) Regulations 2015. The regulations relating to the procurement of social care services allow for a more flexible and creative approach to the purchase of these services known as the 'light-touch' regime. As such the Partnership has more scope to choose the procurement methodology most suited to the market. We will strengthen relationships and work collaboratively with our procurement partners in Fife Council and NHS Fife to deliver on our contracting and commissioning requirements. Our contracting and commissioning activity will encompass a commitment to Community Wealth Building, sustainable and ethical purchasing, and the climate change agenda which will be embedded in our purchasing processes, approach, and decisions.

The Partnership will maximise opportunities for collaborative commissioning with the aim of improving services, outcomes, processes, and efficiency. Our contracting and commissioning activity will support the Partnership's strategic priorities and aspirations as well as the delivery of transformational change.

34 For more information visit [www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)

To achieve this we will:

- Build on our existing approach by refreshing and developing a new Commissioning Strategy 2023 to 2026, which will focus on delivering Best Value (quality and cost) and working with care providers to provide high quality care that promotes choice and independence in line with our legislative requirements and our governance framework.
- Increase the number of individuals who are able to receive appropriate and effective care in their home environment for longer.
- Increase the choice and availability of social care services through implementing digital solutions where appropriate, adopting a Community Wealth Building approach, and by working with our external care providers to develop sustainable social care services.
- Build on our existing good working relationships with the voluntary and independent sector care providers and demonstrate a continual commitment to partnership working as well as ensuring that feedback from those who use, and those who deliver, social care services is at the heart of our development and improvement plans.
- By 2026, ensure that robust and high-quality care provision is available at the right time and in the right place to enable people to live independent and healthier lives in their own home, and within their own community.

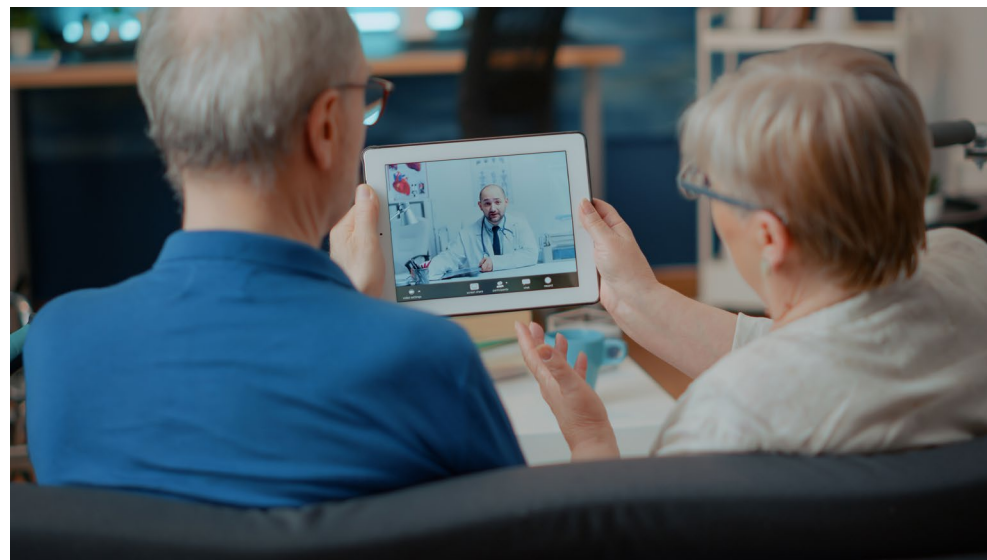
## Digital Strategy

Our **Digital Strategy** sets out our priorities and plans for the next three years. We will actively promote digital solutions across the Partnership to deliver health and social care services. This will include increasing the number of consultations delivered using video conferencing, the use of self-assessment tools and other digital solutions, and will ensure that digital solutions and alternative models of care are fully embedded across all relevant health and social care services.

We will also provide training and support to maximise opportunities for technology enabled care, empowering individuals to successfully manage their own care and wellbeing. This will be evidenced by an increase in the uptake of technologies such as telehealth, telecare, telecoaching and self-care applications, and ensure that technology enabled care services are available and accessible, enabling value maximisation and improved models of care for our patients and services users.

## Risk Strategy

The IJB has a **Risk Management Strategy** and Framework in place to support delivery of the Strategic Plan. This is currently under review, following the review of the Integration Scheme, to ensure it remains up to date, fit for purpose and effective. The Risk Management Strategy facilitates robust risk management, analysis, audit, and reporting within the Health and Social Care Partnership. A strategic risk register identifies the key risks to delivery of the Strategic Plan and is regularly reported to the IJB and governance committees. The risk register will be updated to take account of the strategic priorities within this plan.



## Local Housing Strategy

Our **Local Housing Strategy 2022 to 2027** sets out outcomes and actions within the following five priority areas which will help us achieve our vision to 'Provide housing choices for people in Fife':

- Ending Homelessness
- More Homes in the Right Places
- A Suitable Home
- A Quality Home
- A Warm Low Carbon Home

Our key priorities include meeting the requirements of the Prevention of Homelessness Duty, and working together to meet the housing needs of Housing First customers. These activities will ensure that people are provided with suitable and sustainable housing options, and increase the number of individuals who are prevented from becoming or being homeless. All key services will have a clear Prevention of Homelessness Duty embedded into their plans and any service users who wish to go down the Housing First Pathway will be supported to do so.

We will also build additional Extra Care Housing, and develop new models of Supported Housing to increase the number of Extra Care and Supported Housing accommodation available in Fife. For example, Care Villages that fit the needs of local communities will be established in Methil, Cupar and Anstruther.





## Financial Framework

The IJB continues to operate in uncertain times, facing significant budget challenges and pressures. It is therefore important to develop an aligned resource strategy including a clear financial framework which will support delivery of the strategic plan within the finite resources available.

Our **Medium-Term Financial Strategy (MTFS)** sets out the resources available and ensures they are directed effectively to help deliver the outcomes of the Strategic Plan. The MTFS will quantify the challenges over the next three years, with an aspiration to extend this to a 10-year plan. The strategy will inform decision making and actions required to support financial sustainability in the medium term. It estimates any financial gap between resources available and those required to meet our strategic ambitions for the people of Fife, and therefore highlights areas of financial pressure. The MTFS details plans to bridge the budget gap, including proposals for achieving efficiency and redesign savings, and it sets out the medium-term transformational change required to allow us to work closely with partners to deliver services in the most effective way whilst balancing the budget.

There are national priorities which will have investment from the Scottish Government, and there will be additional areas that where we will deliver care or introduce digital solutions that align with our vision of enabling people to live independent and healthier lives. These improvements will generate financial savings and inform our Medium Term Financial Strategy ensuring sustainable services and

person-focused care for the people of Fife.

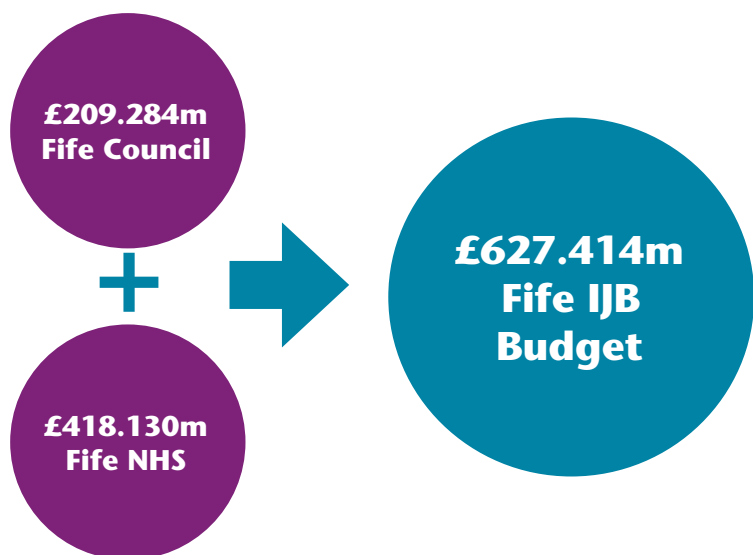
The MTFS identifies measures required to address the financial challenge, these include:

- Ensuring Best Value - ensure the best use of resources
- Whole system working - building strong relationships with our partners
- Prevention and early intervention - supporting people to stay well and remain independent
- Technology first approach - to enhance self-management and safety
- Commissioning approach - developing third and independent sectors
- Transforming models of care - to support people to live longer at home, or a homely setting
- Prescribing - reduce medicines waste and realistic prescribing

Demand for health and social care services is increasing, and our finances are under significant pressure. This means that we need to make the best use of our restricted budgets and resources by redesigning services and doing things differently. Robust financial management is a key priority, we will also explore options to achieve efficiencies by improving our systems and processes, for example through better coordination of services or providing alternative delivery models. All of our supporting strategies are linked to the MTFS, this ensures that all transformational programmes and planned improvements align with current budgets and support our financial vision.

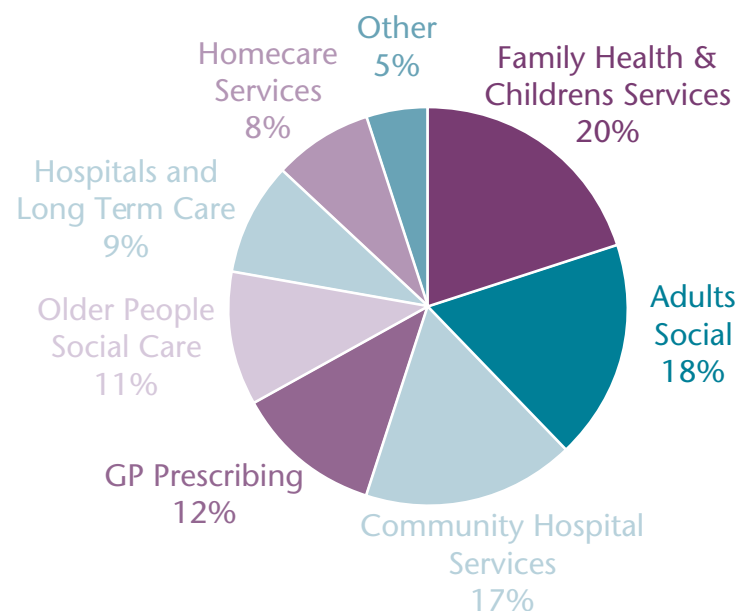
## Budget Position

Functions are delegated to the IJB and it is the responsibility of Fife IJB to best utilise these resources in line with the Strategic Plan. Our funding comes from contributions from our partner organisations to the IJB Budget – the 'Fife IJB pound'. For 2022-23 the contributions to Fife IJB budget are:



Further non-recurring allocations are received in year for specific priorities. The Annual Budget paper was presented to the IJB Committee on 25 March 2022. The paper presented a balanced budget, which was set for one year only. However, a 3-year focus was maintained, recognising the significant financial challenge that lies ahead and ensuring decisions made when setting the budget

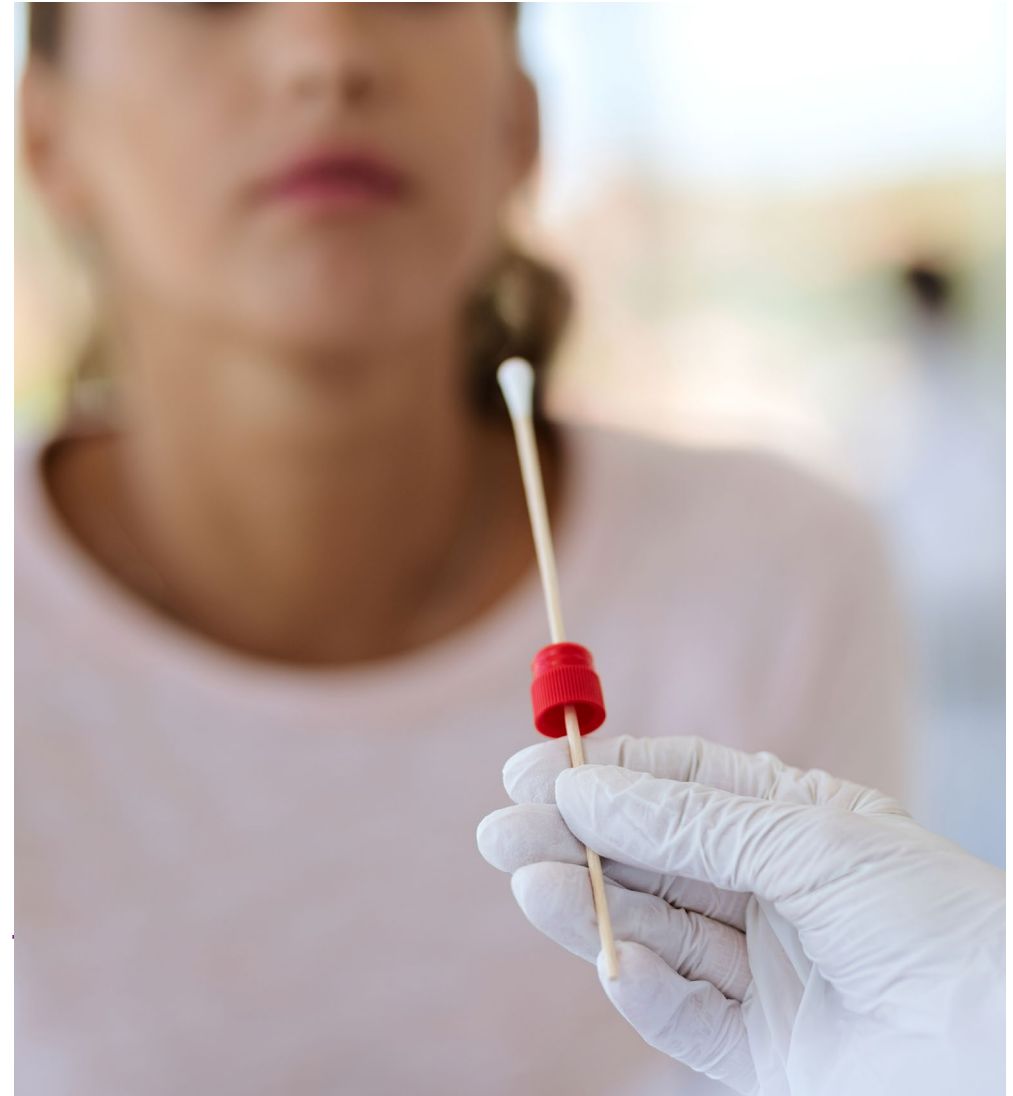
gave consideration to any longer-term consequences. The budget for 2022-23 has been allocated for use as follows:



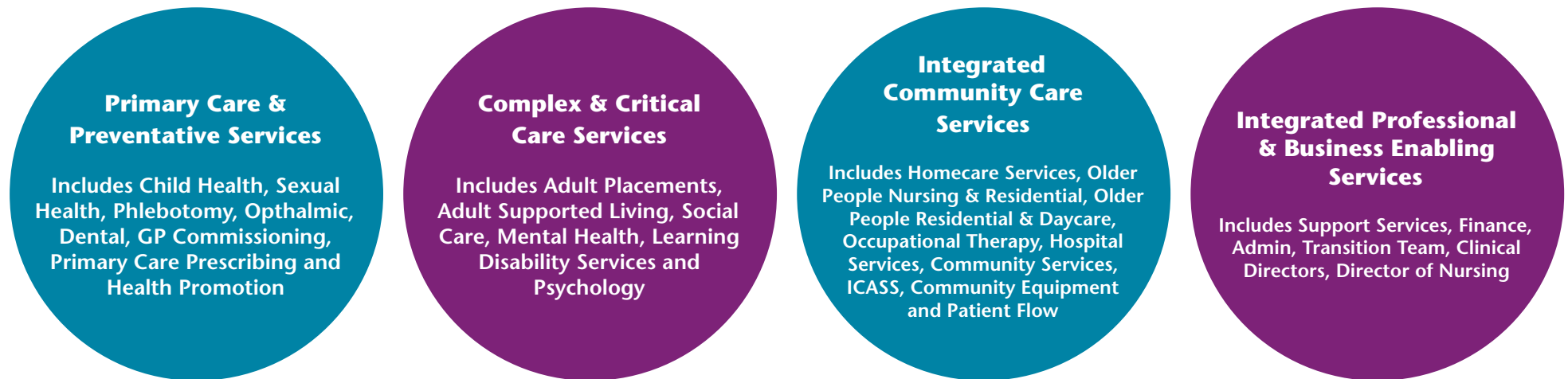
Additional funding received from Scottish Government for investment has been included in the baseline position. The funding was received to invest in services by increasing capacity in the community, reduce delays in hospitals and investment in a sustainable third sector workforce with a commitment to the living wage.

There are additional demands on budgets from an ageing population, rising costs, remobilisation, and recovery of services as we move out of the pandemic and deal with the financial effects of Brexit. The Annual Budget paper sets out the estimated gap between funding available and funding required and sets out savings targets required. Where transformation of the services we deliver will be required in future years to ensure sustainability this is noted. The Annual Budget paper should be read in conjunction with the MTFS.

April 2021-22 was the first year since inception of the IJB where funds were brought forward to be held in reserve. This was the result of late funding received from Scottish Government in February 2021 and a surplus on our core position. Our policy states an ambition to maintain a prudent level of uncommitted reserves of 2% of budgeted expenditure, to create a contingency to cushion the impact of unexpected events or emergencies. Whilst this level of reserve will allow flexibility, this must be proportionate and take cognisance of the level of savings required to be delivered and should be kept under regular review. Most of the late funding received was earmarked or ring-fenced, to be used specifically for projects or to fund ongoing expenditure relating to the coronavirus pandemic. However an uncommitted balance of 1% of total budget was held in reserve at April 2021, rising to 2% at April 2022



The Partnership has undergone significant change and a new structure of service provision was implemented, effective from June 2021. Services delegated to the IJB and managed by the HSCP are reflected in this diagram:



The Partnership is committed to delivering services within the financial resources that are available and strives to do this while transforming the services which it delivers. The transformational change programme spans the entirety of the Partnership's business and requires the Partnership to look at what services are delivered, how they are delivered, and where they are delivered from.

There has been significant investment and a Transformation Team has been created and formal governance put in place to review and approve all transformation work. The Team has developed a series of programmes and projects, covering areas such as mental health, digital and home first (which aligns to service users being able to live longer healthier lives at home or in a homely setting). The programmes will measure improvements in both outcomes and quality of services. Financial benefits will also be tracked; benefits such as cost avoidance through prevention and early intervention, efficiency savings from providing more cost-effective services, and cashable savings from completely transforming services.

## Transformation and Change Portfolio

The Home First Programme aims is to ensure that Fife citizens are able to live longer, healthier lives at home, or in a homely setting. This will be achieved by creating a person-centred, single-point-of-access, with multi-disciplinary reviews of individual needs, and earlier decision making.

The Near Me Programme will implement a secure and easy-to-use video conferencing solution for Adults and Older People Social Work. The technology supports digital appointments, enabling multi-disciplinary consultations with individuals and family members who may not be available to attend local face-to-face meetings.

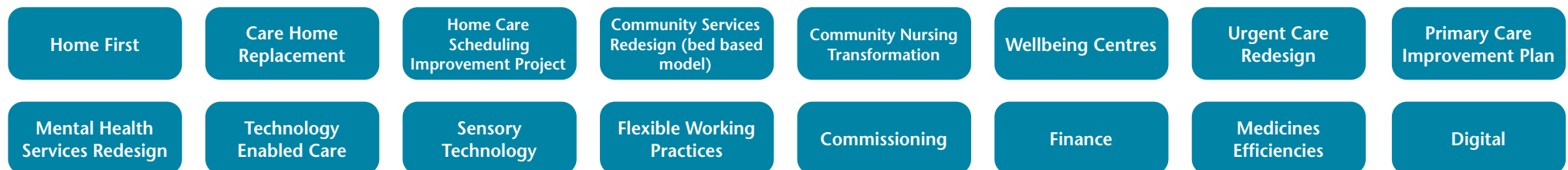
The Fife Primary Care Improvement Plan builds on the core strengths and values of general practice (expertise in holistic, person-centred care) and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership.



## Portfolios



## Programmes



## Workforce Strategy

### Plan

We will develop pathways that set out career progression, succession planning and retention to support our workforce that is representative of the communities we serve and continue to develop integrated services in the hearts of our communities.

### Attract

We will increase our workforce through a range of integrated actions to recruit talent through innovations in youth employment, apprenticeships, employability programmes, and marketing across the whole partnership.

### Train

We will work with all partners to create an integrated approach to training across the Partnership including 'growing our own pathways' to provide the qualifications and training to develop our existing workforce.

### Employ

We will continue to work in Partnership with employers across the statutory, third and independent sectors to meet the requirements of Fair Work and strengthening multi-disciplinary models within health and social care.

### Nurture

We will continue to listen to and learn from our workforce about what matters to them through the iMatter annual survey and working with our Local Partnership Forum to promote the mental health and wellbeing of our people through an improved culture and investing in our leadership.

The fundamental ambition of our **Workforce Strategy for 2022 to 2025** is to inspire our workforce to strive to achieve the best outcomes for the people of Fife, to assure our workforce that their wellbeing is at the heart of our leadership approach and that they are supported within their workplace, wherever that is, across the whole of our Partnership.

The strategy recognises that we need to continue our successful day to day delivery of services alongside our leadership of change for tomorrow.

To meet this ambitious vision, we will provide the leadership and organisational development needed to support our personal team, service and system improvement needed to meet our future challenges.

Key to the sustainability of our services is developing a skilled workforce with career choices. This includes a focus on nurturing our organisational culture in parallel with transformation in systems, processes and structures, and a commitment to integrated working.

The strategy sets out our ambition to deliver a range of actions critical to Fife's recovery from the coronavirus pandemic, within the wider context of addressing inequalities and making a continued shift to early intervention and prevention.



## Participation and Engagement Strategy

Participation is central to the work of the Health and Social Care Partnership with the people of Fife. We are committed to listening to people and taking views into account to achieve the best possible outcomes for everyone.

The **Participation and Engagement Strategy** sets out the principles, and approaches for participation work across all Adult Health and Social Care Services in Fife. This Strategy will help us not just to listen, but also to act on the thoughts and feelings of the public on health and social care services, and to use feedback as part of ongoing quality and service improvement.

The Participation Team will provide an important service in helping teams and services across the health and social care partnership to develop their participation practice.

The Partnership wants to see Teams and Services using a participation review process to reflect on their practice and ensure that the views of carers, those who use adult health and social care services, individuals, families, and communities, are used to the greatest effect.

Over the next three years the Participation and Engagement Strategy aims to:

- set out the Partnership's approach to participation and engagement with stakeholders across Fife.
- define the principles of the approach to engagement.
- acknowledge the different communities within Fife and the need to tailor our approach to maximise engagement opportunities.
- define the different levels of engagement with the Partnership.
- outline the local and Fife wide engagement structures we need to develop so that people can engage with these structures.
- deliver an action plan to implement and improve our approach to participation and engagement.



# Mainstreaming Equality

Fife Health and Social Care Partnership is committed to promoting dignity, equality and independence for the people of Fife. Our Strategic Plan and collection of supporting strategies will ensure that we continue to work effectively with partners, local communities, and individuals, to challenge sources of inequality such as discrimination, harassment and victimisation, and to promote equality of opportunity for all.

Our equality outcomes include:

- Improved collection and use of equality data, including protected characteristics, to support service planning and delivery, and promote mainstreaming of equality rights.
- Individuals with lived experience of inequality and exclusion will have more opportunities to get involved and share their views, concerns, and suggestions for improvement across the Partnership.
- Increased collaboration with communities and partners that have experience and expertise working with groups that have a protected characteristic, leading to improved health outcomes for individuals, their families and carers.
- Greater diversity and an inclusive workforce culture, with employees from all backgrounds and cultures reporting that they feel increasingly valued.
- Improved understanding and better relations between individuals and groups who share a protected characteristic, and those who do not.

Further information about our equality outcomes, and our commitment to integrate equality into the day-to-day working of the Partnership is available on our website: [www.fifehealthandsocialcare.org/publications](http://www.fifehealthandsocialcare.org/publications)



# Children's Community Health Services

Article 24 of the United Nations Rights of the Child (UNCRC) states that all children have a right to good quality health care, clean water and good food, and that children and young people's health should be as good as possible.

Fife Children Services Plan sets out how partner agencies will work together to promote, support, and safeguard the wellbeing of children and young people. By putting children, young people, and their families at the centre of our vision, values, and principles we can ensure that we meet our ambition.

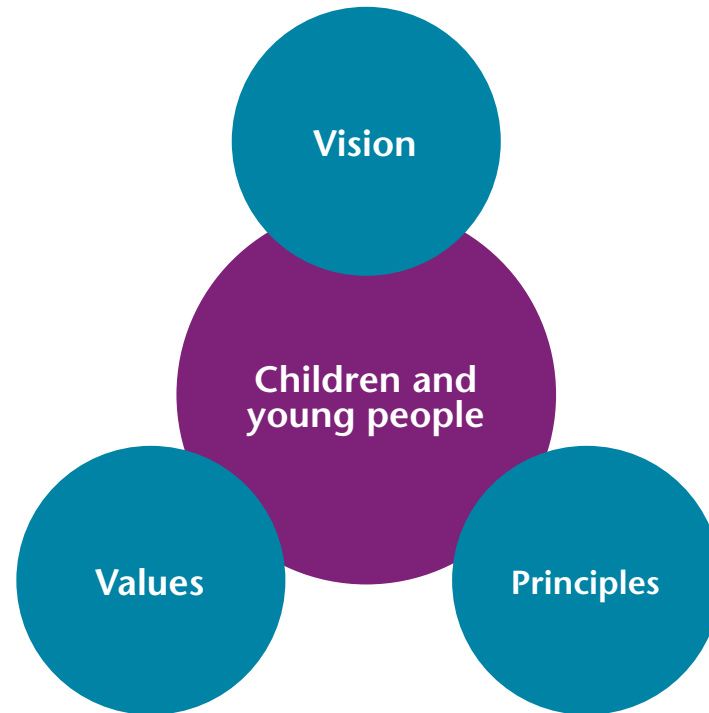
Following the findings of an Independent Care Review in 2020, Scotland made a Promise to care experienced children and young people: **You will grow up loved, safe and respected.** And by 2030, that promise, must be kept.

The Promise underpins our work. This means ensuring that the voice of children and young people is heard, valuing families, ensuring appropriate care and supporting staff. It also means ensuring that help, support, and accountability is there when it is needed to enable all children to grow up loved, safe and respected by their families.



### Children Services Vision:

Making Fife a place where every child and young person matters



### Children Services Values:

- Compassion
- Ambition
- Respect
- Collaboration
- Integrity

### Children Services Principles:

- A targeted response
- Trauma informed and nurture approaches
- Choice and participation
- Mitigate the impact of poverty

Our key priorities are:

- **Delivering the Promise** - improve the experiences and outcomes of those who experience care, are on the edge of care, and have additional needs to support them to live safely at home, for example listening to the views of care experienced young people about our services and making any changes required to improve.
- **Supporting wellbeing** - promote and support the emotional, mental and physical wellbeing of children and young people, for example we will support parents and carers to maintain healthier options such as reducing smoking and increasing breastfeeding (where appropriate).
- **Closing the equity gap** - improve opportunities and choices for children and young people who experience barriers to good health and wellbeing, for example increasing access to income maximisation advice and looking for ways to minimize the impact of poverty on children's access to healthcare.
- **Promoting children's rights** - ensure that the rights of children are embedded into practice across all services, for example ensuring that the voice of the child, their family and carers is heard in service redesign, and reducing appointment waiting times.

The work of Children Services is underpinned by the following guidance and legislation:

*Children and Young People (Scotland) Act 2014:*  
[www.legislation.gov.uk/asp/2014/8/contents/enacted](http://www.legislation.gov.uk/asp/2014/8/contents/enacted)

*Getting It Right For Every Child (GIRFEC):* [www.gov.scot/policies/girfec/](http://www.gov.scot/policies/girfec/)

*The Promise:* <https://thepromise.scot>

*National Guidance for Child Protection:* [www.gov.scot/publications/national-guidance-child-protection-scotland-2021/](http://www.gov.scot/publications/national-guidance-child-protection-scotland-2021/)

*Child Poverty (Scotland) Act 2017 and Tackling Child Poverty Delivery Plan 2018-2022:* [www.legislation.gov.uk/asp/2017/6/contents/enacted](http://www.legislation.gov.uk/asp/2017/6/contents/enacted)

*United Nations Convention on the Rights of the Child:* [www.gov.scot/publications/implementing-united-nations-convention-rights-child-introductory-guidance/documents/](http://www.gov.scot/publications/implementing-united-nations-convention-rights-child-introductory-guidance/documents/)

# Governance and Assurance

## Clinical and Care Governance: Quality Matters Assurance

The highest standard of care delivery is the responsibility of everyone working in Fife Health and Social Care Partnership, and is built upon partnership and collaboration across health and social care teams to ensure the best outcomes and experiences for the population of Fife.

The management of risk underpins all operational activities and services, and to this end, services are required to have robust risk management procedures in place throughout the organisation.

Five key principles of clinical and care governance:

- Clearly defined governance functions and roles are performed effectively
- Values of openness and accountability are promoted and demonstrated through actions
- Informed and transparent decisions are taken to ensure continuous quality improvement
- Staff are supported and developed
- All actions are focused on the provision of high quality, safe, effective, and person-centred services.

Structures are in place to provide assurance that clinical and care governance is discharged effectively within the partnership whilst meeting the statutory duty of the quality of care delivered using a person centred, rights-based approach, which is underpinned by adopting the Integration Governance Principles: “How Do You Know”?

Services:

- Use patient, service user, and carer feedback to ensure that people are at the centre of everything that we do
- Ensure that the protection and enhancement of equality and human rights are core service values central to care delivery
- Monitor and review key quality outcome data to provide assurance on the quality of care delivered, and to inform and prioritise quality improvement activity to prevent and reduce avoidable harm for patients and service users of Fife
- Ensure that key learning is derived from multiple sources including local/national data, adverse incidents, inspections, national reports, professional bodies etc.
- Ensure that relevant clinical and care standards are robustly implemented across the Partnership
- Ensure that evidence-based quality improvement care processes are robustly implemented.

# National Care Service

In Fife we **CARE** about...

**Co-producing** your care pathway with you, building on your strengths and preferences.

**Anticipating** the support, you will need and making sure that it's available before your situation escalates.

**Respecting** your rights in all the work we do with you.

**Empowering**, encouraging and enabling you, and those with care for you, to have a say in any decision-making about your needs.

In 2020 the Scottish Government initiated an Independent Review of Adult Social Care in Scotland. The purpose of the Independent Review was to identify improvements for adult social care, primarily in terms of the outcomes achieved by, and with, people who use services.

The Independent Review was completed in January 2021, and a key recommendation was the establishment of a National Care Service, which will be accountable to Scottish Ministers, with services designed and delivered locally. The Scottish Government has started to design the new National Care Service and Fife Health and Social Care Partnership will be involved in this work.

It is expected that the National Care Service will be in place by 2026.

You can find out more about the National Care Service on the Scottish Government website: [www.gov.scot/policies/social-care/national-care-service/](https://www.gov.scot/policies/social-care/national-care-service/)

50 For more information visit [www.fifehealthandsocialcare.org](https://www.fifehealthandsocialcare.org)



# Legislation and References

*The Public Bodies (Joint Working) (Scotland) Act 2014 is available here: [www.legislation.gov.uk/asp/2014/9/contents/enacted](http://www.legislation.gov.uk/asp/2014/9/contents/enacted)*

*The National Health and Social Care Health and Wellbeing Outcomes are available here: [www.gov.scot/publications/national-health-wellbeing-outcomes-framework/](http://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/)*

*The Public Health Priorities for Scotland are available here: [www.gov.scot/publications/scotlands-public-health-priorities/pages/1/](http://www.gov.scot/publications/scotlands-public-health-priorities/pages/1/)*

*The Scottish Government has information on the coronavirus pandemic here: [www.gov.scot/coronavirus-covid-19/](http://www.gov.scot/coronavirus-covid-19/)*

*This is a link to the National Records of Scotland website: [www.nrscotland.gov.uk/statistics-and-data](http://www.nrscotland.gov.uk/statistics-and-data)*

*Information about the National Care Service is available here: [www.gov.scot/policies/social-care/national-care-service/](http://www.gov.scot/policies/social-care/national-care-service/)*

*The Scottish Government's Medication Assisted Treatment Standards are available here: [www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/](http://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/)*

*This is a link to the national report, Preventing Homelessness in Scotland: [www.crisis.org.uk/media/244558/preventing-homelessness-in-scotland](http://www.crisis.org.uk/media/244558/preventing-homelessness-in-scotland)*

*The Plan for Fife 2017 to 2027 is available here: [www.fife.gov.uk/\\_\\_data/assets/pdf\\_file/0027/164574/Plan-for-Fife-2017-2027.pdf](http://www.fife.gov.uk/__data/assets/pdf_file/0027/164574/Plan-for-Fife-2017-2027.pdf)*

*Further information about the strategic planning process in Fife, including opportunities to get involved in consultations or other engagement events, is available on our website: [www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)*

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>1 March 2023</b>
<b>Title:</b>	<b>Getting it Right for Everyone Pathfinder</b>
<b>Responsible Executive:</b>	<b>Nicky Connor, Director of Health and Social Care</b>
<b>Report Author:</b>	<b>Dougie Dunlop, Interim Social Work Lead</b>

## 1 Purpose

**This report is presented to the Public Health & Wellbeing Committee for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan
- 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 NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

In November 2022 the Government announced that it is rolling out a new development programme called Getting It Right for Everyone (GIRFE). The aim of the programme is to establish a national integrated practice framework to assist Health and Social Care Partnerships in developing joint working within Partnerships. Fife is an identified as a pathfinder site for families with complex needs and transitions. This report provides both information and assurance to the Public Health and Wellbeing Committee that Fife is engaged in this work and that findings will report to committee when available.



## 2.2 Background

The government have defined GIRFE as being a multi-agency approach of support and services from young adulthood to end of life care. It intends that GIRFE:

- will build on existing adult best practice and GIRFEC
- will provide a national practice model to embed inter-agency working
- will not replace the framework for Community Health and Social Care Integrated Services but provide a model to deliver the framework that supports person centered outcomes.

The indicative timescale for the project is that by May 2023 pathfinders will work collectively to co-design the framework of GIRFE, that new practice models will begin to be implemented by from June 2023 with a full national implementation by 2025

This timescale has been extended from the original target of March /April 2023 due to recognition of the complexities of some of the issues involved and the current pressures facing Partnerships across the country. It may be that this timescale is extended further.

## 2.3 Assessment

GIRFE Pathfinder work is being rolled out by way of pathfinders across the country covering five themes covering:

- People in prisons
- People in addiction services
- Older people and frailty
- **Families with complex needs/ transitions**
- Deep end GP practices

The Pathfinders involve eleven Partnerships across the country and Fife has been selected as one of the Partnerships taking forward the theme relating to **families with multiple and/or complex needs, and young people in transition from GIRFEC to GIRFE.**

This theme ties into the recent inspection of services and allows us to build on the work of the inspection, which enabled us to have a good understanding of what works well and what would benefit from further development. It is a significant opportunity for Fife to be at the forefront of the development of greater integrated practice across Scotland.

Although the Pathfinder in Fife is limited initially to one area of practice it is anticipated that the changes emerging from the work, once established, will be expanded to cover all areas of partnership activity during the period of the Pathfinder.

The Government have stated that they wish co-design to be at the heart of the approach to developing GIRFE. They have established a “design school” led by the ‘Office of the

Chief Designer' within government to assist pathfinder areas in taking this work forward and a series of events are underway to shape the approach.

The importance of co-design means that mechanisms for engagement with all those potentially involved are at the centre of the process and that changes will be informed by the real world experience of staff, partners and people in receipt of support, care or treatment.

The change process outlined within the methodology for Pathfinders covers three stages: "Understand- Imagine- Agree". The current work undertaken within Fife has focused on the "Understanding" stage and a detailed programme of engagement has been drawn up. This includes establishing eight dedicated GIRFE engagement groups as well as linking with existing processes to make sure that we are able to capture a full range of views from all those involved.

The outcome of the work in this stage will then feed into the "Imagine- Agree" phase when new processes and approaches to this work will begin to be established.

The overall aim of the project is to make receipt of support feel more seamless for people and for them to gain easier accessibility to the range of provision that helps them in their daily lives.

For staff this will mean processes are developed that contribute towards greater integrated support with a clearer understanding of how the different parts of the partnership can work together in delivering this.

As the recent inspection noted, most of the people who receive support from the partnership in Fife feel that services already work well together and that this is enhanced where there is an effective key worker role in place. These positive findings give us a strong foundation to work from in developing the work of this pathfinder and in helping us to take the next step to more effective services.

Fife has assembled a significant team to take this work forward covering all aspects of the Partnerships activity and involving colleagues from Children and Families social work service and Education.

### **2.3.1 Quality / Patient Care**

Participation within the pathfinder will assist the partnership in developing practice which will directly benefit the care of people using our services through the improvement of integrated practice through the development of the integrated care model.

### **2.3.2 Workforce**

The proposal is design to assist staff in providing best possible care to people in receipt of services by creating a clear framework for integrated practice that can be understood and implemented by all partners.

### 2.3.3 Financial

There are no additional funds provided by the government to assist participation in the pathfinder, the learning will therefore require to inform local redesign and transformation plans aligned to the strategic plan.

### 2.3.4 Risk Assessment / Management

The pathfinders are designed to complement existing legal and policy frameworks in this area.

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

An impact assessment has not been completed as the proposals form part of the Partnership's general approach to provision of services

### 2.3.6 Climate Emergency & Sustainability Impact

The proposal is unlikely to have any impact on the climate emergency. It is believed through the integrated care model that an improvement in sustainable and seamless services will be achieved.

### 2.3.7 Communication, involvement, engagement and consultation

In preparation for the implementation of the Pathfinder communication and consultation will take place with all relevant stakeholders

### 2.3.8 Route to the Meeting

- HSCP SLT Assurance (Formal) Meeting on 12/12/22
- EDG on 16th February 2023.

## 2.4 Recommendation

- The Public Health and Wellbeing Committee are asked to take **Assurance** that Fife are engaged in this national multi-agency work in relation to Getting it Right for Everybody and that a further report will come to committee following reporting of initial learning of the national pathfinder work anticipated Autumn 2023.

## 3 List of appendices

None.

### Report Contact

Dougie Dunlop, Interim Social Work Lead Email: [dougie.dunlop@fife.gov.uk](mailto:dougie.dunlop@fife.gov.uk)

**Meeting:** Public Health and Wellbeing Committee  
**Meeting date:** 1 March 2023  
**Title:** Progressing Children's Rights  
**Responsible Executive:** Nicky Connor, Director of Health & Social Care Partnership  
**Report Author:** Heather Bett, Interim Senior Manager /  
Dr Lorna Watson, Consultant in Public Health

## 1 Purpose

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

- Assurance

This report relates to:

- Government policy / directive
- Legal requirement

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

- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to provide assurance and update to the Public Health & Wellbeing Committee around the United Nations Convention on the Right's of the Child (UNCRC) and outline the further considerations that are being explored to support the organisations readiness for legislation change.

### 2.2 Background

**Children's Rights and Legislative/Policy Context:**

The UNCRC (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1 September 2020. The purpose of the Bill was to bring the UNCRC into Scots law and to put in place measures to achieve a culture of everyday accountability for children's rights across public services in Scotland. The UNCRC Bill would make Scotland the first country in the UK to directly incorporate the UNCRC into domestic law.

The new UNCRC Bill was passed unanimously by the Scottish Parliament on 16 March 2021, but could not be made law because of a legal challenge brought by UK Government Law Officers. The Supreme Court has subsequently ruled that certain parts of the Bill fall outwith the competence of the Scottish Parliament. However, work is still progressing and it is expected new legislation will be passed early in 2023. **This would make it unlawful for public authorities to act incompatibly with the incorporated UNCRC**

## **requirements, giving children, young people and their representatives the power to go to court to enforce their rights.**

The UK signed up to the UNCRC which came into force in January 1992 and is the global gold standard for children's rights. The 54 UNCRC articles set out the multifactoral rights that all children are entitled to. The articles are wide-ranging and cover a number of areas including health, education, leisure and play, social security, child labour, children in care and juvenile justice. The articles can be found here: [UNCRC Articles Archive - The Children and Young People's Commissioner Scotland \(cypcs.org.uk\)](#) and details are shown in a 7 minute briefing in Appendix 1.

The UNCRC applies from **birth to age 18** and supports the role of families, parents, and carers. Policies and services which affect adults, or the general population, directly and indirectly affect families, children, and young people. There are particular barriers to realising rights for specific groups such as children with disability, children in poverty, and looked after children.

The UNCRC is about a change in culture and a change in how organisations work to value and respect children's rights. In Scotland it is recognised that outcomes are unnecessarily poor for many children and families who face disadvantage and whose rights are not upheld. Decisions in adult or whole population services and resource allocation may directly or indirectly affect children. The biggest challenge is to widen understanding of children's rights in policy or service areas not solely concerned with children and young people.

Section 2 of the Children and Young People (Scotland) Act 2014 already requires public authorities to report every 3 years on the steps taken to secure better or further effect the requirements of the UNCRC.

As well as taking steps to incorporate UNCRC into Scots Law the government has:

- Set out an action plan to help children and young people experience their rights.
- Is using the Child Rights and Wellbeing Impact Assessment (CRWIA) to ensure that their policies and legislation protect and promote the rights and wellbeing of children and young people.
- Reporting on their progress to Parliament [Children's Rights and Wellbeing Impact Assessment guidance - gov.scot \(www.gov.scot\)](#).

Ensuring that UNCRC underpins other national child policy approaches such as Getting it Right for Every Child (GIRFEC) and The Promise (Independent Care Review).

## **2.3 Assessment**

Realising Rights is a strategic priority in the Fife Children's Service Plan [Fife-CS-Plan-2021-23-v2.pdf](#), in which NHS Fife is a full partner.

The Child Health Commissioner for NHS Fife (Dr Lorna Watson, Public Health) has a role in championing and promoting children's rights and attends the Child Health Management Team (CHMT), linking to national work.

The Children Services Partnership Group has established a multiagency rights group, which NHS Fife is part of, considering UNCRC. This developed a 'Children and Young People's Engagement and Participation Framework' to support services to consider how they can engage children and young people in decision making processes.

This group will develop and publish the 3 year report which will set out Fife's progress over the last 3 years and will include a young person friendly version.

The group is also focused on embedding the use of a Children's Rights and Wellbeing Assessment tool to ensure meaningful involvement of children and young people in the design and delivery of all services across the Fife Partnership.

Within NHS Fife/ HSCP work began in 2015 to promote and support Children's Rights, and it has been a strategic priority for the CHMT since that time. The CHMT reports to the Primary and Preventative Care Governance Group in FHSCP and leads on strategic matters concerning children across NHS Fife/FHSCP. It has representation from services including HSCP and Acute Services.

Appendix 2 gives examples of good practice of work undertaken by this group.

In 2022 CHMT refocused its priorities in relation to children's rights and set the aim of ensuring that the rights of children are embedded into practice and evidencing co-production with children, young people and families when planning their care and supporting service development.

The HSCP published its participation and engagement strategy in August 2022 ([HSCP-participation-and-engagement-plan-2022.pdf \(fifehealthandsocialcare.org\)](https://www.fifehealthandsocialcare.org/files/2022/08/HSCP-participation-and-engagement-plan-2022.pdf)) and the Children and Young People's engagement and participation framework will dovetail with this strategy. Working with the Locality Planning groups will ensure that the voices of children and families are heard.

#### **Areas for further work to be led by CHMT:**

- A whole systems approach to integrate children's rights across Fife Health and Social Care Partnership/NHS Fife as it is important that a consistent, co-ordinated approach is taken. There are implications for policy, strategy and service delivery, including adult services. This will require cross organisational strategic leadership. For example, when policies are updated ensuring there is compatibility with UNCRC.
- Ongoing work in the NHS Fife Health and Wellbeing Strategy and FHSCP Prevention and Early Intervention Strategy should be underpinned by UNCRC principles.
- Reporting on UNCRC including impact and outcomes for children, young people and families.
- Undertaking training needs analysis to identify workforce competencies in this area and identify a resource to support capacity building opportunities.
- Further work to join up the EQIA process to determine when a separate detailed Children's Rights Impact Assessment (CRWIA) is required.
- There may be particular implications for adolescent healthcare, i.e. those aged 16 and 17 who access adult services.
- Communications, including on relevant websites about UNCRC.

An example of an area for improvement is in relation to NHS Fife's Patient Access Policy GP/P8 which is currently adult centric. Article 24 of the UNCRC states that a child has a right to health care but the current policy does not reflect that children's health needs are different to adults and consideration needs to be given to those needs when managing children not brought to all appointments.

In addition, the implementation of the proposed National Child Complaint Procedure may bring implications for NHS Fife complaints handling procedure.

### **2.3.1 Quality / Patient Care**

Implementing the UNCRC will increase quality and care for children and families.

There may be particular groups of young people whose voice may need to be heard, for example young carers in line with the HSCP Young Carers Strategy. Actions taken by adult services may impact on the outcomes of this particular group, and by considering their views this impact may be minimised.

### **2.3.2 Workforce**

A competent and informed workforce across FHSCP and NHS Fife is required to ensure that all staff acknowledge that children's rights are integral to everyday practice (for example Articles 3 & 4). Training and resources will be required at all levels. Use of the CRWIA across NHS Fife and the FHSC Partnership is an example of what is likely to result in a training need.

### **2.3.3 Financial**

Article 26 states that my family should get the money they need to help bring me up.

The HSCP have commissioned CARF to provide a money talks team to support income maximisation. The delivery of a financial inclusion referral pathway ensures that all Midwives, Health Visitors, and Family Nurses have the skills, knowledge and confidence to ask all pregnant women and families with young children about money worries.

All staff in the above services are trained in income maximisation and signposting families.

### **2.3.4 Risk Assessment / Management**

There is a risk that when the UNCRC is incorporated into Scots law and Children's Rights are not embedded in practice there may be challenges by children or their family with regard to their access to services if they believe this breaches their human rights. As an example, delays in treatment, waiting times and access to services may be challenged.

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

There is overlap with the Equality Duties and Protected Characteristics in the Equality Act. Further work is needed on when to conduct a separate in depth CRWIA. Implementing the UNCRC will reduce the structural disadvantages experienced by different groups of children and young people across public services, and should therefore directly reduce health inequalities.

It is proposed that a CRWIA is added to this section of papers considered by Senior Managers.

This would ensure that all services took account of their impact on children and would improve the ability to report on progress.

The Equality and Diversity Strategy Group has agreed that children's rights will be reported to them.

### **2.3.6 Climate Emergency & Sustainability Impact**

N/A.

### 2.3.7 Communication, involvement, engagement and consultation

Communication about UNCRC and rights should be included on the NHS Fife website and FHSCP websites. Partnership work includes the third sector and a rights based approach may strengthen the voice of those served by third sector organisations.

Within Children's Services, Service Managers and practitioners are committed to ensuring that participation with children and young people is embedded into day to day practice. The analysis of evaluation forms from young people and families shapes and informs future practice and enables the identification of where service improvements are required.

### 2.3.8 Route to the Meeting

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

- SLT (Business) 06/02/2023
- NHS Fife Equality and Diversity Group – February 2023
- EDG 16<sup>th</sup> February 2023

## 2.4 Recommendation

- **Assurance** on the work being progressed to support NHS Fife's Readiness to meet the requirements of the anticipated new legislation United Nations Convention on the Rights of the Child (UNCRC) including good practice example and that a session being held by the Executive Directors group to explore more fully the areas of development outlined in this paper aligned to the organisations for equality and Equality and Diversity.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 - 7 minute briefing on UNCRC
- Appendix 2 – Examples of good practice

### Report Contact

Heather Bett

Interim Senior Manager

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## 7 Minute Briefing



# Children's Rights

## 4 Our Duty / Commitment

From 1 April 2017, all public authorities must report every three years on the steps they have taken to implement the UNCRC.

There is a strong commitment to involving children and young people in preparing the Children's Rights reports, ensuring these are accessible to children, young people, families and other stakeholders.

## 1 Background

The Children and Young People (Scotland) Act 2014 places a duty on public authorities to uphold and promote the Rights of the Child in line with the United Nations Convention on the Rights of the Child (UNCRC).

The UNCRC provides a comprehensive statement of the rights of children. It has 54 articles that cover all aspects of a child's life and explains how public services must work together to ensure that the rights of all children are recognised and given effect.

## 5 The Children's Rights Impact Assessment Tool (CRWIA)

The Scottish Government's vision is that all children's rights are embedded in all aspects of society. CRWIAs follow normal Equality Impact Assessment (EQIA) practice, using UNCRC principles. The CRWIA should be used to identify research, analyse and record the impact of a proposed law or policy on children's rights and wellbeing. It should be used on all new legislation and policy which impacts children, not just children's services. Even if your policy area has nothing to do with children and young people directly, all new policies must be assessed. Fife Children's Services has developed a framework that provides guidance for staff to undertake both CRWIAs and engagement and participation work with children and young people.

## Appendix 1 7 minute briefing on UNCRC from 2019

## 2 UNCRC Guiding Principles

The UNCRC is underpinned by four guiding principles which are general requirements for all children's rights:

1. Non-discrimination (article 2)
2. Best interests of the child (article 3)
3. Right to life, survival and development (article 6)
4. The right of children to express their views and have them taken into account (article 12).

## 6 Engagement and Participation

Article 12 of the UNCRC states that every child has the right to be heard in matters affecting them, and to participate in the life of their family, community and society. We have to apply this article on a daily basis.

Fife Children's Partnership framework follows best practice principles, particularly the 7 Golden Rules of Participation which support professionals, children and young people to work together.

1. Understand my rights
2. A chance to be involved
3. Remember – it's my choice
4. Value me
5. Support me
6. Work together
7. Keep in touch

## 3 Optional Protocols

As well as the 54 articles, there are also three Optional Protocols that strengthen the UNCRC and add further unique rights for children:

1. Sale of children, child prostitution and child pornography.
2. Children in armed conflict
3. Communications procedure

## 7 Monitoring

It is essential to record the anticipated impact of any proposed law, policy or measure on children's rights and wellbeing. This can help to inform and meet our duties.

- Consideration should be given to
- how children and young people will be informed of the changes
  - how the policy will contribute to the wellbeing of children and young people
  - how ongoing engagement and participation will be embedded into the project
  - how the policy will be further implement UNCRC in Scotland.

## Examples of good practice

ARTICLE	TEAM	WORK BEING DONE
<b>Article 19 I have the right to be protected from being hurt or badly treated</b>	Child Protection Team	<p>The Child Protection team have a Fife-wide remit to support staff to meet their responsibilities in relation to protecting children and young people. The team work collaboratively with partner agencies, Children's Services and the wider organisation to provide expertise, strategic leadership and quality improvement to reduce the risk of significant harm to children and young people.</p> <p>At strategic level, the Lead Nurse and the Lead Child Protection Consultant Paediatrician are members of the Child Protection Committee and other strategic groups both within health and the wider Health &amp; Social Carer Partnership.</p>
	Health Visiting Family Nurse Partnership Community Nursing	<p>The Graded Care Profile (version 2) was introduced to the Health Visiting, Family Nursing and Children and Young Peoples' Community Nursing workforce last year to equip the workforce with the skills and tools to be able to assess and recognise neglect. The majority of the health visiting service, for example, are now trained and have started using this recognised tool developed by the NSPCC. The GCP2 enables us to consider Article 19 (children must be kept safe from harm) and Article 27 (children have the right to a safe place to live, food and clothing and be able to take part in things they enjoy).</p>
<b>Article 26 My family should get the money they need to help bring me up/</b>	Children's Services Midwifery Health Promotion	<p>All staff are trained in income maximisation and sign post families to services.</p>

ARTICLE	TEAM	WORK BEING DONE
<p><b>Article 27 Right to a standard of living that is good enough to meet physical, social and mental health needs</b></p>	<p>Children's Services Midwifery Health Promotion</p>	<p>Work on child poverty and income maximisation in health services: Midwives and Health Visitors offer all clients access to financial advice on benefits and the Money Talks team in Citizen's Advice and Rights Fife contacts women who wish to take this up and gives dedicated advice. This releases several hundred thousand pounds in benefits to those in child poverty priority groups and work is ongoing to look at expanding the model to other NHS children's services.</p>
	<p>Health Visiting Family Nurse Partnership Community Nursing</p>	<p>The Graded Care Profile (version 2) was introduced to the Health Visiting, Family Nursing and Children and Young Peoples' Community Nursing workforce last year to equip the workforce with the skills and tools to be able to assess and recognise neglect. The majority of the health visiting service, for example, are now trained and have started using this recognised tool developed by the NSPCC. The GCP2 enables us to consider Article 19 (children must be kept safe from harm) and Article 27 (children have the right to a safe place to live, food and clothing and be able to take part in things they enjoy).</p>

ARTICLE	TEAM	WORK BEING DONE
<p><b>Article 12 Every child has the right to have a say in all matters affecting them, and to have their views taken seriously.</b></p>	<p>Health Visiting/ Family Nurse Partnership:</p>	<p>The 'Voice of the infant' tool is implemented within the Health Visiting &amp; Family Nursing Partnership Service and considered in all assessments and decision making when reflecting in what infants are telling us. It allows practitioners to place the focus on the infant, to ensure the child is always at the centre in line with GIRFEC. It prevents suppositions of what an infant's emotional wellbeing might feel for them and supports analysis when describing what a child is saying through their behaviour.</p>
	<p>Children and Young People's Community Nursing Service (CYPCNS):</p>	<p>CYPCNS cater for children and young people with a high complexity of need, meaning that several activities of daily living can be affected, including communication. Staff work with children and young people in a variety of settings, including home, school and clinic settings, where all staff promote the inclusion of the young person's views and wishes during the planning and delivery of care using appropriate communication tools.</p> <p>An example of this is the routine creation of personalised, illustrated social stories and picture boards which can be used to inform young people of any care planned or even just their next activity. Often a young person's wishes can only be ascertained through observation of behaviours and facial expressions in response to individual situations or social stories / picture boards and staff are skilled in gaining insight into a young person's preferences through this. It is important that staff remain fairly constant to enable them to get to know and understand a young person and how they communicate and although this has been challenging over the last year, in the main has been achieved. However, how a young person communicates along with any preferences that have been ascertained is always documented in their care plan.</p>
	<p>School Nursing Service</p>	<p>Following engagement with young people attending Fife's Secondary schools, NHS Fife's School Nursing Service launched a text messaging service in response to the feedback. The feedback identified an expressed need from the young people for direct access to the Service for their self identified health needs. The text messaging service was launched in November 2022 and has been well received.</p>

ARTICLE	TEAM	WORK BEING DONE
Article 12 contd/...	Child Protection	The Child Protection team seek parent / carer and user feedback in relation to medicals to support children's rights and the voice of the child.
	Neonatal Service	<p><b><u>Use of CRWIA with development of a SOP</u></b></p> <p>Children's services were asked to support the development of a neonatal BCG Standard Operational Procedure along with midwifery and paediatric nursing. After the Standard Operating Procedure had been completed it was sent for approval along with an EQIA. We requested that a CRWIA was also completed so the impact on babies could be assessed independently of the EQIA.</p>

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>1 March 2023</b>
<b>Title:</b>	<b>Integrated Performance &amp; Quality Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Bryan Archibald, Head of Performance</b>

## 1 Purpose

**This is presented to the Public Health & Wellbeing Committee for:**

- Assurance
- Discussion

**This report relates to:**

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

This report informs the Public Health & Wellbeing (PHW) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is generally up to the end of December 2022, although there are some measures with a significant time lag and a few which are available up to the end of January.

### 2.2 Background

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

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23, and this streamlines local reporting for governance purposes with quarterly national reporting to the Scottish Government.

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

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

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

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

## 2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2022/23 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July.

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

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

In response to an action at the January meeting, a 'deep-dive' in relation to CAMHS and Psychological Therapies Waiting Times has been undertaken and the findings are summarised at the foot of the report.

### **2.3.1 Quality/ Patient Care**

IPQR contains quality measures.

### **2.3.2 Workforce**

IPQR contains workforce measures.

### **2.3.3 Financial**

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

### **2.3.4 Risk Assessment/Management**

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

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

Not applicable.

### **2.3.6 Climate Emergency & Sustainability Impact**

Not applicable.

### **2.3.7 Communication, involvement, engagement and consultation**

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

The Public Health & Wellbeing extract of the February IPQR will be available for discussion at the meeting on 1 March.

### **2.3.8 Route to the Meeting**

The IPQR was ratified by EDG on 16 February and approved for release by the Director of Finance & Strategy.

## **2.4 Recommendation**

The report is being presented to the Public Health & Wellbeing Committee for:

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

## **3 List of appendices**



- Appendix 1 – IPQR

**Report Contact**

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# **Fife Integrated Performance & Quality Report**

## **PUBLIC HEALTH & WELLBEING**

**Produced in February 2023**

# Introduction

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The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI).

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR for the Public Health & Wellbeing Committee comprises the following sections:

- a) Corporate Risk Summary**  
Summarising key Corporate Risks and status.
- b) Indicatory Summary**  
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c) Projected & Actual Activity**  
Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.
- d) Assessment**  
Summary assessment for indicators of continual focus.
- e) Performance Exception Reports**  
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

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

**MARGO MCGURK**  
Director of Finance & Strategy  
16 February 2023

Prepared by:  
**SUSAN FRASER**  
Associated Director of Planning & Performance

## a. Corporate Risk Summary

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

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




### Summary Statement on Risk Profile

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

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

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

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

Movement Key	
	Improved - Risk Decreased
	No Change
	Deteriorated - Risk Increased

## b. Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Dec-22	39	○	▲	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	TBD	Month	Dec-22	37.0%	●	▼	▼	●
	HSMR	N/A	Year Ending	Jun-22	0.99	●	▲	▲	●
	Inpatient Falls	6.91	Month	Dec-22	7.50	○	▼	▲	●
	Inpatient Falls with Harm	1.65	Month	Dec-22	2.07	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Dec-22	1.22	○	▼	▲	●
	SAB - HAI/HCAI	18.8	Month	Dec-22	3.2	○	▲	▲	● QE Sep-22
	C Diff - HAI/HCAI	6.5	Month	Dec-22	13.0	○	▼	▼	● QE Sep-22
	ECB - HAI/HCAI	33.0	Month	Dec-22	22.7	○	▲	▲	● QE Sep-22
	S1 Complaints Closed in Month on Time	80%	Month	Dec-22	48.7%	○	▲	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Dec-22	17.9%	○	▲	▲	● 2021/22
	S2 Complaints Opened in Month and Closed On Time	N/A	Month	Dec-22	18.4%	○	▲	▲	●
Operational Performance	IVF Treatment Waiting Times	90%	Month	Dec-22	100.0%	●	◀▶	◀▶	●
	4-Hour Emergency Access	95%	Month	Jan-23	69.6%	○	▲	▼	● Dec-22
	Patient TTG % <= 12 Weeks	100%	Month	Dec-22	50.3%	●	▼	▼	● Sep-22
	New Outpatients % <= 12 Weeks	95%	Month	Dec-22	45.8%	●	▼	▼	● Sep-22
	Diagnostics % <= 6 Weeks	100%	Month	Dec-22	53.3%	●	▼	▼	● Sep-22
	18 Weeks RTT	90%	Month	Dec-22	68.6%	●	▲	▼	● QE Sep-22
	Cancer 31-Day DTT	95%	Month	Dec-22	94.4%	○	▼	▼	● QE Sep-22
	Cancer 62-Day RTT	95%	Month	Dec-22	65.8%	○	▼	▼	● QE Sep-22
	Detect Cancer Early	29%	Year Ending	Mar-22	22.2%	●	▼	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Jan-23	94.1%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Jan-23	10.5%	●	▲	▲	● QE Jun-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Jan-23	5.3%	○	▲	▲	● QE Jun-22
	Antenatal Access	80%	Month	Dec-22	86.1%	●	▼	▲	● CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Dec-22	(£22.6m)	●	▼	—	●
	Capital Resource Limit Performance	£29.5m	Month	Dec-22	£20.7m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Dec-22	7.85%	○	▼	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Jan-23	32.3%	●	▼	—	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Sep-22	143	●	—	▼	● Q/E Jun-22
	CAMHS Waiting Times	90%	Month	Dec-22	59.3%	○	▼	▼	● QE Sep-22
	Psychological Therapies Waiting Times	90%	Month	Dec-22	73.8%	○	▼	▼	● QE Sep-22
	Drugs & Alcohol Waiting Times	90%	Month	Nov-22	96.7%	●	▼	▲	● QE Sep-22
	COVID Vaccination (Autumn/Winter Booster, Age 65+)	80%	Month	Jan-23	89.6%	●	▲	—	●
	Flu Vaccination (Age 65+)	80%	Month	Jan-23	87.8%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Sep-22	94.4%	○	▼	▼	● QE Sep-22
Immunisation: MMR2 at 5 Years	92%	Quarter	Sep-22	88.4%	○	▼	▼	● QE Sep-22	

**Performance Key**

Green	on schedule to meet Standard/Delivery trajectory
Yellow	behind (but within 5% of) the Standard/Delivery trajectory
Red	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

		Quarter End	Quarter End	Quarter End	Month End			Quarter End
		Jun-22	Sep-22	Dec-22	Jan-23	Feb-23	Mar-23	Mar-23
<b>Better than Projected   Worse than Projected   No Assessment</b> (NOTE: Better/Worse may be higher or lower, depending on context)								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	3,053	3,087	1,029	1,029	1,029	3,087
	Actual	2,878	2,996	3,146	1,022			1,022
	Variance	-158	-57	59	-7			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	18,806	19,156	6,376	6,395	6,395	19,166
	Actual	20,951	21,448	21,808	7,397			7,397
	Variance	2,384	2,642	2,652	1,021			
Urgent	Actual	10,868	11,377	11,301	3,642			3,642
	Routine	10,083	10,071	10,507	3,755			3,755
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	1,491	1,491	497	497	497	1,491
	Actual	1,550	1,608	1,678	556			556
	Variance	59	117	187	59			
Upper Endoscopy	Actual	575	630	640	238			238
Lower Endoscopy	Actual	182	191	206	64			64
Colonoscopy	Actual	738	742	770	238			238
Cystoscopy	Actual	55	45	62	16			16
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	11,988	11,988	3,996	3,996	3,996	11,988
	Actual	13,471	12,936	11,875	4,238			4,238
	Variance	1,483	948	-113	242			
CT Scan	Actual	4,083	3,989	3,619	1,262			1,262
MRI	Actual	2,936	2,923	2,654	916			916
Non-obstetric Ultrasound	Actual	6,452	6,024	5,602	2,060			2,060

## d. Assessment

### PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



High

		Target	Current
<b>Smoking Cessation</b>	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	<b>473</b>	<b>143</b>
<p>The number of successful quits in the first 6 months of the FY was 60% of the figure which would be required if the end target is to be achieved by March 2023. The number recorded in the traditionally 'slow' summer months was especially low but picked up in September. At this stage in FY 2021/22, the successful quit number was 191 (81%).</p> <p>The quit success rate in specialist services just under double that delivered by pharmacies (where the number of attempts is much higher but where there are difficulties with following up on results).</p> <p>Note that there is a significant lag in the data due to the nature of the measure (post 12-week quits) and the duration of the smoking cessation programme, so final data will not be available until around August next year.</p> <p>Two new advisors were recruited at the beginning of December, but no start date has yet been agreed (awaiting go ahead from Recruitment). The last full-time post has been approved but has been held by Redeployment. Various promotional activities have been planned such as attending a Dunfermline Athletic Football Club home match as well as the development on a TV commercial which will run at end of February into the beginning of March with the intention to drive footfall to the service. Links are being made with services at Randolph Wemyss Hospital with a new clinic set up in January.</p>			
<b>CAMHS Waiting Times</b>	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	<b>90%</b>	<b>59.3%</b>
<p>Monthly performance fell sharply in December as the measure continued to be impacted by the continuing drive to eliminate long waits. At month end, there were no children or adolescents waiting over 35 weeks for initial treatment and 93% had waited less than 18 weeks, the overall waiting list (188) was the lowest ever reported and 83.5% of patients had waited less than 18 weeks. At the end of December 2021, this figure was 66%.</p> <p>NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in December (for the quarter ending September) and was just below the Scottish average (67.1% compared to 67.9%).</p> <p>Capacity has been challenging during December and January due to staff absence and staff departures. The period of time required to backfill vacancies (approximately 4 months) will have a detrimental impact on the ability to maintain current progress. Urgent and Priority referrals continue to be prioritised with any additional capacity focussing on those waiting over 18 weeks.</p>			
<b>Psychological Therapies</b>	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	<b>90%</b>	<b>73.8%</b>
<p>Monthly performance decreased in December, due to a higher proportion of treatment starts having waited over 18 weeks. NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in December (for the quarter ending September) and was below the Scottish average (74.2% compared to 80.7%).</p> <p>The number of patients starting treatment in the first 9 months of the FY was 13% less than for the same period in FY 2021/22. This was due to 38% reduction in referrals for cCBT during this period (there is no wait for starting treatment via cCBT). The overall waiting list has reduced by 5% since December 2021 with the number of patients waiting more than 52 weeks having reduced by 17%.</p> <p><u>Workforce challenges</u></p> <p>Due to national workforce pressures we continue to experience some challenges around recruitment. We have responded to this, where possible, by making adjustments to skill mix within services. Maternity leave is currently posing a challenge as it is difficult to recruit staff to provide backfill cover. The nature of PT delivery means that the impact of any vacancy is felt for several weeks prior to the leave date, as the staff member is winding down their caseload and unable to take on new treatment starts.</p> <p>The workforce pressures which are affecting the wider mental system have reduced capacity within the CMHTs. This has impacted negatively on some aspects of adult mental health care pathways that were designed to support delivery of PTs. Plans for alternative delivery options, e.g. via increasing capacity in third sector partners, are in development but it will be some months before any new services will be operational.</p> <p><u>Clinic accommodation</u></p> <p>Lack of accommodation for clinics is posing an increasing challenge. We continue to work with colleagues from Estates to source more clinic space and are exploring the possibility of holding more evening clinics. To date we</p>			

have been able to mitigate the impact on PT performance (e.g. by staff working from home using digital delivery) but this mitigation is not appropriate/feasible for all and it risks staff wellbeing.

Adult Mental Health Psychology Service

1. After successful completion of an initial pilot of group delivery of Compassion Focused Therapy in Dunfermline, a second group will commence shortly in Glenrothes. CFT is an evidence-based approach which provides a treatment option for people with complex presentations and will increase service capacity. It complements the development of the Schema Therapy group, now mainstreamed.
2. The 2021/22 training programme to upskill the Clinical Associate staff group to work with less complex Eating Disorders presentations has been completed. Evaluation of effectiveness underway.
3. NES funding has been secured to train another Clinical Associate in specific therapy (IPT) which will increase PT delivery options.

Clinical Health Psychology Service

The increase in capacity following recruitment of 1.0wte Clinical Psychologist (external appointee) with specialist expertise in working with Functional Neurological Disorder (FND) has resulted in all patients on the General Medical Clinical Health WL having now been seen for assessment. The impact on therapy WL is now apparent with a reduction in the over 18 weeks WL from 248 in February 2022 to 144 in December 2022.

cCBT (Access Therapies Fife)

In response to a reduction in referrals (which equate to treatment starts) for cCBT in the latter half of 2022, the Psychology Service instituted a marketing campaign targeting both GPs and the public. The social media element of this, run in conjunction with NHS Fife Communications, began in November 2022. There was an immediate increase in uptake (141 cCBT starts in October and 195 in November). December referrals were impacted by the festive break but data for January shows a further increase to both the GP referral and self referral options.

<b>COVID Vaccination</b>	<i>At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination</i>	<b>80%</b>	<b>89.6%</b>
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At the end of 31<sup>st</sup> January, NHS Fife had administered the Autumn/Winter Booster Vaccination to 89.6% of the Age 65+ population. The annual target was achieved by the end of 1<sup>st</sup> November.

A key objective of the winter vaccination programme was to increase immunity in those who continue to be more at risk of severe COVID-19 and flu to prevent severe illness, hospitalisation and death. The uptake of the vaccine in the oldest age groups across Fife has been high.

<b>Flu Vaccination</b>	<i>At least 80% of the Age 65+ population will receive a Flu vaccination</i>	<b>80%</b>	<b>87.8%</b>
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At the end of 31<sup>st</sup> January, NHS Fife had administered the Flu Vaccination to 87.8% of the Age 65+ population. The annual target was achieved by the end of 2<sup>nd</sup> November.

Uptake of flu vaccine in the older age groups reflects the successes seen for COVID-19. Free flu vaccinations for those eligible have been available in community pharmacies across Fife, with some residents preferring this option.

Flu activity levels reached 'extraordinary' levels over the last 3 weeks of December (week ending to 18th December 2022 to week ending 1st January 2023), with current activity levels based on laboratory reporting now decreased to high (22.2 per 100,000 population). Achievement of the 80% target has ensured that high population coverage in the oldest age groups was achieved ahead of the peak of winter flu activity in the community.

<b>Immunisation: 6-in-1</b>	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	<b>95%</b>	<b>95.2%</b>
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The latest published data (for quarter ending September) shows that NHS Fife performance fell slightly below the target. This was the lowest figure of all Mainland Health Boards. The aim going forward is to consistently achieve the target and also improve our ranking across all Mainland Health Boards.

A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation.

<b>Immunisation: MMR2</b>	<i>At least 90% of children will receive their MMR2 vaccination by the age of 5</i>	<b>95%</b>	<b>89.9%</b>
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The latest published data (for quarter ending September) shows that NHS Fife performed below the local target for the 4<sup>th</sup> successive quarter. This was the lowest figure of all Mainland Health Boards. The aim going forward is to achieve the target and also improve our ranking across all Mainland Health Boards.

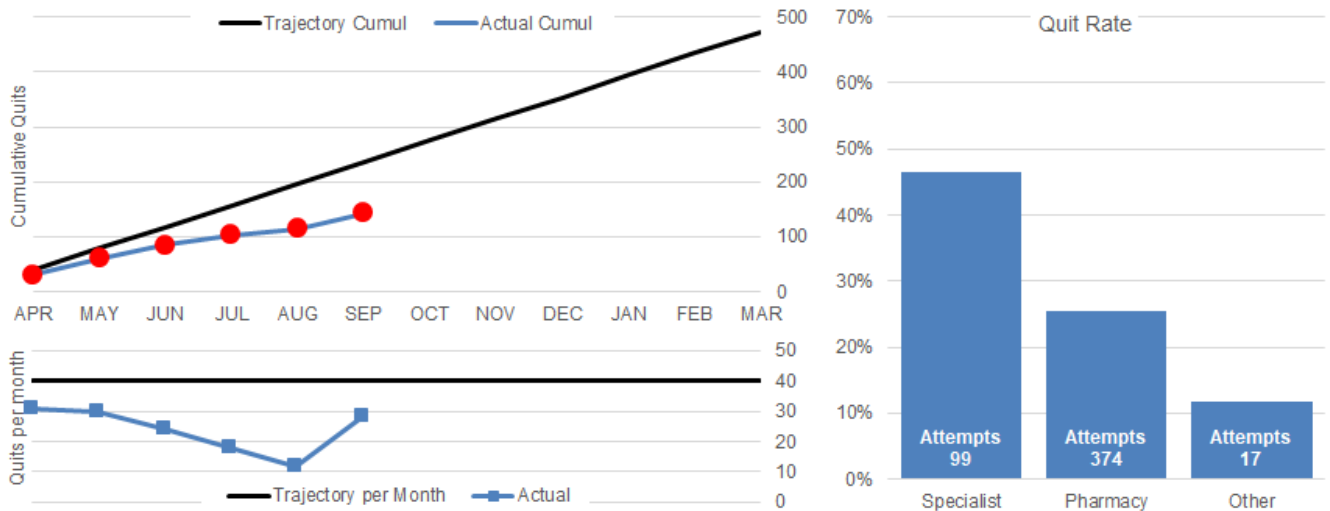
A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation.



e. Performance Exception Reports

<b>Smoking Cessation</b> <i>In 2022/23, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife</i>	Performance 143
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**Local Performance (lag due to 12-week follow-up from quit date)**



**National Benchmarking**

		2022/23											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
<b>NHS Fife</b>	Actual	31	30	24	18	12	28						
	Actual Cumul	31	61	85	103	115	143						
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	77.5%	77.2%	72.0%	65.2%	58.4%	60.6%						
<b>Scotland</b>	Achieved			62.9%									

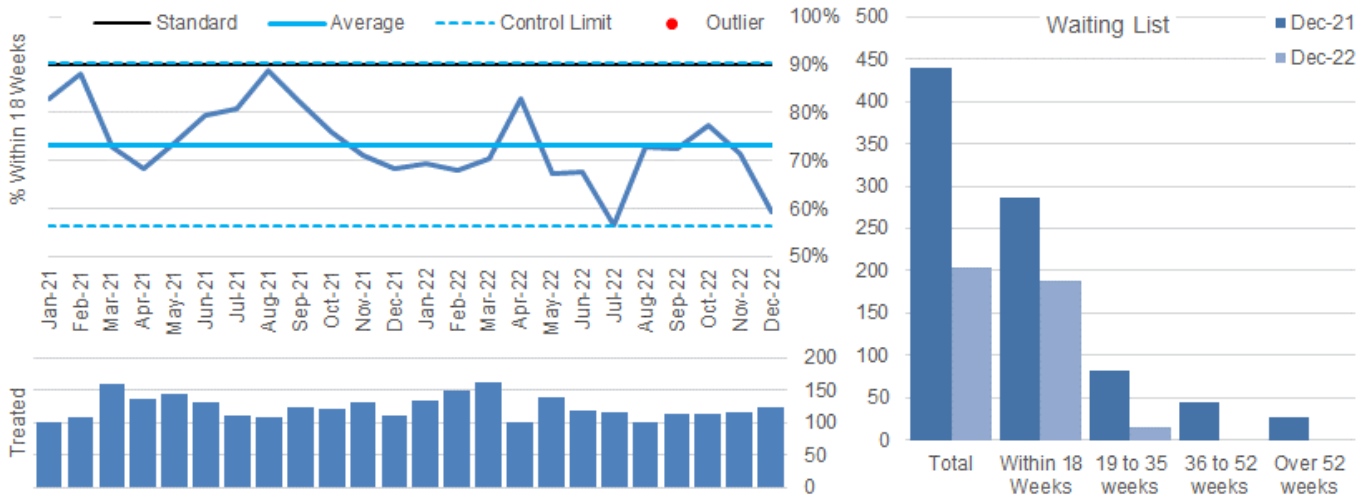
Key Deliverable		End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23		Mar-23 On track
<b>Key Milestones</b>	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-23 On track
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system	Mar-23 Complete
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment	Sep-22 Complete
	Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan	Mar-23 On track
	Remobilise out-reach service provision in most deprived communities; negotiate use of sexual health mobile unit, assess appropriate sites and permissions to park, signage	Sep-22 Complete

**CAMHS 18 weeks RTT**

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

**Performance**  
**59.3%**

**Local Performance**



**National Benchmarking**

Month	2021/22			2022/23								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	69.4%	68.0%	70.6%	83.0%	67.4%	67.8%	56.5%	73.0%	72.6%	77.2%	71.6%	59.3%
Scotland	73.9%	71.9%	73.8%	71.1%	66.7%	67.4%	67.4%	66.4%	69.3%			

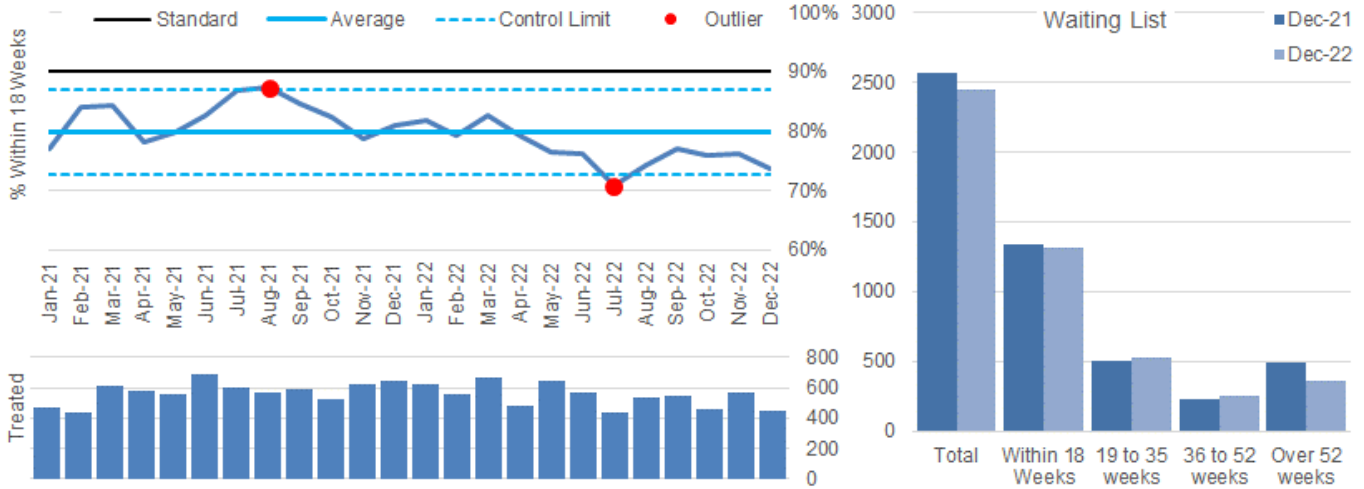
Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS		Mar-23 On track
Key Milestones	Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation which has significantly increased over the course of the pandemic	Nov-22 Complete
	Recruitment of Additional Workforce	Mar-23 On track
	Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health	Mar-23 On track

**Psychological Therapies 18 weeks RTT**

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

**Performance**  
**73.8%**

**Local Performance**



**National Benchmarking**

Month	2021/22			2022/23								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	81.8%	79.2%	82.7%	79.2%	76.5%	76.3%	70.8%	74.3%	77.0%	75.8%	76.1%	73.8%
Scotland	82.6%	82.0%	84.5%	81.2%	80.9%	82.3%	79.2%	81.6%	81.2%			

**Key Deliverable**

**End Date**

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

Mar-23  
On track

**Key Milestones**

Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service

Mar-23  
On track

Recruit new staff as per Psychological Therapies Recovery Plan

Mar-23  
At risk

Waiting list management within General Medical Service in Clinical Health

Dec-22  
Complete

Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit

Mar-23  
At risk

Support and develop the NHS Fife response to Long COVID

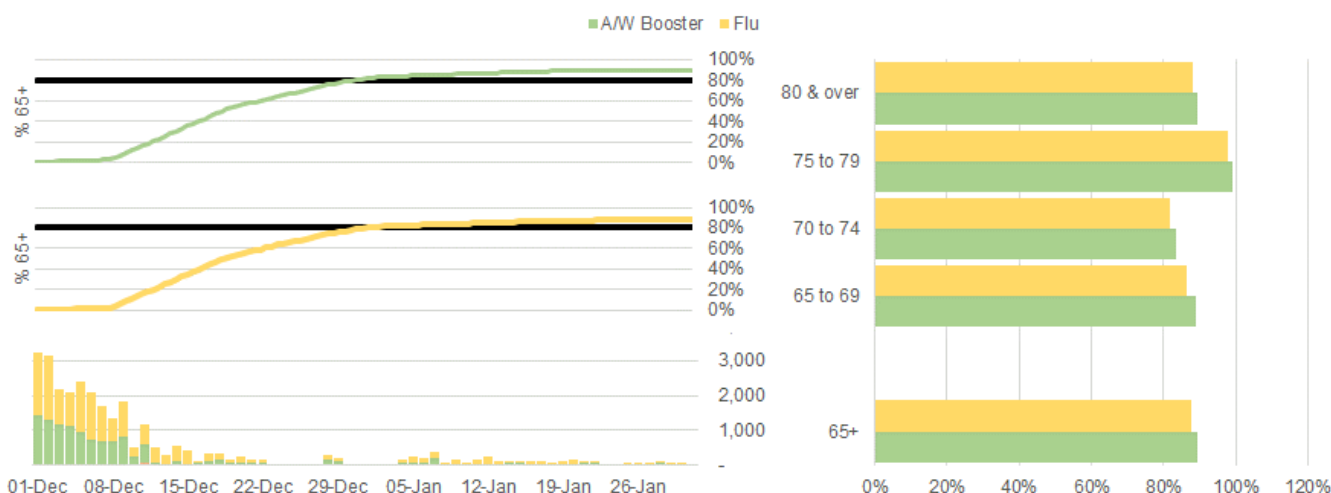
Dec-22  
Suspended

**Covid-19 and Flu Vaccination**

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

**Performance**  
**COV: 89.6%**  
**Flu: 87.8%**

**Local Performance**



**National Benchmarking**

Scotland figures as per publication by Public Health Scotland on 9th February 2023, covering period up to end of 5th February 2023  
 NHS Fife figures as per local calculations at end of 31st January 2023

Month Ending		2022/23						2023/24					
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
COVID A/W	NHS Fife	30.1%	78.3%	87.1%	89.3%	89.6%							
	Scotland		76.0%	88.1%	90.1%	90.4%							
Flu	NHS Fife	30.1%	76.9%	85.5%	87.5%	87.8%							
	Scotland		80.6%	82.9%	85.0%	85.3%							

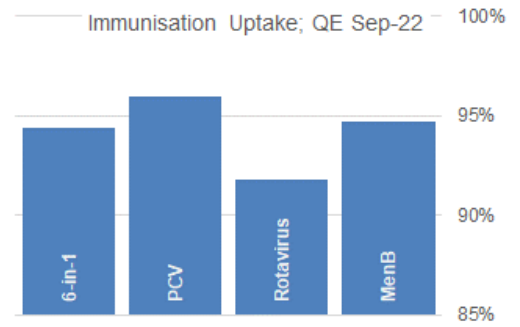
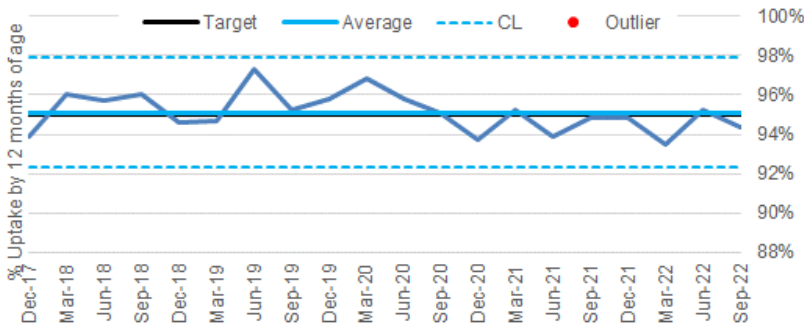
Key Deliverable		End Date
Delivery of the COVID booster 1 and 2 programme for eligible population in Fife		Dec-22 Complete
Key Milestones	COVID Booster 1 (dose 3) uptake for 18+ Fife population	Dec-22 Complete
	COVID Spring/Summer 22 booster 2 (dose 4) uptake for 75+ Fife population <i>Latest PHS data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

**Child Immunisation: 6-in-1**

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

**Performance**  
**94.4%**

**Local Performance**



**National Benchmarking**

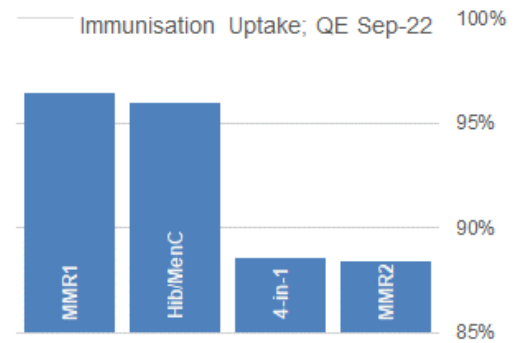
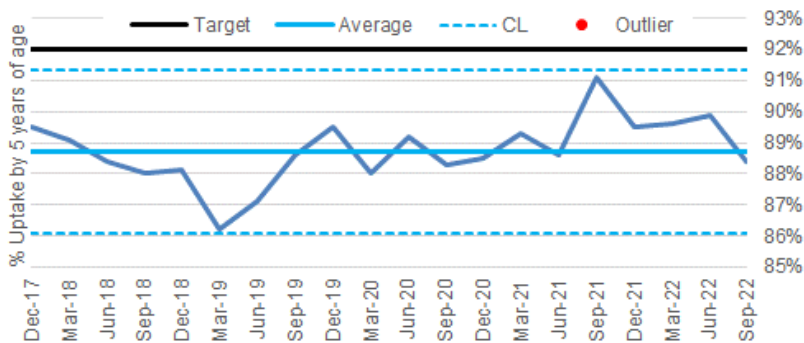
Quarter	2020/21				2021/22			2022/23	
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%

**Child Immunisation: MMR2**

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

**Performance**  
**88.4%**

**Local Performance**



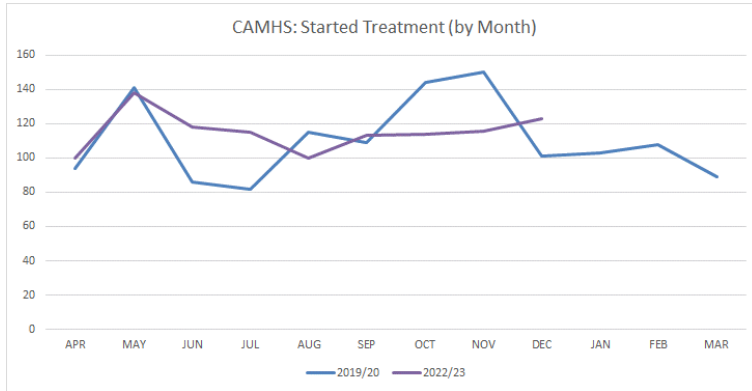
**National Benchmarking**

Quarter	2020/21				2021/22			2022/23	
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%

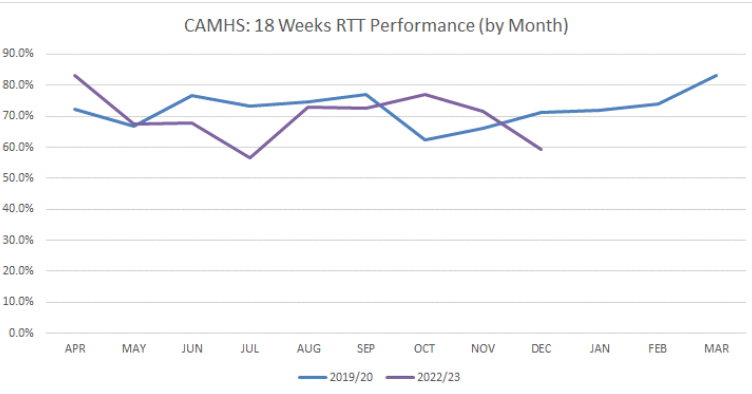
Key Deliverable		End Date
Delivery of primary & booster childhood immunisation programme to infants and pre-school children in Fife population		Mar-23 At risk
Key Milestones	6-in-1 primary vaccination uptake at age 12 months for Fife population	Mar-23 At risk
	MMR2 uptake at age 5 years for Fife population	Mar-23 At risk

Pre- and post- Covid CAMHS and Psychological Therapies Activity

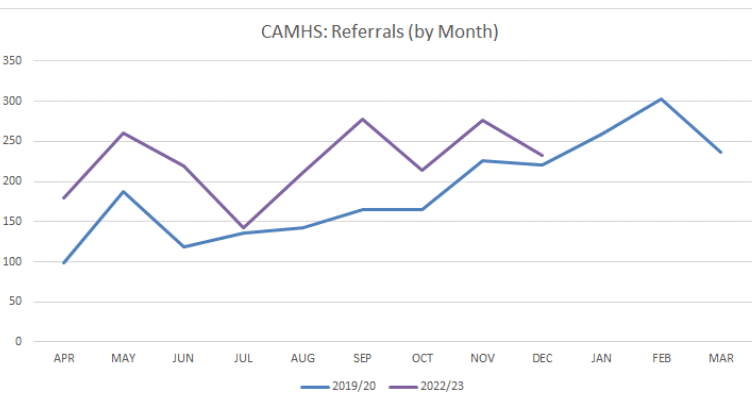
A request for an analysis of pre- and post-COVID activity and performance was made at the Public Health & Wellbeing Committee on 11 January. The charts below show figures for FY 2018/19 and FY 2022/23 (to end of December).



Treatment Started data for 2022/23 demonstrates a consistent uptake of referrals aligned to revised job plans which avoids peaks and troughs in activity and ensures caseloads are manageable for individual clinicians. This allows capacity to provide regular therapeutic interventions and promotes quicker recovery and throughput. Appointments offered during 2022 totalled 27,000 compared to 22,000 in 2021, 19,000 in 2020 and 17,800 in 2019.



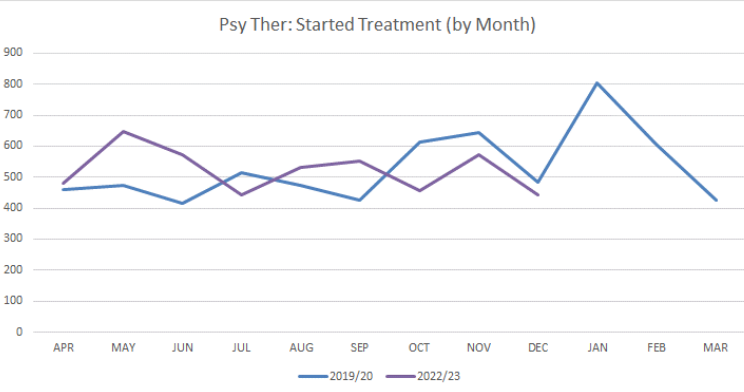
RTT performance during 2022/23 is lower than 2019/20 as significant efforts have been made to reduce longest waits thus resulting in more children who had waited over 18 weeks starting treatment.



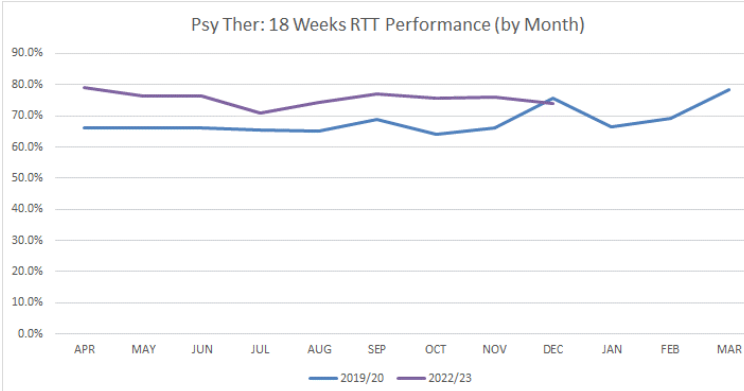
Referrals for 2022/23 are higher than 2019/20. Lower rates of referral during 2019/20 are most likely due to restricted thresholds during COVID-19 pandemic (May-July 2020) and a delay in partners who would typically refer to CAMHS returning to normal functioning.

The PT reports incorporate 3 data strands – highly specialised PTs (1:1 or group delivery within the Psychology service);

computerised CBT (treatment starts equate to referrals received); and all of CAMHS target data (broader than delivery of PTs). These distinctions are important for interpreting the pre and post COVID performance and activity.



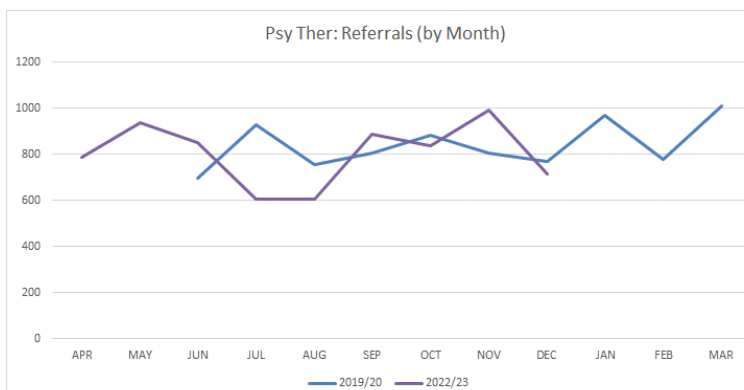
It is normal to see monthly fluctuations in treatment starts. For highly specialised PTs this is because clinicians take new patients onto their caseload to begin therapy as and when they have capacity following discharge of another patient. For cCBT, fluctuations are due to changes in demand and therefore referrals/treatment starts (there is a maximum wait of 5 days to commence cCBT). The CAMHS activity data shows a similarly fluctuating pattern. The data (excluding CAMHS) shows an 18% increase in treatment starts for PTs in April-December 2022 compared to the same period in 2019.



The improved performance on the RTT during 2022, compared to 2019/20, reflects the fact that more clinician activity for PTs was focused upon people waiting less than 18 weeks. There are a number of reasons for this.

Firstly, expansion of cCBT options in 2021/2022 improved access and increased the number of people seen within 18 weeks. Secondly, the initial impact of some improvement actions (such as the development of new PT group programmes) is a reduction in people waiting. But once all the people who have waited over 18 weeks who can benefit from the intervention have done so, is clinically appropriate).

This increases the proportion of people who have waited over 18 weeks who are being seen and this impacts the RTT. Overtime, more people who have waited under 18 weeks start treatment via the new service option and this contributes to improved RTT performance. A third reason is that, due to national workforce pressures, it has been more difficult during 2021/22 to recruit to vacancies in the posts required to work 1:1 with the longest waiting patients. Therefore, although work with the longest waiting patient group continues, the percentage activity for highly specialised therapy within the Psychology Service has shifted more towards those who have waited less time. A fourth and final reason is that new psychology services, established within the last two years with targeted Government funding (e.g. Maternity Neonatal Psychology and the Mental Health after Covid Hospitalisation service), are able to see their (discrete) patient populations quickly and so all of their treatment starts have waited less than 18 weeks. Taken together all of these have a positive impact on target performance even while we continue to focus on reducing the longest waits.



The referrals graph shows the anticipated monthly fluctuations in demand. Referrals for PTs are currently at 90% of rate seen in 2019/2020 with the trend for highly specialised PTs being upward.

**Meeting:** Public Health and Wellbeing Committee

**Meeting date:** 1 March 2023

**Title:** Autumn/Winter COVID-19 and Flu Vaccine Delivery Campaign

**Responsible Executive:** Nicky Connor, Director of Health and Social Care and Joy Tomlinson, Public Health Director

**Report Author:** Lisa Cooper, Head of Service, Primary and Preventative Care  
Esther Curnock, Consultant in Public Health/ Immunisation Coordinator

## 1 Purpose

**This is presented to Public Health and Wellbeing Committee:**

- Assurance

**This report relates to a:**

- Annual Operational Plan
- Government policy/directive
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to provide assurance to the to the Public Health and Wellbeing Committee on the delivery of the recent Autumn/Winter COVID and Flu vaccine delivery campaign within Fife. The report evidences the progress recognising that the Autumn Winter Programme formally ends 31st March 2023.



## 2.2 Background

As per CMO letter 25th August 2022, key objectives for the Autumn/Winter 2022 Programme were:

1. To protect those in society who continue to be more at risk of severe COVID-19 and flu.
2. To increase immunity in those at higher risk of severe COVID-19 and flu during winter 2022, to prevent severe illness, hospitalisation and death.
3. To focus on a co-administration model, offering flu and COVID-19 vaccinations at the same appointment where possible.

The JCVI issued advice on 3 September 2022, approving the use of the Comirnaty® bivalent as a booster dose for individuals over the age of 12, as part of the winter booster campaign. The Scottish Government asked Health Boards to make best endeavours to complete vaccinations by the start of December in alignment with the JCVI advice<sup>1</sup>.

For Autumn/Winter 22/23 the following groups were offered both COVID-19 and flu vaccination:

- Residents and staff in care homes for older adults
- Frontline Health and Social Care Workers (HSCW)
- All adults aged 50 and over
- Those aged 5 to 49 in a clinical risk group
- Household contacts aged 5 to 49 of people with immunosuppression
- Carers aged 16 to 49

In addition, the following groups were offered flu vaccination only:

- at risk children aged 6 months to 2 years
- all children aged 2-5
- all primary and secondary school pupils
- teaching staff
- non-frontline NHS workers

The scheduling of vaccinations for the population groups detailed above commenced on 4th September 2022, running until 4th December 2022, whilst these remain eligible for flu & COVID-19 vaccine under the current programme until 31st March 2023. This includes the offer of flu & COVID-19 booster vaccinations to pregnant women who one of the clinical risk groups, and who may become newly eligible over this time period.

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<sup>1</sup> [https://www.sehd.scot.nhs.uk/cmo/CMO\(2022\)32.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2022)32.pdf)

NHS Boards have been asked to ensure that drop-in and self-booked appointments remain open until this date.

The Scottish Government vaccine procurement and planning assumptions identified an expected uptake of 80% overall for eligible adult groups for flu and COVID-19 vaccination, recognising that uptake was likely to be higher in older age cohorts than younger at-risk cohorts. The CMO letter outlining the childhood flu programme for 2022/23 identified 'national ambitions' for uptake of 70% uptake for the 2-5 age group, and 80% for the primary and secondary school cohorts.

Surveillance of respiratory infection is a key public health activity as it is associated with significant morbidity and mortality during the winter months and particularly in those at risk of complications of influenza. Before the COVID-19 pandemic, most influenza infections would be expected to occur in the winter months with a peak between December and March. The influenza virus undergoes some level of genetic change each year, causing different strains of the virus to predominate each season. As such, the number of people affected by flu each year depends on how well the vaccine is matched against the circulating strain and how many people access the vaccination.

## 2.3 Assessment

Overseen by the Community Immunisation Services Programme Board, detailed planning took place to deliver the Autumn/Winter COVID-19 and Flu Vaccination Programme was based on an assumption of 80% uptake, as directed nationally. Based on this planning, Autumn/Winter Programme delivery commenced the week of 5th September for frontline health and social care staff, care home residents and those who were housebound, with appointments for the wider community cohorts commenced on 19th of September. Appointments were scheduled in order of clinical priority.

### **Overview of Autumn/Winter COVID-19 and Flu Programme coordination:**

#### **Care home residents**

Care home vaccinations were commenced on the 5th of September the pace of which was accelerated in view of increasing community transmission levels and risk of care home setting outbreaks.

#### **Community Venues & appointments**

Citizens were given the opportunity to uptake the vaccine in centres across Fife. This included the more rural populations of West and Northeast Fife. Invites with appointments were sent to the over 65 and clinical at-risk cohorts, with the wider 50-64 cohort receiving a letter encouraging them book through the national booking portal.

#### **Housebound**

Nationally we are seeing an increase in this cohort and nationally support is given to ensure that this cohort is correctly identified, with Fife having a further 1500 citizens identified as the programme progressed. A detailed workforce plan was in place to support this group of citizens.

#### **Inpatients**

Inpatients within our Community Hospital/Mental Health and Learning disabilities with a length of stay longer than 28 days were identified and vaccinated accordingly.

## Health and Social Care Workers

A large range of options were offered to Health and Social Worker (HSCW) to encourage COVID-19 and Flu vaccination uptake. These included dedicated clinics on Healthcare sites and the ability to schedule an appointment at one of our Community Vaccination Centres, whilst NHS Fife was the only board to offer staff drop-in clinics from the commencement of the programme to support uptake.

Additionally Care home staff could receive their vaccinations whilst on duty at the same time of resident vaccinations, which complimented bespoke cluster vaccination clinics via welfare vans to support local access for care home staff. Staff have also been able to attend Community Pharmacy to obtain flu vaccination since the commencement of the programme.

## Pregnant women

National guidance was that the preferred approach for pregnant women should be co-administration of COVID-19 vaccination by Midwives at existing clinic visits along with flu. This was unable to be facilitated within NHS Fife for the Autumn/Winter 22/23 programme, with Flu and Whooping Cough vaccine being delivered through maternity services as per previous seasons. To support uptake in the cohort pregnant women could also drop into any clinic across Fife without the need for an appointment.

## School and pre-school programme

Dedicated clinics for nursery aged children were offered; whilst Primary and secondary school aged children were offered vaccination in schools with several opportunities for mop-up. We also ran dedicated children's clinics over the school holidays to further support uptake.

## Outreach Work

Community pop-up activity was paused during the height of the autumn programme. This will recommence in February 23 in order to target areas of lower uptake among clinical risk groups and deprivation.

## Vaccination Uptake:

Vaccination uptake data, as at 23/01/23, for adult cohorts across Fife was **64%** for Flu and **73%** for COVID-19 Booster, with around **264,000** vaccines administered since the beginning of the Programme. Of all adult vaccination administered, 89% of Autumn/Winter 22 vaccines have been delivered via co-administration of COVID-19 and flu vaccine within the same appointment.

As per **Table.1** below, we have seen particularly high levels of uptake have been seen among the most vulnerable older age groups and residents within care homes.

**Table.1 - Percentage of flu and COVID-19 vaccinations administered by eligible group in Fife (to 23<sup>rd</sup> January 2023)**

JCVI Group	Flu		COVID-19 booster	
	Fife	Scotland	Fife	Scotland
Aged 65+	86%	85%	91%	90%
Aged 50 - 64	55%	55%	65%	65%
Clinically vulnerable under 65*	56%	57%	64%	64%
Resident of care home for older adults	87%	89%	89%	90%
Frontline Healthcare workers	54%	55%	55%	57%
Frontline Social care workers	37%	36%	38%	40%

\*Flu at risk applies to 18-64; COVID-19 at risk applies to 5-64 years

Compared with previous end-of-season uptake data, 65+ flu vaccine uptake of **86%** in Fife is slightly lower than Winter 21/22 but remains significantly higher than pre-pandemic uptake (2019/20 uptake for 65+ group was 74.5%), and well above the WHO target for 65+ cohort of 75%. Uptake of flu vaccine among the under 65 clinical at-risk group had been declining during pre-pandemic period (flu uptake 38.3% for under 65 at risk group in Fife in 2019/20). Since the pandemic, both the universal flu offer to all those aged 50-64 and the co-administration model of delivery with COVID booster have contributed to the improvement seen in both Fife and Scotland. However, flu vaccine uptake among this group remains lower than for COVID and should continue to be a focus of improvement efforts next year.

We await national data on Uptake of COVID vaccination by deprivation deciles (Scottish Index of Multiple Deprivation) from Public Health Scotland, however analysis of local data suggests that similar to previous phases of COVID-19 vaccinations, there was lower uptake in the most deprived than the least deprived citizens within our population. Interim data for Autumn/Winter Programme also indicates variation in COVID booster uptake by ethnicity.

Uptake data for children has not yet been published by Public Health Scotland, however interim management data suggests that flu vaccine uptake in Fife among the secondary school cohort has improved from 21/22 when the vaccine was first offered to this cohort. Uptake among the 2-5 uptake and primary cohort is similar to the 21/22 season based on current interim data.

### **Influenza & COVID-19 surveillance:**

#### **Influenza**

The influenza incidence rate across Scotland based on laboratory confirmed diagnoses peaked sharply across all age groups in week 52 of 2022 at 'extraordinary' levels of >50 per 100,000 population, exceeding peak flu incidence rates in the previous 12 winter seasons prior to 2022/23. Rates have rapidly declined over the last 3 weeks, and are now at low levels across Scotland (4.4 per 100,000 of the population). Genetic

characterisation of influenza viruses in Winter 22/23 identified that two strains of Influenza A H1N1, and one strain of Influenza A H3N2 have been circulating. Of these, two strains are antigenic ally similar to the H1N1 and H3N2 components included in the current flu vaccine; whereas one strain has mutations thought to have enabled it to evade immunity to an extent. Only a small number of Influenza B viruses have been identified but are a good match to the current vaccine Influenza B component. Interim vaccine effectiveness data for the UK Winter 22/23 influenza season is expected to be published in mid-February.

## **COVID**

Unlike influenza and most other respiratory illnesses, COVID-19 transmission has been occurring throughout the year with no established seasonal pattern as yet. The ONS infection survey are currently the best understanding of COVID-19 prevalence, the most recent data suggesting a decreasing trend in the current wave with around 1 in 30 people in Scotland with COVID-19 infection in week 04 January 2023 to 10 January 2023. The Winter 22 bivalent booster vaccine has been shown to be effective at preventing hospitalisations and deaths against circulating COVID-19 sub-lineages. The incremental protection from hospitalisation conferred by the bivalent vaccines estimated relative to those with waned immunity was 54% (95% CI 47 to 59%) after 2 weeks and 53% after 10 or more weeks. High levels of protection are also seen against mortality, with vaccine effectiveness at 94% against mortality at 2 or more weeks following booster vaccination, and 88% at 10 or more weeks<sup>2</sup>.

### **Lessons learned:**

Flu vaccine policy for 23/24 will be announced later in the year, but eligible groups are expected to be largely similar to the current season. The Fife evaluation of the Winter programme 22/23 is in progress, and lessons learned will be reviewed along with end-of-season uptake data and the final data for the childhood flu programme to inform planning and delivery for Winter 23/24.

### **2.3.1 Quality/ Patient Care**

NHS Fife will continue to respond to new developments as guided nationally to provide a safe and effective service to all citizens in Fife. A clinical oversight and assurance group meets regularly to provide assurance to the boards regarding safe delivery of the Immunisation programme. Care Opinion, Complaints and Compliments are accurately recorded and shared with team members. The number of Complaints, MSP enquires have significantly reduced compared to previous years campaigns.

### **2.3.2 Workforce**

There shall be no change or impact to the workforce. We continue to promote uptake of staff vaccination to make this accessible for staff.

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<sup>2</sup> <https://www.gov.uk/government/publications/COVID-19-vaccine-weekly-surveillance-reports>

### 2.3.3 Financial

The Programme continues to work closely with Finance colleagues to track and report on expenditure. Additional costs and any risks identified throughout the delivery stages of this campaign and were managed, mitigated, and reported accordingly.

### 2.3.4 Risk Assessment/Management

A robust risk review process is in place where risks are reviewed frequently across key work streams. There have recently been several risks closed with the current total now equating to 4, all which are either moderate or low-level risks.

### 2.3.5 Equality and Diversity, including health inequalities

The established inclusivity group will continue to lead delivery of EQIA actions and direct specific outreach activities to ensure access for all eligible.

### 2.3.6 Other impact

No other impact.

### 2.3.7 Communication, involvement, engagement and consultation

Communications are linked with the national direction applying national toolkits provided with adaption locally and the team have established a range of channels, with lessons learned from previous COVID-19 Vaccination Programmes to ensure effective, timely and targeted communications. Feedback has been sourced from all members of the CIS Programme Board and staff groups as to what has worked well and what hasn't. This will be pulled together to support shaping of this year's Autumn/Winter Programme.

### 2.3.8 Route to the Meeting

The detail of this Autumn/Winter COVID-19 and Flu Vaccine delivery campaign update has been overseen via:

- Community Immunisation Service Implementation Group, 03 February 2023
- Community Immunisation Service Programme Board, 06 February 2023
- HSCP SLT Business, 06 February 2023
- Executive Directors Group; 16<sup>th</sup> February 2023

## 2.4 Recommendation

- The Public Health and Wellbeing Committee are asked to take **assurance** on the progress made with the 2022/23 Autumn Winter Covid-19 and Flu Programme and that work is ongoing to evaluate this year's campaign to inform any learning for the 2023/24 campaign.

## 3 List of appendices

The following appendices are included with this report:

- N/A

**Report Contact**

Chris Conroy

Programme Director

[Christopher.conroy@nhs.scot](mailto:Christopher.conroy@nhs.scot)

<b>Meeting:</b>	<b>Public Health and Wellbeing Committee</b>
<b>Meeting date:</b>	<b>1 March 2023</b>
<b>Title:</b>	<b>2C Board Managed General Practices – Tender Process Update</b>
<b>Responsible Executive:</b>	<b>Nicky Connor, Director of Health &amp; Social Care</b>
<b>Report Author:</b>	<b>Christopher Conroy, Programme Director</b> <b>Lisa Cooper, Head of Service</b>

## 1 Purpose

Following NHS Board agreement to progress to tender Kinghorn Practice, Links Practice and Valleyfield Practice to external bids via Procurement Process for GP services, this paper will provide an update on progress and outline future timelines through to completion of Tender Process.

**This is presented to the Public Health & Wellbeing Committee for:**

- **Assurance** in terms of progress made and outline future timelines for the tender process

**This report relates to a:**

- Annual Operational Plan
- Emerging issue
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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.

The Integrated Authority of Fife Health and Social Care Partnership and NHS Fife currently hold responsibility for five practices under Section 2C status.

### 2.2 Background

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. An options appraisal was conducted to identify long-term solution management for three of the five 2C practices within Fife and subsequently proposals were presented and supported at Fife HSCP SLT on 2nd November 2022, EDG on 3rd November 2022 and Primary Medical Services Sub Committee on 8<sup>th</sup> November 2022. The supported



proposals were to progress to tender Kinghorn Practice, Links Practice and Valleyfield Practice to external bids via Procurement Process for GP services.

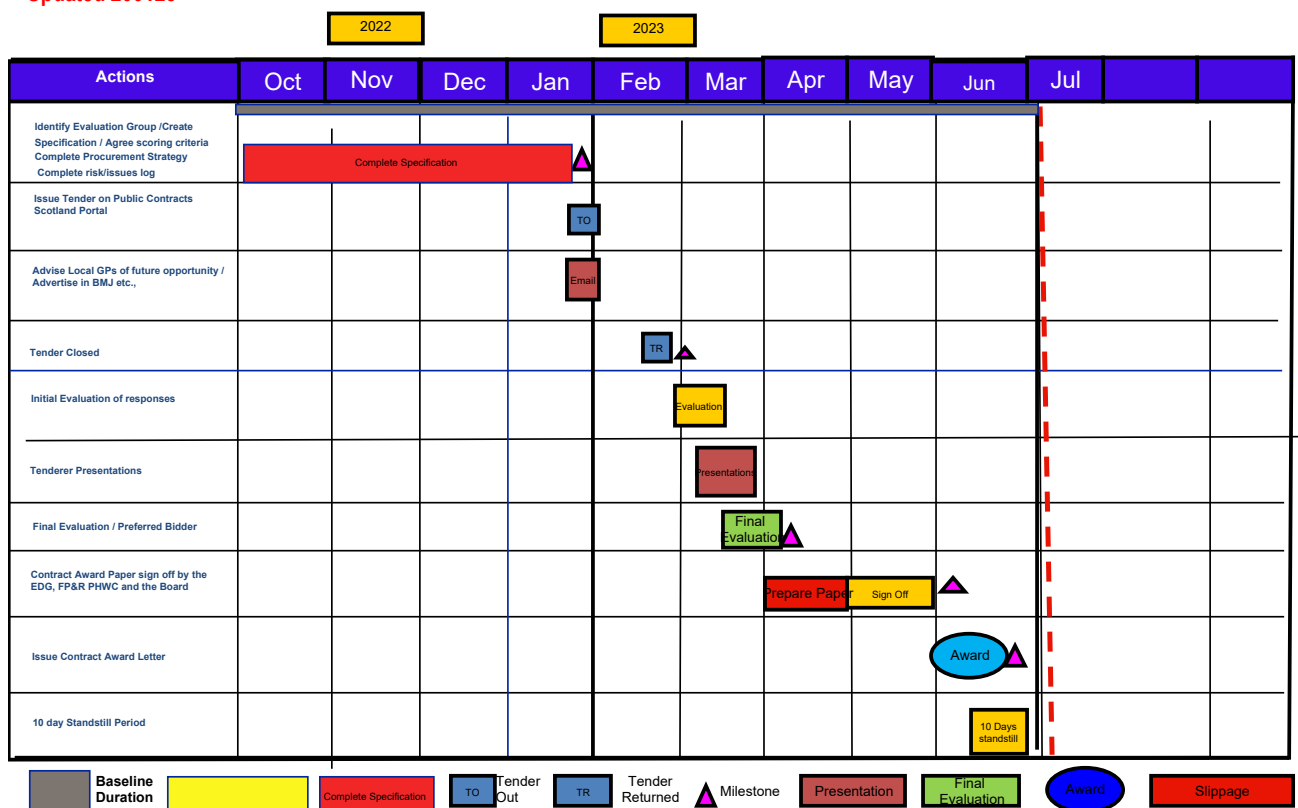
Overseen by the Tender Oversight Group (TOG), robust plans are in place to complete the Tender process by Spring 2023, with the need to be thorough and ensure due diligence throughout the process. This includes the development of a robust scoring criteria to support assessment of bidders, a detailed communication and engagement plan and regular discussions with staff currently working within the three affected practices.

### 2.3 Assessment

An advertisement to Tender for Kinghorn Practice, Links Practice and Valleyfield Practice is currently live on the Public Contracts Scotland Portal, closing on Friday 24<sup>th</sup> February. The milestones and timeline from closure of this advert to acceptance, approval and award of any bids received is set out in the schematic below:

## Procurement Plan – GP Services Tender – Kinghorn, Links, Valleyfield

Updated 200123



If a viable bid is received, following scrutiny and assurance of feasibility through the agreed assessment process including scoring, presentation and final evaluation a paper will be prepared via committees of HSCP and NHS Fife with recommendations for consideration. These will be presented as follows:

- SLT Business – 3rd May 2023
- Primary Medical Services Committee – date to be confirmed
- EDG – 5th May 2023
- Finance, Performance and Risk Committee – 9th May 2023
- NHS Fife Staff Governance Committee – 11<sup>th</sup> May 2023
- Public Health and Wellbeing Committee – 15th May 2023

- NHS Fife Board - 30th May 2023

A standstill period of 10 working days is required following issue of the award and contract completion. A paper will be progressed subsequent to this to inform and assure final delivery position of the practices following completion of the process.

### **2.3.1 Quality/ Patient Care**

Successful tendering of the three practices would allow progress towards safe, effective, and sustainable care delivery. Professional leads are closely involved in the work being progressed to provide clinical assurance.

### **2.3.2 Workforce**

Staff, including clinical and managerial team members, are critical within safe and effective delivery and procurement of these practices is designed to enhance resilience, supervision, and support to the team.

Assurance is given that current Practice staff have been supported communications have been timely. This is overseen by a dedicated 2C Workforce Group, with HR and Staff Side critical partners within this group. This includes regular updates, meetings and FAQs have been developed. If a bidder successfully bids for a practice, plans are in place to support staff, in line with TUPE regulations, to transfer their employment to the new provider.

### **2.3.3 Financial**

The delivery of 2C practices is underpinned by General Medical Services budget in line with the national Statement of Financial Entitlement. There are known cost pressures to this budget, with costs tracking around 10% above budget across all 2c Practices.

### **2.3.4 Risk Assessment/Management**

There is a risk that there are no successful bidders for one of more of the practices. Contingency plans are being agreed to ensure constant safe access to primary care. As a minimum the practices will continue to be HSCP managed and delivered as 2C practices while alternative options for sustainability are explored and agreed.

### **2.3.5 Equality and Diversity, including health inequalities**

It can be assured as a minimum a stage 1 EQIA will be completed regarding any decision to be implemented in line with recommendations.

### **2.3.6 Other impact**

N/A

### **2.3.7 Communication, involvement, engagement and consultation**

HSCP SLT, Primary Care management team, HSCP AMD, Clinical Director, Professional leads, Communication leads have all been involved in identification of need and creation of this proposal. The team includes all key stakeholders necessary to support effective implementation.

The LMC will also be engaged with and advised of this proposal prior to any agreement being moved to implementation.

A detailed communication plan to include workforce, wider general practice, public, elected members, press, and media is being enabled to support any change to service delivery and mitigate risk of adverse publicity.

### **2.3.8 Route to the Meeting**

This paper has been presented to HSCP SLT and NHS Fife EDG.

## **2.4 Recommendation**

This paper is present to the committee to provide **assurance** regarding the progress made and outline the future timelines for the tender process to move to a formal aware notice and a position of sustainability within Primary Care Medical Services.

## **3 List of appendices**

The following appendices are included with this report:

N/A

### **Report Contact**

Chris Conroy

Programme Director – Primary and Preventative Care

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<b>Meeting:</b>	<b>Public Health and Wellbeing Committee</b>
<b>Meeting date:</b>	<b>1 March 2023</b>
<b>Title:</b>	<b>Violence against Women Annual Reports 2021/22</b>
<b>Responsible Executive:</b>	<b>Nicky Connor, Direct of Health &amp; Social Care</b>
<b>Report Author:</b>	<b>Heather Bett, Interim Senior Manager</b>

## 1 Purpose

**This report is presented to the Public Health & Wellbeing Committee for:**

- Assurance

**This report relates to:**

- Government policy / directive
- 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 purpose of this report is to inform and assure Public Health and Wellbeing Committee of the work being undertaken within NHS Fife, Fife Health and Social Care Partnership and Fife Violence against Women Partnership (FVAWP) to address violence against women and girls.

The report contains three annual reports covering the period April 2021 to March 2022:

- Fife Violence Against Women annual report (appendix1)
- Marac Annual report (appendix 2)
- Fife HSCP Gender based Violence Service annual report (appendix 3)

### 2.2 Background

Equally Safe – Scotland's Strategy to prevent and eradicate violence against women and girls defines Violence against Women as:

- physical, sexual and psychological violence occurring in the family (including children and young people), within the general community or in institutions, including domestic abuse, rape, and incest;

- sexual harassment, bullying and intimidation in any public or private space, including work; • commercial sexual exploitation, including prostitution, lap dancing, stripping, pornography and trafficking;
- child sexual abuse, including familial sexual abuse, child sexual exploitation and online abuse;
- so called 'honour based' violence, including dowry related violence, female genital mutilation, forced and child marriages, and 'honour' crimes.

**Fife Violence against Women Partnership (FVAWP)** co-ordinates activity focussed on ending violence against women and girls in Fife across statutory and third sector organizations. The multiagency partnership is committed to addressing the four priorities contained in Equally Safe:

- **Priority 1:** Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls
- **Priority 2:** Women and girls thrive as equal citizens: socially, culturally, economically and politically
- **Priority 3:** Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people
- **Priority 4:** Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response

**Multi Agency Risk Assessment Conference (MARAC)** partners work together to:

- Safeguard adult victims
- Make links with other public protection arrangements in relation to children, perpetrators, and vulnerable adults
- Safeguard agency staff, and
- Address the behaviour of the perpetrator.

MARAC is a crucial component within Fife's Domestic Abuse Strategy and was implemented in 2010. It has strategic oversight through the MARAC Strategic Oversight Group (SOG) and links with the Fife Violence against Women Partnership (FVAWP).

MARAC core partners are: NHS Fife, Fife Council (Education and Children's services including Education, Children and Families, Criminal Justice and Housing), Police Scotland, Fife Women's Aid who provide MARAC Advocates and 3<sup>rd</sup> Sector substance misuse agencies. Currently all meetings have been held virtually due to the COVID 19 pandemic.

**The Gender based Violence Nurse Advisory Service (GBVNAS)** sits within the HSCP as part of the Sexual Health services and provides support within three distinct care pathways:

- The Gender Based Violence Care Pathway
- The Forensic Care Pathway

- The Children and Young People’s Care Pathway

The team also represents the health aspect of the MARAC process and provides and supports training across NHS Fife and HSCP.

## **2.3 Assessment**

Each of the three annual reports details the significant range of work that is undertaken to meet the needs of people who are victims of gender based violence, sexual assault and abuse and details the prevention activity that is undertaken, which works towards achieving the Scottish Government aim :

*“Violence against women and girls, in any form, has no place in our vision for a safe, strong, successful Scotland. It damages health and wellbeing, limits freedom and potential, and is a violation of the most fundamental human rights” (Scottish Government)*

The reports which cover the period April 2021 to March 2022 details the impact of COVID 19 on service users and service providers.

All reports identify next steps which reflect increasing demand, under represented groups and addressing the impact of the pandemic.

### **2.3.1 Quality / Patient Care**

All reports provide feedback from service users which reflect the positive impact that services have had on their lives. The patient stories contained in the MARAC report give a clear view of the benefits of the service in supporting clients to feel safer.

### **2.3.2 Workforce**

The workforce in each of three areas of work is small and it has been challenging to deliver the services. This is particularly true in relation to Marac where the number of cases is continually increasing. A local review has been undertaken to consider how this activity can be managed to ensure a high quality service is provided to all people who need support.

### **2.3.3 Financial**

There are a variety of funding models in place across these services including statutory and grant funded organisations. Funding is often a challenge for 3<sup>rd</sup> Sector partners due the reliance on grants and time limited funding.

### **2.3.4 Risk Assessment / Management**

Not applicable.

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

The details of how each service addresses health inequalities is contained within each report.

### 2.3.6 Climate Emergency & Sustainability Impact

Nil.

### 2.3.7 Communication, involvement, engagement and consultation

Each service has its own approach to communication and regularly engages with service users to ensure that their views are listened to in order to improve the services offered.

### 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.

- MARAC Strategic Oversight Group
- Fife Violence against Women Partnership Group
- Sexual health Services Clinical Governance Meeting
- SLT 10/01/2023
- Quality & Communities Committee 18/01/2023
- Executive Directors Group: 16/02/2023

## 2.4 Recommendation

- **Note** the annual reports for 2021/2022 which NHS Fife is a partner for 1/Fife Violence Against Women, 2/ Multi-agency Risk Assessment, 3/ Gender Based Violence Nurse Advisory Service
- Take **assurance** that there is significant work ongoing in partnership across Fife to meet the needs of people who are victims of gender based violence, sexual assault and abuse and details the prevention activity that is undertaken, which works towards achieving the Scottish Government aims for this work.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Fife Violence against Women Annual Report 2021/22
- Appendix 2 – MARAC Fife Annual Update 2021/22 (Full report)
- Appendix 3 – Gender Based Violence Nurse Advisory Service Annual Report 2021/22

### Report Contact

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Interim Senior Manager

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## Chair's Introduction

The COVID-19 pandemic has continued to provide a challenging environment for women, children and young people particularly those experiencing domestic abuse, sexual violence and other forms of violence against women. It has also been challenging for partners working to reduce risk and help survivors recover from their experiences.

This report covers a time when restrictions were easing, services were continuing to adapt to new ways of working and things were beginning to return to a "new normal". However, while crisis support continued throughout, waiting lists for recovery services had reached record highs. Services were offering a range of services, some face to face, some virtual – based on experience and service user feedback on what worked well. Organisations were also facing an unpredictable environment with high levels of staff illness and covid impacting on workers and service users alike.

Partnership working was crucial to continuing high quality support. Most importantly, feedback from victims and survivors suggests that we got that right. Towards the end of the year, with additional resources and staff, specialist organisations were able to report waiting lists reducing.

Fife Violence Against Women Partnership has also worked to address [Coronavirus COVID-19 Supplementary National Violence Against Women Guidance](#) for local authorities and community planning partners, having redrafted the FVAWP Action Plan 2019-22 to reflect the risks, demand for services and range of mitigating actions highlighted in the guidance as we recover from the pandemic. Covid has impacted on the delivery of our action plan across all priority areas as detailed in this report.

It is likely to be years - not months - until we can expect the specific harm of Covid to survivors of violence against women and children to be addressed, as reflected in the Supplementary Guidance. There are opportunities for violence against women to be more widely understood across community partners as we develop recovery plans.

It is more important than ever that we work in partnership to address violence against women

Heather Bett, Senior Manager, NHS Fife

## Equally Safe

Fife Violence Against Women Partnership (FVAWP) has adopted [Equally Safe – Scotland's strategy for preventing and eradicating violence against women and girls](#). This framework has been used to self-assess progress locally, identifying strengths and weaknesses and forms the basis of FVAWP Action Plan 2019-22.

*Equally Safe – Scotland's strategy for preventing and eradicating violence against women and girls* is the key national driver for Fife Violence Against Women Partnership. The Delivery Plan and local area Quality Standards work to the following four priorities that have been adopted by partners locally:

- a. Scottish society embraces equality and mutual respect and rejects all forms of violence against women and girls
- b. Women and girls thrive as equal citizens: socially, culturally, economically, and politically
- c. Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women children and young people
- d. Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response

FVAWP provides an annual data return to the Improvement Service on a range of quality standards based on these priorities, partnership working and specific data measuring investment and activity in Fife. This annual report is structured around these Equally Safe Priorities

### Equally Safe Definition of Violence Against Women:

- a. *physical, sexual and psychological violence occurring in the family (including children and young people), within the general community or in institutions, including domestic abuse, rape, and incest;*
- b. *sexual harassment, bullying and intimidation in any public or private space, including work;*
- c. *commercial sexual exploitation, including prostitution, lap dancing, stripping, pornography and trafficking;*
- d. *child sexual abuse, including familial sexual abuse, child sexual exploitation and online abuse;*
- e. *so called 'honour based' violence, including dowry related violence, female genital mutilation, forced and child marriages, and 'honour' crimes.*

Violence against women is both an equality and a human rights issue. Women and girls are at increased risk of violence and abuse because they are female. Our shared understanding recognises that violence against women has a significant impact on children and young people's lives, with their safety closely linked to their mother's. Men and boys can also be at risk of violence and abuse and support needs to be available at the point of need.

### National Equally Safe Quality Standards

These standards are self-assessed by partners, signed off by the FVAWP Executive Committee and reported to the Improvement Service who provided a report showing comparative data for Fife 2019/20 and 2020/21 (data for 21/22 is not yet available) compared to the national average in Scotland for 20/21. This information is included for each of the priorities in the report.

### Covid Supplementary Guidance

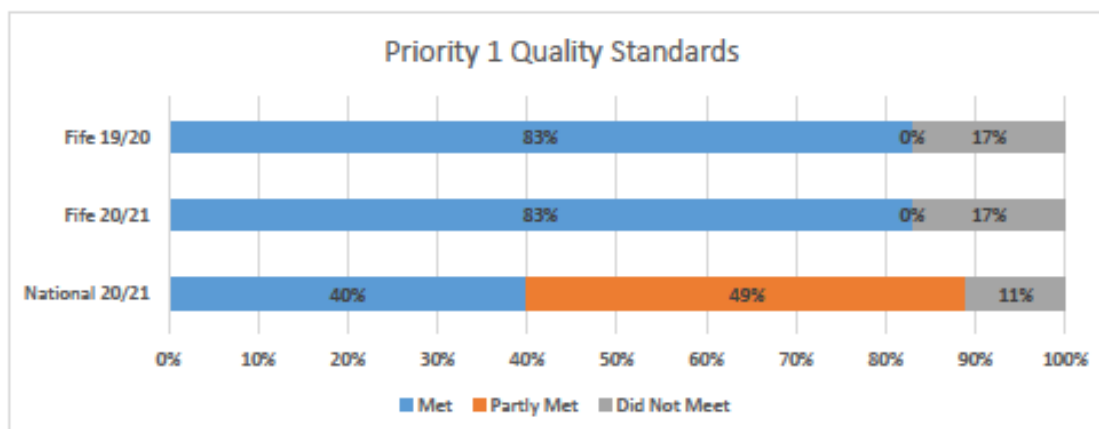
Covid continued to impact on all the work of Fife Violence Against Women Partnership. The updated [Violence Against Women Action Plan 2019-22](#) incorporates [Coronavirus \(COVID-19 Supplementary National Violence Against Women Guidance](#) for local authorities and community planning partners. This guidance recognised that the COVID-19 pandemic has, and will continue to place women, children and young people experiencing all forms of VAWG at increased risk of harm for the foreseeable future. This is due to several factors including (but not limited to):

- women, children, and young people having less opportunity to seek support from their normal social networks such as friends and family while restrictions are in place
- a perception that both universal and specialist services are under pressure creating a reluctance to seek support.
- perpetrators of VAWG potentially using COVID-19 social restrictions as an additional tool of exerting control, abuse and exploitation
- increased financial challenges and dependencies if women are not able to work due to redundancy,
- caring responsibilities,
- illness or other factors.

Appendix 1 – FVAWP action Plan 2019 -22 (revised December 2020) details actions and progress to 31<sup>st</sup> March 2022. The text of the annual report provides a broader context for the work of Partners.

**Equally Safe Priority 1: Scottish society embraces equality and mutual respect and rejects all forms of violence against women and girls**

- a. Positive gender roles are promoted
- b. People enjoy healthy positive relationships
- c. Children and young people develop an understanding of safe, healthy and positive relationships from an early age
- d. Individuals and communities recognise and challenge violent and abusive behaviour



**What have we done?**

[FVAWP Primary Prevention Strategy for Children and Young People](#) describes how partners will work together within youthwork, early years, schools, College and University. The strategy links with the Curriculum for Excellence Health and Wellbeing Indicators. It is supported by a range of local and national partners. Covid has slowed progress with children and young people being out of school; schools being careful about how many additional people can be in classrooms; and reduced opportunities to engage with young people generally. As a result, we have seen a reduction in the number of sessions delivered by partners face to face. Work has however continued promoting understanding and awareness of gender-based violence, positive, healthy relationships and consent information from early years to secondary S6 with online resources playing a role

**Early years** – Following the Gender Equal Play pilot with Duloch Nursery supported by Zero Tolerance and FVAWP - gender equal resources in the early years setting were promoted and 9 nurseries participated in a “*You Can Be - Book Audit programme*”.

**Primary** - FVAWP has linked in with partners at NSPCC to monitor the delivery of the [Speak Out Stay Safe](#) programme. NSPCC, with support through education have managed to deliver this to over 3000 primary aged pupils during 2021-22.

**Secondary** - There is a national requirement to promote health and wellbeing in schools in line with the Curriculum for Excellence. Education Service lead on this within schools. [Mentoring Violence Programme \(MVP\)](#) continues to be rolled out with a further 5 schools undertaking training in the model. One High School is looking to develop [Equally Safe in Schools](#)

**St Andrew's University** raises awareness of violence against women with all students in Freshers' week, using their bystander peer education support programme [StAnd Together](#) which is an adaptation of Mentors in Violence Programme. Got Consent is a student led group who lead workshops to educate and start conversations around the topics of sexual assault, bystander

intervention, and laws and policies in relation to gender-based violence. 80 Leadership workshops were delivered virtually and were attended by over 800 students (mandatory for all student leaders).

Zero Tolerance Under Pressure has not been delivered this year, with staff relocated and moving to other roles, however there are plans to re-introduce this training in the coming year.

## Public Awareness

### Social Media Campaigns

FVAWP has worked with Fife Council Communications Team, Police Scotland, NHS Fife and other partners to highlight violence against women, challenge attitudes and signpost to support agencies. These were linked to national campaigns including:

- 16 days of Action Against Violence Against Women
- International Women's Day
- # [Don't Be That Guy](#)

- FVAWP worked with the Community Safety Partnership to develop a [Women's Safety Campaign](#). This was developed in response to public concern about women experiencing violence when outdoors. Recognising that many women limit their lives and are fearful of men's behaviour. The campaign links to the police campaign *Don't Be That Guy* and asks men to think about how they can help women feel safer. Again, this was supported by Fife Council Communications Team and distributed through partner agencies social media and other formats.



- St Andrew's University co-ordinated ['What Were You Wearing?'](#) supported by Fife Rape and Sexual Assault Centre. *What Were You Wearing?* is an art exhibition based on student-survivor descriptions of the clothes they were wearing when they were sexually assaulted. It displays recreations of the clothes they were wearing with testimonies of survivors (these were gathered by the University of Arkansas, who created the exhibition).



The installation encourages participants to understand that it was never about the clothing *"if only ending sexual violence was as easy as changing our clothes! Instead, it requires all of us to evaluate what enabled us as individuals and as a society to ask, "what were you wearing?" in the first place"*.

The project was inspired by Dr Mary Simmerling's poem "What I Was Wearing" which ends with *"if only we could end rape by simply changing clothes. I remember also what he was wearing that night even though it's true that no one has ever asked"*.



Survivor's testimonies:

*"Nike shorts and a concert sweatshirt. Seems so normal. It was too, just any other day, except for this. Except for what happened"*

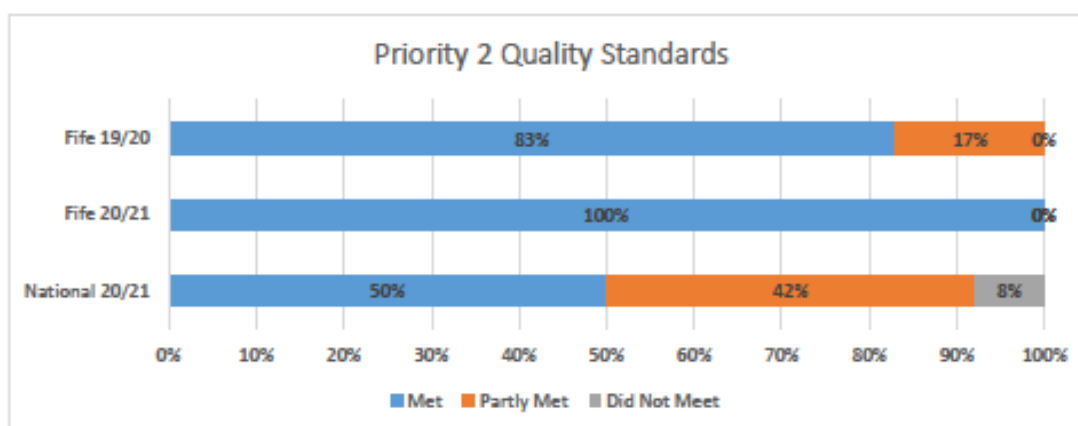
*"Jean shirt, jeans, and Toms. Everyone seems so confused when I tell them this. Like they can't understand what I am saying. They can't understand what I was wearing. It's almost funny. Almost"*

#### Next Steps:

- [FVAWP Primary Prevention Strategy for Children and Young People](#) to be reviewed to reflect the impact of Covid and new opportunities. Continue to deliver primary prevention with input from local and national partners
- ['What Were You Wearing'](#) – to be taken to other areas of Fife to increase the impact and reach of the exhibition.
- Develop further social media campaigns with support from Fife Council Communications Team
- Zero Tolerance's ['Under Pressure'](#) training for trainers to be delivered to those working with young people, with a view to include this training within FVAWP's annual [training programme](#).

**Equally Safe Priority 2. Women and girls thrive as equal citizens: socially, culturally, economically and politically**

- a. Women and girls feel safe, respected and equal in our communities
- b. Women and men have equal access to power and resources



**What have we done?**

The work of FVAWP is aligned with Fife Council's Senior Equalities Group, recognising that violence against women is both a cause and consequence of gender inequality. Fife Council's Equality, Diversity and Human Rights Outcomes include an outcome about women and girls living free from violence and abuse linking to FVAWP Action Plan. FVAWP recognises specific challenges from Covid for women, children and young people with lived experience of VAWG. The [Coronavirus \(COVID-19 Supplementary National Violence Against Women Guidance](#), highlights the importance of ensuring that VAW is considered in Fife's wider recovery plans and additional actions have been added to the FVAWP Action Plan to support this, including in terms of:

- Equality and Human Rights Impact Assessments
- Consulting with survivors to ensure that the recovery systems and services meet their needs
- Ensuring that the inequality of outcomes that women have experienced during the pandemic are recognised and addressed in local recovery and renewal strategies

Fife Council has been accepted onto the Equally Safe Employer Accreditation Programme and is working towards gaining a bronze award, this is led by Human Resources. It is an eighteen-month programme starting March 2022. Substantial preparatory work has been undertaken in terms of updating policies and guidance.

NHS Fife and Fife Council undertake Equality Impact Assessments to review activity and outcomes from an Equality and Human Rights and to advance equality of opportunity in relation to proposed changes to services. The process assesses impact of gender inequality and issues of violence towards woman as a core question.

FVAWP and partners have strengthened links with equality groups with the support of Fife Centre for Equalities. FVAWP Priority 3 working group has been looking to enhance support for those with additional vulnerabilities. Specialist services have supported service users to inform FVAWP of what changes to services in third sector and statutory sectors have meant for them.

FVAWP has liaised with Community Planning Managers to highlight the need to take a gendered approach and to specifically consider VAW in renewal planning with varying success.

**Next Steps**

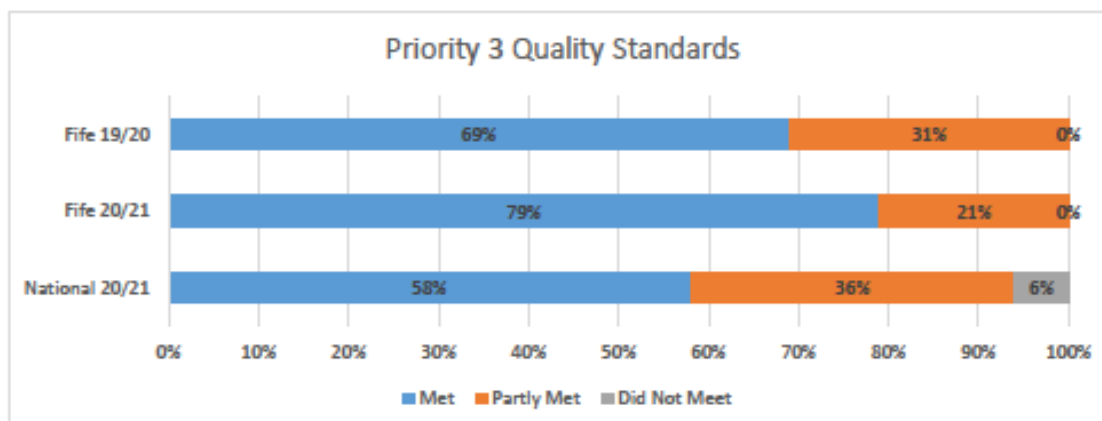
- Fife Council to undertake *Equally Safe at Work* Bronze Accreditation



- Promote a gendered approach and the needs of women and children with lived experience of violence against women in community planning
- Share the views of those with lived experience across the partnership and local planning

**Equally Safe Priority 3. Interventions are early and effective, preventing violence and maximising safety and wellbeing of women, children and young people**

- Justice responses are robust, swift, consistent, and co-ordinated
- Women, children and young people access relevant, effective and integrated services
- Service providers competently identify violence against women and girls and respond effectively to women, children and young people affected



Covid 19 restrictions continued to impact on women and children living with domestic abuse and other forms of violence against women, creating an environment whereby risks were heightened within local communities. Lockdown disrupted normal coping strategies adding to the challenges faced by many survivors. This year has once again required partner organisations across statutory and third sectors to work incredibly hard and flexibly to support victims and survivors. Services provided support in a range of ways depending on covid restrictions and individual service user circumstances.

Although crisis support continued throughout the year, some agencies stopped taking referrals for periods of time for recovery / therapeutic services because waiting lists had become unmanageable. Other services cut back on the promotion of some of their services. In mid-December 2021 there were the following waiting lists, representing a considerable wait for some service users.

- Fife Women’s Aid women’s support 229 and children and young people 136
- Fife Rape and Sexual Assault Service 156
- KASP 107
- Saje 196

There are always concerns that when a client makes contact with the service that they are ready to engage. If this person then has to wait 6-8 months (or longer) to be allocated a counsellor we may have then lost them. Kingdom Abuse Survivor’s Project

To manage these capacity issues, short-term intervention services were developed by a number of partners. Additional funds were released by the Scottish Government to Fife Women’s Aid, Fife Rape and Sexual Assault Centre and Kingdom Abuse Survivor’s Project to specifically address waiting lists.

FRASAC was one service that stopped taking new referrals for counselling. They highlighted that their waiting list continued to grow despite three new support workers starting in the spring of 2021. The demand for Early Intervention and Crisis also grew and generated a long waiting list for this service which was initially intended to be support that could be received very quickly. This reflected the increasing number of referrals including those with immediate needs, poor and declining mental

health, suicidal ideation/attempts. All staff provided some crisis support, resulting in long wait times for longer term support.

Recruitment has been difficult for partners, with vacancies taking some time to fill, staff then need training and induction before they can support victims and survivors.

Groupwork delivery was severely affected by covid restrictions – some organisations successfully delivered programmes virtually which worked well for some service users. Other programmes were adapted to reduce face to face contact. Cedar reported challenges in maintaining group consistency with high levels of covid affecting families' attendance.

I'm so happy that a course like this exists. It felt so safe and the conversation and sharing of experience felt natural even though it was tough. I will sincerely miss my group! Going forward I think that there is still a place for online groups beyond the pandemic. I don't think I could have or would have attended were it face to face due to childcare difficulties and general anxiety.

Saje Service User

Referrals continued to be very unpredictable adding to the challenges for those delivering services. At times this could be linked to changes in Covid restrictions and for example there was an increase in referrals for children and young people coinciding with children returning to schools. As organisations attempted to resume services as restrictions of the second lockdown eased, they were hampered by high levels of covid affecting both staff and service users.

#### **New Methods of Service Delivery**

Agencies adapted to rapidly changing situations, offering help and support in a range of ways. Partners learnt new ways of working - enhancing the services on offer. Going forward many agencies are looking to offer a mixture of face to face and virtual support, recognising the potential benefits of both and individual preference of service users. Some service users preferred online support finding it helped reduce social anxiety, removed the need for public transport, and eased childcare. Others expressed the need for their support to be face-to-face.

It was a learning experience for all.

Staff were asked to cope with rapid change. Helping service users with new support needs within a new working environment including virtual support, working from home, and less peer support.

#### **Service User Feedback**

Covid has undoubtedly been a particularly difficult time for many women and children living with the threat of domestic abuse, sexual violence and other forms of violence against women. It was particularly important to seek service user's views as services changed to respond to restrictions and additional need. The following suggests that the interventions have been effective and hugely valued by service users.

#### **Fife Women's Aid**

*"Refuge was the first time my family have felt safe. We have never felt as safe as we did in refuge"*

*"We would not be where we are today without the support. In fact, I hate to think what would have happened to us"*

*"I hated other groups before, where I felt forced to answer questions that I didn't know the answer to and felt everyone was staring at me and this was different: I could turn off the camera and I liked that"*

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*and no one picked on me to answer. Having other people that are in the same boat as me I felt less alone. I especially loved the breakout groups. Everyone was honest. If someone was having a crap day they straight up said it."*

#### **Fife Rape and Sexual Assault Centre**

*"I have less irrational anxiety about my safety. When I was referred to FRASAC the threat to me wasn't ongoing but with FRASAC support I have less of a fear of men in a general setting for example home workers."*

*"Having a space where I can talk has helped my thoughts be less jumbled in my head. I have articulated them, so it feels less overwhelming. Helps me be more certain about what I can do in situations."*

*"For the first time I have felt properly heard, believed and understood. It has been a long journey and I have a ways to go but being listened to and respected and made to feel I was worth helping has turned my life around."*

#### **Kingdom Abuse Survivor's Project**

*"I was stuck in this place I was so angry, lost, sad, didn't know how to get my head out of it... I didn't know where to start that was the problem too! I knew I had to sort myself out as everyone was turning against me. I felt I needed to sort myself out the lockdown inadvertently helped me as I made contact with KASP! I made huge life changes So much has changed in past 6/7 months and I have with help from KASP worked on myself and made changes!"*

*"I just remember the loneliness...the terror etc ..etc ... And the pain physical, mental and emotional pain. The feeling of being a trapped animal just wanting a human being to can and unlocked the cage door and let me out and to show me it is safe to come out although the cage door is open"*

#### **Saje**

*"I know from personal experience how hard it's to take that first step in the door but everyone was so welcoming from reception to councillor which made it less scary and so much easier to return and through time I self-harmed less and became strong enough to fight the suicidal thoughts and report my abuser."*

*"A better understanding of what happened to me and knowing I'm not alone. I have a voice again which I felt I haven't had for 2 years"*

#### **NHS Gender-Based Violence Service**

*"I haven't been able to talk to anyone really. You just don't know what's out there or who to talk to. It was (friend's name) who mentioned you guys, she told me about you and I'm just so relieved there's someone to talk to."*

*"I was raped by my ex-boyfriend. I got support from my worker in the team and she was so good. Really listened to me and helped me to get additional support in place. When she started, I was really lost and unsure about what I needed or how to help myself."*

#### **Safe Space**

*"I can honestly say if it had not been for safe space I wouldn't have been able to go through with the court and there's definitely a high chance I wouldn't be here at all"*

*"I know from personal experience how hard it's to take that first step in the door but everyone was so welcoming from reception to councillor which made it less scary and so much easier to return and through time I self-harmed less and became strong enough to fight the suicidal thoughts and report my abuser."*

## Cedar

*"It has made me more confident. I smile and laugh again when I had almost forgotten how to. I now don't say sorry for no reason. I'm loving life again, I can see a future for my kids and I."* (mother)

*"I am happy and feel better than when I first came and it was fun"* (child)

Resources have been discussed throughout the year. Some specialist services received additional national funds to address and reduce waiting lists. The partnership has looked to support agencies under most pressure and to identify additional funds.

An ongoing challenge is the short-term nature of funding with most specialist services involved in funding applications including to the Delivering Equally Safe Fund. Local organisations had mixed fortunes with these competitive funds.

**Fife Suite** (forensic examination for adult victims of rape and sexual assault) NHS Fife and partners including Police and FRASAC, have developed processes for self-referral which went live 1<sup>st</sup> April 2022 – allowing victims to have a forensic examination (within a critical timeframe) without having to make decisions about reporting the assault to the Police.

**Alcohol and Substance Misuse** has worked with Scottish Drugs Forum and Fife VAW Partnership to ask women with lived experience what the barriers are to accessing and staying engaged with services. MARAC reviewed cases where women were at high risk of domestic abuse to ensure we have a better understanding of how service design can disadvantage some service users

[Join the Dots](#) a new Fife Women's Aid Service for children and young people based on a model of additional and intensive support was launched providing opportunities to explore the impact of domestic abuse and support recovery.

## Learning and Development

FVAWP delivered training throughout 2021-22 as part of the Multi-agency [Training Framework](#). This was accessed by partners across statutory and third sectors with a wide range of staff attending. FVAWP Training Programme can be accessed through [FVAWP webpages](#).

Training was delivered through a variety of platforms including e-learning, webinars and blended learning options. With the help of our partners, we adapted more courses to the webinar format including 'Domestic Abuse and the Protection of Children', 'MARAC', and 'Engaging Safely with Male Perpetrators of Domestic Abuse'. We have recently started to introduce some 'in-person' learning opportunities again and hope to continue our training programme with a blended approach to suit all learners.

This year we had numerous and varied learning opportunities across a variety of different platforms, including single-agency training, and the courses offered were completed by over 1500 participants (see appendix 3). The high standard of training could not be delivered without support of partner organisations. A high level of satisfaction in the training was maintained despite the remote delivery method, with attendees identifying:

- an increase in understanding of the issues
- improved knowledge of good practice
- increase in knowledge of services and resources

All courses evaluated extremely well. Feedback on some of the courses from participants includes:

### MARAC:

*"Really good seminar, that deepened my knowledge of MARAC and the process that takes place, as well as finding out a few additional agencies that I will be adding to my list. Thank you"*

### Domestic Abuse and Protection of Children:

*"Really enjoyed the course and hearing all about the work being done with woman, children and perps to change these behaviours and make life a happier / more enjoyable experience for all."*

Identifying Stalking Behaviours:

*"Really well-developed training that gave a perfectly pitched overview of stalking/stalkers - but also interventions (and what can work) which I had hoped would be present (and were). This is exactly what I was looking for, so really helpful!"*

Working With Adult Survivors of Childhood Sexual Abuse:

*"I thought this training was very good and engaging even on a Teams meeting. The facilitators really knew their stuff which made all the difference, and it wasn't formal so I felt I could speak up more."*

Exploring the Impact Gender Stereotypes and Unconscious Bias has on the Ambitions of Learners:

*"I will be more conscious of what I say and do to promote equality"*

FVAWP promotes e-learning courses developed by partner agencies, some of which are a prerequisite to attending level 2 webinar inputs (see [webpages](#) for training programme) These include

- Domestic Abuse Awareness Raising Tool (DAART)
- Sexual Violence Awareness Training
- Becoming Trauma Informed
- Introduction to Child Sexual Exploitation
- Awareness of Forced Marriage
- Recognising and Preventing Female Genital Mutilation (FGM)
- Developing Your Trauma Skilled Practice

FVAWP continued delivering [Safe and Together](#) Core training through a blended approach (using Safe and Together Institute Virtual Training Academy and Fife trainers consolidating the learning through webinars) targeting mainly social work staff in Children & Families and Criminal Justice services, as well as some of the MARAC partners. A further 54 staff completed the 4-day Core training, bringing the total number of staff trained in the Safe and Together model in Fife to over 240. The focus of the course content is:

- Keeping children safe and together with the non-abusing parent
- Partnering with the non-offending parent as the default position
- Intervening with perpetrators to reduce risk of harm to the child

Safe and Together training feedback:

*"Best practice examples of reports were really useful"*

*"Being more domestic-violence informed, partnering with the non-offending parent, assessing the perpetrator's patterns of behaviour to assess the impact on family functioning, and ensuring documentation is domestic-violence informed"*

*"Changing the language I use in documenting domestic abuse case notes and reports. Making sure the children's voices are heard in these reports by quoting them"*

*"Doing more work with perpetrators to hold them accountable"*

An additional 63 participants took part in 7 partner-led internal and external training seminars; these included specialist Foster Carer training provided by Kingdom Abuse Survivors Project and Fife Rape and Sexual Assault Centre, who also delivered training to SACRO, the Social Work Forum for Newly Qualified Practitioners, and the Early Years Network.

NHS Fife has continued to support routine enquiry in a range of health settings.

FVAWP partnered with Scottish Women's Aid, Fife Council Housing, and Safer Communities to pilot [Equally Safe in Practice](#) (ESiP) training, rolling out mandatory training to Housing and Safer Communities staff comprising of three modules:

- ESiP Together for Gender Equality
- ESiP Understanding Domestic Abuse

- ESiP Understanding Sexual Violence

To date staff have completed the first module and attended sessions facilitated by trainers to discuss and consolidate their learning about gender equality. Of those who had not attended gender or VAW training previously, all felt that the training had increased their understanding of:

- What gender is and why it is important
- The harmful impact of gender stereotypes on individuals and society
- What we lose in an unequal society
- The link between women's inequality and violence against women
- Actions I can take to make a positive difference.

Feedback and key takeaways from participants included:

*"That gender inequality in society can lead to violence against girls and woman, had just assumed those carrying out the violence were just bad people, not that society helped to set females up to face this violence"*

*"I could connect and relate to the experiences from other women. It made me realise I have been right to challenge unequal attitudes when men have been sexist or ignorant. It has also shown me that a women's standards are not too high in how they are expected to be treated by males. It is societies expectations that are far too low."*

**Fife Suite** (forensic examination for adult victims of rape and sexual assault) NHS Fife and partners including Police and FRASAC, have developed processes for self-referral which went live 1<sup>st</sup> April 2022 – allowing victims to have a forensic examination (within a critical timeframe) without having to make decisions about reporting the assault to the Police.

#### **Fife Housing Partnership**

Domestic Abuse Intervention Fund continues to run and support women with practical issues in settling into accommodation e.g. storage and removal costs.

Housing Options Pathway continues with Case Management approach. One consistent Case Manager has proven to be very successful with positive feedback from women.

Fife Housing Register partners have been looking at how to support women who have been rehoused to sustain tenancies, including Tenancy Assistance and Housing Support resources which have been identified.

Links have been made with the Private Landlords Forum to highlight supports that are out there for Private Sector Tenants experiencing domestic abuse.

Fife Council Housing Service was very involved in pushing legislative changes included in Domestic Abuse (Protection) (Scotland) Act.

**MARAC Fife – (multi-agency risk assessment conferencing)** is a process for the highest risk domestic abuse cases. Its aims are to safeguard adult victims; make links with other public protection arrangements in relation to children, perpetrators, and vulnerable adults; protect agency staff and address the behaviour of the perpetrator.

MARAC was sustained throughout Covid-19 restrictions with partners sharing information and holding discussions remotely. Of the 710 referrals to MARAC Fife

- 48% were discussed by partners at MARAC and independent MARAC advocacy offered by Fife Women's Aid or KASP
- 26% were referred to MARAC independent advocacy for further risk assessment, safety planning and victim support
- 24% of referrals were returned to the referring agency to support without MARAC co-ordination but with feedback and signposting

85% of the total referrals into MARAC were from the Police. 95% of victims were female, aged from 16 to 78 years.

Cases involved stalking (37%), high levels of violence and coercive control. The impact on victims is profound in terms of trauma and wellbeing. Children are significantly impacted with domestic abuse identified as an adverse childhood experience (ACE). 782 children were in the 337 MARAC case discussions, usually the children of the victim or perpetrator but also step or half siblings, grandchildren, or otherwise at risk.

Substance misuse is not a cause nor an excuse for domestic abuse, however, can increase risk when the victim and/or the perpetrator are misusing alcohol or drugs. Of MARAC victims last year, 16% had identified alcohol ab/use and 16% drugs ab/use concerns. Of MARAC perpetrators 39% had an issue with alcohol and 45% with drugs. Joint work with Fife Alcohol and Drug Partnership continues, with the aim of improving support for women with dependencies.

MARAC reduces repeat victimisation within a context of complex and often escalating abuse where sharing information and partnership working is essential. Importantly, victims feel supported by the MARAC advocates and other partners. MARAC ensures partner agencies understand (and set tasks to reduce) the level of risk posed to adult victims and third parties including children. MARAC Advocates ensure all partners are aware of the victim's perspective and that tasking in the Risk Management Plan address their needs.

A MARAC Fife review led by a social work team manager, with a range of MARAC partners supporting case audits and review of processes and resources was undertaken in 2020/21. Recommendations have either been implemented or work begun to address them. Recommendations included to:

- increase Chairing capacity at MARAC case discussions (with a Fife Women's Aid manager joining the existing Police and Justice social work Chairs);
- enhance the links between Adult Protection and MARAC (with closer working relations through the Adult Protection Coordinator and MARAC Coordinator now in place and working well);
- focus on victim non-engagement and advocacy for less well-represented victims in the MARAC cohort (being explored through the creation of a short life working group).

The full recommendations and details can be viewed in the MARAC Annual Report 2021/22.

**Safe, Secure and Supported at Home** continued to be a key service during lockdown including for MARAC referrals. Fife Women's Aid deliver the befriending element which has been bolstered post lockdown, helping families to settle in unfamiliar surroundings.

#### **Next Steps**

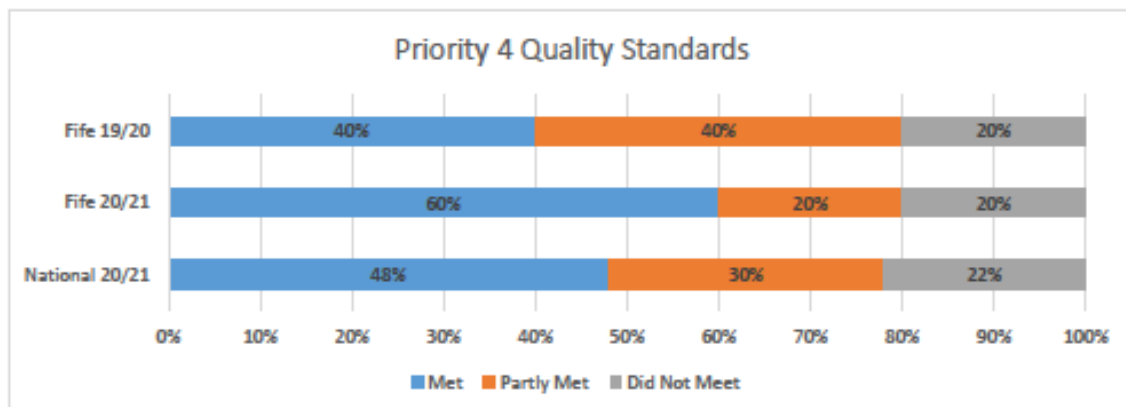
- Fife Violence Against Women Partnership will continue to monitor the demand for services as the impact of Covid varies, recognising the need for recovery services
- FVAWP will contribute to the national strategic funding review
- FVAWP will work with Alcohol and Drug Partnership to promote the learning from the community research looking at effective engagement with women with experience of violence against women and addictions.
- Strengthen joint work with Adult Support and Protection
- Housing Services developing guidance, processes and training materials re Domestic Abuse (Protection) (Scotland) Act.
  - Continue links with Private Sector to grow knowledge of domestic abuse supports
  - Work continues around tenancy sustainment models
  - Domestic Abuse Intervention Fund to continue to operate and provide practical assistance.
- Offer Safe and Together training to a wider range of partner agencies.
- Work with Equally Safe in Practice to deliver 2 more modules "Understanding Domestic Abuse" and "Understanding Sexual Violence".
- Develop training on Commercial Sexual Exploitation and Intimate Image abuse with national partners



#### Equally Safe Priority 4

Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response.

- Justice responses are robust, swift, consistent and co-ordinated
- Men who carry out violence against women and girls are identified early and held to account by the criminal and civil justice system
- Relevant links are made between the experience of women children and young people in the criminal and civil justice system



#### What have we done?

FVAWP promotes engaging with male perpetrators of domestic abuse to hold them accountable for their behaviours in terms of adult victims, children and third parties. Criminal Justice Social Work (CJSW) colleagues supported the development of a multi-agency seminar *Engaging Safely with Male Perpetrators of Domestic Abuse* which has evaluated well and is now incorporated into FVWAP training programme (see appendix 3)

#### Engaging Safely with Male Perpetrators of Domestic Abuse:

*"I really enjoyed the course - it was clearly well thought through and had the right balance of theory and application. The leaders were insightful and knowledgeable. It's one of the best courses I've attended in a long time, thank you."*

Covid restrictions had a significant impact on the functioning of criminal justice system, particularly the Courts where there were significant backlogs. CJSW continued to manage cases with close monitoring

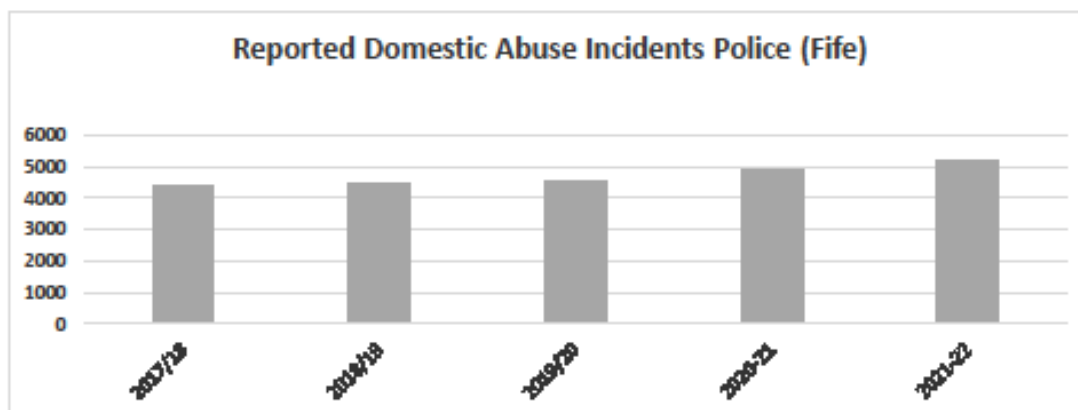
Perpetrator groups were suspended, including for domestic abuse and sex offenders to be replaced with one-to-one delivery. Groups were re-established in January 22 as Covid restrictions eased.

There were significant backlogs in Unpaid Work - 20,000 hours were removed in Fife due to a change in the legislation, this did not however impact on perpetrators of domestic abuse / sexual violence or stalking offences who are required to complete their unpaid work.

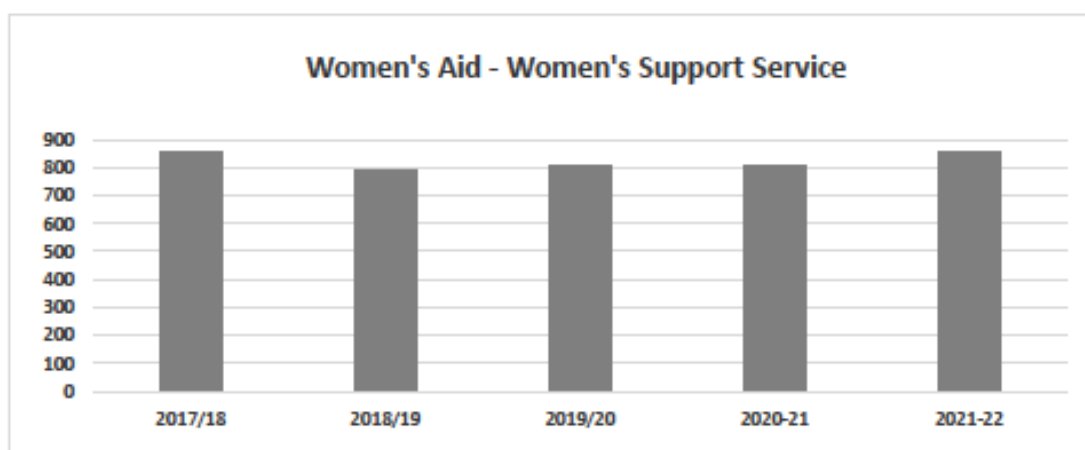
## Demand for Services – Partners Data returns 2021/22

### Domestic Abuse

Police Scotland (Fife Division) recorded 5195 incidents of domestic abuse. 42% were identified as crimes involving 3683 charges. This resulted in 1822 reports to the Procurator Fiscal. There has been an increase in reported domestic abuse incidents year on year as the graph below shows. There were real concerns at the start of Covid lockdowns that domestic abuse would be under-reported. Police continued to respond "business as usual" throughout the pandemic and these fears were not realised.



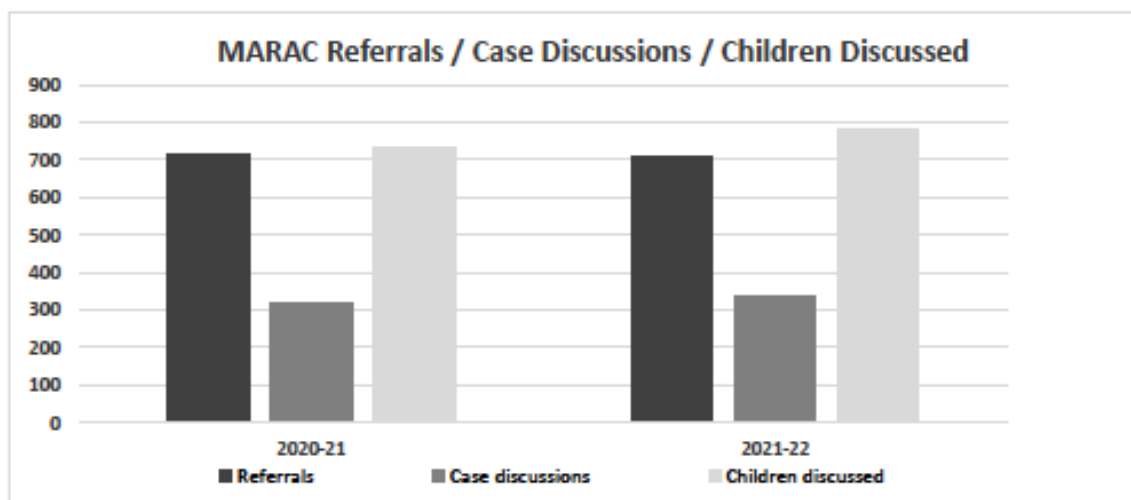
Fife Women's Aid received 1306 referrals a reduction of 12% from the previous year to their services for women aged 16+ years, including women's support service, refuge, MARAC, counselling, court support, befriending and family support. 857 of these referrals were to the women's support service, which was an increase of 7% on the previous year. 461 children (0-15 years) were supported by FWA children and young people's service an increase of 13%. This increase coincides with the launch of the new *Join the Dots* service. There were 194 refuge requests which represents a decrease of (46%) on the previous year. 2020/21 saw a significant increase in the number of refuge requests linked to the difficult position women found themselves in during Covid lockdowns. Refuge requests are now more similar to (and slightly lower than) the 2 years prior to Covid.



**Shakti Women's Aid** received 24 new referrals, all domestic abuse cases. There was one woman with no recourse to public funds, three women were refugees seeking asylum. Honour based abuse was present as an element of the domestic abuse in four of the cases.

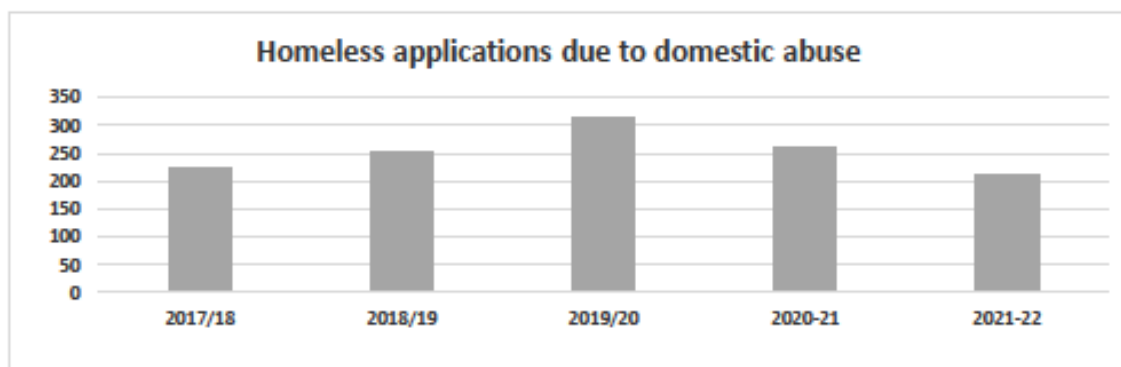
**Cedar+ Fife** – groupwork delivery continued to be impacted by Covid restrictions. Referral numbers remained lower than pre-covid levels. There were 79 referrals - an increase of 139% on previous years, but still well below pre-covid levels. 54 children and 41 children completed group with 3 supported on a one-to-one basis.

**MARAC Fife** received 710 high risk domestic abuse referrals. Virtual multi-agency meetings continued with enhanced screening processes. The number of case discussions was 337 including 782 babies / children.



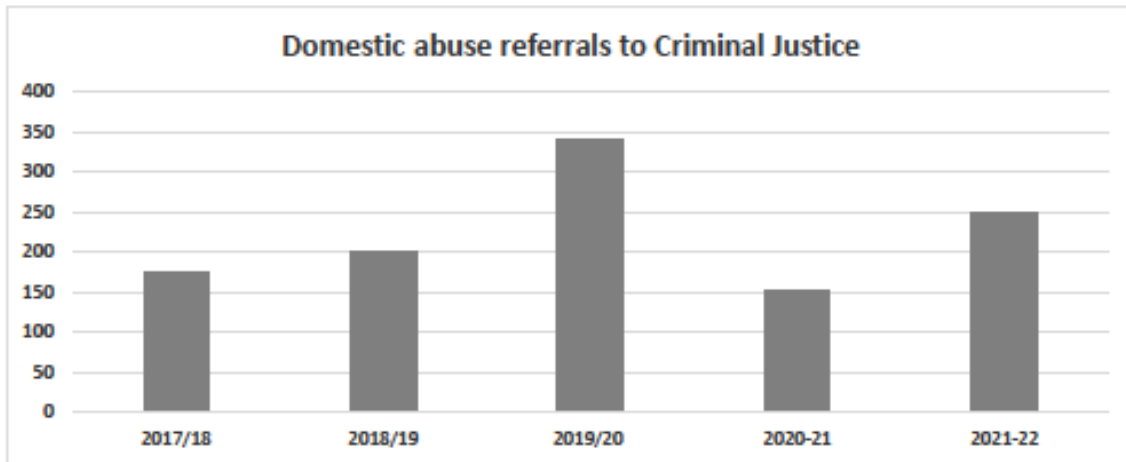
**Saje** received 376 referrals. 241 women completed the Freedom Programme and 89 the Toolkit for Life. Saje adapted services to deliver a range of on-line programmes. There continues to be ad-hoc support and weekly drop-in sessions.

**Housing** - The number of applications for homeless accommodation as a result of domestic abuse / violence against women decreased again last year (-20%). Housing Service has been working to reduce crisis homelessness and a number of measures have been put in place to support those with experience of domestic abuse. The numbers offered tenancies where there is known domestic abuse has remained very similar to last year at 210.

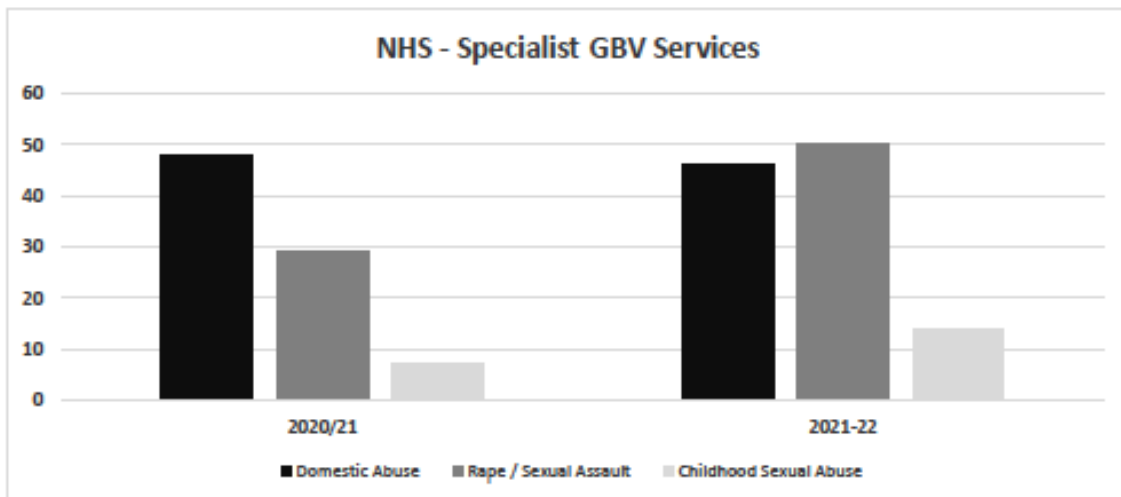


### Criminal Justice

Covid continued to impact on both Courts and Criminal Justice Social Work. The number of referrals to criminal justice social work for perpetrators of domestic abuse (assault / serious assault / breach of the peace) was 248. This reflects an increase on the previous year of 64% but is still lower than the year prior to Covid restrictions. 57 men started the Caledonian programme, group delivery was hampered by Covid restrictions, where groups weren't possible one to one work continued. No men completed group in 2021/22. 74 women engaged with the women's service over the course of the year, others chose not to engage with the service. As of 31<sup>st</sup> March 2022 there were 123 women on the Women's Support service caseload.



**NHS - Specialist NHS Gender Based Violence Service** provided support as across a range of areas as follows.

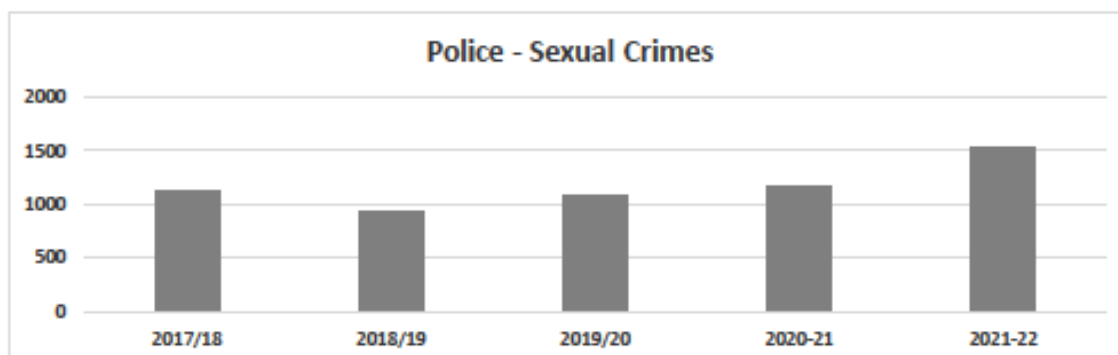


The Gender Based Violence Nurse Advisory Service saw a significant increase in the number of rape and sexual assault disclosures (42%) and childhood sexual abuse (100%). The team offers safety, support and stabilisation for victims and survivors of abuse. The Fife Suite for forensic examinations

based in Queen Margaret Hospital offers greater health focus. For further information see NHS Fife's GBV annual report.

### **Sexual Violence / Abuse**

Police Scotland (Fife Division) recorded 1527 crimes of "indecenty"<sup>3</sup>. "Crimes of indecenty" describe a wide range of sexual offending as described in the foot note below including sexual assault and rape. This represents an increase of 31%. Police Scotland has local and national units which proactively target and investigate high risk offenders. These crimes include current and historic offending including in a domestic context. Police Scotland has had a number of campaigns to encourage reporting and support victims to disclose. Although Police Scotland operated throughout covid, some services were more limited. As services including recovery and therapeutic work resume victims and survivors are better supported by partner agencies to report to the police.



### **Third Sector Sexual Abuse Agencies received the following number of referrals**

- **FRASAC** (Fife Rape and Sexual Assault Centre) received 353 new referrals, an increase of 36% on the previous year and higher than pre-covid levels. They supported a total of 541 individuals throughout the year
- **KASP** (Kingdom Abuse Survivor's Project) received 297 new referrals, an increase of 84% on the previous year. They supported a total of 370 survivors throughout the year
- **Safe Space** received 53 new referrals, an increase of 18% on the previous year. They supported 72 survivors in the course of the year.

3<sup>rd</sup> sector partners have provided 5282 hours of support to survivors to help them cope with their experiences of abuse and violence during the last year. This represented an increase of 73% for FRASAC and 41% for Safe Space

### **Criminal Justice Social Work**

<sup>3</sup> Rape/ Having Intercourse with an Older Child, Sexual Assault by Penetration, Engaging in penetrative sexual activity with or towards an older child, Sexual Assault, Engaging in sexual activity with or towards an older child, Sexual Coercion, Causing a Young Child/Older Child to Participate in a Sexual Activity, Coercing/ Causing a Person/Young Child/Older Child to be Present During a Sexual Activity, Coercing /Causing a Person/Young Child/Older Child to Look at a Sexual Image, Communicating Indecently, Causing a Person to See or Hear an Indecent Communication, Sexual Exposure, Voyeurism, Administering a Substance for Sexual Purposes, Engaging while an Older Child in Sexual Conduct with or Towards Another Older Child, Engaging while an Older Child in Consensual Sexual Conduct with Another Older Child, Sexual Abuse of Trust (Children), Sexual Abuse of Trust of a Mentally Disordered Person

There were 122 referrals to criminal justice social work for reports as a result of sexual offending (an increase of 31%). 15 started on a programme focussing on reducing risk of further sexual offending with 11 successfully completing. This remains lower pre-Covid with the disruption to delivery of groupwork and Courts.

## Appendix 1 Fife Violence Against Women Partnership Action Plan 2019-22

The action plan was amended in December 2020, recognising the significant impact of Covid on those affected by violence against women. In recognition of the particular risks for women and children the Scottish Government, CoSLA, Public Health Scotland and the Improvement Service published Covid-19 Supplementary VAW Guidance in June 2020 and an updated version in September 2020. This Guidance recognises:

The Guidance identifies a range of specific increased risks:

- During periods of lockdown and other social restrictions
- During recovery and renewal planning
- As partners build back better

The guidance also identifies 25 actions that local partners should consider to mitigate against those risks. The action plan now incorporates actions addressing 1 & 2 above SG 1 to 10 - during periods of lockdown and other social restrictions, SG 11 to 20 - during recovery and renewal planning. Some link closely to actions already in our action plan, others are additional.

### Equally Safe Priority 1 - Scottish society embraces equality and mutual respect and rejects all forms of violence against women and girls

Planned Activity	Key actions	Progress
1.1 Work in partnership with schools, colleges and university to raise awareness of all forms of VAWG, aligning to Scottish Government led strategies and pilot projects. Ensure a strong focus on prevention including: <ul style="list-style-type: none"> <li>• raising awareness of positive healthy relationships</li> <li>• supporting children and young people to identify 'unhealthy relationships' at an early stage.</li> </ul>	Develop a primary prevention strategy to raise awareness of gender-based violence and support the delivery of inputs across schools aligned to Curriculum for Excellence. <ul style="list-style-type: none"> <li>• Early years</li> <li>• Primary schools</li> <li>• Secondary schools</li> </ul>	Complete
	University of St Andrews to work with partners to raise awareness of VAWG focusing on prevention including Mentors in Violence Programme FVAWP to support this prevention work, recognising the key role of specialist services.	Ongoing
1.2 Work in partnership with youth work groups to ensure a consistent approach to raising awareness and tackling tolerance of VAWG	Identify priority groups of children and young people to learn about healthy relationships and those who need additional support to cope with the impact of Covid and VAW	Ongoing
1.3 Engage with the local community to raise awareness of Violence Against Women, the causes and consequences and the role they can play in tackling it	Link with national prevention campaigns such as 16 days FVAWP to promote services and where to get help (see priority 3, action 8 and priority 2, action 19)	Ongoing

**Equally Safe Priority 2 - Women and girls thrive as equal citizens: socially, culturally, economically and politically**

Planned Activity	Key actions	Progress
2.1 Highlight Equally Safe within local Equalities Strategies	Work with the Senior Equalities Group (SEG) to promote the quality standards and additional actions highlighted in the <a href="#">Covid-19 Supplementary VAW Guidance</a> that link to ES priority 2	Ongoing
2.2 Fife Council to engage with the Equally Safe Employer Accreditation Programme	Fife Council to work with FVAWP to achieve Bronze Accreditation where the framework addresses: <ul style="list-style-type: none"> <li>• Leadership</li> <li>• Data</li> <li>• Flexible working</li> <li>• Occupational Segregation</li> <li>• Workplace culture</li> <li>• Violence against women</li> </ul> Share learning with FVAWP partners Fife Council and Partners to highlight VAW policies in context of Covid-19, recognising the impact Covid-19 has had on staff working from home and additional risks. Promote Domestic Abuse Awareness Raising Training ( <a href="#">DAART</a> ) to managers and staff across the Partnership	Ongoing
2.3 (SG19) Regularly consult with women, children and young people with lived experience of VAWG and ensure that the recovery systems and services put in place locally recognise and respond to their specific needs, including WCYP with protected characteristics and/ or complex needs (previously FVAWP 2.3 and 2.4)	Consult with women, children and young people with lived experience of VAW including those in contact with: <ul style="list-style-type: none"> <li>• VAW specialist services,</li> <li>• Fife Women's Tent and</li> <li>• Equality Collective</li> </ul> and use this information to inform service design  FVAWP and individual partners to liaise with local equality groups and identify opportunities for collaborative working including Fife Equalities Forum.	Ongoing
2.4 (SG1) Ensure Equality and Human Rights Impact Assessments are undertaken when developing any new policies/ responses to COVID-19, to reduce any unintended negative consequences to WCYP experiencing VAWG and ensure they meet the specific needs of people with protected characteristics	EqlAs undertaken in line with the public sector equality duty. SEG to highlight impact of Covid-19 on women children and young people experiencing VAWG and share Supplementary guidance.	Complete
2.5 (SG11). Undertake local strategic needs assessments to understand the impact the pandemic has had on women, children and young people experiencing	Share and discuss supplementary guidance with Community Managers to support local partnership recovery and renewal plans	Ongoing



Planned Activity	Key actions	Progress
VAWG and ensure this learning is used to shape local recovery and renewal plans		
2.6 (SG12). Ensure specific risks to women and children affected by VAWG are included in relevant integrated risk registers being developed by relevant Chief Officer Groups (COGs) to support wider recovery and renewal planning	VAW data to be shared with COPSG Share and highlight Supplementary Guidance with COPSG. Highlight Supplementary Guidance to those redrafting Plan 4 Fife	Complete
2.7 (SG20) Ensure that the inequality of outcomes that women have experienced during the pandemic are recognised and addressed in local recovery and renewal strategies, as well as in specific strategies relating to employability and economic recovery and poverty and welfare	Revised Equality and Diversity Scheme to reflect impact of Covid -19 including identifying inequality of outcome and disadvantage on women, children and young people.  Share and highlight Supplementary Guidance with: <ul style="list-style-type: none"> <li>• Opportunities Fife Partnership</li> <li>• Community Managers</li> <li>• Communities and Wellbeing Partnership</li> <li>• Child Poverty Group</li> </ul>	Complete

**Equally Safe Priority 3 - Interventions are early and effective, preventing violence and maximising safety and wellbeing of women, children and young people**

Planned Activity	Key actions	Progress
<p>3.1 Improve funding arrangements for VAW services to ensure high quality, sustainable services are available locally for women and children affected by all forms of VAWG</p> <p>3.1a Consider how to support and enhance capacity of specialist services. Wherever possible, this will include ensuring that any local funding and contractual expectations are flexible to support service delivery and the changing needs of WCYP (SG6)</p>	Continue to consider resources at FVAWP Executive meetings, working together within funding constraints	Ongoing
3.1b Develop a strategy for effective multi-agency communication & data sharing to capture both quantitative and qualitative evidence on the impact of COVID-19 on women, children and young people (SG 5)	Quarterly quantitative and qualitative data is collected from partners to evidence impact of Covid	Complete
<p>3.1c Work in partnership with specialist VAWG services and universal services to identify anticipated levels of demand for crisis, recovery and other support in the coming year, and ensure resources are available to meet these. (SG17)</p> <p>3.1d Explore opportunities to lever additional resources to support systems and services to respond to increased levels of demand. (SG18)</p>	<p>Regular reports to FVAWP Executive to include:</p> <ol style="list-style-type: none"> <li>1. Trends</li> <li>2. Waiting Lists</li> <li>3. Alternative delivery methods</li> </ol>	Ongoing
<p>3.2 Develop new pathways with psychological services for women and children affected by violence against women</p> <p>3.2a Ensure local workforces have capacity and capability to provide trauma-informed support and services for all WCYP who require it (SG15)</p>	<p>Develop care pathways to meet national standards for forensic examination for sexual assault</p> <p>Work with Fife Trauma Network and Psychological Services to ensure appropriate supports for survivors of violence against women</p> <p>NES trauma e-learning to be included in FVAWP training programme</p>	Complete
3.3 Work towards national standards for forensic examination for sexual assault	Continue to develop services and health pathways for adult survivors of sexual assault with regular review and incorporating the views of victims / survivors.	Complete

Planned Activity	Key actions	Progress
3.4 Review support for women and children with additional vulnerabilities including: <ul style="list-style-type: none"> <li>• trauma (complete)</li> <li>• substance misuse</li> <li>• mental health (complete)</li> <li>• military community</li> <li>• learning disability</li> </ul>	FVAWP (including MARAC leads) to work with Trauma network	Complete
	<ul style="list-style-type: none"> <li>• Alcohol and Drug Partnership (ADP)</li> </ul>	Ongoing
	<ul style="list-style-type: none"> <li>• MOD</li> </ul>	To be developed
	to ensure appropriate services are accessible and meet service users' needs.	
3.5 Review and maintain support & recovery services available for children affected by VAWG  3.5a Work in partnership with specialist VAWG services to ensure that robust pathways are in place to identify children and young people experiencing domestic abuse and other forms of VAWG and that they are able to access spaces at ELC and Education Hubs where possible, during periods when schools and nurseries are closed (SG4)  3.5b Work in partnership with specialist VAWG services to ensure the needs of children experiencing domestic abuse are prioritised as part of recovery strategies being developed by Children Services and Education teams (SG14)	<ul style="list-style-type: none"> <li>• Young people's sexual abuse support services 12+ years at FRASAC</li> <li>• Seafield Project</li> <li>• Child and Adolescent Mental Health Services (CAMHS)</li> <li>• Fife Women's Aid Children and Young people's services</li> <li>• CEDAR+ (Children Experiencing Domestic Abuse Recovery including Early Years MARAC to identify and refer children and young people.</li> </ul> <p>Health, Social Work and Education work in partnership to identify children at risk (including all children on the child protection register)</p> <p>Develop mechanism for specialist services to refer to Education Hubs</p> <p>Share and discuss supplementary guidance with Community Managers for consideration at Multi-Disciplinary Teams</p> <p>Share with Education Managers</p>	Ongoing
3.6 Continue to review and deliver training opportunities, responding to FVAWP priorities	Develop a FVAWP multi-agency training framework identifying e-learning and virtual training opportunities.	Complete
	FVAWP training programme to: <ul style="list-style-type: none"> <li>• promote Safe &amp; Together principles</li> <li>• highlight the impact of VAW on trauma</li> <li>• highlight stalking and coercive control</li> </ul> Rollout Safe and Together core training to Social Work (Children and Families and Criminal Justice)	Ongoing
3.7 NHS to review training and routine enquiry within healthcare settings	Develop an improvement plan to increase the use of routine enquiry in the priority areas as set out in CEL	Ongoing
3.8 Review options to provide quality, safe, secure and accessible accommodation that meets the needs of	Fife Housing Partnership (FHP) Project to deliver on <i>Improving the Way We Work</i> action plan:	Ongoing

Planned Activity	Key actions	Progress
women, children and young people affected by VAWG  3.8a Develop a COVID-19 domestic abuse housing policy based on good practice guidance (SG3)	<ul style="list-style-type: none"> <li>Develop multi-agency case working model for women who wish to retain settled accommodation</li> </ul> Each landlord to develop their own tenancy management policy based on revised Fife Housing Register Domestic Abuse and Sexual Violence Protocol	
	<ul style="list-style-type: none"> <li>Develop a Prevention of Homelessness Fund to support women to access and retain settled accommodation</li> </ul>	Complete
	<ul style="list-style-type: none"> <li>Continue to develop the Housing Options Pathway for women experiencing domestic abuse</li> </ul>	Complete
3.9 MARAC – multi-agency risk assessment conferencing  3.9a Ensure MARACs continue to function to identify and enable safety plans to be put in place for WCYP at greatest risk of harm (SG2)	Develop and work to the 10 principles of an effective MARAC.  Continue MARAC with revised processes to reflect Covid restrictions  Undertake review / audit of MARAC	Complete
3.10 Continue to deliver Safe Secure and Supported at Home (SS&S@H) services	Identify resources to continue project beyond November 2019. Co-ordinate delivery of: <ul style="list-style-type: none"> <li>Befriending</li> <li>Home security advice and equipment</li> <li>Police alarms</li> <li>Housing advice and support</li> </ul>	Complete
3.11 Cross reference learning from local and national case reviews relating to both children and adults relating to violence against women and children (including child sexual exploitation)	Learning from case reviews to be shared with FVAWP partners	Ongoing
3.12 Encourage community planning partners to work together to ensure a consistent approach to meeting the needs of WCYP, particularly in adult protection, child protection and criminal justice responses (SG 7)	COPSG to co-ordinate public protection responses including VAW, adult protection, child protection and MAPPA.	Complete
3.13 Use social media and other communication channels to highlight local services & support available to WCYP and ensure different sectors of the workforce know the role they can play in reducing risks. The use of accessible communication should be promoted wherever possible to ensure that women and children with visual or sensory disabilities, learning difficulties, language barriers or other communication support needs are not excluded (SG 8)	FVAWP to work with Fife Council Communications Team and FVAWP partners to highlight local services & support, and staff know the role they can play in reducing risks. Sharing information to those supporting service users with additional vulnerabilities  Update FVAWP Webpages	Complete

Planned Activity	Key actions	Progress
3.14 Adopt a whole-systems, child-centred approach to working with families experiencing domestic abuse & ensure children are involved in decision making where appropriate (SG13)	Core business.	Complete (ongoing)

#### Equally Safe Priority 4

**Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response.**

Planned Activity	Key actions	Progress
4.1 Identify staff that need training in identifying and engaging with perpetrators (including health visitors & midwives)	Use the Safe and Together model to underpin training to support staff in their role. Develop and deliver-multi-agency training to support staff in identifying and responding to perpetrators of domestic abuse appropriately.	Complete
4.2 Develop appropriate interventions to engage with, challenge and support change in the behaviour of perpetrators of VAW  4.2a (SG9) Update risk assessment & management plans for convicted perpetrators & ensure close monitoring of high-risk perpetrators. Where possible, and this can be done safely, intervene directly with perpetrators face-to-face or virtually to support them to change negative behaviours. If not possible, consider other ways of safely engaging to monitor behaviour  4.2b (SG10) Ensure that criminal justice partners have relevant details of index offences relating to VAWG and information around protective orders (e.g. NHOs) preventing contact with WCYP  4.2c (SG16). Ensure perpetrators are held to account through robust use of criminal justice process and resumption of programmed interventions, including use of flexible newly accredited 1:1 delivery methods, if groupwork support remains impractical.	Convicted perpetrators and high-risk offenders are monitored through MAPPA, engagement with offenders and MATAAC  Safety planning and robust management of offenders  Work with Procurator Fiscal's office to ensure information is shared with criminal justice partners.  Deliver the Caledonian Groupwork Programme, if restrictions demand this can take place on a one-to-one basis. Additional one to one work with perpetrators of domestic abuse will also be undertaken.  Deliver Moving Forward Making Changes (MFMC) programme (one to one basis) or another appropriate accredited programme  Unpaid work and other activity including domestic abuse work	Ongoing
4.3 Multi-agency Tasking and Co-ordination (MATAAC) groups identify high risk domestic abuse perpetrators and hold them to account	Regular MATAAC meetings are held with partners, linking with <ul style="list-style-type: none"> <li>DSDAS (Disclosure Scheme Domestic Abuse Scotland) -</li> <li>MARAC</li> </ul>	Complete

**Appendix 2. Children and Young People's (CYP) Prevention Inputs from FVAWP partners 2021/22**

Organisation	Establishment	Delivery	Content	Age	Number
NSPCC	17 primary schools	Online resources supporting In-person (education)	NSPCC: Speak Out Stay Safe	P1-7	3100
FRASAC	Glenrothes High School	In-person	How To Prevent Sexual Violence	S6	48
FRASAC	Glenrothes High School	In-person	Rape Crisis: Consent and Social Media	S3	14
FRASAC	Dunfermline High School	In-person	Rape Crisis: Consent and Social Media	S2	178
FRASAC	Madras College	In-person	What Is Sexual Violence & Social Media modules	S4	100
FRASAC	Woodmill High School	In-person	Rape Crisis: Consent and Social Media	S2	184
FRASAC	Woodmill High School	In-person	What Is Sexual Violence & Social Media modules	S3	129
FRASAC	Balwearie High School	In-person	Rape Crisis: Consent and Social Media	S2	43
Got Consent Group	Madras College	In-person	Got Consent?	S6	50
Got Consent Group	University of St. Andrews	Online	Leadership Workshops	17+	800+
Got Consent Group	University of St. Andrews	Online	"How Saints Speak" (How politics interact with 'consent' and sexual gender based violence)	17+	14
Got Consent Group	University of St. Andrews	In-person	Healthy Relationship Workshops	17+	14
Got Consent Group	University of St. Andrews	In-person	Online Consent Module	17+	4
Got consent Group	University of St. Andrews	In-person	'Got Consent?'	S6	50

### Appendix 3. FVAWP Training 2021/22

The following national e-learning modules are promoted in our programme but it is not possible to monitor how many Fife staff have completed:

- Sexual Violence Basic Awareness
- Child Sexual Exploitation
- Awareness of Forced Marriage
- Recognising and Preventing FGM
- Developing Your Trauma Skilled Practice

<b>FVAWP Training 2021/22 (e-learning completed but not evaluated)</b>	<b>Attendees</b>				
Domestic Abuse (DAART)	133				
Becoming Trauma Informed	283				
Human Trafficking	372				
<b>FVAWP Training 2021/22 (Webinars &amp; Blended Learning)</b>					
Housing Domestic Abuse Refresher	41				
Rape & Sexual Assault – Supporting to Report	24				
Rape & Sexual Assault - Handling Disclosures	25				
Safe and Together (Core Training - blending learning)	54				
<b>FVAWP Training 2021/22 (Webinars attended and evaluated)</b>		<b>Satisfaction (%)</b>	<b>Improved Understanding (%)</b>	<b>Highlight good practice? (%)</b>	<b>Increase knowledge of services/resources? (%)</b>
Equally Safe in Practice – Together for Gender Equality	416	98	98	98	Not evaluated
Support Adult Survivors of Childhood Sexual Abuse (Webinar)	16	100	100	100	100
Identifying and Working with Stalking Behaviours	79	94	100	95	85
Domestic Abuse and Protection of Children	29	100	100	100	92
MARAC	57	100	100	98	100
Engaging Safely with Male Perpetrators of Domestic Abuse	25	97	94	100	100
Exploring the Impact Gender Stereotypes and Unconscious Bias has on the Ambitions of Learners	17	100	100	100	100
<b>Total</b>	<b>1571</b>	<b>98</b>	<b>99</b>	<b>99</b>	<b>96</b>

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#### Appendix 4 Abbreviations used in report

ADP	Alcohol and Drug Partnership
CAMHS	Child and Adolescent Mental Health Service
Cedar+	Children Experiencing Domestic Abuse Recovery
CEL	Chief Executive Letter
CJSW	Criminal Justice Social Work
COG	Chief Officers Group
COPSG	Chief Officers Public Safety Group
CoSLA	Convention of Scottish Local Authorities.
DAART	Domestic Abuse Awareness Raising Training
DSDAS	Disclosure Scotland Domestic Abuse Scheme
ELC	Early Learning Centre
EqIA	Equality Impact Assessment
FGM	Female Genital Mutilation
FHP	Fife Housing Partnership
FRASAC	Fife Rape and Sexual Assault Centre
FVAWP	Fife Violence Against Women Partnership
FWA	Fife Women's Aid
GBV	Gender Based Violence
KASP	Kingdom Abuse Survivors Project
MAPPA	Multi Agency Public Protection Agency
MARAC	Multi Agency Risk Assessment Conferencing
MATAC	Multi Agency Tasking
MFMC	Moving Forward Making Changes
MOD	Ministry of Defence
MVP	Mentoring Violence Programme
NES	NHS Education for Scotland
NHO	Non-Harassment Order
NSPCC	National Society for the Protection of Cruelty to Children
SACRO	Scottish Association for the Care and Resettlement of Offenders (UK)
SG	Scottish Government
SEG	Senior Equalities Group
SSS@H	Safe, Secure and Supported @ Home
VAW/VAWG	Violence Against Women/Violence Against Women and Girls
WCYP	Women, Children and Young People



# MARAC Fife



*protecting victims of domestic abuse*

## Annual Update 2021/22

Multi Agency Risk Assessment Conference (MARAC) partners work together to;

- Safeguard adult victims
- Make links with other public protection arrangements in relation to children, perpetrators, and vulnerable adults
- Safeguard agency staff, and
- Address the behaviour of the perpetrator

Core Partners are;

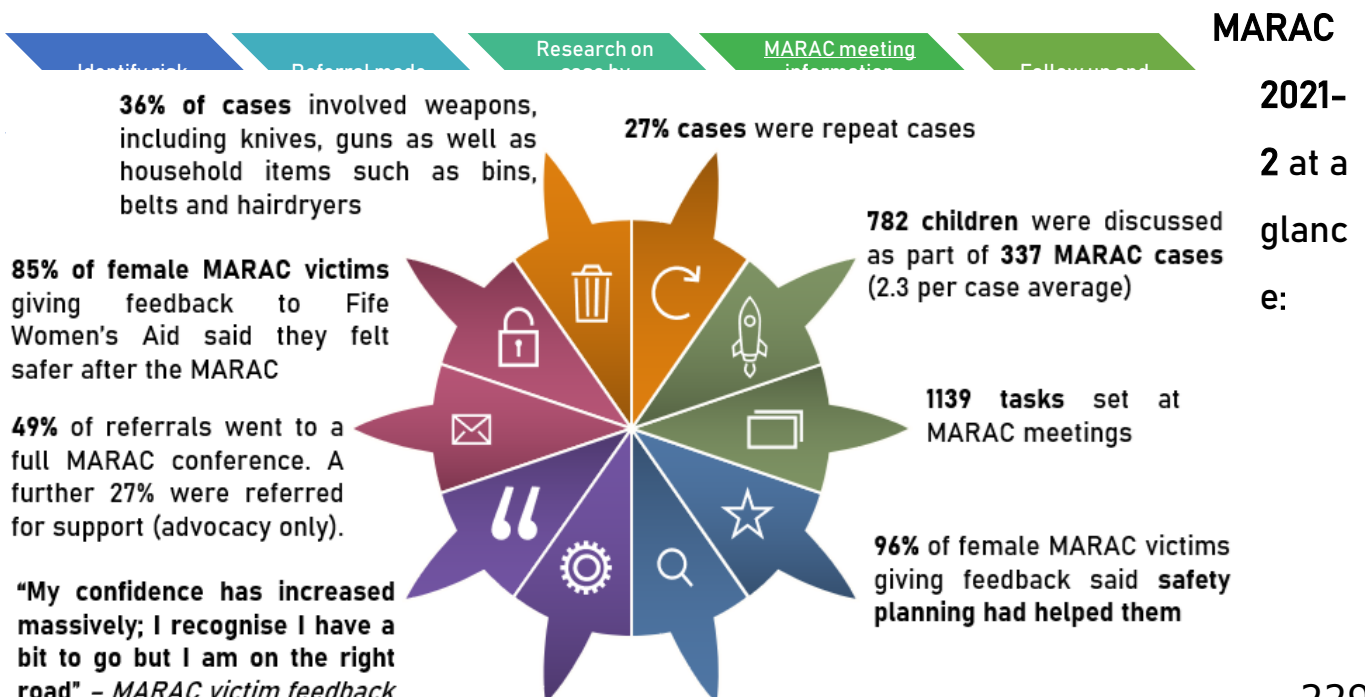
NHS Fife, Fife Women’s Aid (including MARAC Workers), Housing Services, 3<sup>rd</sup> Sector Substance Misuse Agencies, Police Scotland, Education, Children and Families Social Work, Criminal Justice Social Work, Adults Social Work, Kingdom Abuse Survivor’s Project and the Fife Violence Against Women Partnership.

### MARAC process

MARAC Fife works closely to the Evaluated MARAC model developed by SafeLives<sup>1</sup>. At the heart of MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. Ensuring that the victim is supported throughout, and their needs represented at the MARAC is crucial to managing risk, improving and maintaining safety, and reducing repeat victimisation.

**MARAC is a process and should not be confused with a meeting, service, or intervention.**

Figure 1: The Evaluated MARAC model, adapted from Safelives<sup>2</sup>



## Covid-19

An alternative MARAC process was initially agreed in March 2020 by the Strategic Oversight Group (SOG) because of the outbreak of the Covid-19 virus and introduction of lockdown restrictions. Alternative virtual meetings, with draft case plans for discussion at the MARAC meeting circulated ahead, and limited attendance, began. In June 2022, the MARAC Operational Group (MOG) decided to return to the original pre-Covid format of meetings. MARAC meetings remain online however, which is partners' overall preference. The Strategic Oversight Group continue to review this arrangement quarterly.

The 27 MARACs across Scotland heard 4,354 cases in 2021. **Across the whole of the UK 117,831 cases were discussed.**

It is a credit to the commitment of all partners to safeguard victims from domestic abuse that MARAC Fife has continued to operate strongly during the pandemic and its ongoing impact. Quarterly reports on the impact of Covid-19 are available from the Fife Violence Against Women Partnership.

## This Year

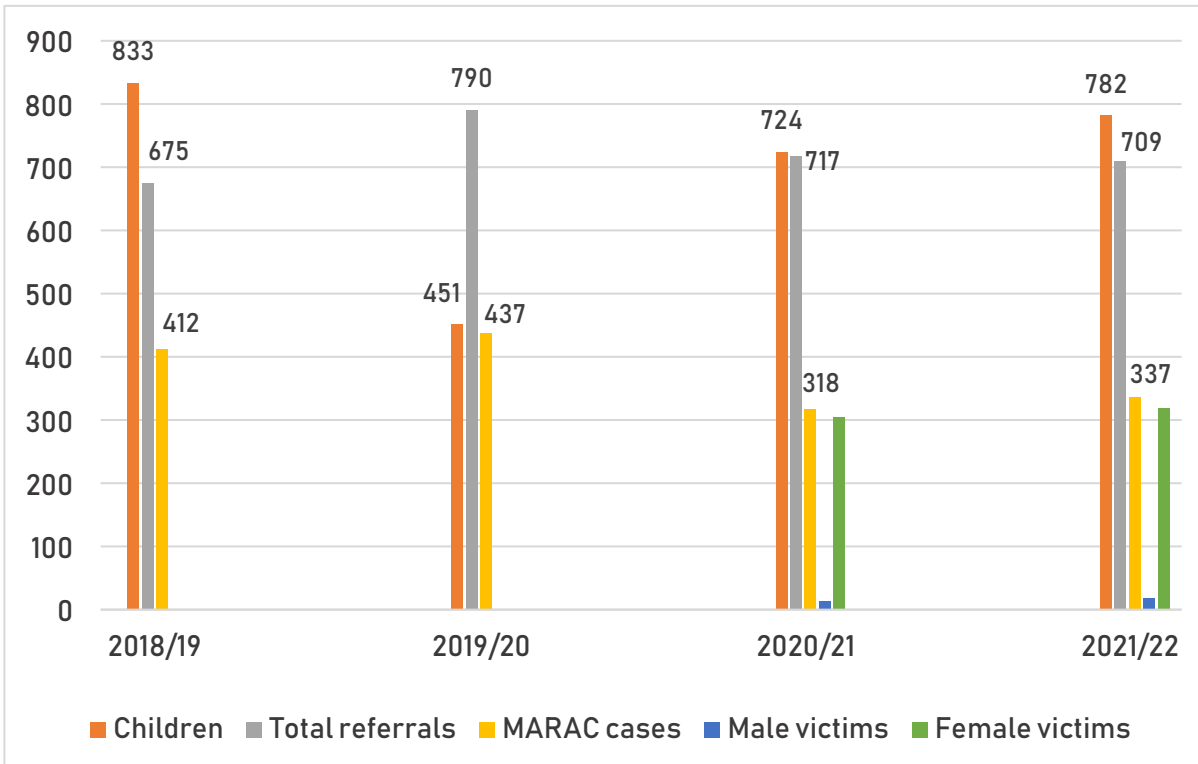
There were **337 cases discussed at MARAC** between April 2021 and March 2022. These were judged to be the highest risk domestic abuse cases referred to MARAC from a total of 710 referrals. Of the cases discussed, **319 victims were female and 18 were male**. Within the 337 cases, **782 children were discussed**.

The age of victims this year ranged from **16 to 78**, whilst for perpetrators it ranged from 17 to 80 years<sup>3</sup>.

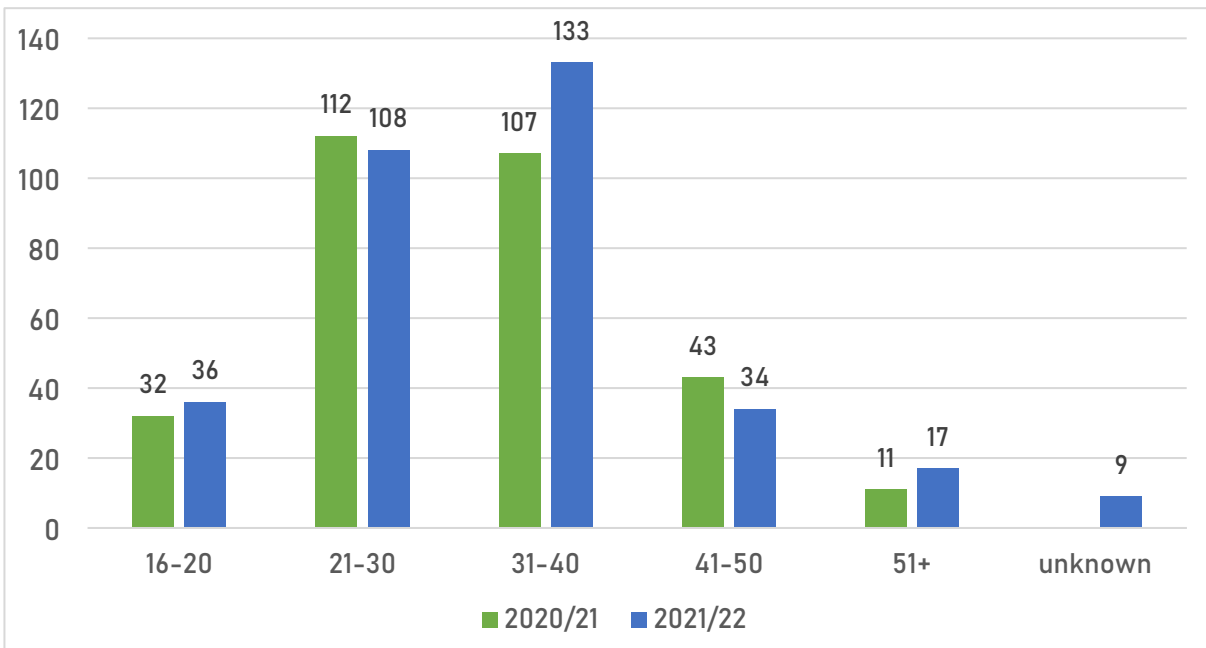
**Figure 2: Core case figures for 2021-2 (right) with previous year 2020-21 for comparison (left)**

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3. For the year previous (2020-21) the age of victims ranged from 15 to 86. The age of perpetrators ranged from 16 to 80.

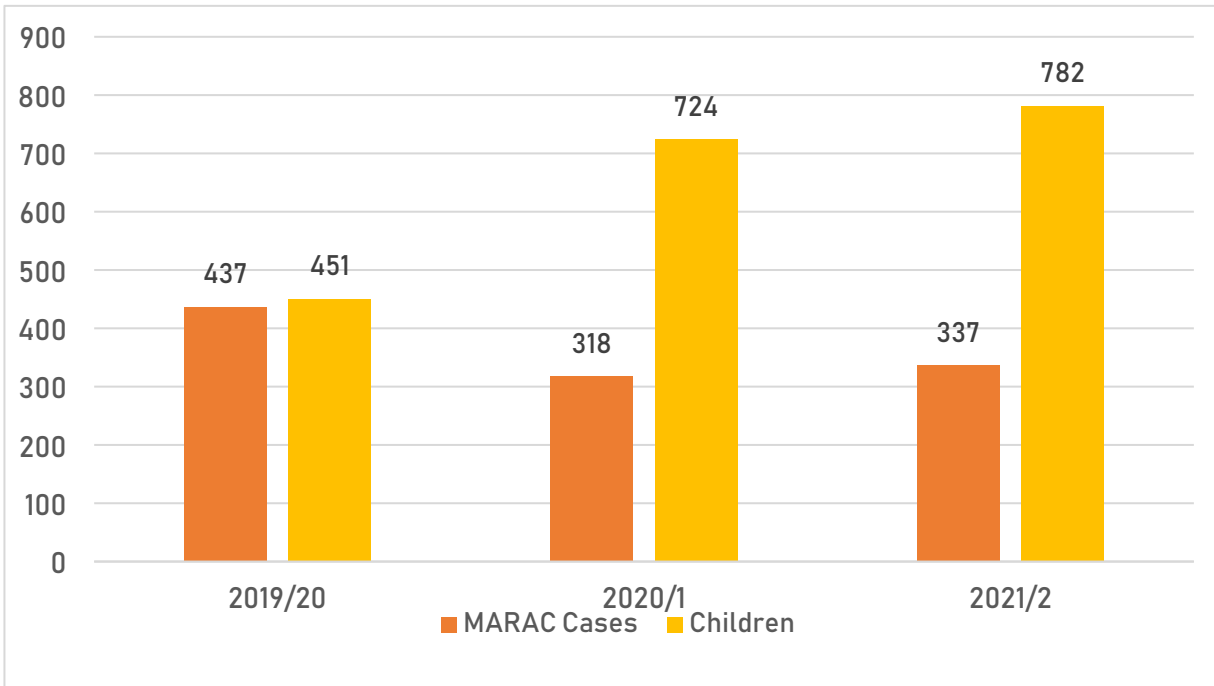


**Figure 3: Distribution of victim age range for 2021-22, with the figures for 2020-21 shown for comparison**



The number of children discussed within MARAC cases during the year 2021-2 increased from 724 to 782.

**Figure 4: Number of children discussed at MARAC, within cases, by year**



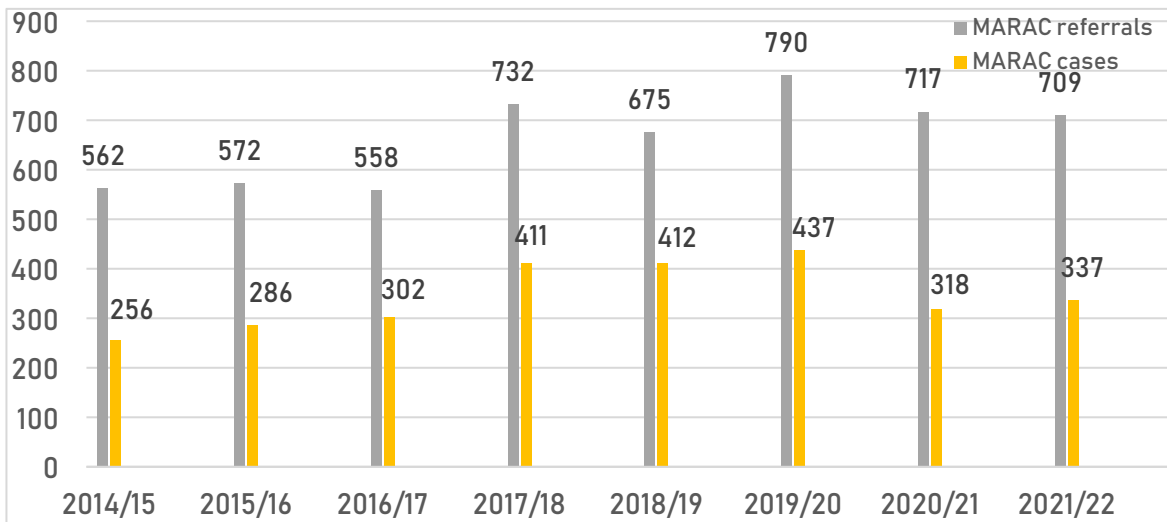
## Referrals

Referrals to MARAC are welcomed from all practitioners where there is significant concern about the safety and wellbeing of an adult domestic abuse victim. SafeLives (formerly CAADA) were instrumental in developing the Domestic Abuse Harassment and Stalking (DASH) risk checklist, for use by professionals engaging with potential domestic violence victims. The DASH form contains 24 questions which guide professionals to explore domestic abuse with victims and identify current risks. Professional judgement is an essential part of referring to MARAC and as such even where there is a lower DASH score, a MARAC referral can be appropriate. A notable proportion of cases discussed at MARAC do not meet the score of 14 or above identified by SafeLives as an indicator that a MARAC referral should be made.

**85% of the total referrals into MARAC in 2021-2 came via the Police** although the original concern in some cases will have been raised by another agency. This is the same percentage as 2020-1 and similar to other MARACs. Fife MARAC also received referrals from Social Work (4%), Women’s Aid (5%, a slight rise from year previous), NHS (3.1%, a slight fall from 2020-1), Third Sector Addiction services, Housing, and other MARACs across the UK (when a victim moves to a new locality).

**MARAC Fife are keen to encourage partners to make referrals as not all victims choose to report to the police.** For more on training and development, see p20.

**Figure 5: Referrals to Fife MARAC and cases taken, year on year**



## Capacity

In 2021-2 in Fife there were **710 domestic abuse adult victims identified by professionals across Fife as very high risk and referred to MARAC<sup>4</sup>**. Each referral was reviewed at a Screening meeting by a police Sergeant from the Domestic Abuse Investigations Unit, the MARAC Co-ordinator, a Criminal Justice manager, and the manager of Fife Women's Aid Advocacy service.

At Screening, attendees review the referral information, consider risks identified in the DASH alongside referrer's professional judgement and considerations including, but not limited to;

- Has the victim engaged with services already in ways that reduce risk?
- Has the victim been discussed at MARAC recently and is the risk management plan still current?
- What information needs to be shared to fully inform risk assessment?

Fife is one of a few MARACs in Scotland to screen referrals rather than take all referrals to MARAC. With an average of 27 referrals a fortnight coming in over the year, taking all referrals to MARAC is unfeasible within the resources of all partner agencies. Some referrals also do not evidence high risk domestic abuse. A cap of 14 was introduced during Covid-19 restrictions and throughout the period this report covers (this was 18, prior).

Of the total referrals to MARAC in 2021-2;

- **49%** were discussed by partners at **MARAC** and independent MARAC advocacy offered by Fife Women's Aid or KASP
- **27%** were referred to MARAC independent advocacy for further risk assessment, safety planning and victim **support**
- **24%** of referrals were returned to the referring agency **without MARAC Co-ordination** but with feedback and signposting

<sup>4</sup>The total number of domestic abuse incidents reported to police in 2021-2 was 5195.

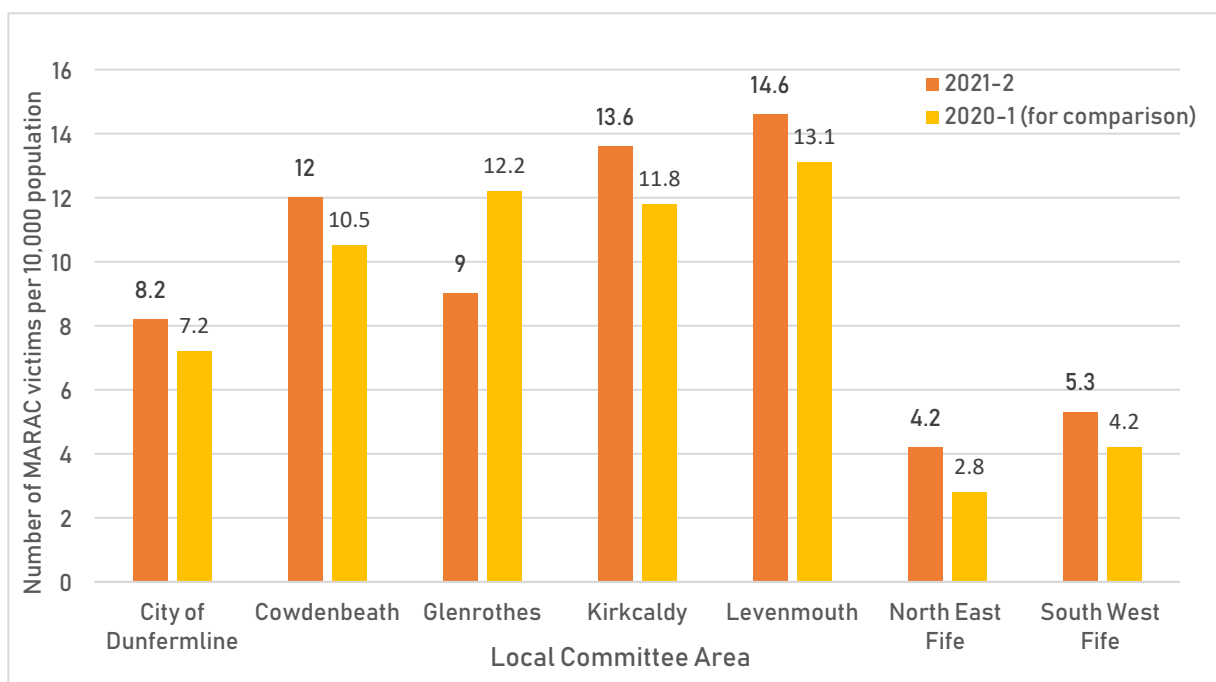
In 2020-21 in Fife, 47% of referrals went to MARAC as cases, 25% were referred for support and 28% continued without MARAC coordination, so a very similar picture.

## Breakdown by Area

MARAC referrals are received from across Fife and those that are discussed at MARAC are shown below by Committee area, per 10,000 of the population.

The highest number of victims heard at MARAC are living in Levenmouth and the lowest number in the North East Fife area.

Figure 6: MARAC cases (victim) per 10,000 population, by Local Area Committee<sup>5</sup>



Glenrothes rose from having the fifth largest proportion of MARAC cases/victims in 2019-20 to having the second highest in 2020-1. This year that has fallen (into the fourth highest). **All other areas which have seen a rise.**

The picture is slightly different when mapping the population data based on perpetrator postcode. The disparity here in numbers owes to more perpetrators living outwith Fife than victims who always live in Fife at the time of referral.

## Additional Risk Factors /Vulnerabilities

Research conducted by SafeLives shows that 80% of high-risk victims experience multiple forms of abuse, including physical and sexual abuse, harassment and stalking and coercive control (jealous and controlling behaviours)<sup>6</sup>. In 80% high risk cases, the abuse is escalating in either

<sup>5</sup> Postcodes of the victims have been used here as the 'location' of the MARAC case.

<sup>6</sup> SafeLives (2020), Insights IDVA National Dataset 2019-20, Bristol: [SafeLives](#)

frequency or severity, or both<sup>7</sup>. In Fife this year **37% of MARAC victims reported stalking**, compared to 29% in 2020-21.

**Pregnancy and recent birth** are risk factors within domestic abuse. Pregnancy can be a trigger for domestic abuse, and existing abuse may get worse during pregnancy or after giving birth<sup>8</sup>. **6% of MARAC victims this year were pregnant** at the time of referral. In 2020-1, when this figure was 5%.

**In 36% of MARAC cases a weapon had been used** (compared with 38% in 2020-21). This reflects the serious risk of harm in MARAC cases. Weapons ranged from knives and axes to household items such as belts, bottles, children's toys and hairdryers. Fires were started, or threatened, in a handful of cases. Some perpetrators had access to firearms or potential weapons through employment or recreational pursuits with implications for victims and professionals.

**1.5% of all MARAC victims last year were in relationships with someone of the same gender, at the point of being referred to MARAC.** This is a small increase on last year, and consistent with a UK MARAC average, but below the Safelives recommendation of 2.5-5.8% LGBTQIA+ representation. However, 3 cases had male victims and perpetrators, and 3 cases (with 2 couples, as one was a repeat case) had female victims and perpetrators. This means that **of all male victims at MARAC last year (18 in total), 17% were in same sex relationships** at the point of referral, compared to just under 1% of female victims.<sup>9</sup>

**5% of MARAC victims in 2021-22 were minority ethnic**<sup>10</sup>. In 2021-22 this was 4.5%. The Scottish MARACs average for 2020 was 6.8%. Fife's minority ethnic population in 2016 was 14.3%<sup>11</sup>. Of MARAC perpetrators, the figure is equivalent at ~5%.

**Disability** can make a victim more vulnerable and disadvantaged when seeking help. Disabled people experience disproportionately higher rates of domestic abuse. They also experience domestic abuse for longer periods of time, and more severe and frequent abuse than non-disabled people<sup>12</sup>. This year in Fife, **7.7% of victims had an identified disability**<sup>13</sup>, with 20 victims having a physical disability, and 7 having a learning disability (one victim had both physical and learning disabilities). 2020-1 saw an increase in victims with a disability to 8.2% from 3.4% in 2019-20. This year's decrease remains both above the UK MARAC average of 7.2% and Scottish average of 6.1%<sup>14</sup>. In the UK 19% of adults have a disability.

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<sup>7</sup> SafeLives (2015), Getting it right first time: policy report. Bristol: [SafeLives](#)

<sup>8</sup> NHS (2022) Domestic abuse in pregnancy. [Webpage](#)

<sup>9</sup> The section 'The data' on p7 explores the limit of these statistics.

<sup>10</sup> 'minority ethnic' has been used here to show that black and minority ethnic groups as well as white minority ethnic groups such as Polish, Roma are included.

<sup>11</sup> Centre for Equalities Fife [report](#)

<sup>12</sup> Brownridge, D. (2006) Partner violence against women with disabilities: prevalence, risk, and explanations., Violence against women, Vol. 12.

<sup>13</sup> In 2021-2 perpetrators, 3.6% had a disability (i.e. half the number of victims with a disability)

<sup>14</sup> SafeLives, 2022

**Substance misuse** is neither a cause nor excuse for domestic abuse but it can increase risk when either a victim or perpetrator are misusing alcohol or drugs. In this way substance use intersects with domestic violence. An Australian study found that women who have experienced domestic and sexual abuse are three times more likely to be substance dependent than women who had not experienced abuse<sup>15</sup>. Substance misuse also increases the unpredictability of the perpetrator, having implications on the risk to a victim. Substance misuse and alcohol misuse are separately recorded with the MARAC Fife dataset. With some victims and perpetrator misusing both alcohol and drugs, the figures for alcohol and substance use cannot simply be added together. Of **MARAC victims last year, 16% had an issue with alcohol use and 16% with drugs. Of MARAC perpetrators 39% had an issue with alcohol use and 45% with drugs.** These figures are all lower than in 2020-1 where of victims, 20% had an issue with alcohol use and 22% with drugs. In the same year, 41% perpetrators had an issue with alcohol use and 52% with drugs.

Domestic abuse has a significant impact on **mental health**. Domestic abuse has been one of the most common causes of depression amongst women. In a 2004 study, women who experienced abuse were shown to be four times more likely to experience depression than women who had not experienced abuse<sup>16</sup>. Around two thirds of women using mental health services have a lifetime experience of domestic abuse<sup>17</sup>.

In Fife in 2021-2, **58% of MARAC victims** explicitly stated they had **experienced mental ill-health**, including anxiety, depression, PTSD and suicidal thoughts or attempts. This is a small **decrease for victims** from last year where, 61% of MARAC victims explicitly stated they experienced mental ill-health. A **mental health concern was identified in 57% of perpetrators in 2021-2**, an increase. In 2020-1 the figure was 47%.

## The data

Data on risk factors and vulnerabilities come from information shared during the referral and multi-agency meeting stages of MARAC. Monitoring is completed for every case taken to MARAC Fife, measuring certain risk factors (e.g. weapons, stalking, perpetrator mental health) and vulnerabilities (e.g. victim mental health, disability, pregnancy). SafeLives collate anonymised data gathered by each MARAC, to create a national picture.

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<sup>15</sup> Rees, S et al (2011) Lifetime Prevalence of Gender-Based Violence in Women and the Relationship with Mental Disorders and Psychosocial Function. Journal of American Medical Association.

<sup>16</sup> Walby and Allen (2004) Domestic Abuse, sexual assault, and stalking

## 17

Khalifeah et al (2014) 'Domestic and sexual violence against patients with severe mental illness'



Because the dataset is built from information given by either the victim (in the DASH and referral process) or professional agencies at MARAC meetings, the data is neither completely objective nor complete. A victim may identify during a referral that their ex-partner (the perpetrator) has a mental health issue for example, but another victim may not. Likewise, a perpetrator who resides in Fife may have more information shared at a meeting around risk factors such as alcohol use, than if they (and any services working with them) are based outside of Fife.

Some victims may have a disability but not disclose this. In most cases, more information is present on the victim than perpetrator, because the victim’s voice is sought through advocacy. This may mean (and it is anecdotal), that some perpetrator’s risk factors are under-represented in the data.

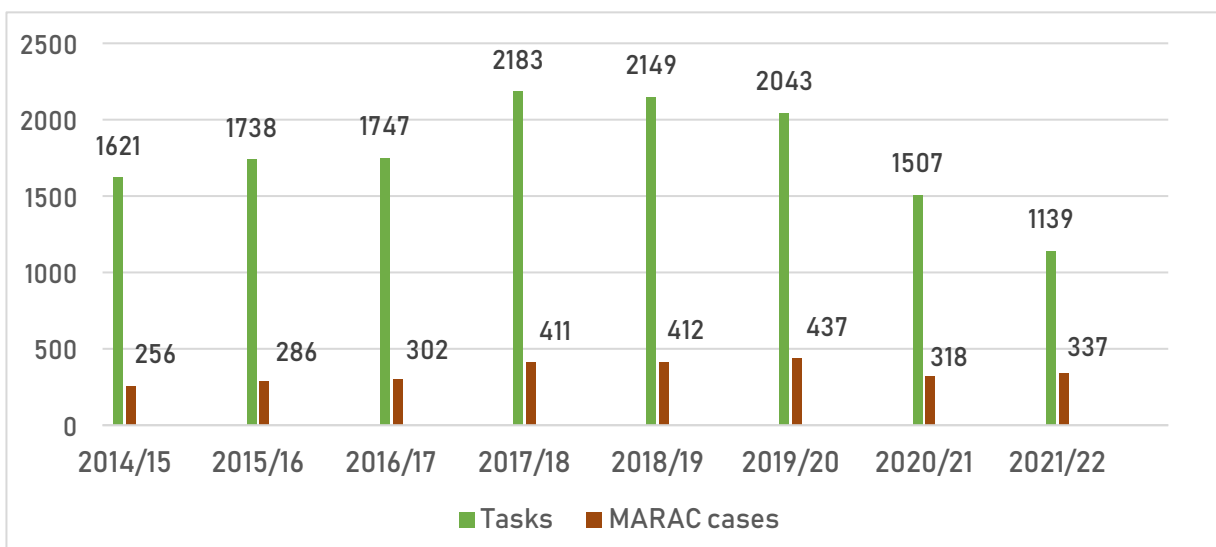
**In a nutshell, the data therefore most accurately measures vulnerabilities and risk factors that have been identified in referrals and at subsequent MARAC meetings rather than an accurate demographic profile.** Nonetheless, changes in the data over time are useful to the MARAC team.

By the time of next year’s report, Scottish census data will be available for the first time since 2011. This will be helpful when comparing MARAC’s demographics compared to Fife and Scotland more widely.

### MARAC Tasking

At the MARAC meeting as partners share information and identify risks, they also identify what their service can do, taking actions/tasks. These are discussed and agreed at the MARAC meeting. In the course of the last year 1139 tasks were identified and set at MARAC, some relating to more than one individual (adult victim, perpetrator and /or children) and in some instances, more one agency.

**Figure 7: MARAC tasking year on year with number of cases for comparison**



It is the responsibility of each agency to undertake tasks assigned to their agency and feedback to the MARAC Team when complete. Agencies are advised on a fortnightly basis of any outstanding

tasks from the previous meetings.

Every year an incompleteness rate of tasks (when task feedback had not been given) has existed. MARAC's Strategic Oversight Group put greater focus on monitoring task completion in 2020 after 8% tasks were incomplete in 2018-9. In 2020-21 the **incompleteness rate of tasking was 3.2%**: 48 tasks in total out of 1507.

**In 2021-2, the task incompleteness rate was 0.35%, with just 4 tasks** not having had feedback returned to the MARAC team. This is a thoroughly impressive outcome, and testament to the dedication of all partners. The total number of tasks set by MARAC is also at its lowest in recent years.

## Outcomes

Using the data submitted by all 27 Scottish MARACs during 2021 (Jan-Dec) to Safelives, across the year 7.3% of total cases heard were in Fife. 6.9% of Scotland's population live in Fife so this is positive. **The impact of MARAC Fife is measured in terms of 1) reducing repeat victimisation and 2) victims feeling safer.**

### 1. Reduced Repeat Victimisation

**Cases discussed at MARAC are often characterised by escalation (both frequency and severity).** In many cases domestic abuse will have been present for some time and involving numerous incidents prior to the MARAC discussion. Last year:

- 39% of victims referred experienced 1 to 5 prior incidents (police records) – this was 42% in 2020-1
- 17% of victims referred experienced 6 to 10 prior incidents (13% in 2020-1)
- 10% of victims referred experienced 11 or more prior incidents (14% in 2020-1)
- The remaining 33% had either none (0) or an unknown number of prior incidents (compared to 19% in 2020-1)

**All individuals whose cases are discussed at MARAC have been assessed as being at very high risk of repeat victimisation.**

In a sample of 30 MARAC cases traced through time<sup>18</sup> **1 in 3 victims reported further incidents to the police in the 3 months** following a MARAC meeting. Most of these reports were breaches of bail. In 2020-1, analysis showed that half of victims reported further incidents in the first 3 months.

**1 in 5 victims reported incidents continuing within 6 months**, most of which were civil (not criminal). Breaches of bail and non-harassment orders also featured.

**1 in 5 victims reported incidents continuing in the 9-12 month** period following MARAC. These incidents included assaults, culpable and reckless conduct. In 2020-1, half of victims reported further incidents within 3-12 months of a MARAC.

Depending on the nature of the incident it *can* be positive to see reports immediately following MARAC. It is hoped, and it is anecdotally the case, that post-MARAC some victims are more likely to report breaches of bail.

Safelives recommend that 28-40% of MARAC cases heard ought to be repeat cases. **27% of cases discussed at Fife MARAC in the last year were repeat MARAC cases.**

## 2. Victims Feeling Safer

Women who engaged with the Independent Advocacy Service (Fife Women’s Aid) as part of a MARAC case were asked for **feedback** about the impact of MARAC **shortly after the meeting**, owing to MARAC’s focus on reducing **immediate risk**.

The following tables collate information throughout 2021-2 based on interviews with 27 women. Not all participants answered all the questions, by choice or by the fact some were not applicable to them. As such percentages are adjusted for this per question to give accurate figures.

	Yes	No Change	No
I feel safer	85%		15%
I feel listened to and supported by my MARAC worker	89%		11%
My safety plan has helped me	96%		4%
I have been less isolated from friends and family	68%	24%	8%
My children are safer	65%	35%	0%

	Yes	No Change	No

<sup>18</sup> Cases were randomly selected within a timeframe before March 2021, to give at least 12 months after a MARAC meeting to analyse any repeat incidents, as per previous year’s reports’ methodology.

My confidence has increased	83%	13%	4%
My mental health has improved	75%	12.5%	12.5%
My physical health has improved	25%	71%	4%
My ability to identify my support needs is better	80%	12%	8%
I feel I got the help I needed from different agencies	48%	37%	15%

MARAC cannot address every

safety concern a victim may have. However, the practical measures that can be implemented through MARAC, and the short-term emotional support provided, did have a positive impact for victims, who said:

When asked whether women were **satisfied with the service they received from MARAC** overall, **93% said yes.**

### **Reducing Risk**

Using the evidence-based risk assessment tool of the DASH to identify high risk domestic abuse victims, MARAC co-ordinates an improved multi-agency response sharing information to increase the safety of victims, children and third parties.

MARAC attempts to work **with** victims and the Independent Advocacy Service<sup>19</sup> the victim's views about what has happened and what will enhance their safety. The Advocates ensure that all partners are aware of the victim's perspective and that **tasking in the Risk Management Plan addresses the needs and risks identified by the victim, and professionals.**

### **Children and Young People**

Although any referral to MARAC is for the adult victim, young people, children, and babies are also identified and included in multi-agency risk assessment. The total number of children compared with number of cases discussed are shown in Figures 2 and 4, with a slight rise in numbers since last year and our second highest number of children discussed, in recent years.

**7.3% of tasks set at MARAC in 2021-2 relate directly to children and young people**

These tasks include age-appropriate safety planning with the child, co-ordinating a wellbeing meeting for professionals working with/for the children or re-assessing an agency's involvement (such as a health visitor or social worker) once new information has come to light at the meetings.

**174 children** with a mother referred to MARAC in Fife last year received support from **Fife Women's Aid Children and Young People's Team in 2021-2.** This is an **increase of 19%** from the year previous, when 146 children received support.

<sup>19</sup> This is provided for female victims by Fife Women's Aid (FWA). Male victims are Advocated for at MARAC by Kingdom Abuse Survivors (KASP).

The aim of the Independent Advocacy Service is to **place victims at the centre of the MARAC process and ensure that they are fully included in the work to improve their safety and wellbeing**. This service is managed by Fife Women's Aid with specific independent staff and in partnership with Kingdom Abuse Survivor's Project for male victims. The Advocacy Service is essential to MARAC process.

Funding was identified in 2019 to support the role of Independent Domestic Abuse Advocate (IDAA). The advocacy service was redesigned to reflect the SafeLives model (combining pre and post MARAC advocacy with case management and support). This is to ensure that the previous roles of MARAC Advocate and dedicated Women's Support Workers were combined to provide continuous, ongoing support to female victims discussed at MARAC across a 12-week period.

Fife Women's Aid Advocacy Service received 319 MARAC referrals over the 12-month period. Additional Support was provided by the Advocacy service to 181 women.

Kingdom Abuse Survivor's Project (KASP) received referrals for all male victims with cases heard at Fife MARAC last year (18 in total), offering men who engaged advocacy at MARAC, and signposting.

## **Male victims**

In last year's annual report, a case study with a male victim was provided by Kingdom Abuse Survivors Project (KASP), who provide the advocacy service to male victims at MARAC within their wider remit as an organisation.

Due to the KASP worker responsible for completing male victim advocacy during 2021-2 moving post, a case study has not been requested this year by the MARAC Coordinator. Positive advocacy was completed within the year 2021-2 but without express permission of individual victims, a full case study is not included here.

18 male victims were identified to be at serious risk of harm through domestic abuse - and their cases heard - at MARAC last year. MARAC Fife is to host a short life working group event on how to best support male victims of domestic abuse in October 2022, the results of which will be reported on in the next update.

## **Training**

MARAC partners prior to the Covid-19 pandemic delivered a full day multi-agency seminar supported by the Fife Violence Against Women Partnership.

MARAC partners worked with Learning and Development colleagues to deliver flexible provision across 2020, much of which remains in place. MARAC's popular seminars run every six weeks. The feedback is consistently excellent.

The seminars focus on what MARAC is, how to refer into it and what to expect of the process. The seminars are for professionals across Fife. The FVAWP Training Programme is available on the Fife council website.

## Comments from evaluations carried out by Fife Women's Aid, 2021-2:

"Women's Aid are specialists. I don't feel there would be a better agency to deal with"

"My confidence has increased massively; I recognise I have a bit to go but I am on the right road"

"My worker's been fantastic from the start to present – she's been really good, more than [I] expected. I couldn't imagine doing it without her. She has given me the confidence to move on."

"My worker listened to what I wanted and did not pressure me"

"I was able to get safe accommodation"

"I feel I was listened to and not judged"

"I was in a bad way last year – it has improved now but I don't know where I would have been without the support of FWA"

"The children and I have a safety plan – they have phones and credit cards. They know what to do if approached."

"Amazing, I managed to get away safely. There wasn't anything they didn't think to suggest to me. Things I hadn't thought about they did, and I managed to get away safely when I thought I would die"

"All the agencies done what they could to help.  
I am amazed at the help available. Nothing seemed too much"

## Case Study

*"Skye said simply that she would not still be here without the MARAC process and the support she received afterwards"*

Skye<sup>20</sup> was referred to MARAC after concerns for her safety were raised when she was arrested for abusing her ex-partner. Having suffered years of abuse and control, Skye was appalled that

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<sup>20</sup> Case studies are provided by Fife Women's Aid, using the real experience of two women whose cases were heard at MARAC during 2021-2, and were supported by Fife Women's Aid during and after the MARAC meeting. Names and any identifying details have been changed.

she was the one who had been charged and the despair that engulfed her was so bad that she tried to end her life. The MARAC Advocate's first call to Skye was when she was still in hospital after the attempt to end her life.

There were bail conditions in place preventing Skye from approaching her ex-partner, so she had to leave her home and move in with relatives, moving between them depending on who was around. Skye's ex-partner had run up considerable debts in her name, and Skye had worked all hours she could to pay them off. This made support difficult so Skye and the Advocate came to an arrangement that Skye would call on her breaks or on her journey to work, and so support began in an unorthodox but workable way.

Via emails, calls and the occasional face-to-face visit when Skye had a day off, together they managed to apply for formal housing for Skye and access a GP who prescribed anti-depressants. They were able to put together a timeline of the abuse that Skye had suffered and link it with GP and hospital visits. The timeline was also provided to Skye's solicitor along with videos, screenshots and messages, all of which helped support Skye to show that she was abused.

After many months of delays, Skye's case was heard at court and after hearing the evidence, Skye was cleared of all charges. **Afterwards the solicitor said he had never worked with anyone who had so thoroughly prepared for trial, and this gave Skye a tremendous boost.**

Skye was supported in contacting DWP regarding Universal Credit. She was being investigated for fraud and after much work it became apparent that her ex-partner was using Skye's name and old bank accounts to make fraudulent claims. Although the investigation is still ongoing, Skye was so relieved to be believed and supported to address this.

**Throughout the support, the Advocate prioritised time for Skye to speak about her feelings and to process her thoughts.** Skye began to show a good understanding of the impact that domestic abuse has had on her life. She also demonstrated good use of the strategies that were discussed to help her rebuild her life.

When the Advocate's support was complete, she highlighted to Skye how far she had come and what she had achieved. **In response, Skye said simply that she would not still be here without the MARAC process and the support she received afterwards.**

## Fife MARAC Review

The MARAC Strategic Oversight Group identified and agreed the need for a review of the whole MARAC process in Fife in 2019. Vicki Cassels, Social Work Children and Families Manager led this review with assistance from representatives of core MARAC partner agencies. The review was

Recommendation
1. The Review Group concluded that MARAC provides a vital service and should continue
2. Police should have increased professional discretion around the cases that are referred to MARAC
3. The Review concluded that the coordination of MARAC is crucial to its effectiveness
4. Virtual MARAC meetings should continue, with opportunities for face-to-face meeting, or a blended approach to meetings be adopted
5. Chairing of MARAC meetings should be expanded
6. What constitute business as usual tasks need to be clarified
7. Representation of agencies MARAC should be considered
8. Victim non-engagement and supports should be considered
9. Advocacy support for male victims is not equitable to female victims and should be considered
10. There should be a strengthened focus on LGBTQ and BAME victims
11 Links between MARAC and Adult Services should be improved
12. Training and awareness of MARAC should be increased
13. Victims' experience of the MARAC process should be sought, especially by those not engaging

concluded in June 2021, with a series of recommendations given as part of a fuller and very comprehensive report. The

recommendations are listed in full before. **The majority of these have been completed, as**



highlighted in green, with a small number, in orange, ongoing. The progress of these recommendations continues to be monitored by the Strategic Oversight Group (SOG).

These recommendations have provided a useful steer for MARAC going forward, and 7-10, which broadly consider victim representation and engagement, are the focus of a short life working group, in development at the time of writing. The findings of this group will be reported on to the SOG, and next year.



# Gender Based Violence Nurse Advisory Service

Annual Report  
2021/2022

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## Part One

### Introduction

The Gender Based Violence Nurse Advisory Service (GBVNAS) annual report presents information on the progress and developments of the service over the previous year in line with the joint Scottish Government and Convention of Scottish Local Authorities (COSLA) strategy to prevent and eradicate violence against women and girls in Scotland (Equally Safe, 2018) and CEL 41 Gender based violence Action plan.

The GBVNAS has continued to navigate the challenges of the Covid 19 pandemic during 2021-2022. To gauge its impact and how the service has performed, this year's data has been measured against the findings of the two previous years; 2019-2020 being a baseline pre-pandemic year and 2020-2021 the first year of Covid 19. These findings have been analysed against national trends, Fife Violence Against Women Partnership annual report and the priorities as set out in the Scottish Governments Equal Safe strategy (2018), in order to determine areas of growth, development and improvements to be made within the service.

Support for survivors of all forms of Gender Based Violence has continued to be offered by the GBVNAS, although the service was required to adapt to adhere to the guidance and regulations implemented during peak rates of infection and transmission of Covid 19. Support was offered via the telephone and even though the vast majority of consultations continue to take place over the telephone as restrictions have lifted, face to face appointments have been re-established. This hybrid model of working has ensured that the service remains both available and accessible to victims/survivors of domestic abuse and sexual violence as services navigate a pathway out of the Covid 19 pandemic.

All staff have worked hard to maintain high standards of patient care despite the challenges faced by the Covid 19 pandemic and a new model of working, so it is refreshing and pleasing to report that this year there have been clear indications of both recovery and growth with referrals now exceeding pre-pandemic levels.

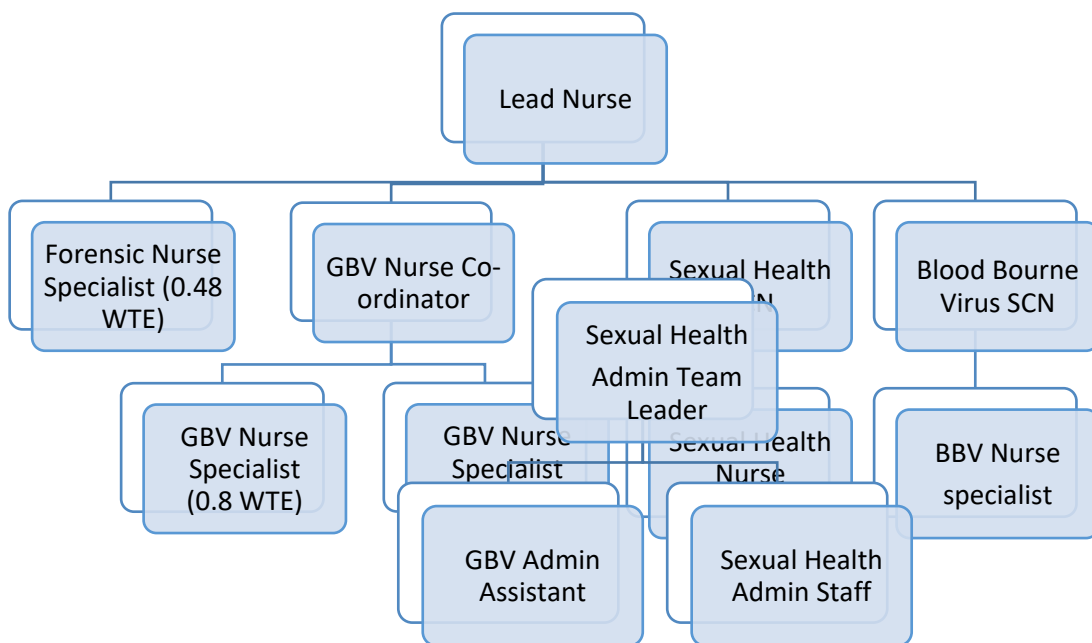
### Staffing and Organisational Structure

In the year 2021-2022 the GBVNAS team has seen several changes to the organisational structure and staffing. Changes of staff within the GBVNAS team have at times affected productivity, however, even during this period the GBVNAS maintained continuity of care and services for patients referred into the three care pathways. The GBVNAS team numbers have now increased with the appointment of an additional Band 6 nurse and the development of a Rape & Sexual Assault Nurse Specialist post. These

changes reflect the level of skill and specialist knowledge required to meet the needs of the people who access this service.

Fife GBVNAS team has expanded; it is one of the largest GBV teams in Scotland and is in a unique position of sitting within the NHS health service. This has enabled a strong relationship with the sexual health department. Agencies were required to adapt to the rapidly changing situation with Covid 19, offering help and support in a range of ways. The GBVNAS was no different and despite a new way of working including working from home, virtual support, less support from peer group the team continued to operate, now the challenge is to navigate the recovery and how to shape the service in the best way for those who require the help and support of the GBVNAS.

Figure 1 below shows the organisational structure.



## Part Two

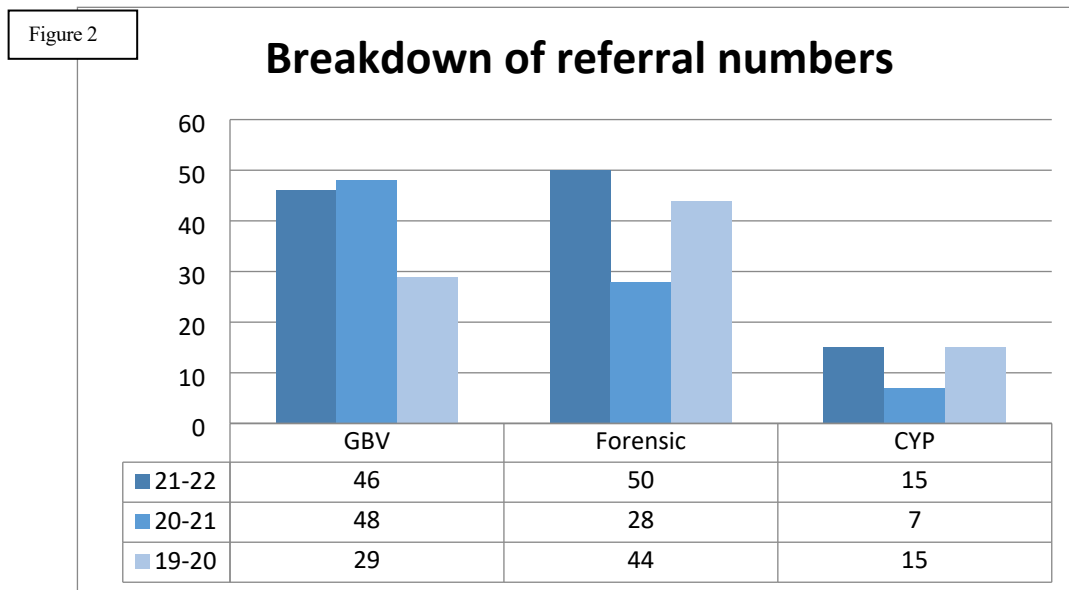
### GBVNAS Care Pathways

The GBVNAS provision of services operates along three distinct care pathways:

- The GBV Care Pathway
- The Forensic Care Pathway
- The Children & Young People’s Care Pathway

These pathways were designed and developed in relation to Priority 3 of the Equally Safe Strategy (2018) to ensure that ‘Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women and young children’. With special attention to points ‘Women, children and young people access relevant, effective and integrated services’ and ‘Service providers competently identify violence against women and girls and respond effectively to women, children and young people affected’. These pathways has also encouraged and enhanced working relationships and referral systems to third sector agency support services for victims/survivors of Gender Based Violence.

Figure 2 below shows the total number of referrals from the three pathways over the past 3 years, all of which showing a drop in numbers during the pandemic year, but increased numbers have been received in 2021-2022 via both the GBV and Forensic pathways, whilst the Children & Young People’s Care pathway returned to pre-pandemic figures.



This report reflects on the separate pathways in order to evaluate relevant outcome measures and trends within each of them individually.

### Gender Based Violence Care Pathway

The GBV care pathway accepts referrals from a variety of different NHS Fife services as well as self-referrals. There is currently no formalised self-referral pathway and, although this has not been promoted, the GBV service information and contacts can be obtained from the NHS Fife website or via a simple Goggle search.

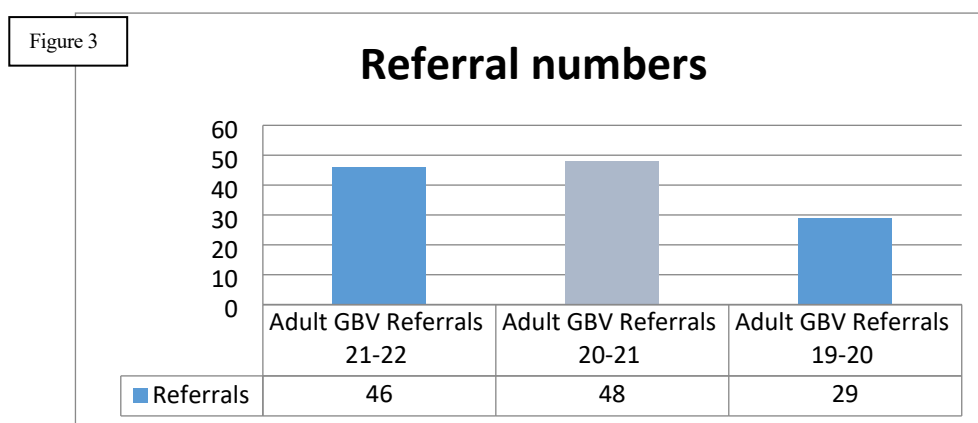
Gender Based Violence is a major public health, equality and human rights concern (PHS 2020). It covers a spectrum of violence and abuse committed primarily, but not exclusively, against women by men. This includes, but is not limited to:

- Domestic abuse;
- Coercive abuse;
- Rape and sexual assault;
- Childhood sexual abuse;
- Stalking and harassment;
- Financial control;
- Commercial sexual exploitation;
- Harmful practices - such as female genital mutilation, forced marriage and so-called ‘honour’ based violence.

### **Referral Data**

#### **Referral Numbers:**

This year the GBVNAS has seen a steady number of GBV referrals and although there is a very slight decrease, this is not statistically significant. Referrals remain over 35% higher than the year 2019-2020 (figure3), this is also reflected in the National Recorded Crime Data for 2021 (ONS) with numbers of reported cases increasing dramatically last year (ONS 2020) before becoming more stable and Police Scotland reporting a similar pattern (ScotGov 2021).

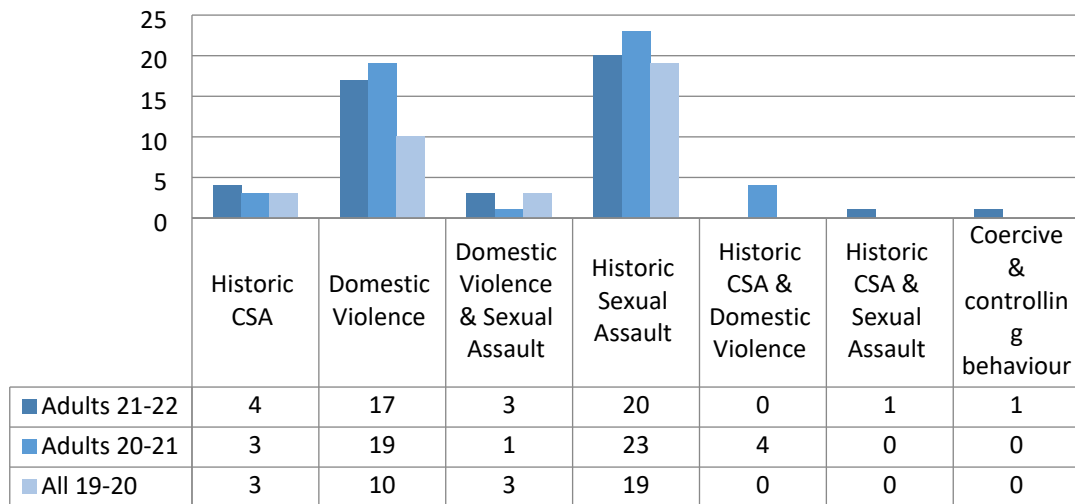


#### **Reasons for Referral**

The data recorded by the GBVNAS continues to be difficult to fully analyse due to some variable themes and interpretations in recording. In the coming year, these themes will be standardised to ensure consistency. Despite this, domestic violence and historic sexual assaults remain the most common reasons for referral within this pathway (figure 4).

Figure 4

## Reason for referral



There were concerns at the start of Covid lockdowns that domestic abuse would be under reported, however these fears were not realised and incidents of domestic abuse continue to increase year on year (FVAWP, 2022). Fife domestic abuse cases continues to trend above the Scottish average (ScotGov 2021) and although Fife Women’s Aid saw a 12% reduction in both referrals and refuge requests from the previous year these are now more similar to pre-pandemic figures (FVAWP, 2022).

### Referrals by Sex

Referrals from women have continued to increase year on year and although referrals for men continue to increase very slightly each year, they continue to represent only 10-15% of referrals which is well below the expected levels of around 25% (ONS 2021). At present the GBVNAS does not record data on gender identity, so it is therefore not possible to determine how well transgender or non-binary people are represented within the data. Whilst the sex of those who are referred into the GBVNAS service is recorded the GBVNAS has determined not to ask about or record gender identity for the following reasons:

- Gender based violence, despite its name, is most accurately understood and measured as a sex based crime and public health concern;
- Asking about gender identity may be confronting for transgender and non-binary individuals who have not “come out” yet or may force someone to do so when they are not yet ready;
- Asking about gender identity is not relevant to the care provided by the GBVNAS.

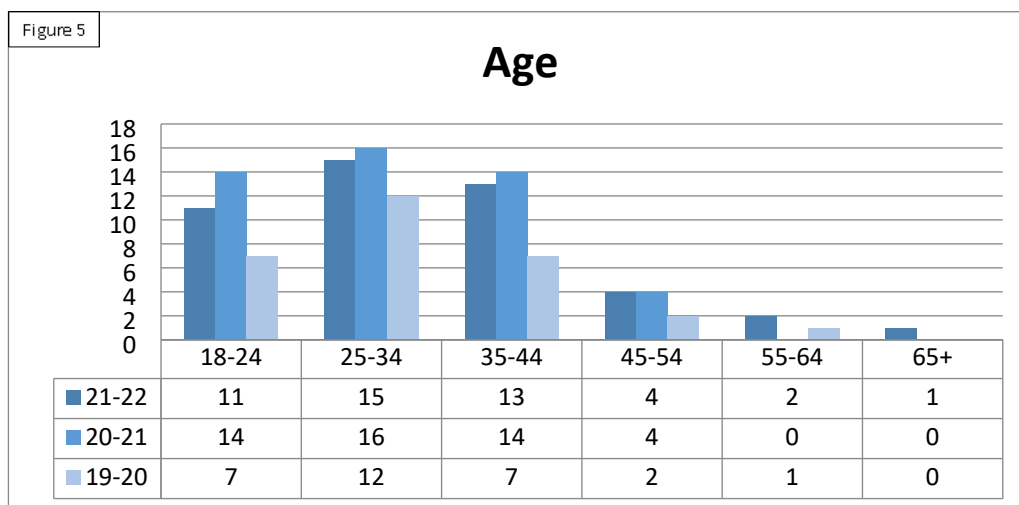
However, appropriate support is offered to any self-declaring individuals who identify as transgender or non-binary.

### Referrals by Age

Male violence is the biggest contributor to death, disease and disability in women between the ages of 18 and 44 (WHO 2008). Women continue to represent around 90% of GBVNAS referrals and the vast

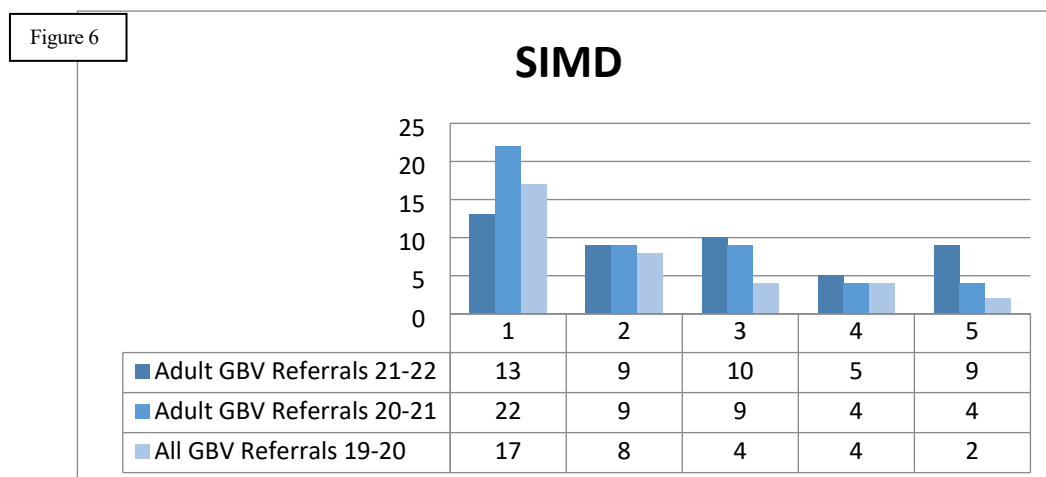


majority of these cases fall within the 18-44 age range. The GBVNAS saw a similar distribution across age groups this year compared with previous years' (figure 5) which continues to reflect nationally available data (ONS 2021, Women's Aid 2021).



### Referrals by SIMD

This year has followed the trend of previous years in terms of where referrals are concentrated within a socioeconomic context (figure 6). Following the Scottish Index of Multiple Deprivation (SIMD), the GBVNAS continues to reflect broader trends (ONS 2021) that find a strong association between all types of Gender Based Violence and high levels of deprivation.

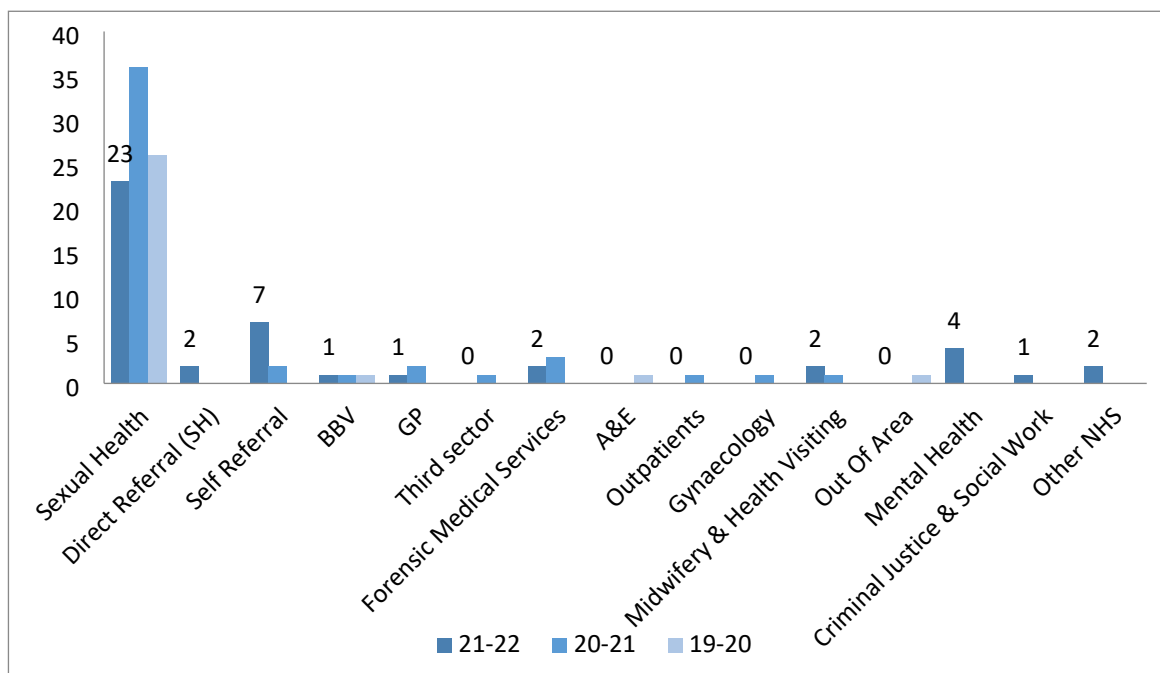


### Referral Routes

The GBVNAS accepts GBV referrals from a variety of NHS Fife services and external agencies via the GBV Pathway, with the overwhelming majority coming from within the sexual health department where

Figure 7: **Referral Routes**

the GBVNAS is based. However, these have decreased over the last year which should continue to be monitored over the 2022-2023 period.



Staff within the GBVNAS continues to raise the profile of the service and raise awareness within NHS Fife, which has produced increased diversity in the origin of the referral to the GBVNAS through the GBV Care Pathway which is assisting more patients in accessing support.

In the final quarter of the year, the GBVNAS began to accept direct referrals from A&E; acute hospital wards and self-referral following a telephone call into the Sexual Health department. This is hoped to provide greater opportunities for intervention and closer monitoring of case numbers within the overall department.

There has been an upward trend from the previous year on referrals via the GBV pathway and even though small in number this has been a 250% increase. The GBVNAS has recently updated the information on the GBV webpage on NHS Fife’s website and made use of the communications team to have information distributed via different social platforms both for staff and the general public. There are also plans to develop and create QR codes for posters, leaflets and other marketing resources that will link directly onto the GBV webpage where further information on support services can be obtained.

### Summary

Public services have a vital role in delivering services to ensure the safety and wellbeing of women and children affected by violence and abuse, and collaborative working between both public and third sector organisations (Equally Safe, 2018).

The data presented from the GBV pathway shows that there has been a steady increase in referrals to the GBVNAS team, with the most common reasons being for domestic violence and historic sexual abuse. This is a similar pattern to what has been reported by third sector partners in Fife (FVAWP, 2022). The GBVNAS continue to work closely with third sector partners in supporting/joining them on various

projects, but most importantly enhancing collaborative working to ensure the referral process for victims/survivors is smooth and robust from public to third sector services.

Those in higher deprivation have an increase in incidents of GBV and the data from the GBVNAS supports this. These groups are most likely to be those considered ‘hard to reach’ which actually should be reversed and considered that the ‘services are hard to reach’ for these groups of people. The Blood Borne Virus team are in the process of obtaining a bus in order to commence outreach work and this may be a service that the GBVNAS could link in with, to offer advice and support to those who find accessing services difficult.

### **Next Steps**

- Standardising themes for reason for referral – allowing for accurate data collection and analysis;
- Develop a better process for obtaining feedback from those who access the GBVNAS – this will allow the service to adapt, develop and evolve to one based on ‘lived experience (FVAWP, 2022; Equally Safe, 2018);
- Build strong working relationships with NHS Fife Equality & Human Rights team, Fife Equalities Group, LGBTQI community and other relevant third sector organisations;
- Collaborate with other outreach teams – giving the opportunity to those groups who may find accessing services difficult.

## **Forensic Care Pathway**

The Forensic care pathway of the GBV service accepts referrals for victims/survivors of rape or sexual assault over the age of 12, who have had a forensic medical examination (FME) within 14 days of an incident of sexual violence.

Previously referrals were only accepted from the forensic medical service but in April 2022, self-referral following rape or sexual assault became available in accordance with the *Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021*. This is a service where the victim can contact NHS Inform and via the Sexual Assault Response Coordination Service (SARCS) they can discuss their options, including a FME, without having to report to the police. Self-referral is available for those ages 16 years or older, although those under this age can still contact SARCS and will be supported by a range of agencies. With the introduction of self-referral it is likely that there will be further significant increase in referrals to all agencies including the GBVNAS. As self-referral will remove the current pressures to report to the police it will make the process more comfortable and accessible. These referrals may come via either of the two care pathways (Self-referral & Forensic) with some victims not wanting an FME but wish to access further support.

This section will analyse data for adults aged 18 years or over not including self-referral. Children and young people aged 12-17 are discussed within the CYP pathway section of this report.

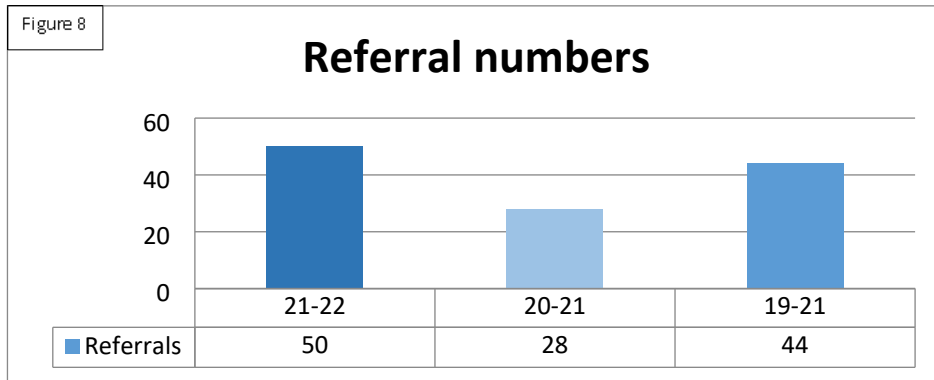
## **Referral Data**

### **Referral Numbers**

This year has seen a significant rise in referrals through the forensic care pathway (figure 8) and although no formal data exists to position this within a wider context, it has been noted from discussions with colleagues across other health boards, the third sector and police that this is likely a national trend. Police Scotland (Fife Division) recorded an increase of 31% in crimes of ‘indecentcy’ during 2021-2022 which includes a wide range of sexual offending including rape and sexual assault (FVAWP, 2022). Police Scotland recorded an increase of 9% in reported rape & attempted rape cases and an increase of 29% in sexual assault reported crime in 2021-2022 compared to the previous year (Gov.Scot, 2022).

Other third sector partners have also seen an increase in referrals for sexual abuse support with Fife Rape and Sexual Assault Centre (FRASAC) seeing an increase of 36%, Kingdom Abuse Survivor’s Project (KASP) an increase of 84% and Safe Space an increase of 18% in 2021-2022 from the previous year (FVAWP, 2022).

A rise in referrals represents a return to those seen pre-pandemic with some additional cases likely representing anticipated growth in both reports and the expansion of the GBVNAS service.

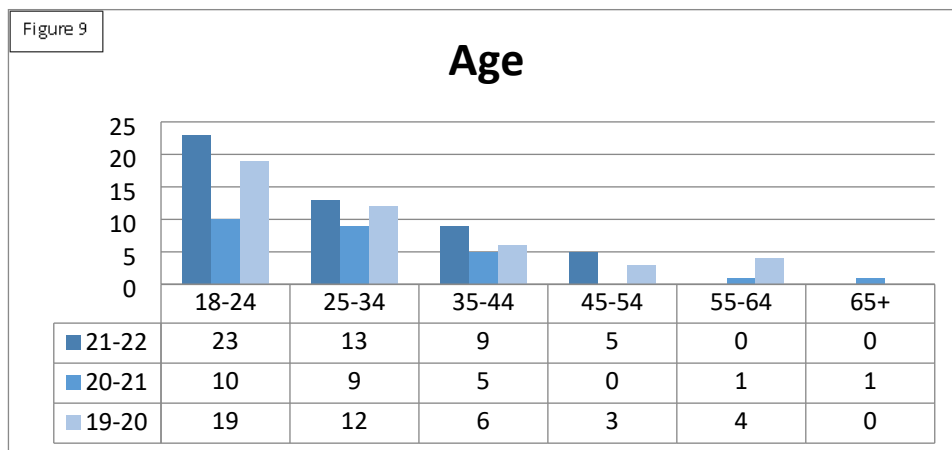


#### Referrals by Sex

Referrals via this care pathway are overwhelmingly female, despite men representing 20% of rape and sexual assault victims/survivors (Rape Crisis). This overall trend is mirrored within those supported by the GBVNAS service, where men are underrepresented in referrals. At present the GBVNAS does not record gender identity within this pathway also, only sex. It again does not record sexual orientation and is therefore not possible to determine how well members of the LGBT+ community are represented from reviewing the data alone.

#### Referrals by age

Referrals this year continue to broadly reflect wider UK trends, with the majority concentrated in women aged 18-45 (figure 9). There are fewer referrals overall, however the most significant changes have occurred in the 45-64 age range with the largest drop in this category. It is not yet known whether this is due to a drop in incidents for this group or a lack of reporting.



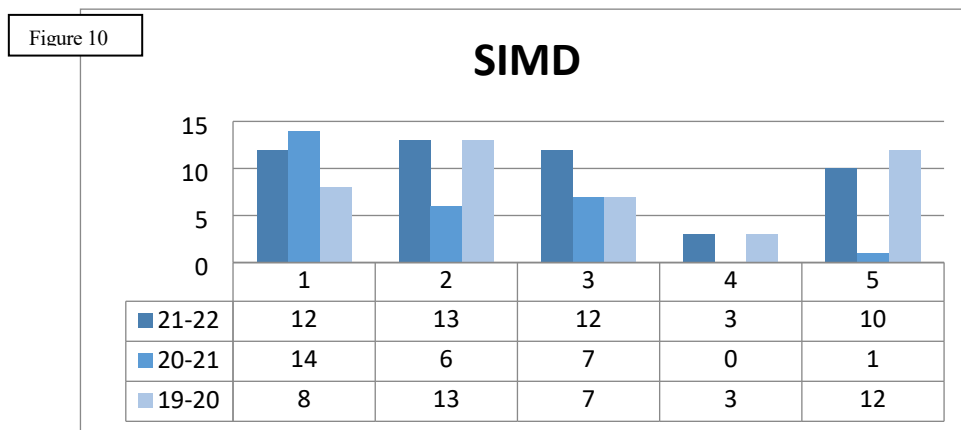
The 18-24 age group has seen the highest rise in referrals from pre-pandemic figures. With the lifting of Covid 19 restrictions, promotional/educational work has restarted with third sector partners in colleges and universities to raise awareness in this age group.

#### Referrals by SIMD

Whilst the majority of referrals are from the most deprived backgrounds, reflecting well researched links both globally and nationally, sexual violence in Fife is apparent across all 5 SIMD categories (figure 10).

This year has seen a notable reduction in referrals from the most affluent category and an increase from the most deprived. It is not yet known whether this reflects the wider data trends or if this is due to cases being concealed as a result of the pandemic.

SIMD 5 is an outlier in our records compared with those of other health boards where case rates tend to be highest in the most deprived areas. A closer examination of these cases locates them as largely comprising students from the University of St Andrews.



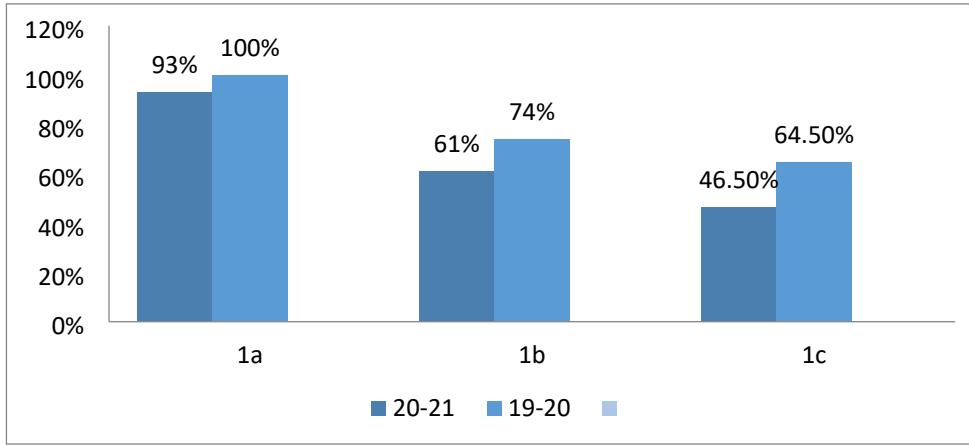
#### Forensic indicators

The below indicators relate to GBVNAS tracked nursing interventions for people referred into the service following a FME (figure 11). These comprise a selection of the national indicators which are collected and then reported to the Scottish Government. These indicators also align with Priority Three of the Equally Safe Strategy (2018).

#### Assessment and care

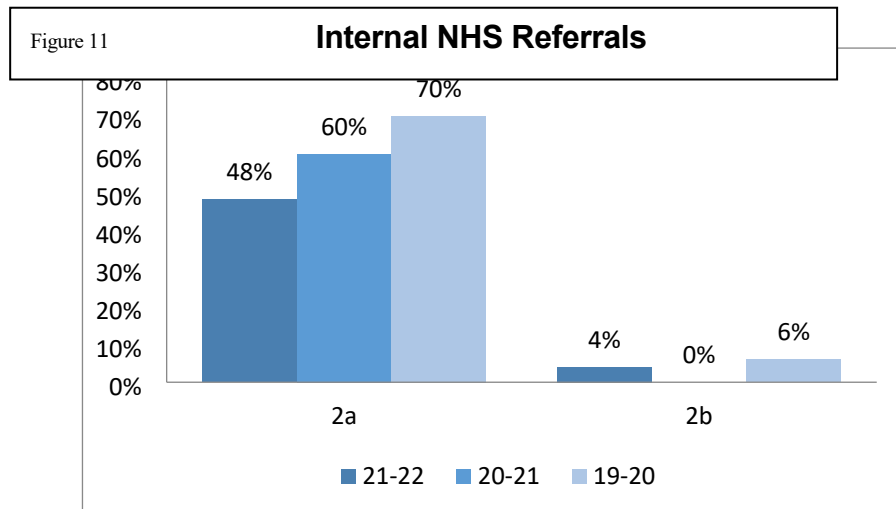
- **1a:** Proportion of people who received follow-up contact from a GBV nurse within 14 days of the examination;
- **1b:** Proportion of people who underwent a trauma informed psychosocial risk assessment;
- **1c:** Proportion of people who were referred to all required services identified during a psychosocial risk assessment.

Figure 11 **Assessment & Care**



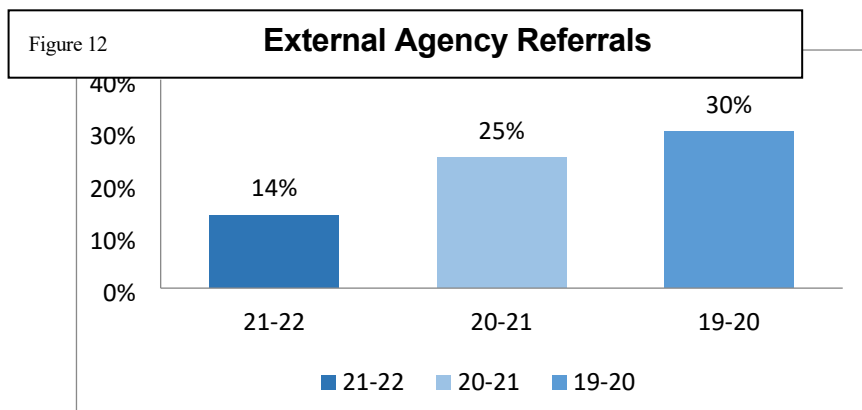
Internal NHS referrals

- **2a:** Proportion of people referred to sexual health;
- **2b:** Proportion of people referred to a mental health service.



External agency referrals

- **3a:** Proportion of people referred to FRASAC.



Summary

From the data, a common trend this year when compared to previous years is the number of people choosing not to take up support. Across the board, less people are choosing support from the GBVNAS, sexual health and mental health services and FRASAC. This may relate to Covid 19 and the nature of

support that has been offered during the pandemic. Many agencies are now looking to offer a mixture of face to face and virtual support, recognising the potential benefits of both and the individual preference of service users. Online support was a positive method for some as it helped to reduce anxiety issues, removed the need to travel and potentially organise child care. However, some service users found this method more difficult to engage with and have expressed their support for face to face interaction with services. It is therefore important that the GBVNAS continue to offer this new blended way of working.

During the pandemic some agencies paused accepting new referrals and this continued as restrictions were lifted due to waiting lists/staff shortages/loss of venues/lack of funding. As recovery continues the data on people not taking up the offer of support will be monitored and feedback obtained not only on the service in general but also asking their reason for not accessing support. This will help guide the GBVNAS service to better understand the service user and their needs.

The psychosocial assessment carried out normally at the time of meeting the forensic medical team helps to identify a person's needs to ensure their mental and physical health needs are fully assessed and therefore appropriate and timely referrals and interventions can be implemented. It is positive to note that fewer people have been referred to mental health services this year, although this number has always traditionally been very low and this could be attributed to the psychosocial assessment.

### **Next Steps**

- Implement an improved process for obtaining feedback from service users;
- Routinely offer face to face or telephone options for contact to service users;
- Develop information and pathways for support specifically for men & LGBTQI community;
- Collaborative working with men's groups and those working with the LGBTQI community;
- Promotional campaigns to increase awareness especially amongst minority/under represented groups that they can also access the GBVNAS and we will listen and support them;



## Children and Young People’s Care Pathway

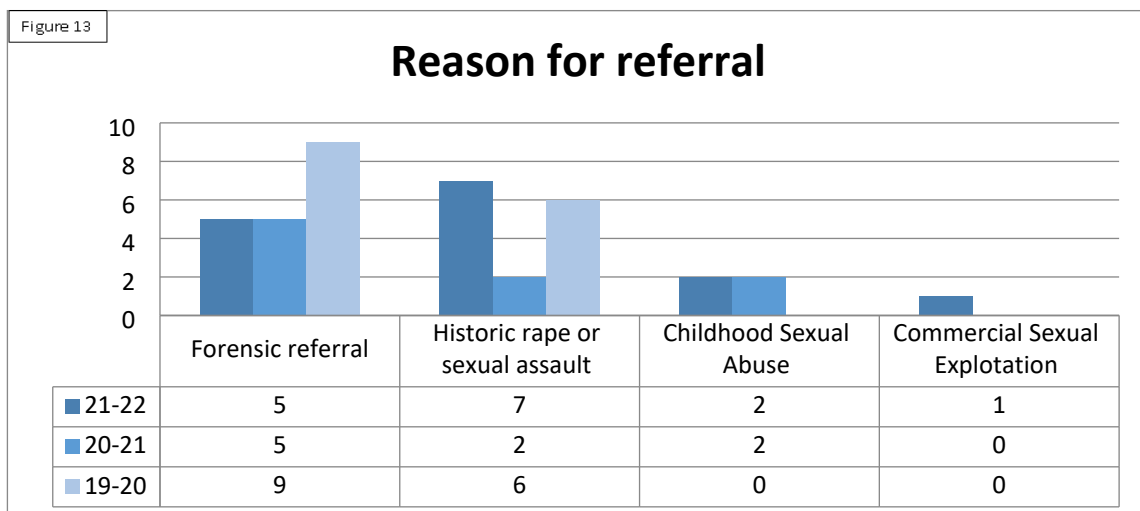
The GBVNAS supports children and young people (CYP) between the ages of 12 and 17. The CYP pathway is adapted to meet the unique needs of young people and clearly outlines the plan for their care following referral for all types of abuse. For any child or young person a Notification of Concern for Children (NOCC) is routinely completed by the GBVNAS team if not already completed by child protection colleagues or another health care professional. This pathway is concerned with the three priorities from Equally Safe (2018), to educate children and young people to understand safe, healthy and positive relationships, that they are safe, respected and equal in communities, that they have access to relevant, effective and integrated services which are competent in identifying violence and respond effectively to those affected.

This section examines the data for CYP referred into the GBVNAS service through both the GBV and Forence Care Pathways.

### Referral Data

#### Reasons for Referral (GBV)

All referrals into the GBVNAS for young people relate to recent or historic sexual abuse (figure 13), however, childhood sexual abuse (or CSA) specifically refers to any sexual contact an adult has with a child. Each year these numbers remain low within the service however, the reason for the referral may not reflect CSA in the first instance, due to different terminology/phrases used and be coded differently impacting data collection and results. Another challenge for the service is that the majority of CYP referrals into the GBVNAS relate to sexual assaults where the CYP are also the alleged perpetrators. This is a growing global issue that is being driven largely by the increasing availability of violent pornography and extreme misogynist rhetoric on social media which is so easily accessible.

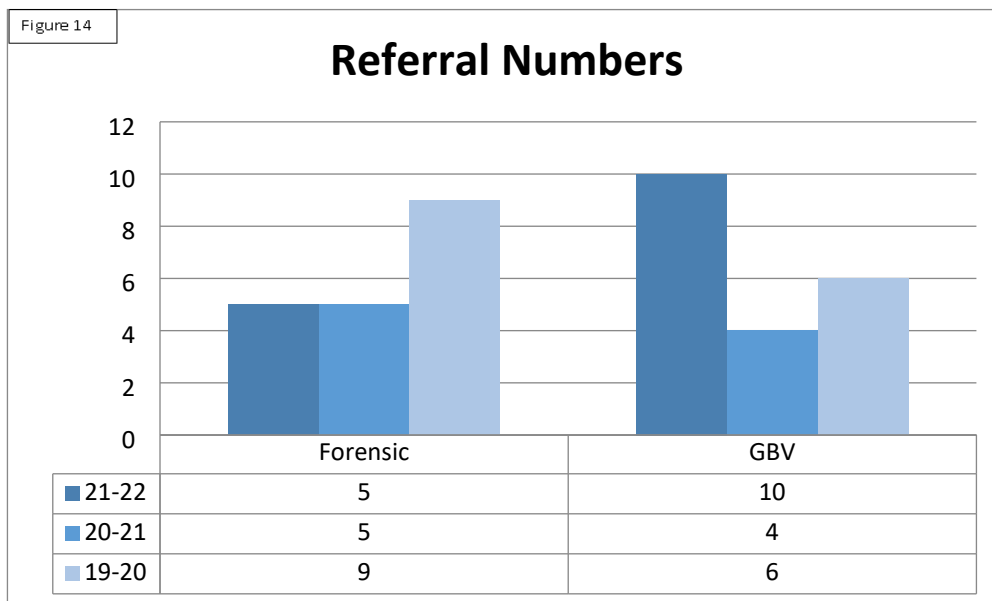


#### Referral Numbers

The number of referrals for young people are higher, overall, than the previous year but remains the same as pre-pandemic levels (figure 14). Looking at this data more closely there are two distinct trends; whilst forensic referrals remain lower than pre-pandemic levels, the GBV category, which is exclusively historic

sexual abuse, is significantly higher than both years. Referrals in this category are up **150%** on the previous year and **66%** from the baseline year.

There is nothing remarkable about the referral routes, which are predominantly via paediatrics and sexual health across all years, suggesting that this number is a reflection of increased reports rather than service awareness. National data from The NSPCC (2020) confirms that this is a UK wide issue, with childhood sexual abuse reports continuing to rise significantly year on year and is therefore important that paediatric and GBVNAS continue to work collaboratively ensuring robust partnership working with each other and relevant third sector partners for this age group.

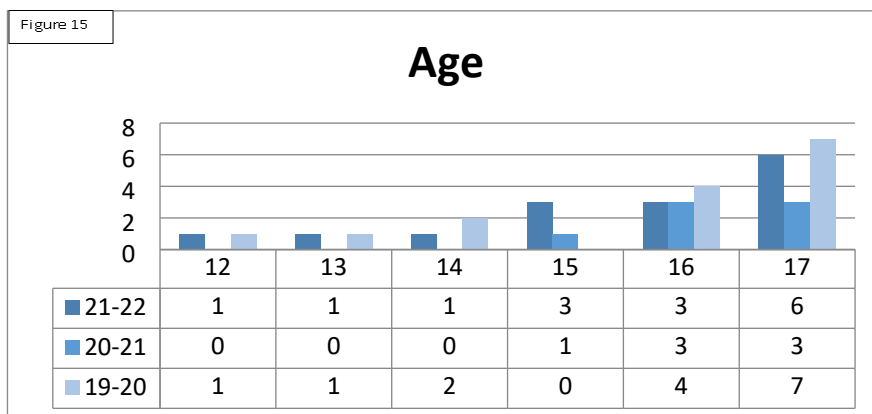


#### Referrals by Sex

This year we have received two referrals for male CYP, compared with none in previous years. Whilst this is a positive sign, male people continue to be underrepresented in referrals to the GBVNAS. Harmful gender norms, shame or honor and stereotypes of masculinity and sexuality along with the fear of not being believed, understood or taken seriously and feelings of shame or guilt can act as barriers for male victims/survivors to seek support. Several high profile court cases and TV drama have contributed to raising awareness of male victims of abuse as well as support available for male victims/survivors. It is imperative that education to break down these images and barriers is continued.

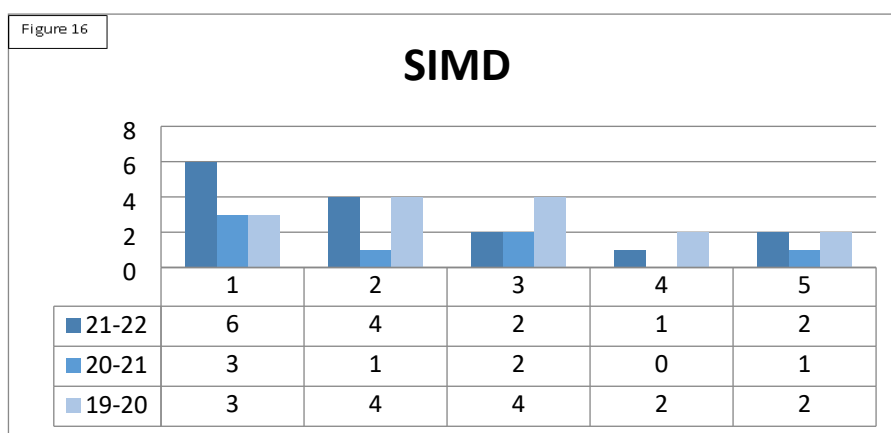
#### Referrals by age

Gender Based Violence is most likely to be experienced between the ages of 18-45 and any outliers will be clustered around these averages. This is why the majority of referrals into the GBVNAS are for older children. The data consistently reflects this each year and is particularly stark in 17 year olds, the closest in age to the average, whose fluctuations in numbers mirrors those of the adult forensic referrals. However, Equally safe at School (2018), reported that 29% of 16-18 year old girls said they had experienced unwanted sexual touching at school and Rape Crisis Scotland reported that at least 37% of the total number of sexual crimes recorded in 2021-2022 by Police Scotland related to a victim under the age of 18.



### Referrals by SIMD

The distribution of CYP referrals by SIMD is similar to the adult population in that the majority of cases are more commonly from areas with higher levels of deprivation (figure 16). These statistics also follow a similar trend to the adult forensic referrals, which may be a reflection of overall patterns of sexual violence in Fife since all CYP referrals into the service are due to sexual abuse and violence.



### Summary

FVAWP Primary Prevention Strategy for Children and Young People describes how partners will work together within youth work, early years, schools, college and universities. This important work was slowed with the restrictions imposed by Covid 19, now restrictions have been lifted and face to face interactions re-introduced, GBVNAS is supporting third sector services. They have attended and had a presence at events during ‘freshers week’ for the local colleges/university and attending and supporting the ‘What Were You Wearing?’ roadshow. The GBVNAS team have also completed the Zero Tolerance ‘Under Pessure’ training for trainers and will be supporting third sector partners to assist in delivering this training to those working with young people as part of the FVAWP annual training programme.

Through the Health Improvement Scotland Standards for Forensic Medical Services for CYP short working life group, it has been identified that a more robust support package for those attending via paediatrics is required and this is one that the GBVNAS are partnering with paediatric colleagues to develop to ensure appropriate support pathway is there for CYP and their families.

### Next Steps

- Develop a list of commonly used terminology for classifying into reasons for referral;
- Develop a more robust support pathway with paediatric colleagues for: 12-16 yrs & <12;
- Continue partnership working with third sector services on relevant projects;
- Partake in delivering Zero Tolerance Under Pressure training for trainers with FVAWP;
- Continue to attend local colleges and universities at timely intervals/events;
- Collaborative working with health promotion colleagues on relevant projects for CYP;
- Increase awareness of the GBVNAS service amongst CYP.

### Self Referral

In NHS Fife, anyone who has experienced a Rape or Sexual Assault can access a trauma informed forensic examination. In collaboration with forensic medical examiners and forensic nurses, survivors can access examinations in a matter of hours and be referred for follow up care with the GBVNAS.

Following many years of expert consultation and engagement with members of lived experience communities, Scottish Government and NHS staff members, NHS Scotland recently launched the national self-referral pathway for victims of sexual violence. From April 1st 2022, anyone over the age of 16 who has experienced a rape or sexual assault is now able to self-refer for a forensic medical examination with no requirement to make a police report. DNA evidence can now be stored in all NHS Scotland SARCS for 26 months. This gives survivors time to access support and make an informed decision about accessing the right care at the right time for them, and a supportive space to think about whether or not they wish go on to make a criminal report.

Due to the commencement of the Self Referral pathway being integrated as an integral part of the service at the completion of this report, all data will be collected over the following year and analysed within the next Annual Report. This data will also allow us to evaluate trends both locally and nationally, to effect changes required within the service and to ensure we are meeting service user n in alignment with national standards.

### **Conclusions:**

The GBVNAS has navigated several years of instability and challenges posed by staffing changes and the same challenges posed by Covid 19 to all NHS services. The GBVNAS has been responsive and adaptable to change, prioritising patient care and ensuring service stability throughout. Several key themes have emerged in the data this year that should be incorporated into the work and action plans of the GBVNAS going forward which are discussed below:

#### *Managing increasing demand*

Each year there is a steady increase in the number of referrals into the GBVNAS which, in line with national trends, will likely continue year on year. It is also anticipated that Self Referral and increased awareness of this option for survivors of sexual violence will result in a further increase. The GBVNAS will continue to monitor demand and consider team capacity. This should include ongoing monitoring of staffing instability within the service, with actions implemented to address any issues arising. As a small service, the GBVNAS is affected significantly by staffing instability and increased demand will necessitate increased stability in order to maintain a high quality of service delivery.

#### *Underrepresented groups*

Men remain underrepresented within the GBVNAS. The challenges facing the service in relation to men relate to a lack of local services for onward referral and support. Whilst the GBVNAS are able to co-ordinate follow up care via sexual health and other relevant NHS services, consideration should be given to what can be offered beyond this. A scoping review of relevant local and national services should be undertaken in advance of any efforts to increase men's representation within the services.

Other underrepresented groups include LGBT+ and sex worker communities. Both of these communities are more likely to experience violence, exploitation and abuse than their peers. Whilst data is not necessarily recorded on these communities and self-disclosure is the least intrusive and most trauma sensitive approach, engagement with these groups should include the development of a new co-created referral pathway into the service. Work has already begun on this through scoping exercises and stakeholder engagement.

#### *Impact of Covid 19*

The Covid 19 pandemic continues to present challenges for the Fife community that will require ongoing analysis in future reports. The GBVNAS has managed this period of change and uncertainty by continuing to offer a responsive service and continuation of a hybrid model utilising both telephone consultation and face to face delivery.

### *Self-Referral*

The Self-Referral pathway will be a core piece of work for the GBVNAS over the coming year. New referrals should be monitored and any patterns or trends recorded for future analysis. Intelligence sharing across NHS Scotland will ensure that NHS Fife can compare its outcomes against those of other health boards in order to determine any discrepancies.

The new self-referral pathway should be promoted at local level and incorporated into a strategic communications plan.

### *Communications Strategy*

The GBVNAS does not have a service specific communications strategy at present. However, work has begun between members of the GBVNAS and others in the Fife Violence Against Women Partnership (FVAWP) to develop one at a partnership level. This will ensure that all stakeholders in the partnership are kept up to date on new developments, consulted where relevant and included in shared decision making. The new strategy will also include engagement with local services, outreach work and awareness raising of available services in the local area, including the new Self-Referral pathway.

## Part Three

### MARAC

MARAC is the Multi-Agency Risk Assessment Conference which has representation from Fife Council, Fife Police, Fife Women's Aid, Fife Housing, Fife Education Services, Fife Social Work Services (including children and families and criminal justice). GBVNAS also attend these meetings as the health representatives for NHS Fife. This sets within Priority 3 of Equal Safe (2018) that interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people.

**MARAC identifies the highest risk victims of domestic abuse and aims to reduce the risk of further victimisation.**

MARAC is a process that involves:

- Appropriate sharing of information across agencies;
- Producing multi-agency safety plans to reduce the risk to victims and any children;
- Sharing an awareness of risk posed by the perpetrator to the victim or third party.

As the agency representing NHS Fife, the GBVNAS collate and share appropriate and relevant health information with partner agencies at the MARAC meetings to contribute to the development of an individualised risk management plan. Following these meetings 'tasks' are agreed and generated for each agency to undertake, each agency then informs the MARAC lead that these 'tasks' have been completed. The GBVNAS will have health related tasks assigned to them for completion.

This section explores the data held by the GBVNAS on this year's MARAC cases.

### Case Numbers

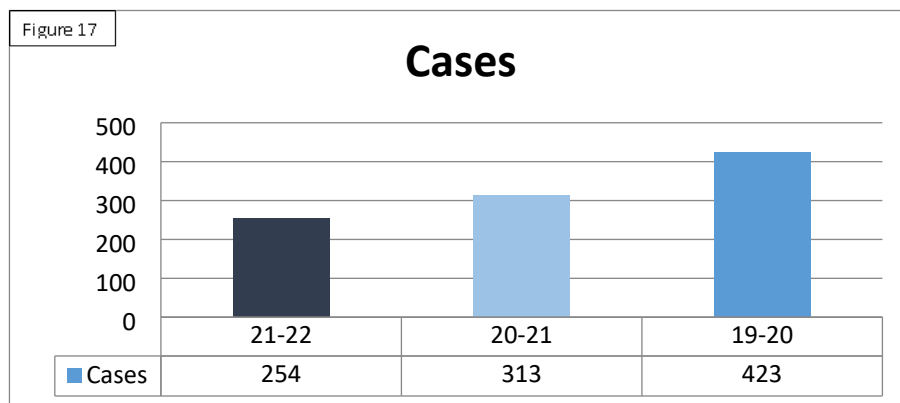
This year has seen a further decrease in the number of MARAC cases (figure 17), with 710 referrals into MARAC compared with 717 the previous year and 778 the year 2019-2020. Of the 710 referrals:

- 48% were discussed by partners at MARAC and independent MARAC advocacy offered by Fife Woman's Aid or KASP;
- 26% were referred to MARAC independent advocacy for further assessment, safety planning and victim support;
- 24% of referrals were returned to the referring agency to support without MARAC coordination but with feedback and signposting (FVAWP, 2022).

In the year 2021-2022 of the total number of referrals, 85% were from the police, with 95% of victims female, aged 16 to 78 years of age (FVAWP, 2022).

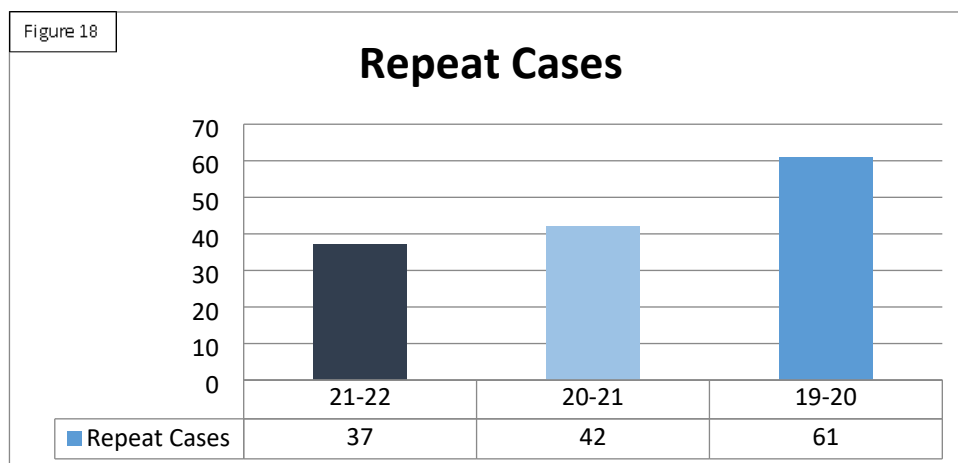
Although there is only a minimal change in the referral numbers, the number of cases that are heard have reduced significantly. FVAWP, in their 2020-2021 report stated that the reduction in number of cases heard

at MARAC is as a result of a more robust screening process with more cases able to be managed outwith a MARAC meeting.



### Repeat Cases

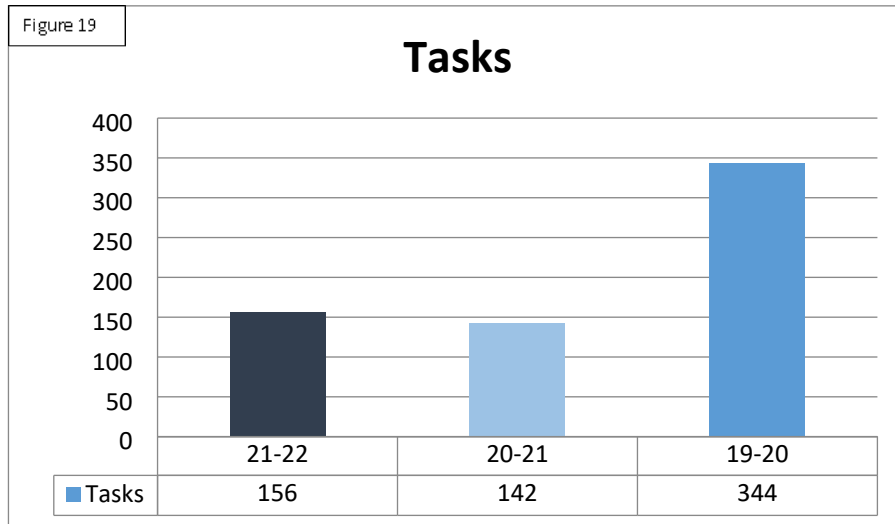
Repeat MARAC cases are following the same trend, with an overall reduction this year (figure 18) and also represent around the same proportion within the overall case numbers, suggesting no statistically significant variation. However, this data does not reflect if those cases that were rejected during the screening process are being resubmitted.



### Tasking Breakdown

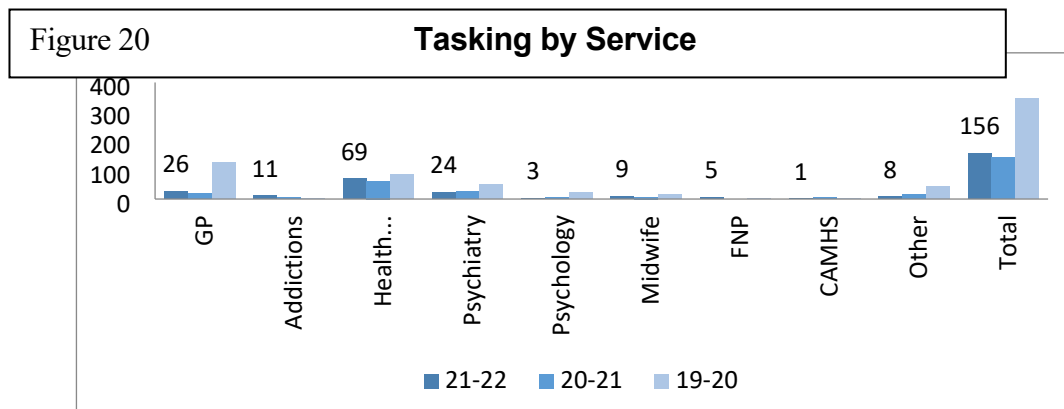
Although there has been a slight increase in the total number of risk management tasks performed this year, there has been an overall reduction (figure 19). As per the GBVNAS annual report 2020-2021, the team has become more efficient at anticipating and managing risk management tasks in advance of MARAC.





### Tasking by Service

There are a wide variety of NHS services involved in the MARAC process, a request for information on the individual cases is requested from the relevant health services, which is then collated by the GBVNAS. This information is then presented by the GBVNAS at MARAC for discussion pertaining to risk and decisions related to risk management with the exception of addiction services who also attend MARAC and present their own information. Following MARAC it is the responsibility of the GBVNAS to complete/follow-up all designated risk management tasks (figure 20) and report back to the MARAC lead that these have been completed.



### Task Involving Children's Services

There was a total of 782 children involved in the MARAC case discussions, usually the children of the victim or perpetrator but also step or half siblings, grandchildren may be included if considered otherwise at risk (FVAWP, 2022). However, these different groups of children are not reflected in available data. There was no change in the proportion of tasks involving children, suggesting no statistical variation in the data for 2021-2022 (figure 21). There is also no change in the breakdown of children's services involved in MARAC cases for this year (figure 22).

Figure 21

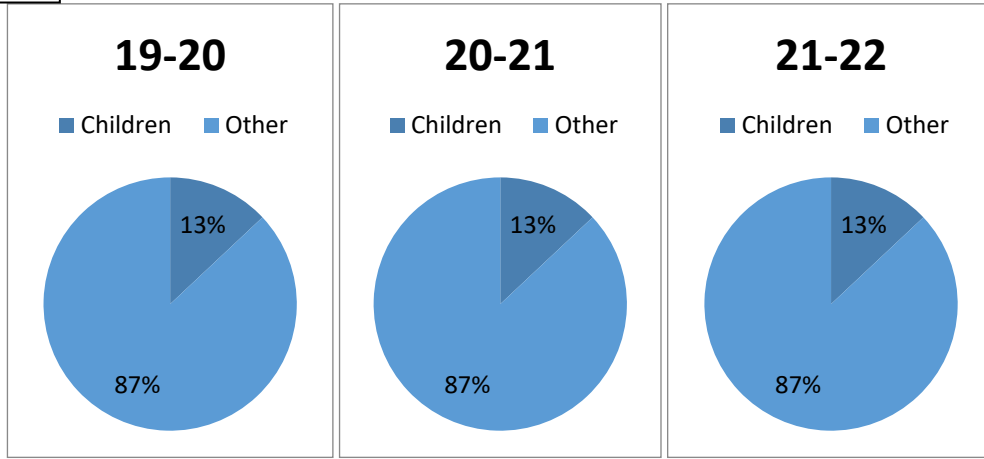
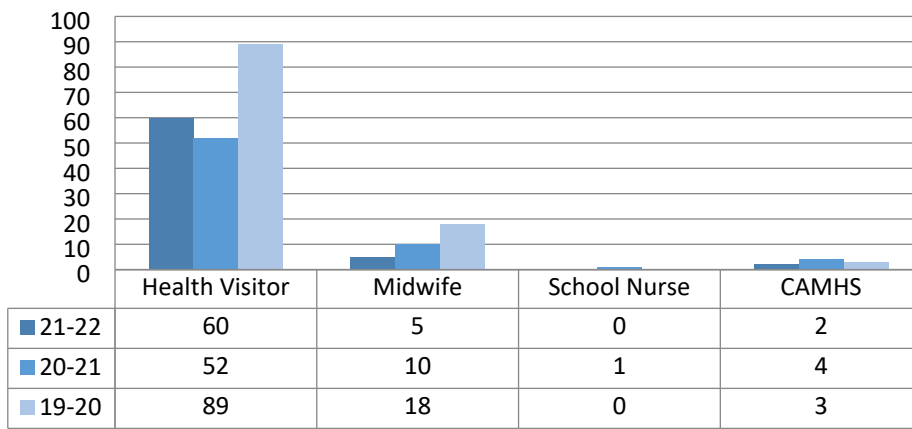


Figure 22

### Breakdown of children's services

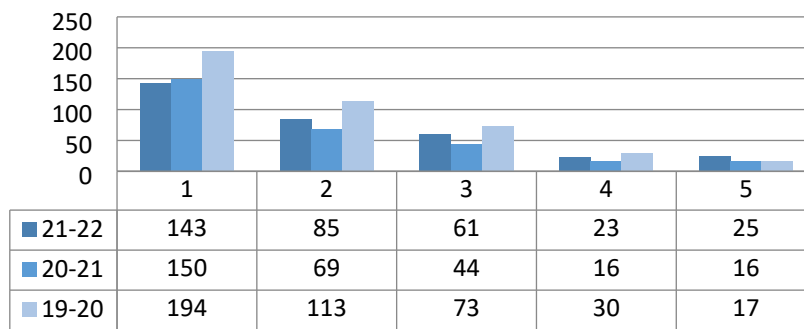


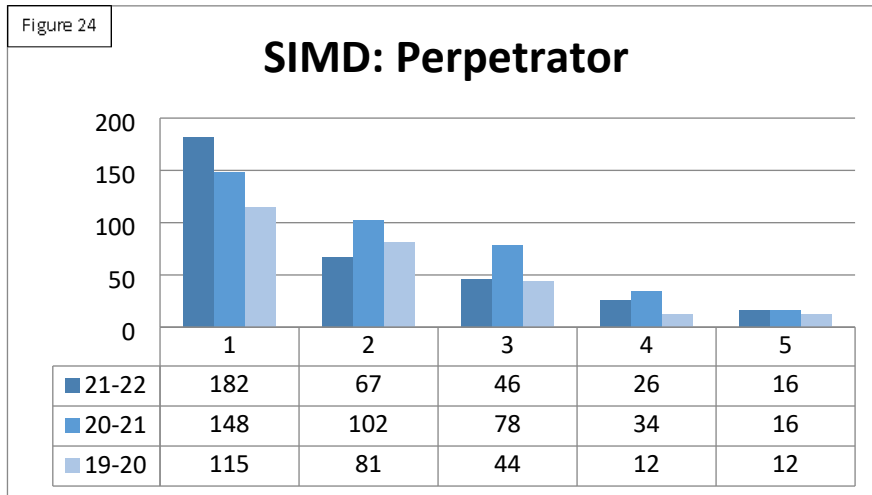
### SIMD

The distribution frequency for both victim and perpetrator is consistent across both this year and last (figure 23 & 24) and suggests that most high domestic violence is occurring within the most deprived communities which is consistent and echoed within wider UK data.

Figure 23

### SIMD: Victim





MARAC reduces repeat victimisation within a context of abuse which is complex and often with escalating behaviour being witnessed. This is achieved by sharing information and collaborative working with other agencies. By sharing information, risk assessment tasks and partnership working, agencies are aware and understand the level of risk to the adult victim and those close to them (including children). The GBVNAS is proud to be involved in MARAC and continue to support the process as MARAC continues to strive to improve and implement recent recommendations to best serve those victims within Fife.

### Conclusion

MARAC is not standardised across Scotland; best practice is determined by the organisation Safe Lives and local MARAC practices are reviewed by them. This has led to regional variations in how the MARAC is conducted. This year, members of the GBVNAS attended MARAC in other local authority areas to learn about different practices and found that a number of health boards/local authorities include all designated professionals involved in each case. In Fife, the NHS is represented solely by the GBVNAS with the exception of a representative from addiction services.

By including a variety of representatives from various services, the model in other local authority areas allowed for a more dynamic approach where tasks could be suggested, determined and agreed by the professionals working directly with victims and perpetrators. This also clearly enhanced shared risk management. This model may have similar utility in Fife and is underscored by Principle 3 of SafeLives guidance for effective MARAC. Current ways of working should be reviewed within NHS Fife and with the current co-ordinator with a view to enhancing NHS Fife's engagement and shared responsibilities.

## Principle 3

### Multi-agency engagement

#### What is the principle?

Agencies that can contribute to safeguarding high-risk victims, associated children and vulnerable adults attend the Marac

What good looks like	Why it's important	How it's evidenced
Core agencies consistently attend and participate in the Marac ( <i>police, Idva service, housing (statutory responsibility), children's services (statutory responsibility), National Probation Service and/or community rehabilitation company (CRC), primary health, mental health, substance misuse service, Adult Safeguarding</i> )	<p>The risks to high-risk victims and their families, and the management of perpetrators, are jointly and comprehensively assessed and addressed</p> <p>The impact of domestic abuse and other factors (eg substance and mental health issues), on victims and children is minimised</p>	<p>Marac operating protocol</p> <p>Marac attendance sheet/minutes</p> <p>Marac observation (ie by the governance group, Idva service manager, domestic abuse coordinator or peer review)</p>
Other agencies that can increase the safety of victims, children and vulnerable adults attend ( <i>examples include: youth offending services, child and adolescent mental health services (Camhs), registered social landlords, specialist services</i> )	The needs of all victims and children and adults at risk are identified and addressed, perpetrators' behaviour is managed and risk reduced	<p>Marac operating protocol</p> <p>Marac attendance sheet /minutes</p> <p>Marac observation (ie by the governance group, Idva service manager, domestic abuse coordinator or peer review)</p>
Representatives are appropriately skilled and supported to effectively represent their agency	Risk assessment, action planning and decision making is effective	<p>Marac operating protocol</p> <p>Marac attendance sheet/minutes</p> <p>Marac observation (i.e. by the governance group, Idva service manager, domestic abuse coordinator or peer reviewer)</p> <p>Agency protocols/job descriptions</p>

## **Part Four**

### **New Developments**

There have been a number of new developments within the GBVNAS this year including the implementation of multiple training programmes for NHS Fife staff and preparing for and achieving readiness for Self-Referral to Forensic Examinations.

Continued innovation within the service is dependent upon service stability, staffing levels and skill mix. With continued disruptions to staffing and time investments required to train and develop new staff there has been reduced capacity for innovation this year. However, despite instability, the GBVNAS has been able to successfully deliver on two large programmes of work whilst maintaining service stability and functionality. The GBVNAS have also commenced the following work streams for the coming year which will also be reflected in our work and action plans:

- The development and trial implementation of a GBV link nurse programme across key NHS Fife health services;
- An enhanced communications strategy to raise local awareness of Self Referral for Forensic Examinations;
- Scoping and beginning the co-production of a new pathway for vulnerable and hard to reach populations;
- Making information on where to seek help more accessible for those most at risk;
- Collaborative working with child protection team colleagues and attend IRD.

## Training

Due to staffing issues within the GBVNAS and the Covid 19 pandemic, training was temporarily paused last year. We have been able to resume this, however with continued staffing changes and temporary deployments the service has still not been operating at capacity. The table below reflects the programmes we have been able to successfully deliver this year.

Next year, with increased capacity in the team, we plan to continue with ongoing programmes. In addition, we will be delivering training with the health promotions service and have commenced discussions with Dundee University Nursing School regarding an annual lecture for nursing students.

Training Type	Training Information	Training Location	Number of staff trained	Status
Training for COVID19 vaccinators	Training the COVID19 vaccine co-ordinators to recognise and respond to signs of Gender Based Violence.	MS Teams	All vaccine co-ordinators were successfully trained over 3 sessions.	Completed
Routine Enquiry	Training Substance Misuse, Health Visiting, Sexual Health, Mental Health and Midwifery services in Routine Enquiry of abuse, DASH and MARAC	MS Teams	187 over 12 sessions.	Ongoing programme of training
Bespoke Training	Tailored GBV training for Endoscopy, A&E, Outpatients, Gynaecology and other NHS Fife Services	MS Teams	64 over 4 sessions.	Ongoing programme of training
St Andrews University GBV Lecture for Medical Students	Annual training for 3 <sup>rd</sup> year medical students on all forms of GBV. This lecture covers policy, theory and practice.	MS Teams	Whilst just under 30 students attended this lecture live, all third year students (over 200) must view the recorded lecture online and answers questions to pass the module.	Ongoing agreement with St Andrews Medical School

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>1 March 2023</b>
<b>Title:</b>	<b>Annual Climate Emergency and Sustainability Report 2021/22</b>
<b>Responsible Executive:</b>	<b>Neil McCormick, Director of Property &amp; Asset Management</b>
<b>Report Author:</b>	<b>Neil McCormick, Director of Property &amp; Asset Management</b>

## 1 Purpose

**This report is presented to the Public Health & Wellbeing Committee for:**

- Endorsement

**This report relates to:**

- Emerging issue
- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

Under paragraph 65 of the Policy for NHS Scotland on the Climate Emergency and Sustainable Development (DL (2021) 38), each NHS Scotland body must publish a report on its public website each year by 31 January, summarising its progress against the aims of this policy using a template approved by the Scottish Government Health and Social Care directorates (SGHSC) for that purpose.

The Template was issued on 10 November 2022 which did not allow sufficient time for completion of the document and the necessary governance and committee approvals.

We are advised that the report must be approved by the NHS Scotland body's Chief Executive and be provided to:

- The NHS Scotland body's staff
- The NHS Scotland's body's board members; and
- SGHSC

We have agreed with Scottish Government that we would submit a draft by 31 January subject to approval by the NHS Board and subsequent publication on the Board's website.

## **2.2 Background**

Scottish Government (SG) has requested a number of reports to be provided annually in respect to Climate Emergency and Sustainability:

### **Annual Climate Emergency and Sustainability Report**

NHS Boards are required to complete their Annual Climate Emergency and Sustainability Report by 31 January 2023. SG has recognised that should boards not be able to meet this deadline, then contact should be made with Philip Maclean, to discuss and agree an alternative date.

### **Annual Delivery Plans**

Each Board should complete its Annual Delivery Plans by June 2023, with guidance due to be issued during February 2023. Within the guidance there will be a requirement for a section in relation to Climate Change and Sustainability for inclusion in every Annual Delivery Plan. A Pro-forma for this section is being developed in conjunction with regional chairs and Scottish Government.

### **National Sustainability Action Tool (NSAT)**

The updated NSAT question set will be issued in the near future by NHS Assure with a return date of 31 August 2023. The issued question set will remain for the next three years (unless questions require to be changed by exceptional circumstances). This timescale should enable each board to progress continuous improvement rather than against a constantly moving set of goal posts.

### **Public Bodies Climate Change Report**

Our return was made by the end of November 2022 in keeping with statutory requirements.

SG has reviewed our submissions and provided feedback highlighting gaps and opportunities within the report.

### **Climate Change Risk Assessment (CCRA)**

A Climate Change Risk Assessment has been undertaken by the Board.



## **2.3 Assessment**

The Draft Annual Climate Emergency and Sustainability Report 2021/22 is attached at Appendix 1.

Following endorsement by the Public Health & Wellbeing Committee, the report will be taken to the NHS Fife Board for approval to meet the requirements of the SG.

This is the first such report to be published and it has taken some time to collate the information required following the release of the template in November 2022.

### **2.3.1 Quality / Patient Care**

This is a retrospective review of climate emissions and NHS Fife's approach to the Climate Emergency with no direct impact on patient care.

There will be an increasing emphasis on sustainable care moving forward.

### **2.3.2 Workforce**

N/A

### **2.3.3 Financial**

N/A

### **2.3.4 Risk Assessment / Management**

The report identifies the Climate Change Risk Assessment that has taken place.

There is an overall corporate risk identified in terms of delivering the requirements of the National Policy and Strategy.

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

An Impact Assessment has not been carried out.

### **2.3.6 Climate Emergency & Sustainability Impact**

This information will be provided on an annual basis and will allow NHS Fife to monitor progress towards the policy and strategy related to Climate Emergency and Sustainability.

### 2.3.7 Communication, involvement, engagement and consultation

There has been no specific activity in this area.

### 2.3.8 Route to the Meeting

The 'draft' report has been previously considered by EDG on 19 January 2023 as part of its development. EDG members supported the content, and their feedback has allowed for the enhancement of the content presented in this report. The report has been re-formatted by the Communications Team for publication on the website following approval.

The route for the report will be:

- EDG on 16 February 2023
- Public Health & Wellbeing Committee on 1 March 2023
- NHS Fife Board on 28 March 2023

## 2.4 Recommendation

Public Health & Wellbeing Committee members are asked to **endorse** the report before final approval by the Board and subsequent publication on the Board's website.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Annual Climate Emergency and Sustainability Report 2021/22 Final.

### Report Contact

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# Annual Climate Emergency and Sustainability Report

2021-2022



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# 1. Introduction

**This is NHS Fife's first annual Climate Emergency and Sustainability Report.**

The planet is facing a triple crisis of climate change, biodiversity loss and pollution as a result of human activities breaking the planet's environmental limits.

The World Health Organisation (WHO) recognises that climate change is the single biggest health threat facing humanity. Health organisations have a duty to cut their greenhouse gas emissions, the cause of climate change, and influence the wider society to take the action needed to both limit climate change and adapt to its impacts.

More information on the profound and growing threat of climate change to health can be found here: [www.who.int/news-room/fact-sheets/detail/climate-change-and-health](http://www.who.int/news-room/fact-sheets/detail/climate-change-and-health)

NHS Fife provides health care to the 375,000 people who live in Fife and employs 9,850 members of staff.

## 2. Leadership and Governance

The Director of Public Health is the Sustainability Champion of the Board.

The Director of Property and Asset Management is the Executive Lead for sustainable buildings, land, travel and reporting.

The Public Health and Wellbeing Committee has lead responsibility for climate change and sustainability.

NHS Fife's Board is making significant changes to the structure within the Estates Department to enable a change in roles and duties assigned to sustainability.

The Annual Delivery Plans (ADPs) are due to be completed by June 2023 with guidance due to be issued during February 2023. Within this guidance, there will be a requirement for a section in respect of Climate Change and Sustainability to be included in each Board's ADP. A simple pro-forma for this section is being developed in conjunction with the Regional Chairs and the Scottish Government (SG).

An increase in our dedicated and specialist workforce will be required to implement the Climate Emergency and Sustainability Policy, specifically in respect of the roles required by the Policy. Sharing skills and technical expertise in relation to Climate Change and Sustainability presents a key opportunity for a regional approach.

There will be requirements to develop the roles, knowledge and skills of staff across NHS Fife to support the delivery and development of the Strategy.

Interest and commitment of staff to a Greener NHS continues to grow and there are clear synergies and opportunities in relation to staff health and wellbeing. Examples include active travel, access to green space and positive staff engagement.

The expectation is that the NHS Fife Executive Director Group (EDG) will be kept updated and engaged through the delivery of key parts of the Strategy as identified below. This approach will encourage collective ownership and system leadership and will enhance discussions and decision making.

Executive Director	Executive Input to Objective	Role (to be further developed)
Director of Property and Asset Management	Lead	Proposed role is Lead Executive (LE) and will create management time and capacity to co-ordinate the Strategy on a day-to-day basis. In addition, the LE will take responsibility for sustainable buildings and land, sustainable travel and the reporting of progress.
Director of Public Health	Contributor	Proposed role is Board Champion (BC) and will ensure that the Board is aware of the key priorities and responsibilities within the strategy.  The BC will also lead on the development of sustainable communities and adapt to the impact of climate change.
Medical Director	Contributor	Lead and develop the thinking and models around Sustainable Care into the future including: <ul style="list-style-type: none"> <li>• Sustainable Care Pathways</li> <li>• Reducing harm and waste</li> <li>• Medicines</li> <li>• Green theatres</li> <li>• Supporting Primary Care</li> </ul>
Director of Nursing	Contributor	
Director of Acute Services	Contributor	
Director of Health and Social Care Services	Contributor	
Director of Pharmacy and Medicines	Contributor	
Director of Finance and Strategy	Contributor	LE for Sustainable Goods and Services (circular economy) and consideration for PMO support for the programme and reporting regime.
Director of Workforce	Contributor	LE for engaging with NHS Fife staff to ensure that Climate Emergency and Sustainability is at the heart of all that we do including staff training, awareness and communication.

Notwithstanding the need to develop core capacity and expertise within NHS Fife, there is also an opportunity for shared learning and shared development of expertise across the East Region.

In order to support this collaboration, an East Region Climate Emergency and Sustainability Group has been implemented. Membership includes LE's from each Board together with other relevant colleagues.

Board leads meet every two months to discuss opportunities for collaborative working and also contribute to and influence national work.

### 3. Greenhouse Gas Emissions

NHS Fife aims to become a net-zero organisation by 2040 by reducing the sources of greenhouse gas emissions set out in the table below. The table sets out the amount of greenhouse gas produced annually by NHS Fife:

Source	Description	Amount of greenhouse gas (tonnes of CO2 equivalent)			Percentage change since 2019/20
		2019/20	2020/21	2021/22	
Building energy use	Greenhouse gases produced when providing electricity and energy heat for NHS buildings	21712	20247	20395	6.07%
Non-medical F-gas use	Greenhouse gases used for refrigeration and air conditioning	Not available	Not available	3033.9	Not available
Medical gases	Greenhouse gases used in anaesthetics - nitrous oxide (N2O), Entonox (which contains nitrous oxide), desflurane, sevoflurane and isoflurane	Not available	1542	1465	Not available
Metered dose inhaler propellant	Greenhouse gases used as a propellant in inhalers used to treat asthma and chronic obstructive pulmonary disorder (COPD)	Not available	5511	5828	Not available
NHS fleet use	Greenhouse gases produced by NHS vehicles	Not available	Not available	Not available	Not available
Waste	The greenhouse gases produced by the disposal and treatment of waste produced by the NHS	Not available	714.9	846.9	Not available
Water	The greenhouse gas produced from the use of water and the treatment of waste water	97.6	101.4	37.9	61.2%
Business travel	Greenhouse gases produced by staff travelling to work (not using NHS vehicles)	Not available	Not available	Not available	Not available
Carbon sequestration	The amount of carbon dioxide captured per by woodland, trees, grassland and shrubs growing on NHS grounds	Not available	Not available	259.715531	Not available
Greenhouse gas emissions minus carbon sequestration		Not available	Not available	Not available	Not available



## 4. National Sustainability Assessment

NHS Scotland has developed a National Sustainability Assessment Tool (NSAT) which all Health Boards use on an annual basis to measure progress across sixteen different areas of sustainability.

In 2021/22, NHS Fife achieved an overall score of 39%. This score is a reduction on last year's score; however, significant efforts have been made towards increasing sustainable actions such as active travel options, reduction in the use of gas and electricity etc.

## 5. Climate Change Adaptation

The climate is changing due to the greenhouse gases already emitted into the atmosphere. While efforts to reduce the rate and scale of climate change continue, we must also adapt to any new conditions we face.

The changing climate is increasing risks for health and health services. More information on these risks can be found in the UK Climate Change Committee's Health and Social Care Briefing available here: [www.ukclimaterisk.org/independent-assessment-ccra3/briefings/](http://www.ukclimaterisk.org/independent-assessment-ccra3/briefings/)

### **What have we done to better understand the impact of climate change on NHS Fife and the people and places we serve?**

A Climate Change Impact and Risk Assessment (CCRA) with adaptation measures has been completed on our multi-disciplinary approach. This has been submitted to the NHS Scotland Head of Climate Change and Sustainability Manager.

### **What are we doing to build resilience and prepare for the increasing risks from climate change to NHS Fife and the people and places we serve?**

Any measures identified in the Adaptation Plan can be taken forward for funding, where appropriate action can be taken to mitigate against any climate related risks identified as part of the CCRA process.

## 6. Building Energy

NHS Fife has 46 buildings including hospitals, health centres and clinics.

NHS Fife aims to use renewable heat sources for all of its buildings by 2038.

In 2021/22, NHS Fife used 99,696,485 kWh of energy. This was an increase of 0.9% from the previous year.

In 2021/22, 20,247.8 tonnes of CO<sub>2</sub> equivalent was produced by NHS Fife for building energy use. This was an increase of 0.26% from the previous year.

### **What did we do last year to reduce emissions from building energy use?**

In 2020, a project funded through NDEEF with an award of £1.8 million was started. The project will span over 2 years and includes:

- Installation of solar photovoltaic cells at Glenrothes Hospital, Queen Margaret Hospital and Victoria Hospital
- Installation of an up-to-date BMS (Building Management System) Front End Software Programme to centrally monitor and control heating and ventilation across all NHS Fife sites
- Insulation of heating pipes to reduce heat loss at Kirkcaldy Health Centre, Lynebank Hospital, Queen Margaret Hospital, Victoria Hospital and Whyteman's Brae Hospital
- Installation of LED lighting at Kirkcaldy Health Centre, Linburn Health Centre, Leven Health Centre, Lynebank Hospital, Queen Margaret Hospital and the Victoria Hospital
- Coolnomix air conditioning system to improve control and efficiency was installed at Adamson Hospital, Kirkcaldy Health Centre, Linburn Health Centre and Lynebank Hospital

### **What are we doing this year to reduce emissions from building energy use?**

In 2022 and 2023:

- The installation of double glazed windows at Whyteman's Brae Hospital to improve efficiency is underway
- The decentralisation of steam to ground source heat at Cameron Hospital, Windygates with the aim of becoming net zero, has been commission to design stage RIBA 3
- Several smaller projects on the improvement of street lighting have been undertaken across various sites

Priorities for 2023 will be to deliver projects across Fife comprising of:

- Fife College of Nursing, Kirkcaldy - route to net zero by installing LED lighting
- Improving insulation in loft spaces and on pipe work across various sites
- Replacing windows and the installation of solar PV across various sites
- All NHS Fife properties to have street lighting designed to replace costly running and maintenance light fittings with LED

## 7. Sustainable Care

The way NHS Fife provide care influences our environmental impact and greenhouse gas emissions.

NHS Scotland has three national priority areas for making care more sustainable - anaesthesia, surgery and respiratory medicine.

### Anaesthesia and Surgery

Greenhouse gases are used as anaesthetics and pain killers. These gases are Nitrous Oxide (laughing gas), Entonox (which contains nitrous oxide) and the 'volatile gases' - Desflurane, Sevoflurane and Isoflurane.

NHS Fife's emissions from these gases are set out in the table below:

Anaesthetic Gas Use			
Source	2018/19 (baseline year) tCO2e	2021/22 tCO2e	Percentage Change since 2018/19
<u>Volatile Gases</u>			
Desflurane	67.9	8.9	87%
Isoflurane	1.5	0.6	60%
Sevoflurane	54	40.4	26%
<b>Volatile Gas total</b>	<b>123.4</b>	<b>49.9</b>	<b>60%</b>
<u>Nitrous Oxide and Entonox</u>			
Piped Nitrous Oxide	188	217	15.4%
Portable Nitrous Oxide	128	84	31.7%
Piped Entonox	1064	1056	0.75%
Portable Entonox	113	107	5.3%
<b>Nitrous Oxide and Entonox total</b>	<b>1493</b>	<b>1464</b>	<b>1.94%</b>
<b>Anaesthetic Gas Total</b>	<b>1616.4</b>	<b>1513.9</b>	<b>6.34%</b>

### What are we doing this year to reduce emissions from anaesthetic gases?

There are 3 theatres in the NTC – Fife Orthopaedic, Victoria Hospital, Kirkcaldy and none of these theatres or beds have piped Nitrous Oxide.

### What are we doing this year to make surgery greener?

NHS Fife has learned through our Regional Group of the steps taken in the implementation of Green Theatres by NHS Lothian and are looking to incorporate these into our Action Plan which is being developed in 2023.

## Respiratory Medicine

Greenhouse gases are used as a propellant in metered dose inhalers used to treat asthma and COPD.

Most of the emissions from inhalers are from the use of reliever inhalers - Short Acting Beta Agonists (SABAs). By helping people to manage their condition more effectively, we can improve patient care and reduce emissions.

There are also more environmentally friendly inhalers available; such as dry powder inhalers, which can be used where clinically appropriate.

NHS Fife estimates that during 2021-22 emissions from inhalers was 5,828 tonnes of CO2 equivalent.

### What did we do last year to reduce emissions from inhalers?

- A formulary review of respiratory inhaler choices - through the East Region Formulary (ERF) on the environmental impact of inhalers has been examined. The ERF encourages prescribers to have a full discussion of inhaler choices with patients, taking into account environmental impact, inhaler technique and patient factors and where clinically appropriate, prescribe a dry powder inhaler (DPI) as a first choice.
- Person-centred reviews - to optimise disease control and ensure quality prescribing:
  - Prioritising reviews of patients with asthma who are over-reliant on short-acting beta-agonist (SABA) relievers
  - Review individuals prescribed SABA alone, check diagnosis and review treatment
  - Streamline inhaler devices for patients (device consistency)
  - Review separate inhalers where a combination inhaler device would be a possibility
  - Prescribe dry powder inhalers (or soft mist inhalers), if clinically appropriate
  - Review patients on HFA 227ea contain inhalers (eg Flutiform and Symbicort MDI) and, where possible, switch to inhalers with a lower global warming potential
  - Specialist 'difficult asthma clinics' to ensure treatment is optimised, including the use of biological treatment
- Communication:
  - Presentation to GP Clusters Quality Leads
  - Communication of formulary choices and changes to prescribers and pharmacy professionals in primary and secondary care

### What are we doing this year to improve patient care and reduce emissions from inhalers?

- Implement recommendations from Respiratory Quality Prescribing Guide (Scottish Government Effective Prescribing and Therapeutics Division)
- 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

## 8. Travel and Transport

Domestic transport (not including international aviation and shipping) produced 24% of Scotland's greenhouse gas emissions in 2020. Car travel is the type of travel which contributes most to these emissions.

NHS Scotland is supporting a shift to a healthier and more sustainable transport system where active travel and public transport are prioritised.

### **What did we do last year to reduce the need to travel?**

Last year we continued with the implementation of our Agile Working Policy, enabling staff who can work from home to have the ability to do so.

### **What did we do last year to improve active travel?**

2021 and 2022 saw the implementation of e-bike Loan Schemes and bike repair stations at various locations across Fife.

The Bike to Work Scheme was also available to encourage staff to apply for funding in order to purchase a bicycle or e-bike.

### **What did we do last year to improve public and community transport links to NHS sites and services?**

We installed two electronic timetable information screens at the bus stances at Victoria Hospital, Kirkcaldy funded by Fife Council and in partnership with Sustran and Journeo.

### **What are we going to do this year to reduce the need to travel and to improve active travel?**

NHS Fife's Agile Working Policy which allows staff to work from home, where practicable, will continue.

NHS Fife has committed to a 5-year contract with Mobility Ways, the only software solution dedicated to decarbonising the commute to work. As part of this commitment, on-going engagement continues with staff via the Communications team with branded surveys and an option available to opt into a Lift Share Scheme which makes significant savings to personal fuel costs and reduces the carbon footprint.

Personal travel plans can also be developed through the Mobility Ways Software to detail the sustainable travel options available to staff.

**What are we going to do this year to improve public and community transport links to NHS sites and services?**

NHS Fife is working to remove all petrol and diesel fuelled cars from our fleet by 2025.

The table below sets out how many renewable powered and fossil fuel vehicles were in the NHS Fife fleet at the end of March 2022:

	Renewable powered vehicles	Fossil fuel vehicles	Total vehicles	Percentage renewable powered vehicles
Cars	3	18	21	14%
Light commercial vehicles	26	48	74	35%
Heavy vehicles	0	0	0	0

The table below sets out how many bicycles and eBikes were in NHS Fife’s fleet at the end of March 2022:

	Total
Bicycles	0
eBikes	0

## 9. Greenspace and Biodiversity

In addition to health benefits for patients and staff, investment in greenspace around hospitals and healthcare centres helps tackle climate change and biodiversity loss.

### **What did we do last year to improve our green space and increase biodiversity?**

A Greenspace and Biodiversity Workshop was held in May 2022 involving multi-disciplinary directorates across NHS Fife and external third part specialist organisations. Fife Coast and Countryside Trust, Nature Scot and Fife Food Partnership attended the Workshop with a view to starting early meaningful discussion on the development of an NHS Fife 2030 Greenspace Strategy.

All NHS Fife sites have been mapped using ESRI GiS software during 2022. This software was developed by the Estates Officer - Sustainability and populated by two St Andrews University Interns who were employed by NHS Fife over the summer period of 2022.

Fife Health Charity generously gifted funding for the transformation of a rooftop to create a dedicated critical recovery garden at Victoria Hospital, Kirkcaldy, where ICU patients, their loved ones and staff can spend time.

Improving biodiversity on our mowed grass areas on various sites throughout NHS Fife continues along with identifying areas of improvement particularly around planting at site boundaries. This will enable movement of animals and propagation of flowers including native species by providing connecting corridors and supporting birds and wildlife.

### **What are we doing this year to improve our greenspace and improve biodiversity?**

NHS Fife will take forward the outcomes of the 2030 Greenspace Strategy which is due to be finalised in March 2023.

# 10. Sustainable Procurement, Circular Economy and Waste

## Circular Economy

NHS Fife aims to reduce the impact the use of our resources has on the environment by adopting circular economy principles.

We will work with other NHS Scotland Health Boards to maximise our contribution to reducing supply chain emissions to net-zero by 2045.

Across NHS Fife, waste produced by disposing of out of date medical consumables, clinical furniture and equipment beyond economical repair, or no longer meeting UK standards can be high. These items are disposed of as landfill or WEEE waste neither of which is particularly sustainable.

NHS Fife has been afforded the opportunity to work in collaboration with the International Fire and Rescue Association (IFRA). Based in Fife, IFRA assists fire fighters and emergency services worldwide, including donating supplies and equipment to hospitals and children's homes and providing international aid to those in need.

In 2021, over 400 items were donated to the IFRA.

### **What did we do last year to improve the environmental impact of the goods and services we buy?**

Working with NHS NSS National Procurement, NHS Fife is part of a Sustainability Steering Group. Supplier/category prioritisation has been delivered by this group, and we are aware of where to target our efforts moving forward.

### **What are we doing this year to improve the environmental impact of the goods and services we buy?**

NHS Fife has engaged with clinical leads across NHS Scotland to remove from use Desflurane, an anaesthetic gas. This gas has a notably higher environmental impact than other gases (2,540 times more than Carbon Dioxide).

The National Procurement team have been working on driving supply visibility across its 400 strong supplier base primarily in support of resilience. It also provides us with a heat map of manufacturing locations across its 9,000 products and this can be used as the basis for mapping supply chains from an environmental footprint point of view. It also provides us with insights from an ethical viewpoint, with country of manufacture information allowing us to assess labour practice risk across the supply chain.

We are continuing our training programmes with the NHS Scotland procurement with the launch of our training portal. Our team is signposting to existing sustainability content, which is easily accessible and held in a central location. Due to go live by mid-December 2022,

elearning content is also underway to provide support to staff on sustainability topics, with the aim to start rolling this out in February 2023.

If NHS Fife is to achieve its goal of becoming a net zero health care service, we require assurance that our suppliers are committed to achieving similar targets.

We have identified NHS Scotland's top 100 suppliers by spend and, to date, are in receipt of Climate Change plans from 38 of these suppliers.



We are committed to reducing the amount of waste produced with a view to increasing our recycling figures.

The table below provides information on the type of waste we produce:

Type	2020/21 (tonnes)	2021/22 (tonnes)	Percentage Change
Waste to landfill		30%	
Waste to incineration	1176.6	1185	1%
Recycled waste	843.1	691.1	-15%
Food waste	56.6	79.2	2%
Clinical waste	714.9	846.9	13%

**What did we do last year to reduce our waste?**

In early 2021, during the Covid-19 pandemic, all waste within affected areas was disposed of as clinical waste.

**What are we doing this year to reduce our waste?**

In 2022, post Covid-19, we are returning to patient recycling and segregation of waste.

There are Infection Control and Waste Audits in place as a preventative measure to divert non-clinical waste from the orange waste stream.

Plastic waste, including sterile outer packaging placed within orange clinical bag waste is cleaned and recycled for future use.

CIRECO waste contractor, in conjunction with other treatment companies, are investing in plant and equipment to prevent waste from landfill or Energy from Waste (EFW) and encouraging re-use of plastics.

Deposit Return Schemes are being researched for plastics, glass and aluminium cans in line with Scottish Government legislation which comes into effect in August 2023.

## 11. Environmental Stewardship

Environmental stewardship involves acting as a steward, or caretaker of the environment and taking responsibility for actions that affect our shared environmental quality.

This includes any activities which may adversely impact land, air and water either through the unsustainable use of resources or the generation of waste and pollution. Having an Environmental Management System (EMS) in place provides a framework that helps to achieve our environmental goals through consistent review, evaluation and improvement of our environmental performance.

### **What are we doing this year to improve our environmental performance?**

NHS Fife has identified a suitable consultant to progress with the population of our EMS system to allow NHS Fife to monitor, review and improve our environmental goals.

The target completion date for our acute site, Victoria Hospital, Kirkcaldy is March 2023.

Progress with the remainder of NHS Fife sites will continue into 2023.

## 12. Sustainable Construction

Where there is a need for new healthcare facilities in Fife, there is a requirement for the buildings and grounds to be safe, nature-rich, sustainable, resilient and accessible.

NHS Fife is working on the following building projects:

- National Treatment Centre - Fife Orthopaedics, Victoria Hospital, Kirkcaldy
- Lochgelly Health and Wellbeing Centre, Lochgelly (design stage)
- Kincardine Health and Wellbeing Centre, Kincardine (design stage)

The NTC - Fife Orthopaedics has been taken forward in accordance with BREEAM 2018 and is predicted to score 'good' at completion.

BREEAM 2018 has since been superseded as policy for new build healthcare developments in Scotland with the Sustainable Design and Construction (SDaC) Guide (SHTN 02-01) now taking its place.

The Lochgelly and Kincardine Health and Wellbeing Centres are being taken forward in line with this new guidance.

## 13. Sustainable Communities

The Climate Emergency undermines the foundations of good health and deepens inequalities for our most deprived communities.

The NHS touches every community in Scotland.

NHS Fife has a responsibility to use our abilities as a large employer, a major buyer and one of the most recognised brands in the world - an Anchor Institution - to protect and support our community's health in every way we can.

### **What are we doing to act as an Anchor Institution for our local community?**

NHS Fife has embedded Anchor Institution principles into the development of our Population Health and Wellbeing Strategy.

We have created an Anchor Institution Operational Group who will use the Progression Framework to monitor the implementation of key objectives.

The key objectives of the group are to:

- Increase local purchases to aid social benefit
- Widen access to quality work
- Use buildings and spaces to support communities
- Reduce NHS Fife environmental impact
- Work more closely with local partners

### **What are we doing to improve the resilience of our local community to climate change?**

NHS Fife is developing its Climate Change Risk Assessment and Adaption Plan to identify areas where we can mitigate the effects of climate change. We work in partnership with multiple agencies to achieve this.

## 14. Conclusion

NHS Fife has made progress in many areas of the sustainability agenda including active travel, renewable technologies and greenspace improvements.

Since 2020, significant efforts have been made to reduce our overall energy consumption resulting in a 7% reduction from the previous reporting period. It is estimated that we will achieve an on-going reduction year-on-year.

We will identify the range of activities that need to be undertaken as part of the Sustainability Action Plan being developed by June 2023.

Overall, NHS Fife is looking at ways of meeting the demands of the sustainability agenda by adopting collaborative working practices with local Government and other external organisations and engaging with staff across specialised departments such as theatres and pharmacy.

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

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

To find out more about accessible formats contact:

**fife.EqualityandHumanRights@nhs.scot** or phone **01592 729130**

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

<b>Governance - General</b>							
	<b>Lead</b>	<b>16/05/22</b>	<b>04/07/22</b>	<b>29/08/22</b>	<b>07/11/22</b>	<b>11/01/23</b>	<b>01/03/23</b>
Minutes of Previous Meeting	<b>Chair</b>	✓	✓	✓	✓	✓	✓
Action list	<b>Chair</b>	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	<b>Chair</b>	✓	✓	✓	✓	✓	✓
<b>Governance Matters</b>							
	<b>Lead</b>	<b>16/05/22</b>	<b>04/07/22</b>	<b>29/08/22</b>	<b>07/11/22</b>	<b>11/01/23</b>	<b>01/03/23</b>
Committee Self-Assessment Report	<b>Board Secretary</b>						✓
Corporate Calendar / Committee Dates	<b>Board Secretary</b>			✓			
Corporate Risk Register	<b>Director of Finance &amp; Strategy</b>				✓		
Corporate Risks Aligned to PHWC	<b>Director of Finance &amp; Strategy</b>					✓	Health Inequalities
Review of Annual Workplan	<b>Director of Public Health</b>	✓	✓	✓	✓	✓	✓ Approval
Review of Terms of Reference	<b>Board Secretary</b>						✓ Approval
Annual Committee Assurance Statement (inc. best value report)	<b>Board Secretary</b>	✓					
Annual Internal Audit Report	<b>Director of Finance &amp; Strategy</b>		✓				
<b>Strategy / Planning</b>							
	<b>Lead</b>	<b>16/05/22</b>	<b>04/07/22</b>	<b>29/08/22</b>	<b>07/11/22</b>	<b>11/01/23</b>	<b>01/03/23</b>
Annual Delivery Plan 2022/23	<b>Director of Finance &amp; Strategy / Associate Director of Planning &amp; Performance</b>	Postponed (awaiting national guidance)	✓ Private Session	✓ Private Session			
Anchor Institution Programme Board / Portfolio Board	<b>Director of Public Health</b>	✓		✓		✓	
Briefing Paper on NHS Scotland Policy for Climate Emergency and Sustainable Development	<b>Director of Property &amp; Asset Management</b>	✓					
Corporate Objectives	<b>Director of Finance &amp; Strategy</b>	✓					

Strategy / Planning (cont.)							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
IJB Strategic Plan 2023 - 2026	Director of Health & Social Care					Deferred to next mtg	✓
Mental Health Strategy Implementation	Director of Health & Social Care	Deferred to next mtg	✓			✓	
Population Health & Wellbeing Strategy	Director of Finance & Strategy	✓	✓	✓	✓ Community & Staff Engagement	✓	✓
Primary Care Governance & Strategy Group	Director of Health & Social Care					✓	
Quality / Performance							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Covid Testing Programme	Director of Public Health	✓	(General population testing ended in April '22)				
Flu Vaccine / Covid Vaccine (FVCV) Programme	Director of Public Health / Director of Health & Social Care	✓	(Will become part of business as usual)				
Children Services	Director of Health & Social Care			✓			
Health Promoting Health Service	Director of Public Health			✓			
Health Weight <i>*timing tbc</i>	Director of Public Health						
Integrated Performance & Quality Report	Director of Finance & Strategy / Associate Director of Planning & Performance	✓	✓	✓	✓	✓	✓
Long Covid	Director of Public Health						Deferred to next mtg
Joint Health Protection Plan (two yearly)	Director of Public Health		Deferred to next mtg	✓			
Oral Health Reporting	Director of Public Health					✓	
Sexual Health and Blood Borne Virus Framework	Director of Health & Social Care				✓		
Smoking Cessation and Prevention Work	Director of Health & Social Care		✓				
LDP Standard for Psychological Therapies	Director of Health & Social Care			✓			Will be covered at the PH&WC Development Session, which is being arranged
CAMHS Performance & Recruitment Update	Director of Health & Social Care						

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

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



<b>Ad Hoc Items (cont.)</b>							
	<b>Lead</b>	<b>16/05/22</b>	<b>04/07/22</b>	<b>29/08/22</b>	<b>07/11/22</b>	<b>11/01/23</b>	<b>01/03/23</b>
Breast Screening Programme	<b>Director of Public Health</b>					✓ Private Session	
East Region Health Protection Service - Progress Update	<b>Director of Public Health</b>					✓ Private Session	
Tender Process for 2C GP Practices	<b>Medical Director/Director of Health &amp; Social Care</b>					✓ Combined with Primary Care Update	✓
Medication Assisted Treatment Standards Progress Report	<b>Director of Health &amp; Social Care</b>					✓	
High Risk Pain Medicines Patient Safety Programme – Year One Update	<b>Director of Pharmacy &amp; Medicines</b>					✓	
Primary Care Oversight Group	<b>Medical Director/Director of Health &amp; Social Care</b>						Deferred to next mtg
Mental Health Estates Initial Agreement	<b>Medical Director</b>						Deferred to next mtg
Getting it Right for Everyone Pathfinder	<b>Director of Health &amp; Social Care</b>						✓
Progressing Children’s Rights	<b>Director of Health &amp; Social Care</b>						✓
Autumn/Winter Covid-19 and Flu Vaccine Delivery Campaign	<b>Director of Health &amp; Social Care</b>						✓
Violence Against Women Annual Report 2021/22	<b>Director of Health &amp; Social Care</b>						✓
NHS Fife Annual Climate Emergency and Sustainability Report 2021/22	<b>Director of Property &amp; Asset Management</b>						✓
<b>Development Sessions</b>							
	<b>Lead</b>	<b>16/05/22</b>	<b>04/07/22</b>	<b>29/08/22</b>	<b>07/11/22</b>	<b>11/01/23</b>	<b>01/03/23</b>
Psychological Services and CAHMS	<b>Director of Health &amp; Social Care</b>						Deferred to April '23

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>1 March 2023</b>
<b>Title:</b>	<b>Proposed Annual Workplan 2023/24</b>
<b>Responsible Executive:</b>	<b>Dr Joy Tomlinson, Director of Public Health</b>
<b>Report Author:</b>	<b>Dr Joy Tomlinson, Director of Public Health</b>

## 1 Purpose

**This is presented to the Public Health & Wellbeing Committee for:**

- Decision

**This report relates to a:**

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This paper sets out the Public Health & Wellbeing Committee (PHWC) workplan for 2023/2024 and summaries the approach adopted to ensure there is a regular review of the workplan to enable the PHWC to fulfil its remit. The proposed workplan was last presented to the Committee in January 2023 and is brought back for final approval.

### 2.2 Background

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

### 2.3 Assessment

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

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

### **2.3.1 Quality/ Patient Care**

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

### **2.3.2 Workforce**

N/A

### **2.3.3 Financial**

N/A

### **2.3.4 Risk Assessment/Management**

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

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

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

### **2.3.6 Climate Emergency & Sustainability Impact**

n/a

### **2.3.7 Communication, involvement, engagement and consultation**

N/A

### **2.3.8 Route to the Meeting**

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

## **2.4 Recommendation**

The Public Health & Wellbeing is recommended to:

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

## **3 List of appendices**

The following appendices are included with this report:

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

**Report Contact**

Joy Tomlinson

Director of Public Health

Email [Joy.Tomlinson3@nhs.scot](mailto:Joy.Tomlinson3@nhs.scot)



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

<b>Governance - General</b>							
	<b>Lead</b>	<b>15/05/23</b>	<b>03/07/23</b>	<b>04/09/23</b>	<b>06/11/23</b>	<b>15/01/24</b>	<b>04/03/24</b>
Minutes of Previous Meeting	<b>Chair</b>	✓	✓	✓	✓	✓	✓
Action list	<b>Chair</b>	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	<b>Chair</b>	✓	✓	✓	✓	✓	✓
<b>Governance Matters</b>							
	<b>Lead</b>	<b>15/05/23</b>	<b>03/07/23</b>	<b>04/09/23</b>	<b>06/11/23</b>	<b>15/01/24</b>	<b>04/03/24</b>
Annual Committee Assurance Statement (inc. best value report)	<b>Board Secretary</b>	✓					
Annual Internal Audit Report	<b>Director of Finance &amp; Strategy</b>		✓				
Committee Self-Assessment Report	<b>Board Secretary</b>						✓
Corporate Calendar / Committee Dates	<b>Board Secretary</b>			✓			
Corporate Risks Aligned to PHWC, and Deep Dives	<b>Director of Finance &amp; Strategy/Director of Public Health</b>	✓ Primary Care Services	✓	✓	✓	✓	✓
Review of Annual Workplan 2024/25	<b>Board Secretary</b>					✓ Draft	✓ Approval
Review of Terms of Reference	<b>Board Secretary</b>						✓ Approval
<b>Strategy / Planning</b>							
	<b>Lead</b>	<b>15/05/23</b>	<b>03/07/23</b>	<b>04/09/23</b>	<b>06/11/23</b>	<b>15/01/24</b>	<b>04/03/24</b>
Anchor Institution Programme Board / Portfolio Board	<b>Director of Public Health</b>	✓		✓		✓	
Annual Delivery Plan 2022/23	<b>Director of Finance &amp; Strategy / Associate Director of Planning &amp; Performance</b>	✓					
Corporate Objectives	<b>Director of Finance &amp; Strategy</b>	✓					
IJB Strategic Plan	<b>Director of Health &amp; Social Care</b>	✓					

<b>Strategy / Planning (cont.)</b>							
	<b>Lead</b>	<b>15/05/23</b>	<b>03/07/23</b>	<b>04/09/23</b>	<b>06/11/23</b>	<b>15/01/24</b>	<b>04/03/24</b>
Implementation of the Promise National Strategy	<b>Director of Health &amp; Social Care</b>	✓					
Mental Health Strategy Implementation	<b>Director of Health &amp; Social Care</b>				✓		
Mental Health Estates Initial Agreement	<b>Medical Director</b>	✓					
Primary Care Strategy	<b>Director of Health &amp; Social Care</b>	✓					
Prevention & Early Intervention Strategy	<b>Director of Health &amp; Social Care</b>			✓			
Population Health & Wellbeing Strategy	<b>Director of Finance &amp; Strategy</b>		✓		✓		✓
Post Diagnostic Support for Dementia	<b>Director of Health &amp; Social Care</b>		✓				
Strategic Planning & Resources Allocation 2024/25	<b>Director of Finance &amp; Strategy</b>				✓		✓
<b>Quality / Performance</b>							
	<b>Lead</b>	<b>15/05/23</b>	<b>03/07/23</b>	<b>04/09/23</b>	<b>06/11/23</b>	<b>15/01/24</b>	<b>04/03/24</b>
CAMHS Performance & Recruitment Update	<b>Director of Health &amp; Social Care</b>	✓			✓		✓
Dental Services & Oral Health Improvement	<b>Director of Public Health</b>		✓			✓	
Health Weight	<b>Director of Public Health</b>	✓					
Integrated Performance & Quality Report	<b>Director of Finance &amp; Strategy / Associate Director of Planning &amp; Performance</b>	✓	✓	✓	✓	✓	✓
Joint Health Protection Plan (two yearly)	<b>Director of Public Health</b>		✓				
LDP Standard for Psychological Therapies	<b>Director of Health &amp; Social Care</b>	✓			✓		
Long Covid	<b>Director of Public Health</b>	✓					
Primary Care Oversight Group	<b>Medical Director/Director of Health &amp; Social Care</b>	✓					
Tender Process for 2C GP Practices	<b>Director of Health &amp; Social Care</b>	✓					

Inequalities							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Equalities Outcome Annual Report <i>(also goes to CGC)</i>	Director of Nursing					✓ 2024 Report	
Participation & Engagement Report <i>(also goes to CGC)</i>	Director of Nursing				✓		
Child Poverty Action Plan	Director of Public Health			✓			
Annual Reports							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Adult Support & Protection Annual Report <i>(also goes to CGC)</i>	Director of Nursing	✓					
Alcohol & Drugs Partnership Annual Report	Director of Health & Social Care	✓					✓
Annual Climate Emergency and Sustainability Report 2021/22	Director of Property & Asset Management						✓
Children Services Annual Report –	Director of Health & Social Care			✓			
Climate Emergency and Sustainability Annual Report 2022/23	Director of Property & Asset Management					✓	
Director of Public Health Annual Report <i>(and additional updates, based on agreed priorities) (also goes to CGC)</i>	Director of Public Health		✓				
Fife Child Protection Annual Report	Director of Nursing	✓					
Health Promoting Health Service Annual Report	Director of Public Health			✓			
Health Promotion Service Annual Report <i>(and additional updates, based on agreed priorities)</i>	Director of Health & Social Care	✓					
Immunisation Annual Report, including Strategy Implementation <i>(also goes to CGC)</i>	Director of Public Health		✓				
Integrated Screening Annual Report <i>(also goes to CGC)</i>	Director of Public Health				✓		
Pharmaceutical Care Services Annual Report 2021/22	Director of Pharmacy & Medicines				✓		



Annual Reports (cont.)							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
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						✓
For Assurance							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Delivery of Annual Workplan 2023/24	Director of Public Health	✓	✓	✓	✓	✓	✓
Linked Committee Minutes							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Equality and Human Rights Strategy Group	Director of Nursing	✓ 03/02	✓ 12/05	✓ 04/08		✓ 10/11	
Fife Partnership Board	Director of Public Health	✓ 28/02	✓ 02/05	TBC	TBC	TBC	TBC
Portfolio Board	Director of Finance & Strategy	✓ 09/02 & 09/03	✓ 13/04 & 11/05	✓ 08/06 & 12/07	✓ 10/08 & 15/09	✓ 12/10 & 09/11	✓ 14/12
Public Health Assurance Committee	Director of Public Health	✓ 12/04	✓ 14/06	✓ 02/08	✓ 18/10	✓ 06/12	TBC
Ad Hoc Items							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Development Sessions							
	Lead						
Development Session 1 <ul style="list-style-type: none"> <li>Child &amp; Adolescent Mental Health Service (CAMHS) &amp; Psychological Therapies (PT)</li> </ul>	Director of Health & Social Care	April – exact date tbc					

Development Session 2 <ul style="list-style-type: none"><li>TBC</li></ul>						
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**PORTFOLIO BOARD**  
**(Meeting on 8 December 2022)**

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

**MINUTE OF THE PORTFOLIO BOARD MEETING HELD ON 8 DECEMBER 2022 AT 9.30AM TO 11.30AM VIA TEAMS**

**Margo McGurk**  
Chair

**Present**

Margo McGurk (MMcG)	Director of Finance and Strategy and Deputy Chief Executive (Chair)
Susan Fraser (SF)	Associate Director of Planning and Performance
Kirsty MacGregor (KMcG)	Associate Director of Communications
Jeanette Keenan (JK)	Director of Nursing
Alistair Graham (AG)	Associate Director of Digital and Information
Ben Hannan (BH)	Director of Pharmacy & Medicines
Claire Dobson (CD)	Director of Acute Services
Neil McCormack (NMcC)	Director of Property & Asset Management
Mark McGeachie (MMcGe)	Charity Director
David Miller (DM)	Director of Workforce

**In Attendance**

Claire Berry (CB)	Project Support Officer (Minutes)
Tom McCarthy (TMcC)	Portfolio Manager, Corporate PMO
Fiona McLaren (FMcL)	Head of PMO, Corporate PMO
Kevin Reith (KR)	Deputy Director of Workforce
Dr Lorna Watson (LW)	Consultant in Public Health
Fiona McKay (FMcK)	Head of Strategic Planning, Performance & Commissioning

**Apologies**

Wilma Brown (WB)	Employee Director
Gillian MacIntosh (GMcI)	Head of Corporate Governance & Board Secretary
Carol Potter (CP)	Chief Executive
Nicky Connor (NC)	Director of Health and Social Care
Ben Johnston (BJ)	Head of Capital Planning and Project Director
Dr Chris McKenna (CMcK)	Medical Director
Joy Tomlinson (JT)	Director of Public Health

<b>1.</b>	<b>Unconfirmed Minute from meeting held 13 October 2022</b>
	The Minute from 15 September was accepted as an accurate record.

1.2	<b>Actions Outstanding</b>
	Action 25 - Closed Action 29 - Closed
2.	<b>Programme Updates</b>
2.1	<b>Population Health &amp; Wellbeing Strategy Update</b>
	<b>2.1.1 Enablers Supporting Delivery</b>
	<p>SF provided a summary of the work of the four enabling frameworks in development across NHS Fife to support delivery of the Population Health &amp; Wellbeing Strategy.</p> <ul style="list-style-type: none"> <li>• The Digital &amp; Information strategy covers the period 2019-2024. Several of the priorities have changed due to covid. The key areas for delivery of the strategy are themed around a Digital First approach for NHS Fife.</li> <li>• An update of the property &amp; Asset Management Strategy (PAMS) has been submitted to the Scottish Government detailing the alignment of PAMS as an enabler for the Population Health &amp; Wellbeing Strategy.</li> <li>• The workforce plan is a live document and is developed, monitored, and updated by the Strategic and Operational Workforce Planning Groups. It is kept under regular review and updated annually in response to emerging national and local priorities including the Population Health and Wellbeing Strategy.</li> <li>• Work is ongoing to address the financial sustainability of the organisation through the FIS programme.</li> </ul> <p>The Portfolio Board took assurance from the work described to develop the enabling frameworks to support delivery of the Public Health &amp; Wellbeing Strategy.</p> <p>NMcC provided an update on the Fife Capital Investment Group meeting held on 7 December 2022. NMcC and Jim Rotheram presented papers at the meeting which considered GP premises and the long-term sustainability and strategy needed around this. NMcC will link in with NC &amp; CMcK to understand how we integrate this work with the IJB strategic plan work.</p> <p>There was discussion around the National Care Programmes and what this means locally for delivery. It was suggested that a local programme should be developed for Place &amp; Wellbeing which also encompasses Anchor. LW advised that Public Health are looking at the Plan for Fife and the four themes that come under that. FMcK explained that through Plan for Fife there is a People in Place group and a lot of this locality work will be done through the partnership to identify the support that people need locally. MMcG recommended establishing routine reporting of integrated work to the Portfolio Board.</p> <p><b>Action: LW/JT to discuss formally evidencing engagement work that Public Health are involved with to the Portfolio Board.</b></p>

<p><b>2.1.2 Progress Report on Engagement Work</b></p>
<p>JK summarised the engagement work completed to date.</p> <p>The interim findings from the focus groups supported by Progressive have evidenced a number of key themes. The final report will be available in mid-January.</p> <p>LW requested clarity around the focus groups held with ‘Seldom Heard Groups’ and asked for details of who is being classed as a seldom heard group and if this includes women and children. MMcG described the EQIA Phase 1 and Phase 2 activities and how they influenced the identification and plans to reach the seldom heard groups.</p> <p>FMcK advised that there has been extensive consultation for the HSCP strategic plan work including specific groups with disabilities and learning disabilities which can be shared to support the strategy development.</p> <p><b>Action: FMcK to work with JK to share consultation information.</b></p> <p>MMcG presented on the strategy at the August Area Clinical Forum and they have offered to respond to the questions that Progressive are using as part of the focus groups.</p>
<p><b>2.1.3 Supporting / Creating Health &amp; Wellbeing</b></p>
<p>LW presented the update paper in the absence of JT.</p> <p>The update signposts all the work that the Public Health Department have been doing in Fife since July 2022. The team are now analysing the results from the different sources of information and identifying key themes. Public Health Team are concerned about the wider deterrents of health, particularly the very difficult cost of living crisis. A follow up workshop was held with colleagues in November to gain agreement on an evaluation framework for the strategy to ensure progress against objectives will be monitored. Key metrics to populate the framework are currently being considered.</p> <p>There was discussion raised around the marketing and communication across all services in relation to health &amp; wellbeing. FMcK confirmed there is a significant marketing plan in place which can be shared across the services. LW advised JT is co-chair of Tackling of Poverty group. LW will liaise with JT to determine to what extent health is involved in this group. The NHS Fife Comm’s team have been working with Fife Council Keeping Connected work. Leaflets are available that signpost people to several services. It was agreed that LW will coordinate a mapping exercise with Public Health to ensure NHS Fife is linked into all the work across the HSCP.</p> <p><b>Action: FMcK to share HSCP marketing plan.</b></p> <p><b>Action: LW to ask JT to what extent health is involved with Tackling of</b></p>

	<p><b>Poverty Group.</b></p> <p><b>Action: LW to coordinate mapping exercise with Public Health to ensure NHS Fife is linked into all the work across HSCP.</b></p>
<b>2.2</b>	<b>Scottish Government Feedback on NHS Fife Workforce Plan</b>
	<p>KR presented the Scottish Government feedback paper on the NHS Fife 3 Year Workplan 2022-2025 which was submitted in July 2022.</p> <p>KR advised the feedback relates to areas of work which are already progressing within the Board and they are being built into the current SPRA process with a detailed workforce projections template alongside a detailed financial planning exercise. KR confirmed plans are in place to create opportunities to sustain the workforce and address recruitment including development of new roles. MMcG suggested focusing on profiling new roles linking that into Anchor to create more opportunities at lower banding and allowing progression to higher bandings such as nursing if desired. KR agreed to look at building this into the strategy.</p>
<b>2.3</b>	<b>Integrated Planned Care Programme</b>
	<p>CD updated on Planned Care. The operational start date for the opening of NTC Fife has changed to 27 February 2023. Timetables have been amended accordingly and operational plans are progressing well.</p> <p>Discussions have taken place and are ongoing in relation to the shortfall in Scottish Government funding to reduce waiting times. The waiting list continues to rise for both outpatients and inpatient activity as demand exceeds capacity.</p> <p>Ashley Bertie, Senior Project Manager, Corporate PMO is working with planned care on sustainability delivery to progress ACRT &amp; PIR.</p> <p>Work is due to commence on Phase 1 QMH theatre refurbishment in January 2023.</p> <p>Discussions are progressing on the business case to support phase 2 development.</p>
<b>2.4</b>	<b>Integrated Unscheduled Care Programme</b>
	<p>FMcL provided an update in the absence of CMcK. Scottish Government has stepped down a lot of the meetings given significant pressures. Daily sitreps are back and monthly reporting.</p> <p>The Rapid Triage Unit has been operational for the last 3 weeks with 27 patients attending this week and admission avoidance evidenced. This will continue to be monitored.</p> <p>CD reported that Unscheduled Care demand and performance is worse than it has ever been with crowding at the front door and this is impacting on staff. Data from the Flow Navigation Hub is evidencing that the majority of calls coming through are</p>

	<p>being directed to acute services. CD has highlighted this to CMcK and NC.</p> <p>The RAG status was also discussed as this is mostly green which does not reflect the current level of system pressure. FMcL confirmed that the RAG status is capturing that plans in place and are not linked to performance. It was agreed that this will be reviewed as an action.</p> <p><b>Action: CD/CMcK/NC to meet to discuss the number of calls being directed to acute services from the Flow Navigation Hub.</b></p> <p><b>Action: FMcL/CD/CMcK to discuss the appropriateness of how the RAG status is being used across this and other programmes.</b></p>
<b>2.5</b>	<b>Pharmacy &amp; Medicines Programme</b>
	<p>BH updated on the 3-year HRPm programme. This year has been focussed on understanding the issues and potential solutions. A stakeholder event was held in November with positive outcomes. Existing plans are now under review to assess alignment with the main outputs identified as priorities at the event and to establish the key milestones required to complete the initial phase. Test of change will take place in year 2 followed by sustainable change in year 3. The next steps will involve submission of a more formal report to governance committees early next year.</p> <p>BH thanked Garry Robertson, Programme Manager, Corporate PMO who has recently joined the programme and made good progress.</p>
<b>2.6</b>	<b>Financial Improvement &amp; Sustainability Programme</b>
	<p>MMcG advised that NHS Fife has delivered £5.3m of savings against £11.7m target with only £2.2m achieved on a recurring basis which is a huge challenge going into 2023/24. Delivery of £2.2m. The challenges remain with linked to reducing supplementary staffing and procurement has now been confirmed as “at risk” of non-delivery.</p>
<b>3.</b>	<b>AOCB</b>
	SF and TMcC shared an initial draft of the outline strategy document.
<b>4.</b>	<b>DATE OF NEXT MEETING</b>
	The next meeting will take place on <b>Thursday 12 January at 14.00-15.30pm in Training Room 1 (Dining Room), Victoria Hospital</b>



**PORTFOLIO BOARD**  
**(Meeting on 12 January 2023)**

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

**MINUTE OF THE PORTFOLIO BOARD MEETING HELD ON 12 JANUARY 2023 AT 14.00 TO 15.30 VIA TEAMS**

**Carol Potter**  
**Chair**

**Present**

Carol Potter (CP)	Chief Executive (Chair)
Wilma Brown (WB)	Employee Director
Nicky Connor (NC)	Director of Health and Social Care
Claire Dobson (CD)	Director of Acute Services
Susan Fraser (SF)	Associate Director of Planning and Performance
Alistair Graham (AG)	Associate Director of Digital and Information
Ben Johnston (BJ)	Head of Capital Planning and Project Director
Jeanette Keenan (JK)	Director of Nursing
Gillian MacIntosh (GMcl)	Head of Corporate Governance & Board Secretary
Kirsty MacGregor (KMacG)	Associate Director of Communications
Neil McCormack (NMcC)	Director of Property & Asset Management
Mark McGeachie (MMcGe)	Charity Director
Margo McGurk (MMcG)	Director of Finance & Strategy
Dr Chris McKenna (CMcK)	Medical Director
David Miller (DM)	Director of Workforce
Joy Tomlinson (JT)	Director of Public Health

**In Attendance**

Fiona Forrest (FF)	Deputy Director of Pharmacy
Tom McCarthy (TMcC)	Portfolio Manager, Corporate PMO
Fiona McLaren (FMcl)	Head of PMO, Corporate PMO (Minutes)

**Apologies**

Ben Hannan (BH)	Director of Pharmacy & Medicines
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<b>1.</b>	<b>Unconfirmed Minute from meeting held 8 December 2022</b>
	The Minute from 8 December 2022 was reviewed and amendments noted to Action 34 and 38 which will be noted on the Action Log. There were no other changes noted to the Minute.
<b>1.2</b>	<b>Actions Outstanding</b>
	Action 34 – to be closed and consolidated with Action 38. Action 35 – closed Action 36 – closed Action 37 – closed Action 38 – carried over to next meeting Action 39 – closed Action 40 – closed
<b>2.</b>	<b>Programme Updates</b>
<b>2.1</b>	<b>Population Health &amp; Wellbeing Strategy Update</b>
	<p>SF presented the latest draft version of the Strategy, highlighting that there were some questions included within the attached SBAR that the team were keen to get feedback on. SF noted that this is not the final formatted Strategy and the design will be finalised once the content is completed and agreed.</p> <p>SF presented how the Strategy has been developed to be interactive and then took the Board through each of the sections of the Strategy and the linkages to key national programmes and other local and national strategies.</p> <p>CP asked for clarity on what the approval timeframe was for the Strategy. SF confirmed that the deadline for comments on content would be the end of January 2023 in order that the design can be finalised. SF confirmed the plan is to bring the final version of the Strategy to the NHS Fife Board at end of March 2023.</p> <p>CMcK queried whether the Strategy should reference Health and Care as care is not the responsibility of the NHS. NC agreed with CMcK that there was integration and pathway connections between HSCP and NHS but the NHS is not responsible for social care services. It was agreed that 'Health and Care Services' should be changed to 'Healthcare Services'.</p> <p>CMcK pointed out that the term 'vibrant' was still in the draft version and asked again that this be changed. SF noted this point.</p> <p><b>Action: SF to ensure that 'Health and Care Services' be changed to 'Healthcare' and the term 'vibrant' is changed.</b></p> <p>CMcK also challenged whether the Strategy was "gutsy"/ambitious enough and whether it reflected the significant challenges that exist for the NHS today and whether it reflected the current challenges to service performance. MMcG clarified that she would not expect the Strategy to reflect the performance elements as this would be reflected in the programmes that are established to improve this. MMcG noted to CP that the narrative section of the Strategy was written some time ago and whether CP wanted to refresh this section to specifically reference and</p>

strengthen the message on how significantly challenged the NHS is currently and will be for the foreseeable future.

**Action: CP to refresh the Forward section of the Strategy to acknowledge how challenging the current situation within the NHS is. KMcG to work with CP to strengthen this message.**

CD fed back that she thought the Strategy looked much improved from earlier versions she had seen. CD felt that the language was still clunky in places and she was struggling with Jack's story on page 16. CD offered to help re-write page 16 and also support sourcing some additional patient stories.

**Action: SF to work with CD to rewrite page 16 and to provide additional patient stories.**

JT highlighted that there needs to be a reference to the 'Plan for Fife' Strategy. CP raised that the appendices section should also link to some of the national documents. SF confirmed that this is being considered and is looking to develop an infographic for the section.

**Action: SF to review the appendices section to ensure there are links to the 'Plan for Fife' Strategy and other national documents.**

JK queried whether the order is correct in that value and sustainability is before the service improvement element of the Strategy. AG also noted that the FIS Programme was not included within the list of key Programmes.

**Action: SF to look at the points raised by JK in relation to the ordering of the Strategy and ensure FIS Programme is included within the Programmes section.**

NC raised about the need to ensure that the Strategy makes reference to Annual Delivery Plans and there needs to be reference any new strategies which could be written during the coming 5-year period that could change the strategic direction.

CP raised that the Strategy references to the NTC and the Kincardine and Lochgelly Health Centres are timebound in terms of delivery. CP wondered whether these should not be referenced and the Strategy should be more generic in terms of deliverables.

**Action: SF / TMcC to meet with CP to get her detailed views on the Strategy.**

MMcG asked the question on whether it was enough to say that some of the ambitions of the Strategy will be delivered in 5 years as change will be a massive undertaking and should the Strategy be a 10-year ambition. NC asked that the 'team Fife' ambition is reinforced within the context.

SF wondered whether 10 years might be too long and a 5-year strategy was a way of keeping the content alive and flexible.

	<p>MMcG raised that the principle should be that the Strategy will be reviewed every year and on that basis 10 years was perhaps not unreasonable. MMcG stated that the public engagement around the Strategy needs to continue and that this should be referenced in the forward section.</p> <p>JT raised that perhaps the wording in the Strategy should recognise that some of the ambitions could take longer than 5 years but ultimately the strategic priorities would not change in this period.</p> <p>CD highlighted that existing engagement mechanisms could be used to review the content of the Strategy. There are ongoing locality engagement sessions which could be used as a route for feedback.</p> <p>JK raised that there needs to be an amendment to the 'Rebecca' story</p> <p>CP thanked the Board for the important and engaging discussion on the strategy document content so far. This will continue over the next month or so as we prepare to present to the Board Development session in February.</p> <p><b>Action: Agreement was not reached on whether the strategy should span 5 or 10 years, this is a matter which can be discussed at the Board Development session in February.</b></p>
2.2	<p><b>Integrated Planned Care Programme</b></p>
	<p>CD updated on the Planned Care update. CD noted the sea of amber due to the operational pressures.</p> <p>CD noted that SG have indicated the potential for additional funding to support additional activity for the period January – March 2023. The outcome of this is still awaited.</p> <p>CP noted on record her thanks to colleagues for their ongoing support / discussions with regional colleagues, noting that NHS Fife were continuing with elective procedures.</p>
2.3	<p><b>Integrated Unscheduled Care Programme</b></p>
	<p>CMcK noted that discussions will be held this month to review the focus for the Programme. Over the past month it has been very reactive as a consequence of system pressure and there is a lot of work to be done. That said there are things we are supporting that are having some impact. The Rapid Triage Unit has been running since November with positive outcome data.</p> <p>Flow Navigation Centre discussions are underway to determine further future improvement activity.</p> <p>Implementing Discharge without Delay is work in progress and there are significant cultural challenges associated with this. Work needs to be done to remove the dependency on downstream beds. Tracey Bowen is leading significant work in this area.</p>
2.4	<p><b>Pharmacy &amp; Medicines Programme</b></p>

	<p>FF updated on the High-Risk Pain Medicine Programme and that it is on track against the plan for Year 1, recognising that it is very ambitious. Currently the programme is in the Understanding the Problem phase and the current focus is looking at medicines patients coming in for elective procedures are taking. Focus groups are about to begin with GP's focussing in on practices where prescribing was high and how they managed to reduce this.</p> <p>CMcK asked whether Gabapentin levels are checked at outpatient appointments before any elective procedures are undertaken on patients. FF confirmed that she did not think so but she would take this back to the team to discuss.</p> <p><b>Action: FF to discuss with Pharmacy colleagues whether Gabapentin levels are checked at outpatient appointments.</b></p>
<b>2.5</b>	<b>Financial Improvement &amp; Sustainability Programme</b>
	<p>MMcG updated that the Programme is hugely challenged in terms of target delivery. The Programme is forecast to deliver £9.7m of the £11.7m target however only £2m of this is on a recurring. The Programme has not managed to deliver the planned Procurement and Supplementary Staffing targets set mainly as a consequence of the high levels of inflation on prices and the significant level of spend on bank and agency due to staff absence and system pressure.</p>
<b>3.</b>	<b>AOCB</b>
	<p>JT updated briefly on the Kincardine &amp; Lochgelly Health &amp; Wellbeing Centres. JT confirmed from a Fife perspective that everything was progressing but there are concerns about from the delay in receiving Scottish Capital Investment Group funding confirmation.</p> <p>CP updated that next month's meeting should be in the Board room as confirmation has been received that it will be ready.</p>
<b>4.</b>	<b>DATE OF NEXT MEETING</b>
	<p>The next meeting will take place on <b>9<sup>th</sup> February 2023 at 9.30-11.00am in the Board Room, Staff Club, Victoria Hospital.</b></p>

**PUBLIC HEALTH ASSURANCE GROUP**

**(Meeting on 1 February 2023)**

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

**Unconfirmed minute of the Public Health Assurance Committee Meeting (PHAC) held on Wednesday 1 February 2023 at 2.30pm via Microsoft Teams**

**Present:**

Emma O'Keefe (EOK) (Chair)	Consultant in Dental Public Health
Duncan Fortescue-Webb (DFW)	Consultant in Public Health Medicine
Fiona Bellamy (FB) ( <i>Item 1 to Item 6 only</i> )	Snr Health Protection Nurse Specialist
Cathy Cooke (CC)	Public Health Scientist
Sharon Crabb (SCr)	Public Health Service Manager
Susan Cameron (SCa)	Head of Resilience
Olukemi Oyedepi (OO)	Consultant in Public Health Medicine
Lynn Barker (LB)	Associate Director of Nursing
Brenda Ward (BW) (minute taker)	PA to Director of Public Health

**1. Welcome and Apologies**

**ACTION**

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

**2. Minute of previous meetings held on 7 December 2022**

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

**3. Review of Action Log**

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

**4. Deep Dive Report on Health Inequalities Report (Corporate Risk)**

The Chair provided an overview of the Deep Dive Report on Health Inequalities which was drafted by Rishma Maini/Catherine Jeffrey Chudleigh and is being presented to EDG on 16<sup>th</sup> February 2023 and PHWC on 1<sup>st</sup> March 2023. The report clearly summarised the social determinants, the current cost of living crisis and the differences between the most and least deprived. The report included several examples of the severe impact in terms of poorer clinical outcomes and ongoing long-term effects and these included the following Services in Fife: Cancer, Coronary Heart Disease, Mental Health, Dental Health and Child Health. The risk level is currently at High 20 with a target level of Moderate 10. The Chair added that many of the social determinants are out with our control, but by working with the population and other organizations/sectors we can help address inequalities. It was agreed the report would be re-circulated to the Committee for final comments by Friday 10<sup>th</sup> February 2023.

**BW**

**5. Identified Near Misses, Critical Incidents & Learning**

No items were raised.



## 6. New Prospective Risks

### 6.1 Missed Opportunity for Newborn Blood Spot Screening

CC spoke to the paper on the prospective new risk in relation to a baby (up to 12 months of age) missing the opportunity to be screened if the patient pathway is not followed or the service is not aware of an eligible baby moving into the NHS Fife Board area.

The Committee were supportive of the proposed new risk and agreed the initial status level of Moderate 12 (Likelihood 3, Consequence 4) with a target level of Moderate 8 (Likelihood 2, Consequence 4). CC said following a discussion with Deputy Director of PH, Lorna Watson, it was suggested the risk would be added to the PH Risk Register for regular review at the PHAC meetings. The Chair asked BW to add the new risk in Datix with a review date of June 2023.

**BW**

The Chair asked if GPs were involved through the practice registration process prior to engagement with Children Health Services. CC said she was not aware and agreed to identify the initial trigger when people move into Fife.

**CC**

## 7. Review of current risks on Public Health Register

### 7.1 Risk 518 Resilience

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

### 7.2 Risk 528 Pandemic Flu Planning

The Chair said risk 528 is due for review at the April 2023 PHAC meeting and asked the risk title should be updated in Datix to reflect the recent change to the Pandemic Meeting. DFW agreed and BW took an action to update Datix to Pandemic Framework Group.

**BW**

### 7.3 Risk 1904 Coronavirus Disease 2019 Pandemic

The Committee agreed the risk update provided by the Chair which was submitted by the Risk Owner (JT) in advance of the meeting. The status level would remain at Moderate 12 and will be reviewed at the PHAC meeting in April 2023.

### 7.4 Risk 1906 Covid-19 Testing Programme

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

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

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

7.6 Risk 2331 Local system surge capacity for new variants

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

7.7 Risk 2388 - Vaccine Preventable Disease

The Committee agreed the risk update provided by the Chair which was submitted by the Risk Owner (EC) in advance of the meeting. The status level would remain at Moderate 9 and will be reviewed at the PHAC meeting in June 2023.

7.8 Risk 2330 - PH Adult Screening Programme Covid Recovery Risk

OO raised that risk 2330 is due for review in April 2023 and identified the challenges of incorporating multiple programmes into one risk, especially with different paces of recovery post-pandemic. OO asked the Committee for consideration on presenting new risks at the next meeting to reflect the current position on adult screening programmes in terms of covid recovery and potentially closing the overarching risk 2330 which contains evidence on the Covid backlog. The Committee agreed the proposal for OO to present the new risks at the PHAC meeting in April for further consideration.

OO

**8. Any Issues to Escalate to Public Health & Wellbeing Committee**

No items were raised.

**9. Any Other Competent Business**

9.1 Complaint

The Chair advised that NHS Fife received a Stage 2 Complaint on 30<sup>th</sup> January 2023 which Public Health has been asked to respond to with regards to an individual's care pathway and outcome. The Chair said a multi-directorate response will be required in a timely manner and asked BW to arrange an urgent meeting with Public Health, HSCP Nursing Directorate, Health Protection in Public Health and Infection Prevention & Control Team to review and discuss how to progress.

**10. Date of Next Meeting**

Wednesday 12 April 2023 at 2.30pm (teams)