

NHS Fife Public Health & Wellbeing Committee

Mon 15 November 2021, 14:00 - 16:00

MS Teams

Agenda

14:00 - 14:00 **1. Apologies for Absence**

0 min

Tricia Marwick

14:00 - 14:00 **2. Declaration of Members' Interests**

0 min

Tricia Marwick

14:00 - 14:00 **3. Minutes of Previous Meeting held on Friday 15 October 2021**

0 min

Enclosed Tricia Marwick

 Item 3 - Public Health & Wellbeing Committee Minutes 15 October 2021 - Unconfirmed.pdf (5 pages)

14:00 - 14:10 **4. Matters Arising / Action List**

10 min

Enclosed Tricia Marwick

 Item 4 - Public Health & Wellbeing Action List - 15 November 2021.pdf (1 pages)

14:10 - 14:55 **5. GOVERNANCE / ASSURANCE**

45 min




5.1. Covid Testing and Test & Protect Programmes

Enclosed Dr Joy Tomlinson

 Item 5.1 - SBAR Covid Testing and Test & Protect Programmes.pdf (5 pages)

5.2. Flu Vaccine & Covid Vaccine (FVCV) Programme

Enclosed Nicky Connor

-  Item 5.2 - SBAR Flu Vaccine & Covid Vaccine (FVCV) Programme + Appendix 1.pdf (13 pages)
-  Item 5.2 - Appendix 2 – Chief Medical Officer Directorate Letter.pdf (9 pages)
-  Item 5.2 - Appendix 3 – National Delivery Plan Update.pdf (1 pages)


5.3. Management of Vaccine Incidents

Enclosed Dr Joy Tomlinson

 Item 5.3 - SBAR Management of Vaccine Incidents.pdf (3 pages)

5.4. Update on CAMHS & Psychological Therapies

Enclosed Nicky Connor

 Item 5.4i - SBAR CAMHS Performance & Recruitment Update.pdf (6 pages)

 Item 5.4ii - SBAR Psychological Therapies Update.pdf (6 pages)

5.5. Corporate Calendar / Committee Dates

Enclosed Dr Gillian MacIntosh

 Item 5.5 - Committee Dates 2022-23.pdf (1 pages)

5.6. Review of Draft Committee Workplan

Enclosed Dr Joy Tomlinson

 Item 5.6 - Draft Annual Workplan 2021-22 PHWC.pdf (2 pages)

14:55 - 15:40
45 min

6. STRATEGY / PLANNING

6.1. Mental Health Strategy- Progress Update

Enclosed Nicky Connor

 Item 6.1 - SBAR Mental Health Strategy – Progress Update .pdf (15 pages)


6.2. East of Scotland Regional Health Protection

Enclosed Dr Joy Tomlinson

 Item 6.2 - SBAR East of Scotland Regional Health Protection.pdf (6 pages)

6.3. NHS Fife Population Health and Wellbeing Strategy Development

Enclosed

 Item 6.3 - SBAR NHS Fife Population Health and Wellbeing Strategy Development.pdf (6 pages)

6.3.1. Public and Staff Engagement

Margo McGurk

6.3.2. Public Health Needs Assessment

Dr Joy Tomlinson

15:40 - 15:55
15 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance and Quality Report

Enclosed Margo McGurk

 Item 7.1 - SBAR Integrated Performance and Quality Report.pdf (4 pages)

15:55 - 16:00
5 min

8. LINKED COMMITTEE MINUTES

8.1. Minutes of the Public Health Assurance Committee

Enclosed Dr Joy Tomlinson

 Item 8.1 - Public Health Assurance Committee Minutes 20 October 2021 - Unconfirmed.pdf (7 pages)

8.2. Minutes of the Fife Partnership Board

16:00 - 16:00
0 min

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

Tricia Marwick

16:00 - 16:00
0 min

10. ANY OTHER BUSINESS

Tricia Marwick

16:00 - 16:00
0 min

11. DATE OF NEXT MEETING - 13 DECEMBER 2021 AT 3PM

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON FRIDAY 15 OCTOBER 2021 AT 11AM VIA MS TEAMS

Present:

T Marwick (Chair)

M Black, Non-Executive Director

C Cooper, Non-Executive Director

R Laing, Non-Executive Director

C Potter, Chief Executive

Dr C McKenna, Medical Director

M McGurk, Director of Finance & Strategy

Dr J Tomlinson, Director of Public Health

In Attendance:

S Fraser, Associate Director of Planning & Performance

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

F Richmond, Executive Officer to the Chief Executive & Board Chair

N Robertson, Associate Director of Nursing (deputising for J Owens)

Dr O Adeyemi, Consultant in Public Health (observing)

H Thomson, Board Committee Support Officer (Minutes)

1. Chairperson's Opening Remarks

The Chair welcomed everyone to the first meeting of the newly established NHS Fife Public Health & Wellbeing Committee, and advised that the principle behind the establishment of the committee is to give greater focus on wellbeing and preventative / proactive care (in line with Scottish Government's direction of travel) and to consider placement of the public health aspects currently within the remit of the Clinical Governance Committee and Finance, Performance & Resources Committee, to allow for enhanced input by the Board. This new Committee will also provide the main governance oversight into our strategy development.

The Chair explained that the purpose of today's meeting is to discuss the particulars of the Committee's Terms of Reference. A draft version was circulated with the meeting papers.

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.

2. Apologies for Absence

Apologies were received from members J Owens (Director of Nursing) and W Brown (Employee Director), and attendee N Connor (Director of Health & Social Care).

3. Declaration of Members' Interests

There were no declarations of interest made by members.

4. Public Health & Wellbeing Committee Terms of Reference

The Director of Public Health introduced the Terms of Reference (ToR) and advised that the Chair, Vice-Chair and the Chief Executive had been involved in the development of the draft Terms of Reference as submitted for members' discussion.

Purpose

The importance of the 'Purpose' section of the ToR was emphasised, which requires to be reflective of the areas NHS Fife Board would want to see additional focus and effort going into, with Board members having an opportunity to scrutinise.

The Director of Public Health gave an overview of each of the points in the 'Purpose' section of the ToR:-

Point 1.1 outlines NHS Fife Board as being fully engaged in supporting Population Health & Wellbeing as a key area, and it was noted this aligns well with the ambitions of our new Strategy which will have a key focus on Population Health & Wellbeing.

Point 1.2 outlines the wider ambitions of other services and how they might be able to contribute to Population Health & Wellbeing workstreams.

Point 1.3 is reflective of system leadership and the outward-facing element of responsibility of NHS Fife Board to ensure preventive actions and the strategic direction of travel for Fife is right, including what can be done collectively with partners to support ambitions.

Point 1.4 highlights the assurance element of preventative activity and ensuring there is a strategic intent across the functioning of NHS Fife Board.

Extensive discussion took place on the current wording of point 1.2 of the 'Purpose' section.

Point 1.2

Suggestion was made to broaden areas of this point, particularly around the development of the new Health Centres in Lochgelly and Kincardine. The model of care would go to the Standing Clinical Governance Committee; however, in terms of opportunities for designing the model of care, the local focus may be an area this Committee might want to have sight of.

It was questioned how we engage and align wider stakeholders, and if we should be naming the general public as a wider stakeholder on the ToR, to amplify their voice to ensure they are influencing and shaping services.

It was noted that if all services are listed in the ToR, this could potentially limit the flexibility and agility of this Committee to be able to examine services and issues for which NHS Fife is accountable to Scottish Ministers. It was noted in other Committees' ToRs within the remits, level of detail is high in terms of describing particular functions, and the detail of individual service areas and reporting mechanisms is instead captured within workplans.

The Integrated Joint Board (IJB) accountability for the range of services was raised and how this could potentially impact on the Committee's areas of focus. It was recognised, however, that the IJB are not responsible for the delivery of services, which the Health & Social Care Partnership delivers on behalf of NHS Fife and Fife Council. The IJB set strategic priorities for those particular services, though accountability for their delivery against such strategic direction remains with NHS Fife Board. An assurance mechanism is therefore required that allows NHS Fife to scrutinise performance and all aspects of the delivery, and to give assurance to NHS Health Board, Scottish Government and also back to the IJB that NHS Fife is delivering on their strategic priorities.

It was noted this Committee need to be looking at actual delivery in terms of the Integrated Performance & Quality Report (IPQR) performance measures, along with the strategic aims of any particular service.

It was highlighted there is a risk of conflating some reporting already in place via the Clinical Governance Committee. It was advised clinical oversight will remain within the Clinical Governance Committee, who have a very specific duty which cannot be replicated in another body. Challenges with shaping the new Public Health & Wellbeing Committee and the workplan were highlighted, to avoid duplication, and the need to ensure openness with the Clinical Governance Committee leads on areas of mutual reporting, with clear explanation of the purpose of each report to the respective Committee.

It was suggested to share a graphic the Chief Executive had mapped out that outlines strategic priorities alongside where the national care and wellbeing programmes sit against our different Governance Committees. It was noted that interfaces with other Governance Committees are critical.

Action: Chief Executive

It was noted opportunities with the new Population Health & Wellbeing Strategy will help focus where the efforts of this Committee should be, particularly in adding value around population health and prevention workstreams around NHS Fife. The strategy may support the structure for the workplan for this Committee and add areas of additional value.

Discussion took place on the wording for point 1.2 of the ToR and it was agreed to amend the wording of point 1.2, to read in final form as follows:

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.

Points 1,3 & 4

There were no comments on points 1,3 & 4 to the 'Purpose' section.

Composition

There were no comments to the 'Composition' section.

It was noted the three Non-Executive Directors are not specified but will remain at present as the Chairs of Audit & Risk, Clinical Governance and Finance Performance & Resources, given their experience as long-standing Board members. It was also noted the membership may need to change over time.

Quorum

There were no comments to the 'Quorum' section.

Meetings

There were no comments to the 'Meetings' section.

Remit

There were no comments to the 'Remit' section.

Authority

There were no comments to the 'Authority' section.

Reporting Arrangements

There were no comments to the 'Reporting' section.

It was reported there will be opportunities to review the ToR again at year-end and it was recognised this may need to change over time, as the Committee becomes established. It was advised that the Code of Corporate Governance requires the NHS Fife Board to review the ToR for all Governance Committees annually.

Following the change to point 1.2 in the 'Purpose' section of the ToR, the Committee **endorsed** the ToR, and recommended approval of this draft to NHS Fife Board.

5. Any Other Business

5.1 Workplan

It was agreed a proposed workplan for the Committee until end of March 2022 be brought to the next meeting.

Action: Director of Public Health

5.2 Future Agenda Items

It was suggested to add to a future agenda a discussion on creating a Board Assurance Framework (BAF) for this Committee, and review of whether new or amended measures should be added to the Integrated Performance & Quality Report (IPQR) or existing measures reassigned.

It was advised that, after the Board Development Session on 2 November 2021, where a discussion will take place on the Population Health & Wellbeing Strategy, an overview of the public engagement approach and the outcomes from the population health assessment will be brought formally to a future meeting of this Committee. The planned discussion on risk at this session will also helpfully inform the decision of whether a new BAF be created, to be assigned to this Committee,

It was reported the Chair of the Finance, Performance & Resources Committee (FP&R) had been in discussions with the Director of Finance & Strategy, and they had agreed some agenda items from FP&R due in November will be moved to this Committee.

Date of Next Meeting: Monday 15 November 2021 at 2pm via MS Teams.

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

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST

Meeting Date: Monday 15 November 2021



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	15/10/21	Workplan	It was agreed a proposed workplan for the Committee until end of March 2022 be brought to the next meeting.	JT	Early Nov '21	On agenda at 15/11/21 meeting.	Closed
2.	15/10/21	Mapping to national and local strategic priorities	It was agreed to share a graphic that outlines strategic priorities alongside where the national care and wellbeing programmes sit against our different Governance Committees.	CP	October '21	28/10/21 – Circulated	Closed

Meeting:	Public Health & Wellbeing Committee
Meeting date:	15 November 2021
Title:	Covid Testing and Test & Protect Programmes
Responsible Executive:	Dr Joy Tomlinson
Report Author:	Dr Duncan Fortescue-Webb

1 Purpose

This is presented to the Committee for:

- Assurance
- Discussion

This report relates to a:

- Emerging issue
- Government policy/directive

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

- Effective

2 Report summary

2.1 Situation

The Covid-19 Testing and Test and Protect contact tracing programmes provide key protection for community health. Together they interrupt transmission and reduce rates of Covid19 infection in the community. The programmes are designed to support those groups in the population likely to be most severely affected by Covid19. Key elements of this are: community testing sites, and contact tracing to advise and support cases and their contacts, as well as support for settings with outbreaks. Through winter, Covid19 cases are expected to remain high and may be further driven by large-scale social events or increasing indoor gatherings and celebrations. As well as direct harms from infection, Covid19 is likely to continue to adversely affect health and social care services and affect people's economic security.

The Committee is asked to continue to support the Testing and Test and Protect programmes, to consider the range of expected impacts of high Covid19 rates over winter, to consider how the programme and its staff can best support residents and clinical services over the winter and consider how the workforce may be redeployed in the longer term.

2.2 Background

Nearing two years into the pandemic, the Testing and Test and Protect programmes have become well established and continue to develop good links to related work by government, Public Health Scotland, and local services.

The programmes align with government priorities for 'Test, Trace, Isolate, Support' to reduce case rates, focusing on those groups most likely suffer severe adverse outcomes from infection. Future national priorities for Testing and Test and Protect are under consideration.

2.3 Assessment

The community testing programme has four fixed sites, and five mobile sites that are reviewed weekly and moved according to local need in order to reduce geographic and practical barriers to testing. The programme primarily offers walk-in LFD asymptomatic testing but is able to offer PCR tests where appropriate. Other testing routes in Fife include staff/care home testing, and pre-admission testing, at Cameron Hospital; community symptomatic testing provided by the UK Government and Scottish Ambulance Service at fixed and mobile sites; and home LFD and PCR postal testing collected from testing sites and pharmacies or ordered online.

Potential changes to the programme's asymptomatic testing sites include:

- Offering staff testing and hospital pre-admission testing (being discussed with Scottish Government).
- Combining symptomatic and asymptomatic testing at all sites, following outcomes of an ongoing pilot in Grampian.
- Mobile units may be able to deploy to e.g., care homes or clinical sites if required, or to distribute testing kits.

Government intentions for community testing beyond March 2022 are under consideration. Upcoming testing programme pressures locally relate to testing staff retention as fixed term contracts and secondments approach their end on 31st March 2022. There are also concerns about recent increases in short-term staff absence (further recruitment and onboarding of volunteers will mitigate staffing pressures). Over the winter it is also anticipated that adverse weather could affect site operation and people's willingness to travel to sites. There may also be changes in demand for testing as infection rates and population behaviours change.

Contact tracing (Test and Protect) is completed either using a digital form or through telephone interview, in line with all other health boards. A digital platform is used to triage cases according to setting and gather contacts for low-risk settings. Outbreaks and cases who have been in high-risk settings (health and social care, custodial, and international travel), or who do not complete the digital form, are traced by telephone, following agreed priorities and scripts, with support from the National Contact Tracing Centre when call volumes are high. Contacts are notified digitally and signposted to isolation support resources.

The contact tracing programme is not anticipating significant changes to demand over the winter. In order to manage high case numbers, contact tracing has moved to use digital tools and shortened scripts. This reduces the length of time that an interview takes but it does reduce the amount of additional surveillance data which can be collected, and also the detailed information available to manage outbreaks. Digital tracing tools are at the limits of their functionality, and likely not to change in the short term. If capacity allows, tracing teams will increase work to understand where cases were exposed and provide follow-up welfare calls to cases to ensure they have the support they need.

Staff retention is a concern, particularly while there is uncertainty about fixed-term contracts and uncertainty over future funding. Higher short-term sickness absence may continue, and there is a concern about longer-term absence. As winter progresses tracing staff are likely to have to handle more distressing calls and refer these on to other services. To mitigate staffing pressures, the National Contact Tracing Centre can provide staffing establishment support (four-week notice period required), but we are not currently looking to recruit further locally (priority would be given to redeploying NHS Fife staff if necessary).

2.3.1 Quality/ Patient Care

Both Testing and Test and Protect in Fife are delivered in line with national expectations and are monitored through national steering groups in addition to internal governance groups.

2.3.2 Workforce

Workforce recruitment for testing and tracing roles has been challenging. We currently have good staffing for both testing and tracing services, however pressures continue with administrative staff vacancies. Workforce retention is a concern and future requirements are being discussed nationally with input from Directors of Public Health and Directors of Human Resources. Working in current challenging conditions is problematic for morale, but the primary issue is the expiry of fixed-term contracts and uncertainty about contact extensions beyond March 2022.

There is an opportunity to retain within the NHS a skilled group with diverse backgrounds. Once Test and Protect requirements reduce, and if opportunities can be made available, retention of staff would bring benefits to other areas within the NHS, including clinical roles, health intelligence, quality improvement and evaluation, health protection, and health promotion. A medium-term workforce plan will be developed as national discussions progress.

2.3.3 Financial

The Testing and Test & Protect programmes are funded to deliver its current level of activity until the end of March 2022. The programme's strategic direction is being reviewed by government, and government further funding intentions are not yet known.

2.3.4 Risk Assessment/Management

No risk assessment has been completed relating to this paper. Test and Protect risk registers are maintained by the Test & Protect Oversight Group and high or moderate risks are escalated to the Public Health Assurance Committee.

2.3.5 Equality and Diversity, including health inequalities

No change to approach of this programme, equality supported by close links with Fife Council to enable support to isolate.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

No additional engagement or consultation has contributed to this paper.

2.3.8 Route to the Meeting

Paper prepared for meeting and reviewed by Director of Public Health

2.4 Recommendation

This report is for:

Assurance - members of the Public Health and Wellbeing Committee are asked to **note** the following key points.

- Recognise that both Testing and Test & Protect anticipate ongoing high levels of activity during the winter period.
- The longer-term plans for Testing and Test & Protect remain under active discussion at national level. There are ongoing challenges to retain staff as the end of fixed term contracts, and a skilled workforce may be lost.

3 List of appendices

- Fife Resident PCR Test Results

Report Contact

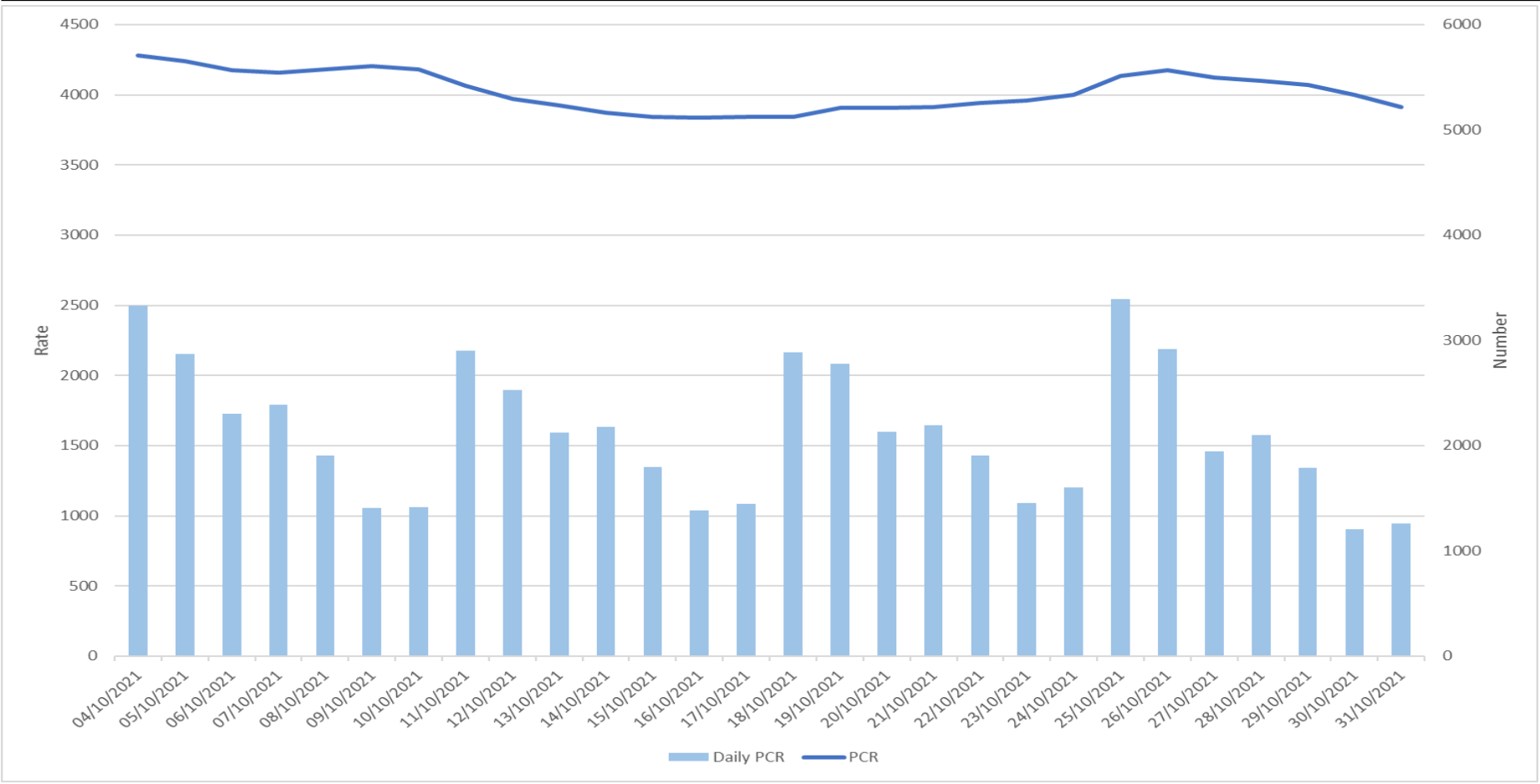
Duncan Fortescue-Webb

Consultant in Public Health Medicine

Email duncan.fortescue-webb@nhs.scot

Fife Resident PCR Test Results

	7 day number and rate per 100,000 population	
	All PCR Number	All PCR Rate
25/10 – 31/10	14,609	3911
18/10 – 24/10	14,946	4001



Meeting:	Public Health and Wellbeing Committee
Meeting date:	15 November 2021
Title:	Flu Vaccine & Covid Vaccine (FVCV) Programme
Responsible Executive:	Nicky Connor, Director of Health and Social Care
Report Author:	Lisa Cooper, Immunisation Programme Director Emma Strachan, FVCV PMO Project Manager

1 Purpose

This is presented to the Committee for:

- Assurance
- Information
- Discussion

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

National programme board updates, JCVI and CMO guidance directs the effective planning and delivery of the FVCV programme Tranche 2 now known nationally as the Autumn/Winter Vaccination Programme. NHS Fife Clinical Governance Committee is asked to review and consider in regard to this, the delivery models for the population of Fife detailed within this paper.

2.1.2 Flu / Covid 19 Booster/Third Dose Delivery (Tranche 2)

Advice from the Joint Committee on Vaccination and Immunisation (JCVI) has now been received regarding the time period for Covid -19 Booster vaccinations.

The time period of 182 days between second doses and boosters/third doses as originally guided, has now changed to 24 weeks (168 days), the vaccine product will be Pfizer and evidence indicates that co-administration of both vaccinations is safe, well tolerated and does not reduce the immune response.

2.2 Background

While the COVID-19 vaccination continues to progress with newly identified cohorts in Tranche 1, the Board has now begun both Flu and Covid-19 booster vaccinations across Stage 1 of Tranche 2 which commenced Monday 6th September.

Following the recent direction from Scottish Government and guidance received from JCVI, the Board has been able to formalise a number of planning assumptions for ongoing Tranche 1 and progressing to Tranche 2 delivery as outlined below.

Autumn/Winter Vaccination Programme

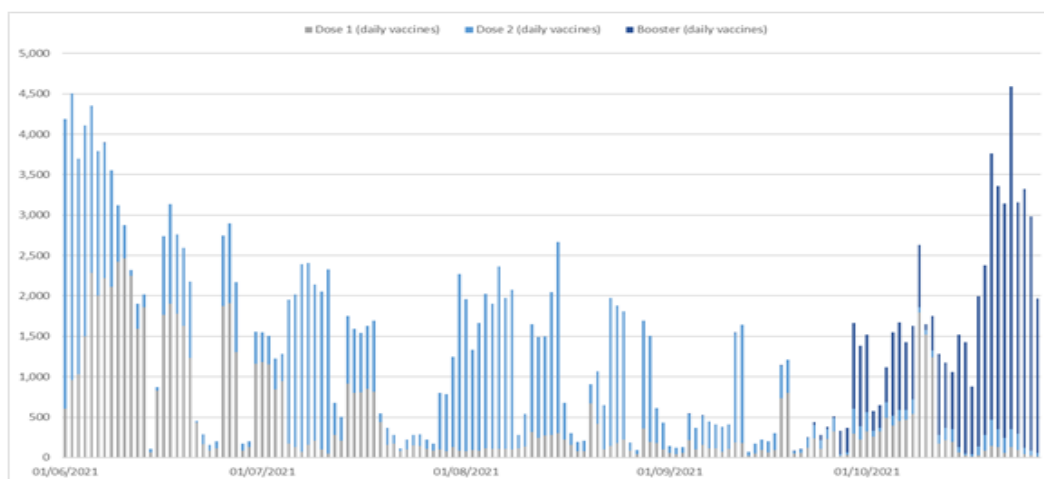
2.2.1 Tranche 1 Delivery:

All adults over the age of 18 have been offered a first dose of COVID vaccine and this was completed 18 July 2021.

The programme has been effective so far for the population of Fife and at time of writing has now delivered 560k doses now administered in Fife with 12217 individuals having received their full course + booster

Vaccinations Administered to 28th October 2021

Dose 1 total = 292,093 (7 day total = 486), Dose 2 total = 264,737 (7 day total = 1019),
Booster total = 44,249 (7 day total= 21,017)



Source: Vaccination Universe, Fife Extract; HB Resident=Fife

The programme has three remaining key priorities:

- Ensuring second doses are given at 8 weeks for those who have received first doses
- Ensuring first doses are to continue for the following groups
 - Those recovering from COVID (as vaccination cannot be administered until 28 days' post infection)

- Ensuring there is an 'Evergreen' option – allowing those who for whatever reason have not previously been vaccinated or come of age during the programme, to ensure they receive a full course. This is being offered through a series of pop ups and outreach activity
- Children/young people in the following groups

- **All children aged 12 to 15 years of age not known as a universal offer**

The universal offer for children continues and at time of writing 9179 (55%) of 12-15s have accessed their first dose by attending either a drop in or scheduled appointment. This is in line with national averages. Ongoing drop in will be scheduled and an in reach school programme is being planned but cognisance of consent issues and how to manage these need to be factored within planning.

- **All children aged 16 to 17 years of age**

At time of writing 5616 (72%) have accessed their 1st dose and 818 (10%) have accessed a second dose. There were accessed via scheduled appointments, drop ins and a bespoke in reach programme to all secondary schools and colleges across Fife. Drop ins and appointments will continue

- Children and young people aged 12 years and over who are household contacts of persons (adults or children) who are immunosuppressed.

Nationally there are issues to extract the detail of this cohort specifically so they are reported within the other relevant age group cohorts.

2.2.2 Tranche 2 Delivery:

A two-stage approach has been instructed in delivering COVID-19 booster/third doses and flu vaccinations, resulting in several cohorts, originally delivered independently of each other, being grouped together, and delivered concurrently.

The two stages are:

Stage 1 (offered a third dose of COVID-19 vaccine and the annual flu vaccine, as soon as possible from September 2021):

- adults aged 16 years and over who are immunosuppressed
- those living in residential care homes for older adults
- all adults aged 70 years or over
- adults aged 16 years and over who are considered clinically extremely vulnerable
- frontline health and social care workers

Stage 2 (offered a third dose COVID-19 vaccine as soon as practicable after Stage 1, with equal emphasis on deployment of the flu vaccine where eligible):

- all adults aged 50 years and over
- all adults aged 16 – 49 years who are in an influenza or COVID-19 at-risk group
- adult household contacts of immunosuppressed individuals

Planning for delivery for all cohorts within stage 1 of Tranche 2 is complete and detailed further. Planning for stage 2 is at an advanced stage and remains based on the

planning assumptions provided nationally with workstreams being anticipatory as possible ensuring a cohesive and joined up approach to planning and agreeing models for delivery.

Recent direction and guidance received, has allowed the Board to proceed with formalising planning based on scenario one which was previously presented and key aspects are outlined below.

Appendix one details the Tranche 2 delivery plan submitted to National Programme Board 24/09/2021. This is evolving in line with national direction and planning assumptions.

Appendix 2 contains the CMO letter SGHD/CMO(2021)28 providing further information and guidance relating to the seasonal flu immunisation programme.

2.2.3 Stage 1

Prioritisation of the cohorts within this stage remains aligned with the initial cohorts 1-9 advised by the JCVI. Delivery of vaccine will be via co-administration to all priority groups before 24th October 2021, due to wider public groups becoming eligible at this point for co-administered vaccinations. The directive has been extended by SG from 06/12/2021 and complete flu vaccinations are now to be completed by 19th December 2021.

In consideration of the timescale for delivering Flu and national working assumptions of 80% uptake, it has been identified that a total number of 185,882 citizens are eligible for receiving a Flu vaccination. Those eligible in stage 1 will receive both vaccinations at the same appointment. This presents significant efficiencies and Fife has recruited a substantive workforce which would be sufficient to staff community clinics and the HSCWs clinics.

2.2.4 Scheduling

There are various methods for which stage 1 cohorts will be appointed. Some will be appointed locally e.g. care homes residents, housebound and some people within the over 80s group (dependant on the delivery plan aligned to their general practice). The remaining cohorts will be appointed via lettering from NVSS excepting Health and Social Care staff as advised in next paragraph.

The national scheduling system is now being used for staff, with registration via an online portal which was released 21st September for staff to register. This is a change to the previous model which involved local scheduling. For members of the public, the existing national scheduling system will be used with local teams responsible for preparation of cohort files, and resolving any operational issues. Venues for staff and public clinics have been identified, incorporating learning from the COVID programme and including appropriate accessibility for the target groups.

Appendix one details how each cohort will be appointed.

A recent national change in direction for stage 2 cohorts including appointing models has been agreed and circulated. This is available to view in **appendix 3**. The main points to be aware of are that appointments for cohort age 60-69 and aged 16+ who are considered clinically extreme vulnerable will be via national lettering and not the online portal initially proposed. The main reason for change was to manage agreed risks to delivery plan and

dates which a mixed model for appointing may create for these cohorts. The Programme team are supportive of this approach and planning is now being adjusted to manage this with no risks perceived.

2.2.5 Communications

Communications are closely linked into the national direction applying national toolkits provided with adaption locally and the team have established a range of channels, with lessons learned from the COVID programme to ensure effective, timely and targeted communications.

Further communications specific to staff vaccinations have now being agreed by programme leads and distributed via available channels to ensure there is clarity for all staff on the registration process and eligibility criteria.

Stage 1 Delivery Progress

2.2.6 Childhood Flu Vaccinations

The vaccination of this cohort commenced 3rd September. Some challenges have been experienced due to significant high levels of pupil absence within schools. Uptake therefore is currently not as high as expected at this stage with only 7858 children and 1205 teaching staff (30%) of those having responded from the overall cohort size, having been vaccinated to date. A high level breakdown of this data is as follows,

- Children 2-5 years old: 1382
- Primary School Children: 2919
- Secondary School Children: 9875
- Primary School Teaching Staff: 288
- Secondary School Teaching Staff: 1300

Vaccinations for Secondary School children is due to complete early November with the 2-5 age group and Primary School children due to be completed early December. Due to the current challenges with absence, extended mop up sessions will be required to ensure all children are vaccinated. As SG have extended target completion date now till 19/12/2021 the programme team are assured that working assumptions are achievable and are reviewing detailed delivery plans to target areas of reduced uptake.

2.2.7 Care homes

Care home vaccinations for residents and staff commenced 27th September and completed 15th of October. There are **2293** individuals within this cohort and a dedicated workforce team is in place to deliver the vaccinations. To date, a total of **4333** vaccinations have been delivered, split by **2278** Flu vaccinations and **2055** Covid-19 boosters. This equates to approx 94% of the care home resident population having received both vaccines and is well above current national average. This is suggested as excellence in care to ensure a targeted approach to vulnerable members of our society. Mop up sessions will continue for those who were unable to be vaccinated at time of writing.

2.2.8 Frontline Staff

Flu and Covid-19 booster vaccinations commenced 28th September with an expected completion date of 29th October. An overall cohort size of 20016 was anticipated, based on those vaccinated during Tranche 1. Staff have been invited to self-register via the

national online portal for their vaccinations. This is applicable for all Frontline healthcare and social care workers aged 16 and over, providing staff with the opportunity to check their eligibility and book an appointment immediately.

Currently, a total of 16230 vaccinations have been administered split by 8199 Flu Vaccinations and 8031 Covid-19 vaccinations.

There are known national issues with the online portal registration for HSCWs with no resolution identified as yet. To manage this locally the team have offered local bespoke drop in staff sessions and leaders and managers across health and social care have acted as the conduit alongside other established comms channels to reach out to all staff to encourage uptake. Assurance is given this focused approach to scheduling and comms will continue to encourage uptake for all staff eligible for either covid, flu or both vaccines.

The programme team seek ongoing support of leaders and managers across health and social care to ensure that access to the Autumn/Winter flu programme for HSCWs remains a high priority.

2.2.9 Severely Immunosuppressed

JCVI guidance advises people with a condition which means there are severely immunosuppressed (SI) are to be invited to access a Primary 3rd dose of a Covid vaccine. Following national agreement, this cohort was identified as a subset of the previous shielding list. Following national lettering and appointing via NVSS, vaccination of this cohort commenced 2nd October with completion the following day on the 3rd October. The overall cohort size was 2954. Following a review from JCVI of persons eligible as classed as SI, a SLWG is now being convened led by the Immunisation Coordinator to liaise with clinicians locally and ensure all persons within this cohort who will required a 3rd dose as per JCVI guidance are invited to receive one.

The Fife programme leads identified a recording issue within the electronic system being used nationally regarding correct record keeping for those accessing a 3rd primary dose as opposed to a booster. Should JCVI guidance advise a booster for this cohort, there is a perceived risk with digital identification. Fife now have a local repatriation process agreed and are linking with the national programme board to share learning.

2.2.10 Over 80s population

Extensive and complex yet highly effective engagement work has taken place with GP practices to agree vaccination of the over 80's group. Three options were proposed to GP practices and programme leads have worked through and agreed a detailed plan for delivery which is now live.

The three options are that the practice itself wholly delivers all vaccines, option 2 is a blended model shared between the practice and the health board and option 3 if the practice for various reasons has no capacity to support delivery it will be delivered wholly by the board.

For those patients of practices that have chosen a blended or Board delivery model, appointing is via NVSS lettering or local appointing. A person centred approach has been taken during the venue selection process to ensure vaccination appointments are assigned to individuals within a location as close to their GP practice as possible.

Vaccine supply for Covid-19 booster doses will be managed by the Board and ordered via a pack down service offered by NSS for those GP practices choosing to deliver vaccinations themselves. Flu vaccine supply will be ordered by GP practices directly from Movianto.

It should be noted that it has been agreed within the Programme that those GP Practices delivering their patient vaccinations can also administer vaccinations to their staff. For those practices unable to vaccinate their patients or opting for a blended model, staff will be guided to book their vaccinations via the national self-registration portal and attend one of the community clinics for their vaccinations.

A summary of the status of GP practice option response and the vaccination delivery plan for the over 80s cohort is detailed in table 1 below.

Table 1

Option 1: Delivering Vaccinations in Practice	
No. of Practices	23 practices have selected this option. Please note that this includes those practices who have 2 branches to accommodate. There are approximately 6760 patients within this option to be vaccinated.
Timescale	Clinics commence early October with majority of activity completing by early to mid-November. Some mop up clinics have been planned for late November and into December to accommodate the time period between doses for some patients.
Progress	<ul style="list-style-type: none"> • 20 practices have confirmed their clinic dates and vaccine supply requirements • Vaccine supply ordering commenced 24th September
Option 2: Blended Model - Delivering vaccinations with support from Board	
No. of Practices	8 practices have selected this option. There are approximately 1817 patients within this option to be vaccinated.
Timescale	Clinics commence early October with activity currently planned to be completed by mid-November.
Progress	<ul style="list-style-type: none"> • 5 practices have confirmed their clinic dates and vaccine supply requirements with work being finalised with remaining 3 practices • Vaccine supply ordering commenced 24th September
Option 3: Board delivering vaccinations	
No. of Practices	25 practices have selected this option. There are approximately 6000 patients within this option to be vaccinated.
Timescale	Clinics commence early October with activity currently planned to be completed by mid-November
Progress	<ul style="list-style-type: none"> • 23 practices have now responded with their patient data to allow for local or national appointing of their patients • Venues and clinic dates for those 23 practices have now been assigned • Appointing methods and patient data currently being worked through for all patients across the practices

The NHS Fife communication team have worked closely with the FVCV programme team, primary care and general practice colleagues to ensure a detailed bespoke communication plan as it was realised that there was risk around public awareness and expectation. The NHS Fife website is now updated with a specific over 80s delivery page with detailed information for each practice. The link below provides more detail. Each

practice is also updating their telephone messaging accordingly with a consistent approach to scripting being lead by the programme team in conjunction with primary care colleagues.

[Over 80s COVID-19 vaccination booster | NHS Fife](#)

2.2.11 Housebound

The programme is working closely with community nursing teams and the vaccination teams to facilitate vaccinations for persons within the housebound group with plans now complete to enable and assure safe delivery. Flu and Covid-19 booster vaccinations will be decoupled for this cohort with District Nursing teams delivering Flu vaccinations and Covid-19 booster vaccinations being delivered by a dedicated workforce team.

The rationale for decoupling is primarily due to the logistical challenges posed by administration of Pfizer vaccine and the impact and risk to community nursing capacity. A dedicated team to administer the Covid -19 vaccine will mitigate this risk. Overall there is no perceived clinical risk to decoupling and this has been considered and assured via clinical leads within the programme board.

Expected cohort size is 4209 based on GP practice data received to date with delivery planned through October. It is currently planned for the vaccination of this cohort to be completed by end of October.

Stage 2

It is planned for as many co-administered vaccination appointments to be offered, as possible, before the 19th December 2021 taking the JCVI guidance of 24 weeks (168 days) between second doses and boosters/third doses into consideration.

It is important to note that individuals who will require to be 'de-coupled' due to their Covid booster not being due until after the expected flu completion date, will have their flu vaccination appointment brought forward to ensure flu delivery timescales can be achieved planning is allowing this to be a focused approach within a specific week of the programme.

2.2.12 Vaccine Administration

It has now been confirmed that Flu and COVID-19 boosters/dose 3 can be administered during the same appointment however JCVI advice to delivery teams has stated that both should be administered at the earliest possible time. This could result in both vaccines being administered independently of each other and this is being considered within planning assumptions.

JCVI guidance released has also confirmed that COVID-19 boosters/third doses should be administered 24 weeks (168 days) after the second dose.

2.2.13 Vaccine Product

Clinical guidance from JCVI is confirmed on the vaccine product which will be

administered for COVID-19 booster/third dose. Guidance received has indicated that Pfizer should be administered for all boosters/third doses within Fife, regardless of vaccine product received for doses one and two. It has been confirmed nationally that the 15-minute waiting period will remain for Pfizer vaccinations administered as a booster.

2.3 Assessment

2.3.1 Quality/ Patient Care

At time of writing, the Board has now exceeded 562k total doses administered in the COVID vaccination with a focus currently on the 16-17 and 12-15 groups and those under 40 still to access 1st and 2nd dose within tranche 1. The outreach programme continues with a number drop in clinics continually in operation across the community. Drop ins are planned to continue to allow ongoing open access for Tranche 1 vaccine delivery e.g. those still to access 1st or 2nd dose. Drop ins will be scheduled at times when planning activity allows and advertised via current channels including NHS Fife website. It is anticipated that drop ins will not be available for Tranche 2 delivery at this time in line with national programme board guidance. An assessment of these is ongoing to determine the future approach to pop up and outreach activity to ensure uptake and results are maximised.

Work is now completed involving General Practice and good engagement with the Local Medical Committee to mitigate concerns regarding the over 80s cohort and support flu and Covid vaccine delivery close to home. These are transitional arrangements supported by National Temporary and Direct Enhanced Service agreements while the Vaccination Transformation Programme (VTP) is progressed to completion.

2.3.2 Workforce

The board currently has 217 Healthcare Support Worker Vaccinators (band 3) recruited, trained, and actively administering across our community clinics under the supervision of registered nursing staff working within national protocols. The clinics have operated well due to the implementation of strong clinical leadership ensuring structure and stability throughout the programme. This approach has been considered as part of the workforce planning assumptions for FVCV with activity currently focused on the future workforce modelling to identify potential recruitment requirements.

There are agreed risks regarding the sustainability of the workforce in the longer term: many are contracted to March 2022. Workforce planning is at an advanced level, with focus currently on specialised sub groups for individual cohorts including, housebound and inpatients.

Military Aid to Civil Authority (MACA)

Military Aid to Civil Authority (MACA) support has also been offered via the national programme board to assist with the programme due to the recent new guidance released. This could include registrants, health care support worker equivalents and venue support.

22 vaccinators have been requested to cover two of the larger venues which includes a leadership role for each site. Expected date of commencement is 28th October with a review planned every 5 weeks. This has been agreed in principle however official confirmation and approval has yet to be given by the UK Government. Indemnity cover has been provided at board level and was drafted locally with input from Central Legal office, Chief executive sign off has been completed and submitted accordingly to the National Board and Ministry of Defence.

2.3.3 Financial

The programme continues to work closely with Finance colleagues to track and report on expenditure. Additional costs identified throughout the planning stages of the FVCV programme will be reported accordingly. This is complex to manage and a cohesive approach to ensure effective financial governance of all programmes is evolving.

2.3.4 Risk Assessment/Management

There are currently 29 risks identified for the FVCV programme, with only one of those currently carrying a high risk level. A robust risk review process is in place where risks are reviewed fortnightly across key leads of the programme.

The direction from Scottish Government notes that the 2021/22 flu season in the UK could be up to 50% larger than typically seen, and may also begin earlier than usual. This highlights the importance of a robust and early approach to vaccination.

One of the primary risks identified locally has been use of the national vaccination scheduling system, which has encountered a range of operational difficulties over the last 7 months. The direction nationally is to continue use of this system. Local resilience around its use will continue to be a focus however from a governance perspective the use of the NVSS system is recognised as best practice nationally and locally to support effective appointing

2.3.5 Equality and Diversity, including health inequalities

A robust EQIA was established within the COVID-19 programme through strong links with Public Health and partner organisations. The Fife approach to inclusivity and resulting EQIA was noted as an example of best practice at the National Programme Board. Assessment of the EQIA for the FVCV programme is underway by utilising the strong links already established and developed accordingly for the wider immunisation programme. The established inclusivity group will continue to lead delivery of EQIA actions. A full review is important given the move towards further cohorts being eligible.

2.3.6 Communication, involvement, engagement and consultation

Weekly communications continue to be issued to elected members and monthly communications are now issued to NHS Fife staff. Communications pathways have been established and documented within the programme and work is underway to assess these

pathways, ensuring strong relationships are maintained and continue to work effectively within the FVCV programme.

2.3.7 Route to the Meeting

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

- Executive Directors Group – 4 October 2021

2.4 Recommendation

NHS Fife Board Clinical Governance Committee is asked to **note** the detail in the paper regarding the assurance for ongoing planning and delivery of the Autumn/Winter Vaccination plan, **discuss** and **support** the Programme team in the delivery of this.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Health Delivery Plans – September 2021
- Appendix 2 – CMO letter SGHD/CMO(2021)28
- Appendix 3 – National delivery plan update 14/10/21

Report Contact

Lisa Cooper

Immunisation Programme Director

Email Lisa.Cooper@nhs.scot

Appendix 1

Health Board Delivery Plans – September 2021

Autumn / Winter – Flu & Boosters

Cohorts	Delivery Setting <ul style="list-style-type: none"> Please confirm how you will deliver each cohort, for example, mass vaccination / GP / Community Pharmacy 	Appointing Method (if applicable) <ul style="list-style-type: none"> NVSS letter, other letter, online booking, Other (please specify) 	Start Date	Projected Completion Date	Cohort Size
2-5 Flu	Nursery	Locally	13 September	6 December	
Childhood Flu (Primary)	Primary School	Locally	13 September	6 December	28,354 ⁽¹⁾
Childhood Flu (Secondary)	High School	Locally	20 September	5 November	21,591 ⁽¹⁾
12-15 (at risk)	Local Clinics	Locally	August	24 September	289 ⁽²⁾
12-15 (universal offer)	Vaccination Clinics	NVSS	2 October	11 October	17,242 ⁽²⁾
Severe Immunosuppressed	Vaccination Clinics	NVSS	2 October	3 October	2,954 ⁽²⁾
Care Home residents	Care Homes	Locally	27 September	15 October	2,266 ⁽²⁾
Housebound Patients	Domiciliary	Locally	5 October	22 October	4,209 ⁽³⁾
Frontline H&SCW	Vaccination Clinics	NVSS Online Booking	29 September	29 October	20,016 ^(4 see footer)
Over 70's	Vaccination Clinics & GP's	NVSS (under 80s and some over 80s) Locally (variable dependent on GP Practice)	9 October	14 November	60,162 ⁽²⁾
All adults aged over 16 with underlying health conditions / Adult household contacts of	Vaccination Clinics	NVSS	25 October	21 November	Underlying health conditions - 26,251 ⁽²⁾ Household Contacts – 15,957 ⁽⁵⁾


immunosuppressed individuals					
50 years old or over	Vaccination Clinics	NVSS Online Booking	25 October	6 December for coupled vaccinations January for those returning for COVID Boosters	107,177 ⁽²⁾
Non Frontline HSCW's (Flu Only)	Vaccination Clinics	NVSS Online Booking	29 September	6 December	20,016 ^(4 see footer)
Teachers, Nursery Teachers, School staff	School Settings / Pharmacy	Locally Arranged or visit Pharmacy	In line with school delivery	In line with school delivery	unknown
Prison population	n/a				

Projected Volumes per week

	W/k 20/9	W/k 27/9	W/k 4/10	W/k 11/10	W/k 18/10	W/k 25/10	W/k 1/11	W/k 8/11	W/k 15/11	W/k 22/11	W/k 29/11	W/k 6/12
Flu		15300	12896	16110	9000	28521	23500	33650	46442	7441	7400	3496
Covid		12912	19778	14978	10369	24265	18989	30250	250	31250	24750	15250

1. <https://www.gov.scot/publications/school-level-summary-statistics/> - 2020 total p1-p7 for primary, s1-s6 for secondary for schools in Fife local authority area
2. From NCDS cohort lists
3. Collated lists of Housebound from each GP practice. Responses received from 35/54 totalling 2,728 housebound so overall total includes projection.
4. Total vaccinated at staff clinics during Tranche 1, not possibly to distinguish front line from other roles.

Appendix 2


Chief Medical Officer
- final version - SGHC

Appendix 3


National Delivery
plan update 14.10.21

Dear Colleagues

SEASONAL FLU IMMUNISATION PROGRAMME 2021/22

1. We are writing to provide you with further information about the adult and childhood seasonal flu immunisation programmes for 2021/22.
2. We would like to begin by thanking you for your exceptional work in delivering the COVID-19 vaccination programme. We understand the extreme challenges faced by colleagues in NHS Boards and social care across Scotland in developing plans to deliver the largest scale vaccination programme ever planned and delivered here.
3. You are already aware that Scottish Ministers have extended the eligibility of the seasonal flu immunisation programme this winter.
4. Given the ongoing impact of COVID-19 on the most vulnerable in society, it is imperative that we continue to do all that we can to reduce the impact of flu and COVID-19 on those most at risk, through vaccination. With the enormous success of the COVID-19 vaccination programme, as we enter flu season, it is more important than ever that we build on the success from last year's vaccination programme. These efforts will help us to prevent ill health in the population and minimise further impact on the NHS and social care services.

Planning and Delivery

5. We recognise that delivering the flu vaccination programme this year will be an immense challenge because of the impact of COVID-19 on our health and social care sector. We appreciate that you will draw on your experience with

**From Chief Medical Officer
Interim Chief Nursing Officer
Chief Pharmaceutical Officer**
Dr Gregor Smith
Professor Alex McMahon
Professor Alison Strath

7 October 2021

SGHD/CMO(2021)28

For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards
Nurse Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Chief Officers of Integration
Authorities
Chief Executives, Local Authorities
Directors of Pharmacy
Directors of Public Health
General Practitioners
Practice Nurses
Immunisation Co-ordinators
CPHMs
Scottish Prison Service
Scottish Ambulance Service
Occupational Health Leads

For information

Chairs, NHS Boards
Infectious Disease Consultants
Consultant Physicians
Public Health Scotland
Chief Executive, Public Health
Scotland
NHS 24

Further Enquiries

Policy Issues

Vaccination Policy Team
seasonalfuprogramme@gov.scot

Medical Issues

Dr Syed Ahmed
St Andrew's House
syed.ahmed@gov.scot

Vaccine Supply Issues

nss.vaccineenquiries@nhs.scot

COVID-19 and be mindful on how best to deliver a vaccination programme that is prioritised towards protecting the most vulnerable.

6. It is a key priority to encourage greater uptake amongst health and social care workers, including Independent Contractors (GP, dental and optometry practices, community pharmacy teams, laboratory staff (working on COVID-19 testing) including support staff, who are delivering patient facing services. An innovative timely approach is required and is critical to safeguard staff, whilst also protecting those in their care.
7. To further increase flu vaccine uptake across all eligible groups, we encourage NHS Boards and social care colleagues to utilise all marketing and learning materials to the greatest extent with particular focus on those who are aged 65 years and over; those aged under 65 years old in an at-risk group, as well as pregnant women (at all stages of pregnancy).
8. NHS Boards are encouraged to use their local and clinical judgement, in line with the Green Book, to vaccinate people experiencing homeless in temporary accommodation, rough sleeping as well as people experiencing drug and alcohol addiction. It is likely that a significant proportion of these people will have underlying chronic medical conditions and are at high risk of flu related complications. NHS Boards have the support of the Scottish Government in doing so.
9. We continue to work closely with the Scottish Immunisation Programme Group to develop vaccination service delivery to ensure that all who will benefit most from the flu vaccine will have the opportunity to receive it in a timely manner, whilst maintaining Infection Prevention & Control practices and appropriate physical distancing. The provision of appropriate Personal Protective Equipment (PPE) to those involved in the delivery of the flu vaccination programme remains an important part of the programme planning. Please refer to the COVID-19 guidance available at: [HPS Website - Infection prevention and control \(IPC\) guidance in healthcare settings \(scot.nhs.uk\)](https://www.scot.nhs.uk/hps/infection-prevention-and-control/guidance-in-healthcare-settings).
10. GPs will participate on an optional basis where NHS Boards have not fully transferred influenza and pneumococcal vaccinations as part of the Vaccination Transformation Programme. This should only be where NHS Boards cannot directly deliver vaccinations through NHS Board employed or engaged staff. GP practices are not the preferred delivery model for vaccinations. This will enable GPs to focus their time on expert medical generalism, whilst ensuring that patients' needs are met through services which will make the best use of the mix of skills in primary care. GP - GP contractual information / payments – link to the Temporary Enhanced Service (PCA(M)(2021)07 - Temporary Enhanced Service - seasonal influenza and pneu. disease - 2021-22) might be useful: [Influenza & pneumococcal temporary enhanced service \(scot.nhs.uk\)](https://www.scot.nhs.uk/hps/influenza-and-pneumococcal-temporary-enhanced-service).

JCVI Advice on Co-Administration

11. The advice from the Joint Committee on Vaccination and Immunisation, on a COVID-19 vaccine booster programme this winter, alongside the vital annual seasonal flu vaccination programme was published on 14 September 2021. People who are eligible for both flu and COVID booster can be given both vaccines at the same appointment where at least 24 weeks has passed since they received their second COVID dose. The details can be found here: [JCVI issues updated advice on COVID-19 booster vaccination - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-issues-updated-advice-on-covid-19-booster-vaccination)
12. The latest information on co-administration of the COVID-19 vaccines with other vaccines can be found in the Green Book, chapter 14a [Greenbook chapter 14a COVID-19 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101441/gb14a-covid-19.pdf).

Other Vaccinations: Pneumococcal and Shingles Vaccination Programmes

13. The Pneumococcal vaccine (PPV23) can be given at any time in the year, whereas flu vaccine must be given within a short period during the winter months. We therefore suggest that maximum efforts should be directed in optimising flu uptake rates and providing timely immune protection of eligible individuals over the winter period.
14. The Shingles vaccination programme for the year 2021/22 commenced on 1 September 2021, as in previous years, and eligible individuals can be immunised from this time. Shingles vaccinations do not have to be delivered at a particular time, and participating practices can deliver these vaccinations at a time which protects their capacity. It is important to note that some of these patients may also be eligible for other vaccines, and staff should take the opportunity to offer these vaccines opportunistically, if appropriate. The Shingles CMO letter can be accessed here: [CMO\(2020\)21 - Details of the shingles \(herpes zoster\) vaccination programme \(scot.nhs.uk\)](https://www.scot.nhs.uk/cmoleter/shingles/). Further information about the programme will be issued shortly.

Working Assumptions

15. Seasonal Flu Immunisation Programme 2021/22 uptake working assumptions are:

Cohort	Uptake Working Assumption
65 and over	90%
Children Aged 2-5	70%
Primary School Aged Children	80%
Secondary School Age Children less than 18 years	80%
Under 65 years old in an at-risk group	65%
Pregnant women(with & without risk factors)	70%
Health & Social Care Staff	80%
Unpaid and young carers	75%
Independent NHS Contractors, (GP, dental and optometry practices, community pharmacists, laboratory staff working on COVID-19 testing) including support staff	80%*
Teachers, support staff, Prison staff and support staff operating the detention estate.	60%*
Prison population (Fluctuates daily – approximate figure provided. Population may also be included in cohorts above.)	60%
50-54 not at risk	65%
55-59 not at risk	65%
60-64 not at risk	65%

* Guidance on how NHS Boards are to record uptake figures for these cohorts, due to each of the Boards using different delivery settings, will be shared shortly.

Key Assumptions

16. To ensure the protection of those most at risk from flu this winter, the flu vaccination programme remains a strategic and Ministerial priority. This is to ensure that the impact of potential co-circulation of flu and COVID-19 is kept to an absolute minimum again this season. The above working assumptions are not official flu vaccination targets, and have been put in place for internal Scottish Government purposes, and to ensure that sufficient vaccine stock is procured to protect those most at risk of flu.

17. For the 2021/22 adult flu vaccination programme an online registration and booking service went live on 21 September 2021 and is available for Health and

Social Care Workers. This service which, offers co-administration bookings where possible. The portal can be accessed here: [Vaccinations for health and social care workers | NHS inform](#). This is in response to last winter's low uptake in this group and an early offer of flu vaccination at the start of the programme may increase uptake.

18. Based on the final JCVI advice regarding COVID-19 boosters published on 14 September 2021, eligible cohorts will be offered co-administration of flu and COVID-19 boosters wherever possible and a CMO letter giving further details is available here: [CMO\(2021\)25.pdf \(scot.nhs.uk\)](#)

Vaccine supply

19. We have procured additional vaccine to support higher uptake, however, ongoing and effective management at a local level is essential to the success of the programme. NHS Boards and social care services should fully consider the needs of their eligible cohorts and plan appropriately and timeously in order to successfully deliver the programme.
20. In our previous letter, vaccine ordering and delivery arrangements were included and these are set out in Annex A.

I would ask that NHS Boards and social care colleagues refer to this information for this flu season.

21. To allow us to be responsive to the changing context this winter, we will review the availability of vaccine after uptake levels become clear within existing and expanded cohorts. The Scottish Government will remain in regular dialogue with delivery partners through the Scottish Immunisation Programme Group and will update on any significant developments.

Health and Social Care Workers

22. Timely immunisation of eligible health and social care workers in direct contact with patients/clients remains a critical component in our efforts to protect the most vulnerable in our society.
23. Influenza viruses are notoriously unpredictable, therefore, it is essential that we maintain focus on delivery to achieve higher vaccine uptake, especially in the health and social care worker cohort. This will help to protect individual staff members, but also reduce the risk of transmission of flu viruses within health and social care settings, contributing to the protection of individuals who may have a suboptimal response to their own immunisation. Furthermore, it will help to protect and maintain the workforce and minimise disruption to vital services that provide patient/client care, by aiming to reduce staff sickness absence.
24. Senior clinicians, NHS Managers, Directors of Public Health, Local Authorities and Integration Authorities should ensure this work aligns with the prioritisation already being given to our COVID-19 response to the care sector as a means to prevent transmission of the flu viruses in an already vulnerable group.

Communication materials and Resources

25. Integration Authority Chief Officers and Local Authorities are asked to work closely to communicate and promote the flu vaccination programme and encourage uptake across all cohorts especially in the social care workers group who are providing direct personal care, and to ensure that they are fully supported to access the service.
26. The national media campaign (TV, radio, press, digital and social media) has been developed and further details will be circulated in due course. The childhood flu vaccination campaign commenced on 19 August.
27. Public Health Scotland has developed a toolkit to encourage the promotion of the flu vaccine that will support NHS and Social Care colleagues. [Flu immunisations - Immunisations - Our areas of work - Public Health Scotland.](#)
28. Public Health Scotland has developed and published a range of national accessible information materials to support informed consent for all eligible cohorts. [The flu vaccine \(nhsinform.scot\).](#)
29. The public should be signposted to [Flu vaccination - Immunisations in Scotland | NHS inform](#) for up to date information on the programme.
30. The COVID-19 Helpline 0800 030 8013 has been extended to include flu enquiries. The helpline will be available from 8am – 8pm (7 days a week).
31. The National Vaccination Scheduling System has been developed and will be used to schedule Flu and COVID-19 appointments. A Self-Registration Portal has been developed to allow greater access to vaccinations and will include the ability to book suitable appointments.
32. Vaccination events should continue to be recorded on the Vaccination Management Tool unless agreed by exception.

Workforce Education

33. NHS Education for Scotland (NES) and Public Health Scotland have worked closely with stakeholders this year to develop and make available a range of workforce education resources/opportunities. These are available on the NHS Education for Scotland TURAS Learn website <https://learn.nes.nhs.scot/14743/immunisation/seasonal-flu>.

Resources

34. NHS Boards are asked to ensure that immunisation teams are properly resourced to develop and deliver the extended programme.
35. Any additional costs related to adapting immunisation programmes to meet COVID-19 requirements (e.g. physical distancing, PPE) should be recorded in

NHS Boards' Local Mobilisation Plans, now called Covid-19 finance returns. This is in the form of a single row figure in the return.

36. A template was issued by Scottish Government Finance on 11 June 2021 to NHS Board Finance leads and returns should be fed back to your Finance Teams. Please ensure that costs are not double counted for services already delivered. NHS Boards are asked to ensure that immunisation teams are appraised of this information.

37. We would like to recognise and express our gratitude for your professionalism and continuing support in planning and delivering this important vaccination programme. Thank you for all your hard work in these most challenging of circumstances.

Yours sincerely,

Gregor Smith

Alex McMahon

Alison Strath

Gregor Smith
Chief Medical Officer

Alex McMahon
Interim Chief Nursing Officer

Alison Strath
Chief Pharmaceutical Officer

ORDERING INFORMATION

Flu vaccines for 2021/22

Vaccine ordering and delivery arrangements

1. Information on ordering and delivery arrangements for the flu vaccine will be provided within further correspondence. Details of the supply arrangements for community pharmacies supporting this year's immunisation programme has been shared directly via relevant NHS Boards.
2. Orders for the flu vaccine should be placed on the Movianto online ordering system - Marketplace: <https://marketplace.movianto.com/>. Log-in details used in previous seasons remain valid and should continue to be used.
3. If you have any issues with log-in arrangements or if you have new staff who require access to the system please contact Movianto Customer Services on 01234 587 112 for assistance.
4. NHS Boards and GP practices participating in the programme should plan appropriately and place the minimum number of orders needed, taking into consideration available fridge capacity. NHS Boards are charged for each delivery made to practices participating in the programme.
5. NHS Boards and GP practices participating in the programme must ensure adequate vaccine supplies before organising vaccination clinics.
6. When placing orders for the vaccines in Marketplace, practices should search for the type of vaccine required. For example, if vaccines are required for patients aged 18 to 64 these can be found in Marketplace by entering the search term "QIVc" or on the 'Orders' screen. If vaccines are required for patients aged 65 or over, these can be found by searching for "aQIV".
7. To make it simpler for front line staff in the coming season, all NHS Boards will be allocated the same type of vaccine for each cohort e.g. QIVc for most cohorts. Only aQIV should be ordered for individuals aged 65 years and over. Only QIVc should be used for 50-64 year olds, not otherwise eligible due to underlying health condition or employment. Those who are egg-allergic should be offered the QIVc vaccine as detailed above.
8. Vaccines are available in packs of 10. On the ordering platform, please read the vaccine information carefully and order the number of packs required rather than the total volume of individual vaccines – for example, if the vaccine is available in packs of 10 and the practice wants to request a delivery of 500 vaccines, an order should be placed for 50 packs of 10.
9. Patient information leaflets for vaccines are supplied in packs of 10 will be provided separately to the vaccines. These will be automatically added to orders by Movianto.

10. A small volume of QIVe (Sanofi) has been procured for children aged 6 months to under 2 years and a small amount of QIVr for order for at-risk adults including pregnant women aged less than 65 years of age. QIVe will be supplied via Vaccine Holding Centres and ordering arrangements for QIVr will be shared in due course.

Further information and support

11. As with last year, NHS National Procurement will act as a link between participating GP practices and Movianto to ensure any potential allocation or delivery issues can be minimised and swiftly resolved. Contact details for the Procurement Officer are as follows: nss.vaccineenquiries@nhs.scot.

For queries linked to ordering and deliveries, please contact the Movianto Customer Service Team on 01234 587 112. If any delivery service issues cannot be resolved satisfactorily through dialogue, the issue should be escalated to NHS National Procurement (contact details as above) in the first instance and thereafter the Immunisation Co-ordinator within the NHS Board. If you require contact details for your NHS Board Immunisation Coordinator please email: immunisationprogrammes@gov.scot.

National Delivery plan update received 14/10/2021

Who	What	When	How - Invite	Where
<ul style="list-style-type: none"> Children aged 6 months to 2 years with certain underlying health conditions* Children aged 2-5 and not in school yet Primary School Children (P1-7) Secondary School Children (S1-6) 	<ul style="list-style-type: none"> *Injectable Vaccine QIVe (egg based) Flu Vaccine (LAIV - nasal spray)* 'porcine gelatin' free alternative available 	<ul style="list-style-type: none"> From September onwards 	<ul style="list-style-type: none"> Via postal invite Via school invite – consent pack home in bag 	<ul style="list-style-type: none"> Health centre clinics Schools
<ul style="list-style-type: none"> All young people 12 -15 years 	<ul style="list-style-type: none"> 1st dose of Covid-19 vaccine 	<ul style="list-style-type: none"> Sept-October; Rolling offer until at least Spring 2022 for those turning this age 	<ul style="list-style-type: none"> Via postal invite Consent pack from school NHS Inform 	<ul style="list-style-type: none"> Local community clinics School Open access clinics
<ul style="list-style-type: none"> Young people 12-15 – with certain underlying health conditions 	<ul style="list-style-type: none"> Course of Covid-19 vaccine (2 doses min 8 wks apart) 	<ul style="list-style-type: none"> Sept-October; With rolling offer until at least Spring 2022 	<ul style="list-style-type: none"> Via postal invite Consent packs from school NHS Inform 	<ul style="list-style-type: none"> Local community clinics Schools Open access clinics
<ul style="list-style-type: none"> Severely Immunocompromised (aged 12+) 	<ul style="list-style-type: none"> 3rd dose of Covid-19 vaccine – 8 wks after 2nd dose Flu vaccine Co-admin where possible 	<ul style="list-style-type: none"> Now until end of October/early November 	<ul style="list-style-type: none"> Via postal invite or via GP contact or Specialist contact 	<ul style="list-style-type: none"> A local vaccination centre Or relevant clinical setting depending on condition
<ul style="list-style-type: none"> Adults in care homes for older adults Frontline Health and Social Care Workers (HSCWs) People who have the highest health risk (CEV) People who are 70 years and above 	<ul style="list-style-type: none"> flu vaccine Covid-19 vaccine booster (if >24 wks gap since 2nd primary) Co-admin if possible 	<ul style="list-style-type: none"> Now until late Oct/early November 	<ul style="list-style-type: none"> Care home organised Via postal invite Via GP contact For HSCWs via on-line booking system (or via phone line) 	<ul style="list-style-type: none"> Delivered in care homes Domiciliary visits for housebound Local community clinics GP practice Workplace clinic.
<ul style="list-style-type: none"> Adults age 60-69 years Adults 16+ with underlying health conditions (includes pregnant women with underlying conditions) 	<ul style="list-style-type: none"> flu vaccine Covid-19 vaccine booster (if >24 wks gap since 2nd primary) Co-admin if possible 	<ul style="list-style-type: none"> Appointments running from late Oct/ Nov 	<ul style="list-style-type: none"> Via postal invite 	<ul style="list-style-type: none"> Local community clinics Domiciliary visits for housebound
<ul style="list-style-type: none"> Adults 50-59 years Unpaid carers aged 16+ Adult (16+) household contacts of immunosuppressed people (Covid-19 only) 	<ul style="list-style-type: none"> flu vaccine (not household contacts) Covid-19 vaccine booster (if >24 wks gap since 2nd primary) Co-admin if possible 	<ul style="list-style-type: none"> Mid November and December 	<ul style="list-style-type: none"> Self-booking portal - opens from mid-November (people may get a letter after a few weeks if they have not self-booked) 	<ul style="list-style-type: none"> Local community clinics
<ul style="list-style-type: none"> Pregnant women** Non frontline NHS workers Frontline Education workers & pupil facing support staff Frontline prison officers & support staff 	<ul style="list-style-type: none"> Flu vaccine only ** if a pregnant women has not had her 1st and 2nd Covid-19 – this should be offered 	<ul style="list-style-type: none"> From September onwards Education and Prison frontline can use HSCW portal from late October 	<ul style="list-style-type: none"> Via midwifery care Self-Booking portal (or via national phone line) 	<ul style="list-style-type: none"> If pregnant, via your midwife. A local vaccination centre Workplace clinic/session

Meeting:	Public Health & Wellbeing Committee
Meeting date:	15 November 2021
Title:	Management of Vaccine Incidents
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Esther Curnock, Consultant in Public Health & Immunisation Coordinator

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Local policy
- 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

This report describes the processes in place for the assessment and management of vaccine related incidents in Fife. It is being shared with the Committee for assurance in the context of the Flu and COVID Autumn/Winter vaccination programmes and recent incidents associated with this programme.

The Committee are asked to note the report for **assurance**.

2.2 Background

The Autumn/Winter Flu and COVID vaccination programme has delivered just under 65,000 booster COVID doses, over 4000 primary third doses (for those immunosuppressed) and just under 77,000 flu doses (data correct 4/11/21) in Fife.

All incidents related to vaccination programmes are recorded through the Datix reporting system. An Incident Management Team (IMT) is convened where an incident requires assessment to investigate potential risks to those involved, in order to agree management actions in response to those risks and agree communications to the public and stakeholders.

For vaccine related incidents the IMT would be usually be chaired by the Immunisation Coordinator for NHS Fife (Public Health Consultant), and have additional membership from nursing, pharmacy, management, communications, Public Health Scotland, and where required the Chief Medical Officer's team in Scottish Government. Where it relates to the Flu and COVID vaccination programme, a Scottish Government delivery and policy team representative may also attend as an observer. The agenda, remit and membership of the IMT follows national guidance documentation '*Management of Public Health Incidents: Guidance on the roles and responsibilities of NHS led incident management teams*'¹ and '*Vaccine incident guidance: responding to vaccine errors*'².

The IMT will assess and manage the direct risks presenting from the vaccine incident. Where a more in-depth investigation of root causes and lessons learned is required to inform organisational learning and improvement, an adverse event review may be commissioned, as per the national *framework 'Learning from adverse events through reporting and review'*³.

Where the IMT makes an assessment of whether Duty of Candour legislation applies in relation to an incident, a recommendation will be made to the Medical Director of NHS Fife who makes the final decision on this aspect.

2.3 Assessment

Two vaccine related incidents linked to the Autumn/Winter Flu and COVID vaccination programme have been investigated through the formation of an IMT chaired by the Immunisation Coordinator (Public Health Consultant).

Incident 1

A number of individuals who attended vaccination clinics in Fife were identified as having received Oxford/AstraZeneca vaccine for their third or booster dose vaccination, whereas usual procedure is to offer Pfizer vaccination. The assessment of the IMT based on expert advice from the JCVI was that AstraZeneca was an acceptable alternative. As usual procedure had not been followed, a recommendation was made to write to the individuals involved apologising for the error and reassuring these patients that they vaccine they

¹ <https://publichealthscotland.scot/publications/management-of-public-health-incidents-guidance-on-the-roles-and-responsibilities-of-nhs-led-incident-management-teams/management-of-public-health-incidents-guidance-on-the-roles-and-responsibilities-of-nhs-led-incident-management-teams/>

² <https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors>

³

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/learning_from_adverse_events/national_framework.aspx

received provided protection, would not have resulted in increased risk of side effects, and that vaccination with a different vaccine was not required. The Medical Director approved this recommendation and letters were issued 02/11/21. A question and answer sheet was provided with the letter and dedicated phone line set up should they wish to discuss the matter. New measures were introduced to prevent such an error from reoccurring in future, and a Local Adverse Event Review was commissioned to further investigate root causes.

Incident 2

A review of data revealed that there were a number of cases where the type of flu vaccines was recorded as having been for the 65 and over and the under 65 populations were the opposite from the type recommended for that age cohort according to JCVI guidance. The IMT concluded that there was good evidence to support this as being a recording error on the national 'Vaccine Management Tool' (VMT) system rather than a delivery error. Actions at both a local and national level are being taken forward to reduce the risk of this recording error being repeated.

2.3.7 Route to the Meeting

This paper is presented directly to the Committee to provide assurance regarding the agree governance processes to support effective incident management.

2.4 Recommendation

Members of the Public Health and Committee are asked to note the report for **assurance**.

Report Contact

Dr Esther Curnock

Consultant in Public Health & Immunisation Coordinator, NHS Fife

esther.cunock@nhs.scot

Meeting:	Public Health & Wellbeing Committee
Meeting date:	15 November 2021
Title:	CAMHS Performance & Recruitment Update
Responsible Executive:	Nicky Connor, Director & Chief Office of Fife Health & Social Care Partnership
Report Author:	Rona Laskowski, Head of Complex and Critical Care Services

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an update on the Child & Adolescent Mental Health Service (CAMHS) progress against achieving the Scottish Government CAMHS 18 week Referral to Treatment Target (RTT), and implementation of the National CAMHS Service Specifications.

2.2 Background

The national Mental Health Quality Indicators require NHS Fife to ensure that 90% of young people who commence treatment by specialist CAMHS services do so within 18 weeks of referral.

The subsequent Scottish Government Mental Health Recovery and Renewal

Programme added to the original ambition, requiring services to develop an improvement plan which would ensure:

- Implementing the National CAMHS Service Specification
- Extending CAMHS up to the age of 25 years for targeted groups
- Clearing any backlogs on waiting lists by March 2023

Within the financial year 2021/22 Fife CAMHS have received two sources of revenue investment to support delivery of the above requirements:

- Fife HSCP in April 2021 of £550,627 (£400,456 recurring) to increase workforce
- £1,882,029 from tranche 1 of the MH Renewal and Recovery Fund.

This report provides an update on the current position of CAMHS in relation to the above.

2.3 Assessment

Recruitment:

Recruitment activity has been underway since April 2021 to increase clinical capacity within CAMHS to directly address the waiting list backlog, and meet ongoing new demand for service, allowing the service to evidence service delivery aligned to the RTT. To date, the service has appointed and secured 6 permanent appointments, with individuals incrementally taken up post from 23rd August 2021, with all due to be in post by 22nd November 2021.

Recruitment has proved challenging, impacted by the consequences of the pandemic, and the unintended competition from other NHS Boards, who have also received additional investment for the same purposes. The service has re-imagined a number of posts, and specific professional groups within CAMHS (clinical psychology) have been reallocated to address those children and young people experiencing longest waits.

In addition to the resource allocated for the RTT, further investment has been received for particular service areas within CAMHS. Additional recruitment is underway, in parallel to the above for the Specialist CAMHS Recovery & Renewal posts within Intensive Therapy Service and CAMHS Urgent Response Team.

Impact on RTT Trajectory & Waiting times:

Due to the difficulties with recruitment, reflected above, it became clear that the initial, projected achievement of RTT by June 2022 and eradication of Waiting List beyond 18 weeks was not achievable.

A revised projection has been developed in collaboration with the Public Health Scotland (PHS) embedded analyst with delivery now reported to be October 2022 for eradication of the waiting list and an RTT of 90% achieved and sustained by December 2022. (Table 1)

The Scottish Government target for the removal of all waiting lists over 18 weeks is March 2023.

Table 1: RTT & Waiting list Trajectory based on Planned Recruitment by November 2021

Quarter ending	Sep-20	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22
Projected Performance (RTT%)	70%	70%	70%	70%	77%	70%	75%	75%	85%	90%
Achieved RTT	70.4 %	85.8 %	73.0 %	79.5 %	82.1 %	-	-	-	-	-
Predicted: Waiting 36+ weeks (backlog)	76	104	134	164	144	112	62	32	2	-28
Achieved: Waiting 36+ weeks	76	112	63	38	73	-	-	-	-	-

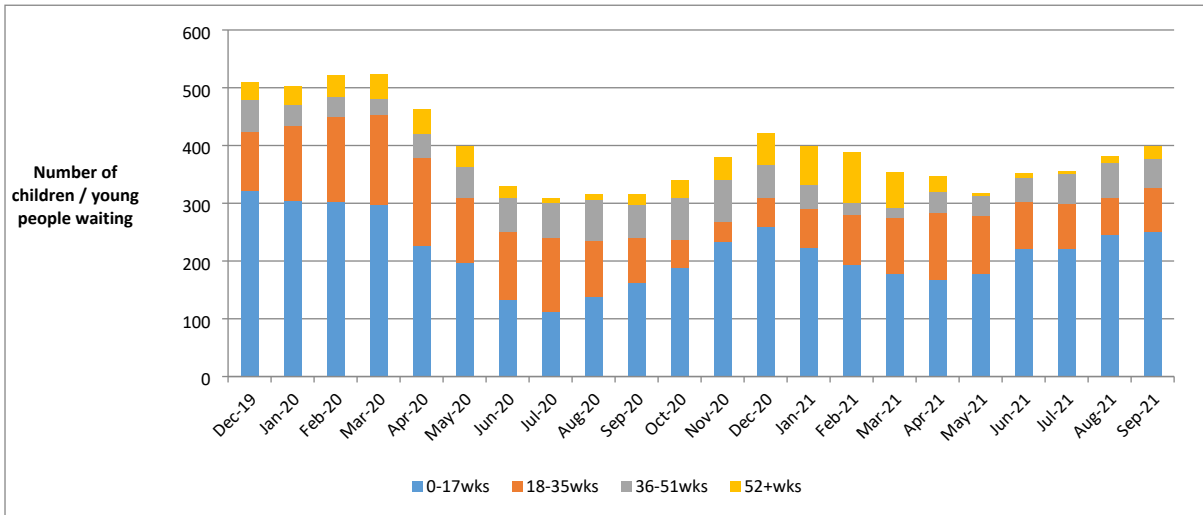
NOTE: between September and December 2022 work on the waiting list will be in the 18-35 time bracket to clear the list to no one waiting over 18 weeks

Despite the difficulties with recruitment some progress has been made beyond the predicted trajectory as shown in Table 2. This has been achieved through staff carrying clinical caseloads that are significantly over capacity.

September 2021: Average waiting time is 11 weeks

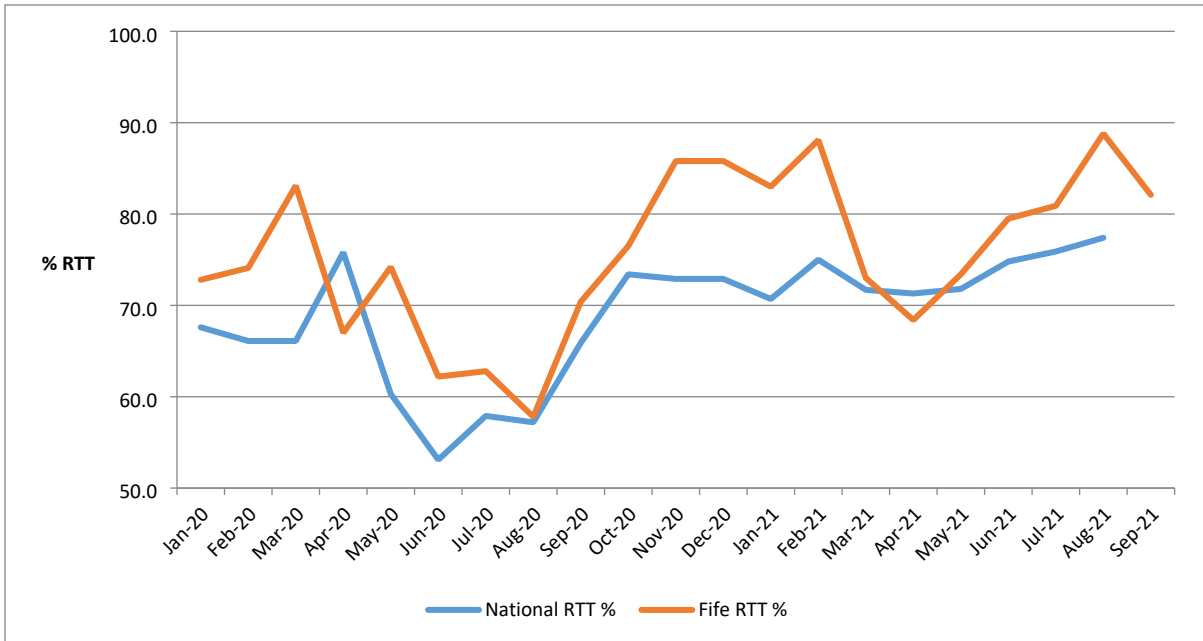
- Total of 399 children waiting:
- 250 waiting less than 18 weeks
- 149 waiting more than 18 weeks.
- 22 children waiting over 52 weeks, with 7 appointed

Table 2: Fife CAMHS Waiting Times



Fife CAMHS continues to perform above the National Average for the Referral to Treatment Target of 90% treatment started within 18 weeks of referral.

Table 3: National RTT Activity vs Fife RTT Activity: Jan 2020 – Sept 2021:



Fife CAMHS Improvement Plan:

The Fife CAMHS Improvement Plan was submitted to Scottish Government on 2 July 2021 detailing plans to deliver the Mental Health Recovery and Renewal Programme key objectives:

- Implementing the National CAMHS Service Specification
- Extending CAMHS up to the age of 25 years for targeted groups
- Clearing any backlogs on waiting lists by March 2023

The Scottish Government's Mental Health Directorate have assessed the plan and highlighted:

- That it is a good plan which addresses each of the priorities
- Support of NHS Fife's commitment to expand the CAMHS Clinical Lead role in line with the generic CAMHS Clinical Directors Job description.
- That achieving RTT, eradication of waiting list and implementing the National Specification are dependent on timely and successful recruitment

The Scottish Governments MH Directorate also acknowledged the early decisions and award of funds by the HSCP which allowed progress on the waiting list backlog and an early start on a recruitment drive.

Tranche 2 of the Mental Health Renewal and Recovery fund will be informed by a gap analysis of current service provision and identification of improvements necessary to be compliant with the national service specification. A report proposing the areas requiring further investment for the development areas noted below will be forthcoming in November 2021.

- Addressing the increased prevalence of severe eating disorders
- Supporting care experienced children and young people, specifically those in Kinship care.
- Care and treatment of children and young people with forensic/offending behaviours associated with mental ill health.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

There are no additional financial implications arising from this report .

2.3.4 Risk Assessment/Management

There is significant reputational risk if performance is not improved.

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

Future funding allocations through the Scottish Governments Recovery and Renewal fund may be at risk if the organisation fails to fully utilise the current award.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

- Health and Social Care Partnership SLT, 1st November 2021
- Considered by Executive Directors Group (EDG), 4th November 2021 and feedback received.

2.4 Recommendation

- **Assurance** –members of the Public Health and Wellbeing Committee are asked to note the report.

3 List of appendices – N/A

Report Contact

Rona Laskowski

Head of Complex and Critical Care Services

Email: Rona.Laskowski2@nhs.scot

Meeting:	Public Health & Wellbeing Committee
Meeting date:	15 November 2021
Title:	Psychological Therapies: Position at October 2021
Responsible Executive:	Nicky Connor, Director & Chief Officer of Fife Health & Social Care Partnership
Report Author:	Rona Laskowski, Head of Complex and Critical Care Services

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

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

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

NHS Fife is required to deliver the Scottish Government's 18-week Referral to Treatment Standard for Psychological Therapies (PTs) and to address the substantial waiting list by 31 March 2023.

This report provides information on:

- recruitment since allocation of the above funding
- the current position with respect to waiting times and the waiting list backlog
- the current position to meet the RTT in light of the Scottish Government's revised

timetable

- the additional resource for PTs anticipated to be awarded from the second tranche of the Mental Health Renewal and Recovery Fund.

2.2 Background

The Scottish Government's Referral to Treatment Standard for Psychological Therapies has 2 objectives:

- reduce waiting times for PTs and
- increase the numbers of children, young people, adults and older adults who have access to PTs.

In order to meet the referral to treatment (RTT) component of Standard, services have to both be able to meet current and continuing new demand and to have addressed the needs of people waiting longest, i.e. cleared their historic queue.

In March 2021 EDG supported a recommendation to increase the workforce to facilitate delivery of the above and funding of £570,000 was awarded to the service. Further funding of £340,553 was allocated from the initial 2021/22 allocations from the Mental Health Renewal and Recovery fund to support improvement in access to PTs. In October 2021, the second tranche of funding for PTs within this FY was announced providing an additional £263,805.

Within Fife, the Psychology Service is currently responsible for over 90% of PT delivery within adult services. A significant amount of service improvement work has been completed, increasing access to PTs without adding to waiting times and redesigning services to better meet the needs of people with complex mental health problems. Further improvement work, including training and supervision to develop additional capacity for PT delivery in the wider mental health workforce and partnership work with the 3rd sector, is ongoing.

All work has been completed with the assistance of a data analyst employed by Public Health Scotland.

2.3 Assessment

a) Recruitment against agreed HSCP funds

The totality of the funding awarded to date is targeted to inflating the staffing establishment by 15 posts to deliver increased capacity. Recruitment has been ongoing throughout the financial year, supported by HR. As at 21 October, recruitment has successfully concluded with 7 of the 15 posts, with the remainder in progress.

b) Current position with longest waits

During 2021, there has been a reduction in the number of people waiting 53+ weeks on the overall psychology waiting list (Figure 1a). However, the number of people waiting 104+ weeks (Figure 1b) shows fluctuation and little overall change. Other than when cases need to be prioritised for clinical reasons, people are seen in order.

The current longest waits for PTs (104+ weeks) are people who require highly specialist psychological therapy or interventions, i.e. they have complex difficulties and require individual therapy from a clinical/counselling psychologist over a period of several months.

It is in these specialities/tiers that the newly funded resources will be targeted with the goal of services being in balance and the backlog reducing in a sustainable fashion.

Figure 1a

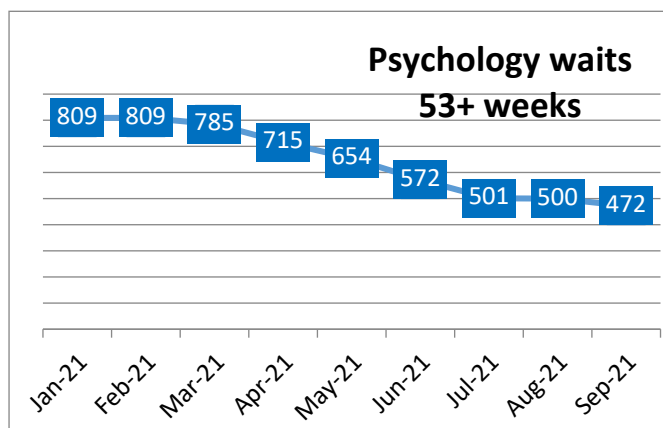


Figure 1b

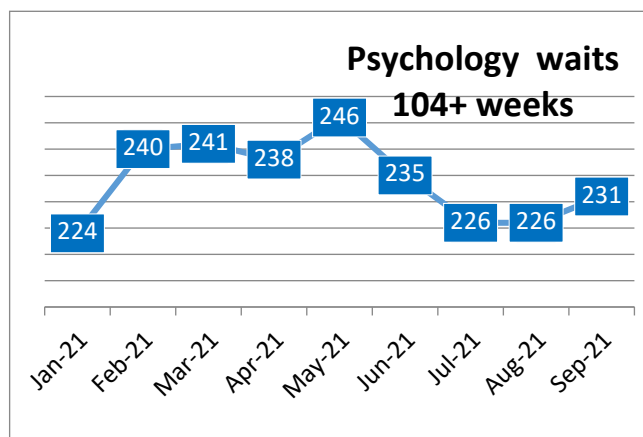


Figure 2 (below) shows that performance against the overall waiting list trajectory within the Psychology service is better than anticipated. This may be due to the increase in referrals associated with the impact of COVID currently being less than anticipated as well as on-going waiting list management work.

Figure 2. Waiting list trajectory for highly specialised psychological therapy



All of the individuals waiting longest have received an assessment and been given advice, self help information and/or sign-posted to other forms of support while they await therapy. A significant percentage of these individuals are known to wider mental health services and as such have access to other mental health supports.

Performance against the 18 week referral to treatment (RTT) target: NHS Fife's performance on the RTT component of the LDP standard for August 2021 was 87%, that is 87%, 565 patients, referred in August commenced psychological treatment within 18 weeks.

c) The Mental Health Renewal and Recovery Fund Investment in Psychological Therapies (PT)

The May 2021 allocation letter from the Scottish Government Deputy Director for Mental Health recognised that clearing backlogs on PT waiting lists may take up to two years and that further additional investment will be required.

Work around the national standards for PTs is being led by the Government's PT advisor, working with the Heads of Psychology Services Committee.

Capacity planning

Further capacity modelling work, utilising a newly developed model, was undertaken in June 2021. The outcomes from this work informed Fife HSCP's Local Improvement Plan for PTs and indicated a further 17.5wte posts are required. The requirement for these additional posts was reported to Scottish Government on 2 July 2021.

Feedback on Fife's Improvement Plan, received 6 August, concluded that the reliance on recruitment of psychologists was considered to be high risk given workforce availability issues. The Psychology service has already begun responding to these issues and is progressing

- delivery of training placements and supervision in partnership with NES
- recruitment of Clinical Associates in Applied Psychology
- development of Enhanced Psychological Practitioners
- additional training to staff within wider mental health services

Work is currently underway nationally, led by the Scottish Government's Psychology advisor, to produce a Psychological Services Specification. It is anticipated that, in addition to consideration of the improvement plan, assessment of services against this specification will inform allocation of additional funding from the Mental Health Recovery and Renewal plan (over and above the amount allocated in FY21/22).

2.3.1 Quality/ Customer Care

Reducing waiting times and increasing access will improve quality and experience of individuals accessing Psychological Therapy services.

2.3.2 Workforce

There is a potential for increased staff stress in the short term due to demands of working through backlog while at the same time working in new ways in redesigned services and training other staff in PTs. In order to mitigate against this, if recruitment remains challenging, it may be necessary to review the trajectory of removing the backlog, in order to maintain manageable case loads for staff.

There is acknowledgement from Scottish Government that the circumstances where all NHS Boards are recruiting at the same time, from the same potential workforce has brought challenges. Consideration is underway with NES to explore a national recruitment pathway to reduce unintended consequences of the targeted investment to inflate the workforce across all Boards at one time.

Longer term staff will benefit from working in services that are able to meet demand allowing them to focus more on early intervention and other aspects of service improvement in line with Government's transforming mental health agenda.

2.3.3 Financial

There are no additional financial implications arising from this report.

2.3.4 Risk/Legal/Management

Workforce availability and delays in recruitment are risks to delivery of the RTT trajectory and performance. Recruitment of staff able to support service redesign can offset this to a degree by freeing up capacity of current staff to address the needs of the longest waits. However, this will impact trajectory timelines.

Ongoing delay in maximising availability of PTs impacts the wider adult mental health services through increased demand and reduced efficiencies in the provision of multidisciplinary care.

2.3.5 Equality and Diversity, including Health Inequalities

Timely access to Psychological Therapies and delivery of the longer term ambition to increase the psychologically informed nature of integrated care throughout Fife will contribute to the mitigation of experienced health inequalities.

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

There has been regular consultation with colleagues in the Scottish Government's Mental Health Division Performance and Improvement Team.

2.3.8 Route to the Meeting

- HSCP SLT 1st November 2021
- Considered by Executive Directors Group 4th November 2021, and feedback received.

2.4 Recommendation

This report is for:

- **Assurance** members of the Public Health and Wellbeing Committee are asked to **note** the report.

3 List of Appendices –

N/A

Report Contact:

Rona Laskowski

Head of Complex and Critical Care Services

E-Mail Rona.Laskowski2@nhs.scot

PUBLIC HEALTH & WELLBEING COMMITTEE

DATES FOR FUTURE MEETINGS

Date	Time
Monday 13 December 2021	3 – 5pm
Monday 10 January 2022	2 – 4pm
Tuesday 8 February 2022	10 – 12pm
Tuesday 8 March 2022	10 – 12pm
Tuesday 12 April 2022	10 – 12pm
Thursday 5 May 2022	2 – 4pm
Tuesday 7 June 2022	2 – 4pm
Tuesday 5 July 2022	2 – 4pm
Tuesday 16 August 2022	2 – 4pm
Thursday 8 September 2022	2 – 4pm
Tuesday 4 October 2022	2 – 4pm
Tuesday 8 November 2022	2 – 4pm
Tuesday 6 December 2022	2 – 4pm
Wednesday 11 January 2023	9 – 11am
Thursday 9 February 2023	10 – 12pm
Wednesday 1 March 2023	10 – 12pm

Please note that all meetings take place via **MS Teams** / in the **Staff Club** (TBC)

A pre-meeting of Non-Executive Members is routinely held 30 minutes before the meeting

* * * * *

NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE – DRAFT ANNUAL WORKPLAN, 2021/2022

	Lead	October	November	December	January	February	March
General							
Minutes of Previous Meeting	Chair		✓	✓	✓	✓	✓
Action List	Chair			✓	✓	✓	✓
Escalation of Items to Board	Chair		✓	✓	✓	✓	✓
Strategy and Planning							
Population Health and Wellbeing Strategy	DoF&S		✓		✓		✓
Anchor Institution Programme Board	DoPH			✓	✓		✓
Remobilisation / Annual Operational Plan	DoF&S/ADPP			✓	✓		✓
Mental Health Strategy Implementation	DoHSC				✓		
Primary Care Transformation Implementation	DoHSC				✓		
Corporate Objectives	DoF&S						✓
Quality and Performance							
Integrated Performance and Quality Report	DoF&S/ADPP		✓ ?		✓		✓
Children In Fife	DoHSC						✓
Sexual Health and Blood Borne Virus Framework	DoHSC						
Healthy Weight	DoPH						
Smoking Cessation	DoHSC						
Joint Health Protection Plan (<i>due June 2022</i>)	DoPH						
Person Centred Care, Participation and Engagement							
Equalities Outcome Report	DoN				✓		
Participation and Engagement Report	DoN				✓		
Governance and Assurance							
<i>Board Assurance Framework – Public Health and Wellbeing</i>	DoPH	TBC					
Covid Testing Programme	DoPH		✓		✓		✓
Flu Vaccine / Covid Vaccine (FVCV) Programme	DoPH/DoHSC		✓		✓		✓
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary		✓				
Annual Committee Assurance Statement	Board Secretary						✓
Review of Annual Workplan	Board Secretary		✓				✓
Review of Terms of Reference	Board Secretary	✓					✓
Annual Reports							
Public Health Annual Report	DoPH				✓		
Health Improvement Annual Report	DoPH						
Integrated Screening Annual Report	DoPH		✓				
Immunisation Annual Report (also goes to CGC – <i>due July 2022</i>)	DoPH						
Fife Child Protection Annual Report	DoN				✓		

	Lead	October	November	December	January	February	March
Adult Support & Protection Annual Report (also goes to CGC)	DoN				✓		
Alcohol & Drugs Partnership Annual Report	DoPH						
Other/ Ad Hoc							
Minutes of Fife Partnership Board	DoPH						
Minutes of Population Health & Wellbeing Portfolio Board	DoF&S						
Minutes of Public Health Assurance Group	DoPH		✓		✓		✓

Meeting:	Public Health and Wellbeing Committee
Meeting date:	15 November 2021
Title:	Mental Health Strategy – Progress Update
Responsible Executive:	Nicky Connor, Director & Chief Officer of Fife Health and Social Care Partnership
Report Author:	Rona Laskowski, Head of Complex and Critical Care Services

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- NHS Board/Integration Joint Board Strategy or Direction
- National Health & Well-Being Outcomes

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Fife Mental Health Strategy was formally agreed in February 2020. In the intervening period, from the endorsement of the strategy to the current date, the global pandemic has had a significant and widely reported impact on the mental wellbeing of the population.

Fife Mental Health services have continued to progress the implementation of a wide range of service improvements and embed the building blocks for shifting the balance of care, delivering the ambitions of the 2020 MH Strategy. However, reflecting upon the increasing pressures being experienced by services, and the subsequent national response, as outlined in the report “Mental Health – Scotland’s Transition and Recovery” Scottish Government, October 2020, which has resulted in a programme of phased financial investment, with Associated criteria, Fife Mental Health Services are recommending that the extant strategy be refreshed to ensure the ambition remains contemporary, in line with

standards and new national requirements recognising the significant changes that have occurred over the past 18 months.

This report provides an overview of the progress achieved over the past 18 months, enclosed at Appendix 1; identifies the impact of the pandemic on mental health services; provides an overview of the changing national requirements; and makes recommendation on the areas of additionality for the strategy with an associated timeframe for the delivery of this review.

2.2 Background

Mental health is a population wide agenda and when not optimal, impacts upon every aspect of an individual's health and ability to live well and independently.

The ambition of the current Fife MH Strategy 2020 – 2024 is arranged over seven priority areas which reflect the themes of the national Mental Health Strategy for Scotland, 2017 – 2027 :

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

It is perhaps useful to note that beyond the original national mental health strategic framework, separate to the post pandemic recovery actions, there are a range of associated strategies, reports and targets which must also inform the local service offer and improvement plans.

These include:

- Scottish Strategy for Autism
- Learning Disability Strategy
- Scotland's Dementia Strategy 2017- 2020
- Children and Young People's Mental Health Task Force - 2019
- Suicide Prevention Action Plan 2018
- Road to Recovery; A new approach to tackling Scotland's Drug Problems, 2018
- Alcohol Framework 2018 : Preventing Harm
- Improving Access to Psychological Therapies
- The Promise: Scotland's Ambition for Children and Young People, 2020

The national report "Mental Health – Scotland's Transition and Recovery" is an ambitious and wide ranging report which will, for some years to come, drive direction across the strategic objectives listed below:

- Implement a programme of national support to Boards based on key themes emerging from the remobilisation plans
- Focus on supporting all NHS Boards to respond effectively to the anticipated increase in demand in the months ahead
- Set out care standards across mental health services which align with the needs and expectations of the people of Scotland
- Continue work to improve the quality and safety of services

- Modernise pathways into mental health services from primary and unscheduled care services;
- Continue critical work to address unacceptably long waiting times.

To date, new directions from Scottish Government with associated financial allocations have been received with specific criteria for improvements in the following services:

- Addressing waiting times for access to both CAMHS and Psychological Therapies
- Implementation of the national CAMHS Service Specification, and increase in the age range for CAMHS service up to age 25
- Implementation of the Neurodevelopmental pathway
- Eating Disorders services

The full year effect of financial allocations received to date within 2021/22 financial year is reflected in the table below:

Table 1

Service Area	Full Year Effect Revenue Award
CAMHS, waiting times, increase to age 25, implementation of national service specification	1,882,029
Psychological Therapies Waiting Times	340,553
Eating Disorders Service	303,168
CAMHS Forensic, LD and Secure Care	81,753
CAMHS Unscheduled Care Out of Hours	136,255
CAMHS – Intensive Home Treatment Team	204,383
CAMHS – Intensive Psychiatric Care Unit	224,821
Neurodevelopmental Pathway implementation	357,670
CAMHS Liaison service	204,383
	£3,735,015

Elements of the funding received require contributions to regional planning for certain service developments, for example: Specialist child and adolescent mental health services pathways: Learning Disability, Forensic and Secure Care.

In addition to the above, NHS Fife has embarked upon a capital programme to address and replace the MH estate. It is anticipated this will, in time, deliver fit for future premises for inpatient mental health care and treatment.

The capital programme is currently at the earliest of stages with the development of the Initial Agreement which is being taken forward jointly by NHS Estates, Capital Planning and Fife Mental Health management team. Clearly this will, through a planned approach to participation and engagement, involve the full range of stakeholders in due course. This programme is chaired by the Medical Director, NHS Fife.

2.3 Assessment

Progress achieved over the past 18 months with the delivery of the current Fife MH strategy.

Over the past 18 months, following the sign off of the Fife MH strategy 2020 – 2024 progress has been made against the seven strategic priorities. Examples of enhancement and/or new services include:

Early Intervention and Prevention.

Partnership with Scottish Autism One Stop Shop.

A MH Occupational Therapist has been recruited and based within Scottish Autism to provide immediate clinical assessment and support to adults with autism. This practitioner also provides advice, consultation and support to the non-clinical staff team. Where necessary, this also facilitates the pathway into the multi-disciplinary Community Mental Health Teams for individual service users.

Development of the Unscheduled Care Assessment Team.

There is a planned enhancement of the current service underway which will increase the staffing establishment and clinical decision making capacity through the availability of an additional 5.7 wte Advanced Nurse Practitioners. To date the service has recruited one ANP, with recruitment underway for the remaining 4.7 practitioners who will be employed under Annex 21 framework, facilitating training and progression to ANP status. This inflated capacity will provide access, 24/7 to an advanced MH practitioner across Fife.

Shifting the Balance of Care

The ambition which underpins the strategy is to shift the focus of mental health care and treatment away from inpatient care, to enhanced community based care, with clear points of access and pathways to ensure people experiencing mental health difficulty can access the treatment they require, close to home and in a timely manner.

Establishment of Older Adult Community Mental Health teams.

Services have been redesigned, moving from a day hospital model, with the resource transferred and re-shaped to provide six community MH teams for older adults (aged 65+).

Inpatient capacity has been reduced and the sustainability of this reduction has been supported by the development of a Discharge Co-ordinator to ensure timely, supported discharge, and ensure arrangements for ongoing community based care and treatment are in place.

Workforce

There are a range of initiatives which have, and continue to, increase the available workforce across a range of clinical disciplines and, in addition, through targeted investment in training, improve the range of skills across the workforce to improve and enhance the range of clinical interventions available to patients.

Examples of workforce development include Decider training and Structured Clinical Management.

Within the medical team we have recruited 3 further specialty grade doctors. These post holders are being supported through equivalency processes to progress to Consultant roles. This has brought a significant reduction in what had been a long standing dependency upon locum psychiatrists, and brings stability and associated improvements in patient care in CAMHS, Older Adults and General Adult MH services.

The Scottish Government has undertaken a benchmarking exercise of MH workforce across NHS Boards. Consideration of this will inform the workforce plan to support the implementation of the reviewed strategic ambitions.

Access to Treatment

A significant number of initiatives have been implemented to address access to treatment at all points of the service, again with within HSCP services and external, with 3rd Sector partners. Services are in place with, Fife Rape and Sexual Assault Counselling service (FRASAC), providing trauma informed psychological support to individuals.

SAM's Café has been funded and now provides immediate access for people experiencing mental health crisis, and suicide prevention across 5 areas in Fife.

Women's Justice service has been enhanced through the provision of MH nursing and psychology to provide mental health clinical input for women involved in the criminal justice service.

Participation and Engagement

With our partners in Fife Voluntary Action, investment has enabled the consolidation of the Peer Support Network Co-ordinator and plans are in development to create paid peer support workers roles throughout the service, facilitating recovery support from individuals with lived experience.

Technology enabled care

As a direct result of the pandemic, many services moved to digital platforms. The development of Access Therapies Fife, is an example where a range of self help programmes are offered to support self management of mental health concerns, including anxiety, depression and stress. This service also includes a support section for Primary Care, providing advice and guidance for patient care in relation to mental health.

A table, enclosed at appendix 1, provides a wider overview of the range of individual areas progressed to date.

Learning from the impact of the pandemic

As noted in the report “Mental Health – Scotland’s Transition and Recovery” there is an expectation that over time we will see a worsening incidence of mental health disorders. Rates of traumatic reactions, substance misuse, self-harm and suicide are expected to increase. This has been, and continues to be driven by a wide range of factors including the impact of increased social isolation, anxiety about the disease, COVID 19 itself, and the socio-economic impact of the pandemic. It is also reported that particular groups are expected to be more vulnerable, for example the working aged population, people who were subject to shielding, people on low income, older girls and people with pre-existing mental health conditions.

Local experience indicates that more people are presenting at a range of points across the service who are experiencing poor mental health for the first time. The significance of psychologically informed approaches came to the fore particularly psychological first aid, which informed, and continues to inform the MH response to the national pandemic, both for members of the public and the workforce.

The uptake of service initiatives, such as the Better than Well programme, which has been implemented Fife wide across the past 18 months, provides self referral access to psychologically focused self help coaching, has provided 1,650 sessions over the 5 month period from April until August 2021.

Other learning that we need to consider and build into our ongoing service offer includes an improved approach to multi-disciplinary hand over of patients out of hours across multiple sites to improve patient safety, and support of non MH practitioners in those settings.

We need to build on the experiences of using digital responses for direct patient care, engagement with carers and professional consultancy. The necessary move to digital platforms has improved efficiency through reduced travel times, and improved accessibility of practitioners, and has received positive patient feedback. However, it is not suitable for all, and for those where assessment indicates face to face sessions are necessary to develop and maintain a therapeutic relationship this is facilitated. We therefore need to ensure our service offer across all areas is delivered through a blended model, providing face to face support and/or digital access, whichever is most appropriate for the individual patient and supports the optimal impact of the therapeutic intervention.

This will have an impact on our service locations, with a need to provide appropriate settings offering both options. Consideration of this learning will directly inform service enhancement through application of technology enabled care.

Areas of service/ pressure that needs to be addressed in the reviewed strategy

Our primary area of focus needs to be a review of the routes of access, systems wide, for members of the public into mental health care. This includes self referral to crisis care, access to unscheduled care both in hours and out of hours and timely access to scheduled care. The development of a stepped care approach to service delivery, with significant development of our Primary Mental Health Care tier and appropriate complementary voluntary sector support and clear escalation pathways is paramount.

Working to embrace the opportunities of co-production, with a meaningful participation and engagement plan to ensure all planning, development and service improvement is taken forward with key stakeholders, including the public, patients, carers and 3rd sector colleagues will be a key element to assure us that our proposals and planned improvements are responsive to the lived experience and needs of our stakeholders.

We need to develop and implement a significant workforce training programme to embed psychologically informed care, and expand the availability of psychological therapies across the multi-disciplinary workforce, including 3rd sector.

In recognition of the increased acuity of patient presentations we need to invest in the skills development of the workforce to ensure confidence and competence in managing this.

Right's based care needs to be the underpinning principle of the entirety of our service offer, from the point of access through to more formal management of patients subject to the Mental Health (Care and Treatment) Act 2003.

The strategy and our over-arching strategic ambition must be considered from a focus on population well-being.

Re-assurance re the ongoing applicability and relevance of the current strategy

The areas of additionality referenced above remain true to the original seven strategic ambitions of the current Fife MH strategy but place greater emphasis on a number of these, particularly early intervention and prevention, access to treatment, and shifting the balance of care, underpinned by co-production.

Taking a population wide approach to mental health and wellbeing, which has been emphasized by COVID, and working to avoid unnecessary medicalisation will require services to approach their offer from a position of psychological understanding, which will ensure access to advice, support and treatment is relevant to far more people than formal MH services. The emphasis on community focused and 3rd sector supports maximizing early intervention as a key element of our service offer will be essential.

There is a need to be far more explicit in our evidence regarding the efficacy of interventions, demonstrating the impact of mental health services and the improvement experienced by patients, service users and carers.

Proposed time line for the development, consultation and delivery of a revised mental health strategy for Fife.

The timeline below acknowledges that the service continues to provide response to the ongoing pandemic, and the recognition that, in the current climate we continue to have to create different arrangements to engage with stakeholders well and meaningfully.

- October 2021 – January 2022 : undertake a review and revise key areas of the strategy with stakeholder representatives.
- Identify and include consideration and mitigation required for all associated strategic risks, including workforce.
- February 2022 : Undertake focus groups with key audiences; MH Focus Group, Carers, and colleagues to consolidate the proposed additionality.
- March 2022: Present the revised strategy to both the HSCP Clinical and Care Governance and NHS Fife Public Health and Wellbeing Committees.
- April – May 2022 : Develop a full implementation programme for the next 3 years with associated measures which will demonstrate, over time, the impact and improvements to patient care, with associated workforce and financial plans.
- June 2022 : Present the full 3 year implementation programme to Committee

2.3.1 Quality/ Patient Care

The proposed refresh of the existing strategy, with accompanying implementation plan will, through an approach of co-production, provide a platform which will be demonstrative of our commitment to improvements in both the quality of services and an improvement in customer care at all levels of services. The subsequent reporting against the implementation plan will provide evidence of the delivery of these planned improvements.

2.3.2 Workforce

As reported above, there is a need to develop and implement a significant workforce training programme to embed psychologically informed care, and expand the availability of psychological therapies across the multi-disciplinary workforce, including 3rd sector.

In recognition of the increased acuity of patient presentations we need to invest in the skills development of the workforce to ensure confidence and competence in managing this.

The ambition of the current strategy, with the changed emphasis as described in this report will require the development of an associated workforce plan, with analysis of capacity/ supply, consideration of skill mix and multidisciplinary contributions , which will support delivery of a range of improvements for the workforce, including :

- Deployment of capacity in the correct areas
- Investment in training to enhance the confidence and competence of the workforce
- Recognised contributions from the workforce across the entirety of services, i.e Third Sector, Primary Care, unscheduled care and formal MH services, with clear criteria and pathways for patients to ensure clarity for all
- Improved opportunities for professional development.

2.3.3 Financial

As reported in section 2.2 of this report, NHS Fife has received considerable new revenue streams from Scottish Government to support development of mental health services. It is anticipated that there are further allocations yet to be reported, including a revenue stream to support delivery of multi-disciplinary Primary Care MH and Wellbeing cluster teams.

In addition to this new investment, a continuation of the ambition to shift the balance of care will enable planned deployment of current resources to greater effect.

It is proposed we embrace a programme finance approach to mental health, which will enable us to report and direct the entirety of the resource available, including commissioning revenue streams, spend on social care for individuals with mental health support needs, as well as core MH budgets.

This report recommends that the financial programme is developed in parallel to the implementation plan of a refreshed strategy.

The capital investment associated with the planned development of the MH estate, whilst separate to the totality of the revenue streams, will be contained within the reporting of a financial programme in due course.

2.3.4 Risk Assessment/Management

The risk of not taking this opportunity to refresh the Mental Health strategy for Fife is that our current strategic ambition is not aligned to contemporary national requirements, and does not enhance or support services to develop at the pace required to meet the presenting need of the population.

2.3.5 Equality and Diversity, including health inequalities

It will be necessary to undertake an Equalities Impact Assessment as the first step of the review of the existing strategy, repeated with the refreshed position, to demonstrate that the planned implementation programme will contribute to the reduction of health inequalities and that all developments improve equality and diversity for the workforce and recipients of services.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

The range of issues reflected in this report have been considered and informed by a range of stakeholders, including 3rd Sector, Staff Partnership, NHS and Social Care and Patient involvement

- Mental Health Strategic Implementation Group, 19 October 2021

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.

- Clinical and Care Governance Committee, Health and Social Care Partnership 01 October 2021
- SLT, Health and Social Care Partnership 01 November 2021
- Executive Director's Group considered the paper on 4th November 2021, and feedback received.

2.4 Recommendation

- **Assurance** – members of the Public Health and Wellbeing Committee are asked to note the report and receive assurance that :
 - The service continues to deliver the main strategic ambitions
 - The service will refresh the Mental Health Strategy for Fife in line with learning post-pandemic and new national requirements.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Table of Progress Achieved to Date

Report Contact

Rona Laskowski

Head of Complex and Critical Care Services

Email Rona.Laskowski2@nhs.scot

Appendix No. 1: Table of Progress Achieved to Date

Actions Delivered and/or underway	Outcome/ Improvement
Prevention and Early Intervention	
CMHT – Same Day Duty Service	Same day access to MH practitioner for patients “open” to the service; triage of urgent referrals
CAMHS Primary Care MH service	Average of 94 young people referred and seen per month over 2020/21
Perinatal service commenced	Specialist mental health provision for women during pregnancy and for up to 1 year following birth; enhances child protection; promotes health start for children; strengthens family unit
Creation of maternity and neonatal psychological interventions service	Element of integrated perinatal service provision in line with best practice guidance. Service began February 2021. Early intervention & improved access to psychological therapies; increasing skills amongst wider workforce (training for all midwives in Fife underway).
Partnership with Autism One Stop Shop to provide early access to MH practitioner	MH OT located within One Stop Shop, Job description being developed
Partnership with St Andrews University : working group to increase efficiencies and partnership care between University MH services and NHS MH.	Developing procedures to support joint assessment process between University and North East Fife CMHT for NDD
Review of MH Liaison function to support acute hospitals	Ensures specialist advice, assessment and support for those with comorbidities; Supports continuity of care and early discharge/reduced lengths of stay; offers early access
Better than Well (3 rd sector) psychology focused self help coaching	1,650 individual self help sessions April – August 2021
Expansion of online psychological therapies (PT) offer and group programmes via Access Therapies Fife	New online modules for managing impact of COVID; anxiety; sleep problems; perinatal MH; obsessive-compulsive problems; phobias; plus 8 long terms physical health conditions. 1894 people given access to online PTs Jan-August 2021. Five new online group programmes /course added to support children and families.
Test of Change - partnership work with education and Our minds matter programme re schools counselling	Initiative to target young people disengaged from school - clinical psychologist employed to provide training & supervision to family workers & evaluate service impact.
Development of Unscheduled Care Assessment Team : expansion of service offer through the provision of Advanced Nurse Practitioners	1 st ANP appointed August 2021; trainee posts offer career development; improved access via A&E
Re-development and implementation of Mood Cafe website	Psychology service, in conjunction with lived experience groups, finalising major refresh of the widely used Moodcafe website (provision of MH advice and self help information); new section on accessing support in local communities.

Shifting the Balance of Care	
Reduction of inpatient beds from 30 – 22 patients/ward	Improved patient safety; infection control ; compliance with standards best practice standards (RCP; MWC; Dementia Practice)
Decommissioning of Levensdale (LD) ward and development of community supported accommodation service	Will facilitate discharge of 5 patients with LD to supported community settings
Rehabilitation Service reconfigured to provide equitable Fife wide service	Creation of a single model; standardised service across the HSCP; promotion of recovery focused philosophy
Estates project : review of inpatient requirements and potential development of new inpatient facilities.	Initial Agreement in development. Public consultation and options appraisal due to start November 2021.
Introduction of Discharge Co-ordinator post	Reduction of in-patient length of stay
Local Area Co-ordinator Community Connectors ; recruited to all 7 Fife Localities	Service starting October 2021 – intention to provide guidance and support to connect with community resources
SAM'S Cafe – across 5 sites in Fife including ED in Victoria Hospital	Crisis intervention and suicide prevention : 387 interventions in 6 months of 2021/22
Workforce	
Recruitment of 7 Consultant Psychiatrists - completed	Reduction on locum spend; retention of staff
Recruitment of 3 speciality grade doctors – completed.	Reduction on locum spend; retention of staff
Governance Structure re-organised	Renewed focus on quality and safety to sustain and promote high quality patient care
Clinical leadership expanded (medical and nursing)	Supports high quality patient care; empowers clinicians
Eating Disorders Team Lead role created for advanced intervention element of service	Vital management function to underpin service redesign and development; contribution to patient safety; additional clinical capacity
ADHD Nurse – pilot project, now being evaluated. Development of prescribing competencies with nursing workforce to enhance service.	Evaluation underway.
MH OT post created with Autism One Stop Shop	Job description in development, guided by NAIT and Autism Alliance
Structured Clinical Management Training - 35 nurses trained	This will contribute to the reduction in PT waiting times providing a phase 1 intervention for PD/CT as part of the pathway (MWC and RCPsych guidelines)
Upgrading of Healthcare support workers completed.	Retention of staff; development of staff competencies
Establishment of Staff support and wellbeing service for HSC staff – in place	Clinical psychologists recruited to provide 1:1 interventions with HSC staff; other psychology staff providing advice & sign-posting; training & support for HSC managers, reflective practice groups for clinical teams; supervision to support peer support offer. All accessible via Access Therapies Fife website.

Decider training	Develop staff skills and knowledge; improve clinical outcomes for people Development of trainer roles within the service
Access to Treatment	
Addictions Liaison Service	Provides specialist information, advice, care and treatment for individuals within the acute hospital; enhanced access to treatment; reduction in lengths of stay.
Creation of Older Adult Community MH Teams	Support people to stay at home longer; provision of specialists care and support
SAM's Cafe	Offers an alternative to statutory services; compliments statutory service provision
Review of Unscheduled Care Service underway	Improve access; create more clinical capacity to facilitate mental health assessments
FRASAC (Fife Rape and Sexual Assault Counselling) Trauma informed emotional support	171 supported in first 5 months of 2021/22
Adult CMHTs further developed to deliver physical health care hubs	Development of staff skills and knowledge; improved health outcomes for people
Children and Young Peoples' Neurodevelopmental pathway underway	Begins 1st week in October 2021
Eating Disorder Pathway for adults in development	Strengthen the clinical pathway; raise awareness; develop skills and competence of wider workforce
Personality Disorder/ Complex Trauma Pathway continues to be further developed	SCM Training delivered to nursing workforce September 2021; on-going expansion of psychology service therapy options
Personality Disorder Psychological Formulation with inpatients with complex presentations	Significant positive impact on patient outcomes and reduction in inpatient bed days required (full evaluation pending)
Redesign of LD Epilepsy service	Improved patient pathways; enhancing of specialist skills and competence of wider workforce; improved links with neurology service
Unscheduled Care Assessment Team – Psychological Interventions, access within 5 days from referral. Patients presenting in crisis	133 patients accessed service in past 12 months. Patient satisfaction survey indicating 100% satisfaction with improvement in their situation.
Establishment of service to meet mental health needs of patients hospitalised by COVID-19	Clinical Psychologist, Assistant Psychologist and nursing staff recruited; liaison psychiatry sessions in place.
Establishment of Major trauma service - to provide psychological interventions for patients who have experienced physical trauma; part of developments of Scottish trauma network	Sessions recruited to within clinical health psychology service and physical rehabilitation psychology service; service commenced May 2021; MDT liaison across Fife and nationally.
Reduction in waiting times for access to psychological therapies	Most recent figures (August) indicate continued downward trend in backlog. Reduction of 300 people waiting over 53 weeks for psychological therapy since January 2021.
Reduction in waiting times for access to CAMHS for children and young people	Improve outcomes; promote clinical safety; enhance wellbeing of children and their families

Women's MH Justice Team : MH Nursing and Psychology support, in partnership with the Criminal Justice Service	Recruitment of clinical psychologist underway; expansion of role previously held by Assistant Psychologist.
Technology Enabled Care	
Introduction of electronic patient record	Improves productivity; easier to share info; minimises clinical risk; enhances patient safety; reduces costs; complete legible records
Implementation of digital first approach - Across MH 65% of adult appointment and 50% older adults now digital. Digital offer will remain core to delivery of psychological therapies.	Improved patient access.
Workforce furnished with lap tops, smart phones etc.	clinicians supplied with laptops to support digital delivery of clinical services.
Participation and Engagement	
Extension of Peer Support Network Co-ordinator	Develop peer support model; provide support and governance of peer support model
Development of role for paid peer support workers	Improve wellbeing; enhance support
Rights, Information Use and Planning	
Contribution to National Benchmarking exercise	Sharing of best practice; comparison with similar organisations; improve efficiency and safety

Meeting:	Public Health & Wellbeing Committee
Meeting date:	15 November 2021
Title:	East of Scotland Regional Health Protection
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Jan McClean, Director of Regional Planning Peter Donnelly, Professor of Public Health St Andrews University

1 Purpose

The purpose of this report is to recommend that the Committee supports the strategic direction proposed for Health Protection services in the East Region.

Any member wishing additional information should contact the Executive Lead in advance of the meeting.

This is presented to the Committee for:

- Assurance
- Discussion

This report relates to a:

- Emerging issue
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective

2 Report summary

2.1 Situation

It is recommended that NHS Lothian, Fife, Forth Valley and Borders work towards implementation of a regional model for Health Protection services which will deliver a resilient, sustainable regional service which maximises the skills of the workforce, reduces duplication and makes provision for surge capacity and mutual aid should it be required.

2.2 Background

In December 2020, the Chief Executives and Directors of Public Health from NHS Borders, Fife, Forth Valley and Lothian agreed to explore the potential opportunities afforded through regional collaboration in Health Protection services with the aim of delivering improved service resilience, sustainability, minimise duplication and ensure a service fit for the future. This decision was influenced by the inevitable impact of the Covid 19 Pandemic on Health Protection services but also separately occurring workforce challenges within some of the Boards.

2.3 Assessment

Led by Professor Peter Donnelly, Professor of Public Health Medicine, University of St Andrews and Jan McClean, Director of Regional Planning, a formal project and associated governance arrangements were put in place in January 2021 to explore options for regional working with the benefit of Partnership involvement at every stage. An Oversight Board was established to provide senior level governance for the project with representation from Chief Executives and Directors of Public Health from the 4 participating Boards together with Partnership representation. A Clinical Reference Group was established with representation from both Nursing and Consultant teams in each Board and Partnership representation. The Clinical Reference Group provided essential specialist Health Protection knowledge and clinical engagement necessary to consider and develop potential options for regional collaboration, with a recognised formal Options Appraisal process adopted. Engagement with clinical teams from across the 4 Boards was enthusiastic and constructive throughout the process despite the challenging pandemic operating context. Issues raised by the Health Protection teams as particular challenges included:

- On-call rotas
- Staff retention
- Training and education of Health Protection Nurses
- Role development for nurses
- Service resilience and workforce planning

Health Protection Teams recognised and supported the need for change and the opportunities presented through the Project.

The preferred option describes a model where small local, largely nurse led Board teams provide routine Health Protection services, with regional resources identified and deployed for strategic work, specialty areas and mutual aid/surge capacity.

A series of meetings with individual Board Executive Teams took place over the early summer, with all confirming support to move to implementation of a regional model. An additional request was made to bring forward proposals on options for out of hours work, an area where there are challenges with resilience and sustainability.

Health Protection is currently provided in each Board as part of the wider Public Health function. While there are differences between the 4 Boards in relation to the scope, scale and delivery models, there are many aspects which are the same or similar e.g. development and use of Standard Operating Procedures; strategic plans; specialist work on specific diseases.

All Boards have a mixed workforce with Specialist Nurses, Consultant grades and in some Boards, Nurse Consultants, with some variation in the deployment and roles and responsibilities of staff. The Covid 19 pandemic has seen Health Protection teams augmented with additional staff at various grades to support the significant increase in workload. All Boards currently operate an out of hours on-call rota, an aspect of the service which has been identified as fragile and challenging to operate.

The vision for Health Protection services in the East Region is a resilient, sustainable function which is fit for the 21st Century and maximises the skills of the workforce.

The regional working arrangements will:

- focus on specialist areas of work e.g. Tuberculosis, which can be shared across 4 Boards supporting development of specialist interest and expertise and avoid duplication of effort
- coordinate plans for responses in specialist areas such as ports, airports, nuclear related issues
- agree and maintain regional Standard Operating Procedures ensuring consistency of approach and reducing unnecessary duplication thereby freeing up time for other activities
- offer immediate mutual aid or surge capacity to be directed to areas of need when required, providing service and workforce resilience
- provide opportunities for shared training and education across the Region, offering wider opportunities and economies of scale and making the East Region an attractive service to work/remain
- provide opportunities for Specialist Nurses and Nurse Consultants to lead on aspects of regional work, maximising their skills and knowledge and providing an opportunity for career progression
- support the sharing of good practice and collaborative working, providing opportunities for organisational development and shared values.

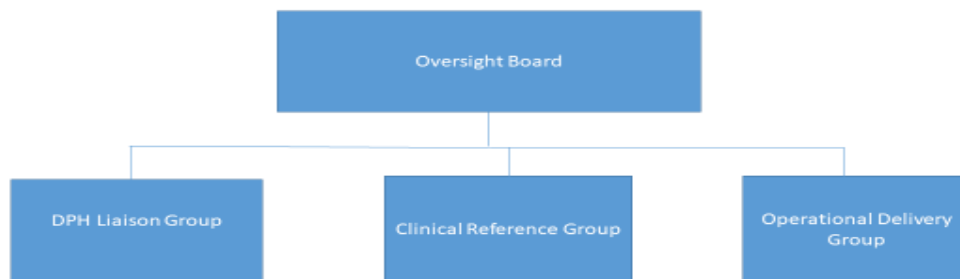
The local elements will:

- provide routine Health Protection services such as nurse led day to day handling of routine issues using agreed Standing Operating Procedures
- maintain important local knowledge and interface with key stakeholders e.g. Environmental Health

Out of hours arrangements have been identified as a particular challenge for all Boards and further work will focus on assessing potential solutions which will be brought forward for consideration by the end of 2021.

The Project structure has now been revised to take account of project implementation with the establishment of key groups to support delivery.

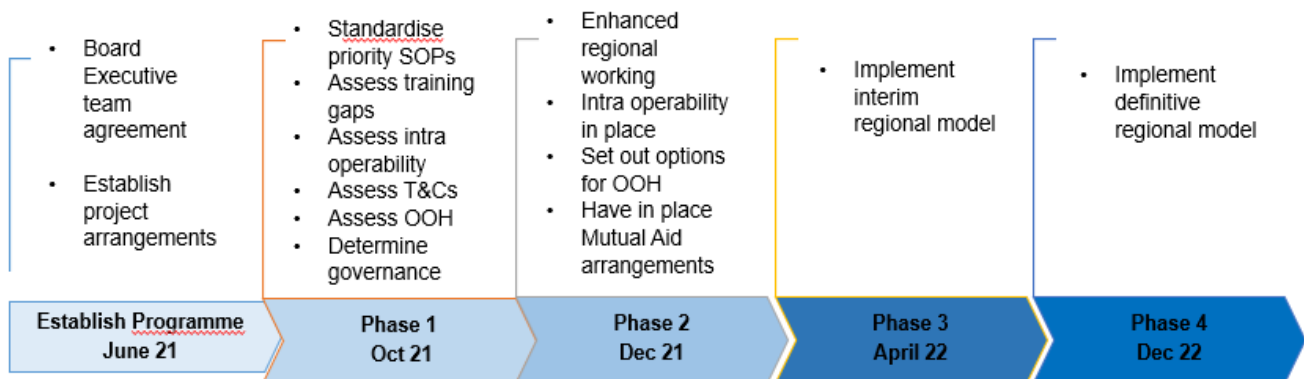
Regional Health Protection – Programme Arrangements



The Oversight Board includes representation from Board Chief Executives, Directors of Public Health, HRD Lead for the project, Partnership representation and the Project Team. Directors of Finance and eHealth and others will be invited to attend as required.

The following timeline has been agreed with the Oversight Board:

Project Timeline



The following progress has been made:

- Health Protection systems have been mapped with more detailed assessment of interoperability planned with eHealth support
- Financial baseline information has been collated with Directors of Finance preparing financial principles to support the project
- Regional Standard Operating Procedures (SOPS) are being developed where no national SOPS are available
- Nurse grades and roles are being profiled to identify and understand variation
- An audit of out of hours activity will support understanding of the scale and nature of out of hours work

Stakeholder engagement is ongoing with interested groups such as Public Health Scotland, Scottish Public Health Network and Scottish Directors of Public Health Group.

2.3.1 Quality/ Patient Care

The development of a regional delivery model in the East of Scotland will improve resilience and reduce unnecessary variation across the region.

2.3.2 Workforce

Consultant and nurse representatives from each Board are part of the clinical reference group supporting this programme.

2.3.3 Financial

The resource implications relate to project management support and Professional Advisor input to the project. NHS Forth Valley currently provide the Project Management Support and Professional Advisor fees are met by NHS Lothian.

2.3.4 Risk Assessment/Management

A Project Risk Register is maintained with key risks including:

- Ability to implement a regional model within the current operating context across Health Protection services and the wider system
- Securing an agreed model for out of hours work recognising the challenges of current arrangements for remuneration
- Securing IT interoperability between Board

Risk Register

This proposal is in response to existing risks relating to the sustainability of health protection teams in local areas. As the operating model is defined, ongoing risks will be identified. The biggest risk to this service being delivered is achieving agreement across the 4 health boards on a delivery model and resource allocation that meets local needs alongside undertaking a process of organisational change with the local teams.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been undertaken. This will be undertaken by each Board when a delivery model has been defined.

2.3.6 Other impact

The project is engaging with wider stakeholders such as Public Health Scotland as it progresses.

2.3.7 Communication, involvement, engagement and consultation

Duty to Inform, Engage and Consult People who use our Services

Local health protection teams and some key partners have been involved throughout this process. Following the further definition of service models, further engagement will take place with those partners who are linked to the delivery of health protection functions locally, regionally and nationally.

2.3.8 Route to the Meeting

This paper has been prepared by the East Region Health Protection Oversight Board. The paper has been considered and supported by NHS Lothian and NHS Borders. Within NHS Fife it has been shared electronically with the group listed below:

- Executive Director Group, 4 November 2021

2.4 Recommendation

Committee members are asked to discuss the paper and support progression to NHS Fife Board for decision.

3. List of appendices

No appendices attached.

Report Contact

Dr Joy Tomlinson

Director of Public Health

Email joy.tomlinson@nhs.scot

Meeting:	Public Health and Wellbeing Committee
Meeting date:	15 November 2021
Title:	NHS Fife Population Health and Wellbeing Strategy Development
Responsible Executive:	Margo McGurk, Director of Finance Dr Joy Tomlinson, Director of Public Health
Report Author:	Susan Fraser, Associate Director of Planning and Performance Catherine Jeffery Chudleigh, Consultant in Public Health

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to:

- NHS Fife Population Health and Wellbeing Strategy

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This is a progress paper regarding the ongoing work to support the development of the Population Health and Wellbeing Strategy. This paper will cover the key current aspects of the strategy: the Fife Health and Wellbeing Review, the development of the Public and Staff survey and the review of the extant Clinical Strategy.

2.2 Background

The NHS Fife is a complex organisation operating in a complex environment with many programme and project-related activities. Population Health and Wellbeing Portfolio Board is being established to deliver the strategic co-ordination of the emerging strategy. It will also enable senior leadership to successfully deliver the entire range of programmes, projects and other related activities across Fife on an ongoing basis.

A portfolio approach will facilitate an efficient, centralised management of the organisation's resources and investment whilst ensuring consistent Fife-wide governance and control standards.

The Public Health department have contributed to the Health and Wellbeing Strategy from the early stages. Significant work undertaken and ongoing includes:

Fife Health and Wellbeing Review (2021) - This describes the distribution of health and mental health conditions in our community; the health risk factors affecting the population in Fife; the upstream social determinants of health; and the significant inequalities affecting our population.

Briefing document on the role of the NHS in prevention – This highlighted recent thinking on what the NHS can do to transform the health and wellbeing of the population it serves, beyond its traditional sphere of influence.

Developing recommendations - We are currently engaging with a targeted group of multi-professional stakeholders to identify detailed actions required to work towards our Public Health Priorities.

2.3 Assessment

This progress report will cover the 3 key areas of activities:

1. Public Health and Wellbeing Assessment progress
2. Public and Staff Survey progress
3. Review of Clinical Strategy

The PHW Strategy will be presented through the NHS Fife's 4 strategic objectives: improving Health and Wellbeing, improving quality of clinical services, improving staff experience and wellbeing and improving value and sustainability. The objectives and work of the national Care Programmes (Integrated Unscheduled Care, Integrated Planned Care,

Place and Wellbeing and Preventative and Proactive Care) will be aligned to NHS Fife's strategic objectives.

1. Public Health and Wellbeing Review Progress

A more detailed report has been produced as the Public Health Needs Assessment and Review and will be summarised in this report.

The most influential factors affecting our health and wellbeing are the conditions in which we live and work (social determinants of health), which directly contribute to risk factors for poor health and wellbeing. Tackling these risk factors for poor health, and the social determinants of health influencing them will therefore be critical in our strategy.

Our public health priorities for Fife are:

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

Responding to the pandemic, recovering services and mitigating wider harms associated with extended lockdown now also represent a 7th public health priority for Fife. The Fife Health and Wellbeing review provides evidence supporting these priorities for Fife, and these should be central to our health and wellbeing strategy.

There are stark differences in health and wellbeing outcomes depending on the level of deprivation people live with. This reflects the social patterning of the social determinants and risk factors for poor health. To address inequalities and secure the greatest health gains, particular focus in our strategy needs to be given to communities and groups at greatest risk of poor health and wellbeing and how we can prevent, mitigate and undo inequalities experienced by them.

Due to the wide-ranging and inter-connected influence of social determinants and health behaviours on our health and wellbeing, approaches needed to address these priorities will be complex and involve whole 'systems' of actors, including communities and patients, collaborating together to achieve change over a long timeframe. The

dependencies with other strategies, for example Plan 4 Fife should be referenced in our strategy.

The key areas where we have identified the NHS can influence change in our population Health and Wellbeing, and we would recommend are considered as part of the development of the strategy is:

- As a system leader, partner and advocate – leading and collaborating on health priorities and advocating for action on the social determinants of health.
- As a health promoting provider of health, care and research – integrating addressing risk factors for health and reducing inequalities into the care we routinely provide.
- As a 'healthy role model' – transforming staff health and wellbeing and our facilities to a model healthy environment.
- As an anchor institution – contributing to our local community beyond healthcare through our size and scale.

2. *Public and Staff Survey*

NHS Fife is committed to engage with as many citizens living in Fife as we can to help direct and shape our strategic planning.

The survey is at the sign-off stage and it is planned to publish the survey during the week beginning 15 November 2021. Citizens will be asked to explore about 3 key strands the survey which are: what matters to the people in Fife in terms of their own health and their experience of accessing health care.

The survey will start the "conversation" with our internal and external stakeholders and is supported by a Communications Plan. The Plan will cover the online survey, reaching out to heard to reach groups through the use of the Participation and Engagement Network and alternative methods of collections including paper copies.

An external company has been commissioned to deliver this work for NHS Fife including analysis from the results that will inform the Strategy.

3. *Review of current Clinical Strategy*

Work has begun through the clinical management networks to engage our clinical and operational staff in the review of the existing Clinical Strategy with this work being led by the Medical Director. A review of the recommendations of the 7 workstreams will be undertaken and clinical groups will be asked to identify those recommendations that have

been completed, those which are no longer relevant (taking into consideration of impact of COVID-19) and identification of new recommendations.

4. Next Steps

The Public Health and Wellbeing assessments described above will inform the strategy. The assessments are focused on the prevention and early detection of disease and the role of the NHS in prevention.

The Public Survey will be underway in November with provisional analysis available early in the New Year. The Staff Survey will be published shortly after the public survey.

The review of the Clinical Strategy is planned to be completed early in the New Year.

2.3.1 Quality/ Patient Care

The Population Health and Wellbeing Strategy has the aim of continuing to deliver high quality care to patients.

2.3.2 Workforce

Workforce planning is integral to the development of the Population Health and Wellbeing Strategy.

2.3.3 Financial

Financial planning is integral to the development of the Population Health and Wellbeing Strategy.

2.3.4 Risk Assessment/Management

Risk assessment is part of the development of the Population Health and Wellbeing Strategy.

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is integral to the development of the Population Health and Wellbeing Strategy. Stage 1 of EQIA has been completed.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

There has been appropriate communication, involvement and engagement within the organisation in the development of the Population Health and Wellbeing Strategy.

2.3.8 Route to the Meeting

Previous updates have been shared with EDG, Board committees and the Board Development Session on 2 November 2021.

2.4 Recommendation

The Committee is asked to:

- **Note and discuss** the progress made of the development of the Population Health and Wellbeing Strategy.

3 List of appendices

N/a

Report Contact

Susan Fraser
Associate Director of Planning and Performance
Email susan.fraser3@nhs.scot

Meeting:	Public Health & Wellbeing Committee
Meeting date:	15 November 2021
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Performance
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to the:

- Performance Management
- RMP3

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Population, Health & Wellbeing Committee is a new body set up to monitor progress in this area of the NHS Fife services. This report informs the 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 (with certain exceptions due to a lag in data availability) up to the end of August 2021.

Activity performance in FY 2021/22 is being assessed against RMP3 (the 1-year re-mobilisation plan for this year). This focuses on the actual number of diagnostics and new outpatient appointments completed, and the number of patients treated under the patient Treatment Time Guarantee (TTG), against forecasts provided in RMP3. A summary of

monthly activity covering more areas than required by the SG is provided in the table on Page 4 of the report.

Health Boards have been asked to resubmit forecasts for the second half of the FY (via RMP4), and these will be incorporated in the November IPQR.

We continue to report on the suite of National Standards and Local Targets.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board. It is produced monthly and made available to Board Members via Admin Control.

The report is presented at the bi-monthly meetings of the Clinical Governance, Staff Governance and Finance, Performance & Resources Committees, and an 'Executive Summary' IPQR (ESIPQR) is then produced as a formal NHS Fife Board paper.

Consideration is being made to additionally presenting the IPQR at meetings of the new PH&W Committee, with the frequency and focus of the report to be agreed at early sessions. As part of these discussions, it may be decided that existing population-related measures or new measures or both will be highlighted for further analysis.

2.3 Assessment

The October report comprises a full update to the performance data, Exec Summary and drill-down Improvement actions, along with a summary of remobilisation activity. Suggested measures for scrutiny of PH&W Committee are:

- Antenatal Access
- Smoking Cessation
- Alcohol Brief Interventions
- Drugs & Alcohol Waiting Times
- Dementia
- Detect Cancer Early

Within Acute Services, performance against the National Standards for New Outpatients and Diagnostics Waiting Times fell slightly in August, but there was a marginal improvement in TTG.

Looking at the first 5 months of the FY, activity has been higher than forecast for Diagnostics and TTG, and in line with forecast for Outpatients. Waiting Lists have been generally stable for Diagnostics and TTG, but continues to rise for Outpatients.

In Cancer Services, performance remained excellent against the 31-Day DTT Standard, with no breaches in August (the third month this has been achieved out of the last 6). The

62-Day RTT performance fell slightly in August in comparison to the 2-year high achieved in July. Looking at Activity, the number of patients starting treatment remained significantly below forecast (524 against a prediction of 705 for the first 5 months of the FY).

Within Mental Health, the % of clients starting treatment within 18 weeks of referral, both in CAMHS and for Psychological Therapies, continued to improve in August, and were both within the 'amber' zone, being within 5% of the LDP Standard. The size of the CAMHS waiting list has increased by around 20% over the last 3 months but has remained stable for Psychological Therapies. Activity has been higher than forecast in both areas.

2.3.1 Quality/ Patient Care

Not applicable.

2.3.2 Workforce

Not applicable.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

Not applicable.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

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 Standing Committees next meet in January 2022, so this report would normally only be uploaded to Admin Control, for the consideration of Board Members at their Private Session on 30th November. This month, however, it is also being presented at the PH&W Committee.

2.3.8 Route to the Meeting

The Standing Committees are scheduled to meet in late October and November, and the IPQR will be formally presented and discussed. The report will also be uploaded to Admin

Control, for the courtesy of Board Members, and will also subsequently be presented and discussed at the PH&W Committee Meeting.

2.4 Recommendation

The PH&W Committee is request to:

- **Discussion** – Examine and consider the NHS Fife performance as summarised in the IPQR, with respect to its frequency of presentation and enhancement of its content to suit the goals of the committee

3 List of appendices

None

Report Contact

Bryan Archibald

Planning and Performance Manager

Email bryan.archibald@nhs.scot

**NOTES OF THE PUBLIC HEALTH ASSURANCE COMMITTEE MEETING HELD ON
WEDNESDAY, 20 OCTOBER 2021 AT 1030AM VIA MICROSOFT TEAMS**

Present:	Joy Tomlinson (JT) Olukemi Adeyemi (OA) George Brown (GB) Hazel Close (HC) Sharon Crabb (SC) Esther Curnock (EC) Duncan Fortescue-Webb (DFW) Sarah Nealon (SN) Emma O'Keefe (EO'K)	Director of Public Health (Chair) Consultant in Public Health Emergency Planning Officer Lead Pharmacist Public Health Interim Service Manager (for JON) Deputy Director of Public Health Consultant in Public Health Medicine Project Support Officer Consultant in Dental Public Health
Apologies:	Fiona Bellamy (FB) Lynn Burnett (LB) Cathy Cooke (CC) Julie O'Neill (JON)	Senior Health Protection Nurse Specialist Health Protection Nurse Consultant Public Health Scientist Service Manager
In Attendance:	Shona Lumsden	PA to Director of Public Health

ACTION

1. WELCOME AND APOLOGIES

JT welcomed everyone to the meeting. Apologies were noted as above.

2. MINUTE OF THE MEETING HELD ON 10 AUGUST 2021

Minutes of previous meeting tabled for approval. Please send any comments/amendments to SN by Friday, 25 October.

ALL

3. MATTERS ARISING

See separate Action log.

4. TESTING REPORT TO CLINICAL GOVERNANCE COMMITTEE (CGC)

JT explained we have received a request from the Clinical Governance Committee to provide an update at their next meeting; following discussion, agreed that this paper will cover Testing and Test & Protect. It was noted there may be a further request for the papers to be submitted to the newly formed Public Health & Wellbeing Committee.

DFW

ACTION

DFW reported that we are in a good position with testing, particularly community testing and that we have essentially reached our intended delivery of services.

Case rates are generally increasing across Scotland with Fife being no exception. Demand for testing in Fife appears to be declining slowly which creates its own risk and could potentially see undertesting if this continues. Ensuring we are testing in the right area is often difficult therefore a review is being done weekly to take our best inference and to relocate mobile vans relatively quickly.

The Communications and Engagement subgroup are working to engage with communities to increase the likelihood of testing.

An additional challenge that faces us is the potential for severe/bad weather this winter which could affect mobile testing sites. Mobile sites run the risk of having to be closed therefore limiting access for members of the public and staff.

Another risk is there is uncertainty around how long the funding will continue for Test and Protect. Many staff contracts are due to finish at the end of March 2022. It is hoped we get some clarity around this in a week or two.

As we go further into winter we can expect to see an increase of cases based on last winter's experience. Some events such as COP26 may see an increase in transmission. This will likely add pressure on the contact tracing system.

It was agreed to produce a report for Clinical Governance Committee and Public Health & Wellbeing Committee with the theme being 'preparing for winter'.

DFW

SL to forward dates of future committee Clinical Governance Committee meetings.

SL

5. UPDATE NO CERVIX EXCLUSION INCIDENT (verbal update)

OA provided an update on the Cervical Screening incident discussed at the last meeting. The multidisciplinary team continue to collate figures. Every patient that is still alive and identified as having been incorrectly excluded or not enough information available have been contacted and invited for colposcopy assessment. It was noted that some have not attended. Overall since March, in Fife we have investigated 191 cases. Out of the 191 patients, 44 are deceased however these cases will still be reviewed. Conclusion for this element of the investigation – there is no further action required for 149 cases. Another 40 out of the 191 were either individuals from the records that were incorrectly excluded and still within the cervical screening age and were put back into the screening programme or if they were over the age range, were referred for colposcopy screening.

For those referred for colposcopy screening, 6 clinics have been run since July. The final picture from these clinics is pending at this point.

JT explained it had been the intention to have a written report at today's meeting ready for submission to CGC but because of the

ongoing national elements of this investigation it was agreed to defer this until the outcomes of the local investigations and national investigations are complete. The local team are waiting additional national data before we conclude the report. It is likely this will be with us in November, so report will be tabled in December at the earliest.

6. TERMS OF REFERENCE

A draft copy of the PHAC ToR was tabled for information and comment.

Once the NHS Board has finalized the Public Health & Wellbeing Assurance group terms of reference in November we can look in detail at the link between PHAC, CGC and the Public Health & Wellbeing committee. It was suggested that we encompass successes as well as the risks into the ToR for this committee. Sharing of good practice evidence base is always a good thing to articulate and showcase

EC suggested removed Item 3.2 and to look at more generic functions rather than a Covid statement.

LB suggested a change of wording for Item 3.5 to make it more meaningful to this group.

LB suggested removing the element around professional registration.

JT requested that final comments be passed to her by Friday, 22 October. A final draft will be prepared taking into consideration the Terms of Reference of the new Public Health & Wellbeing Assurance group.

RISK MANAGEMENT

7. IDENTIFIED NEAR MISSES, CRITICAL INCIDENTS & LEARNING

7.1 Testing Samples Collected by Member of the Public

DFW reported on the outcome from the recent incident and advised that a system has been put in place to verify the person collecting samples. It is clear that the responsibility lies with the site test lead. This has been integrated into the SOP and it is felt this is unlikely to happen again. It was agreed to verify the changes made are working and to consider using the 'Ask 5' approach to achieve this.

DFW

7.2 Wrong Second Covid19 Vaccination

EC reported that discussions are ongoing with FCVC and a Clinical Assurance group has been formed which is looking at issues being reported. The volume of issues being raised led to development of the Clinical Assurance Group. This will sit under the programme board, which sits under the vaccine transformation board and the flu/covid programme board. It is a positive development. ToR for this group will be discussed under AOB.

EC noted that an IMT will take place this afternoon regarding a further incident around vaccine type.

8. NEW PROSPECTIVE RISKS**8.1 COP26 (Health Protection & Resilience)**

GB provided a brief update on COP26 planning meetings which are taking place. He noted that world leaders will only be in Scotland for 2/3 days out of the 15 days so this will be the peak time of concern. The blue zone is a UN zone and not part of Scotland anymore and will be patrolled by UN troops.

A reporting process will commence on Monday, 25 October with reports being submitted twice daily during COP26 and a reporting template has been produced.

Police Scotland are suggesting the main risk will be from protestors. Work has been underway to update the NHS Fife Major Incident Plan and the Mass Casualty Plan. Training has also been ongoing. We do not know if there will be any delegates residing in Fife.

From a workforce perspective it would be helpful to have clarity on transport network disruptions.

8.2 Consideration of New Screening Risk

It was agreed to produce an over archiving risk for the restart of the screening programmes.

OA**8.3 Re-emerging infections**

EC explained she had heard there was a new UK level group looking at pandemic awareness with a Scottish element. No further information available on this as yet however there was an expectation that future pandemic planning was broader than flu. It was agreed to pause this item as a new risk but to keep under review.

9. REVIEW OF CURRENT RISKS ON PUBLIC HEALTH REGISTER**9.1 518 Resilience**

On 23 September an emergency planning workshop looking at major incident planning was held for the Executive Team. A virtual control room within Microsoft Teams has been set up for Executives on-call and familiarisation is ongoing. Various forms and templates have been uploaded on to the virtual control room which can be used in an incident. Notes from the learning on the day and a few final actions to have to be followed through then we will feed back to the group.

Cyber threat training sessions have been carried out for front line staff.

Recruitment of Head of Resilience is underway with interviews to be held early November. Risk remains moderate. It was agreed to update this risk at the December meeting.

ACTION**9.2** 528 Pandemic Flu Planning

It was agreed to reconvene the local group who can learn from our current experiences and having worked through a pandemic what are the key things we know we are going to need. Having this agreed through a multidisciplinary group would be beneficial.

It was agreed to update this risk at the December meeting.

9.3 1729 Suspicion of Malignancy

It was noted there is no change to the risk level. This is an historical investigation and we now have processes in place to manage this risk. A look back is ongoing to ensure the process is in place and is working. The national advice is that this risk should stay on local risk registers and that there will also be ongoing work looking at the national element of this risk.

Next review date – being considered nationally with no plans to review in the immediate future. This will provide time locally to carry out the audit. It was agreed to update this risk at the first meeting in 2022.

9.4 1837 Pregnancy and Newborn Screening

JT reported there is no change to this risk. There is a long term issue in collating the data within the clinical system which relies a lot on manual completion. It was agreed to update this risk at the first meeting in 2022.

9.5 1904 Coronavirus Disease 2019 (Covid-19) Pandemic

No further changes have been made to this risk and it was agreed to update at the December meeting. SN to clarify if high level risks are required to be updated monthly.

SN**9.6** 1905 Contact Tracing including TTIS Programme

DF reported our current position is good however winter is expected to be difficult although this can be tempered by improving vaccination rates and boosters. This should hopefully reduce the spread of infection and reduce hospitalisations.

DF provided an update on the digital tracing model being introduced. The quality of the information recorded is not as robust as during traditional contact tracing interviews. There may be whole proportions of the population who may not be engaging with digital tracing. A national improvement process is underway to try to ensure we are getting as much as we can from Digital tracing. We will continue to offer a contact tracing service that meets the current contact tracing management framework.

JT reported there are ongoing discussions around contact tracing for the future. These are being taken forward by DsPH and SG through the tactical operating group and there will be a wider stakeholder discussion about this. Continuity of service provision has been highlighted and a recognition that this is a service we will need to

UNCONFIRMED

retain. There is a lot of uncertainty in the medium term.

9.7 1906 COVID19 Testing Programme

DFWs view is that the risk around testing is reduced because we have provided the sites and we have managed to recruit staff. Less risk because there are alternative testing options available through UK testing sites run by Scottish Ambulance Service. There are also good home kits available for LFT and PCRs so we have other routes for testing through alternative pathways.

It was agreed to reduce the risk level to Moderate 9. Testing risk will be updated at the first meeting in 2022.

9.8 1907 Public Health Oversight of Covid-19 in Care Homes

JT reported this risk level is unchanged at present however the risk wording needs updated. It was agreed that a re-wording of the risk be brought to the December meeting for approval.

FB

9.9 1908 Handling of Excess Deaths during the Global Covid-19 Pandemic

This risk remains unchanged. Multidisciplinary meetings taking place with an overview of this. It was agreed to update this risk at the December meeting.

9.10 2005 Covid Vaccinations – Vaccine Effectiveness

It was agreed that would be removed from the PH Risk Register as it has been transferred over to the FCVC programme board.

9.11 2025 Covid 19 Vaccinations – Long Term Infrastructure

It was agreed that this risk would be removed from the PH Risk Register as it has transferred to the FCVC programme board. EC will complete the high level risk statement for immunisations.

9.12 2130 Data Flow

This risk is due to be updated on 29 October.

DFW reported that overall the general data flow is working well however there have been had a couple of enquiries from NHS Lothian requesting results not being available for clinical purposes.

It was agreed that this risk would sit with the T&P Oversight Group.

9.13 2131 Test & Protect – Community Testing

It was agreed that this risk would sit with the T&P Oversight Group

9.14 2141 Test & Protect

It was agreed to retain this on the PH Risk Register.

10. **ANY ISSUES TO ESCALATE TO CLINICAL GOVERNANCE**

- Test and Test & Protect papers to be prepared for future Clinical Governance Committee or Public Health & Wellbeing Assurance Committee.

ACTION

- There will be a delay submitting the lessons learned report covering the no-Cervix incident. Anticipated submission date December 2021

11. ANY OTHER COMPETENT BUSINESS

Clinical Oversight & Assurance group ToR. SN to circulate by email.

SN

12. DATE OF NEXT MEETING

Tuesday, 14 December 2021 at 10am via MST.

THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING

17th August, 2021

10.00 a.m. – 11.20 a.m.

PRESENT: Councillors David Alexander (Convener), David Ross and Dave Dempsey; Steve Grimmond, Chief Executive, Fife Council; Carol Potter, Chief Executive, Joy Tomlinson, Director of Public Health, Tricia Marwick, Chair of NHS Fife Board, NHS Fife; Nicky Connor, Director of Health and Social Care Partnership; Mark Bryce, Area Commander, Scottish Fire and Rescue Service; Lynne Cooper, Regional Engagement Partner, Scottish Enterprise; Gordon MacDougall, Head of Operations, Skills Development Scotland; Anna Herriman, Senior Partnership Manager, SESTran; Prof Brad MacKay, Senior Vice-Principal, St-Andrews University; Chief Superintendent Derek McEwan, Police Scotland and Sue Reekie, Chief Operating Officer, Fife College.

ATTENDING: Keith Winter, Executive Director - Enterprise and Environment, Ken Gourlay, Head of Assets, Transportation and Environment, Assets Transportation and Environment; Michael Enston, Executive Director – Communities, Tim Kendrick, Community Manager (Development), Samantha Pairman, Policy Officer, Communities and Neighbourhoods; Gordon Mole, Head of Business and Employability, Economy, Planning and Employability Services and Michelle Hyslop, Committee Officer, Legal and Democratic Services.

APOLOGY FOR ABSENCE: Kenny Murphy, Chief Executive, Fife Voluntary Action.

108. MINUTE OF FIFE PARTNERSHIP BOARD MEETING

The Board considered the minute of the Fife Partnership Board Meeting of 18th May, 2021.

Decision

The Board approved the minute.

109. COVID-19 UPDATE -VERBAL UPDATES ON RECOVERY ACTIVITY BY PARTNERS

Partners provided the board with respective updates on service delivery surrounding the Covid-19 pandemic.

The Board looked at moving beyond Level 0 Covid-19 restrictions and partners provided an update to the board on current service provision directly linked around recovery and renewal plans. Staff were thanked for their continued effort and support in ensuring service provision across all services and organisations.

All./

The Board noted that they continued to follow Scottish Government advice and guidance on how services were managed. Partners highlighted the increased demand on service provision as a direct link to restrictions easing.

Partners noted that services would continue to be monitored and respective updates would be reported at future board meetings.

Decision

The Board asked partners to provide an update on service provision at the next board meeting.

110. PLAN FOR FIFE UPDATE: A PLAN FOR RECOVERY AND RENEWAL

The Board considered a report by the Executive Director, Communities which provided partners with an update on the Plan for Fife 2017-2027, as part of a 3-year update and as the basis for Fife's recovery and renewal plan following the Covid-19 pandemic.

Decision

Board members:

1. considered and commented on the updated Plan for Fife 2021-2024;
2. endorsed the current plan for Fife 2021-2024;
3. agreed to update the plan as per partners noted recommendations; and
4. agreed to provide regular updates on current progress.

Councillor Dempsey asked that his dissent be recorded with respect to the report recommendations.

111. PLAN FOR FIFE: REVISED LEADERSHIP AND DELIVERY ARRANGEMENTS

The Board considered a report by the Executive Director, Communities presenting to partners a revised Plan for Fife's leadership and delivery arrangements.

Decision

The Board:

1. endorsed the proposed leadership and delivery arrangements for the Plan for Fife;
2. agreed partners would provide Tim Kendrick with details of service specific contacts for the delivery lead meetings; and
3. agreed to rotate the co-chairs for the future delivery lead meetings.

112. VOLUNTEERING STRATEGY FOR FIFE

The Board considered a report by the Chief Executive, Fife Voluntary Action which presented to partners an initial 3-year action plan as the first Volunteering Strategy for the Fife Partnership.

Decision./

Decision

The Board agreed to endorse and contribute to the delivery of the Volunteering Strategy for Fife and the Action Plan for 2021-2022.

113. DATE OF NEXT MEETING

The next Board Meeting shall take place on Tuesday 26th October, 2021 at 2.00pm.

This meeting shall be held remotely, as necessary, and subject to Scottish Government advice on Covid-19.