

NHS Fife Public Health & Wellbeing Committee

Mon 29 August 2022, 10:00 - 11:45

MS Teams

Agenda

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

0 min

Tricia Marwick

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

0 min

Tricia Marwick

10:00 - 10:00 **3. Minutes of Previous Meeting held on Monday 4 July 2022**

0 min

Enclosed *Tricia Marwick*

 Item 03 - Public Health Wellbeing Committee Minutes (unconfirmed) 20220704.pdf (6 pages)

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

10 min

Enclosed *Tricia Marwick*

 Item 04 - Public Health & Wellbeing Committee Action List 20220829.pdf (1 pages)

10:10 - 10:15 **5. GOVERNANCE MATTERS**

5 min

5.1. Proposed Public Health & Wellbeing Committee Dates 2023/24

Enclosed *Gillian MacIntosh*

 Item 05.1 - Proposed Public Health & Wellbeing Committee Dates 2023-24.pdf (1 pages)

10:15 - 10:35 **6. STRATEGY / PLANNING**


20 min

6.1. Population Health & Wellbeing Strategy: Progress Update

Enclosed *Margo McGurk*

 Item 06.1 - SBAR PHWC PHW Strategy 20220829 v1.1.pdf (6 pages)

6.1.1. • Alignment to the 4 National Care Programmes

 Item 06.1.1 - SBAR PHWC National Care Programmes v1.1.pdf (7 pages)

6.1.2. • Whole System Engagement

 Item 06.1.2 - SBAR PHWC Engagement Update V1.1.pdf (6 pages)

6.2. NHS Fife as an Anchor Institution – Progress Update

Enclosed Joy Tomlinson

📎 Item 06.2 - SBAR Anchor Institution Update.pdf (5 pages)

10:35 - 10:45 7. RISK

10 min

7.1. Corporate Risk Register - Draft Strategic Risks

Enclosed Margo Mcgurk

📎 Item 7.1 - SBAR Proposed Corporate Risk Register.pdf (4 pages)

📎 Item 7.1 - Annex 2 Proposed Risks for Inclusion in the Corporate Risk Register.pdf (7 pages)

10:45 - 11:25 8. QUALITY / PERFORMANCE

40 min

8.1. Integrated Performance & Quality Report

Enclosed Margo McGurk / Susan Fraser

📎 Item 08.1 - SBAR IPQR PHW Committee.pdf (3 pages)

📎 Item 08.1 - IPQR August 2022 PHW.pdf (12 pages)

8.2. Community Immunisation Service Flu & Covid Vaccination (FVCV) Programme Delivery Update

Enclosed Nicky Connor

📎 Item 08.2 - FVCV Delivery v0.6.pdf (5 pages)

8.3. Children Services

Enclosed Nicky Connor

📎 Item 08.3 - Children's Services Annual Report 2022-2023.pdf (52 pages)

8.4. LDP Standard for Psychological Therapies: Update at June 2022

Enclosed Nicky Connor

📎 Item 08.4 - Update on Psychological Therapies PHWB committee.pdf (13 pages)

8.5. CAMHS Performance & Recruitment Update

Enclosed Nicky Connor

📎 Item 08.5 - CAMHS Progress Report Public Health and wellbeing committee.pdf (7 pages)

8.5.1.

8.6. Health Promoting Health Service Update

Enclosed Joy Tomlinson

📎 Item 08.6 - SBAR - Health Promoting Health Service Update.pdf (5 pages)

8.7. Joint Health Protection Plan

Enclosed Joy Tomlinson

📎 Item 08.7 - SBAR JHPP (PHWB).pdf (3 pages)

11:25 - 11:30 9. INEQUALITIES

5 min

9.1. Child Poverty Action Plan

Enclosed Joy Tomlinson

- Item 09.1 - SBAR - Local Child Poverty Action Plan (PHWC).pdf (4 pages)
 - Item 09.1 Appendix 1 - LCPAR 4.pdf (13 pages)
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11:30 - 11:35 10. ANNUAL REPORTS

5 min

10.1. Immunisation Annual Report

Enclosed Joy Tomlinson

- Item 10.1 - SBAR Imms_annual_report Final.pdf (4 pages)
 - Item 10.1 - Annual Immunisation Report Aug 22_v7.pdf (40 pages)
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11:35 - 11:40 11. FOR ASSURANCE

5 min

11.1. Delivery of Annual Workplan

Enclosed Joy Tomlinson

- Item 11.1 - Delivery of Annual Workplan.pdf (5 pages)
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11:40 - 11:45 12. LINKED COMMITTEE MINUTES

5 min

12.1. Minutes of Population Health & Wellbeing Portfolio Board held on: i) 12 May 2002; ii) 9 June 2022; iii) 14 July 2022 (unconfirmed)

Enclosed

- Item 12.1i - PB Minutes 20220512 confirmed.pdf (4 pages)
- Item 12.1ii - PB Minutes 20220609 confirmed.pdf (4 pages)
- Item 12.1iii - PB Minutes 20220714 V1.0 unconfirmed.pdf (6 pages)

12.2. Public Health Assurance Committee held on 3 August 2022 (unconfirmed)

Enclosed

- Item 12.2 - PHAC Minute Cover Paper (For 290822 PHWB).pdf (1 pages)
 - Item 12.2 - PHAC minutes 03082022 unconfirmed as at 110822.pdf (5 pages)
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11:45 - 11:45 13. ESCALATION OF ISSUES TO NHS FIFE BOARD

0 min

13.1. To the Board in the IPQR Summary

Verbal Tricia Marwick

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

11:45 - 11:45 **14. ANY OTHER BUSINESS**
0 min

11:45 - 11:45 **15. DATE OF NEXT MEETING - MONDAY 7 NOVEMBER 2022 AT 10AM VIA
MS TEAMS**
0 min

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 4 JULY 2022 AT 10AM VIA MS TEAMS

Present:

T Marwick, (Chair)

C Cooper, Non-Executive Member

A Morris, Non-Executive Member

W Brown, Employee Director

M McGurk, Director of Finance & Strategy

J Owens, Director of Nursing

J Tomlinson, Director of Public Health

In Attendance:

N Connor, Director of Health & Social Care

S Fraser, Associate Director of Planning & Performance

G MacIntosh, Head of Corporate Governance & Board Secretary

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

H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. Apologies for Absence

Apologies were received from members M Black (Non-Executive Director), C McKenna (Medical Director) and C Potter (Chief Executive).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on Monday 16 May 2022

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

4. Matters Arising / Action List

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

5 GOVERNANCE MATTERS

5.1 Annual Internal Audit Report 2021/22

The Director of Finance & Strategy reported that the conclusions of the Annual Internal Audit Report 2021/22 are very positive. The report is being presented to all the Board Committees this cycle, for assurance.

It was advised that the report is positive in terms of improvement activity, and, particularly for this Committee, highlighting the work on strategy development and scrutiny. The report also highlights a number of areas where improvement is needed, including the Organisational Duty of Candour Report, which has not progressed in line with the original timeline.

The Committee **noted for assurance purposes** the findings of the Annual Internal Audit Report 2021/22.

6. STRATEGY / PLANNING

6.1 Population Health & Wellbeing Strategy: Progress Update

The Director of Finance & Strategy provided assurance that the Population Health & Wellbeing Strategy Progress Report details some of the key components that were discussed at the April Board Development Session. A summary of the key components was provided.

The Director of Public Health reported that a workshop was carried out the previous week and deep discussions took place on the proposal, key questions to be addressed, and the focus for the new strategy. It was noted that there was a wide range of individuals from across the organisation in attendance, and there was good engagement. A key theme from the workshop was the importance of the different workstreams all contributing to the strategy. The information from the workshop will be collated and synthesised. An update on engagement activity will be provided to the Committee at its next August meeting.

The Associate Director of Planning & Performance noted that the Annual Delivery Plan and Strategic Planning & Resource Allocation (SPRA) process are interrelated to the development of the strategy.

Following a question from the Chair in terms of adding timelines, it was advised that we continue to progress through the original milestone plan for strategy development. It was agreed to include and define timelines in future updates.

Action: Director of Finance & Strategy

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

6.2 Mental Health Strategy Progress Report – June 2022

The Director of Health & Social Care spoke to the report and outlined the key points, developments and priorities. It was highlighted that a significant amount of work has been taken forward, despite the challenges of the pandemic. A refresh of the strategy approved pre-Covid will be carried out for the post-pandemic period, and this work is currently ongoing.

A Morris, Non-Executive Member, praised the report in terms of the detail on key developments, stages of development and the impact, and highlighted the importance of these areas. C Cooper, Non-Executive Member, added that the report clearly outlines the challenges moving forward. C Cooper also noted that the strategy requires

to be aligned in terms of the new national strategies, such as the suicide prevention and the mental health national review, and asked if additional resources would become available to support these new and updated national strategies in relation to mental health. In response, the Director of Health & Social Care advised that resources for the new strategies are being explored, particularly for mental health, and that there has been, to date, significant investment in this area. It was reported that some of the new national strategies will come with specific commitments that will be required to be delivered, with a level of ring-fenced funding that will be fully aligned to its requirements.

The Director of Public Health highlighted page 5 of the report (stepped model of care), noting it is positive that there is an understanding around individuals with more severe and complex mental health needs in the community.

The Director of Nursing noted that she is now a representative on the 'Long COVID Strategic Oversight Board' and updates on the linkages of this work will be brought back to the Committee.

The Committee took **assurance** on the work undertaken by Fife Mental Health services during 2021/22 to support and drive delivery of the strategic priorities for the people of Fife and took **assurance** that there is joined up working in place to support connections between the Mental Health Strategy and the Mental Health Estates work.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance and Quality Report Review Progress Report

The Associate Director of Planning & Performance highlighted the introduction of risk management into the IPQR and advised that work continues to be ongoing on the corporate risks, which will inform how the risk management information is presented in the IPQR. It was reported that corporate risks will be aligned to risk management within the IPQR, which will also be aligned to the improvement outcomes.

The Associate Director of Planning & Performance also mentioned that the metrics have all been reviewed within the IPQR and a few changes have been made. It was highlighted that vaccine and seasonal flu metrics have been included, and that screening indicators are still under discussion.

It was reported that the IPQR is now in its new format, and the new metrics have been included. It was noted that projections of activity are still a work in progress. The Scottish Government are still in discussions for agreement on projections with individual operational departments, and the projections will be included in the IPQR, once this work is complete.

The Director of Finance & Strategy reported that there has been a further delay from the Scottish Government in terms of formal targets, and that the Annual Delivery Plan, which is being presented to the Board Committees and Board this month, will not include the new Scottish Government targets.

A Morris, Non-Executive Director, requested more information on complaints in terms of volume of complaints and identifying particular areas of concern or trends. The Director of Nursing advised that the first quarterly report on complaints will go to the

Clinical Governance Committee in September and that this report will provide a lot more detail on complaints. Once the report develops, metrics will be identified to include in the IPQR. It was also advised that capturing live feedback from patients will be carried out. This will support improving processes around improving the patient experience.

A Morris, Non-Executive Director, also questioned the delay to providing the establishment gap measurement. The Director of Nursing advised that discussions are ongoing nationally, and Public Health Scotland have been looking at the best way to capture the establishment gap. The Director of Nursing will provide a fuller update outwith the meeting.

Action: Director of Nursing

A Morris, Non-Executive Director, noted measurements on the number of staff vacancies continues to be limited. W Brown, Employee Director, noted that there are around 50% less staff in some wards and that this is putting additional pressure on staff, resulting in longer staff absences due to stress and exhaustion. It was noted there is a Workforce Overview Report available, which is updated on a monthly or bi-monthly basis, and the Chair noted a verbal update could be provided alongside the Report. The Associate Director of Planning & Performance agreed to take forward and explore options for providing further measurements for staff vacancies.

The Committee **noted** and **agreed** the proposed update to the IPQR from the IPQR Review Group.

7.2 Integrated Performance & Quality Report

The Associate Director of Planning & Performance noted the report is in its new version.

The Director of Health & Social Care provided an overview on CAHMS waiting times and Psychological Therapies as detailed in the IPQR, noting that work continues in these areas and that there continues to be challenges in terms of capacity to deliver, which is being addressed. Smoking cessation would be covered in more detail under agenda item 7.4.

C Cooper, Non-Executive Member, requested more detail in relation to the lower-level intervention and the wider holistic support for individuals and families. The Director of Health & Social Care advised that once all the actions for these services have been included in the IPQR, the detail will become more evident to the Committee.

A Morris, Non-Executive Member, highlighted that the majority of our trends are on an upward trajectory, which is positive. The Chair suggested that the key points from these trends are shared with the Comms Department to support any negative media.

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

7.3 East of Scotland Breast Screening Programme Recovery Update

The Director of Public Health spoke to the paper.

C Cooper, Non-Executive Member, highlighted communication and asked if patients are being advised of deferments in screening. The Director of Public Health advised

that patients in the South East are being offered alternative locations for screening and that they are also being offered an opportunity to go to the static site in Tayside if they are particularly concerned. It was noted that this service is not for symptomatic persons, and screening is provided to identify the early stages of disease, which will allow for better opportunities in care.

The Committee **noted** the contents of this report for **assurance**.

7.4 Smoking Cessation & Prevention Work

The Director of Health & Social Care provided an update on smoking cessation and prevention work, as described in the paper.

Following a question from C Cooper, Non-Executive Member, the Director of Health & Social Care confirmed that engagement/consultation with external stakeholders for the programme is carried out on an ongoing basis.

A Morris, Non-Executive Member, raised a question in relation to workforce being redeployed due to the Covid pandemic, and if that workforce has now returned to the programme. The Director of Health & Social Care explained that staff who were redeployed are in the process of being returned to their posts, and, for staff who have left roles, recruitment is being carried out for those posts.

The Committee took **assurance** regarding the work being progressed through prevention, protection and cessation and that this is aligned to the work being progressed that aligns to an indicator Integrated Performance and Quality Report.

7.5 Post Diagnostic Support for Dementia Update

The Director of Health & Social Care highlighted the key points from the paper.

The Committee took **assurance** from the work underway to address waiting list for people waiting for post diagnostic support within a 12-month period, noting that the information in the IPQR report will be replaced by a fuller annual report for assurance to the Public Health and Wellbeing Committee.

8. FOR ASSURANCE

8.1 Delivery of Annual Workplan

The Director of Public Health outlined the updates to the annual workplan.

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

9. LINKED COMMITTEE MINUTES

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

9.1 Minutes of the Public Health Assurance Committee held on 1 June 2022 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to NHS Fife Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

Monday 29 August 2022 at 10am via MS Teams.

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

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST

Meeting Date: Monday 29 August 2022



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	04/07/22	Population Health & Wellbeing Strategy: Progress Update	To include and define timelines in future updates.	MM	For future updates	Propose this can be closed as action will be incorporated in all further updates.	Closed
2.	08/03/22	Integrated Performance & Quality Report (IPQR) Review Process	Each of the Committee Chairs, respective Executive Lead and the relevant persons within the Planning & Performance (P&P) department to be involved when the IPQR review group are developing the next iteration of the IPQR.	MM	Review date - 22 July 2022	Propose that this can be closed as IPQR changes to date have been approved.	Closed
3.	04/07/22		To provide a fuller update on the establishment gap outwith the meeting.	JO	29/08/22	09/08/22 - Update from Workforce Directorate: Rhona Waugh has been progressing discussions within Finance colleagues to look at producing the establishment gap information on a more consistent and routine basis. This will be brought back to EDG and Committees. There is further work at Regional/National level which may assist with this work longer term but in the meantime, we will try and get this local, system-based calculation developed to provide information for Board members.	Closed

PUBLIC HEALTH & WELLBEING COMMITTEE

DATES FOR FUTURE MEETINGS

Date
Monday 15 May 2023
Monday 3 July 2023
Monday 4 September 2023
Monday 6 November 2023
Monday 15 January 2024
Monday 4 March 2024

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

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

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Meeting:	Public Health and Wellbeing Committee
Meeting date:	29 August 2022
Title:	Population Health and Wellbeing Strategy Progress Update
Responsible Executive:	Margo McGurk, Director of Finance and Strategy, Joy Tomlinson, Director of Public Health
Report Author:	Susan Fraser, Associate Director Planning and Performance

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- NHS Board strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an update on the progress of the development of the Population Health and Wellbeing Strategy and provides assurance on progress.

2.2 Background

Work on developing the Public Health and Wellbeing (PH&W) Strategy commenced in 2021. The strategy will outline how NHS Fife will deliver its organisational strategic priorities (these include improving: health and wellbeing; the quality of health and care services; staff experience and wellbeing; and, delivering value and sustainability). The strategy has a focus on population health and wellbeing which includes access and inequalities.

In previous papers, members of the Public Health and Wellbeing committee have received information on how the strategy has been developed and updates on the progress to date.

The key components of the development of the strategy are:

1. Public Health and Wellbeing Review led by Public Health.
2. Review of the recommendations in the 2016-21 Clinical Strategy.
3. Exploration with clinical services to understand their key priorities for the next 5 years.
4. Ongoing engagement work with communities across Fife.

In March 2022, key milestones for the development of the strategy were shared with the Board. This included a commitment to completion of the strategy and submission of the strategy to the NHS Fife Board by December 2022. This report provides further update on this work and the associated milestones.

2.3 Assessment

The following narrative provides an overview of current activity and the next steps planned for this work:

Review of previous clinical strategy

- A write up of the review of the previous clinical strategy remains ongoing and is due for completion. This work has been delayed but is not expected to impact on the final delivery of the strategy.

Mapping future priorities

- The strategy development team has now met with all clinical services across NHS Fife. In total 27 meetings have been attended with 160 people participating.
- The findings of these meetings are now being written up into a single strategy document. This framework is informed by the NHS Fife strategic framework (see appendix one). Drafts will be shared with clinical services for comment ahead of completion of the final document.
- The work of the national Care and Wellbeing Portfolio and four National Care Programmes is of particular importance in the development of the strategy and considering future priorities. A separate paper outlining all this work and key organisational priorities for NHS Fife has been prepared in alignment to the strategy milestone plan.

Public Health Wellbeing Review

- A population health and wellbeing review has been completed by public health colleagues with key findings included in the Director of Public Health annual report. Work is now ongoing to consider the role of NHS Fife in creating health and wellbeing.

- A workshop was held with public health colleagues in June 2022. Following this session plans have been developed to develop engagement with clinical colleagues.
- A Grand Round session is now being planned to explore the plans for this strategy and seek input from clinical services in the role of NHS Fife in supporting health and wellbeing. Attendees will be invited to provide feedback and comment.
- In addition, specific meetings are being identified to present to capture feedback. Attendees will be updated on all aspects of the strategy and also invited to feedback and comment.






Engagement:

- It has been agreed that the engagement work associated with the population health and wellbeing strategy will be delivered jointly with the HSCP strategic plan as there is much overlap between these two pieces of work.
- An external agency is supporting the delivery of this engagement work. This will support a truly objective approach. Work is ongoing to conclude the planning and commissioning of the external agency.
- Final sign off on the engagement work with external contractor has been delayed to allow further consideration of questions and approach. There is a risk that this will delay completion of this phase of the engagement work.
- Staff engagement is at pre planning stage but will be carried out in partnership with services and staff side.

Milestone Plan

This strategy update is in line with the strategy milestones agreed with the Board. The plan has been updated to reflect milestone changes.

Milestone Plan for the Development of the Population Health and Wellbeing Strategy (updated 22 Aug 2022)

	Mar-22	Apr-22	May-22	Jun-22	July-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Actions	Outline phased Approach to Strategy Development Plan and transitional 1-year for 2022-23 ✓	 Propose our Strategic Framework Approach for 2022-2027 ✓	Strategy update to Board	Board Development Session on Development of PHW Strategy	Strategy update to Board ✓	Propose and agree NHS Fife Programme Plans and Priorities aligned to the 5 National care Programmes ✓	Strategy update to Board ✓ Initial prioritisation and phasing across Programmes and 5-year timeline	Review and refine NHS Fife Programme Plans and Priorities aligned to the 5 National Care Programmes	Strategy update to Board Review and refine all enabling strategic plan: PAMS, Digital, Workforce, Financial	Validate our Strategic Framework Approach for 2022-2027
Actions	Propose Milestone Plan and Governance Route ✓	 Propose Population Health Assessment, the role of NHS Fife in creating Health & Wellbeing ✓					 Propose enabling strategic plans: PAMS, Digital, Workforce, Financial  Prepare report detailing outcomes from current Clinical Strategy	Final prioritisation and phasing across Programmes and 5-year timeline	Refine/validate against Engagement Outcomes – NHS Fife Programme Plans and Priorities aligned to 5 National care Programmes	Finalise draft Strategy and Delivery Plan
Actions					Review Community and staff engagement Survey – Inform focussed engagement approach ✓	 Launch focussed Community and Staff Engagement programme	Progress focussed Community and Staff Engagement programme	Finalise proposal in relation to the specific role of NHS Fife in creating Health & Wellbeing	Report on Outcomes from focussed Community and Staff Engagement programme	Propose draft Strategy and Delivery Plan to NHS Board

2.3.1 Quality/ Patient Care

It is anticipated that the Population Health and Wellbeing Strategy will have an impact on all care and services that NHS Fife delivers. It will provide a strategic framework for the responding to the population health and wellbeing in the context of the development of NHS services in the next 5 years. It is intended it will support high quality care.

2.3.2 Workforce

Workforce is a key to the delivery of the strategy. As part of the engagement work for the strategy, we are engaging with and listening to the views of the entire workforce.

2.3.3 Financial

There are no additional financial pressures associated with the development of the strategy. Resource for this work is coming from existing budgets. A key part of this work is to consider how we ensure value and sustainability for NHS Fife services in the future. As the strategy is finalised there may be further resource considerations. These will be managed through the existing planning processes.

2.3.4 Risk Assessment/Management

The risks associated with this work are identified and managed by the NHS Fife Corporate PMO.

2.3.5 Equality and Diversity, including health inequalities

This work is examining, in detail, the impact of health inequalities and ensuring a population health and wellbeing response.

2.3.6 Other impact

No other impacts are anticipated.

2.3.7 Communication, involvement, engagement and consultation

Engagement is being managed as part of the engagement work stream as described above.

2.3.8 Route to the Meeting

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

- Executive Directors Group 18 August 2022

2.4 Recommendation

The Committee are invited to take:

- **Assurance** on the progress of the strategy through the contents of this report

3 List of appendices

Appendix One- NHS Fife Strategic Framework

Linked Papers

20220829 SBAR PHWC National Care programmes v1.0

20220829 SBAR PHWC Engagement Update v1.0

Report Contact

Tom McCarthy

Portfolio Manager





Email tom.mccarthy@nhs.scot

Our Strategic Framework 2022–2027





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



OUR PRIORITIES

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

NATIONAL CARE PROGRAMMES

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

OUR ENABLERS

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

Meeting:	Public Health and Wellbeing Committee
Meeting date:	29 August 2022
Title:	Alignment to the 4 National Care Programmes
Responsible Executive:	Margo McGurk, Director of Finance and Strategy,
Report Author:	Susan Fraser, Associate Director Planning and Performance

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- National strategy and local response.

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Scottish Government has created a National Care and Wellbeing Portfolio which is overseeing the delivery of the four National Care Programmes. This paper provides:

- An overview of the aims and scope of the National Care and Wellbeing Portfolio
- Summary of the work that is underway locally across NHS Fife that supports the local implementation of this nationally led work.
- Assurance that through the development and implementation of the Public Health and Wellbeing Strategy is aligning with the Care and Wellbeing Portfolio.

2.2 Background

The National Care and Wellbeing Portfolio was created to improve population health and wellbeing and reduce inequalities. The approach recognises the role of government in:

- Delivering high quality and effective health and social care services.

- Supporting ongoing improvements in the health of the population with a particular focus on reducing inequalities and improving the health for those who suffer poor health disproportionately.
- Recognising the work to improve population health and reduce health inequalities requires a cross cutting approach across a range of government policy areas.

To support delivery, the Care and Wellbeing Portfolio has established four national care programmes. In addition, the portfolio is taking a cross cutting approach with a range of other relevant programmes in government. For example: child poverty, climate change and economic transformation.

The Care and Wellbeing Portfolio has established a programme board to ensure there is advice and challenge from a broad range of stakeholders.

The four programmes include:

1. **Place and Wellbeing Programme-** bringing together communities, third sector, private sector and public sector organisations together to jointly drive local change. The aim is to create systems that better align with local needs by focussing on prevention and keeping people well. This work will also consider how we harness the collective power of local people through effective partnerships and leadership.
2. **Preventative and Proactive Care Programme-** supporting people to keep well and live independently as possible. Through early intervention ensuring that people are supported to live in the most appropriate care setting for their needs.
3. **Integrated Planned Care Programme-** responding to emerging challenges and embracing change in the delivery of health and care. The programme supports the strategic delivery of the NHS Recovery Plan and aims to be inclusive in our approach to recovery and promoting transformation and innovation. This work supports recovery and remobilisation, reducing the ongoing impact of Covid-19 on planned care through addressing waiting times.
4. **Integrated Unscheduled and Urgent Care Programme-** improving health and wellbeing outcomes for people who access unscheduled care services by simplifying the way people access these services and how they are delivered. The ambition is to create a single clearly understood care pathway for unscheduled and urgent care.

All four programmes are taking a person-centred approach using codesign and other engagement activities where appropriate. This will ensure that work is driven by the key issues from the perspectives of those using and delivering services.

2.3 Assessment

Within NHS Fife, the National Care Programmes are a key part of the NHS Fife Strategic Framework 2022-27 (included at appendix one). As part of this plan, there is a wide range of activities already underway that supports local delivery of the National Care and Wellbeing Portfolio objectives. Arranged around the four National Care programmes key activities are summarised below. In addition, some areas of local work that impact across multiple programmes have been identified separately as cross-cutting priorities.

Place and Wellbeing Programme

- ‘Anchor Institutions’¹ have been identified as a key mechanism to reduce health inequalities. This can be achieved through considering employability; procurement and spend; estates; property, land and finances; and by working with Community Planning partners. In NHS Fife the Anchor Institution Programme Board has led the scoping activity around this work locally. The Anchor Institution work is now being integrated across all our work to ensure that there is a joined-up approach across NHS Fife.
- Plans to re-provision Kincardine and Lochgelly Health Centres with new Health and Wellbeing Centres are underway. Outline Business Cases for both areas have been developed and now with Scottish Government for approval. The next stage will be development of the Full Business Cases.
- The NHS Fife Chief Executive and Director of Public Health are members of the national Place and Wellbeing Programme Steering Group.

Preventative and Proactive Care Programme

- Fife HSCP is developing a range of strategies to support its Strategic Plan. It is expected that these will be completed by November 2022.
- The key strategies relating to this area of work are Early Intervention and Prevention (EI&P) and Primary Care.
- It is anticipated that successful implementation of the EI&P strategy will support conversations around future allocation of resource to increased preventative expenditure. Work is underway to:
 - Explore what is meant by EI&P locally and develop a shared vision for EI&P in Fife
 - Map existing work and understand opportunities for further EI&P activity.
 - Develop priorities, a delivery mechanisms and a robust evaluation plan
- The Primary Care Strategy covers GP, opticians, dentists and pharmacy services across Fife. A working group has been established to take this work forward.

Integrated Planned Care Programme

- Remobilising the elective programme to deliver reduced waiting times and reduce the harms associated with delays in treatment.
- Developing the Queen Margaret Hospital (QMH) site through enabling capital works to increase planned care capacity.
- Opening the National Treatment Centre – Fife Orthopaedics at the Victoria Hospital Kirkcaldy (VHK).
- Redesigning of planned care pathways, for example through the development of robotic surgery and the further development and expansion of a Day surgery programme as our redeveloped estate capacity increases and allows.
- Developing specialty improvement support plans across all specialties. This links to and continues our work with the Centre for Sustainable Delivery (CFSD) to support general service improvement.
- All this work is being overseen and driven by the NHS Fife Planned Care Programme Board and reporting to the Portfolio Board.

Integrated Unscheduled and Urgent Care Programme

- Developing improvements in relation to three identified High Impact Change areas of Care Closer to Home, Redesign of Urgent Care and New Models of Acute Care.

¹ The term anchor institutions refers to large, typically non-profit, public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities. ([The Health Foundation, The NHS as an Anchor Institution](#))

- Delivering Discharge Without Delay project.
- All this work is being managed by the Integrated Unscheduled Care Programme Board and reporting to the Portfolio Board.

Cross Cutting Priorities

To support all the work outlined above, NHS Fife is delivering a number of cross-cutting clinical programmes that touch on multiple programmes - this list is not exhaustive:






- **Realistic Medicine** - this work is seeking to deliver healthcare that is valued by people working in health and social care and people who use services. NHS Fife is appointing a project manager to support this work.
- **Mental Health** - a strategy has been developed by Fife HSCP and is now under review. Work is ongoing to take forward an options appraisal around in-patient sites at Stratheden Hospital, Whyteman's Brae and Queen Margaret Hospital.
- **High pain medicine programme**
- **Immunisation programme**

Other priorities include those identified in the care programme briefing including Children's Health and Wellbeing, Communities and Fair Work and Climate Change & Net Zero.

Milestone Plan

This paper is in line with the strategy milestones agreed with the Board. The plan has been updated to reflect milestone changes.

Milestone Plan for the Development of the Population Health and Wellbeing Strategy (updated 22 Aug 2022)

	Mar-22	Apr-22	May-22	Jun-22	July-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Actions	Outline phased Approach to Strategy Development Plan and transitional 1-year for 2022-23 ✓	 Propose our Strategic Framework Approach for 2022-2027 ✓	Strategy update to Board	Board Development Session on Development of PHW Strategy	Strategy update to Board ✓	Propose and agree NHS Fife Programme Plans and Priorities aligned to the 5 National care Programmes ✓	Strategy update to Board ✓ Initial prioritisation and phasing across Programmes and 5- year timeline	Review and refine NHS Fife Programme Plans and Priorities aligned to the 5 National Care Programmes	Strategy update to Board Review and refine all enabling strategic plan: PAMS, Digital, Workforce, Financial	Validate our Strategic Framework Approach for 2022-2027
Actions	Propose Milestone Plan and Governance Route ✓	 Propose Population Health Assessment, the role of NHS Fife in creating Health & Wellbeing ✓					 Propose enabling strategic plans: PAMS, Digital, Workforce, Financial  Prepare report detailing outcomes from current Clinical Strategy	Final prioritisation and phasing across Programmes and 5- year timeline	Refine/validate against Engagement Outcomes – NHS Fife Programme Plans and Priorities aligned to 5 National care Programmes	Finalise <u>draft Strategy</u> and Delivery Plan
Actions					Review Community and staff engagement Survey – Inform focussed engagement approach ✓	 Launch focussed Community and Staff Engagement programme	Progress focussed Community and Staff Engagement programme	Finalise proposal in relation to the specific role of NHS Fife in creating Health & Wellbeing	Report on Outcomes from focussed Community and Staff Engagement programme	Propose <u>draft Strategy</u> and Delivery Plan to NHS Board

Summary

The NHS Fife Population and Health Wellbeing (PHW) Strategy is being developed in response to the same drivers for change that have seen the Scottish Government establish the National Care and Wellbeing Portfolio and the four National Care Programmes.

The PHW Strategy will support local delivery of the National Care Programmes in NHS Fife. This is described in the NHS Fife PHW Strategic Framework and it is intended will ensure ongoing alignment and monitoring of progress.

2.3.1 Quality/ Patient Care

All of this work supports high quality care. It will ensure the ongoing sustainability of services for the population of Fife.

2.3.2 Workforce

Workforce to deliver this work is part of the organisational delivery plan. This paper is not a further request for additional workforce resource, however projects and programmes detailed here may have their own additional resource requirements which will be prioritised as appropriate.

2.3.3 Financial

Financial resource to deliver this work is part of the organisational delivery plan. This paper is not a further request for additional financial resource, however projects and programmes detailed here may have their own additional resource requirements which will be considered as part of the initiation of work.

2.3.4 Risk Assessment/Management

Risks are identified and managed as part of the Corporate PMO.

2.3.5 Equality and Diversity, including health inequalities

Collectively this work seeks to reduce inequalities. Equality Impact Assessments are completed as part of the component programmes.

2.3.6 Other impact

The intention is that the work described in this paper and any resulting discussion will inform the NHS Fife Population Health and Wellbeing Strategy. From this work NHS Fife will develop a delivery plan which will include ongoing evaluation and monitoring of impact.

2.3.7 Communication, involvement, engagement and consultation

Governance and strategic oversight of this work is via NHS Fife Board via the Portfolio Board. The development of the NHS Fife Population Health and Wellbeing Strategy will ensure strategic alignment of all this work.

2.3.8 Route to the Meeting

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

- **Executive Directors Group** 18 August 2022

2.4 Recommendation

The Committee is asked to take:

1. **Assurance** that NHS Fife, in developing its Population Health and Wellbeing Strategy, is aligning to the National Care and Wellbeing Portfolio

Appendices

1. Appendix One- NHS Fife Strategic Framework

Report Contact





Tom McCarthy (Portfolio Lead- Corporate PMO)
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Our Strategic Framework 2022–2027





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



OUR PRIORITIES

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

NATIONAL CARE PROGRAMMES

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

OUR ENABLERS

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

Meeting:	Public Health and Wellbeing Committee
Meeting date:	29 August 2022
Title:	PHW Strategy: Whole System Engagement
Responsible Executive:	Janette Owens, Director of Nursing
Report Author:	Susan Fraser Associate Director of Planning and Performance Fay Richmond Executive Officer

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- NHS Board Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Engagement with the citizens of Fife and our staff is an important element of the development of the Population Health and Wellbeing Strategy.

An opportunity has arisen to jointly plan and deliver public engagement with Fife Health and Social Care Partnership (FHSCP) as engagement activities are being planned over similar periods with the public, partners, voluntary sectors as well as service users across Fife.

This report will address the feedback provided at the July Portfolio Board and outline the whole programme of engagement undertaken to date or planned to support the strategy development over the coming weeks.

2.2 Background

Engagement with staff and citizens is multi-faceted and a programme of work has been progressing since late 2021 in support of NHS Fife's Strategic Plan development with staff and the general public to provide a range of opportunities for people to engage with our strategic planning.

NHS Fife and FHSCP are both mindful of the risk of fatigue amongst those we wish to engage with and have agreed to work collaboratively to deliver an engagement plan that meets both organisations' needs in relation to public and staff engagement for their PHW strategy and IJB strategic priorities. We believe that using a "Once for Fife" approach will allow both partners to get greater reach and quality engagement and that the outputs will provide a rich source of opinions and information to help shape our strategic plans.

FHSCP are planning to engage with several groups and individuals as part of their strategy delivery, covering a number of themes and services including:

- Home First
- Carers
- Primary Care
- Prevention and Early Intervention
- Mental Health (although this is at Government level at the moment)
- Dementia

We are also mindful that there is a high number of our citizens, and to some extent staff, who do not engage until they have a need to or experience of a service across health and social care. This is a challenge when planning and delivering these types of engagement programmes.

The public and staff Community and Colleague Conversation surveys in December 2021 was designed and analysed by an independent market research company and they have been commissioned to facilitate this next stage of engagement through the delivery of a number of focus group sessions. This will provide an unbiased and independent view and analysis from the engagement process with a representative range of stakeholders across Fife.

2.3 Assessment

Engagement and consultation with staff and citizens is a continual process from individual conversations, comments, and complaints through to distinct pieces of work to support strategy development and service redesign.

NHS Fife and FHSCP are working collaboratively to deliver an engagement plan that meets the needs of both organisations' strategies, while ensuring maximum reach and engagement with this next phase of public engagement and making best use of the limited resources available to facilitate an engagement programme of this size in scale within an limited time scale.

Working in this collaborative way has several advantages:

- Increases partnership working
- Outcomes from one engagement approach informing more than one strategy
- Allows access to some seldom heard groups using the established relationships with non-NHS Fife services e.g., housing
- Sharing of resources - FHSCP have a team of Engagement and Participation Officers
- Reduces the risk of engagement participation fatigue for some groups

To date NHS Fife has:

- Surveyed staff and citizens (late 2021) using the same independent company, who managed the analysis of the results.
- Engaged with clinical teams – understanding the outcomes from the previous clinical strategy and future ambitions for clinical services
- Undertaken a prevention workshop with staff – PH, Health Promotion, Clinical Delivery, Primary Care
- Monitoring social media comments and care opinion feedback

Working collaboratively with FHSCP, further work is planned for late summer/ early autumn 2022. This includes:

- Focus groups will be held in all 7 Fife localities, with additional groups in NE and SW Fife to support their larger geographic areas, and facilitated by the same independent market research company that delivered the Conversation Surveys
- Sharing of information obtained during other engagement by FHSCP
- Follow up meetings with clinical teams (September 2022)
- Grand Round and survey (August 2022)
- Wider staff engagement – face to face and Teams at different sites across Fife.

Further work has been carried out to ensure the engagement work aligns to NHS Fife's strategic priorities and Appendix 1 illustrates this alignment to the priorities, public and staff survey in December 2022, proposed questions to cover in focus groups and brief provided to external company.

The illustration below outlines the extent of the engagement plan for the next few months to develop the PHW Strategy and IJB Strategic Plan.

August 2022	September 2022	October 2022	November 2022	December 2022
Public	Public	Public	Public	
Confirm Brief with Progressive	focus groups	outputs from sessions		
Clinical Teams	Clinical Teams	Clinical Teams	Clinical Teams	
Develop Grand Round Materials	Second Workshop	sense check findings		
Deliver the Grand Round	Review Grand round feedback			
Revisit clinical teams - feedback				
Staff	Staff	Staff	Staff	
Plan staff sessions	Sessions - f2f and Teams	Collate feedback	Feedback - Blink, weekly update, etc.	
Strategy	Strategy	Strategy	Strategy	Strategy
	include clinical team feedback	include public and staff feedback		Deliver to Board

All outputs/ feedback and responses received by either FHSCP or NHS Fife during this work will be shared, supporting the development of the NHS Fife Population Health and Wellbeing Strategy, FHSCP Strategic Priorities and other strategies.

In tandem with this, engagement work has continued with the clinical teams to understand:

- their experiences of the clinical strategy - what worked well and what didn't for them as a clinical service or support.
- What are their ambitions for the clinical services in the next 5 years
- What they would/ could do differently to deliver the ambitions of the Population Health and Wellbeing Strategy

This has been achieved through meetings with clinical teams, collation of their comments and workshops. The next stage is to provide feedback - "what we heard", a wider Grand Round: Development of the PHW Strategy including Mainstreaming Prevention with follow-up meetings with clinical and managerial teams.






The outcome from this part of the engagement plan will provide an insight into the public's opinions and concerns on public health and wellbeing, quality and delivery of health and care services as well as value and sustainability. This covers 3 of the 4 strategic priorities for NHS Fife. The outcome from engagement with our staff will cover the staff experience and wellbeing priority.

This strand of engagement is one part of the overall engagement plan and will build on the engagement with our staff, third sector and community groups and previous engagement.

Milestone Plan

This paper is in line with the strategy milestones agreed with the Board. The plan has been updated to reflect milestone changes.

Milestone Plan for the Development of the Population Health and Wellbeing Strategy (updated 22 Aug 2022)

	Mar-22	Apr-22	May-22	Jun-22	July-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Actions	Outline phased Approach to Strategy Development Plan and transitional 1-year for 2022-23 ✓	 Propose our Strategic Framework Approach for 2022-2027 ✓	Strategy update to Board	Board Development Session on Development of PHW Strategy	Strategy update to Board ✓	Propose and agree NHS Five Programme Plans and Priorities aligned to the 5 National care Programmes ✓	Strategy update to Board ✓ Initial prioritisation and phasing across Programmes and 5-year timeline	Review and refine NHS Five Programme Plans and Priorities aligned to the 5 National Care Programmes	Strategy update to Board Review and refine all enabling strategic plan: PAMS, Digital, Workforce, Financial	Validate our Strategic Framework Approach for 2022-2027
Actions	Propose Milestone Plan and Governance Route ✓	 Propose Population Health Assessment, the role of NHS Five in creating Health & Wellbeing ✓					 Propose enabling strategic plans: PAMS, Digital, Workforce, Financial  Prepare report detailing outcomes from current Clinical Strategy	Final prioritisation and phasing across Programmes and 5-year timeline	Refine/validate against Engagement Outcomes – NHS Five Programme Plans and Priorities aligned to 5 National care Programmes	Finalise <u>draft</u> Strategy and Delivery Plan
Actions					Review Community and staff engagement Survey – Inform focussed engagement approach ✓	 Launch focussed Community and Staff Engagement programme	Progress focussed Community and Staff Engagement programme	Finalise proposal in relation to the specific role of NHS Five in creating Health & Wellbeing	Report on Outcomes from focussed Engagement and Staff programme	Propose <u>draft</u> Strategy and Delivery Plan to NHS Board

2.3.1 Quality/ Patient Care

Working collaboratively with FHSCP and sharing the rich vein of information that we will both have, allows us to develop and delivery strategies that meet the needs of our populations and with the supporting delivery plans.

2.3.2 Workforce

Our staff are often our citizens so they will benefit from a strategy that delivers health and wellbeing to all the population.

2.3.3 Financial

There is a financial cost for the commissioning of an independent company to support the work with the public.

2.3.4 Risk Assessment/Management

No risks identified.

2.3.5 Equality and Diversity, including health inequalities

By ensuring we have accurate information we are reflecting the diversity of the population. An impact assessment has not been completed because an EQIA And CRWIA have been completed for all the strategy work.

2.3.6 Other impact

n/a

2.3.7 Communication, involvement, engagement and consultation

The Corporate Communications and Patient Experience teams will be supporting the recruitment to the locality focus groups and promoting opportunities for engagement via a

range of channels including the Public Engagement Network (PEN) and continuing to monitor a range of existing channels for the public and staff to feedback including, Care opinion, NHS Fife social media and StaffLink.

2.3.8 Route to the Meeting

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

- Executive Directors Group 18 August 2022

2.4 Recommendation

The committee is asked to

- **Assurance** that the engagement plan is aligned to the 4 strategic priorities of NHS Fife and the output from this engagement will be included in the development of the PHW Strategy.

3 List of appendices

Report Contact

Fay Richmond

Executive Officer

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NHS Fife

Meeting:	Public Health & Wellbeing Committee
Meeting date:	29 August 2022
Title:	NHS Fife as an Anchor Institution – Progress Update
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Jo-Anne Valentine, Public Health Manager (Health Improvement)

1 Purpose

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

- Assurance

This report relates to:

- Annual Operational Plan
- Emerging issue
- 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

As an Anchor Institution NHS Fife can have a direct impact on reducing health inequalities locally. Key areas in which this can be achieved are employability, procurement and spend, estates, property and land and finances.

In April 2021, NHS Fife established an Anchor Institution Programme Board, chaired by the Chief Executive, with the aim of providing strategic leadership to the development of NHS Fife as a recognised Anchor Institution in order to support NHS Fife's key objective to

continue to work to reduce poverty and inequality. In May 2022 the Portfolio Board agreed to establish a small operational group to meet regularly to progress our action plan.

This paper updates progress and gives some examples of current anchor institution work.

The Public Health and Wellbeing Committee is asked to note the progress in development of NHS Fife as an Anchor Institution.

2.2 Background

Anchor institutions have been described by The Health Foundation as organisations that have an important presence in a place, usually through a combination of being large scale employers, the largest purchasers of goods and services in the locality, controlling large areas of land and/or having relatively fixed assets¹. In addition anchor institutions are tied to a particular place by their mission, histories, physical assets and local relationships.

As a community planning partner one of our key objectives is to continue to work to address poverty and inequality through ensuring the prioritisation of income, housing, education and employment programmes as part of the Plan 4 Fife. As part of the Plan 4 Fife, Fife Partnership has agreed its new priorities as being community wealth building, economic recovery, tackling poverty and climate change.

NHS Fife has agreed to follow the themes set out by the Health Foundation: purchasing more locally for social benefit, widening access to quality work, using buildings and spaces to support communities, reducing environmental impact, working more closely with local partners. In 2021 Executive Directors undertook a self-assessment for the areas on which they lead.

2.3 Assessment

As our understanding of what it means to be an Anchor Institution develops we have an emerging ambition to have Anchors themes threaded through the work of NHS Fife and to embed the themes within the NHS Fife Health and Wellbeing Strategy.

Over time as work is embedded within the organization the aim is to include within SBARs information on meeting Anchors themes, and to report annually on progress to the Portfolio Board and to Health and Wellbeing Committee.

NHS Fife links into the Plan4Fife recovery and renewal priorities has been strengthened through the inclusion of Executive Directors on the Recovery and Renewal Board, the Community Wealth Building Board, the Tackling Poverty and Crisis Prevention Board and the Climate Emergency Board.

As part of the Scottish Government's Care and Wellbeing Portfolio, a Place and Wellbeing Programme has been established to drive changes locally to reduce health inequalities. One of the objectives of the national programme is to support health and social care organisations to become effective anchor institutions. Our Chief Executive and Director of Public Health are members of the Place and Wellbeing Programme Steering Group. The Chief Executive chaired the first national Anchors Delivery Group meeting on 22nd July and the group has agreed to progress work across procurement, workforce and property and assets. There is no reporting requirement for local Boards however there is an expectation that this will develop initially with a request for submission of local plans.

Locally, there are existing and emerging areas of Anchor Institution work. Kickstarter and No-one Left Behind are examples of programmes where by reviewing our employability processes we are widening access to quality work and offering career opportunities to local people from deprived or excluded communities (such as care leavers).

Although much of our procurement is conducted through nationally agreed contracts, we are exploring the proportion of spend and which areas of spend from procurement can go into the local economy. Our procurement team are having conversations with National Procurement about how we progress this.

In May 2022 NHS Fife agreed to become part of the NHS Scotland Community Benefit Gateway. This online portal matches community and voluntary sector organisation 'needs' to NHS suppliers. Similar portals exist within local authorities and for City Deal Regions.

In Fife we have agreed that applications for local needs must include at least one of the following themes: 1.Reducing health inequalities, 2. Contributing to anti-poverty work, 3.Improving health and wellbeing and 4. Responding to the Climate Emergency.

A workshop event will be held in October 2022 to raise awareness of the portal with local community and voluntary sector organisations and to help them develop applications. We are working with colleagues in Fife Voluntary Action and in procurement services within Fife Council with the aim of joining up criteria for applications and simplifying the application process for local organisations.

We will use existing 'meet the buyer' events to encourage suppliers to consider applications from Fife organisations that are part of the Community Benefit Gateway.

Within NHS Fife the intention is that we concentrate on a number of quality bids that can be successfully matched to contractors and link up contractors working in Fife with local community and voluntary sector organisations.

In terms of how we use our estates and buildings and how we reduce our environmental impact we already have greenspace audits for all of our facilities and have developed sustainability plans. This anchor institution theme will be supported by development of our NHS Fife Greenspace Strategy. As part of that development a workshop held in June 2022

included representatives from other community planning organisations such as Fife Council and national and local voluntary sector organisations.

In 2021 the Population Health Directorate of Scottish Government and Public Health Scotland began a process to help identify focus areas that would support health and social care partners to become active 'anchor institutions'. As part of that work Health Boards were asked to provide local examples of progress. Our response included an example of how interlinked Anchor themes are and how we can work with our local community planning partners to reduce health inequalities. The example we gave was from Lynebank, where there is already interest within the workforce to look at opportunities to enhance the outdoor environment for the benefit of our staff, patients and visitors.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

No additional financial costs have been identified.

2.3.4 Risk Assessment/Management

The development of an action plan to progress aspects of being an Anchor Institution can include identification and management of risks.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

The core of recognising ourselves as an Anchor Institution is impacting in a positive way on our local economy and environment.

2.3.7 Communication, involvement, engagement and consultation

Our Anchors Institution work has been discussed at a Board Development meeting, and at meetings of EDG as well as with the Health and Wellbeing Committee. It has also been discussed at Fife Partnership Board. An introductory presentation has been given at the Area Clinical Forum and to the extended acute service Senior Leadership Team. The Anchor Institution Programme Board recognises the importance of engagement and consultation particularly with our own staff groups, and this will form part of the programme's action plan.

2.3.8 Route to the Meeting

Updates on NHS Fife as an Anchor Institution have been presented to Portfolio Board in March 2021, February 2022 and May 2022, the Public Health and Wellbeing Committee in May 2022 and considered at the NHS Fife Executive Directors Group in August 2022.

2.4 Recommendation

- **Assurance** – Public Health and Wellbeing Committee members are asked to consider and discuss the contents of this paper and those areas of business included in development as an Anchor Institution.

3 List of Appendices

The following appendices are included with this report: None attached, but links included as references below:

References

1. Health Foundation

<https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution>

Report Contact

Jo-Anne Valentine
Public Health Manager (Health Improvement)
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Meeting:	Public Health & Wellbeing Committee
Meeting date:	29 August 2022
Title:	Draft Corporate Risk Register & Dashboard
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Pauline Cumming, Risk Manager

1 Purpose

This is presented to the committee for:

- Discussion and assurance.

This report relates to a:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As part of the refresh of the Risk Management Framework, it was agreed that the Board Assurance Framework (BAF) would be replaced with a renewed NHS Fife Corporate Risk Register (CRR).

2.2 Background

An iterative process to agree the content of the CRR has been underway over recent months. This has involved:

- reviews of risks on the extant Corporate Risk Register
- reviews of other active risks, including those linked to the BAF
- discussion within EDG, the governance committees and the Board
- engagement with Senior Leadership Teams and Operational Teams
- identification of new risks that require to be considered for inclusion

Risk Categorisation

It has been agreed that risks on the Corporate Risk Register will be categorised by mapping across to the 4 strategic priorities as follows:

- To improve health and wellbeing
- To improve the quality of health and care services
- To improve staff experience and wellbeing
- To deliver value and sustainability

2.3 Assessment

Proposed Corporate Risks

The aim has been to draw out and refocus the presentation of the corporate risks with the mitigation in place at a strategic level. Annex 1 presents a draft of the strategic risk profile as a dashboard set in the context of the risk appetite of the Board. Annex 2 sets out the draft Corporate Risk Register for review.

The plan is to create opportunities at each committee and Board session to carry out deep dives into high risks which are deteriorating or not improving over time. The dashboard will also feature in the executive summary of the IPQR.

It is recognised that the CRR must be dynamic and act as a tool to enable the management of risks that may affect delivery of our strategic priorities. Frequent review of existing risks and monitoring of the environment is necessary to ensure the risks captured represent the current profile of the organisation. Continual communication of risks within the organisation, with the Board and other stakeholders, is essential to allow for informed decision-making, to enable appropriate scrutiny and to provide assurance that the risk profile is being effectively managed. In this way, the corporate risk register content will be subject to continuing refinement and development.

The Risks and Opportunities Group will play a key role in supporting the development, monitoring and review of the corporate risk register, identifying risks and opportunities to the strategic priorities, and ensuring continuous improvement of the organisation's control environment, including appropriate containment of risks.

2.3.1 Quality/ Patient Care

Effective risk management enables risks to quality and patient care to be identified and appropriately managed.

2.3.2 Workforce

Effective management of workforce risks supports delivery of quality and patient care.

2.3.3 Financial

Effective management of financial risks supports delivery of quality and patient care.

2.3.4 Risk Assessment/Management

As detailed in the paper.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment will be conducted.

2.3.6 Other impact

None

2.3.7 Communication, involvement, engagement and consultation

This paper has been developed following the range of engagement over time with EDG, SLTs, governance committees and Board.

2.3.8 Route to the Meeting

EDG 18/08/22.

The paper will be shared with all governance committees during September then a final version will be presented for approval at the September Board meeting.

2.4 Recommendation

The Committee is asked to:

- **comment** and **take assurance** from the work to date on developing the Corporate Risk Register and Dashboard reporting.

Report Contact

Pauline Cumming

Risk Manager

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Working examples for discussion
Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite	Summary Statement on Risk Profile
To improve health and wellbeing	5	3	2	-	-	◀▶	High	Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite. Mitigations in place to support management of risk over time with some risks requiring daily assessment. Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.
To improve the quality of health and care services	5	4	1	-	-	◀▶	Moderate	
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate	
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate	
Total	18	13	5	0	0	◀▶	Moderate	

Risk Key

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






Movement Key



- Improved - Risk Decreased
- No Change
- Deteriorated - Risk Increased

Risk Improvement Trajectory & Deep Dive into deteriorating risks (1 for each strategic objective)



To improve health and wellbeing	Risk Improvement Trajectory				Deep Dive
Risks which have improved					Risk
Risks which have deteriorated					Risk Level and Score
Risks which have not moved					Risk Mitigation
Risks which have reached acceptable level of tolerance					Anticipated Timeline to Risk Reduction / Tolerate and Monitor
Total					

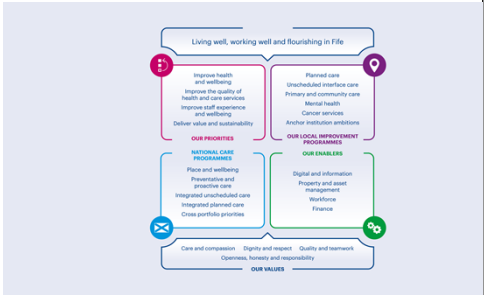
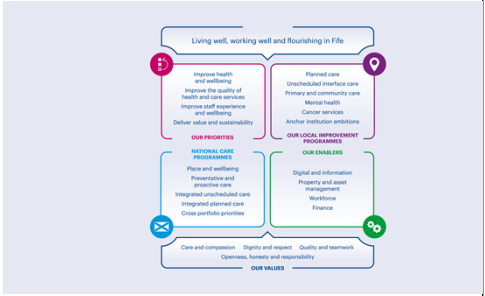
Corporate Risk Register contains individual risk details



M	Strategic Priority	Risk	Mitigation	Risk Level	Target Risk / Date	Risk Level Trend	Risk Owner	Primary Committee
1		<p>Population Health and Wellbeing Strategy</p> <p>There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.</p>	EDG has established a Portfolio Board, reporting to the Public Health and Wellbeing Committee to deliver the required system leadership and executive support to enable effective strategy development. The Portfolio Board commissions and monitors the delivery of key milestone activity associated with the delivery of an effective new strategy.	Mod 12	Mod 8		Chief Executive	Public Health & Wellbeing
2		<p>Health Inequalities</p> <p>There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.</p>	Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population. Public health department and wider partners ongoing programme of work on reducing health inequalities relating to Public Health Priorities, Health Promotion, Vaccination, Screening, and Dental Public Health (ongoing). Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.	High 20	Mod 10		Director of Public Health	Public Health & Wellbeing
3		<p>COVID 19 Pandemic</p> <p>There is an ongoing risk to the health of the population, particularly the clinically vulnerable, the elderly and those living in care homes, that if we are unable to protect people through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, this will result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and severe disease, including death in a minority of the population.</p>	Delivery plans are being developed for the autumn/winter vaccination campaign. The proposed start date is early September 2022; some planning is pending JCVI decisions. Implementation of new treatments for individuals at higher risk of adverse outcomes. Public communications programme to raise awareness of infection prevention and control measures across the region population cross the population.	High 16	Mod 12		Director of Public Health	Clinical Governance



4		<p>Policy obligations in relation to environmental management and climate change</p> <p>There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'</p>	<p>Robust governance arrangements have been put in place including an Executive Lead and Board Champion appointed</p> <p>Regional working group and representation on the National Board</p> <p>Active participation in Plan 4 Fife</p>	Mod 12	Mod 10		Director of Property & Asset Management	Public Health & Wellbeing
5		<p>Optimal Clinical Outcomes</p> <p>There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of-living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium-term.</p>	<p>The Board has agreed a suite of local improvement programmes, as detailed in the diagram below to frame and plan our approach to meeting the challenges associated with this risk.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p>	High 15	Mod 10		Medical Director/ Director of Public Health	Clinical Governance









6		<p>Whole System Capacity</p> <p>There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.</p>	<p>The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Integrated Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.</p>	High 20	Mod 9		Director of Acute Services	Clinical Governance
7		<p>Access to outpatient, diagnostic and treatment services</p> <p>There is a risk that due to demand exceeding capacity, compounded by COVID -19 related disruption and stepping down of some non-urgent services, NHS Fife will see a deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife.</p>	<p>Recovery Plans developed outlining additional activity and resources required to reduce backlog and meet ongoing demand.</p> <p>Speciality level plans in place outlining local actions to mitigate the most significant areas of risk.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p>	High 16	Low 4 3-4 years		Director of Acute Services	Clinical Governance



8		<p>Cancer Waiting Times</p> <p>There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times (CWT) 62-day performance.</p>	<p>Effective Cancer Management Framework Action plan agreed both locally and by Scottish Government and actions identified. A national Short Life Working Group (SLWG) is being set up to develop a 'Once for Scotland' approach to management of breaches standard operating procedure. This will be led by the NHS Fife Cancer Transformation Manager (Chair of National Cancer Managers' Forum). The Cancer Framework and delivery plan is almost complete. Optimal Pathways and integrated care are included in the framework along with viewing CWT targets as a minimum standard. The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p>	High 15	Mod 12		Director of Acute Services	Clinical Governance
9		<p>Quality & Safety</p> <p>There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.</p>	<p>Effective governance is in place and operating through the clinical Governance Oversight Group (CGOG) providing the mechanism for assurance and escalation of clinical governance (CG) issues to Clinical Governance Committee (CGC). This is further supported by the organisational Learning Group to ensure that learning is used to optimise patient safety, outcomes and experience, and to enhance staff wellbeing and job satisfaction. There are also effective systems & processes to ensure oversight and monitoring of national & local strategy / framework / policy / audit implementation and impact.</p>	High 15	Mod 10		Medical Director	Clinical Governance
10		<p>Primary Care Services</p> <p>There is a risk that due to a combination of the demand on services, workforce availability and current funding and resourcing of Primary Care, it may not be possible to deliver sustainable quality</p>	<p>A Primary Care Governance and Strategy Oversight Group has been established. The group brings together both the transformation and sustainability initiatives for all four of the independent primary care contractors, whilst also overseeing any critical aspects of</p>	High 16	Mod 8		Medical Director/ Director of Health & Social Care	Clinical Governance

		services to the population of Fife into the medium-term.	governance. It is co-chaired by the Medical Director and the Director of Health and Social Care. The group will provide assurance to NHS Fife Board and the Integration Joint board through the appropriate sub committees. The establishment of this group will allow governance and scrutiny of all aspects of primary care delivery and to provide a focus for improving patient care for the population of Fife					
11		Workforce Planning and Delivery There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services.	Development and implementation of the Workforce Strategy to support the Clinical Strategy, workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025. Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 to 2022, the integration agenda and the development of the H&SCP Workforce Strategy and Workforce Plan for 2022 to 2025. Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours and aligned to the ambitions of an anchor institution.	High 16	Mod 8		Director of Workforce	Staff Governance
12		Staff Health and Wellbeing There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.	Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff engagement opportunities are maximised. Scoping a Staff Experience and Engagement Framework that sets out our key ambitions and commitments for improving staff experience, which will help to develop a culture that values and supports our workforce.	High 16	Mod 8		Director of Workforce	Staff Governance

13		<p>Delivery of a balanced in-year financial position. There is a risk that the Board may not achieve its statutory financial targets in 2022/23 due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally.</p>	<p>Financial Improvement and Sustainability Programme (FIS) board established to provide oversight to the delivery of Cost Improvements Plans and approve pipeline schemes to be taken to implementation.</p>	High 15	Mod 8		Director of Finance & Strategy	Finance, Performance & Resources
14		<p>Delivery of recurring financial balance over the medium-term There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.</p>	<p>Strategic Planning and Resource Allocation process will continue to operate and support financial planning The FIS Programme will focus on medium-term productive opportunities and cash releasing savings The Board will maintain its focus on reaching the full National Resource Allocation (NRAC) allocation over the medium-term</p>	High 15	Mod 8		Director of Finance & Strategy	Finance, Performance & Resources
15		<p>Prioritisation & Management of Capital funding There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.</p>	<p>Infrastructure developments prioritised and funded through the NHS Board capital plan. Regular Property and Asset Management Strategy (PAMS) report submitted to FP&R, NHS Board and Government.</p>	Mod 12	Low 6		Director of Property & Asset Management	Finance, Performance & Resources
16		<p>Off-Site Area Sterilisation and Disinfection Unit Service There is a risk that by continuing to use a single off-site service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.</p>	<p>Monitoring and review through Decontamination Group Establishment of local SSD for robotic being planned</p>	Mod 12	Low 6		Director of Property & Asset Management	Clinical Governance
17		<p>Cyber Resilience There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or</p>	<p>Considerable focus continues in 2022 with heightened threat level to improve our resilience to attack and ability to recover quickly.</p>	High 16	Low 6		Medical Director	Clinical Governance

		integrity of digital and information required to operate a full health service.					
18		Digital & Information There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and current operational lifecycle commitment to enable transformation across Health and Social Care.	Consistent alignment of the D&I Strategy with the NHS Fife Corporate Objectives and developing Health & Wellbeing Strategy Digital & Information Board Governance established and supporting prioritisation with ongoing review.	High 15	Mod 10		Medical Director Clinical Governance

Meeting:	Public Health & Wellbeing Committee
Meeting date:	29 August 2022
Title:	Integrated Performance & Quality Report – Public Health & Wellbeing
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Head of Performance

1 Purpose

This is presented to the PH&W Committee for:

- Assurance

This report relates to the:

- Integrated Performance & Quality Report

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This report informs the Public Health & Wellbeing (PHW) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of June 2022.

2.2 Background

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

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23, and this will streamline local reporting for governance purposes with quarterly national reporting to the Scottish Government.

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

The list of indicators has been amended, with the most recent addition being for Personal Development Plan & Review (PDPR), in the Staff Governance section. Further additions relating to Adverse Events (Clinical Governance) and Establishment Gap (Staff Governance) will follow in due course.

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

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2022/23 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July.

The Public Health & Wellbeing aspects of the report cover measures listed in the table below.

Measure	Update	Target	Current Status
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Not achieving
COVID Vaccination	Monthly	80%	Not achieving
Immunisation: 6-in-1	Quarterly	95%	Not achieving
Immunisation: MMR2	Quarterly	92%	Not achieving

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

Risk Management is considered and will be included in future IPQRs as we capture the key issues from the ADP.

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 Public Health & Wellbeing extract of the August IPQR will be available for discussion at the meeting on 8 September.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 18 August and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The PHW Committee is requested to discuss and take Assurance from this report.

3 List of appendices

None

Report Contact

Bryan Archibald

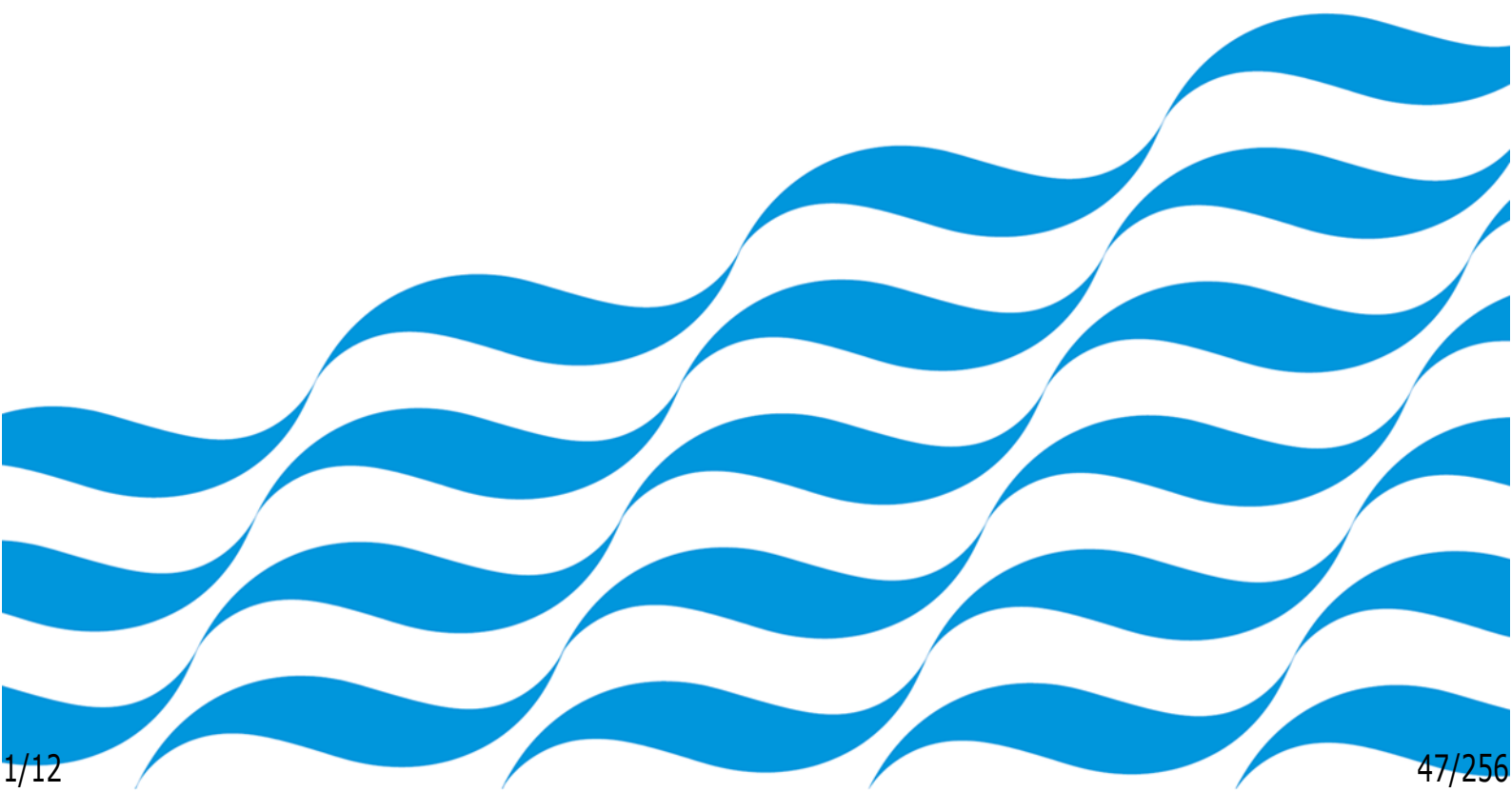
Planning and Performance Manager

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Fife Integrated Performance & Quality Report

PUBLIC HEALTH & WELLBEING

Produced in August 2022



Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI).

Amendments have been made to the IPQR following the IPQR Review. This involves the addition of some key indicators, removal of other indicators, updating of the Indicator Summary and applying Statistical Process Control (SPC) where appropriate. A Risk section will be introduced in due course.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR for the Public Health & Wellbeing Committee comprises of the following sections:

a) Indicatory Summary

Provides a summary of performance against National Standards and local KPI's. These are listed showing current performance, comparison with 'previous' and 'previous year' and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also an indication of 'special cause variation' based on SPC methodology.

b) Projected & Actual Activity

Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.

c) Assessment

Summary assessment for indicators of continual focus or those that are currently experiencing significant challenges.

d) Performance Assessment Reports

Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

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

MARGO MCGURK
Director of Finance & Strategy
18 August 2022

Prepared by:
SUSAN FRASER
Associated Director of Planning & Performance

a. Indicator Summary

Section	Measure	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Trend	Benchmarking
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Jun-22	47	○	▼	▼		●
	HSMR	N/A	Year Ending	Mar-22	1.02	●	↔	↔		●
	Inpatient Falls	6.91	Month	Jun-22	6.94	○	▲	▼		●
	Inpatient Falls with Harm	1.65	Month	Jun-22	1.47	○	▲	▼		●
	Pressure Ulcers	0.89	Month	Jun-22	1.47	○	▼	▼		●
	SAB - HAI/HCAI	18.8	Month	Jun-22	13.8	○	▼	▼		●
	C Diff - HAI/HCAI	6.5	Month	Jun-22	10.4	○	▼	▼		●
	ECB - HAI/HCAI	33.0	Month	Jun-22	51.9	○	▼	▼		●
	Complaints Closed - Stage 1	80%	Month	Jun-22	57.1%	○	▼	▼		●
	Complaints Closed - Stage 2	50%	Month	Jun-22	3.4%	○	▲	▼		●
Operational Performance	IVF Treatment Waiting Times	90%	Month	Jun-22	100.0%	●	↔	↔		●
	4-Hour Emergency Access	95%	Month	Jun-22	74.9%	○	▼	▼		●
	Patient TTG % <= 12 Weeks	100%	Month	Jun-22	54.3%	●	▼	▼		●
	New Outpatients % <= 12 Weeks	95%	Month	Jun-22	55.4%	●	▲	▼		●
	Diagnostics % <= 6 Weeks	100%	Month	Jun-22	68.2%	●	▲	▼		●
	18 Weeks RTT	90%	Month	Jun-22	73.2%	●	▲	▲		●
	Cancer 31-Day DTT	95%	Month	Jun-22	100.0%	○	▲	↔		●
	Cancer 62-Day RTT	95%	Month	Jun-22	84.5%	○	▼	▲		●
	Detect Cancer Early	29%	Year Ending	Sep-21	23.2%	●	▲	▲		●
	Freedom of Information Requests	85%	Month	Jun-22	90.5%	●	▼	▲		●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Jun-22	11.4%	●	▲	▲		●
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Jun-22	7.2%	○	▲	▲		●
	Antenatal Access	80%	Month	Mar-22	82.1%	●	▼	▼		●
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Jun-22	(£6.2m)	●	▼	—		●
	Capital Resource Limit Performance	£27.4m	Month	Jun-22	£5.7m	●	—	—		●
Staff Governance	Sickness Absence	4.00%	Month	Jun-22	6.24%	○	▼	▼		●
	Personal Development Plan & Review (P DPR)	80%	Year Ending	Jun-22	31.4%	●	▼	—		●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Apr-22	16	●	—	▼		●
	CAMHS Waiting Times	90%	Month	Jun-22	67.8%	○	▲	▼		●
	Psychological Therapies Waiting Times	90%	Month	Jun-22	76.3%	○	▼	▼		●
	Drugs & Alcohol Waiting Times	90%	Month	Apr-22	86.7%	●	▲	▼		●
	COVID Vaccination (Booster 1 or Dose 3)	80%	Month	Jul-22	78.9%	●	▲	—		●
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Q/E Mar-22	93.5%	○	▼	▼		●
	Immunisation: MMR2 at 5 Years	92%	Quarter	Q/E Mar-22	89.6%	○	▲	▲		●

Performance Key

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

SPC Key

	SPC chart, within control limits
	Special cause variation, out with control limits
	No SPC applied

Change Key

	"Better" than comparator period
	No Change
	"Worse" than comparator period
	Not Applicable

Benchmarking Key

	Upper Quartile
	Mid Range
	Lower Quartile
	Not Available

b. Projected and Actual Activity

		Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Jun-22	Jul-22	Aug-22	Sep-22	Sep-22	Dec-22	Mar-23
Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	1,012	1,012	1,029	3,053	3,087	3,087
	Actual	2,878	884			884	0	0
	Variance	-158	-128					
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	6,201	6,220	6,385	18,806	19,132	19,166
	Actual	20,951	6,266			6,266	0	0
	Variance	2,384	65					
	Urgent	10,868	3,460			3,460	0	0
	Routine	10,083	2,806			2,806	0	0
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	497	497	497	1,491	1,491	1,491
	Actual	1,547	477			477	0	0
	Variance	56	-20					
Upper Endoscopy	Actual	575	185			185	0	0
Lower Endoscopy	Actual	182	45			45	0	0
Colonscopy	Actual	736	234			234	0	0
Cystoscopy	Actual	54	13			13	0	0
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	3,996	3,996	3,996	11,988	11,988	11,988
	Actual	13,471	4,350			4,350	0	0
	Variance	1,483	354					
CT Scan	Actual	4,083	1,322			1,322	0	0
MRI	Actual	2,936	979			979	0	0
Non-obstetric Ultrasound	Actual	6,452	2,049			2,049	0	0

c. Assessment

PUBLIC HEALTH & WELLBEING		Target	Current
Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	473	16
<p>The service is moving into a transitional stage whereby we are using a hybrid approach by continuing to deliver an element of service provision remotely through telephone support while concurrently returning to face to face delivery. 11 GP practices (+2 pending) have started or are due to start in August. Initial uptake levels are low but those that have engaged with the face to face support report positive interactions and enjoying seeing/speaking to the advisors. CO monitoring has recommenced. There is a risk to LDP target due to challenges with securing available accommodation in primary care. Alternative accommodation in the community is being considered but has cost implications.</p>			
CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	67.8%
<p>RTT performance has been maintained at the projected level as work on the longest waits continues balanced against meeting the need of urgent and priority presentations. Focussed waiting list initiatives have been implemented to address the backlog including overtime evening/weekend sessions and redirecting clinical capacity to ensure maximum use of staff resource. Combined with ongoing recruitment providing an adequate capacity to meet demand, this has resulted in the number of patients waiting over 18 weeks reducing and the national target of less than 10% waiting more than 18 weeks projected to be achieved by January 2023.</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	76.3%
<p>The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of that year. Demand increased again in the first 6 months of 2022, compared to the latter half of 2021. This has resulted in an increase in numbers on the waiting list. Issues of workforce availability have negatively impacted the increase in activity that was anticipated from October 2021 onwards.</p>			
COVID Vaccination	<i>At least 80% of the Age 18+ population will receive a Booster 1 or Dose 3 vaccine</i>	80%	78.9%
<p>Uptake of primary and booster COVID vaccination doses remains high in the most vulnerable groups; in addition to the population wide booster 1 offer, the elderly and those with immunosuppression have since been offered a further 'spring/summer' booster. Uptake of the first booster dose in the younger healthy population is lower though overall our 18+ uptake is very close to the target of 80%, and is comparable with uptake elsewhere in Scotland. Throughout 2022 there has been a continued offer of primary and booster 1 doses to the general population through a rolling programme of drop-in clinics across Fife. This has been supplemented by efforts to reach out to groups where uptake has been lowest. For example, outreach activity has taken place in food banks, retail centres, Kirkcaldy mosque and industrial sites. In addition, since June, selected community pharmacies across Fife can offer COVID vaccination to specific groups such as those on methadone. Engagement with the third sector to support outreach efforts continues. As such, we are seeing ongoing small increments towards our 18+ population target of 80% uptake of booster 1.</p> <p>From September, the focus of COVID vaccination activity will be the Autumn booster offer to eligible groups as outlined by the UK Joint Committee on Vaccination & Immunisation (JCVI). This will be co-administered with the seasonal flu vaccination.</p>			
Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	93.5%
<p>The 6-in-1 primary vaccination protects against Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B; and is delivered as part of the primary routine infant schedule at 8, 12 and 16 weeks. Uptake of the 6-in-1 vaccine in infants monitored when they reach 12 months in the quarter ending 31st March 2022 was 93.5%, below the national target of 95%. Although there can be fluctuations from quarter to quarter, it has been recognised that the trend in Fife suggests action is required to ensure we meet the 95% target and to avoid the risk of vaccine preventable disease in areas within the population where uptake is lower.</p> <p>The latest uptake data was reviewed at the Community Immunisation Quality and Clinical Assurance Group on 18 July, where it was agreed a SLWG would be formed to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. Additional clinics have been offered over the Summer months. Staff have been proactive in calling parents/guardians who have not up taken vaccination for children.</p>			

PUBLIC HEALTH & WELLBEING**Target****Current****Immunisation: MMR2***At least 90% of children will receive their MMR2 vaccination by the age of 5***95%****89.6%**

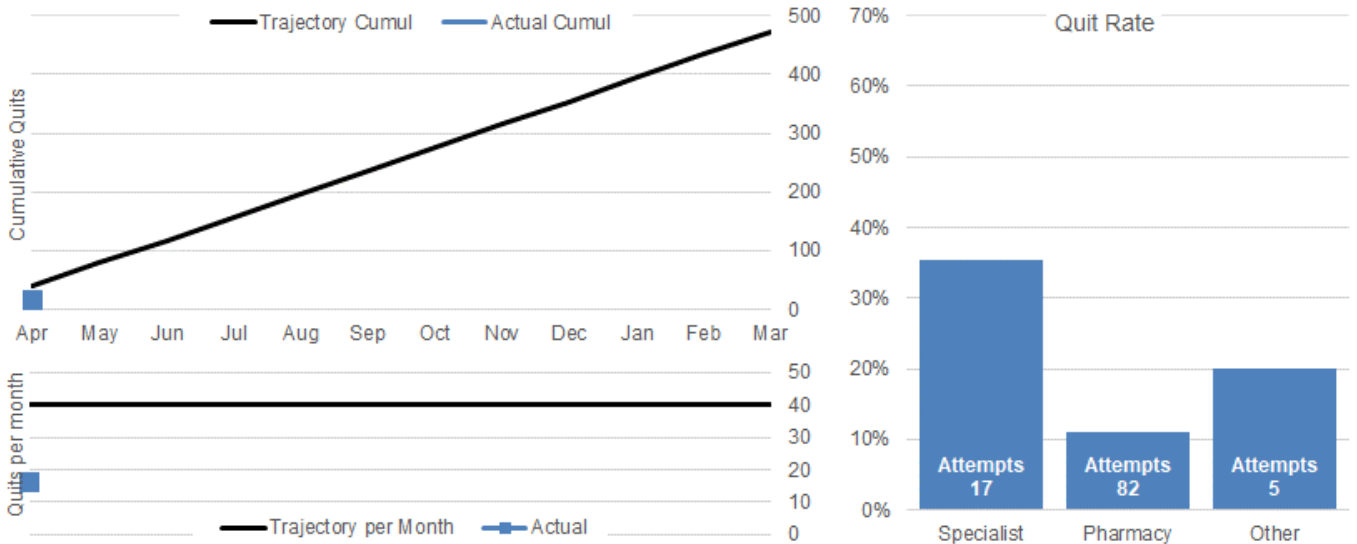
The MMR vaccine protects against Measles, Mumps & Rubella infection; the first dose is given at 1 year and the second dose given at 3 years 4 months or soon after. Uptake of the second MMR vaccine is monitored in children that reach 5 years of age. For the quarter ending 31st March 2022, Fife achieved 89.6%, below our local target to reach 92% uptake by March 2023. There is a national target of 95% uptake based on WHO guidance (as outlined in the Fife Strategic Framework); however, given the trend data in Fife and Scotland a local uptake target for this FY was agreed by the Area Immunisation Steering Group at their meeting on 27 May. Performance against the local target will be reviewed with anticipation that a further local target of 93% or higher will be set for FY 2023-24. The latest uptake data was reviewed at the Community Immunisation Quality and Clinical Assurance Group on 18 July, where it was agreed a SLWG would be formed to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. Additional clinics have been offered over the Summer months. Staff have been proactive in calling parents/guardians who have not up taken vaccination for children.

d. Performance Exception Reports

Smoking Cessation

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

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



National Benchmarking

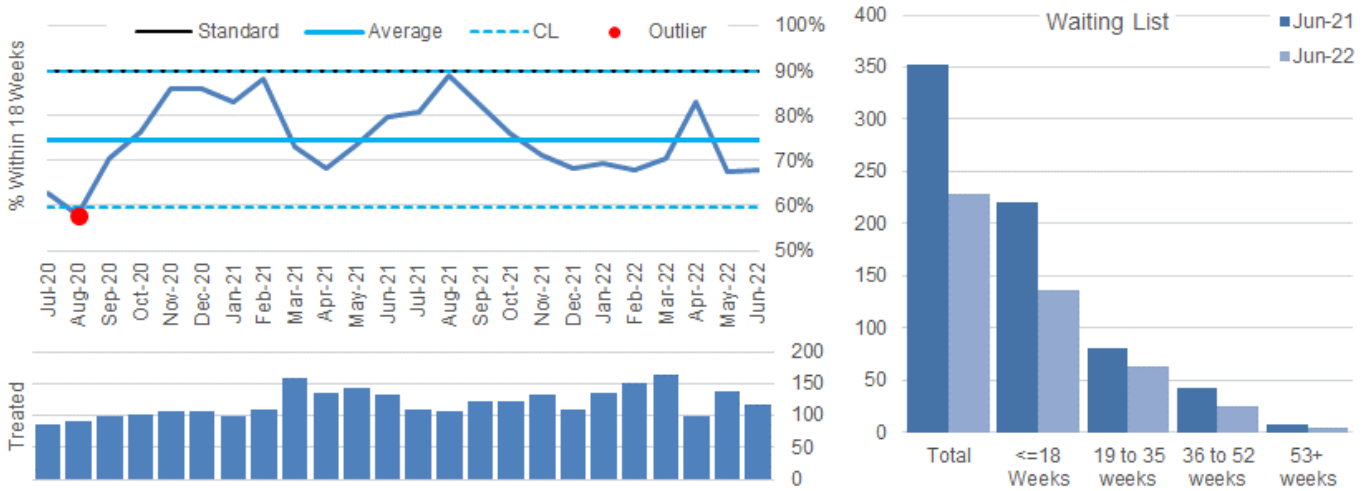
		2021/22											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	39	31	27	32	27	26	18	37	13	45	35	33
	Actual Cumul	39	70	97	129	156	182	200	237	250	295	330	363
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	97.5%	88.6%	82.2%	81.6%	79.2%	77.1%	72.5%	75.2%	70.6%	74.9%	76.0%	76.7%
Scotland	Achieved			93.3%			82.7%			74.3%			

Key Deliverable		End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23		Mar-23 On track
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-23 On track
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system	Mar-23 On track
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment	Mar-23 On track
	Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan	Mar-23 On track
	Remobilise out-reach service provision in most deprived communities; negotiate use of sexual health mobile unit, assess appropriate sites and permissions to park, signage	Mar-23 On track

CAMHS 18 weeks RTT

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

Local Performance



National Benchmarking

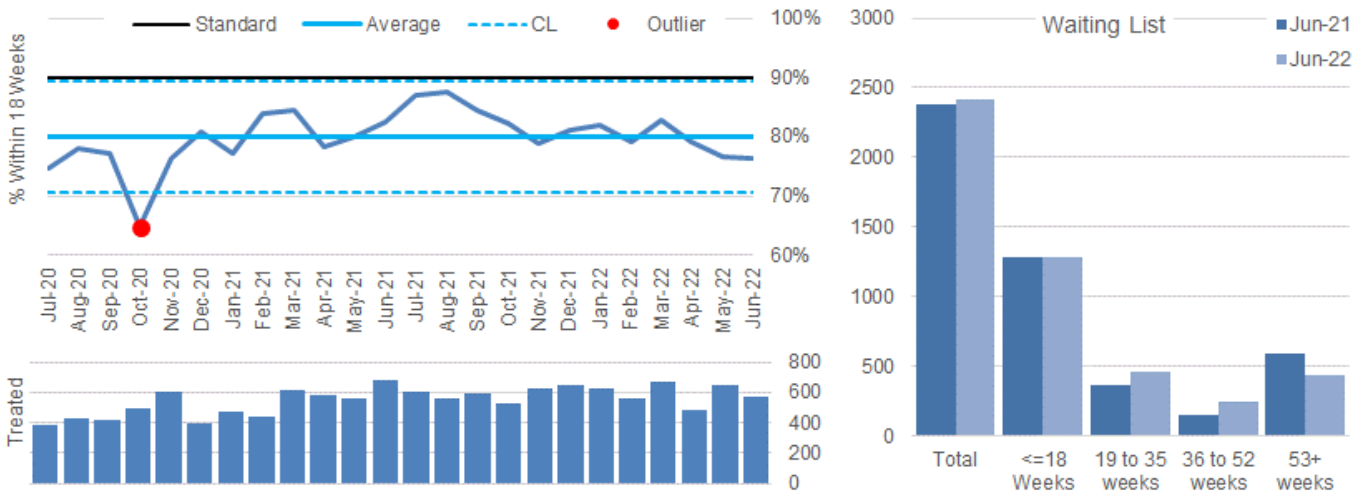
Month	2021/22						2022/23					
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	80.9%	88.8%	82.1%	76.0%	71.2%	68.2%	69.4%	68.0%	70.6%	83.0%	67.4%	67.8%
Scotland	75.9%	77.4%	82.1%	71.5%	70.5%	68.9%	73.9%	71.9%	73.8%			

Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS		Mar-23 On track
Key Milestones	Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation which has significantly increased over the course of the pandemic	Nov-22 On track
	Recruitment of Additional Workforce	Mar-23 On track
	Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health	Mar-23 On track

Psychological Therapies 18 weeks RTT

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

Local Performance



National Benchmarking

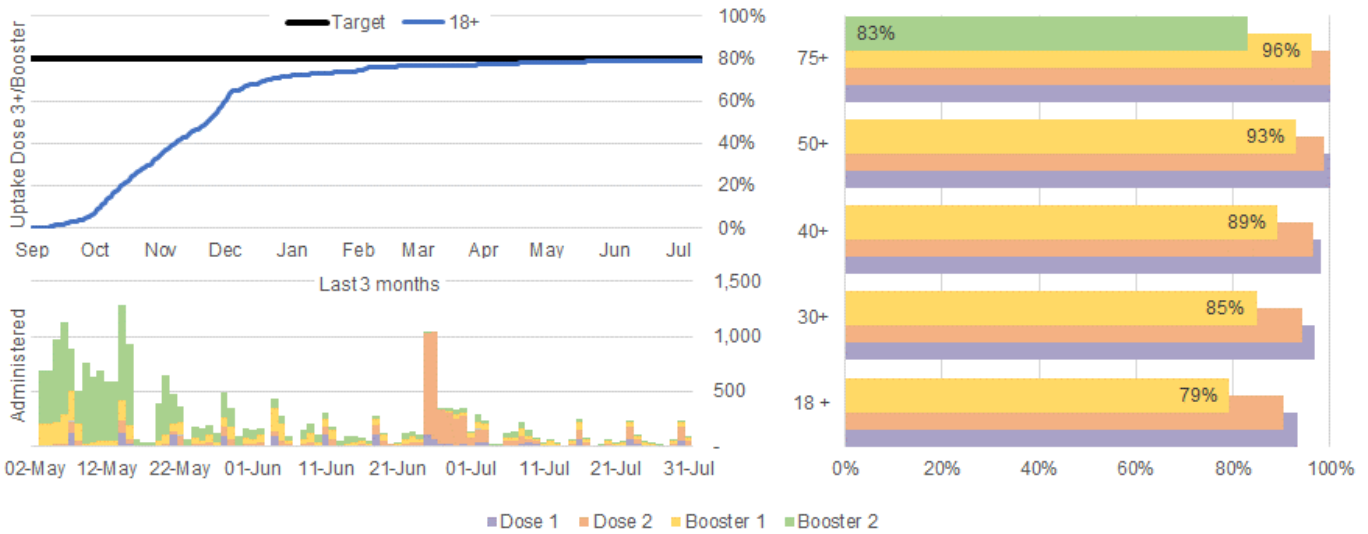
Month	2021/22						2022/23					
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	86.9%	87.4%	84.5%	82.3%	78.8%	81.1%	81.8%	79.2%	82.7%	79.2%	76.5%	76.3%
Scotland	88.5%	87.0%	86.1%	85.5%	83.0%	85.1%	82.6%	82.0%	84.5%			

Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies		Mar-23 On track
Key Milestones	Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service	Dec-22 On track
	Recruit new staff as per Psychological Therapies Recovery Plan	Dec-22 At risk
	Waiting list management within General Medical Service in Clinical Health	Dec-22 On track
	Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit	Mar-23 At risk
	Support and develop the NHS Fife response to Long COVID	Dec-22 On track

Covid-19 Vaccination

At least 80% of the Age 18+ population will receive a Booster 1 or Dose 3 vaccine

Local Performance



National Benchmarking

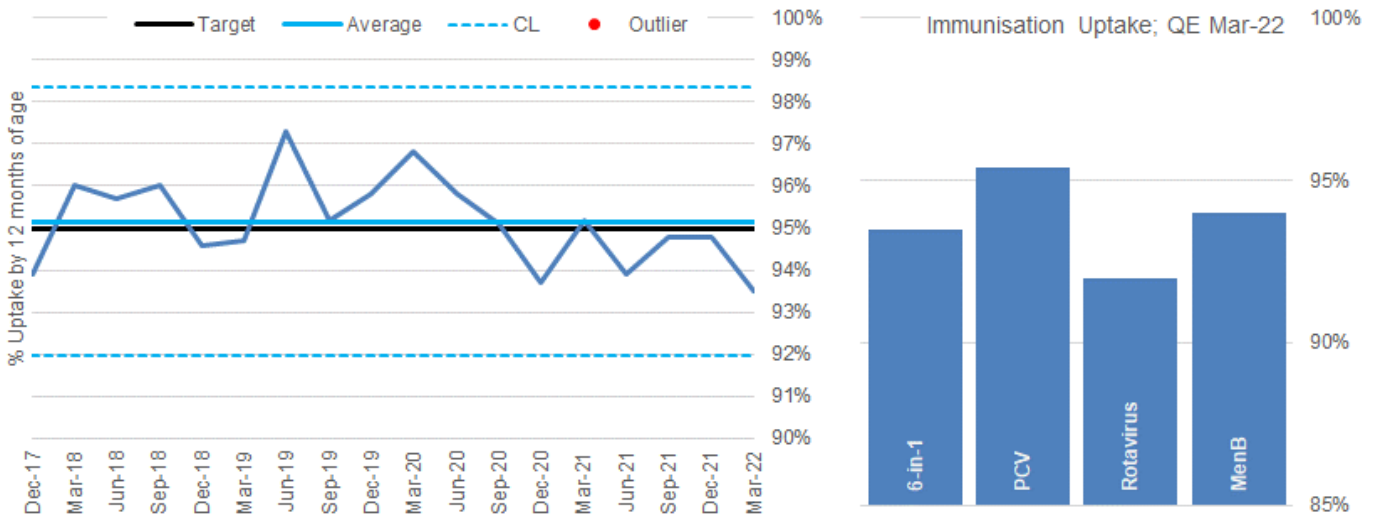
Month Ending	2021/22							2022/23			
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS Fife	0.9%	19.9%	44.0%	68.6%	73.6%	76.8%	77.5%	78.0%	78.5%	78.8%	78.9%
Scotland	1.8%	17.4%	38.5%	66.7%	73.5%	76.4%	77.4%	77.8%	78.3%	78.7%	78.8%

Key Deliverable		End Date
Delivery of the COVID booster 1 and 2 programme for eligible population in Fife		Dec-22 On track
Key Milestones	COVID Booster 1 (dose 3) uptake for 18+ Fife population	Dec-22 On track
	COVID Spring/Summer 22 booster 2 (dose 4) uptake for 75+ Fife population <i>Latest PHS data (13/7/22) - Fife uptake for booster 2 (dose 4) in 75+ = 94.5%. Programme completed though rolling offer ongoing.</i>	Jul-22 Complete
Delivery of the Autumn/Winter Seasonal 22-23 Flu & COVID vaccination programme for eligible population in Fife		Jan-23 On track
Key Milestones	COVID uptake for 75+ in Fife, Autumn/Winter 22-23	Dec-22 On track
	Flu Vaccination uptake for 18-59 years at risk group in Fife, Autumn/Winter 22-23	Jan-23 On track
	Flu vaccination uptake for 65+ Fife population, Autumn/Winter 22-23	Dec-22 On track
	Flu vaccination uptake in 2-5 years, primary & secondary school programme	Jan-23 On track

Child Immunisation: 6-in-1

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

Local Performance



National Benchmarking

Quarter	2020/21				2021/22			
	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	95.8%	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%
Scotland	96.4%	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%

Key Deliverable

Delivery primary & booster childhood immunisation programme to infants and pre-school children in Fife population; 6-in-1 primary vaccination uptake at age 12 months for Fife population

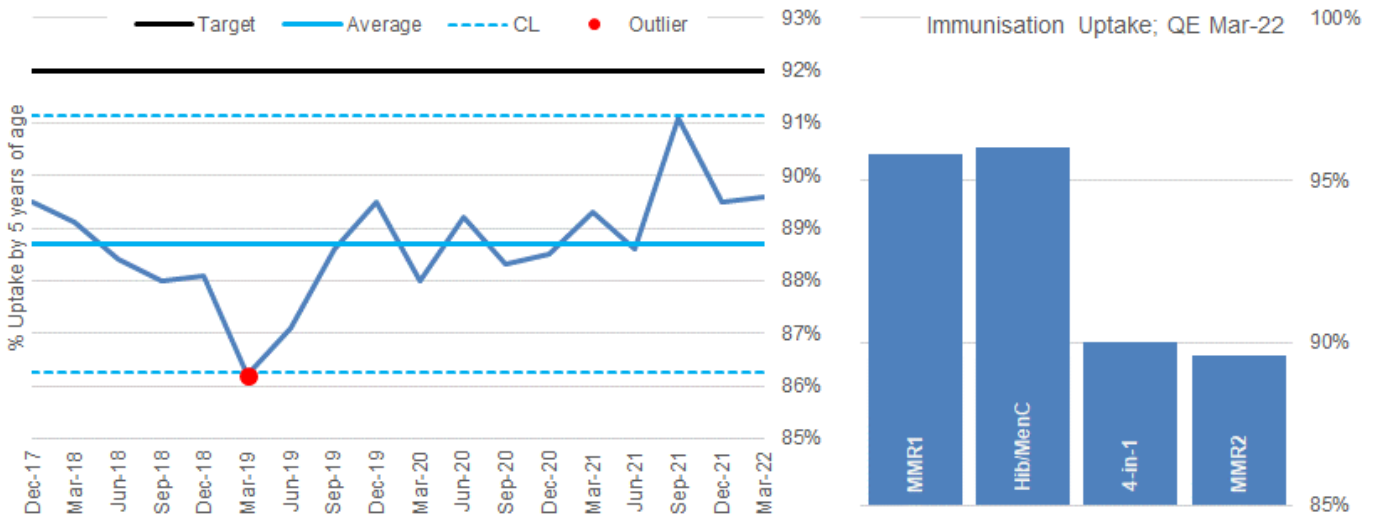
End Date

Mar-23
At risk

Child Immunisation: MMR2

At least 90% of children will receive their MMR2 vaccination by the age of 5

Local Performance



National Benchmarking

Quarter	2020/21				2021/22			
	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	89.2%	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%
Scotland	92.3%	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%

Key Deliverable

Delivery primary & booster childhood immunisation programme to infants and pre-school children in Fife population; MMR2 uptake at age 5 years for Fife population

End Date

Mar-23
At risk

Meeting:	Public Health & Wellbeing Committee
Meeting date:	29 August 2022
Title:	Community Immunisation Service FVCV Delivery Update
Responsible Executive:	Nicky Connor, Director of Health & Social Care
Report Authors:	Lisa Cooper, Immunisation Programme Director Karen Nolan, Clinical Service Manager CIS Kalvinder Sandhu, Programme Manager

1 Purpose

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

- Assurance

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to provide an update of the local delivery position for the Autumn / Winter Flu and Covid vaccination programmes by the newly established Community Immunisation Service of NHS Fife.

The Public Health and Wellbeing Committee are asked to consider this report for assurance and note the planning to support safe and effective delivery of the programmes to the people of Fife.

Delivery timescales remain under discussion with Scottish Government and a further update will be provided to Committee members as new information becomes available.

2.2 Background

The Community Immunisation Service continues to successfully progress with the local delivery of the nationally directed immunisation programme for all eligible cohorts.

The Spring vaccination programme can now be considered complete with all those eligible having been offered several opportunities to uptake vaccination along with an ongoing rolling offer through the provision of drop-in clinics for those missing earlier doses. The uptake of the Spring booster among eligible groups in Fife was above the national average. Planning is now underway for the Autumn/Winter 2022 Covid and Flu Vaccination Campaign.

National guidance received in the form of a JCVI statement on the 15th of July confirmed the cohorts to be offered a vaccination. Further JCVI guidance regarding the new variant vaccine has also now been received on 15th August 2022.

Autumn/Winter Planning Assumptions cohorts have been agreed

- All Cohorts 1-9 will be offered flu and Covid vaccination
- Dose interval of 24 weeks from previous boost, with operational flexibility from 12 weeks
- Co-administration of COVID vaccination with flu wherever practicable

2.3 Assessment

At time of writing (11/08/2022) 853,469 full course doses have been administered in Fife.

Planning to support both an 80% uptake within clinics for Autumn and Winter vaccinations were reviewed with the following aspects taken into consideration,

- National planning assumptions guided for Autumn/Winter
- Appointment timescales
- Current delivery from contracted staff
- Delivery assumptions based on completion by end of December 2022

It was agreed that 'normal' delivery would be based on an assumption of 80% uptake as directed nationally, with current delivery achievable by the existing staff within the Community Immunisation Service. Based on current planning assumptions, Autumn/Winter delivery is anticipated to commence week of **5th September** for frontline health and social care staff, care home residents and those who are housebound and appointments for the wider community cohorts from **19th of September**. Appointments will be scheduled in order of clinical priority. Following JCVI advice, including staff, the total number of adult appointments being planned in Fife is 167,000. This consists of around 160k

clinic-based vaccinations and around 7k community (Housebound and care home) vaccinations. The at-risk cohort extends to ages 5+ and at-risk children will also be offered a further COVID booster.

The Flu vaccine will be delivered through a co-administration appointment with COVID for eligible adults in a similar model adopted in 2021. The children's flu programme will be delivered through a school-based delivery model for those of primary and secondary age, and a community venue model for those aged 2 to 5 years.

Based on current national planning assumptions, the Autumn/Winter Programme is aiming to be complete by the 23rd of December with as many people across Fife who are eligible to be vaccinated by then, and the most vulnerable vaccinated by the beginning of December. The Programme however will roll to the end of Jan 2023 to support any mop up and a rolling offer. There will be no drop-in appointments within the initial phase of delivery focused to ensure the most vulnerable will be offered a vaccination appointment and be protected first.

It is worth noting that planning assumptions can change as JCVI guidance evolves and the Chief Medical Office directs NHS boards accordingly. For the committee's assurance, locally the team are responsive to this and will flex and adjust delivery plans ensuring any potential risks are scoped and mitigated as delivery schedules change.

Most of the eligible adult population will receive an appointment via a "blue letter", with those aged 50-64 who don't have any at-risk conditions guided to self-book via the portal at a later stage in the programme.

There have been several national discussions surrounding the evolution of a variant vaccine and a bivalent vaccine has now been licensed for use within the United Kingdom and will be used to increase immunity to circulating variants.

To ensure accessible vaccination, citizens will have the opportunity to uptake the vaccine in several centres across Fife. This includes the more rural populations.

Delivery Plan – current dates, please see Appendix 1

Outreach Work

Community outreach and pop-up activity has continued throughout the year this will continue to be used to reach more rural populations in Fife for the Autumn/Winter campaign. Uptake rates will be monitored to target focused outreach where required.

2.3.1 Quality/ Patient Care

NHS Fife will continue to respond to new developments as guided nationally to provide a safe and effective service to all citizens in Fife. A clinical oversight and assurance group meets regularly to provide assurance to the boards regarding safe delivery of the Immunisation programme.

2.3.2 Workforce

Currently, there are no immediate concerns or pressures regarding workforce ability to deliver the circa 178,000 vaccinations projected within Fife inclusive of adult Covid, flu and children's programmes.

2.3.3 Financial

The programme continues to work closely with Finance colleagues to track and report on expenditure. Additional costs and any risks identified throughout the planning stages of this campaign and are being managed, mitigated, and reported accordingly.

2.3.4 Risk Assessment/Management

A robust risk review process is in place where risks are reviewed frequently across key work streams. There have recently been several risks closed with the current total now equating to 7 with no high-level risks, all 7 are either moderate or low-level risks.

2.3.5 Equality and Diversity, including health inequalities

The established inclusivity group will continue to lead delivery of EQIA actions and direct specific outreach activities to ensure access for all eligible.

2.3.6 Communication, involvement, engagement, and consultation

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

2.4 Recommendation

The Public Health and Wellbeing Committee are asked to consider the report for **assurance**, considering the progress achieved and updated information regarding the programme, and ongoing developments in the approach.

Report Contact

Nicky Connor

Director of Health and Social Care

nicky.connor@nhs.scot

Appendix 1: Flu and Covid Vaccination Autumn/Winter Timetable 2022

Groups (as per current JCVI)	Delivery Setting etc	Start date	Projected completion date
Care Home residents	Care Homes	5 th September	13 th November
Housebound Patients	In own homes	5 th September	13 th November
Carers - including unpaid carers	Community Vaccination Clinic Sites	19 th September	23 rd December
HSCWs (frontline flu/covid) NHS staff (flu only)	Community Vaccination Clinic Sites, Hospital settings	5 th September	30 th September
16 to 64 at risk (including household contacts)	Community Vaccination Clinic Sites	31 st October	27 th November
5 to 15 at risk (including household contacts)	Community Vaccination Clinic Sites	10 th October	31 st October
Pregnant women	Community Vaccination Clinic Sites /Maternity clinics	19 th September	30 th March 2023
Household contacts of immunosuppressed	Community Vaccination Clinic Sites	31 st October	27 November
65yrs and over	Community Vaccination Clinic Sites	19 th September	6 th November
50 – 64yr (no underlying health conditions)	Community Vaccination Clinic Sites	28 th November	23 rd December
Teachers and support staff (flu only)	Community Vaccination Clinic Sites / On school site	Some may fall into above category, cannot therefore be date specific	23 rd December
Prison population, prison officers and support staff (flu only)	Prison population – n/a as no prison in health board area SLA with SACRO via Fife Alcohol & Drug Partnership will continue SACRO staff support those going through Kirkcaldy custody suite & eligible for an Autumn/Winter vaccination to attend vaccination clinic.Prison officers & prison support staff who are resident in Fife – most expected to have been offered vaccination in their place of work, but self-book vaccination site appointments will be available for those that require	Some may fall into above category, cannot therefore be date specific	23 rd December
Pre School 6mnths- 2yrs at risk 2-5 years (not at school flu only) Deferred children	Community Vaccination Clinic Sites	10 th October	23 rd December

Meeting:	Public Health and Wellbeing Committee
Meeting date:	29 August 2022
Title:	Community Children Services Annual Report 2021/22
Responsible Executive:	Bryan Davies, Head of Primary and Preventative Services, H&SCP
Report Author:	Heather Bett, Interim Senior Manager

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- NHS Board/Integration Joint Board Strategy
- National Health & Well-Being Outcomes

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

This report has been requested by NHS Fife Public Health and Wellbeing Committee for assurance. To inform the committee of the role of the Community Children's Service, the range of work undertaken and services provided.

2.2 Background

The Community Children Services annual report for 2021/22 provides information on the role of the service as well as some of the key national and local strategic drivers. The report demonstrates the range of work undertaken and the services provided, along with some of the success the service has achieved in the last year.

2.3 Assessment

The attached report covers a range of community children services giving some background on the range of services provided and details achievements across these services. It also sets out the challenges faced by all services.

2.3.1 Quality/ Patient Care

The approach that the Service will take to Quality and Governance is set out within the document as is the work the service has undertaken in relation to participation and engagement with young people and their families.

The philosophy in relation to patient care is set out in the Vision and Values of the Service

2.3.2 Workforce

The Service has experienced significant challenges in relation to Workforce and this is captured in the report. It will be a challenge that the Service will continue to address.

There has been some positive workforce engagement in relation to joy@work which the OT team have taken forward. The Health Visiting team have taken forward the Wellbeing Champions approach.

2.3.3 Financial

No additional financial considerations.

2.3.4 Risk/Legal/Management

None.

2.3.5 Equality and Diversity, including health inequalities

The values of the Service are to address inequality and value diversity.

2.3.6 Other impact

No other impacts identified

2.3.7 Communication, involvement, engagement and consultation

The report gives information about the participation and engagement undertaken by the services and the commitment to hear the Voice of the child to design and redesign services.

All services contributed to the compilation of the report.

2.3.8 Route to the Meeting

The Executive Directors' Group on 18 August 2022.

2.4 Recommendation

Assurance to the Public Health and Wellbeing Committee on the work undertaken by Fife Health Promotion Service during 2021/22 to support delivery of strategic priorities and public health priorities for the people of Fife and the priorities for 2022/23.

3 List of appendices

The following appendices are included with this report:

- Community Children Services annual report 2021/22.

Report Contact

Heather Bett

Interim Senior Manager

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**Fife Health & Social Care Partnership
Community Children's Services
Annual Report
2021 – 2022**

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Section 1: Foreword

Welcome to the Community Children’s Services Annual Report 2021 – 2022. The Annual Report provides us with an opportunity to give an overview of the range of activities that have been undertaken to support children & young people. All of those involved in this work can be proud of the high quality contribution that their service makes.

This report is written against a background of a worldwide pandemic which has brought specific challenges to our children & young people. Our staff have gone to extra lengths to ensure they felt supported throughout this challenging time.

As we move in 2022 we will build on our successes and address our challenges. My personal thanks to all of the team who have worked so tirelessly over the last year to ensure that the needs of Children & Young People and their families can be met.

Heather Bett

Heather Bett
Interim Senior Manager
Children’s Services

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Section 2: Our Vision, Values, Principles, Priorities

Vision - Making Fife a place where every child and young person matters.

As part of the Fife Children’s Services Partnership we are committed to promoting, supporting and safeguarding the wellbeing of all children and young people in Fife. We recognise that the children, young people and families of Fife have experiences, needs and aspirations that are many and varied.

Our Values - Compassion, Ambition, Respect, Collaboration, Integrity

By ensuring we have a shared set of values, irrespective of which service or organisation we work for, we are confident that our priorities and plans will allow us to work together to achieve our ambitions. Our common values demonstrate our shared commitment to improving outcomes for our children, young people and families.

Our Principles

- A targeted response, with a focus on the needs of the most disadvantaged and vulnerable children and young people
- Trauma-informed and nurture approaches, recognising the particular needs of vulnerable children and young people
- The importance of friendship and relationships, of enabling children to re-establish and further develop their networks of support, and of supporting staff wellbeing
- Choice and participation, recognising the varied needs of children and young people, and allowing them a greater voice in identifying how their needs are met
- Mitigate the impact of poverty, recognising that the Covid pandemic has had a negative impact on overall levels of poverty, and specific issues like food poverty and inequalities in digital access/opportunity

The five foundations of the Promise are central to the way we want to work within Community Children’s Services:-

- Voice:** Children are listened to and meaningfully and appropriately involved in decision - making about their care
- Family:** Where children are safe in their families and feel loved, they must stay there – and families must be given support together to nurture that love and overcome the difficulties they face
- Care:** Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and belong to a loving home, staying there for as long as needed
- People:** Children that we care for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to be compassionate

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Scaffolding: Children, families and the workforce must be supported by a system that is there when it is needed. The 'scaffolding' of help, support and accountability must be ready and responsive when it is required

Our Priorities

In line with the Children's Services Plan, the priorities of Community Children Services will be focused around:-

- Delivering the Promise
- Supporting wellbeing
- Closing the equity gap
- Promoting Children's rights

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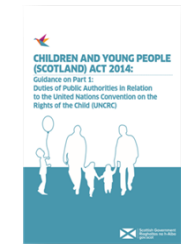
Section 3: National and Local Context

3. Children & Young People's (Scotland) Act 2014 (Children's Rights Information)

1

The Children and Young People (Scotland) Act 2014 places a duty on all public authorities to uphold and promote the Rights of the Child in line with the United Nation Convention on the Rights of the Child (UNCRC), this includes their right to participate and contribute to decisions that affect them.

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



3.2 Getting It Right For Every Child (GIRFEC)

Getting It Right For Every Child (GIRFEC) is Scotland's approach to supporting children, young people and their families. It is designed to ensure that all practitioners working with and for children and young people have the UN Convention on the Rights of the Child at the heart of the work they do. It is enshrined in the Children and Young People (Scotland) Act 2014.



A refresh of this guidance has been expected over the last year and an external consultation has been undertaken at national level. The updated guidance is expected in Summer 2022.

3. Fife Children's Services Plan

3

Fife's Children's Services Partnership involves a range of partners that provide services for children and young people working together in order to promote, support and safeguard the wellbeing of all children and young people.

This Children's Services Plan sets out how we will work together to achieve this aim over the period 2021-2023. It has been prepared by the senior leaders of Fife Children's Services Partnership.



3. Health & Social Care Partnership Strategic Plan

4

The Strategic Plan outlines the vision for health and social care services for the people of Fife; what the priorities are for the next 3 years and beyond; how we determine those priorities; and how we will work in partnership to deliver them. All of children service priorities are aligned to the priorities set out in the plan.



3. The Promise

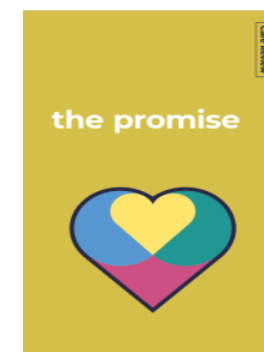
5

Published by the Independent Care Review in February 2020, The Promise is a 10 year plan which aims to:-

- Support our children, young people, adults, and families with care experiences
- Support our children and young people and adults that are at risk of being taken into care
- Support all of our children, young people, adults, and families to ensure that by getting services right, we reduce the level of engagement with care teams

This 10 year commitment is based on the following foundations:-

- Do what matters to children and families
- Listen and embed what we have heard from children and families
- Tackle poverty and the factors that push families into it
- Respect children's rights
- Improve our language



3. National Guidance for Child Protection

6

Reviewed guidance was published in September 2021. The guidance supports practices that place children and young people's needs, wishes and feelings at the centre of decision making, builds on strengths as well as addressing and working towards our working in partnership with families and communities.

The guidance has a strengthened trust for children's rights, engagement, and collaboration with families and building on existing strengths.



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3.7 Child Poverty

The Child Poverty (Scotland) Act 2017 sets out targets to reduce the proportion of children in poverty by 2030. Every child, every chance is the Tackling Child Poverty Delivery Plan 2018-2022.

The plan focuses on three drivers of poverty reduction:

- To increase incomes from work and earnings
- To reduce household costs
- To maximise incomes from social security and benefits in kind

The plan also sets out Priority families:

- Lone Parents
- Minority Ethnic
- Mothers Aged <25
- Disabled Adult or Child
- Youngest Child Aged <1
- 3+ Children



3.8 Plan4Fife

The plan for Fife is Fife community plan which aims to deliver real improvements for the people of Fife. The plan set out a vision for Fife which includes the aim that Fife will be a place where all children are safe, happy and healthy. The Plan4Fife has 4 priorities:

- opportunities for all
- thriving place
- inclusive growth and jobs
- community led services

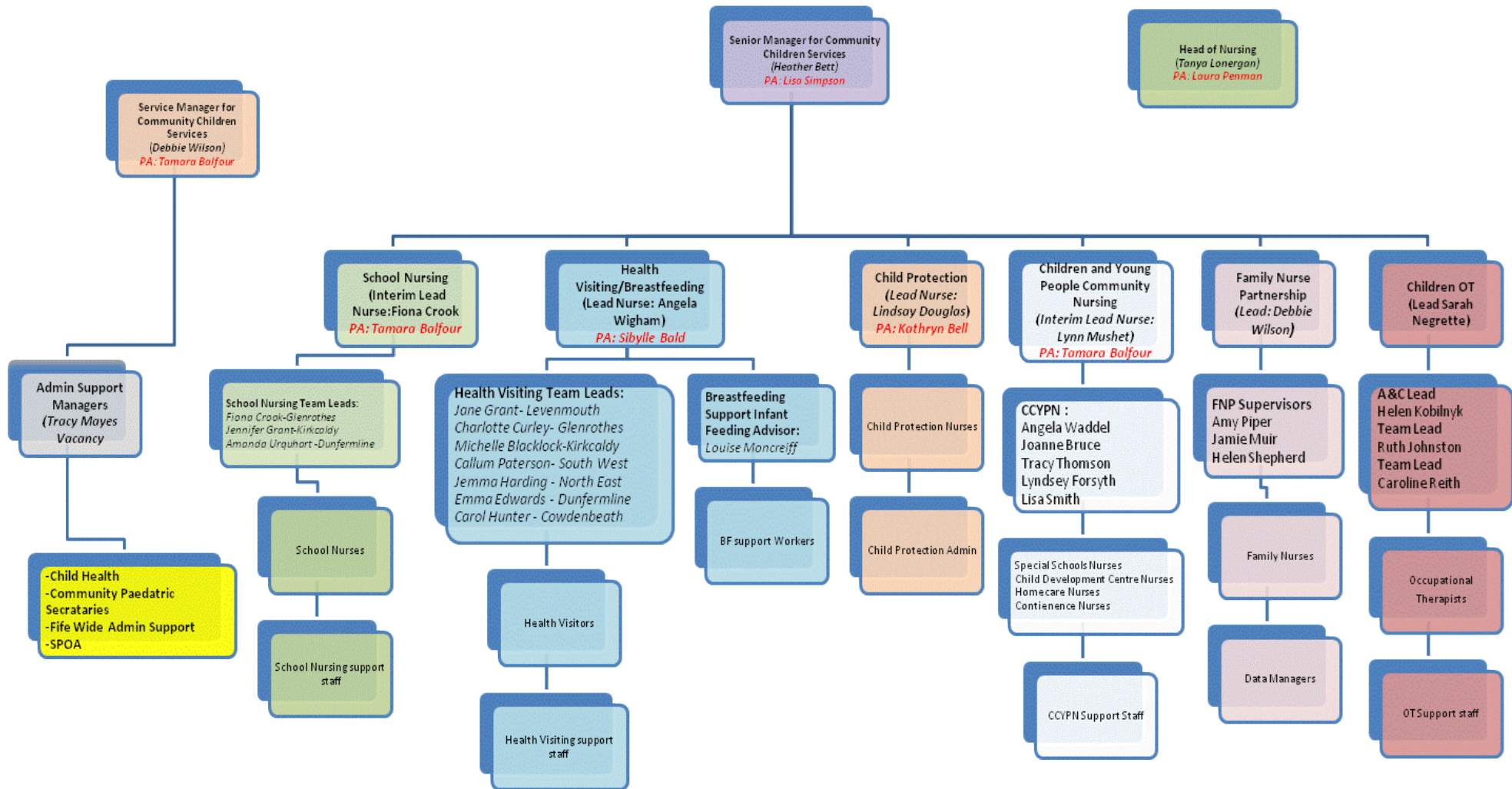


These link closely with the priorities of the Children Services Plan and those of the Children Services Team.

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Section 4: Community Children's Services

4.1 Community Children's Services Structure

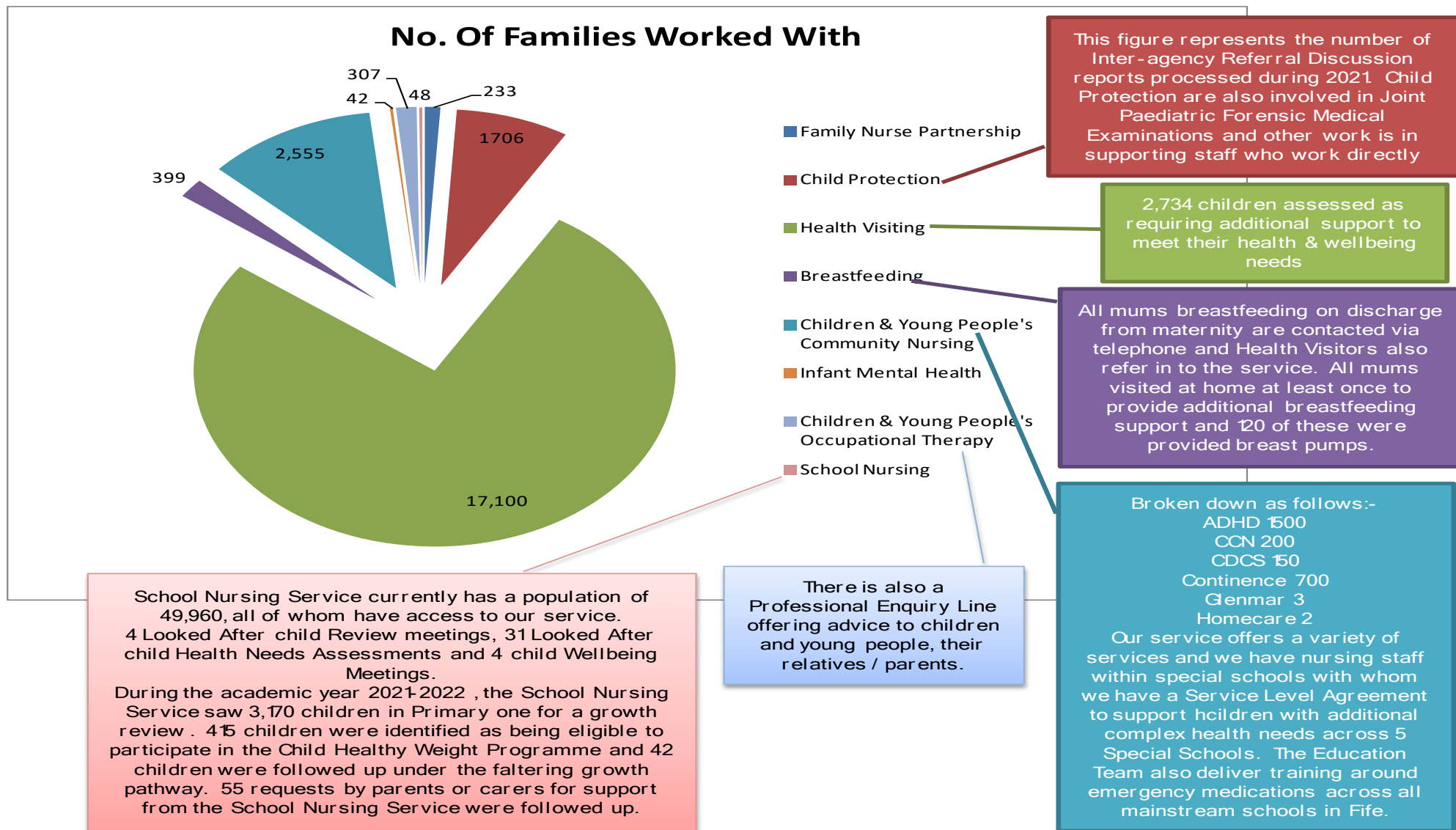


4. Families Worked With In Community Children's Services

2

Our Services cover a Fife Wide population of children and young people over varying stages of their lives. The chart below gives a snapshot of the numbers of children and families each service works with and a small overview of each service and the figures they represent.

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4.3 Community Children's Services

Fife wide Community Children's Services work in a complex multi-agency environment. The Services work in partnership with Fife Council colleagues (principally

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Education and Social Work) and others, in which many of the services integrate with other parts of the service. There are currently over 400 members of staff across Children's Services.

The Community Children's Service is made up of 5 further services:

- Child Health Surveillance Services
 - Children and Young People's Community Nursing Service including:
 - Special schools
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Child Development Centres
 - Community Children Nursing Team
 - Homecare
 - Out of School Nursing for children with additional needs
 - Continence Nurse Service
 - Glenmar Residential Care
 - Education Team
 - School Nursing
 - Health Visiting
 - Family Nurse Partnership
 - Child Protection
 - Children's and Young People's Occupational Therapy (OT) Services
 - Breast feeding Service
 - Infant Mental Health Team

4.3.1 Child Health Administration Services

The administration staff work to support the medical, nursing and managers across the whole of Children's Services. There are several teams who have specific expertise to support their roles e.g. Looked After Children; Child Protection and Child Health Surveillance. The tasks undertaken ensure the day to day business functions are completed to facilitate the work of the services from being the single points of access, to administering clinic appointments and the production of the paperwork with the outcomes for all our children.

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4.3.2 Children and Young People’s Community Nursing Service

The Children and Young People Community Nursing Service (CYPCN) is the overarching service which encompasses nine different service areas that aims to improve quality of life and health outcomes for children and young people across Fife. However acute or chronic their condition, the service aims to deliver safe, effective patient centred care to meet the children and young people’s emotional, physical, spiritual, or environmental needs where identified and to promote a quality family life, equity of service provision and limit hospital stays to a minimum. The service works in partnership predominantly with Health, Social Work, 3rd Sector, and Education colleagues.

The service provision includes:

- Community Children’s Nursing Team
- Child Development Centres:-
 - Gordon Cottage, Child Development Centre, Kelty
 - Leven Development Centre, Leven
- Home care support for children with exceptional healthcare needs
- Nursing support across all five Special Schools
- ADHD Nursing team to support the ADHD pathway
- Out of School Nursing Support for Children with Additional Needs
- Continence Nurse Service
- Education provision across the team and delivery of emergency medication training across all Fife Council schools.

4.3.3 School Nursing

The key objective of Fife’s School Nursing Service is to deliver safe, effective and person centred care based on the Getting It Right for Every Child (GIRFEC) Framework.

Our service works in partnership with a variety of agencies to ensure that children and young people receive high quality, effective interventions which are designed to improve their health & wellbeing.

The Service is Fife Wide and offers a universally accessible service. The skill mix of School Nurses, Staff Nurses, Nursery Nurses and Health Care Support Workers work together to address any unmet local and individual health need. School Nurses are qualified nurses who hold an additional qualification in person centered care.

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Our service actively promotes and respects Children’s Rights. Participation and engagement with children, young people and families when planning care and new service developments (including the development of the School Nursing brand and health and wellbeing programme for S1 pupils demonstrate the Service’s commitment to value and consider their views.

Our service uses the National Practice Model to assess children and young people, to identify health and wellbeing needs.

Support for unaddressed health and wellbeing needs is provided through:

- One to one support (either face to face, telephone consultation or Near Me video)
- Group support
- Sign-posting
- Onward referrals
- Health Zones (Secondary Schools)
- Provision of a Health zone telephone helpline/ Near Me
- Delivery of the Primary 1 Child Health Screening and Surveillance Programme
- Provision of Sleep Clinics and behaviour support to parents
- Safe guarding and wellbeing processes for the school age population as required
- Provision of services for identified vulnerable groups including Looked after Children
- Promotion of health and wellbeing based on National and Local Targets
- Development and provision of evidence based health and wellbeing interventions for children and young people who require additional support to vulnerable and to improve their health and wellbeing
- Provision of health focussed information, advice and support to:
 - Children and Young People
 - Parents/carers and Families
 - Education Staff & Partner Agencies

4.3.4 Health Visiting Service

The Health Visiting service is a Fife Wide Service with staff working in seven locality-based teams across Fife that are aligned to the Health & Social Care Partnership (H&SCP) planning localities.

Health Visitors are the named person, as outlined in Getting It Right For Every Child (GIRFEC), for all pre-school aged children, and provide support and advice to parents/carers of children from pre-birth to pre-school, as well as routine health and development assessments.

The key objectives of the Health Visiting Service is to:

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- Deliver the Universal Health Visiting Pathway – (a minimum of 11 home visits to all preschool children - 8 within the first year of life and 3 Child Health Reviews between 13 months and 4-5 years). There are currently approx. 18,500 pre-school children in Fife
- Promote, support and safeguard the wellbeing of children through child centered practice
- Build strong relationships with families starting from pre-birth
- Focus on family strengths, while assessing and respectfully responding to their needs
- Signpost / refer to other agencies / 3rd sector as appropriate

Where families require additional support to ensure their children’s wellbeing is as good as it can be and that they are safe from harm, an enhanced visiting / contact schedule is agreed with the family in addition to the universal pathway contacts.

4.3.5 Family Nurse Partnership

The Family Nurse Partnership (FNP) is a home visiting programme offered to all first-time mums aged 19 and under across Fife. The programme is delivered by specially trained Family Nurses, using methods based on theories of human ecology, self-efficacy and attachment, with a focus on building a strong relationship between the family nurse and the young woman. Beginning in the antenatal stage the Family Nurse continues to visit up to the child’s 2nd birthday.

The Family Nurse Partnership's three main aims are to improve:

- Pregnancy and birth outcomes
- Child health and development
- Parents' economic self-sufficiency.

Over 35 years of research, the programme has been shown to produce many benefits including:

- Improved early language development and academic achievement
- Improvements in antenatal health
- Reductions in children's injuries, neglect and abuse
- Improved parenting practices and behaviour
- Fewer subsequent pregnancies and greater intervals between births
- Increased maternal employment and reduced welfare use
- Increased involvement from fathers
- Reduced arrests and criminal behaviour for both children and mothers

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Family Nurses take on the named person role until the child reaches 2 or the woman leaves the programme early when they are supported by the Health Visiting service.

4.3.6 Child Protection

The Health Child Protection team is a small team of specialist nurses and paediatricians with a Fife-wide remit to support and provide expertise, strategic leadership and quality assurance.

The teams core functions are:

- Contribute to risk assessment and decision making at daily multi-agency Initial Referral Discussions (IRD), which consider all cases of significant harm
- Coordinate arrangements for Joint Paediatrics Forensic Medicals/Specialist Medicals
- Deliver child protection supervision to key staff groups within the specific and intensive workforce
- Offer advice and support to all health staff in relation to child protection and trauma
- Develop and deliver regular child protection training, including local and regional peer reviews to staff in accordance with the national Child Protection Learning and Development Framework, Royal College Guidance and literature evidence

The team works collaboratively with partner agencies, community children's services, Allied Health Partner's and relevant adult services, as well as acute – particularly maternity, paediatrics and the Emergency Department. On a strategic level the Lead Nurse and the Consultant Paediatrician are members of the Child Protection Committee and other strategic groups both within health and the wider partnership.

4.3.7 Children's and Young People's Occupational Therapy Services

Fife H&SCP Integrated Children and Young People's Occupational Therapy Service is community based over four community hospital sites and offers support in various environments dependent on the child's and family's needs (e.g. home, school, nursery, clinic, child development centres, leisure centres and parks).

Provision of the service is based on assessment of risk and impact, focussing on personal outcomes. The service webpage is [Children and Young People's Occupational Therapy | NHS Fife](#), which provides information about how to contact the service directly to access support and advice. There are a number of useful 'top tips', strategies and resources available on the webpage. Any concerned person is encouraged to make initial contact via the enquiry and advice lines to support ease of access and early intervention and prevention. The service utilises various social media platforms using a communication schedule for promoting the enquiry and advice lines.

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The Professionals Enquiry and Parent / Carer Advice Lines are managed by experienced clinicians; this means that we are opening up access to expertise 'upstream'. The principles are reflective of Getting It Right For Every Child (GIRFEC), bringing expertise closest to those most proximal to the child / young person with a focus on early intervention and prevention and thus maximising outcomes.

4.3.8 Breastfeeding Support Service

Breastfeeding support is provided as part of universal service provision by Midwives, Health Visitors and Family Nurses. Both Maternity and Community Services have UNICEF UK Baby Friendly Initiative (BFI) accreditation. Maternity services achieved the Achieving Sustainability (Gold) Award in 2019 and Community Services will work towards achieving this award in 2022.

The Breastfeeding Support Worker service works alongside these universal services to provide additional breastfeeding support, prioritising younger mothers and mothers from less affluent communities as breastfeeding rates in these groups is historically poor.

The Breastfeeding Support Worker service receives notifications of discharges direct from the maternity unit in Victoria hospital and aims to offer breastfeeding support proactively to all breastfeeding mothers in Fife within 48 hours of discharge.

The Breastfeeding Support Worker service also receives referrals from community and hospital midwives, the Neonatal Unit, Health Visitors, Family Nurses and directly from mothers. The service offers breastfeeding support throughout the breastfeeding journey.

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Specialist support for enduring and complex breastfeeding issues is provided by the Infant Feeding Advisors (IFAs) for Maternity Services and Community. The Infant Feeding Advisors (Community) also manages the Breastfeeding Support Workers team and provides support and advice with care planning to Breastfeeding Support Workers and other community staff to support the provision of a continuum of care to meet individual needs.

4.3.9 Infant Mental Health Team

The team was developed in April 2020 with Scottish Government Perinatal and Infant Mental Health funding.

The function of the team is to provide infant mental health support to infants under the age of 3 years where there are emotional wellbeing difficulties relating to attachments with parents / care-givers.

The team consist of professionals from Child Psychotherapy within Child and Adolescent Mental Health Services, Health Visiting, Nursery Nursing and Speech And Language Therapy and have links with other statutory services, e.g. Children and Young People’s Occupational Therapy and Family Nurse Partnership. The team forms part of Perinatal and Infant Mental Health Services and works in collaboration with the other two teams, the Community Perinatal Mental Health Service and the Maternal Neonatal Psychological Intervention Service.

The Infant Mental Health Team (IMHT) has evolved and data is evidencing positive outcomes through direct interventions with families in both clinic and home settings. The team engages with services in the 3rd sector to support their work and signposts families to them where relevant. The aim of the team is also to support learning in the wider workforce through consultancy with individual practitioners when needed and through sharing information around observing infants to focus on what they are conveying through their behaviour.

Section 5: Successes

5.1 Child Health Administration Services

During the pandemic, our administrative support staff continued to provide comprehensive provision to our children’s services teams and community paediatric service, adapting to blended and remote working as necessary, and often also overcoming personal and practical difficulties. With an alternative approach to managing the workload, and often with an increased workload, staff have really gone above and beyond to ensure seamless admin support to all our services.

Fortnightly team huddles are in place, introduced in order to improve communication channels and provide support across the whole team.

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Several peer support groups are up and running, including one which was introduced specifically for those staff working with higher impact services such as Adoption & Fostering, Looked After Children and Child Protection.

Constant consideration of systems and processes, mean that there are ongoing improvements and adjustments across all our services. Over the past few months, we have updated our systems in relation to general reporting of training, skin health, health and safety, and absence management in order to streamline and improve accuracy. We have updated, and embedded in practice, processes for managing safety alerts and incident reports. We have worked with the health visiting service to ensure reporting mechanisms are updated for bloodspot reporting for children transferring into Fife.

We have introduced an electronic 'Whereabouts' sheet. This provides an instant snapshot of all administrative staff whereabouts and all administrative staff have access to this. A robust and transparent system is in place to record annual leave, and flexi.

5.2 Children and Young People's Community Nursing Service

5.2.1 Emergency Medication Delivery by Children and Young People's Community Nursing Service Education Team

Children and Young People's Community Nursing Service (CYPCNS) Education Team became responsible for the delivery of emergency medication training for all schools within Fife as of January 2020. This initially included the administration of Midazolam and adrenaline auto injectors. There was no capacity, at this time, to deliver asthma training until an eLearning platform was developed and another staff member was recruited into Children and Young People's Community Nursing Service Education Team. The eLearning platform was completed June 2021, this is when the Children and Young People's Community Nursing Service Education Team then began to deliver practical sessions only for the administration of Midazolam, adrenaline auto injectors and asthma inhalers were then included at this time.

The last two and a half years have been very challenging in the delivery of emergency medication training due to Covid restrictions, delays in the development of the eLearning platform and changes to Children and Young People's Community Nursing Service Education staff. The team had to be creative and adaptable throughout, which has been achieved through excellent collaborative working, effective communication and the ability to adapt in a timely manner from Fife Education, Fife Specialist Nurses and the Children and Young People's Community Nursing Service Education Team. The following training has been provided in the school year:

Emergency Medication Delivery: August 2021 – May 2022

x55 Epilepsy Sessions = 481 staff

x46 Allergy Sessions = 439 staff

x33 Asthma Sessions = 351 staff

Emergency Medication Sessions – Audit

During October 2021 and December 2021 an audit of the emergency sessions that we had delivered and was conducted:

- Did you find the audio presentations easy to understand and useful in preparation today's practical session? **91% of standard reached**
- How relevant was this practical session to your day to day job role? **80% of standard reached**

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- Please indicate your current level of confidence to apply learning from today's practical sessions to your job role? **100% of standard reached**
- Did Facilitator/s answer questions adequately? **92% of standard reached**

Bespoke sessions have been offered to individual schools to ensure that new pupils or pupils who have recently been prescribed an emergency medication can access school without delay.

Large group weekly practical sessions will begin October 2022 which will allow the Children and Young People's Community Nursing Service Education Team to concentrate on healthcare needs training from August to September 2022. Bespoke emergency medication sessions will continue to be offered to ensure that there are no delays in a pupil being able to attend school.

5.2.2 Children and Young People's Community Nursing Service – Attention Deficit Hyperactivity Disorder Nurse Team

The Attention Deficit Hyperactivity Disorder (ADHD) nurse service has expanded significantly in the past three years. The nurses work as part of a multidisciplinary service delivering support and care to children and young people between the ages of 5 years to 18 years who have Attention Deficit Hyperactivity Disorder and co-occurring conditions. There is an estimated 1500 to 1750 children and young people supported by the Attention Deficit Hyperactivity Disorder Team in Fife at present. The nurses provide assessment and general review, at times working jointly with Psychology / Psychiatry / Community Paediatric colleagues. The nurses also facilitate / co-facilitate sleep sessions and parent advice session and undertake school observation sessions.

The nurse team historically had individual mobile telephones and parents were given the nurse's number to use if they required support between appointments. This became a large part of the nurse role and was challenging in terms of time and capacity to return and deal with calls amongst an increasing clinical case load.

The Attention Deficit Hyperactivity Disorder nurse line was put into place and after a three month period we reviewed the number of calls and the general themes of the calls. There were a variety of themes from medication requests to issues with education.

Having the line in place allowed the nurses to deal with the concerns in a more timely manner as there was no clinical pressure. The number of calls each week can vary significantly and the amount of time required to deal with the call can also vary significantly. Around the phone line the nurses were also able to have time to catch up on administrative tasks, Learn Pro/Turas etc and this had an impact on their own wellbeing. Having space to deal with the calls coming into the phone line reduced pressure on staff. It was felt it was also good learning experiences for new team members – having to seek guidance and advice provided learning opportunities and experiences for new members of staff, increasing their knowledge base.

The Nurse on the rota has one clinical session reviewing T3 patients – this has been beneficial in two ways, it has supported the T3 nurses with their heavy case load and also given our newer member of the team an opportunity to get to know the young people on the T3 caseload. This builds resilience within the team and provides further opportunities to learn.

ADHD Nurse Telephone Line Data - Number of calls received and time (minutes):

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Week Commencing	No of calls	Minutes/time spent	Theme of Calls	
15.2.21	12	205	<ul style="list-style-type: none"> ▪ Appointment details / requesting appointments. ▪ School requesting details of diagnosis for DLA form ▪ Missed appointments ▪ Psychology drop in 	<ul style="list-style-type: none"> ▪ Parent requesting completion of DLA forms ▪ Increase in tics ▪ Parent requesting date of diagnosis
22.2.21	6	110	<ul style="list-style-type: none"> ▪ Reschedule physical observation appointment ▪ DLA letter requested ▪ Had not received letter confirming diagnosis 	
1.3.21	9	320	<ul style="list-style-type: none"> ▪ GP requesting details regarding Single Point of Advice ▪ Appointment details 	<ul style="list-style-type: none"> ▪ Observation appointments requested – GP refusing ▪ Sleep advice
8.3.21	11	410	<ul style="list-style-type: none"> ▪ Anxiety concerns ▪ Appointment details ▪ Transfer of case to outwith area 	<ul style="list-style-type: none"> ▪ DLA form support ▪ Concerns regarding physical observations
15.3.21	11	180	<ul style="list-style-type: none"> ▪ Patient received opt in letter & wished for transfer to adult services ▪ Confirmation of physical observation appointment details ▪ Supporting letter request regarding Universal Credit 	
22.3.21	5	230	<ul style="list-style-type: none"> ▪ Patient moved to outwith area - transfer 	
29.3.21	4	90		
5.4.21	11	635	<ul style="list-style-type: none"> ▪ Police adult protection issues regarding sexual assault ▪ Learning Disability service requesting further information regarding transfer of care 	
12.4.21	9	505	<ul style="list-style-type: none"> ▪ Appointment query ▪ Request for physical observation appointment ▪ Sleep issues 	
19.4.21	10	no data (minutes had not been logged)	<ul style="list-style-type: none"> ▪ Appointment details – ADHD & physical observation ▪ Details requested regarding logging into Near Me ▪ Requesting feedback regarding cardiology review 	<ul style="list-style-type: none"> ▪ FNDQ questions ▪ Sleep concerns ▪ Anxiety concerns ▪ Diet concerns (over eating)
26.4.21	17	490	<ul style="list-style-type: none"> ▪ Appointment details requested ▪ Low mood ▪ Sensory concerns ▪ anxiety 	

5.2.3 Child Development Centres:-

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NHS Fife Child Development Centres (CDCs) provide specialist coordinated support for children under three years who have a significant delay in two or more areas of development impacting on their daily function, and require / or will require input from two or more non generic services. This service provides targeted multi-agency support to children and their families through attendance at sessions in the centres, and by providing individual work within the child’s home or Nursery through the Community Caseload. The service works closely with Education as part of the Pre School Community Team (PSCT) and a range of Allied Health Professionals, particularly Speech and Language Therapists (SLT).

The service receives over 20 referrals per month and the service has a rolling caseload of over 140 children at any time. The Child Development Centres support children across Fife with highly complex needs and potentially life limiting conditions. The caseloads include a high level of Looked After and Accommodated Children, families where there are wellbeing and child protection concerns, and families dealing with issues of poor mental health and social deprivation. The patient acuity and demand for this service are very high and the more flexible ways of working and increased community and outreach work allows the teams to meet the individual needs of children and families across this community.

The Child Development Centres has been through a significant redevelopment processes since October 2019 to deliver service improvement for children and families, and standardisation of referral screening, assessments, and pathways, and to maximise the use of available resources. In recognition of Getting It Right For Every Child (GIRFEC) principles and Government policy the team have taken care closer to home for the most vulnerable families in our communities. They have improved the consistency and flexibility of service provision across Fife to address potential health inequalities and enable them to be more responsive to the needs of children and families. As part of this service improvement they have merged teams to form two larger Child Development Centre teams which are co-located in two Children’s Hubs at Leven and Kelty alongside the Children’s Community Nursing team. These larger teams lend themselves to improved partnership working, improved communication, and seamless pathways of care. They have also evidenced increased shared learning and development opportunities, and peer support and supervision through these improvements.

Increased flexibility in the model of working means teams are more accessible to families and carry out more home visits and outreach work in the children’s local communities reducing the need for children to travel long distances.

An engagement exercise was carried out across the service to gain feedback from professionals and service users to explore the impacts of the changes to care delivery. Feedback from the public was also sought through the NHS Fife Public Engagement Directory.

The feedback received supported a blended approach to service delivery, which works well for the children and families and was favoured by staff. The Child Development Centres continue to deliver sessions for children on site, and in addition to this increased provision of home visits and also offer a blended approach of a mix of session and home visits to meet the needs of children and families.

Parents’ feedback was very positive about the blended more responsive care provided by the Child Development Centres and have found the increased provision of home visits can work well for them to meet their individual family’s needs. Staff have reported higher levels of autonomy and job satisfaction

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due to working in both sessions and the community with all members of the team and by being able to provide continuity of care to their key worker children by seeing them in sessions and in the home as required.

5.2.4 Glenmar Residential House, Markinch

Glenmar historically provided nursing respite care for children and young people with complex additional healthcare needs. Over recent years the amount of children accessing respite had reduced significantly, with many children having no identified nursing need, resulting in a reduction in nursing requirement.

Three Looked After Children (LAC) from Fife had been placed in a residential home in Lanark, where they had been cared for over a significant number of years. In early 2021 Fife Social Work were asked to bring these children and young people back to Fife as part of the "Frae Fife" project and Glenmar House was identified as a potential unit to place the three children, who all have complex healthcare needs.

Repatriating the children back to Fife has improved care provision, family contact and allowed the young people to return to their own community. However, to get to this point the nursing staff requirement needed to be increased significantly in Glenmar in order to meet the needs of the young people.

With a newly recruited Nurse Team Leader in place and competent and confident staff embedded the priority going forward for next year is:-

- (i) Improving the quality of life for the residents;
- (ii) Including them in their local and wider community and meeting their social outcomes;
- (iii) Improving family relationships and connections;
- (iv) (iv) ensuring the residents feel included and respected.

Glenmar Residential House has now officially been up and running for 12 months. Throughout that time the priority for the team was to ensure the residents' medical and nursing needs were being met and a high standard of care imbedded in the house. Now that the residents are well settled, safe and healthy and their care needs are being met, the focus going forward is on the residents' social needs and outcomes.

5.3 School Nursing

Like so many other services School Nursing has had to adapt day to day practice during COVID19. The use of telephone consultation, Near Me video appointments and Microsoft Teams has been fundamental in keeping connected, especially with the vast array of health concerns that children and young people have experienced during this challenging time, e.g. self-harm, social isolation, anxiety, low mood, suicidal thoughts, sexual health, poor sleep pattern, behavioural concerns to name but a few. No two days are ever the same, which keeps our service focused on being dynamic in our approach.

5.3.1 Looked After or Accommodated Children and Young People

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The School Nursing Service continues to commit to the Scottish Government target to offer all children and young people who become care experienced a health assessment within 4 weeks of notification. This has allowed for identification of unaddressed health needs early in the planning of care to ensure that, where possible, outcomes of care experienced children and young people will be as good as those who are not. This has included timely referrals to other services including immunisation team, sexual health services, audiology and optometry. The Service has also welcomed the opportunity to undertake health assessments for children and young people who are part of the National Transfer Scheme and again, this opportunity has allowed for timely referral to services, including Health Protection for necessary screening and treatment where indicated.

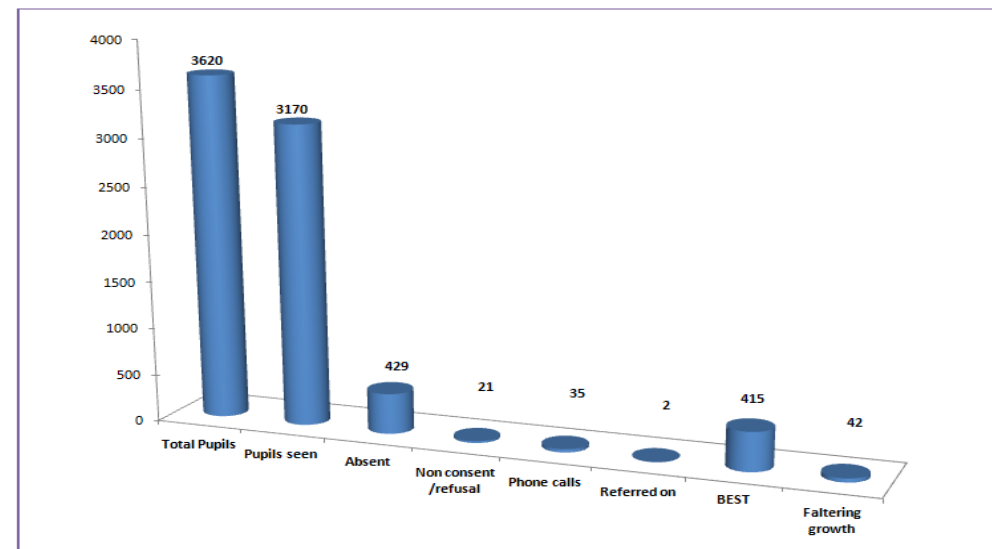
- 84 Looked After Child Health Needs Assessments requests met our criteria and 100% were offered within the 4-week period
- 17 were undertaken outwith the 4-week period (14%) . This was due to circumstances outwith the School Nursing Service's control

5.3.2 Health Primary 1 Screening

The School Nursing Service has successfully delivered the Primary 1 Screening programme in the 133 Primary Schools across Fife. Of the 3,620 pupils, 3,170 were seen. This allowed for the identification of 415 children who were eligible to participate in the Child Healthy Weight Programme and 42 children who went on to the faltering growth pathway, five of which were referred on to the dietician after follow up from the School Nursing Service.

Fife Wide Primary One 2021-2022

133 Schools



5.4 Health Visiting Service

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Throughout the COVID 19 pandemic the Health Visiting Service has continued to visit and support families with preschool aged children. In addition to this the service has continued to undertake several improvement initiatives with the objectives of improving outcomes for children in Fife. Two such initiatives are outlined below:

5.4.1 Tackling Poverty

During 2021 a team of Health Visitors in the Kirkcaldy locality ran a service improvement initiative to explore how they could enhance support to families in relation to financial concerns. An initial scoping exercise identified that routine enquiry regarding money was not being undertaken by all Health Visitors and the reasons given for this included a lack of practitioner confidence in raising this topic with families as well as using environmental and/or circumstantial evidence to form an unconscious bias that indicated financial issues were or were not a concern. It was also identified that there was no formal guidance or referral pathway to follow when a family did divulge concerns about money.

The main aims of the project were to increase practitioners' levels of confidence in discussing financial worries with all families regardless of environmental or circumstantial evidence, and to make these conversations more effective.

The project team worked with Citizen's Advice Rights Fife (CARF) and the Money Talks team over a 3 month period to realise these aims.

The data collected from before and after the project shows progress in achieving the project aims and intention, with practitioners involved self-reporting increased confidence in discussing financial worries with all families regardless of environmental or circumstantial indicators. Process changes also included the introduction of a referral form and a referral mechanism which allows feedback to the practitioner about the outcome of the referral.

This resulted in a 157% increase in referrals made to Citizen's Advice Rights Fife / Money Talks which ultimately resulted in an average financial gain of £989.50 per household referred.

Some feedback from staff and clients:

"One family on caseload really appreciated referral to service. They received a financial gain that they would not have been aware of"
(Health Visitor)

Universal credit is confusing. I thought the 2 child rule meant that I couldn't get Child Benefit until my HV explained I could get another £14 per week on top of what I

I didn't know I would be entitled to Best Start grant and foods. I got £303 in payment as this was my 2nd child and a further £34 per month in Best Start foods pre-payment card allowance. This makes a huge difference.

Referral form is easy to complete. Parents appreciate a 'One stop shop' service.
(Health Visitor)

5.4.2 Implementation of National Society for the Prevention of Cruelty to Children (NSPCC) Graded Care Profile 2

Learning from the last 5 years local Initial and Significant Case reviews, it was identified that improvements were needed in the assessment of, and support provided to families in relation to all categories of childhood neglect. On survey of Health Visiting staff, one of the main barriers was practitioner confidence in either recognising or evidencing neglect.

Results below:

	Confident or extremely confident in recognising neglect	Confident or extremely confident in evidencing neglect
PHYSICAL	75%	49%
SAFETY	57%	54%
EMOTIONAL	56%	19%
DEVELOPMENTAL	49%	38%

In response to these findings, The Health Visiting Service purchased the National Society for the Prevention of Cruelty to Children Graded Care Profile 2 (GCP2). The license for this toolkit provided a train the trainer model and allows for sustainability of its use in the years ahead. In recognition of the benefits of this toolkit for a wider professional audience, places on the train the trainer courses were offered to Family Nurse Partnership, Child Protection and Children and Young Persons Community Nursing Services.

The Graded Care Profile 2 helps professionals measure the quality of care provided by a parent or carer in meeting their child's needs, particularly where there are concerns about neglect.

Using the Graded Care Profile 2 assessment tool, professionals score aspects of family life on a scale of one to five. This assessment helps them identify areas where the level of care children receive could be significantly improved.

Practitioners using Graded Care Profile 2 are now able to:

- Measure the quality of care being provided to children

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- Identify where children require further support and whether the level of care received needs to be improved
- Implement a constructive working relationship with families
- Increase practitioner confidence in decision making at all levels
- Promote multi-agency working and improve the quality of evidence in referrals.

Between January and April 2022, 14 staff from Health Visiting successfully completed the train the trainer sessions along with 6 colleagues in Family Nurse Partnership, Child Protection, and Children and Young People’s Community Nursing Service and are now delivering sessions to their colleagues.

Further evaluation of the benefits to both staff and children will be undertaken once the toolkit has been fully embedded in practice during 2022/2023.

5.4.3 Supervision

The importance of robust management, caseload and restorative supervision has long been recognised as crucial in Health Visiting (Wallbank, 2011). During discussion with the Health Visiting Team Leaders during 2020 it was identified that their confidence in providing this to the staff they line manage was relatively low and practice varied across the teams. The provision of caseload supervision had also been identified as an area for improvement during an initial case review and audits carried out during 2020/2021.

In response to this, four of the current eight Health Visiting Team Leaders successfully completed a postgraduate module in Professional Supervision and Stirling University during 2021, with the remaining 4 undertaking it during 2022/2023.

Some feedback from staff since completion of module and implementation of learning in practice:

“The course highlighted the importance of ensuring a robust supervision model is fully embedded to ensure safe practice, adequate staff support and effective engagement with service users. I completed the course feeling more confident and better equipped to respond to the needs of supervisees which will ultimately impact outcomes for our children and their families” HV Team Leader

“At first I was unsure about how supervision would benefit in my role and whether it would leave me open to judgement from others. I have now attended for a few sessions and the learning and support I have gained from these sessions has been invaluable. The opportunity to discuss and share challenging cases and how these impact on my own wellbeing has provided me with the tools to ensure I can continue to develop and be an effective practitioner” Health Visitor

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*“The supervision sessions now provide a regular, opportunity to build a professional relationship with my Team Leader, as well as the opportunity to bring difficult cases for discussion which gives me time to reflect on issues and resolve problems in a structured way.”
Health Visitor*

“I feel my confidence has grown following the course and that I have a better understanding of what the different types of supervision are, and which one works best for my team. This makes the staff feel that the sessions have a value, they are much keener to attend the sessions and will now seek me out to arrange supervision if a session had to be cancelled.” HV Team Leader

Since completing this module, two of the Team Leaders have gone on to speak at a Child Protection Masterclass to a group of 50 Trainee Health Visitors and Practice Supervisors/ Assessors at Stirling University on the different types of supervision and the importance of engaging regularly in supervision sessions.

References: Wallbank S, Hatton S. Reducing burnout and stress: the effectiveness of clinical supervision. Community Pract. 2011 Jul;84(7):31-5. PMID: 21941708.

5.5 Family Nurse Partnership

Family Nurse Partnership (FNP) is an intensive, preventative, one-to-one home visiting programme developed in the USA. The aim of this complex clinical intervention is to improve pregnancy and birth outcomes, child health and development, and the economic stability of the family.

Family Nurses adopt a strength-based person-centred approach, forming therapeutic relationships with clients and tailoring the programme to the individual needs of parents and their infants. Based on the human ecology, attachment and self efficacy theories, the programme helps to improve self-confidence as well as supporting other areas including maternal physical and mental health, environment factors, relationships, maternal role, and life-course development.

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FNP was introduced to NHS Fife in 2012 and is now fully embedded within Fife Community Children’s Services and the Health and Social Care Partnership. To mark the first ten years of the Family Nurse Partnership in **Scotland**, in May 2022 the Scottish Government published a detailed analysis of the FNP data collected over this time.

Please click on the link for more information <https://www.gov.scot/isbn/9781804352281>

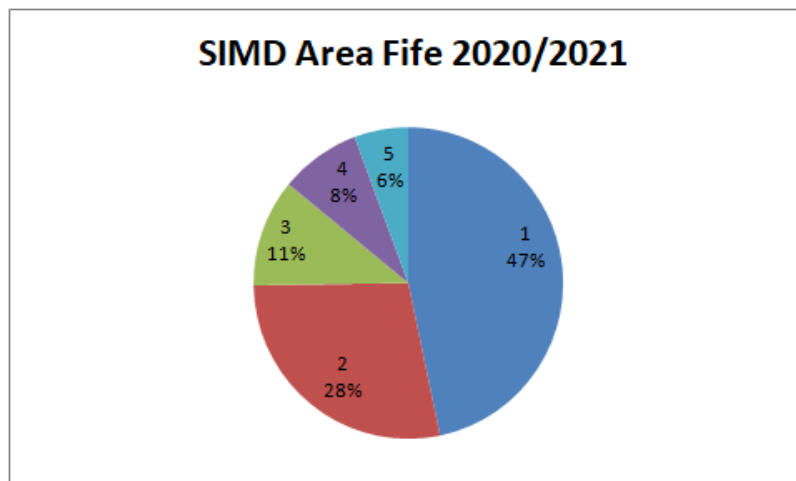
5.5.1 Annual uptake rate

FNP is offered to all eligible women aged 19 years and under, pregnant with their first child. Normally all home visits take place face to face however throughout the pandemic Family Nurses continued to recruit clients but mainly via phone contacts. The consistently high annual uptake rate of over 80% throughout the pandemic demonstrates the skill and tenacity of Family Nurses in developing rapid therapeutic relationships without the benefit of face to face social interactions.

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5.5.2 FNP client demographics

This table illustrates that FNP clients currently enrolled on the programme continue to mainly reside in SIMD 1 & 2. The vulnerabilities experienced by many FNP clients in regard to ACEs, poor mental health, housing and poverty is well documented.



5.5.3 Annual Attrition

Attrition for the reporting year remains very low at 13% and demonstrates the skill of the FNs as well as how much FNP clients value the programme.

5.5.4 Poverty

In January 2021 FNP received 23 laptops and 25 WIFI connections from Connect Scotland which were shared with clients who had no access to IT equipment or the internet.

During the pandemic the majority of health and social care as well as voluntary services were not able to meet with families directly, reverting to the use of video calls via Microsoft teams. The receipt of the laptops and/or WIFI helped to reduce families' isolation and poor mental health experienced during the pandemic, enabling them to participate in online support and mother and baby activities facilitated by local voluntary groups such as Fife Gingerbread and Homestart. It also facilitated their engagement in important child wellbeing or child protection meetings all of which have taken place via video link throughout the pandemic. Before receiving the equipment clients were using unreliable internet connections via mobile phones.

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5.5.5 Infant Mental Health

In November 2021 a FN was seconded to the new Infant Mental Health Service, 2 days per week, with the reminder of the week continuing in her role as a FN. NHS Fife Health and Social Care Partnership have been awarded Scottish Government funding to develop an Infant Mental Health Service that involves a multi disciplinary team with expertise in supporting and strengthening relationships. The FNs contribution to the team has been highly valued and reciprocal as she brings learning back to share with the wider FNP team. As part of this learning the FN is leading on a small piece of quality improvement work, improving capturing of the infant's voice in child health record keeping and report writing.



5.5.6 Client feedback

Client feedback of the service during the pandemic has been very positive. Most clients experienced a degree of isolation due to the restrictions, with many not able to access vital support from family and friends. Voluntary and other health services were also not able to continue with direct face to face contact and therefore the home visits received from Family Nurses provided much needed support of client and infant wellbeing.



Although out with this reporting year, as part of "What Matter's To You" on 9th June 2021, clients provided their feedback which was shared on social media.

"A life saver! I have felt distanced from friends since falling pregnant and having my baby, and there have also been no other face to face groups or services available because of the pandemic. I have found having a family nurse really beneficial in having someone else (other than my mum) to talk things through with and seek advice from and I think it has helped with my

5.5.7 Pre-Registration Students

In 2020 FNP in Fife began offering a placement for pre-registration students undertaking a degree in Children’s Nursing, and in February 2022 Fife became the first FNP site in Scotland to offer pre-registration placements for Mental Health Nursing students. Feedback from student nurses has been positive with students reporting that they felt valued by all of the team and well supported in their learning journey.

Sonia, our first pre-registration mental health student, with her Practice Assessor & Practice Supervisor (Jacqueline Fleming and Adele Corkery)!



5.6 Child Protection

Throughout 2021/2022, the Child Protection team continued to support practitioners and services to feel confident, knowledgeable and empowered in their role to protect and promote the safety and wellbeing of children and young people. We have continued to build on new ways of working and adapting service delivery, developed in response to the COVID-19 pandemic.

- Appointment of two Senior Nurse Advisor, Child Protection, who bring with them a wealth of experience and knowledge working with children, young people and their families

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- Maintained positive working relationships with partners and adapted to teleconferencing to enable a continued health contribution to risk assessment, decision making and timely coordination of Joint Paediatrics Forensic Medicals/Specialist Medicals at daily multi-agency Interagency Referral Discussions
- Training moved to a virtual platform in summer 2020 and continues to evolve. Twenty eight sessions were delivered with a training list developed highlighting additional learning opportunities. Feedback for virtual training has been positive and indicates benefits in terms of travel time and accessibility.
- Continue to facilitate supervision to staff from across the NHS Fife workforce, receiving positive feedback from staff. A test of change of 1:1 supervision for Health Visiting commenced in the Glenrothes area and was well received and it is hoped this will influence future direction
- Supported 208 health practitioners via advice calls, with consistent positive feedback indicating a highly valued supportive service for staff in relation to their decision making and planning for children and young people
- An audit was undertaken in partnership with social work to review outcomes for children and their families following the introduction of the NMIB policy in NHS Fife, supporting interagency assessment and development. Evaluation is ongoing with sharing learning at child protection peer review planned
- Implementation of Restorative Supervision for the Senior Nurse Advisor, Child Protection, commenced in February 2021 and has continued monthly thereafter. This is highly valued by the team and has been identified to support with recognition of team needs including team identity, shared values, purpose and goals, self-care, working from home and vicarious trauma
- Two Senior Nurse Advisors, Child Protection, have completed the CGP2 trainer course
- One Senior Nurse Advisor, Child Protection, has completed PG Cert in Child Welfare and Protection via University of Stirling
- Implementation of Restorative Supervision sessions, further supported by a team development day in November 2021.

5.7 Children's and Young People's Occupational Therapy Services

5.7.1 Supervision / Staff Wellbeing

Despite the challenges of the past year the service has continued to maintain the robust structure of supervision. This has been core to ensuring safe practices, prioritisation and staff wellbeing during the pandemic.

In addition the service has been undertaking a Quality Improvement Joy@Work project (www.ihl.org). #transform culture>transform service>transform outcomes.

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Joy@Work Driver Diagram:-

Children & Young People’s Occupational Therapy Service

Aim

**Primary drivers –
Needed to achieve aims**

**Secondary Drivers –
Our theory about what needs
to be in place to achieve
primary drivers**

**Change ideas –
What can be tried out in
practice
PDSA**

To reduce the impact of increased screen time on positive work life balance from a score of 3.8 to 2.8 by the 26th of May 2021.

To increase staff Joy at Work by encouraging positive participation and engagement within the staff team.

To reduce the risk of musculoskeletal injuries

To reduce the risk of eye strain

To promote the general well-being of staff

Improve outcomes for service users through promoting Joy @Work

Reflexive response to staff feedback re barriers to Joy @ Work

Practical application of QI methodology

Creative and innovative practices to facilitate and sustain positive change

Sustained support at a managerial level

Provide range of top tips for:

- Highlight strategies to combat sedentary behaviour
- Prevention of musculoskeletal strains
- Eye care i.e. 20/20/20 rule
- Promotion of screen breaks
- Identify a time keeper in meetings to promote movement breaks
- Encouraging staff to explore positive screen time activities i.e virtual coffee breaks with a colleague/s

When covid restrictions are eased:

- Revisit whether screen time continues to be a significant barrier to Joy @ Work
- Explore whether there are any opportunities to reduce screen time overall

5.7.2 Children & Young People’s Professionals Enquiry Line

Easy access to advice, expert reassurance and signposting remains a strategic priority and driver for services and the way to ensure needs are addressed early, harm prevented and best outcomes achieved. The pandemic has further highlighted the need for easy and alternative methods of accessing services for help.

In September 2020 an Enquiry Line was opened for education staff (now open to all professionals). This was part of a collaborative quality improvement test of change between; Education Support for Learning Service, Occupational Therapy, Physiotherapy and Speech & Language Therapy.

The aims are to:

- Provide easy access to services
- Reduce waiting times for families / staff requiring universal / targeted support from the services
- Reduce the number of requests for assistance (RfA’s) requiring universal / targeted support from the services

Quantitative and qualitative data evidences the value and positive impact of the enquiry line in meeting needs and avoiding long waits for the same support. 80% of calls to the enquiry line have been supported at this level, providing timely access to the right information at the right time. Effective decision making at the point of request for help. The project was nominated for Children and Young People Improvement Collaborative (CYPIC) 2021 award.

5.7.3 Fife Community Equipment Loan Store – appointment of stores technician

Appointment of Technical Clinical Support post in February 2022 after a number of years of work. This is an integrated role financed via five partnership services (one of which is Children and Young People Occupational Therapy). There are a number of objectives and measures associated with this post including improved safety and efficiency.

5.7.4 Lochore Meadows Project

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Aim; to provide a facility in the community where all people, including those with additional support needs, can access outdoor play with their family and peers to promote their health and wellbeing and prevent illness and dependency on services.

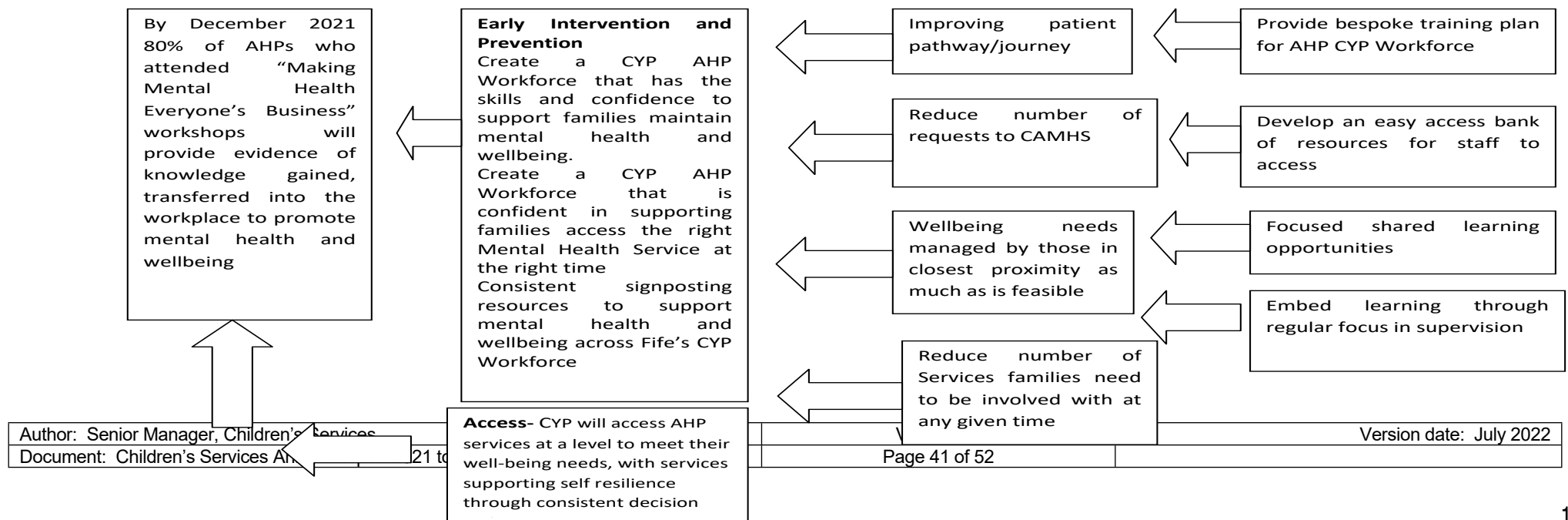
The project group membership is made up of representatives from; parents, carers, children & young people, NHS Fife, Fife Health and Social Care Partnership, Fife Council, Friends of Lochore Meadows (FOLM), Promoting A More Inclusive Society (PAMIS), Play As One Scotland and Plan Inclusive Play Areas (PiPA). This is an ambitious collaborative project which plans to complete in Summer 2023.

5.7.5 Making Mental Health Everyone’s Business

Collaboration with Children and Adolescent Mental Health Services and Primary Mental Health service to up skill Allied Health Practitioner workforce maximizing every contact and ensuring mental health is routinely part of wellbeing conversations, ensuring practitioners are confident and competent to share universal key messages and signpost to resources and other services when required.

Ready to Act – Early Intervention & Prevention Ambition

Collaborate with mental health services for children and young people to jointly support early intervention and prevention for those experiencing mental and wellbeing health issues.



5.7.6 Effective Decision Making (www.careaims.com)

Two local champions trained (occupational therapist and speech & language therapist). Agreed strategy and implementation of test of change - driver diagram below

Over all aim: AHP staff will increase their knowledge and understanding of EDM principles and implement this in practice to help achieve better outcomes.

Aim:
"In order to achieve the aim"

**By August 2022
4 AHP's will be able to share impact evidence of EDM changes in practice.**

(Max of 4

Primary Drivers:
"we need to ensure"

Knowledge of services and their vision

Knowledge of EDM and skills required for staff development

High quality

Secondary Drivers:
"which requires"

- Understanding of learning needs within services and data available to us (adult and CYP?)
- Information on the recommendations from the EDM report

- Building capacity- Potential to grow the team – e.g. Joining up with Care Aims group

- Sharing best practice and embedding reflective practice

- Facilitator skills

- Collaboration with Learning Set groups (National)

- Reflective practice

- Technology

- Protected time

- Consistency across services

IMPLEMENTATION METHODOLOGY

Change Ideas:
"Ideas to ensure this happens"

small tests of change rather than whole staff approach (breaks the task down)

Learning sets (with follow up tasks)

What do staff need? Initial discussion with team leads

Case examples (AHP)

Drop in sessions

1:1 coaching

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5.8 Breastfeeding Support Service

The Breastfeeding Support Service (BFS) continued delivering a home visiting service throughout COVID19 and has strived to meet the priority of the Scottish Government's Maternal and Infant Nutrition Framework of:

- Keeping breastfeeding maintenance as a priority: ensure that the United Nations International Children's Emergency Fund (UNICEF) best practice standards for supporting infant nutrition are in place; core staff have the necessary support, tools, capacity and capability to deliver this care and that the additional specialist support for mothers with feeding challenges in maternity, neonatal and community services is in place

During 2021/2022 the Breastfeeding Support Team commenced telephoning all mothers discharged home from Maternity services at Victoria Hospital, Kirkcaldy who gave any breastfeeds during admission. These discharge calls were to offer immediate telephone support and assessment to identify any

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issues, concerns or worries the mother may have in relation to feeding their infant. From these calls the Breastfeeding Support team provided a home visit to 25.4% to provide face to face support, and a further 49.5% had ongoing telephone support.

In addition to patient facing service delivery, the Breastfeeding Support Service team also support the ongoing training of universal staff in Breast Feeding support. Although the delivery of training has been challenging due to the pandemic, this has successfully now been transferred to MS Teams and during 2021/2022 the service supported delivery of six staff training sessions: three Introduction to Breastfeeding and three Introduction to Complementary Feeding (Weaning).

5.9 Infant Mental Health Team

A recent Government visit to the Infant Mental Health Team (IMHT) and the other two streams within the broader Perinatal Infant Mental Health Service included personnel from Senior Leadership Teams. This allowed for a sharing of the successes and challenges of the newly developing services in line with the monitoring report submitted in May 2022 to the Scottish Government’s Perinatal and Infant Mental Health Programme Board.

Successes include the following:

- Working within the remit of the initial Infant Mental Health proposal to provide both a targeted service within the wider community and specialised interventions for individual infants and their care-givers
- A bespoke Infant Mental Health Pathway has been established which is effective
- Common training has been accessed for team members through NHS Education for Scotland (NES) to ensure seamless delivery of support to infants and their care-givers
- Meetings with 3rd sector services in Fife such as Home-Start; Cottage Family Nurture Centre; Stargazers; Father’s Network; Art at the Start have been set up and are ongoing to progress engagement and promote shared language between statutory and 3rd sector services.
- Positive connections have been established with enquirers and referrers (Health Visitors and Family Nurses) who are utilising the Infant Mental Health service appropriately and well
- Expertise within the team means that individualised, specialist interventions can be made in ways that can effectively support the emotional wellbeing needs of infants
- We can accommodate assessment and intervention both in the clinic and home environment depending on need
- Targeted work in the wider community is supported by the Infant Mental Health Team through its links with 3rd sector agencies in order to share learning and to ensure that the Voice of the Infant is prioritised in all settings
- The service now provides consultancy and supervision to clinicians who might require this, for example Health Visitors and Family Nurses
- Shared learning has recently become a focus for the team through the use of the Lanarkshire Indicator Set to facilitate discussions about what infants are telling us through their presentation and behaviour. The Team has set up protected time for this

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- Educational sessions with Health Visiting and Psychology / Psychotherapy trainees have been set up to raise awareness of the importance of positive infant mental health
- The Infant Mental Health Team is now linking effectively with the other two services within the Perinatal Mental Health Service. These are the Maternity and Neonatal Psychology Team (MNP) and The Community Perinatal Mental Health Team (CPMHT). There is weekly communication between the three streams to support delivery of a needs led service with the unborn baby and the infant as the focus

Positive outcomes have been evidenced for infants through numerical data collection as follows:

Information on activity levels April 2021 to April 2022	
Current caseload:	35
Number of new enquiries coming into the team:	66
Number of accepted referrals:	25
Number of enquiries signposted:	27
Average wait time from enquiry to initial enquiry meeting with named person:	18 days
Average wait time from enquiry to first assessment:	65 days. This has been due to a variety of issues, for example families who have had other services involved and for whom it has not been appropriate for the IMHT to become directly involved until care-givers therapeutically available.

- The use of lived experience of Care-givers of infants has been implemented as part of Quality Improvement and positive feedback has been received from care-givers.

This is evidenced by the following comments after intervention from the Infant Mental Health Team:-

"I'm expecting another baby soon and I feel so much more prepared for this one because of the help and support I have had"

"I struggle with child play (I hate it, it bores me) but I don't hate it as much now. They've explained to me how important play is and they've guided me in the right"

"I feel so connected to him now"

"I never felt judged"

"When my son cries I know what he wants now"

"I was always made to feel normal"

"Started to see progress weekly – play improved, child more comfortable, involving us a lot more".

"Child really came out of her shell due to the play based home visits. Before she really preferred to do things on her own but now she brings me books or takes me to toys she wants me to join her in playing with. Bookbug and Sensory Play stuff were really good for this and learning to let my child lead the play".

"The play approach was really good for my child"

Section 6: Challenges

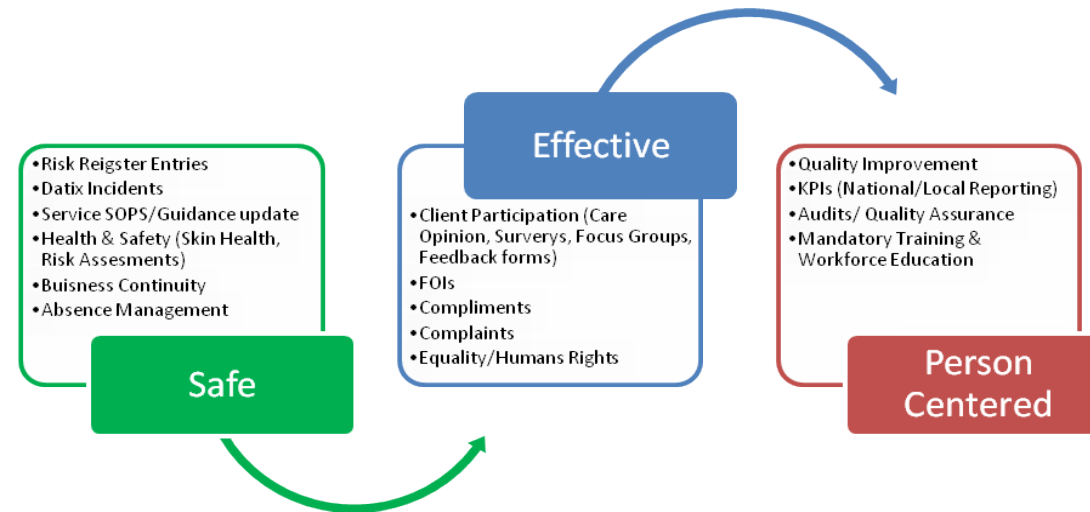
Community Children's Service are facing a number of common challenges which impact on service delivery:-

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- Remobilisation following covid impact;
- Staff wellbeing;
- Workforce pressures – vacancies, recruitment, training and development, blended working;
- Implementation of Morse and other IT solutions;
- Embedding new models of care.

Section 7: Governance

7.1 Health & Social Care Children’s Services Governance Structure



To give assurance that all specialised teams that make up Children’s Services are providing services that are safe, effective and person centred, regular governance meetings are currently being planned with the leads of each of these service areas.

The group will review all clinical activities managed by the different disciplines within Children’s Services with the objectives of:

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- Identifying any risks to ensure mitigation measures are implemented and escalated appropriately when required, to ensure an effective, proactive approach to risk and service delivery is achieved
- Provision of assurance regarding the consistent delivery of safe, inclusive and effective person-centred care
- Providing a forum for clinically led engagement and dialogue across disciplines to enable outcome and solution focused discussions
- Ensuring evidence-based practice is delivered in line with national guidance
- Providing input into clinical stakeholder communications
- Ensuring a consistent approach to quality improvement, applying improvement methodology, including a commitment to ongoing evaluation of strategies developed and implemented
- Design methods for identifying and overseeing learning from incidents, audits or case reviews to identify themes or trends and lead an improvement approach, and will have responsibility for ensuring that actions recommended are completed and/or escalated as necessary

A collated Children’s Service report will be compiled from this meeting and shared with the Head of Service, and the Nursing Directorate.

7.2 Participation and Engagement

Practitioners within Community Children’s services continue to utilise the Engagement and Participation Framework to support children and young people’s (up to age of 25 years) participation and engagement across Fife Children’s Services Partnership, creating a shared understanding of practice. This framework has been developed as a starting point for engagement with young people in decision making processes and includes practical tools and tips to plan and undertake successful consultations and engagement activities. A new formed child’s rights partnership group will support the quality assurance and improvement in this core area, central to all practice and interactions with children and young people.



Fife School Nursing Service has developed a health and wellbeing programme for S1 pupils which will be offered to Fife Secondary Schools. This was developed in response to pupil feedback from a school nursing survey which was undertaken in April 2021 whereby 1335 young people responded and informed the service that we needed to engage with S1 pupils when they commenced secondary school to raise awareness of the service and supports available to them. Following the pupil engagement, a health and wellbeing programme, “Look After Your Selfie” was developed for S1 pupils which would consist of three sessions for the duration of a 50 minute period. The programme has currently been tested out in two schools – Bell Baxter and Woodmill High School - and a total number of 890 pupils have participated so far. All of the sessions have evaluated very well. The aims of the first session were to explore different aspects of wellbeing and what factors can influence health and wellbeing. Also, to increase awareness of the school nursing service and how to access support if required. During the first session, young people were asked to identify other health topics that they would like more information on which would then inform the subsequent sessions ensuring that the programme is tailored to meeting the information needs of

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local young people within each school community. The pupils from Bell Baxter High School highlighted that mental health & wellbeing was an area that they wanted to learn more about and therefore the second session delivered in school was more practical based which focused on understanding anxiety and participating in relaxation / breathing techniques. Whereas, the second session at Woodmill High School focussed on physical and mental wellbeing incorporating the benefits of being active, eating and sleeping well and how these areas can all positively impact on mental wellbeing.

Further engagement with 400 pupils has taken place across Primary and Secondary schools in Fife to involve pupils in the development and design of creating a new school nursing service brand alongside promotional materials to ensure that they are relatable, accessible and relevant to our target audience.

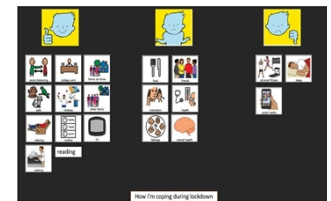
Ongoing, meaningful engagement has remained a priority within Fife’s school nursing service to ensure that changes are relevant and support the needs of children, young people and families. Measures to control the COVID19 pandemic, including lockdown restrictions, created a challenge for traditional ways of engaging in particular with young people. Therefore, Fife school nursing service undertook a survey across secondary schools to ascertain what support young people were looking for around their health and wellbeing. A total amount of 1,335 pupils responded to the survey which informed new developments for the service.

Young people’s involvement has been instrumental in identifying school nursing service priorities. Over the past year, the school nursing service has engaged with 2613 young people to ensure that the views of young people were incorporated into shaping new service developments such as a new school nursing brand and a S1 health and wellbeing programme.

Talking Mats are being increasingly used in practice. They enable rights-based participation for children and young people with and without additional support needs and facilitate the below points;

- Under Article 12 of UNCRC, every child has the right to give their views in matters affecting them. That view should be listened to by those who can influence and bring about the change required to maximise wellbeing.
- The rights in UNCRC apply to all CYP of all ages from birth to 18 years and therefore the concept of the evolving capacities of the child must be respected. It is the duty of adults to create environments which cater to a child’s evolving ability to participate.

Service users (parents / carers and young people) are supporting recruitment process and playing an active part in interviews.



“The value of the service users experience with services and the added perspective this brings, provided an invaluable contribution to the interviews” Recruiting Manager

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Accessible and inclusive play for all children. Partnership project with parents / children, Fife Council, Lochore Meadows, PAMIS and Occupational Therapy. A survey was undertaken to capture the views of children with additional support needs (ASN) and their families to discover what could be included in an upgrade to Lochore Meadows play park to make it more accessible and user-friendly for this group of children. 111 families participated in the survey and this is being used to design and plan the new play park which should be open by summer 2023.



Section 8: Objectives for 2022 to 2023

8.1 Children & Young Peoples Nursing Service

- Involving people – Service users, Attention Deficit Hyperactivity Disorder Ambassadors, partnership colleagues
- Transitioning towards a good conversations model – personal outcome approach
- Engagement & Participation of children and young people
- Staff Wellbeing

8.2 School Nursing

- To strengthen partnership working with Health and Social Care Partnership (H&SCP) colleagues to increase awareness of the School Nursing Service to participate in collaborative working to improve health and wellbeing outcomes for the school-age population
- To offer a variety of communication methods for young people to have increased access to the School Nursing Service to access support for their self-identified health and wellbeing needs
- To focus on prevention and early intervention initiatives with an aim to reduce risk taking behaviours and increase positive health outcomes for children and young people

8.3 Health Visiting

- To achieve and maintain the required staffing levels within the service
- To deliver the Universal Health Visiting Pathway to all children’s and families in Fife

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- To utilise skills, mix to its full potential by upskilling non-registered staff to deliver locally relevant early intervention interventions to either groups or individuals
- Continuing to ensure workforce fully trained, with adequate supervision and leadership to support their professional development and contribution to service improvements

8.4 Family Nurse Partnership

- To extend the eligibility criteria for first time mothers, age 21 years and under by 2024.

8.5 Child Protection Team

- Implementation of the new Scottish Government Child Protection Guidance with associated review of existing systems and procedures
- Resuming child protection training following a period of critical function, envisaging a hybrid model moving forward. A vision of a move towards greater access to multiagency training, developing a sense of working in partnership and greater understating of roles and responsibilities
- Resuming planned group supervision sessions with identified health services, reviewing staff groupings for group supervisions based on emerging data, a revisit to a previously paused 1 to 1 Health Visiting supervision pilot
- Review and progression of quality assurance and reporting measures to ensure continued self evaluation
- Continued focus on staff wellbeing with future restorative supervision planned considering compassion fatigue and self-care

8.6 Children & Young People Occupational Therapy

- **Partnership & Integration** - Collaborative working and co production with service users and other partners
- **Access** - Professionals Enquiry Line & Parent / Carer Advice Line. Implementation and embedment of Near Me in clinical practice
- **Engagement & Participation** - Effective Decision Making (EDM). Personal outcomes. Joy@Work
- **Children's Rights** - Use of Talking Mats to elicit child's thoughts, feelings - voice
- **Equity** - Occupational justice – community opportunities and access. Income maximisation. Trauma & mental health informed workforce
- **Early intervention & prevention** - shifting expertise 'upstream' and enabling access

8.7 Infant Mental Health Team

The objectives of the Infant Mental Health Team, until the completion of involvement from the Perinatal and Infant Mental Health Programme Board on 31st March 2023, are:

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- To continue to deliver direct interventions through liaising with professionals working with families where there are infants presenting with emotional difficulties or developmental problems linked to attachments with key care-givers
- To continue to link with wider services from statutory and 3rd sector services to support their work in respect of the emotional wellbeing of infants
- To signpost families to relevant services when direct interventions from the INM service are not required or if there is poor engagement
- To continue to build on linking with the Community Perinatal Mental Health Team and the Maternal Neonatal psychological Intervention team in order to ensure provision of a needs led service with a lens on the infant around the perinatal period
- To establish a base where the team can share learning and progress professional development through being able to have face to face case discussions
- To establish a clinical setting to supplement the clinical bases situated within the Child and Adolescent Mental Health Service

Section 9: Conclusion

Fife's Community Children's Health Services have much to celebrate in what has been a difficult year. The work of staff individually and collectively as teams, across the service, continues to be exemplary. Our services consistently deliver high-quality person-centred care even when working in challenging circumstances. We have seen significant changes in leadership over the last year but the ambition of the service remains to ensure that we drive to improve and further develop the services we deliver.

In line with the principles of The Promise we remain committed to hearing the views and opinions of our children and young people, through participation and engagement work, and use this Voice to ensure we provide a service that their needs and expectations.

Our focus for 2022 will be on ensuring the implementation of the revised Child Protection Guidance and meeting the expectations of The Promise.

We acknowledge there will be many challenges over the coming year as we aim to "build back better" but we are confident that together we can meet these challenges head on and we remain focussed on getting it right for every child, young person and their families living in Fife.

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Meeting:	Public Health and Wellbeing Committee
Meeting date:	29 August 2022
Title:	LDP Standard for Psychological Therapies: Update at June 2022
Responsible Executive:	Nicky Connor, Director & Chief Officer of Fife Health & Social Care Partnership
Report Author:	Dr Andy Summers, Head of Fife Adult Mental Health Psychology Service

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 NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The report, *Psychological Therapies: Position at April 2022*, was considered by the Public Health and Wellbeing Committee on 5 May 2022. The April position reported on data from February 2022. This report is to update the committee on performance compared to the referral to treatment (RTT) waiting times standard, the numbers waiting and the waiting list trajectory. The data is from May 2022. Since service capacity has a fundamental impact on performance, this report also provides an update on recent recruitment activity. For completeness, an update on the improvement actions that were set out in the previous report are included in Appendix 1.

2.2 Background

The RTT standard for psychological therapies (PTs) has two objectives: (1) to reduce waiting times for PTs; and (2) to increase the numbers of children, young people, adults and older adults who have access to PTs.

The RTT standard states that ‘*at least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies*’. There is clear guidance from the Scottish Government regarding which PTs can be counted as part of the standard.

Meeting the needs of the longest waiting people remains a priority. Reducing the waiting list for PTs is necessary in order for Fife to meet the standard. A proportion of the funds allocated to NHS Boards by the Scottish Government in 2021 had a specific ask associated with reducing the backlog of people waiting, recognising that this would take some two years.

A major challenge facing psychology services across Scotland, including Fife, is the availability of suitably qualified psychologists within the workforce to meet the needs of people with more complex presentations. Also, people with these more complex presentations require highly specialist psychological therapy or interventions from a clinical/counselling psychologist that can take many months to deliver. The backlog of longest waits in Fife is mainly composed of those with more complex presentations. Sustained improvement efforts, such as the use of skill mix and joint working to expand capacity, have improved flow for people with less complex presentations.

2.3 Assessment

Performance compared to RTT standard

The Scottish Government’s RTT standard includes performance data.

Performance compared to the RTT standard at May 2022 was 76.5%. This is a reduction on the April performance of 79.2% and on the Q1 average of 81.2%.

Figure 1. NHS Fife %RTT Performance

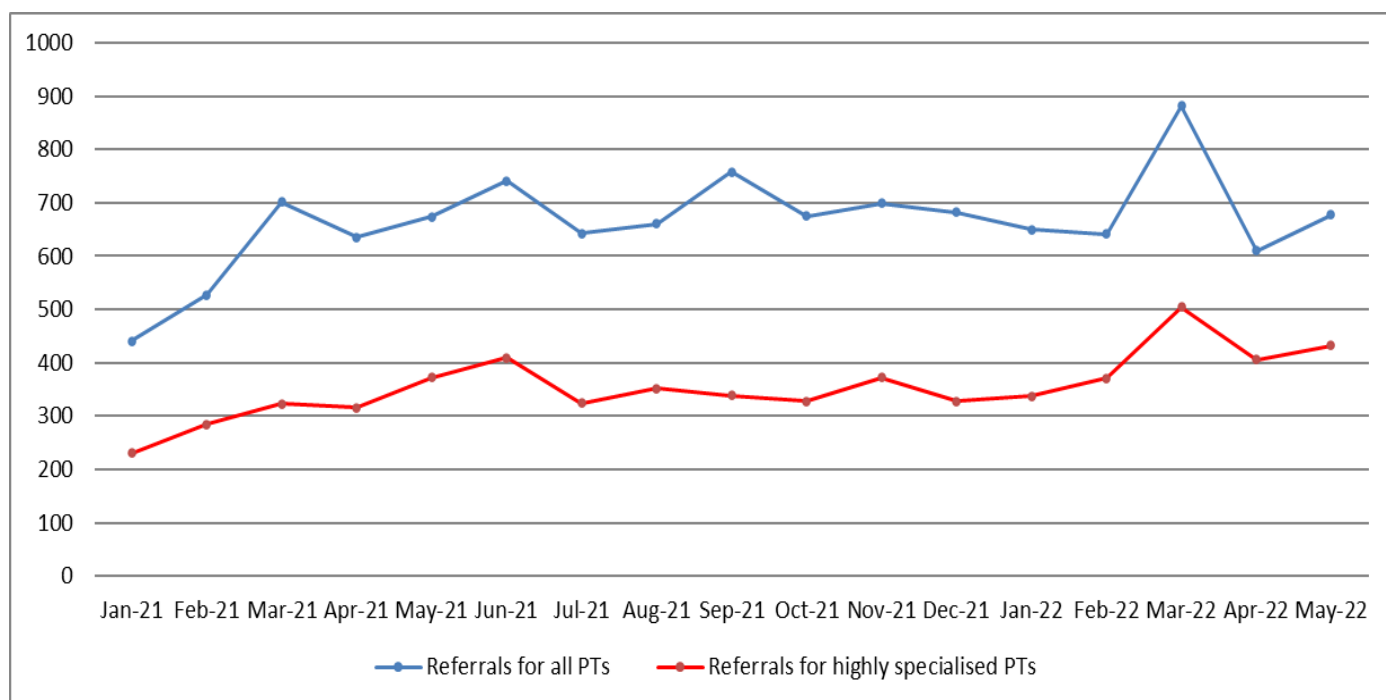
Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
78.2	80	82.6	86.9	87.4	84.5	82.3	78.8	81.1	81.8	79.2	82.7	79.2	76.5

The RTT standard measures monthly performance by comparing the number of people who had been waiting under/over 18 weeks before beginning therapy in that month. Factors which can influence a reduction in performance compared to standard can include, for example, an increase in activity to address the backlog (low volume, high intensity) or a reduction in activity for lower intensity therapies. The context for May’s reduced performance for adult services was a sustained rise in referrals, and continuing recruitment difficulties.

Numbers accessing psychological therapies

Figure 2 (below) illustrates the monthly referrals for all PTs and for highly specialised PTs.

Figure 2.



Less than 1% of referrals for PTs are rejected.

Current position on longest waits

All of the longest waits are waiting for highly specialised therapy within the Psychology Service. In order to set these longest waits in context, the table in Figure 3 below gives the numbers waiting:

- on the whole psychology waiting list
- more than 18 weeks and less than 53+ weeks
- 53+ weeks and
- 104+ weeks.

Figure 3. Numbers waiting

Numbers waiting	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
In total	1842	1853	1858	1881	1944	1980	1991	2054	2246	2381	2421	2422
>18 wks, <53+wks	379	423	448	491	569	577	600	596	687	747	736	709
53+ wks	572	501	500	472	460	467	456	463	493	492	485	440
104+ wks	235	226	226	231	245	254	239	247	260	245	228	194

Figures 4 and 4a (below) illustrate this data.

Figure 4

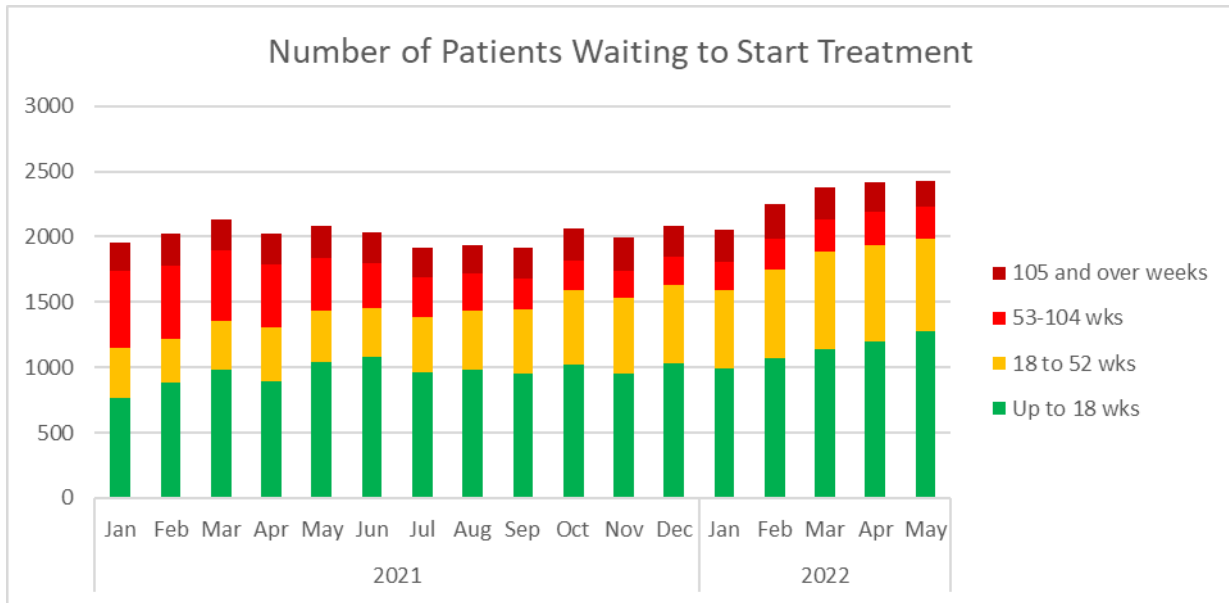
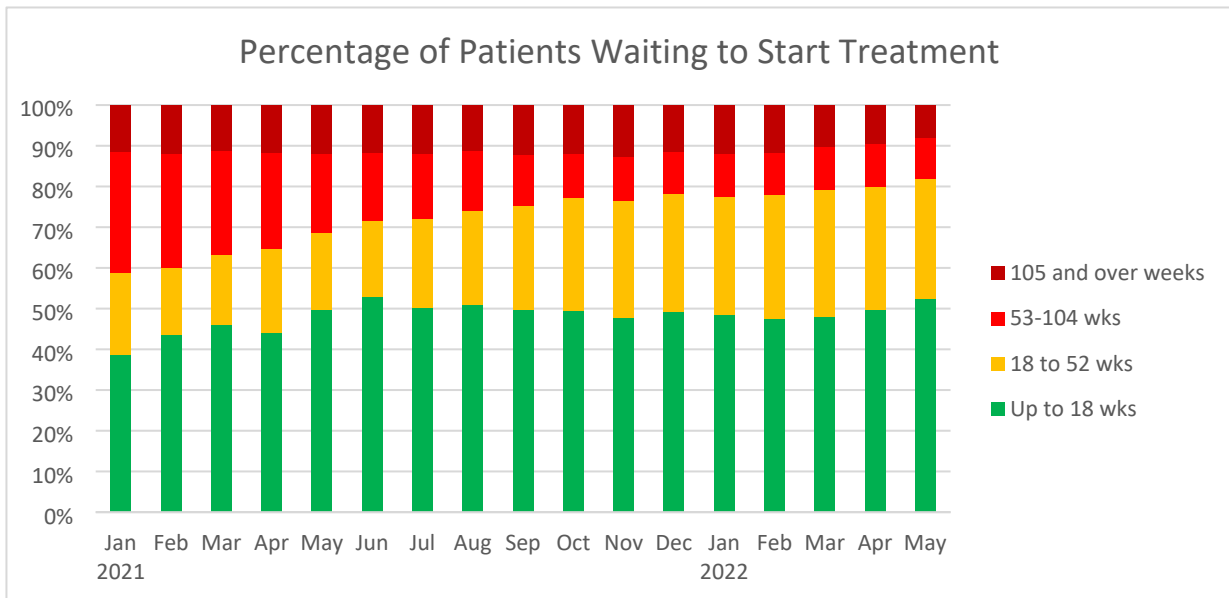


Figure 4a.



Numbers waiting 53+ weeks

From February 2022, there has been a reduction of 53 in the number of people waiting 53 plus weeks. This is in contrast to the overall increase in the number of those waiting 53 plus weeks in the previous 3 months.

Numbers waiting 104+ weeks

From February 2022, there has been a reduction of 66 in the number of people waiting over 104 weeks. This is in contrast to the overall increase in this number over the previous 3 months.

Clinicians continue to see patients in order of referral (unless they are expedited on clinical grounds).

Numbers commencing highly specialised psychological therapy

Figure 5 shows the number of people commencing therapy each month since January 2021, broken down by length of wait. The monthly fluctuations are associated with changes in therapist capacity to take on new patients and the commencement of specific group programmes. The data excludes those commencing computerised cognitive behavioural therapy (cCBT). Figure 5a presents this data by percentage.

Figure 5.

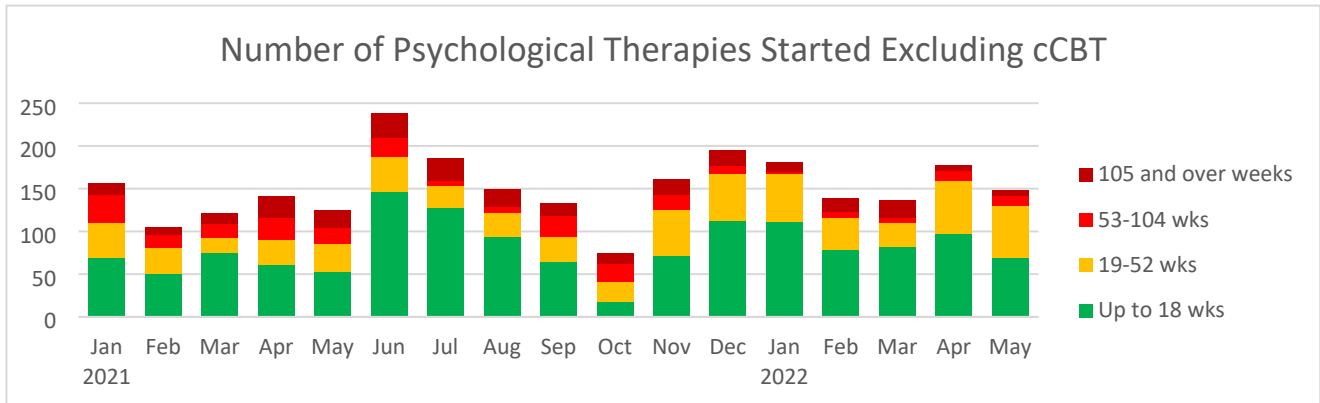
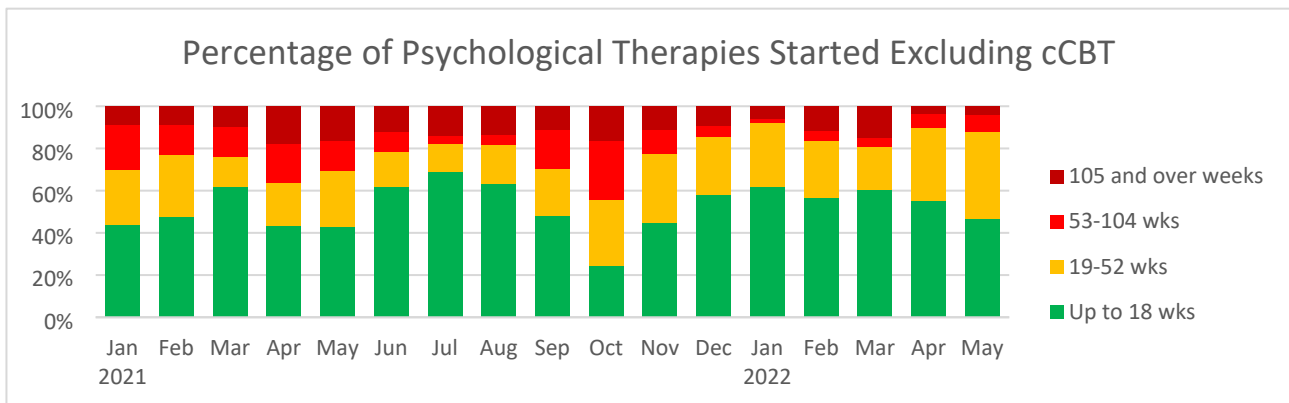


Figure 5a.



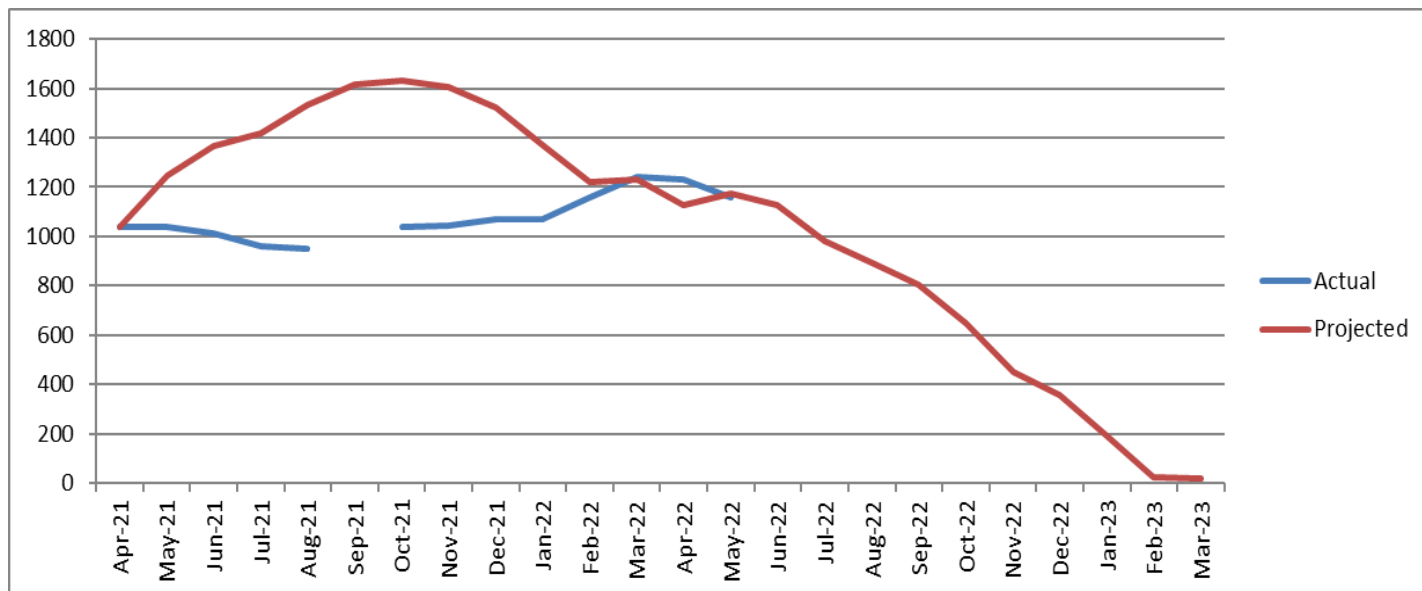
People are offered an appointment when they reach the top of the waiting list for their particular psychology specialty. During May 2022, 12 people who had waited 53-104 weeks and a further 6 who had waited over 104 weeks commenced psychological therapy (1:1 or in a group). During the same period, 130 people who had waited up to 52 weeks also commenced therapy with 69 of these waiting less than 18 weeks.

The RTT includes data for people commencing cCBT. Including these individuals, in May 2022, a total of 494 people began therapy in under 18 weeks.

Trajectory modelling for longest waits

The date set by the Scottish Government for achievement of the RTT standard is 31 March 2023. Understanding the workforce required to meet the standard (and so inform recruitment plans) has been the focus of the demand-capacity modelling to date. Figure 6 shows the trajectory for the overall waiting list.

Figure 6: Projected waiting times trajectory for waiting list (September 2021 data missing due to IT problem which affected data retrieval from the electronic patient information system)



The waiting list projection above was calculated as part of demand-capacity modelling using service data from 2019. The actual waiting list data (the blue line in Figure 6) shows that the number of people waiting has risen but still remains broadly in line with the projection. However, if the factors responsible for the recent rise continue, namely the increase in referral rate seen since the latter half of 2021 combined with ongoing challenges around workforce availability nationally, then this will have an impact on the overall trajectory in 2022.

Recruitment

The completed improvement actions given in Appendix 1 have had a positive impact on performance. Potential areas for further improvement will continue to be reviewed. However, so long as workforce challenges continue, future actions are likely to have only a relatively small impact and progress will be limited.

In recognition of workforce challenges, particularly surrounding the availability of staff who have the required expertise to deliver highly specialist PTs for people with complex needs, NHS Education for Scotland (NES) established a national recruitment campaign to support NHS Boards/HSPCs to fill posts. However, this was less successful than hoped in attracting suitable candidates for Fife, leading to only 3 new hires. NES are considering running another national recruitment campaign. In the meantime, recruitment efforts in Fife continue, but we are unlikely to be able to recruit to the additional posts we identified in our PT recovery plan within agreed timescales.

A summary of recent recruitment activity relating to the additional posts identified in the PT recovery plan is given in Figure 7.

Figure 7: Psychology recruitment activity, Jan-May 2022 (adult services only)

Started in post Jan-May 2022	Successful at interview Jan-May 2022	On-going recruitment utilising new monies from HSCP and Scottish Government
7.3 WTE Assistant Psychologists	4.5 WTE Clinical Psychologists	3.0 WTE Clinical Psychologist
1.8 WTE Clinical Psychologists		
1.8 WTE Clinical Associates in Applied Psychology		

It should be noted that Figure 7 above refers to additional posts only and does not include recruitment to routine vacancies. For example, in addition to the above, within the Adult Mental Health Psychology Service at May 2022, there were 6.1 WTE vacancies, to which currently 1.3 WTE have been successfully recruited.

As stated above, a particular challenge in achieving the standard is the combination of the lack of availability of suitably qualified psychologists (or other staff) within the workforce to meet the needs of people with the most complex presentations, combined with the fact that these patients typically need longer-term, highly intensive interventions. Considerable progress has been made in increasing access to psychological therapy for those who will benefit from interventions below this most complex level. This has been achieved through developments such as the Access Therapies Fife website, Psychological Therapy groups, computerised CBT, creating new tiers of psychological intervention, such as the guided self-help service, training other professionals, etc. More detail is given in Appendix 1: Improvement Actions.

Ultimately, however, if difficulties recruiting appropriately qualified staff continue, then progress towards the target will be delayed as there is no other appropriate PT option for this patient group.

The Fife Psychology Service is working to mitigate this in a number of ways:
Using vacancy funding to increase hours for part-time permanent staff on a fixed term basis.
Using and developing new skill mix approaches to reduce demand at highest tier, and increase the capacity of most specialist psychologists to deliver interventions at this level.
Constant review of assessment processes and case management.
Development of group intervention options at the most complex level.
Working with CMHTs to develop interventions for people with highly complex needs who are unable to benefit from formal PT.

2.3.1 Quality/ Customer Care

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

2.3.2 Workforce

There is a risk of increased workforce stress due to workload demands while, at the same time, working in new ways in redesigned services and supporting psychologically informed practice across the wider health and care workforce, plus the increased demands of supporting future expansion of the workforce through additional training posts. The Fife Psychology Service is working to mitigate this.

There is acknowledgement from the Scottish Government that lack of availability of psychology workforce nationally has brought challenges. A NES-led national recruitment campaign had limited impact. The value of a further national campaign is currently being explored by NES.

When recruitment challenges are resolved, staff will benefit from working in services that can meet demand and allow them to focus on early intervention and other aspects of service improvement in line with the Scottish Government mental health transformation agenda.

2.3.3 Financial

There are no additional financial implications arising from this report.

2.3.4 Risk/Legal/Management

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

2.3.5 Equality and Diversity, including Health Inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

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

2.3.8 Route to the Meeting

This report was produced in response to a request by the Public Health and Wellbeing Committee for an update relating to performance compared to the RTT standard.

2.4 Recommendation

This report is for:

- **Assurance** - Members of the Public Health and Wellbeing Committee are informed on the current performance, the benefits realised from the improvement actions, the ongoing risk in relation to recruitment and be **assured** that this is actively being managed through the Psychology Service and it is actively being monitored and data is included in the IPQR.

3 List of Appendices –

Appendix 1. Improvement Actions

Report Contact:

Dr Andy Summers
Head of Adult Mental Health Psychology
E-Mail andrew.summers@nhs.scot

Appendix 1: Improvement Actions

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

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

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

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

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

Table 1.

Challenge / Area for improvement	Improvement Action	Impact of improvement Action to date	Next Steps
Increased access and reduced waiting times for patients with less complex difficulties	Improved capacity via new PT group programmes, with streamlined referral process, since 2018	Increase in numbers of patients accessing PTs/month; reduction in wait times for PTs	Development of further group programmes in response to clinical need
Increased access and reduced waiting times for patients with less complex difficulties	Launch of <i>Access Therapies Fife</i> website, enabling self-referral to some PTs, November 2018	Increased access; more efficient use of staff resource; released capacity for more highly specialist work <u>Referrals for online PT</u> 2018 - 912 2019 - 1004 2020 - 1370 2021 - 1056 <u>Self referrals for group PTs</u> Nov-Dec 2018 – 113 2019 – 2099 2020 – 817 2021 - 1724	Expand offer of PTs available via website/self referral in line with development of new online and/or group PTs
Reduce waiting times for people with complex needs	Development of Community Mental Health Teams across Fife, 2018	Multidisciplinary approach to care for patients with complex issues – MDT approach now in place across all CMHTs supporting targeting of PTs to people most likely to benefit.	On-going developments of clinical pathways and expansion of capacity within CMHT for delivery of psychological interventions
Improve access to PTs for people with complex needs	Development of Complex Trauma/Personality Disorder pathway in 2018 Supports integrated working with 3 rd sector including the <i>Better than Well</i> service developed via partnership between Link Living and Psychology Service, as an improvement action in 2016	Care pathway facilitates access to PTs for people most able to benefit; to provide alternative pathway and psychological interventions. Phase-based approach to treatment implemented across all CMHTs; people most able to benefit from formal PTs can access these more quickly; with 'Phase 1 psychological interventions' available for people less able to benefit from PT	On-going developments to support pathway (e.g. introduction of structured clinical management MDT approach for more complex/high risk patients)
Increase capacity for delivery of psychological interventions and use of psychological strategies within Adult Mental Health Service	Psychology training programme for staff in mental health services initiated in 2018 - in <i>The Decider Skills</i> to manage emotional regulation; - in running <i>Safe and Able to Cope</i> group (developed by psychology to meet identified need amongst patients referred to mental health services)	Joint delivery (psychology and nursing) of <i>The Decider Skills</i> group programme; delivery by CMHNs of <i>Safe and Able to Cope</i> with psychology provision of coaching & clinical supervision. These now available across all CMHTs.	Ongoing programme of Decider Skills and Safe and Able to Cope training. Ongoing supervision and coaching in Safe and Able to Cope. Resumption of F2F Decider Groups once Covid restrictions allow
Increase capacity within wider mental health system for delivery of psychological interventions (PIs)	Introduction of enhanced PT/PI Training Strategy across all mental health services in 2018	Supporting delivery and implementation of training within wider mental health workforce to ensure sustainability of provision; improved governance structures; oversight via Psychological Therapies Steering group	2021/22 refresh in progress to support implementation of psychologically informed care across wider mental health system
Improve access to PTs for people who present to	In 2019, a Clinical Associate in Applied Psychology joined the	Secondary preventative role; improved multidisciplinary working; improved	Increase psychology resource (1.0wte) to

mental health service in crisis	Unscheduled Care Team; provision of brief psychological therapy as part of care pathway	access to PTs; impact on waiting times target	Unscheduled Care Team during 2022 (0.4wte secondment agreed)
Improve access to mental health services and better manage demand for PTs	Establishment of mental health triage nurse service in selected GP Cluster areas in 2019	Positive impact meeting demand; improved access to PTs via sign-posting to Access Therapies Fife; no unintended consequences of increased referrals for highly specialist PTs within the psychology service.	2022 Scottish Government supporting 5 year programme of work to improve Primary Care Mental Health and Wellbeing. Being taken forward in Fife via multidisciplinary group chaired by HSCP's Head of Complex and Critical Care Services
Maintain efficient delivery of PTs in light of restrictions imposed by COVID-19 pandemic	2020 development of digital versions of group PTs as appropriate and modification other group PTs for 1:1 digital delivery; expansion of online therapy options accessible via <i>Access Therapies Fife</i> website	Maintained efficiencies associated with delivery of group PTs for people with less complex needs; improved access to online PTs with an additional 1131 people self referring for online PTs in 2020/21. Both of these have a positive impact on waiting times.	Digital delivery will be continue for PT groups where this is clinically appropriate (as it will for 1:1 psychological therapy)
Address backlog on PT waiting list and reduce waiting times for people with complex needs	Development and trial of two group programmes for people with complex needs who require highly specialist PT provision, 2020/21	Online Schema therapy group had good participant retention rate and clinical outcomes. All patients on AMH psychology WL now been reviewed and if appropriate assessed and offered Schema therapy group.	On-going schema therapy groups as part of core service provision. Pilot of Compassion-focused therapy group starting April 2022
Improve access to and reduce waiting times for PTs for previously underserved populations	Scottish Government funding supported establishment of new services within psychology <ul style="list-style-type: none"> - MACH (Mental Health After Covid hospitalisation) - Major Physical Trauma Psychology Service - Maternity and Neonatal Psychological Interventions Service & - Perinatal Psychology Service 	Improved access to highly specialist PTs, enhanced MDT working and supported provision of, and training in, psychologically informed care to populations with specific needs. Evaluations	Monitoring and evaluating impact of new services
Improve access and reduce waiting times for people with less complex problems; facilitate self management	2021, expansion of Guided Self help Service (tier within Adult Mental Health Psychology Service to provide structured PTs for mild problems) across Fife via change in skill mix and new funding.	Has impacted positively on waiting times. Anticipate that development will impact positively on demand elsewhere within AMH psychology due to needs being met before difficulties become more entrenched; TOC underway in Levenmouth to assess impact of direct referral to the Psychology GSH service from Local area co-ordinators	Further expansion during 2022 via participation in Scottish Government funded programme to increase psychology workforce through creation of new post of Enhanced Psychological Practitioners; evaluation of TOC
Reduce waiting times and back log within Clinical Health Psychology Service (Pain Management Service)	2021, expansion of skill mix model to increase delivery of low intensity interventions and the introduction of a tiered service model of 1:1 PTs in the Pain Management Clinical Health psychology service	Positive clinical outcomes; reduction in waiting times and backlog (WL reduced from 170 to 101 during 2021)	On-going evaluation of impact
Reduce waiting times and back log within Clinical Health Psychology	2022, increase in resource supporting work to clear the	Will inform next steps in development of clinical pathways and support	Implement service redesign based on learning from this

Service (General Medical Service)	backlog on the assessment waiting list	development of new elements of service. Will build on learning from 2021 improvement actions within pain management service. Anticipate impact on backlog and sustainability	improvement action
Increase capacity for work with more complex patients within Adult Mental Health Psychology service	<ul style="list-style-type: none"> - 2021/22 programme of training and supervision to increase the skills of the Clinical Associates in Applied Psychology (CAAPs) in the provision of PTs for people with less complex eating disorders and also delivery of interpersonal psychological therapy (IPT) - 2021/22 Training to support staff to conceptualise therapy with most complex patients as 'episodes of care' 	<p>Enhancing the skills of CAAPS will increase capacity amongst other psychology clinicians who are able to work with more complex presentations.</p> <p>Provision of episodes of care should improve flow, reduce staff burnout and address backlog.</p>	Training programme is on-going; impact to be assessed
Meet Scottish Government deadline for 18 week referral to treatment target, March 2023	<p>Recruit new staff as per Psychological Therapies Recovery Plan. Recruitment is on-going for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions).</p> <p>The national issue with workforce availability has impacted anticipated timelines around recruitment. The psychology service has therefore progressed recruitment of other grades of staff who can increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations.</p>	Increased capacity for provision of specialist and highly specialist PTs is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the waiting times target in a sustainable fashion.	Recruitment on-going; service continues to identify any opportunities to increase capacity for provision of highly specialist PTs via skill mix changes

Meeting:	Public Health and Wellbeing Committee
Meeting date:	29 August 2022
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 NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report 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), current referral and waiting times activity and the progress on recruitment to achieve these objectives.

2.2 Background

The National Mental Health Quality Indicators require NHS Fife to ensure that 90% of young people who commence treatment by specialist CAMHS services do so within 18 weeks of referral. The subsequent Scottish Government Mental Health Recovery and Renewal Programme added to the original ambition, requiring that services develop an

improvement plan with the objective of achieving the established targets by March 2023. Funding to achieve these improvements has been in two phases as previously reported.

2.3 Assessment

Fife CAMHS continues to engage with Scottish Government Mental Health Directorate on a monthly basis to provide detailed updates on the progress against the National targets whilst also providing a forum for focussed discussion around local performance and service pressures and operational challenges in response to adverse and unpredictable conditions.

Enhanced support from Scottish Government Mental Health Directorate Performance Unit and Public Health Scotland Mental Health Intelligence Team was reinstated in July 2022 following to a drop in performance during Q4 of 2021/22. This level of engagement has allowed Fife CAMHS the opportunity to detail the factors contributing to the change in trajectory whilst reviewing the existing improvement plan and providing assurances on the measures taken to address this.

Influencing Factors:

A number of factors combined to negatively impact on the projected reduction in waiting lists and the achievement of the Referral to Treatment Target:

- Reduced staffing capacity during December, January and February due to:
 - Covid-related absence
 - Core staff redeployed into CAMHS Acute services to ensure adequate capacity to respond to increasing prevalence of high risk patients
 - Redeployment of CAMHS staff into General Surge wards.
- Absence and redeployment resulted in approximately 520 lost appointments from December-February within Core services.
- Rearranged appointments which were postponed due to Covid absence were re-booked into February/March resulting in less 'New Appointments' than predicted.
- Increased acuity of presentations:
 - 60% of all referrals to CAMHS during Jan-Feb assessed as a priority compared to 40% across previous time periods.
 - 21% of referrals in January required urgent interventions.
 - 183% increase of young people presenting through the Emergency Department following self harm/suicidal behaviours during Jan-Feb.
- Persistent recruitment challenges into Core CAMHS for Nursing and Psychology staff.
- Staff departures due to retirement and staff leaving to take up posts in other board areas.

Areas of Improvement:

- Revised workplans for all core/front facing staff.

- Detailed collection and analysis of staffing activity combined with revised caseload supervision to ensure that throughput of casework is maintained.
- Demand and Capacity analysis which demonstrates adequate staffing capacity to meet current demand.
- Ongoing recruitment which addresses the challenges of recruiting nursing and psychology staff through revision of workforce requirements.
- Development of internal training programmes to ensure that staff have the required competencies for the increasing complexity of presentation.
- Focussed waiting list initiatives to address the backlog created by reduced capacity during Dec-Feb 2022. This includes overtime evening/weekend sessions which is dependent on staff participation and the use of additional clinical capacity within the CAMHS Early Intervention Service which historically has received less referrals during the summer period. Provided 56 children & young people with expedited appointments.

Referrals:

In order to align with other CAMHS services across Scotland and following discussion with Scottish Government and Public Health Scotland, Fife CAMHS will no longer include Tier 2 psychology services which do not meet the threshold for CAMHS intervention in referral or waiting times data. This data will be extracted from CAMHS submissions (commencing April 2022) to reflect an accurate waiting times analysis which is comparable with other boards across the country.

Current position (May/June 2022):

Figure 1: All National Referrals to CAMHS per 1,000 people

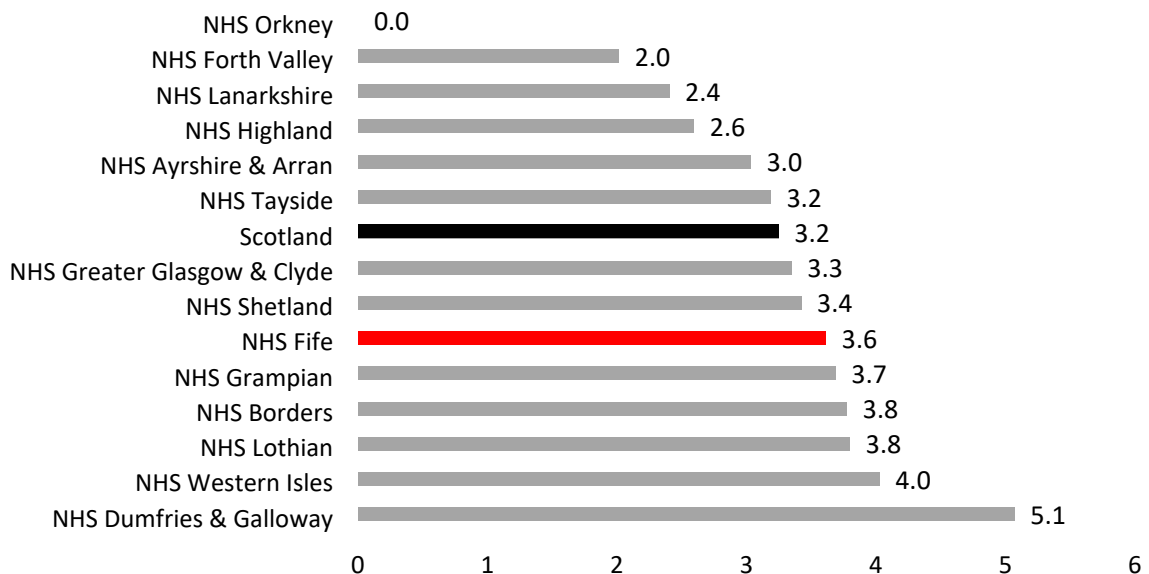
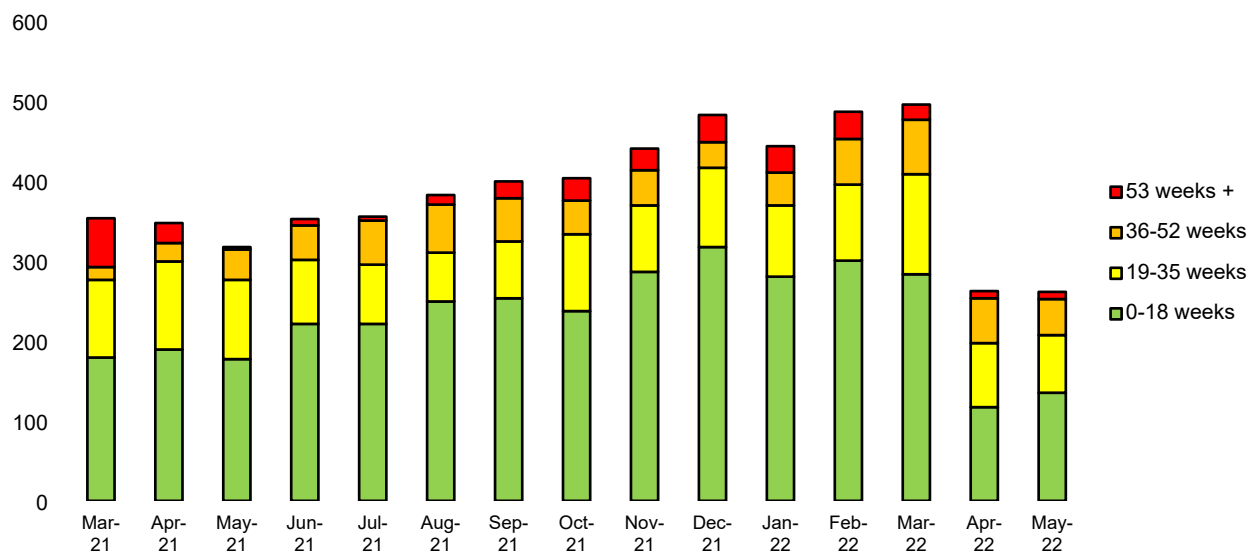


Figure 2: Accepted National Referrals to CAMHS per 1,000 people



Figure 3: Number of Patients waiting to be seen

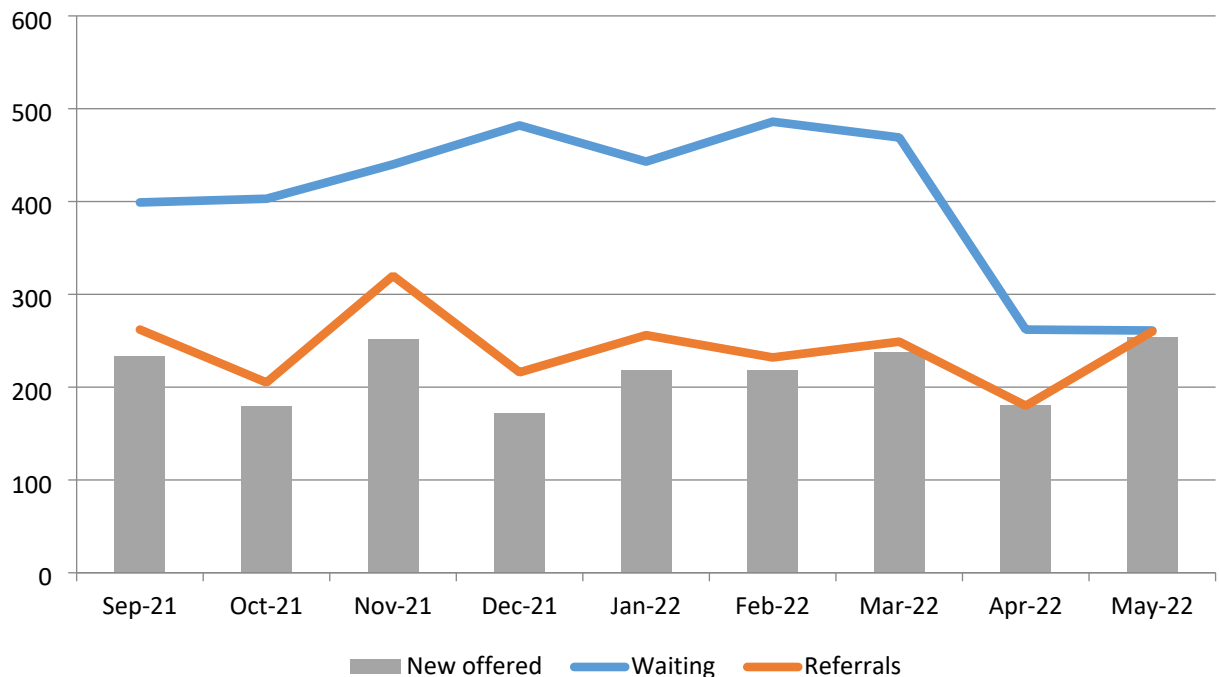


Note: Reduction in Patients Waiting from April 22 is due to a combination of increased staffing capacity, waiting times initiatives and removal of Tier 2 Psychology data as advised by Scottish Government in order to align with other boards.

- Referrals continue to demonstrate incremental increase: average of 7% year on year.
- Rolling year average: 280 referrals per month.
- The impact of the improvement actions combined with the revised reporting has resulted in an improved position at May 2022.
- 6 month period Dec-May 22: Patients waiting over 18 weeks has reduced from:
 - December 2021: 127 waiting with 17 appointments booked
 - May 2022: 38 waiting with 91 appointments booked.

- All future appointments that are booked and are waiting over 18 weeks will be shown as activity from June and throughout the summer months.
- The impact of this increased activity against the longest waits will cause the Referral to Treatment Target (RTT) percentage to reduce due the way that the RTT is reported however this does not represent a reduction in overall activity.
- RTT% at May 2022: Maintained at 68%
- Average waiting time for treatment is 13 weeks, with a median of 8 weeks.
- Projected activity, developed in collaboration with PHS Embedded Analyst, confirmed that the waiting list would be reduced to no more than 10% waiting over 18 weeks by Dec 2022 based on current staffing compliment and referral rates.
- Any increases in staff absence, as seen in Q4 2021/2022, or staff departures will have a direct impact on staffing capacity and on the services ability to maintain a positive trajectory.

Figure 4: Current Activity



Recruitment/Staffing:

The Scottish Governments Recovery & Renewal fund (R&R) was provided to Fife CAMHS in order to achieve a number of objectives which included RTT and waiting times however it prioritised the funding towards improving the quality of care and models of service delivery as set out in the National CAMHS Service Specification. As a result not all of CAMHS current recruitment is targeted at Waiting lists or ‘front door’ referrals nor is that activity captured under the RTT and Waiting times reporting. This includes enhancement of CAMHS Intensive Therapy Service, improved liaison services, expanded CAMHS Looked after Children’s services and development of Children’s

Learning Disability services as well as expanding age range for specific groups and increasing administrative resources.

Recruitment processes are ongoing to enhance the wider CAMHS provision however specific challenges persist in recruiting into Core CAMHS provision for Nursing and Psychology staff.

Initiatives to increase opportunities for recruitment have included national advertising campaign led by NES, Consultant posts promoted through Royal College of Psychiatrists International Symposium, re-provisioning of nursing posts to broaden skill mix, recurring adverts promoting service strengths and internal development opportunities.

Recruitment: 22.0 wte posts recruited across Nursing, Psychology, Family Therapy, Psychiatry and support staff.

Vacancies: 11.0 wte posts outstanding including Psychiatry, Nursing, Psychology and AHP's. All posts out to advert.

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

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

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

- This reports builds on a previous report to the Public Health & Wellbeing Committee: 5th May 2022

2.4 Recommendation

Assurance –members of the Public Health and Wellbeing Committee are informed on the progress against achieving the Scottish Government CAMHS 18 week referral to Treatment Target (RTT), current referral and waiting times activity and assurance on the progress on recruitment and further actions to achieve these objectives.

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:	29 August 2022
Title:	Health Promoting Health Service
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Kay Samson, Deputy Health Promotion Manager

1 Purpose

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

- Assurance

This report relates to a:

- Government policy/directive

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

- Person Centred

2 Report summary

2.1 Situation

NHS Fife are required to submit an annual update on progress against the Health Promoting Health Service (HPHS) outcomes and indicators as part of the Chief Medical Officers HPHS Guidance (CMO 2018 3 letter).

With the establishment of Public Health Scotland on 1st April 2020 Although HPHS outcomes remain in place the requirement to submit an annual report has been suspended until there is a review of this workstream and reporting requirements nationally. The pandemic has put progress and activities across the HPHS agenda on pause over the last 2 years and for 21/22 reporting year.

This paper provides the Board with an update on progress within NHS Fife during 2021/22.

2.2 Background

The Health Promoting Health Service (HPHS) is a national programme that focuses on the health and wellbeing of staff, patients and visitors in the hospital setting. It has an underpinning theme that **“every healthcare contact is a health improvement opportunity.”**

The HPHS guidance (CMO 2018 3 letter) sets out the continued focus of Health Promoting Health Service on prevention, early intervention and whole systems working in improving healthy life expectancy and addressing health inequalities in Scotland. NHS Fife has established a baseline self-assessment and action plan outlining our planning, activity and performance against 4 outcomes.

- **Outcome 1:** Prevention, improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such
- **Outcome 2:** Patients are routinely assessed for health improvement and inequalities as part of their person-centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long-term conditions
- **Outcome 3:** All staff work in an environment that promotes physical and mental health, safety and wellbeing.
- **Outcome 4:** The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.

2.3 Assessment

The HPHS framework continues to be developed with improvements around prevention, health improvement and inequalities activity in acute and community hospitals, as part of the broader strategic approach to improving health and wellbeing.

Prior to the pandemic progress had been made in developing and embedding a HPHS approach within NHS Fife by recognising where health promotion fits into existing activity, acknowledging and supporting work in practice.

However, the pandemic has seen further progress paused due to the continued focus on Covid19. An area of particular focus and importance due to organisational pressure has been on staff health and wellbeing in response to their needs and to manage their health and wellbeing in these unprecedented times. Some examples of this are:

- **Peer Support** is available to all staff in any role. NHS Fife Peer supporters are a diverse group of staff (e.g. domestics, porters, doctors administration staff, nurses, physiotherapists) trained to listen in an empathic, non-judgmental manner that facilitates understanding of the response to difficult events and how we cope
- **Wellbeing benches** to improve our outdoor environments were installed across all our 10 hospital sites. The benches offer space for staff to enjoy their lunch or for some peace to restore their resilience whilst on a break.
- Ongoing work during the pandemic has seen the implementation of **Smokefree Mental Health** sites from the 5th of September 2021 following an appropriate consultation. A digital campaign pack was developed to promote change and manage the implementation across Mental Health areas.
- **Nature Taster Sessions** have been on offer. 7 ways nature, incorporating outdoor activities whatever the weather can make you feel awesome. There is a high demand for these events but due to work pressures staff are not always able to attend.

- **Easy Access to free emergency Sanitary protection for NHS Fife staff & visitors** : Fife Support Services teams distributed of almost 1000 boxes and posters to support the Period Poverty initiative across all 10 Fife Acute and Community Hospitals. The uptake of products has been positive.
- The online **Inspiring Kindness Conference** was well-received by the 124 participants. The event was well supported by senior management and included external speakers and a number of workshops which included Self Compassion, Physical Activity, Mental Relaxation and Using Good Conversations.
- **Fuel Poverty Training Sessions** were offered both online and in person to staff.
- **Self-Care workshop** this was developed to support people with compassion fatigue and burnout could be offered throughout NHS Fife.
- **Coaching for Wellbeing** support offered through a bespoke digital platform in partnership with NHS Education for Scotland has been used by 1,500 staff across health and social care
- Additional **cycle racks** for staff in 2 community hospitals have been installed. The enclosed cycle stores at our two main acute sites have been well-received.
- **Occupational Health OT Fatigue Management Service** has been set up to assist individuals with their return to work after an extended period off or long rehabilitation; the first patient has just resumed work despite there being no expectation of a return.
- The establishment of the **Public Health and Wellbeing Committee** demonstrates commitment by NHS Fife that we are fully engaged in supporting wider population health and wellbeing for the local population, including overseeing the implementation of the population health and wellbeing actions defined in the Board's strategic plans and ensuring effective contribution to population health and wellbeing related activities including those that will benefit our staff, most of whom are Fife residents.
- **Confidential Income Maximisation Support** for staff in partnership with CARF has been rolled out to support staff that are worried about debt or struggling financially or may be entitled to benefits.

Next Steps

As there has been no updates from Scottish Government on HPHS, PHS are still advising Boards to proceed as they were, until we get further information. It should be noted that there are developments and strategic drivers in other areas that cover some of the content of the HPHS CMO letter, such as:

- (i) **Leadership; embedding HPHS in core business- Outcome 1:** Leadership for improving health and inequalities as part of Place and Wellbeing Programme is being developed by SG. PWB programme vision: Communities, the third, public and private sector organisations working jointly to reduce health inequalities and drive improvement in health and wellbeing within local communities.
- (ii) **Transforming the hospital environment - Outcome 4:** The pending NHS Scotland Climate Emergency and Sustainability Strategy 2022 to 2026 will cover certain aspects of the hospital environment, such as access to greenspace to support wellbeing.

The HPHS work already has an established action plan and the action plan is available on request. This will be taken forward as capacity allows.

2.3.1 Quality/ Patient Care

Improve the quality of patient care through consideration of social determinants and health inequalities in patient pathways; promotion of physical and mental health, safety and wellbeing, the hospital environment and improving access to services.

2.3.2 Workforce

Contribute to improved health and wellbeing and reduction of staff sickness absence.

2.3.3 Financial

No additional financial costs have been identified.

Early intervention and prevention impacts positively on health and prevention of disease.

2.3.4 Risk Assessment/Management

N/A

2.3.5 Equality and Diversity, including health inequalities

The HPHS programme aims to provide fair and equitable services for all individuals and communities who come in contact with our services. Staff interactions with individuals consider the needs of all individuals in their day-to-day work. HPHS supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

2.3.6 Other impact

Prevention, improving health and reducing health inequalities is central to this approach. Poor health and wellbeing disproportionately affect those on low incomes. HPHS will contribute to reducing health inequalities experienced by our staff, patients and population. The HPHS outcomes will be strengthened through the NHS Fife Population health and Wellbeing strategy.

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

H&SCP Head of Primary & Preventative Care Services 2nd August 2022

H&SCP Health Promotion Service Manager 2nd August 2022

H&SCP Staff Health and Wellbeing Group 2nd August 2022

NHS Fife Executive Directors Group 18th August 2022

2.4 Recommendation

For Members' information only.

3 List of appendices

N/A

Report Contact

Kay Samson
Deputy Health Promotion Manager
kay.samson@nhs.scot

Meeting:	Public Health & Wellbeing Committee
Meeting date:	29 August 2022
Title:	Joint Health Protection Plan
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Duncan Fortescue-Webb, Consultant in Public Health

1 Purpose

Please select one item in each section and delete the others.

This is presented to Public Health & Wellbeing Committee for:

- Assurance

This report relates to a:

- Legal Requirement

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

- Safe

2 Report summary

2.1 Situation

The PH&WC is asked to endorse the Joint Health Protection Plan (JHPP) for 2022-24 which has been prepared by Fife Council Environmental Health and NHS Fife Public Health departments.

2.2 Background

The Public Health etc. (Scotland) Act 2008 requires NHS Boards, in consultation with Local Authorities, to produce a Joint Health Protection Plan (JHPP) which provides an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for the NHS Board area.

2.3 Assessment

This is the seventh JHPP for Fife and covers the time period 2022-24. It builds upon the series of plans issued each two years since 2010 when this became a requirement.

The purposes of the plan are:-

- i. To provide an overview of health protection priorities, provision and preparedness for NHS Fife and Fife Council.
- ii. To outline the joint arrangements which Fife Council and NHS Fife, have in place for the protection of public health.
- iii. To improve the level of “preparedness” to respond effectively to a health protection incident and emergency.
- iv. To clarify the priorities for the period of the plan 2022 – 2024.
- v. To identify and subsequently secure the resources which are required to meet the plan.
- vi. To detail the liaison arrangements between NHS Fife, Fife Council, Fife Health and Social Care Partnership and other Agencies.
- vii. To develop “learning” across the agencies.
- viii. To provide a mechanism for reviewing and recording outcomes and achievements.

2.3.1 Quality/ Patient Care

The Joint Health Protection plan supports preparedness and the protection of population health.

2.3.2 Workforce

Existing specialist resource is included within the JHPP.

2.3.3 Financial

There are no additional costs within the plan although there is an acknowledgement that significant additional health protection staffing costs have been required as part of the pandemic response.

2.3.4 Risk Assessment/Management

The JHPP is a legal requirement. The plan optimises co-ordination of stakeholder Health Protection action and minimises the risk of uncoordinated effort.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because JHPP is a statutory requirement.

2.3.6 Other impact

This JHPP time period is particularly important as services return to business-as-usual activities. The COVID19 pandemic has not yet ended and the plan provides a framework to strengthen co-ordination of health protection effort across Fife.

2.3.7 Communication, involvement, engagement and consultation

The plan was prepared between NHS Fife Health Protection and Fife Council Environmental Health teams. Stakeholders include NHS Fife Health Protection Team, Fife Council, Scottish Environmental Protection Agency (SEPA), and Scottish Water.

2.3.8 Route to the Meeting

This paper has been developed collaboratively by NHS Fife and Fife Council and was considered at the NHS Fife Executive Directors Group on 18 August 2022.

2.4 Recommendation

- **Assurance** – Endorse the updated JHPP 2022-24.

3 List of appendices

The following appendices are included with this report:

- Appendix 1: JHPP 2022-24

Report Contact

Duncan Fortescue-Webb
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NHS FIFE and FIFE COUNCIL JOINT HEALTH PROTECTION PLAN

2022-2024

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Introduction

The Public Health etc. (Scotland) Act 2008 requires NHS Boards, in consultation with Local Authorities, to produce a Joint Health Protection Plan (JHPP) which provides an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for the NHS Board area.

This plan covers the period 1st April 2022 to 31st March 2024.

Health protection has been a central part of society's response to the covid pandemic. There have been many changes to local teams and working arrangements, and extensive multi-agency collaboration. The pandemic response has inevitably drawn attention away from other issues. Although the pandemic is not over, the availability of widescale vaccinations has greatly reduced the harms and we are entering a new phase. Now is an opportunity to take stock of events and assess how best to respond to re-emerging and novel risks.

Significant work is underway to develop a regional model for health protection across the East of Scotland. Our processes are becoming more closely aligned to support increasing collaboration and mutual support. This will provide greater resilience to manage ongoing work related to the pandemic, and also to respond to any future pressures.

This is a public document and is available to members of the public on the NHS Fife website www.nhsfife.org and on request. We hope that you will find this plan to be of interest and value, and that it will contribute to protecting the health of the people who visit, work, and live in Fife.

Signed

.....
Dr Joy Tomlinson
Director of Public Health
NHS Fife

.....
Mr Nigel Kerr
Head of Protective Services
Fife Council

1. Overview

1.1 Fife Joint Health Protection Plan

This plan has been created following the requirements set out in the Public Health etc. (Scotland) Act 2008. NHS Fife, Fife Council and Fife Health & Social Care Partnership have prepared this plan in collaboration and consultation. This plan is herewith referred to as the Joint Health Protection Plan.

The plan relates to the period 1st April 2022 to 31st March 2024.

The plan requires to be formally approved by NHS Fife and Fife Council.

The format of the plan meets the details of Annex D of the Scottish Government Guidance *Joint Health Protection Plans*.

The purposes of the plan are:

- i. To provide an overview of health protection priorities, provision and preparedness for NHS Fife and Fife Council.
- ii. To outline the joint arrangements which Fife Council and NHS Fife, have in place for the protection of public health.
- iii. To improve the level of “preparedness” to respond effectively to a health protection incident and emergency.
- iv. To clarify the priorities for the period of the plan 2022 – 2024.
- v. To identify and subsequently secure the resources which are required to meet the plan.
- vi. To detail the liaison arrangements between NHS Fife, Fife Council, Fife Health and Social Care Partnership and other Agencies.
- vii. To develop “learning” across the agencies.
- viii. To provide a mechanism for reviewing and recording outcomes and achievements.

The plan will be reviewed annually by representatives from Environmental Health and Health Protection, and any necessary changes made and reported to the JHPP signatories. The plan will only be formally changed and updated every 2 years in accordance with legislative requirements.

1.2 Review of previous Joint Health Protection Plan 2020-2022

In preparing the JHPP 2022-24, we have reviewed the JHPP 2020-22. This identified that:

- Priorities have shifted over the last two years to respond effectively to the pandemic, and the related reduction in incidence of other infectious diseases. This has been accompanied by a redeployment of staff and resources from other work areas.
- The working arrangements between local partners have developed significantly to facilitate a concerted response to incident management, while being flexible enough to evolve with changing demands and circumstances.
- Areas which are still relevant but incomplete have been taken forward into the 2022-24 JHPP; and new priority areas have been introduced. Fife Council's declaration of a Climate Emergency was noted within the last plan. This will require longer term commitments and responses are ongoing to mitigate and prevent adverse health impacts from t ecological degradation and climate change.

1.3 Health protection planning infrastructure

The prevention, investigation and control of communicable diseases and environmental hazards are central to the JHPP. This requires specialist knowledge and skills. These include risk assessment, risk management and risk communication, along with individual professional skills and qualifications within our staff. These specialist skills and knowledge are applicable to a wide range of incidents or scenarios and are often facilitated by the existence of agreed plans and procedures for specific diseases or situations. Health Protection expertise is also key to many elements of Risk Preparedness and Resilience capability. There are many such national and local plans.

Effective working arrangements are in place to support partnership working and use of specialist skills and knowledge between the Health Protection Team within NHS Fife and the Environmental Health Teams within Fife Council.

Lists of the plans which are common to both agencies are in Appendix 2.

1.4 Overview of NHS board and local authority population

Population

In June 2020, an estimated 374,130 persons lived in Fife, 580 more people than in 2019. This equates to an annual growth rate of 0.2% which was greater than the national growth rate of 0.05%.¹ Current population projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018.²

Children aged 0-15 years make up 17% of the population with 64,152 children living in Fife as of June 2020. The majority of the population in Fife (62%) are aged 16-64 years, whilst 12% of the population are aged 65-74 and 9% aged 75 and over. By mid-2028 the number of people aged under 65 is estimated to fall but the number of people aged 65-74 is estimated to increase by 10% and the number aged 75 and over by 31% which will see almost a quarter (24.3%) of the population in Fife being aged 65 and over.

Births

3,143 babies were born in Fife in 2020, a 6% reduction in the number of babies born in Fife compared to in 2019.³ This continues the trend of falling numbers of births in Fife in the last ten years and is the lowest annual number of births since 1991. Fertility rates in Fife, although falling, continue to be higher than the rates for Scotland, 47.1 per 1000 women aged 15-44 years compared with a national rate of 45.5.

More than half (59%) of the babies born in Fife were born to mothers aged 25-34 years, 5% to mothers aged 19 and under and 4% to mothers aged 40 and over. Since 2000 the number of births to mother aged 19 and under has decreased by 61% whilst births to mothers aged over 40 have more than doubled.

Life Expectancy

Life expectancy at birth in Fife was 77.2 years for males and 81.4 years for females in 2018-2020.⁴ This was a small annual fall in life expectancy in males and a small rise in females since the last estimates of 77.3 and 81.2 years respectively in 2017-2019.

¹ NRS (2021) Mid-2020 Population Estimates, Scotland. Available:

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2020>

² NRS (2020) Population Projections for Scottish Areas 2018-based. Available:

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/sub-national-population-projections/2018-based>

³ NRS List of data tables 2020. Sections 3: Births. Available:

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2020/list-of-data-tables#section3>

⁴ NRS Life Expectancy in Scotland 2018-2020. Available: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/life-expectancy/life-expectancy-at-scotland-level> v NRS

(2021) Vital Events - Deaths. Available: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>

Although recent changes in life expectancy in Fife have been small, more significant changes have been seen since 2012-14, the point at which Scotland and other countries experienced an unprecedented slowing of life expectancy growth. Among females a much slower rate of life expectancy growth has been observed from 2012-14 to present compared to between 2001-3 and 2012-14. Among males in Fife life expectancy decreased between 2012-14 to present compared to increasing from 2001-3 to 2012-14.

Current life expectancy in Fife is higher than estimates for Scotland. Across Scotland life expectancy fell by the largest ever annual amount in 2018-2020 and was 76.8 years for males and 81 years for females. This large annual fall was mainly driven by COVID-19 deaths, but drug-related deaths and deaths from external causes (including accidents and suicides) also contributed to the fall in male life expectancy. The full impact of COVID-19 on life expectancy will be clearer in future estimates that cover the whole period of the pandemic as current estimates only include 2020.

Deaths

There were 4,285 deaths in Fife in 2020, an increase of 130 (3%) compared to 2019. 36% of these or 1,529 deaths were in people aged under 75 years. All-cause mortality rates in Fife, for all ages and in the under 75s, were lower in 2020 than the Scottish average.

Grouped together cancers were the most common cause of death in Fife (and Scotland) with 1,112 deaths being attributed to malignant neoplasms in 2020, 26% of all deaths. The most common cancer death was lung cancer which accounted for almost a quarter (23%) of all cancer deaths and 6% of all deaths.

Heart disease, the majority of which were ischaemic heart disease, was the next most common cause of death accounting for 13% of deaths followed by dementia and Alzheimer's disease (11%) and cerebrovascular diseases (7%). The impact of the pandemic is still being assessed, however there were 310 deaths recorded in Fife where confirmed or suspected COVID-19 was mentioned on the death certificate.⁵

1.5 Overview of communicable diseases for 2020-22

<u>Notifiable disease/organism</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>
Covid-19*	0	6,587	56,252
Cryptosporidium	35	8	11
<i>E. coli</i> (non O157 VTEC)	<5	<5	5

⁵ NRS (2021) Vital Events - Deaths. Available: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>

E. coli O157	12	7	6
Giardia	6	0	<5
Legionellosis	<5	<5	0
Listeria	<5	0	<5
Lyme disease**	31	18	27
Measles	<5	0	0
Meningococcal infection	5	<5	0
Mumps	43	19	0
Rubella	0	0	0
Salmonella	67	16	21
Shigella	<5	<5	<5
Tuberculosis***	12	<5	7
Whooping cough (pertussis)	36	7	0

* Covid-19 – confirmed by PCR, including reinfections (defined as a new positive test after 90 days)

** Subject to data validation

*** Tuberculosis cases - clinical notification with/without microbiology confirmation in line with national TB surveillance

The above table gives an overview of the *confirmed* communicable diseases notified to NHS Fife. In addition to this, the Health Protection Team, Fife Council, and partner agencies were also notified of many possible and probable cases of communicable diseases that required investigation and implementation of control measures.

During the pandemic, case numbers for other diseases declined markedly. Many factors are likely to have been involved, including: social and travel restrictions; increased ventilation, face covering and hand hygiene measures; and barriers to accessing healthcare.

1.6 Significant health protection incidents

Covid-19 impact on Health Protection

Health Protection has continued to provide a full range of services through the pandemic. Most notably, the workforce expanded to include Test and Protect teams who provided testing and contact tracing services across Fife in collaboration with Fife Council and other partners.

With most covid testing and contact tracing ending in April 2022, and pandemic-response activity declining, the service is now looking to learn lessons from the pandemic in order to better prepare for the future. In particular, we are considering

how best to protect more vulnerable populations such as those in care homes, how to minimise barriers for the wider community accessing services and advice, and how further responses to pandemics could be set up effectively if needed.

Covid19 impact on Environmental Health

The realignment of resources in response to the meant that Environmental Health had to pause and/or reduce routine work activities, including routine inspection programmes. The Environmental Health (Food & Workplace Safety) Team along with colleagues in the wider Protective Services continue to be heavily involved in Fife's Public Health response to the Covid19 Pandemic working with colleagues across Fife Council and Partner agencies. A summary of activities related to the Covid19 Pandemic are noted below:

- Responding to Covid19 related complaints & concerns, as of 31 December 2021, 2181 enquiries or complaints had been received since March 2020.
- Advice to businesses.
- Advice & support to colleagues across Fife Council.
- Active in various local & national forums including for example the Environmental Health & Trading Standards Covid Expert Group, Scottish Government Working Groups.
- In the early stages of the pandemic three team members worked with the NHS Fife Test & Protect Team as contact tracers for periods of time, one of which was six months as a Contact Tracer Team Lead.
- NHS Fife's Contact Tracers reported settings where covid positive cases attended during their infectious period directly to the Environmental Health (Food and Workplace Safety) Team, such as hospitality, retail, and workplaces. These setting referrals were then triaged, with ones of concern allocated for follow up by officers from Environmental Health or Trading Standards. Where there were clusters or outbreaks Environmental Health were involved in the multiagency Problem Assessment Group and/or Incident Management Team meetings called by NHS Fife.
- Protective Services increased their out of hours standby provision for significant periods of time during the initial stages of the pandemic and again over the Christmas and New Year Period 2021/22 due to the emergence of the Omicron variant.
- Following the introduction of the Covid Certification Scheme in October 2021, 22 proactive interventions were made to night-time economy businesses by Protective Services Licencing Standards Officers.

Mossmorran flaring

SEPA receive a considerable number of complaints from the community about flaring. Environmental Health and NHS Fife took part in several SEPA Engagement Group Meetings in 2021. These events were a key step in listening to the needs of

the community and informing SEPA's review of the monitoring they undertake around the Mossmorran complex and how they share the results of that monitoring with the local community.

The Mossmorran & Braefoot Bay Independent Air Quality Review Group also consider flaring incidents. This is a multi-agency group with representation from all of the agencies in Fife with responsibility for different aspects of air quality. .

In 2020, at a meeting of the Environment and Protective Services Subcommittee of the Fife Council, it was agreed that the Mossmorran and Braefoot Bay Community and Safety Committee would be the recognized forum for community oversight. This is an umbrella committee where issues or concerns from the community can be raised. Three Expert Advisory Groups (EAGs) have been formed under this committee – one on air quality (which would take place of the Review Group), one on noise and light and vibration, and one on communications. These groups carry out tasks assigned by the Safety Committee. Environmental Health and NHS Fife are represented on all three EAGs.

Avian influenza

Between 2020 and 2022 Fife Council have been alerted to a number of wild bird deaths from the H5N1 strain of Avian Influenza. This is a natural occurrence but does raise concerns regarding the potential for infection spread to commercial flocks, hobby bird owners, and risk to the public.

An Avian Influenza Protection Zone came into force across the whole of the UK in November 2021. It requires that all flocks must be kept covered to protect against spread of avian influenza.

In Feb 2021 a commercial flock in Fife became positive with H5N1 with a resultant loss of thousands of game birds, some dying of Avian influenza and the remainder being humanely culled. Temporary control zones (3km and 10km) were put in place to restrict movements of birds, eggs, and any potentially infected materials on and off premises.

Fife Council's Animal Health Officers assisted government agencies by visiting premises to check on compliance with the protection zone and site movements. Following the cull, Fife Council officers assisted APHA vets inspecting the site to check on compliance with the notices served by APHA, which included pest proofing the buildings.

The site has been dormant for twelve months now and is deemed to be free of the virus. The sheds have been pest proofed and the operator will be able to restock soon once the considerable amount infected waste is removed and disposed of.

Multidisciplinary response to Afghan and Ukrainian Resettlement

NHS Fife health protection team have formed part of the collaborative response for refugees from both Afghanistan and Ukraine. This has included health screening, input to support childhood immunisations, support to access health services and emergency dental care.

1.7 Risks and challenges

NHS Fife and Fife Council in conjunction with other partner agencies regularly review and highlight specific high-risk facilities, events, and scenarios in Fife. Based upon these reviews a local community risk register (CRR) is produced and is used to inform local contingency planning. The local community risk register is available for the public to view on the Scottish Fire and Rescue Service website.

Pandemic preparedness

Whilst there are important differences, the influenza pandemic framework was used as the basis for drafting a Fife strategic framework for the current Covid-19 pandemic. If further additional covid responses are required, or other infections become established with comparable impact, the lessons from the covid response will be valuable to preparedness and response.

EU Exit and Imported/Exported Food Control

Food imported into Scotland or elsewhere in the UK from outside of the UK is now covered by domestic and retained EU regulation. Fife Council's Environmental Health (Food and Workplace Safety) Team is responsible for enforcing the relevant legislation in relation to food stuffs imported from outwith the UK (3rd country). Food import controls include meat and meat products, dairy products, fish and honey.

At this time, the Environmental Health (Food and Workplace Safety) Team is awaiting guidance on EU exit requirements for imported food and agreements regarding the creation and resourcing of Border Control Posts (BCPs) throughout Scotland. The following changes regarding food imports are anticipated during 2023, subject to confirmation by the UK Government:

- All consignments arriving into Great Britain, (not from Island of Ireland) must be registered on the Import of Products, Animals, Food and Feed System (IPAFFS) at least four hours before arrival. The IPAFFS reference number must then be input to customs forms. There is no requirement at this stage to pass through a Border Control Point (BCP), even for Products of animal Origin (POAO) and High Risk Food not of Animal Origin (HRFNAO) and no other physical import checks.

- BCPs to be operational across Great Britain and physical checks begin on imported POAO, HRFNAO.

As of early 2022 the resourcing of these import checks is subject to ongoing discussion.

Applications for Border Control Post status in various Scottish ports have been received, are ongoing or pending. Rosyth is currently a BCP for animal feed stuffs. Responsibility for oversight sits with Food Standards Scotland/Trading Standards. The resourcing options for BCPs are under ongoing discussion for the Animal Plant Health Agency (APHA) or Local Authorities to provide this resource, including the required Official Vet input, or a combination thereof.

Exported foodstuffs of animal origin destined for the EU along with other third countries requires to have an Export Health Certificate. The requirements relating to Export Health Certificates are set by the importing country. Environmental Health (Food and Workplace Safety) Certifying Officers are regularly inspecting consignments and issuing Export Health Certificates. This has also necessitated the inspection of the Fife fishing vessel fleet.

New Scottish Veterinary Service

Following an independent review, Scottish Ministers committed to creating a new Scottish Veterinary Service (SVS). This Service will ensure that enough people with the right qualifications in veterinary services, animal health and food safety can manage the need for land and marine based animal health issues in Scotland.

A Programme Board and relevant working groups are in place and will, over the next 3 to 4 years, determine how the SVS will be governed, any policy and legislative changes required and the service design. The outcome of this work will be presented to the Scottish Government in due course for approval and implementation.

It is anticipated that this work may change how Fife Council delivers its current responsibilities particularly around animal health and welfare, with the potential for the removal of some duties and staff being transferred directly to the new Scottish Veterinary Service.

East of Scotland regional health protection

Planning is ongoing between Fife and nearby Health Boards in the East of Scotland to formalise regional collaboration for health protection. This will improve resilience and availability of specialist expertise, increase career development opportunities, and support sharing of training and development.

Environmental Health resourcing

Fife Council has experienced difficulties in recruiting qualified Environmental Health Officers over recent years. Information gathered by the Society of Chief Officers of Environmental Health in Scotland (The Society) during 2019 indicated that there were approximately 40 vacancies within Environmental Health in Scotland, with the age profile of those in post increasing. The Society has worked and continues to work with the Royal Environmental Health Institute of Scotland (REHIS) to look into the concerns. The undergraduate route to becoming an Environmental Health Officer in Scotland has been refreshed through tripartite work between The Society, REHIS and the University of West of Scotland. This has resulted in the required practical training to be undertaken as part of the REHIS Diploma in Environmental Health is now embedded into the undergraduate degree in years three and four. The first cohort of students are currently undertaking their third-year placement supported by several local authorities including Fife Council.

A managing change exercise was undertaken during the summer of 2021 within the Environmental Health (Food & Workplace Safety) Team. The new structure utilised technical positions to support and undertake work activities within the Environmental Health (Food & Workplace Safety) Team's remit. It also reintroduces a Trainee Environmental Health Officer post into the Team's structure in addition to the Student Environmental Health Officer Placement, from the University of West of Scotland that Protective Services is currently supporting. As of April 2022, further recruitment for various Environmental Health related posts across Protective Services are underway.

Outbreaks of communicable disease in care homes

Outbreaks of communicable diseases in care homes are of particular concern because of the vulnerability of residents to more severe illness than the wider population. These outbreaks often require close management from the Health Protection Team to ensure Care Homes have access to expert advice and can implement appropriate control measures. Support is also offered by the Care Home infection Prevention and Control Team and Care Home Liaison Team both to reduce the risk of infection but also during times of outbreaks. During the covid pandemic this has been an area requiring considerable effort.

Immunisation delivery

Immunisation is essential in protecting our communities against vaccine preventable diseases and there is an ongoing challenge to ensure that immunisation uptake rates remain high in Fife. Having started in April 2018, the Vaccination Transformation Programme (VTP) concluded in April 2022, with the complete transfer of all remaining vaccination delivery to the health board from General Practice. Delivery of the national routine vaccination schedule for children & adults in Fife is through the Community

Immunisation Service and clinical specialities support the delivery of some of the selective immunisation programmes. In addition to the delivery changes brought about by the VTP, significant changes to immunisation programmes in Scotland have been brought about by the COVID population-wide vaccination programme as part of the pandemic response.

In the context of these changes, NHS Fife and Fife HSCP worked collaboratively to develop a 3-year Immunisation Strategic framework 2021-2024. The vision is for '*A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course*'. Four high-level priorities for action were identified following an in-depth review process that took place in 2021, and considerable progress was made towards these in 2021/22. A key focus for 2022/23 is completing the transition to an integrated Community Immunisation Service that brings together the governance and delivery of vaccinations across the life-course, including flu and COVID vaccination, childhood, adult, and selected vaccinations. A new equality impact assessment will be published in 2022 to reflect these changes in the service, and actions will focus on ensuring equitable access for vaccinations, targeted work to reduce inequalities in uptake and engaging with our partners in local communities to promote the service and build trust in vaccinations. A further priority for 2022/23 will be strengthening local monitoring and evaluation processes by making effective use of the emerging digital support tools. Considerable progress was made in 2021/22 to recruit to a sustainable immunisation workforce, and the activity for 2022/23 includes developing career frameworks, and enhancing the prescribing function within the service.

2. Health Protection: national and local priorities

2.1 National priorities

The Scottish Government set national public health priorities with SOLACE and COSLA, and these direct public health improvement across the whole of Scotland.⁶ These priorities are also described in Public Health Scotland's national strategic plan⁷ and NHS Fife's Director of Public Health Report 2021-2021.

Public Health Priorities

⁶ Our context – public health in Scotland [Public health reform - Our context - public health in Scotland - Our organisation - Public Health Scotland](#)

⁷ A Scotland where everybody thrives: Public health Scotland's strategic plan 2020-2023 [A Scotland where everybody thrives: Public Health Scotland's Strategic Plan 2020 to 2023 - Our organisation - Public Health Scotland](#)

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

Health Protection contributes to all of these priorities. NHS Fife and Fife Council have pledged to support these National public health priorities by focusing on initiatives to:

- Improving health in early years
- Ensuring the effective implementation of the Sexual Health and Blood Borne Virus Framework; the Scottish TB Framework; and the VTEC Action Plan
- Enhancing the prevention and management of life threatening or lifelong conditions (as is already occurring with HPV vaccine (to prevent cervical cancer))
- Improving food, water and environmental safety
- Protecting vulnerable groups, especially older people in health and social care, against exposure to hazards and their adverse effects.

2.2 Local priorities

Health Protection is a core part of the services delivered by NHS Fife, Fife Council and Fife Health & Social Care Partnership, particularly through Protective Services remits (environmental health, trading standards, animal health & welfare and building standards & public safety). This is facilitated through various forums. This plan recognises that work is undertaken on a daily basis relating to areas of responsibility and service delivery:

- Preventing the spread of communicable diseases in the community
- Improving standards of food safety
- Ensuring safe and potable drinking water supplies
- Improving health and safety standards in the workplace, including the promotion of mental wellbeing
- Ensuring adequate plans are in place to respond to incidents and emergencies
- Improving standards within the built environment

- Improving air quality and addressing historical contamination of land

In addition, several local health protection priorities requiring joint action have been identified through a variety of mechanisms including regular review of surveillance data, joint meetings, workshops, and stakeholder events.

The local priorities (which inform the actions now detailed in Appendix 1) will be incorporated within the operational service plans of NHS Fife, Fife Council and/or partner agencies. Where they are shared priorities, they will be delivered through effective joint working and partnership arrangements between the agencies.

To assist with statutory compliance, and as part of the national priority of promoting Good Work for All, the Workplace Team in the Health Promotion Service, Fife Health & Social Care Partnership will also help workplaces take a preventative approach in relation to mental health, specifically to:

- Promote general awareness of creating mentally healthy workplaces
- Provide support to help employers create mentally healthy workplaces
- Raise awareness of specialist support for when people become unwell and promote the employment of people with a history of mental health issues

Climate Emergency

Climate change is now recognised as the greatest global threat to health, and COP26 was held in Glasgow in November 2021.

The increased frequency of extreme weather events can reasonably be attributed to climate change. Climate change in Scotland and worldwide is now inevitable. Scotland is unlikely to be able to insulate itself against the international impact of mass human migration, global hostility and unrest caused by climate change.

It has been agreed to focus on a joint climate change plan. This approach formally acknowledges the Fife Council declaration of a Climate and Nature Emergency and recognises the scientific consensus that ecological degradation presents the greatest global threat to health, particularly increasing risks from non-communicable diseases. Preventing and reversing this and restoring balanced ecology to our environments thus presents our greatest challenge. The approach supports the *Addressing the Climate Emergency* aim in the updated Plan4Fife and will work with the Fife Environmental Partnership and Addressing the Climate Emergency Board.

3. Health Protection: resources and operational arrangements

Human resource capacity of specialist health protection skills in NHS Fife and Fife Council is limited. Appendix 3 lists the resources, operational arrangements, and numbers of designated competent persons in terms of the Act current at the time of publication. NHS Fife's Health Protection Team and Fife Council's Environmental Health Team keep up to date records of their designated competent persons.

3.1 Information, Communication and Technology

Video conferencing and tele-conferencing, primarily via MS Teams, is widely used for communication across the health board and within the local authorities. NHS Fife is responsible for disease surveillance. Information collected is entered onto HPZone, our clinical management system. Routinely collected surveillance data and reports are provided to Fife Council Environmental health team.

Adequate arrangements are in place for the reporting and recording of work electronically within Fife Council. However, these systems, are currently not compatible with the NHS systems.

3.2 Emergency planning and service continuity

The Fife Local Resilience Partnership (LRP) continues to develop and now includes the Fife Health and Social Care Partnership as one of its members. The chair of the LRP is shared between NHS Fife, Fife Council, Scottish Fire and Rescue, and Police Scotland.

Scottish Government employ a number of Regional Resilience Co-ordinators, who provide a consistency of approach across the resilience community in Scotland.

3.3 Inter-organisational collaboration

Communication required for routine activities includes face-to-face, telephone and electronic communications. Where needed a problem assessment group (PAG) or incident management meeting (IMT) is held.

Prior to the covid pandemic, the Environmental Health Liaison Group which met twice per year provided an opportunity to debrief and evaluate the management of significant incidents. Lessons learnt could be shared and disseminated among NHS Fife, Fife Council, Fife Health & Social Care Partnership, SEPA and APHA colleagues. As Agencies return to routine work activities, there is an opportunity to review the terms of reference and meeting

frequency of the Environmental Health Liaison Group to ensure it remains fit for purpose.

3.4 Maintenance of competencies for Health Protection staff

NHS Fife

NHS Fife staff undergo an annual appraisal to ensure that their knowledge and skills remain up to date. Staff are encouraged to identify their own learning needs and attend external conferences and meetings as part of continuing professional development (CPD) activities. Nursing staff meet the requirements of the Knowledge and Skills Framework and revalidation requirements for NMC registration.

Fife Council

Fife Council staff are encouraged to identify their own learning needs and attend external conferences and meetings as part of continuing professional development (CPD) activities and record on Fife Council's systems. Officers involved in food law enforcement activities are required to undertake CPD activities in line with the Food Law Code of Practice.

Both NHS Fife and Fife Council undertake internal training events, and where appropriate cross invite staff to attend. Regionalisation will support greater sharing of training opportunities.

4. Capacity and Resilience

Fife Council will utilise staff from other teams within Protective Services. However, it should be noted that the ability of Environmental Health staff and technical support is already challenged to respond in times of major demands around incidents, outbreaks, and accidents in areas they enforce within current resources.

Review of capacity and resilience is on-going, particularly in response to the current pressure on all services.

Health Protection workforce increased to respond to the pandemic and is now returning towards its previous size. For a large incident, staff from the wider department of public health will be utilised in the first instance. For more prolonged and severe incidents, staff from other teams and departments in NHS Fife will be drawn on. As regional working becomes established between Health Protection Teams in the East of Scotland, arrangements for sharing of expertise will further improve resilience.

4.1 Mutual aid

Formal arrangements for mutual aid with other NHS Boards in Scotland are recorded and reviewed through Resilience procedures. Regional working will complement this as processes are aligned between nearby boards, and working relationships are developed.

4.2 Out-of-hours arrangements

NHS Fife

A senior member of public health staff is available 24 hours a day, 7 days a week. Outside of office hours, this service is provided by health board competent persons who are public health consultants, and supervised training grade public health specialty registrars and Health Protection Nurse Specialists. The service can be accessed through Victoria Hospital switchboard on 01592 643355.

Fife Area Laboratory provides a microbiology service out of hours. Urgent sample requests can be performed for some diseases following discussion with the on-call microbiology team. National Reference laboratories are able to perform analysis of urgent specimens.

Fife Council

From 5pm each weekday and 24 hours at weekends and public holidays (1st Monday in May, 3rd Monday in July, 3 days at Christmas and 3 days at New Year) a weekly standby rota operates for food and waterborne incidents, with contact made via Fife Council's Emergencies Helpline on 03451 550099.

5. Public feedback

NHS Fife

Information is provided to the public through local media and the NHS Fife website, along with written information where required. NHS Fife has a complaints system.

Fife Council

Information is provided to the public through local media and the Fife Council website, along with written information where required. Fife Council has enquiries, comments & compliments e-form on its website.

Appendix 1: Action overview

Ref	Source	Outcome	Activity descriptor	Agencies involved
1	National priority	Reduce Vaccine Preventable Diseases	<ol style="list-style-type: none"> 1. Work towards improving uptake rates across Scotland for all vaccinations. 2. Enhanced surveillance to monitor the effectiveness of current and new vaccination programmes to detect any changes in epidemiology. 3. The Vaccine Transformation Programme continues to develop, and immunisation services are moving away from GP delivery to Health Boards. 4. Eliminate Measles and Rubella in the UK by <ul style="list-style-type: none"> • Achieving and sustaining $\geq 95\%$ coverage with two doses of MMR vaccine in the routine childhood programme (<5 years old) • Achieving $\geq 95\%$ coverage with two doses of MMR vaccine in older age cohorts through opportunistic and targeted catch-up (>5 years old) • Strengthening measles and rubella surveillance through rigorous case investigation and testing $\geq 80\%$ of all suspected cases with an Oral Fluid Test (OFT) • Ensuring easy access to high-quality, evidence-based information for health professionals and the public 	NHSF
2	National priority	Minimise the risk to the public from Gastrointestinal infections	<ol style="list-style-type: none"> 1. Ensure that public health interventions are taken for any failing drinking water supply, whether public or private, as necessary for E. coli failures. 2. Promotion of safe practices and procedures where there is contact with livestock at animal parks and farms. 3. Monitoring of bathing water quality (designated beaches/lochs). 	FC NHSF SEPA Scottish Water

3	National priority	Monitoring and Improving drinking water quality	<ol style="list-style-type: none"> 1. Collaboration between agencies and Scottish Water in the monitoring and improvement of public and private water supplies. 2. The Water Intended for Human Consumption (Private Supplies) (Scotland) Regulations 2017- Protective Services will ensure that the requirements of these regulations as they relate to enforcement, risk assessment and sampling are appropriately applied to supplies to ensure human health is protected from the adverse effects of any contamination of water intended for human consumption by ensuring the water meets water quality standards. 3. The Private Water Supplies (Scotland) Regulations 2006 - Protective Services will ensure that the requirements of these regulations are appropriately applied to ensure human health is protected from any adverse effects of any contamination of private water supplies. Protective Services will continue to provide a service, on request, to those with small or non-commercial private water supplies. 4. Private water supply improvement grants continue to be regulated under The Private Water Supply (Grants) (Scotland) Regulations 2006. 	NHSF FC Scottish Water
5	National Priority	Air Quality	<ol style="list-style-type: none"> 1. The aims and objectives of Fife Council's Air Quality Strategy 2020-25 are consistent with the Scottish Government Cleaner Air Strategy. 2. FC have installed PM 2.5 air monitors at key locations and work is ongoing to develop a nation-wide network to monitor small particulate matter (PM2.5) 3. Fife Council and NHS Fife will continue to work with partners in public and private sector and with communities to improve air quality. 4. Action in the Air Quality Management Areas (AQMA) includes plans to raise public awareness around air quality and to encourage active travel. 5. Fife Council and NHS Fife will continue to work together to respond to enquiries from the public. 	FC SEPA NHSF

6	Local priority	Control environmental exposures which have an adverse impact on health	<ol style="list-style-type: none"> 1. Tackle the effects of antisocial or excessive noise in the communities. 2. Report on local air quality within local authority area. 3. Review approach to swimming pools and spas to ensure appropriate controls are in place regarding infection control. 4. Blue-green algae - Promotion of safe usage of recreational waters where there is a risk of BGA and responding to incidents. 5. Progress contaminated land strategies. 6. Sharing of information and working in partnership to reduce and control environmental exposures that may have an adverse impact on health. 	FC NHSF
7	Local priority	Resilience to respond to a Pandemic Flu outbreak through effective multi-agency response	<ol style="list-style-type: none"> 1. Continual cycle of revision and review of business continuity, Public Health Incident plans and Pandemic Flu Plans via relevant governance committees. 2. Multi-agency pandemic influenza exercise led by Local Resilience Partnership. 	NHSF FC
8	Local priority	Effective port health plans to provide adequate disease control measures	<ol style="list-style-type: none"> 1. Fife has seven seaports authorised (in accordance with International Health Regulations) for the inspection and issuance of ship sanitation certificates, which are used to help identify and record all areas of ship-borne public health risks. 2. A small number of cruise ships dock at Rosyth Port, and procedures are in place for dealing with cases of suspected infectious disease on board vessels in line with current guidance. 3. Ongoing review of Fife ports status in line Regulation EU 2017/625 specifically with regards to Border Control Post status. 	NHSF FC
9	Local priority	Reducing the impact of tobacco, alcohol and other harmful substances on public health	<ol style="list-style-type: none"> 1. Continue regulation of the smoking ban in enclosed and public places. 2. Continue work with licensed trade in respect of responsible drinking and challenge 25, or similar, scheme. 3. Continue regulatory work on Age-related sales activity of cigarettes (including e-cigarettes) and other products. 4. Continue monitoring the display ban for all retail premises in respect of tobacco. 	NHSF FC

			<ol style="list-style-type: none"> 5. Promotional campaign targeted at reducing the under-age sale of tobacco to children and young adults. 6. Monitor the implementation of the legislation on no-smoking areas outside hospital buildings. 	
10	Local priority	Food safety priorities	<ol style="list-style-type: none"> 1. Undertake statutory duties of the Food Authority in enforcing and promoting food safety in line with the Food Law Code of Practice and Fife Council's Service Delivery Plan. 2. Work in partnership with other regulatory agencies to identify, investigate and tackle illegal / fraudulent food activities. 	NHSF FC
11	Local priority	Health and safety at work initiatives	<p>Fife Council Environmental Health, HSE and Workplace Team, and Health Promotion Service work in partnership to promote health, safety, and wellbeing initiatives, to assist workplaces comply with relevant statutory provisions and promote good work for all.</p> <p>Explore options for the development of a referral system where staff of Fife Council can raise health and wellbeing concerns of people they encounter during their daily work. The referral system would have knowledge of a wide range of services and support available across many sectors and should have the capacity to engage with the person directly to determine what support is required.</p>	NHSF FC
12	Local priority	Minimise the adverse impact of climate change	Sustainability and protection from climate change features within the Director of Public Report 2020-21, and Fife Council and NHS Fife will jointly develop climate change plans.	NHSF FC
<p>Key</p> <p>FC – Fife Council NHSF – NHS Fife APHA – Animal and Plant Health Agency HPS – Health Protection Scotland SEPA – Scottish Environmental Protection Agency HSCP – Fife Health & Social Care Partnership</p>				

Appendix 2: Local NHS and council plans

	Title
1	Public Health Incident Plan
2	Major Incident Plan (includes Bomb Threats, Hospital Evacuation Procedures and Lockdown Plans) (Draft)
3	Smallpox Plan
4	Avian Flu Plan
5	Pandemic Flu Plans (NHS Fife, Fife Council (Communicable Disease Plan), and Local Resilience Partnership)
6	Blue Green Algae Plan
7	NHS Fife Staff Prophylaxis and Immunisation Plan (Draft)
8	NHS Fife and Fife Council Business Continuity Plans
9	Fife Council Incident Management Plan
10	Animal Diseases Plan
11	Communicable Diseases Plan
12	Environmental Health (Food and Workplace Safety) Service Delivery Plan
13	Air Quality Strategy
14	Contaminated Land Strategy
15	Pollution Contingency Plan
16	Fife External Emergency Plan
17	Resilience Partnership Plans (various)
18	Local Housing Strategy
19	Scheme of Assistance
20	BTS (Below Tolerable Standards) Strategy

21	Private Sector Housing Enforcement Approach
22	Scottish Waterborne Hazard Plan
23	Scottish Water Wastewater Pollution Incidents Plan
24	Delivering Differently - Workforce Wellbeing Action Plan for Fife
25	Fife Sustainable Energy and Climate Action Plan 2020-2030

Appendix 3: Resources and operational arrangements for Health Protection

NHS Fife – Health Protection Team

Job Title	Role and Responsibility	FTE
Director of Public Health	Strategic Lead for Public Health activities in NHS Fife.	1
Consultant in Public Health	Provide leadership and strategic oversight for health protection development and implementation in NHS Fife. To co-ordinate the provision of an effective service for the control of communicable disease, and environmental health hazards.	3.2
Health Protection Nurse	Contribute to the delivery activities surrounding the prevention, investigation and control of communicable disease and immunisation programmes.	5
Public Health Scientists	Responsible for disease surveillance records and reports.	1
Emergency Planning Officer	Ensuring NHS Fife is prepared for a major incident.	2
Administration	Provision of administrative support.	2

Fife Council - Protective Services

Job Title	Role and Responsibility	FTE at 01/04/2022
Head of Protective Services	Strategic and Operational Lead for Regulatory activities including public health in Fife Council. The Head of Protective Services is a qualified EHO.	1
Service Manager Environmental Health	To lead and manage a team and co-ordinate the activities and functions of the team to ensure the delivery of a consistent, high quality and focussed service Each of the 2 Environmental Health Teams Food & Workplace Safety and Public Protection are managed by a Service Manager who is a qualified EHO	2
Lead Officers (Environmental Health, Private Housing)	To support and assist the Service Manager in ensuring the effective organisation and delivery of the statutory and non-statutory, technical, professional, and operational standards to achieve the requirements of the Team. To lead on identified work areas of the Team on a day-to-day basis. The Lead Officers are qualified EHO/FSO	5
Environmental Health Officers	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions	10.8
Food Safety Officers	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions	2.83
Technical Officers	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	15

Trainee Environmental Health Officer	Enable the post holder to undertake training in the practical aspects of Environmental Health sufficient to enable progression towards taking the Royal Environmental Health Institute of Scotland Diploma in Environmental Health. (Can be Student or Graduate posts)	2
Environmental Health Technician	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	0
Animal Health Officers	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	1.8
Licensing Standards Officers	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	2
Enforcement Officers (Environmental Health)	To enforce the provisions of waste statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions	2
Environmental Health Technician (Food & Workplace Safety)	To undertake a range of Environmental Health activities to support the proactive intervention programmes and reactive response remit of the Team including in relation to Food Safety and Health & Safety	2
Technical Support Officer	To provide Advanced Technical Support to facilitate and improve Service Delivery of the regulatory functions of Environmental Health including but not limited to food safety, health & safety, port health, waste duty of care and public health.	1
Building Standard Inspectors (Private Housing Standards)	To enforce the provisions of various statutes in assisting the Service Manager and Lead Officer in the discharge of Environmental Health functions.	2

Appendix 4: Numbers of Designated Competent Persons

Under the Public Health etc. (Scotland) Act 2008, the following numbers of Competent Persons work with NHS Fife and Fife Council

NHS Fife (at 01/04/2020)

8 Consultants in Public Health (individuals)
1 Health Protection Nurse Specialist

Fife Council (at 01/04/2022)

17.8 Environmental Health Officers

The Council policy is that professional staff are authorised by the Head of Protective Services according to competency, and experience. In addition, we have several Technical Staff as detailed in Appendix 3.

Meeting:	Public Health & Wellbeing Committee
Meeting date:	29 August 2022
Title:	Fife Child Poverty Action Report 2022
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Lorna Watson, Deputy Director of Public Health

1 Purpose

This report is to update the Committee on progress with Child Poverty prevention and mitigation actions.

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy
- National Health & Well-Being Outcomes

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

The Child Poverty (Scotland) Act 2017 requires preparation of an annual report by local authorities and NHS Boards to the Scottish Government on actions to reduce child poverty and income maximisation. This is the fourth Plan Fife has published. The Committee is being asked to review the Fife Child Poverty Action Report 2022 for assurance.

2.2 Background

The aftermath of the covid pandemic and subsequent cost of living crisis is expected to cause new hardship for many families. The approach being taken to tackle child poverty is in line with the partnership Recovery and Renewal Plan for Fife 2021-2024 and the priority relating to Tackling Poverty and Preventing Crisis. It also ties in closely with the priority in the Fife Children's Services Plan 2021-2023 to close the Equity gap.

The relevant national policy document is 'Best Start Bright Futures' which outlines the Scottish Government's commitment to tackling the drivers of child poverty. This topic is relevant to the national outcome: Health and social care services contribute to reducing inequalities.

The Fife Child Poverty group is chaired by Sarah Else, Education Manager and reported to both the Tackling Poverty and Preventing Crisis Board and the Children in Fife partnership group up to May 2022. There has been a restructuring so that next year the statutory Child Poverty Action Plan will be part of the overall reporting on Tackling Poverty and Preventing Crisis and will report directly only to that group. This should reduce duplication as many child poverty and general poverty actions overlap. Ruth Bennett, Health Promotion Service Manager leads on child poverty income maximisation for NHS services.

Delivery of a Financial Inclusion Referral Pathway is a key area which all NHS Boards must deliver on as part of the Scottish Government Child Poverty agenda. The pathway ensures that all Midwives, Health Visitors and Family Nurse Partnership have the skills, knowledge, awareness and confidence to ask all pregnant women and families with young children about money worries and that they are aware of and adhere to the requirements of the referral pathway.

2.3 Assessment

90% of families experiencing child poverty are in the following six groups: lone parents, families affected by disability, child under 1 year, mother under 25 years, more than three children, ethnic minority.

Poverty in families is a stressor which has an association at population level with levels of harm, abuse and neglect. Poverty in childhood can affect health, education and development in an adverse manner.

NHS actions to mitigate poverty include income maximisation via referral to benefits advice for those accessing relevant services, and Anchor Institution work to benefit employees or potential employees in the priority groups.

Fife Health Promotion Service have developed training and a dedicated pathway in partnership with Citizens Advice and Rights Fife (CARF). To date a total of 159 participants have attended the training. Most recently the training took place as a digital drop-in session and was extended to include other health professionals, with many from occupational therapy and nursing in attendance.

2.3.1 Quality/ Patient Care

The actions in the report should have a positive effect on quality of care through increasing access to income maximisation for families in receipt of universal health services in the early years. Interventions to reduce poverty are supported by universal health service provision proportionate to need.

2.3.2 Workforce

As a result of Anchor Institution work, actions to reduce child poverty should impact positively on staff in lower paid positions.

2.3.3 Financial

There are no direct financial impacts for the organisation.

2.3.4 Risk Assessment/Management

None identified. Risk of increasing health inequalities if actions not taken.

2.3.5 Equality and Diversity, including health inequalities

The report is in line with the Public Sector Equality Duty in promoting opportunity, particularly for women, pregnancy and maternity, disability, ethnicity, age (children). It also promotes UNCRC and the rights of children in particular Article 27 Every child has a right to a standard of living which meets their physical, social and mental needs. It is compatible with the Fairer Scotland Duty, to reduce inequalities of outcome related to socio-economic factors.

An impact assessment has not been completed because the considerations above are integral to the plan.

2.3.6 Other impact

Not identified.

2.3.7 Communication, involvement, engagement and consultation

The Child Poverty Group has members of third sector organisations including Fife Gingerbread, Fife Centre for Equalities and understanding lived experience is an area for further development. Public communications around poverty including child poverty is undertaken in Challenge Poverty week, usually in October.

2.3.8 Route to the Meeting

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

- Tackling Poverty Preventing Crisis Board Committee 19 July 2022.
- NHS Fife Executive Directors Group 18 August 2022.

2.4 Recommendation

- **Assurance** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Fife's Local Child Poverty Action Report 2021/22

Report Contact

Dr Lorna Watson
Vice-chair Fife Child Poverty Group
Deputy Director of Public Health
Email: lorna.watson@nhs.scot

Tackling Child Poverty in Fife

Fife's Local Child Poverty Action Report 2021/22

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Foreword

With fairness at the heart of everything, our aim is for Fife to be a place where people thrive and have enough money to take control of their lives and meet their full potential. We want Fife to be a place where communities really matter, where people set the agenda and contribute to how change is being delivered.

Recent rises in the cost of living makes achieving our aim a challenge. Pre-existing challenges have been compounded to create an environment where many children and families are in poverty and struggling to deal with crises.

Despite these challenges, we have ambition and determination to change the tide in Fife and help our families access the support they need, when they need, where they need it and for as long as they need it. We have a vision for Fife where crises are averted, and our approach is person-centred, holistic and based on prevention and early intervention.

This report presents a lot of positive work that has been undertaken during 2021/22 by organisations and services across Fife that are working towards a brighter future for our children and families in poverty. The report presents a new approach we will be taking in Fife that brings tackling all aspects of poverty under one plan. This has been built on our learning from the pandemic and seeks recovery and renewal for Fife.

We are committed to working towards a Fife that's fairer, that supports our struggling children and families and takes a rights-based approach to ensure every child has the right to a standard of living that is good enough to give them the best start in life and provides them with a bright future.

Introductory Remarks

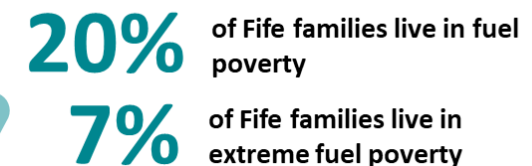
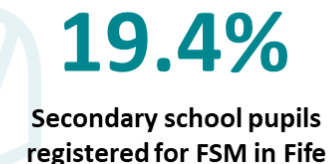
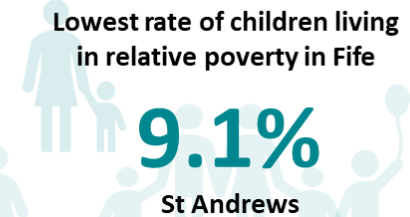
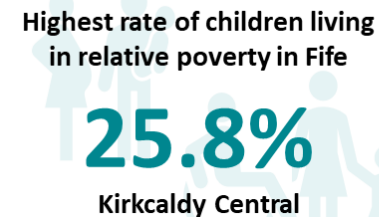
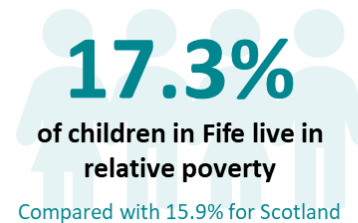
In the last few years, poverty has remained an issue for many families in Fife. Recent rises in the cost of living will push many more families with children into hardship and will make getting out of poverty more difficult for those already struggling to feed their families and heat their homes.

Child poverty rates remain high in Fife at 17% with little improvement since our first Local Child Poverty Action Report was published in 2019.

Successfully tackling child poverty will require us to work with families in different ways, through greater collaboration and joined up support. To achieve this, we will:

- Make it easier for families to access services through a no wrong door approach
- Challenge stigma and attitudes that prevent families from accessing the services they need
- Make better use of intelligence to proactively reach families in need, with a focus on prevention rather than just responding to crisis
- Maximise family incomes and remove cost barriers to participation
- Utilise community wealth building approaches to help to break the poverty spiral
- Explore sustainable approaches to basics such as food security and welfare provision

Please note: Caution is needed in interpreting large changes for the year ending 2021 to data for previous years, given discontinuities in data collection owing to the pandemic. Relative and absolute poverty are reported here as before housing costs. More information is available at [KnowFife](#).



Governance and Reporting

The Fife Child Poverty Group is responsible for the co-ordination, production, publication and monitoring of the Local Child Poverty Action Report. The group is made up of multi-agency representatives, all with an interest in reducing child poverty in Fife.

As a result of the new Recovery and Renewal Plan for Fife 2021-2024, changes are being made to the governance and reporting on child poverty.

In order to better bring closer together the Local Child Poverty Action Report and Plan for Fife, better alignment has been suggested for child poverty work with new recovery and renewal structures. There is a significant overlap between child poverty actions and actions to reduce poverty more generally. Therefore, at its meeting in May 2022, the Tackling Poverty & Preventing Crisis Board agreed to make changes to the way child poverty is reported in Fife:

- Instead of a separate child poverty report, there will be a new annual report on Tackling Poverty & Preventing Crisis in Fife, which will have a focus on the impact of actions on children and families to ensure it meets the requirements of the Child Poverty (Scotland) Act 2017.

- The Child Poverty Group will become a subgroup of the Tackling Poverty & Preventing Crisis Board with a revised membership and focus.
- Fife Partnership will formally sign off the annual report, with the report going first to the Tackling Poverty & Preventing Crisis Board and the Children in Fife Partnership for approval. Previously the report was not signed off by Fife Partnership.

In matters of attainment and positive destinations, particularly the poverty-related attainment gap, Fife Council's Children's Services Plan is the lead document for the education of children and young people in Fife, and officers will continue to work together to ensure there is alignment and connections between both the Children's Services Plan and the new Tackling Poverty & Preventing Crisis Delivery Plan.

View all our previous Local Child Poverty Action Reports at the links below:

- [Fife Child Poverty Action Report 2018/19](#)
- [Fife Child Poverty Action Report 2019/20](#)
- [Fife Child Poverty Action Report 2020/21](#)

Recovery and Renewal

Our response to poverty needs to address crisis by getting people urgent assistance, but it also needs a focus on preventing crisis in the first place by exploring new, longer-term approaches to tackling poverty. In Fife, we've committed to a new priority to tackle poverty and prevent crisis as part of our [Recovery and Renewal Plan for Fife 2021-2024](#).

In 2017, we set out ten-year ambitions in the Plan for Fife. These ambitions are all about change and how we bring this about over a ten-year period. These are still our ambitions, but the three-year review of the Plan, combined with our experience of the pandemic, has shown that to achieve these ambitions we will have to change how we work. This is because progress has not been as fast as we would have liked, and the COVID-19 pandemic also brought new challenges.

The updated Plan for Fife sets out the key recovery and renewal priorities. The three key priorities for recovery and renewal, all supported by an overarching approach of community wealth building, are:

- Tackling poverty and preventing crisis
- Leading economic recovery
- Addressing the climate emergency

It is vitally important that the work to address child poverty doesn't happen in a silo. It must be connected to activity that addresses wider poverty issues. In addition, interdependencies exist with other areas, particularly in our work of building and maintaining wealth in Fife through

Community Wealth Building and economic recovery, as well as addressing the Climate Emergency through achieving a Just Transition that leaves no one behind. We must build on the benefits of shared purpose and collaborative approaches that were critical to the success of our response to the COVID-19 pandemic and take this forward through our work to tackle persistent poverty in Fife.

Over the next three years we will be aiming to deliver five key outcomes for tackling poverty and preventing crisis.

- More people's incomes are maximised and there is increased access to benefits
- People are protected from cost-of-living increases with a focus on support for food, fuel and childcare costs
- Homelessness is reduced with people in temporary housing for shorter lengths of time
- More people have crisis prevented through a *no wrong door* approach ensuring early and joined up support
- Improved use of data and evidence from those in poverty to target spend on prevention of crisis

When families reach out to us for help it should be easy for them to do this. All partner services need to work together to make sure that processes and systems are better joined up, so that no matter where or how people reach out, they receive the services they need.

We want to support families to have control of their lives. Recent experience has reinforced the importance of taking time to work alongside people, to build relationships and to develop good networks of support. We know that small empowering interactions between people and service providers can boost a person's psychological resources which can, in turn, increase their ability to overcome disadvantage. We are pleased to see this reflected in the Scottish Government's Tackling Child Poverty Delivery Plan - [Best Start, Bright Futures](#).

We are committed to ensuring our work continues to address the impact of poverty on, and meet the needs of, the priority groups. We know from experience and evidence that some families are more likely to be impacted by poverty – women, lone parents and families where a parent or child is disabled.

In line with The Promise, we recognise that we need to have a continued significant and persistent commitment to ending poverty and mitigating its impacts for Fife's children, families and communities and that space needs to be provided where the impact that poverty has on families can be discussed openly to support all children to grow up loved, safe and respected.

We recognise that more support must be given to families experiencing poverty to tackle the additional pressures it causes and mitigate its impacts, supporting families in their communities, through maximisation

of the assets of the community and community-based relationships whilst ensuring that the way support is delivered does not stigmatise people.

We will ensure our approach to poverty takes a children's rights approach. Over the last year, links between child poverty and children's rights have been strengthened with better connections made between these two important policy areas. We are committed to promoting children's rights in Fife and, in particular, the aspiration that Article 27 of the UNCRC can be fulfilled for all children: *Every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development.*

Effective change needs to be based on much better evidence to ensure the right things are done from the start and to check that they are delivering the right outcomes. Evidence is essential when applying for resources, including funding, and we are focused on developing our evidence base and ensuring we can measure the impact of our actions on families receiving our support.

Moving forward, we will report annually on the Tackling Poverty & Preventing Crisis Delivery Plan, in particular, presenting the impact on children and families to ensure we are meeting the requirements of the Child Poverty (Scotland) Act 2017.

The new Tackling Poverty & Preventing Crisis Delivery Plan 2021-2024 can be found at Appendix 2.

Our Child Poverty Action Plan – progress with the plan

Before we make the switch to our new Tackling Poverty & Preventing Crisis Delivery Plan, we have to report on the progress undertaken in 2021/22 on the Local Child Poverty Action Plan set out in our last report.

To date, the work of the Fife Child Poverty Group has been to raise awareness of the Child Poverty (Scotland) Act 2017 and co-ordinate the collation of the impact of the range of actions being undertaken across services. This has focused on the three drivers of poverty: income from employment, income from social security and benefits in kind, and cost of living. Our progress report (provided in Appendix 1) is structured by these drivers as well as setting out two actions labelled 'indirect' as they are designed to ensure we have the right foundations for tackling child poverty.

The following case studies illustrate the issues faced by many families in Fife and the support they have received during 2021/22 from Fife service providers.

Case study:

The Cost of Living

Impacted priority groups:

- Mother aged under 25
- Child aged under 1
- Lone parent

After deciding to leave a volatile relationship, the client received support from **Fife Gingerbread**. The client was 18-years old with an 11-month-old child and was recently homeless.

The client was supported by Fife Gingerbread to secure suitable housing, as well as with the financial outlay to create a safe, nurturing home environment for her and her child. The client required help to apply for funds for items for her home such as white goods and furniture. Fife Gingerbread were able to provide £50 to purchase essentials for her child. There are items the client can't afford on her own like a chest of drawers and a tumble dryer; and views these as a luxury she can't afford.

The client was provided with guidance to ensure she was claiming all the benefits she was entitled to such as Universal Credit, Child Benefit and Scottish Child Payment. Maximising her income and helping her to budget meant she could manage day-to-day costs of living like food, clothes and activities, as well as paying the fuel meter.

Every penny goes to cover the day-to-day costs of living, which leaves little room for unexpected items or big purchases. Fife Gingerbread continues to support the client and empowers her to provide her child with the best possible start in life. The client has shared that living this way is very stressful, and she does hope to be able to work but is worried about the upfront costs of childcare and other expenses of starting a job.

Fife Gingerbread

www.fifegingerbread.org.uk

Case study:

Income Maximisation

Impacted priority groups:

- Family with more than three children
- Lone parent

**Citizens Advice & Rights Fife
Money Talk Team**

www.cabfife.org.uk

The client made a self-referral to **Citizen's Advice & Rights Fife** (CARF) via the main helpline but was also referred to the **Money Talk Team** by her Health Visitor. She had a 9-month-old baby, a 4-year-old and an 8-year-old, living in a three-bed private let in East Fife. The client was recently separated from her partner and she wasn't working. She relied on Child Benefit for her three children.

A benefit check was carried out by the MTT adviser, which showed she was entitled to £1,313.12 Universal Credit (UC), which included the standard element, the child responsibility element and the housing element. The MTT adviser also explained that UC was a qualifying benefit and meant that she was entitled to apply for a number of other benefits.

The client felt that the Child Maintenance arrangement between her and her ex-partner was fine so far but understood that she could use the Child Maintenance calculator on the gov.uk website if she wanted a more accurate estimation of what she should be receiving in future.

During the appointment, they looked at the client's income and expenditure to identify other areas where expenditure could be reduced. This included identifying savings relating to the client's television package, food shopping and mobile phone tariff. At the appointment, the client disclosed that she was spending a lot on gas and electric but felt that the property was always cold. The MTT adviser made a referral to St Andrews Energy Network for an assessment of energy usage and suggestions for energy saving techniques.

When reviewing the case, the client confirmed that her award of UC was granted (£40 more than estimated during the benefit check) and her applications were being processed for relevant Scottish social security benefits and Council Tax Reduction.

The client's financial gains from this appointment totalled £1,422 in supplementary benefits as well as £1,137 per month from Universal credit. The client was extremely grateful for the help and support as she had never claimed benefits before, and this was all new to her.

Case study:

Immigration System

Impacted priority groups:

- Lone parent
- Ethnic minority family

The client came to the UK from Gambia several years ago with her family and has used the ESOL service extensively to learn English. Following her husband's death in 2020, her and her children's immigration status became unclear with the Home Office making an interim decision to allow her and the children leave to remain. The client was signposted to the council's **Welfare Support** service.

Widow's Allowance was her main source of income, and she had no recourse to public funds. The Widow's Allowance award only lasted 18 months and was not long enough for the immigration process to be completed. The Welfare Support Worker was unsuccessful in appealing the decision for an extension of this allowance and for the recourse to public funding. The family continued to reside locally in their Fife Council property, with no rent or council tax charges levied at that time.

Although the client can speak and read English, at times she did not comprehend her situation, especially when having to deal with a complex immigration process. The Welfare Support Worker acted as a single point of contact for the client and sought legal advice to help her deal with the immigration system. Costs were eventually waived by the Home Office; however other support had to be arranged locally. The local pantry was able to provide food to the family in way that met their cultural and religious needs.

Significant brokerage with other services and agencies was required to help the client and her children.

Fife Council
Welfare Support

www.fife.gov.uk

Case study:

Financial struggles with a disability

Impacted priority groups:

- Families with a disabled adult or child
- Ethnic minority family

Fife Council
Support & Connect

www.fife.gov.uk

A Polish couple with two children, one of whom is disabled were referred to **Support and Connect** from the child's school as they were struggling financially.

Due to the language barrier, the Welfare Reform Co-ordinator required a translation service and arranged the first appointment through a translator. At this meeting, the co-ordinator completed an income and expenditure assessment, and the mother was able to provide access to her Universal Credit journal.

The family had a large amount of rent arrears outstanding and were not being paid for the second bedroom they needed due to having a child with significant disabilities. The family were also missing out on claiming Discretionary Housing Payment. The family also felt they were not receiving the correct amount of Disability Living Allowance due to their child's needs.

Due to the rent arrears and a need to connect the family to other agencies, a referral was made to **Putting People First** asking them to help with rent arrears, assist with DHP and connect the family to other support in their local area. A referral was also made to CARF to review the family's DLA claim.

Since the referrals were made, the family are now receiving DHP, and an arrangement is in place to pay-off their arrears. The family have received a Connecting Scotland Chromebook and router with 24-months connectivity to help ensure the family are not digitally excluded. They are awaiting confirmation from Social Work regarding funding that was applied for purchasing an orthopaedic mattress for their child with disabilities.

Putting People First

Putting People First is a service being tested in Kirkcaldy that seeks to explore and test new ways of preventing crisis and mitigating the impact of hardship at an earlier stage by focusing on underlying issues. The service is made up of staff in Housing, Community Social Work and Community Learning & Development. (This is a key action in the Tackling Poverty & Preventing Crisis Delivery Plan).

Case study:

Long-term support

Impacted priority groups:

- Lone parent

Fife Gingerbread
Making it Work for Lone
Parents

www.fifegingerbread.org.uk

The client joined **Making it Work for Lone Parents** in August 2016 after fleeing domestic abuse and relocating to be closer to her parents. The client was the mother of an 8-month-old when she started receiving support from **Fife Gingerbread**.

Despite being in a good housing situation and managing money well, the client wasn't working and often her and her daughter would have to go without due to their financial situation. Over the years, the client has required various supports from Fife Gingerbread such as festive packages, Heat & Eat payments and support to get digital kit to stay connected during the pandemic.

Making it Work for Lone Parents supports lone parents on their journey towards work with staff from Fife Gingerbread and CARF working collaboratively. Over time, the client joined confidence building classes, art sessions and cooking groups. She made some good friends and found peer support for herself and her daughter. Her daughter was provided with a nursery place, and the client became a Fife Gingerbread volunteer where she facilitated a arts and crafts group with another parent. Alongside this, she was also engaging in support to help her process the domestic abuse and trauma she had experienced.

Throughout her journey, the client was focused on finding work when she was ready to do so, seeing it as her only way out of poverty and to fully provide for her daughter.

Her daughter started school in 2020 and the client found work as a Catering Assistant at a local school. She was supported with the process of securing work, understanding her benefits and sustaining the role. As part of this, a benefit calculation was completed by **CARF** to ensure she would be better off financially in work. The extra income really benefited her family, and in 2021 she decided she no longer needed support from Fife Gingerbread.

However, the door is never closed, and this year she needed some light touch support to help her sustain work due to her health issues. This highlights the motivation of lone parents and the need for long term support to enable families to progress into sustainable routes out of poverty with continued support where needed.

Concluding Remarks

Although macroeconomic factors and national anti-poverty strategies and policies can have the greatest impact on the drivers of child poverty, it is the role of Local Authorities and NHS Boards to make public services beneficial to everyone in the community, whilst working in collaboration with partners, both locally and nationally.

As we move forward, the focus on child poverty and the priority groups will be maintained and captured in the new Tackling Poverty & Preventing Crisis Delivery Plan as we have done in our previous Child Poverty Action Plan.

We believe that by having child poverty integrated within our wider poverty plan, work will be strengthened with a renewed focus to address persistent issues and take a preventative approach.

Child Poverty Group partners

Citizens
Advice &
Rights
Fife



Fife Centre for
Equalities



Fife
COUNCIL



Fife Health
& Social Care
Partnership



Social Security Scotland
Tèarainteachd Shòisealta Alba

Meeting:	Public Health & Wellbeing Committee
Meeting date:	29 August 2022
Title:	Annual Immunisation Report 2021
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Dr Esther Curnock, Consultant in Public Health Medicine / Fife Immunisation Coordinator

1 Purpose

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

- Assurance

This report relates to a:

- Government policy
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- People Centred

2 Report summary

2.1 Situation

The 2021 Annual Immunisation Report is presented to the Public Health & Wellbeing Committee for awareness.

The purpose of the report is to provide an annual monitoring report of vaccine preventable disease surveillance data and vaccine uptake data vaccine in Fife, and summarise the key developments and learning in relation to the delivery of immunisation programmes in NHS Fife.

2.2 Background

Delivery of effective population immunisation programmes is an NHS Scotland priority. Vaccination programmes aim both to protect the individual and to prevent the spread of these diseases within the wider population. As a public health measure, immunisations are very effective in reducing the burden of disease, and more that 20 life-threatening diseases

globally can now be prevented by immunisation¹. As such, immunisation is a success story for population health and global development. However, there is a risk that progress could stall or reverse and undermine past achievements.

Monitoring the proportion of the eligible population vaccinated is a key measure of the immunisation programme performance and enables continuous improvement, and is complemented by monitoring of vaccine preventable disease surveillance data. Inadequate coverage makes the possibility of disease transmission and outbreaks of vaccine preventable disease more likely. High levels of coverage are needed to eliminate highly infectious diseases such as measles.

This is the fourth annual Immunisation Report for NHS Fife. Variation in data release timings and reporting intervals mean that the period covered in this report varies by programme.

2.3 Assessment

2.3.1 Quality/ Patient Care

This report is part of governance arrangements for the public health function in NHS Fife which aim to ensure that the immunisation programmes are operating to the highest standards and that there is equity of provision across Fife.

The report highlights the findings from surveillance data on vaccine preventable disease in Fife, as well as vaccine uptake rates across childhood, teenage and adult immunisation programmes.

Surveillance data demonstrate low incidence rates of vaccine preventable disease during 2021 in Scotland and in Fife. This is likely due to the impact of social distancing and impact of lockdown including closed schools and childcare facilities where infections are most likely to spread.

Uptake of the primary childhood programme delivered to infants under a year is sitting just below the 95% uptake target at 12 months but improves by 24 months. Uptake of the vaccinations offered just after the first birthday when assessed at 24 months is below the 95% target and below the Scottish average for these vaccines. Uptake by deprivation category shows that whilst Fife uptake is similar to the rest of Scotland in the least deprived quintiles, it has uptake among the most deprived that is lower than the equivalent population quintile elsewhere in Scotland. Focused quality improvement work informed by findings from the EQIA will be progressing in 2022/23 to seek to improve uptake of the childhood vaccinations in the most deprived quintiles.

Uptake of the teenage booster and HPV programme in the 2020/21 school year (with the primary offer in Spring 21) was less disrupted by the pandemic in Fife than elsewhere in

¹ WHO Immunisation Agenda 2030, A Global Strategy to Leave No One Behind, April 2020

Scotland. However, inequalities persist and ongoing efforts are required to ensure any longer-term disruption of the pandemic to uptake of school based vaccinations is minimised.

Delivery of the adult shingles & pneumococcal programmes through general practice were disrupted by the pandemic, however, the responsibility for delivery transferred to the health boards in April 2022 and delivery programmes to address the back-log have been underway in recent months.

The AISG agreed to revisit at its September meeting data and targets for some of the selected vaccination programmes. This included: pertussis vaccination in pregnancy; HPV coverage for GBMSM (Men who have sex with Men); infant BCG uptake for those at risk as well as consideration of an audit of wider hepatitis B at-risk cohorts.

2.3.2 Workforce

Workforce issues raised by the recommendations of the AISG are reviewed via the CIS programme structures (see appendix), including the CIS strategic workforce group.

2.3.3 Financial

The annual report has no direct financial impact or capital requirements. The Community Immunisation Service budget is monitored and reviewed at the CIS programme board.

2.3.4 Risk Assessment/Management

An overarching risk relating to localised outbreaks of vaccine preventable disease and inequalities in disease incidence if there is inadequate immunisation coverage sits on the Public Health Risk register and is reviewed at the Public Health Assurance Committee (PHAC) meetings. Updates to the assessment and management of this risk are provided to PHAC by the chair of the Area Immunisation Steering Group. This risk is currently rated at 6 (unlikely; moderate impact). Delivery risks sit within the Community Immunisation Service Risk register and are reviewed regularly at the Community Immunisation Service Programme Board.

2.3.5 Equality and Diversity, including health inequalities

The annual report includes analysis of the uptake of immunisation programmes by socio-economic deprivation and other equality data where possible. Inequalities in vaccine uptake are monitored where data is available and inform improvement actions. An Immunisation Inclusivity group meets regularly under the CIS programme structures, with a remit to contribute towards improved wellbeing and reducing health inequalities in Fife

A new EQIA is has been conducted as part of the Immunisation Strategic Framework action plan. This will be submitted to the Community Immunisation Service Programme in the Autumn, and an action plan for the next year implemented via the Programme Board structures based on the EQIA findings and recommendations.

2.3.6 Other impact

The NHS Fife & Fife HSCP Annual Delivery Plan for 22/23 has a number of immunisation deliverables and associated milestones for monitoring. In addition, the IPQR report will provide regular updates on uptake of COVID vaccination in the population; 6-in-1 uptake at age 12 months; and MMR2 uptake at age 5 years.

2.3.7 Communication, involvement, engagement and consultation

The Fife Area Immunisation Steering Group (AISG) has a remit to *'provide assurance to the NHS Fife Board that the Fife population is protected from vaccine preventable disease'*. The group met on 27th May 2022 to review the data across immunisation programmes and the review undertaken at that meeting the basis of the Annual Immunisation Report. A number of recommendations were made regarding areas for focused quality improvement action, and areas where either new local targets were required, or revisions to local targets advised.

Selected key findings were presented to the Community Immunisation Service leadership development day on 8th July 2022 where a SWOT analysis of the programme took place.

The Immunisation Quality & Clinical Care Assurance Group met on 18th July 2022 to review the recommendations of the AISG and agree actions for quality improvement action.

2.3.8 Route to the Meeting

Vaccine preventable disease data, uptake rates and recommendations summarised in the report have been discussed in various forums as outlined above.

The paper was considered at the NHS Fife Executive Directors Group on 18 August 2022.

2.4 Recommendation

The Public Health & Wellbeing Committee are asked to:

- Note the findings of the NHS Annual Report for **assurance**.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Fife Immunisation Annual Report 2021



Annual
Immunisation Report

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NHS FIFE ANNUAL IMMUNISATION REPORT 2022

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Public Health Department, NHS Fife

August 2022

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ANNUAL IMMUNISATION REPORT 2022

1 EXECUTIVE SUMMARY

- 1.1 Delivery of effective population immunisation programmes is an NHS Scotland priority. Vaccination programmes aim both to protect the individual and to prevent the spread of these diseases within the wider population. As a public health measure, immunisations are very effective in reducing the burden of disease. This report highlights the findings from surveillance data on vaccine preventable disease in Fife, as well as vaccine uptake rates across childhood, teenage and adult immunisation programmes.
- 1.2 Surveillance data demonstrate low incidence rates of vaccine preventable disease during 2021 in Scotland and in Fife. This is likely due to the impact of social distancing and impact of lockdown including closed schools and childcare facilities where infections are most likely to spread.
- 1.3 Uptake of the primary childhood programme delivered to infants under a year is sitting just below the 95% uptake target at 12 months but improves by 24 months. Uptake of the vaccinations offered just after the first birthday when assessed at 24 months is below the 95% target and below the Scottish average for these vaccines. Uptake by deprivation category shows that whilst Fife uptake is similar to the rest of Scotland in the least deprived quintiles, it has uptake among the most deprived that is lower than the equivalent population quintile elsewhere in Scotland. Focused quality improvement work informed by findings from the EQIA will be progressing in 2022/23 to seek to improve uptake of the childhood vaccinations in the most deprived quintiles.
- 1.4 Uptake of the teenage booster and HPV programme in the 2020/21 school year (with the primary offer in Spring 21) was less disrupted by the pandemic in Fife than elsewhere in Scotland. However, inequalities persist and ongoing efforts are required to ensure any longer-term disruption of the pandemic to uptake of school based vaccinations is minimised.
- 1.5 Delivery of the adult shingles & pneumococcal programmes through general practice were disrupted by the pandemic, however, the responsibility for delivery transferred to the health boards in April 2022 and delivery programmes to address the back-log have been underway in recent months.
- 1.6 NHS Fife and Fife HSCP have worked collaboratively to develop a 3 year Immunisation Strategic framework 2021-2024. The vision is for 'A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course'. Four high-level priorities for action were identified following an in-depth review process that took place in 2021, and significant progress was made towards these in 2021/22. Achievements during this period include the full transfer of immunisations from General Practice to the Board through the completion of the Vaccine Transformation Programme in March 2022 and the delivery of the extended flu and COVID vaccination programmes.

2 INTRODUCTION

- 2.1 This is the fourth Annual Immunisation Report for NHS Fife¹. The purpose of the report is to provide an annual monitoring report of vaccine preventable disease surveillance data, along with uptake data for each vaccine delivered within Fife. The report also provides an overview of the recommendations of the NHS Fife Area Immunisation Steering Group (AISG) based on its review of the annual data.
- 2.2 Delivery of effective population immunisation programmes is an NHS Scotland priority. Vaccination programmes aim both to protect the individual and to prevent the spread of these diseases within the wider population. As a public health measure, immunisations are very effective in reducing the burden of disease. The World Health Organisation (WHO) has estimated that globally, around 2 to 3 million deaths are prevented *each year* through vaccination programmes. Vaccines also have an indirect but important role in helping to reduce the spread of antibiotic resistance as they reduce the need for antibiotics due to prevention of infection. When a large proportion of a population have immunity to a particular disease which is normally spread from person to person, chains of transmission are disrupted and the spread of diseases to those not immune can be prevented ('herd immunity'); this protects those who are unable to build up immunity such as those who are immunosuppressed². As such, immunisation is a success story for population health and global development. However, there is a risk that progress could stall or reverse and undermine past achievements.
- 2.3 The UK's current routine immunisation schedule is based on advice from the independent Joint Committee on Vaccination and Immunisation (JCVI). The schedule is continually reviewed and updated; appendix 1 describes the routine childhood & adult schedule from February 2022.
- 2.4 The overall aim of the routine schedule is to provide protection against 14 vaccine preventable infections:
- Haemophilus influenza type b (Hib)
 - Hepatitis B
 - Human Papilloma Virus (HPV)
 - Influenza
 - Meningococcal disease
 - Mumps
 - Pertussis (whooping cough)
 - Pneumococcal disease

¹ Previous Annual Reports submitted 2018, 2019, 2021 (no submission 2020 due to COVID pandemic).

² Herd immunity does not protect against all vaccine-preventable diseases; exposure to tetanus for example is from the environment rather than another person

- Polio
- Rotavirus
- Rubella
- Shingles
- Tetanus

2.5 The Scottish Government, as with the rest of the UK, have adopted recommendations made by the World Health Organisation (WHO) that at least 95% of children should be immunised against vaccine preventable disease on the routine schedule.

2.6 Additional vaccinations that are not on the routine schedule are offered to specific high-risk groups. For example, BCG vaccine which protects against tuberculosis (TB) is offered to those babies who are more likely than the general population to come into contact with someone with TB. In addition, certain travel vaccinations are provided via the NHS such as hepatitis A and typhoid.

Overview of immunisation programmes in Scotland:

Pregnancy	Birth	Pre-School	Children & Young People	Adults	Others
<ul style="list-style-type: none"> • COVID-19 • Flu <p>From Week 16</p> <ul style="list-style-type: none"> • Pertussis* 	<p>8 Weeks</p> <ul style="list-style-type: none"> • Six-in-one** • Rotavirus • Meningitis B <p>12 Weeks</p> <ul style="list-style-type: none"> • Six-in-one** • Pneumococcal • Rotavirus <p>16 Weeks</p> <ul style="list-style-type: none"> • Six-in-one** • Meningitis B 	<p>12-13 Months</p> <ul style="list-style-type: none"> • Hib/MenC*** • Pneumococcal • Meningitis B • Measles, Mumps & Rubella (MMR) <p>Aged 2-5</p> <ul style="list-style-type: none"> • Flu <p>3 Years 4 Months</p> <ul style="list-style-type: none"> • Four-in-one**** • MMR 	<p>Primary (5-11)</p> <ul style="list-style-type: none"> • Flu <p>Secondary (12-17)</p> <p>S1-S6</p> <ul style="list-style-type: none"> • COVID-19 • Flu <p>S1</p> <ul style="list-style-type: none"> • Human papillomavirus (HPV) <p>S2</p> <ul style="list-style-type: none"> • Human papillomavirus (HPV) <p>S3</p> <ul style="list-style-type: none"> • Tetanus, Diphtheria & Polio (Td/IPV) • MeningitisACWY • MMR (Status) 	<p>18+</p> <ul style="list-style-type: none"> • COVID-19 <p>Older Adults</p> <ul style="list-style-type: none"> • Flu • Pneumococcal • Shingles 	<p>Offered to eligible groups:</p> <ul style="list-style-type: none"> • COVID-19 • Flu • HPV • Pneumococcal • Hepatitis B • BCG***** <p>Including:</p> <ul style="list-style-type: none"> • people with certain health conditions • people who work in health and social care • people travelling abroad • refugees • men who have sex with men (MSM) <p>*****bacillus calmette-guérin</p>
*whooping cough	**diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b, hepatitis B	***haemophilus influenzae type b, meningitis c ****diphtheria, tetanus, pertussis, polio			

2.7 The roll-out of COVID vaccine began in December 2020, and vaccination has been a critical component of the national response to the COVID-19 pandemic. The primary objective of the vaccination programme has been to prevent severe illness and death associated with the virus.

2.8 Monitoring the proportion of the eligible population vaccinated is a key measure of the immunisation programme performance and enables continuous improvement, and is

complemented by monitoring of vaccine preventable disease surveillance data. Inadequate coverage makes the possibility of disease transmission and outbreaks of vaccine preventable disease more likely. High levels of coverage are needed to eliminate highly infectious diseases such as measles.

- 2.9 Services across Scotland have been impacted by the COVID-19 pandemic. Childhood immunisation programmes were categorised as essential services and in Fife and across Scotland this service has continued to be delivered during the COVID-19 pandemic. However, the challenge of COVID, e.g. due to periods of school closures and high pupil absence rates has had a significant impact on delivery models and workforce pressures.
- 2.10 Variation in data release timings and reporting intervals mean that the period covered in this report varies by programme (box 1). The previous Annual Report did not include uptake data on from the COVID-19 programme. The eligibility criteria and delivery schedule to the different age and clinical has been complex with a rolling offer of primary and booster 1 vaccinations. The reporting period for COVID vaccination uptake rates in this report is based on data from the start of the programme, i.e. December 2019 through to the end of December 2021.

Box 2 Summary of period covered in this report

Cohort	Reporting Period
Childhood routine programme	January 2021 – December 2021
Teenage routine programme	2020 – 2021 School Year
Seasonal Flu Programme	September 2021 – March 2022
COVID	December 2020 – December 2021

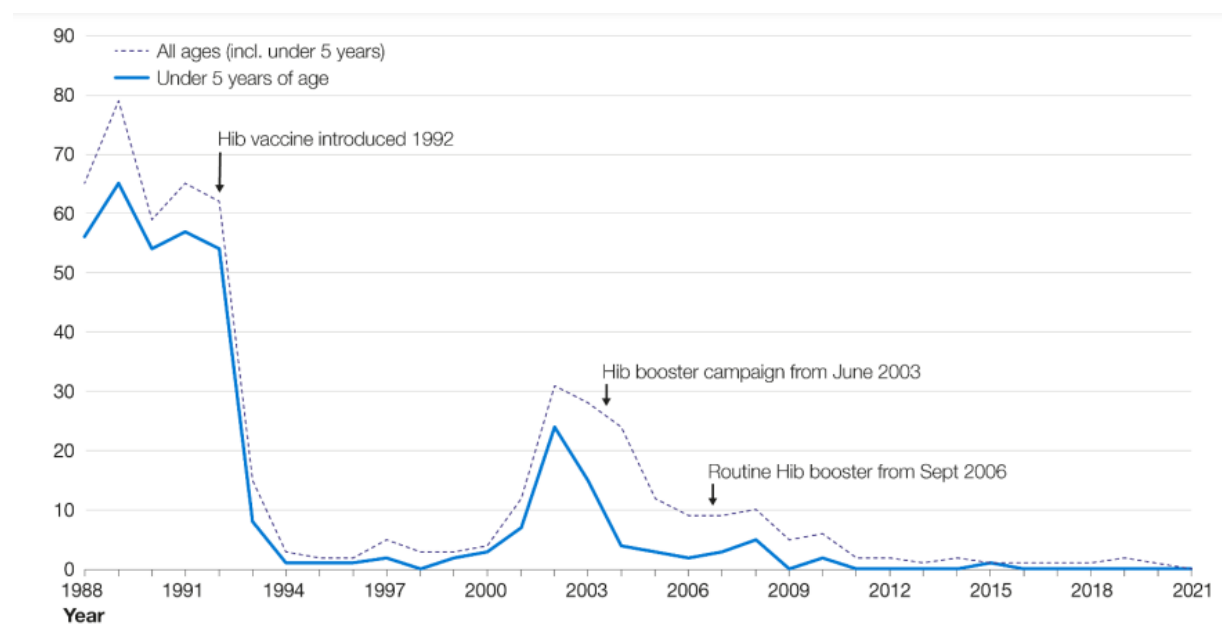
3 VACCINE PREVENTABLE DISEASE

- 3.1 Data for vaccine preventable diseases are summarised at both a national and Fife level where data is available. Cases notified to Public Health, meeting clinical case definitions but without laboratory confirmation are not included, and individuals may not present to healthcare, or be tested if they have milder presentations of diseases. Disease incidence in the population is likely to be higher.
- 3.2 Figures 1 to 5 show trends in selected vaccine preventable diseases across Scotland over time based on Public Health Scotland surveillance data³. The number of reported cases of vaccine-preventable diseases in Scotland remained low in 2021. Across Scotland, the number of reported cases of invasive bacterial diseases (Haemophilus influenzae, meningococcal disease, invasive pneumococcal disease) throughout 2021 was lower than the annual number of cases reported in the previous four years. All vaccine-preventable diseases under surveillance have shown a notable reduction since early 2020. This is likely to be a result of the social distancing measures and restrictions implemented in response to the COVID-19 pandemic. The longer term impact of the pandemic on infectious disease epidemiology is unclear.

Haemophilus influenza

- 3.3 Haemophilus influenzae can cause acute invasive disease including meningitis and septicaemia. Vaccination provides the most effective strategy for prevention of the most severe type (*H. influenzae* type b). In Fife, there have been <5 cases of invasive *H. influenzae* type b infection since 2009, and there were no cases in 2021. Figure 1 shows the impact of the Hib vaccine on disease rates across Scotland since it was introduced in 1992.

Figure 1: Laboratory reports of invasive Haemophilus influenza type b disease in Scotland, 1998 to 2021

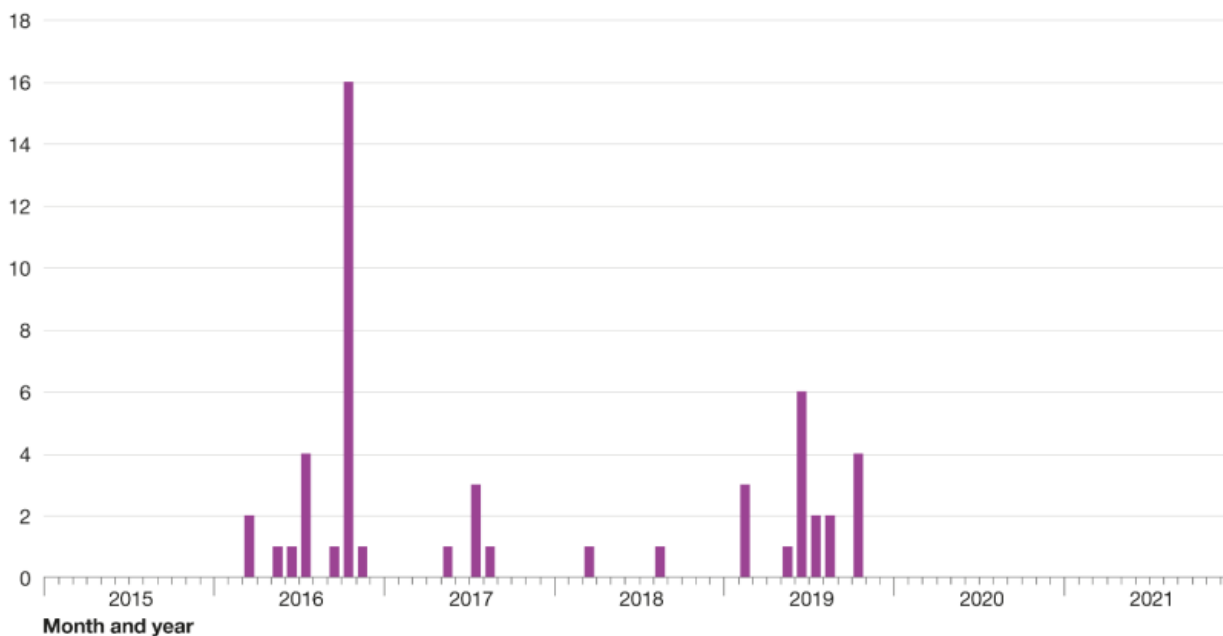


³ Source: Public Health Scotland Immunisation and vaccine-preventable diseases quarterly reports, published March 2022

Measles

- 3.4 Measles virus is a highly communicable disease in susceptible populations that can affect people of all ages. Vaccination with measles-mumps-rubella (MMR) vaccine is an effective strategy for preventing measles transmission though outbreaks still occur in under immunised populations.
- 3.5 All member states of the WHO European region have a commitment to eliminating measles. However, measles remains endemic in many countries around the world and large outbreaks have been seen in recent years in European countries where MMR uptake remains low.
- 3.6 In August 2019, the WHO’s European Regional Verification Commission for Measles and Rubella Elimination found there had been a marked increase in confirmed cases in 2018 in England and Wales and as the same strain had been detected for more than 12 months, they determined that the transmission of measles had been re-established in the UK; therefore, they determined that the UK had lost its measles elimination status that had previously been declared in 2017.
- 3.7 There were no cases of measles were reported in Fife, or elsewhere in Scotland in 2021. As measles is highly infectious, even small declines in vaccine uptake can have an impact and imported cases can lead to local spread. Ongoing measles activity in Europe and globally, combined with the opening up of international travel after the pandemic restrictions means that Scotland will continue to face an elevated risk of imported cases from other countries.

Figure 2: Laboratory confirmed cases of measles in Scotland, 2015 to 2021



Meningococcal disease

3.8 Meningococcal disease can be a significant cause of morbidity and mortality in children and young people. Across Scotland, the number of cases of meningococcal disease remained low across all age groups; there were no cases in Fife in 2021.

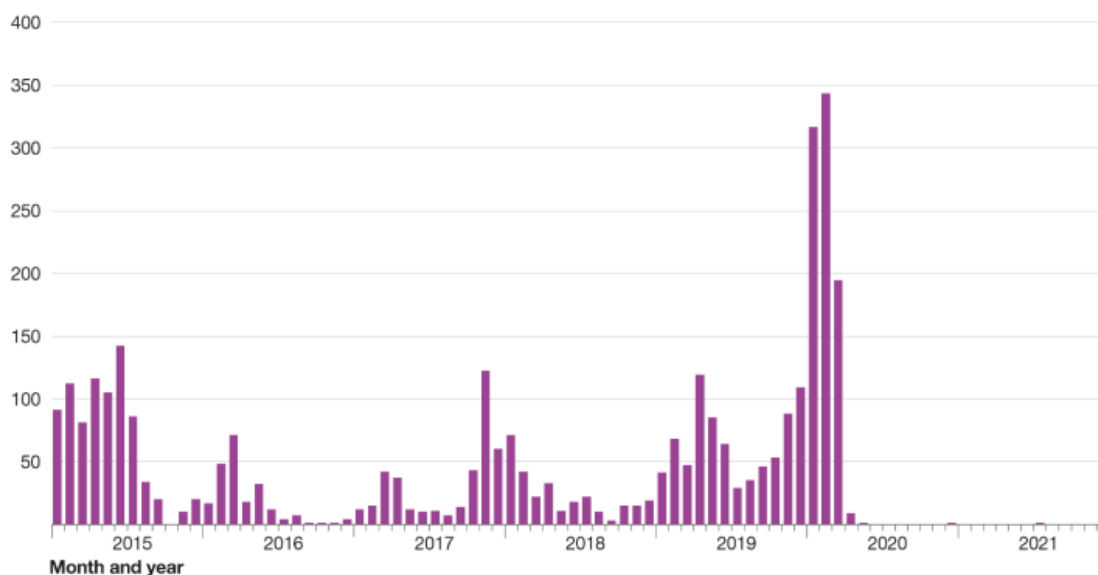
Pneumococcal disease

3.9 Invasive pneumococcal disease (IPD) is caused by infection with the bacterium *Streptococcus pneumoniae* in normally sterile sites (mainly blood and cerebrospinal fluid) and can be a cause of morbidity and mortality among the very young, the elderly and those with impaired immunity. The total number of cases across Scotland in 2021 was 286, which remains lower than the average rate in the years prior to the pandemic.

Mumps

3.10 Whilst mumps infection may be mild, it can lead to serious complications. Following the introduction of the MMR vaccine in 1988, the incidence of mumps substantially decreased. However, since 2004, there had been ongoing widespread increased incidence of mumps throughout the UK until the introduction of lockdown restrictions in 2020 (figure 3). There were no confirmed cases of mumps reported in Fife in 2021. However, laboratory reports will represent an underestimate of mumps cases, as some cases will only be diagnosed clinically without laboratory confirmation, and cases may not attend healthcare settings for diagnoses.

Figure 3: Number of laboratory confirmed cases of mumps in Scotland, 2015 to 2021



Pertussis (whooping cough)

3.11 Young infants are at particular risk of complications from infection with pertussis which can require hospital treatment and can sometimes be fatal. Since 2012 pertussis vaccination has been offered to all pregnant women. There were no laboratory confirmed cases of *Bordetella pertussis* reported in Fife in 2021. Rates across Scotland also remained low (figure 4), with only 4 confirmed cases reported.

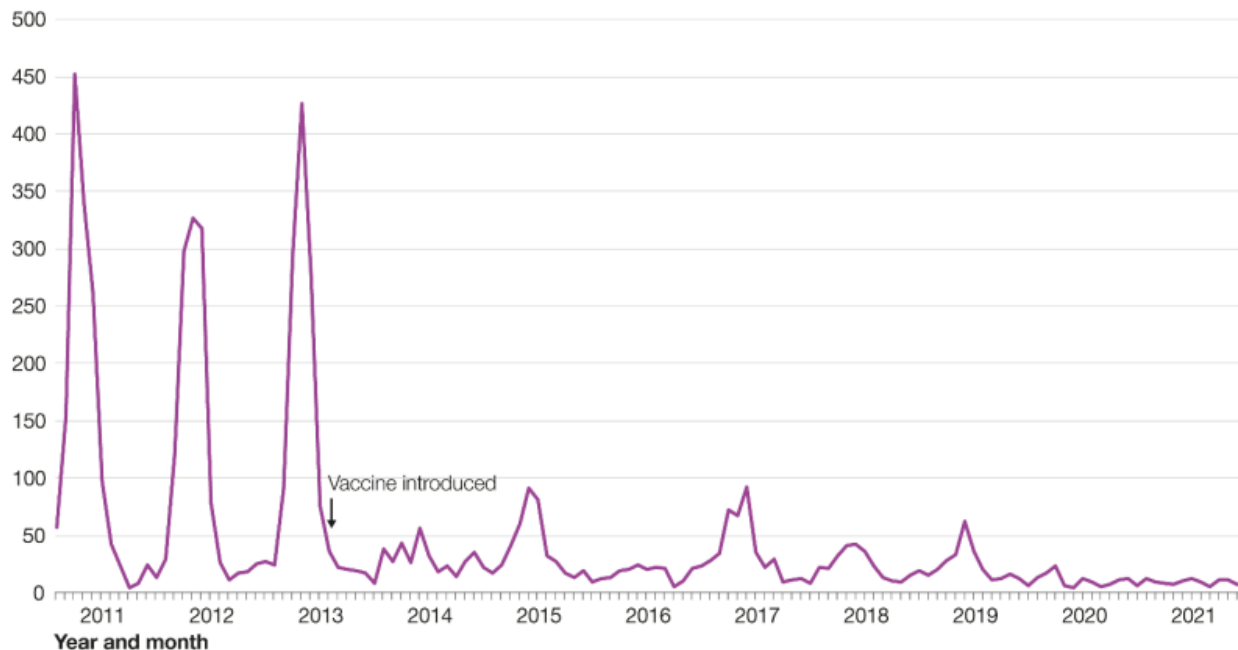
Figure 4: Number of laboratory reports of Bordatella pertussis in Scotland, 2012 to 2021



Rotavirus

3.12 Rotavirus infections can cause severe diarrhoea, vomiting, stomach cramps and mild fever. Rotavirus infections have reduced significantly across Scotland since the introduction of the immunisation programme in July 2013 and remained low in 2021 across Scotland (figure 5). Hospitalisation rates for children <5 years and GP consultations gastrointestinal illness for infants <1 year are also monitored and have reduced since introduction of the vaccine.

Figure 5: Laboratory reports of rotavirus in Scotland, 2011 to 2021



Rubella

- 3.13 Rubella is generally a mild illness, but if acquired by women in early pregnancy (in the first 16 weeks) can cause congenital rubella syndrome leading to serious birth defects. Before the introduction of rubella vaccination, more than 80% of adults had evidence of previous exposure to rubella. The UK has achieved eliminated status under WHO criteria in 2016 and this has been maintained since. There were no laboratory confirmed cases of rubella in Fife in 2021, and there have been no cases across Scotland since 2017.

Human Papilloma Virus

- 3.14 Human papillomavirus (HPV) infections are very common and over 225 types of HPV have been identified, 40 of which infect the genital tract. HPV types 16 and 18 are responsible for approximately 75% of cervical cancer cases, 90% of anal cancer cases, 85% of head and neck cancers and 50% of penile cancers; HPV types 6 and 11 are responsible for approximately 90% of genital wart cases. Surveillance data has shown that the HPV vaccine has reduced the highest grade of cervical pre-cancer at age 20 by almost 90% in Scotland.

Shingles

- 3.15 Herpes zoster or shingles is caused by reactivation of latent varicella zoster virus. The main complication of shingles is post-herpetic neuralgia which can persist and severity increases with age. The vaccination programme was introduced in 2013 with a routine offer to those aged 70 and opportunistic offer to those aged 71 to 79 who have not been immunised. Rates of admissions and GP consultations for shingles show higher rates in the more susceptible older age groups; more recent surveillance data has not been published by Public Health Scotland, however, GP consultation data suggest a decline since 2014 in those over 70 years⁴.

Tetanus

- 3.16 Tetanus is a rare disease resulting from a neurotoxin produced during infection with *Clostridium tetani*. Immunisation against tetanus is the most effective method of disease prevention, and has been part of the childhood immunisation schedule since 1961. There have been no confirmed cases of tetanus in Fife since 2009.

Tuberculosis

- 3.17 Transmission of tuberculosis (TB) is by inhalation of infected droplets. After infection, the bacteria can remain latent in the body for a long time causing no symptoms of disease. People with latent TB infection are not infectious. The latest release of the national surveillance report was March 2021 which included data to 2019⁵. The number of TB notifications in Scotland has shown a consistent downward trend during the period 2010 to 2019, but an increasing proportion are born outside the UK and more than a third of cases live in the most deprived quintile on the Scottish Index of Multiple Deprivation. Incidence in Fife is lower than the Scottish average.

Influenza

⁴ [PHS, Immunisation and vaccine preventable diseases quarterly report](#)

⁵ [PHS, Enhanced Surveillance of Mycobacterial Infections; 2019 tuberculosis update for Scotland](#)

3.18 Influenza is associated with significant morbidity and mortality during the winter months, particularly in those at risk of complications of flu, e.g. the elderly, those with chronic health problems, and pregnant women. The spectrum of influenza illness varies from asymptomatic illness to mild/moderate symptoms to severe complications, including death. Spread can occur rapidly in the community, and especially in hospital and institutional settings. The most effective means of prevention is flu vaccine, which is tailored to the likely viruses in circulation each season. In the 2021 to 2022 season, low levels of influenza activity were seen across the UK, with most indicators remaining below baseline for the majority of the season. In Scotland overall GP consultations for influenza-like-illness were higher than 2020-21 but much lower intensity than seasons prior to the pandemic.

4 VACCINE UPTAKE

4.1 Vaccination coverage is the percentage of people from the target population who have received a specific vaccine. The risk to public health increases if immunisation rates fall below herd immunity levels as this makes the possibility of communicable disease transmission more likely. In line with the WHO target, the standard for routine childhood immunisations up to five years of age is set at 95% uptake.

Childhood routine immunisations

4.2 The standard reporting ages for childhood vaccine completion rates in the UK is 12 months, 24 months and five years of age. The data presented is based on the published data from Public Health Scotland and relates to quarterly and year end data to December 2021.

4.3 In 2021 (babies born 1 Jan 2020 to 31 December 2020), the 95% target for uptake at 12 months for the primary immunisations delivered at the 8 week, 12 week and 16 week appointments was met in Fife for PCV, but not for the 6-in-1 (DTP/Pol/Hib/Hep B), MenB and Rotavirus vaccinations (table 1).

4.4 In 2019 and the first period of 2021 Fife rates fluctuated but were comparable to those seen in the rest of Scotland (figure 6). A fall in rates in Fife in the final quarter of 2020 was larger than that seen elsewhere, and whilst showing some recovery, only PCV has returned to above 95%.

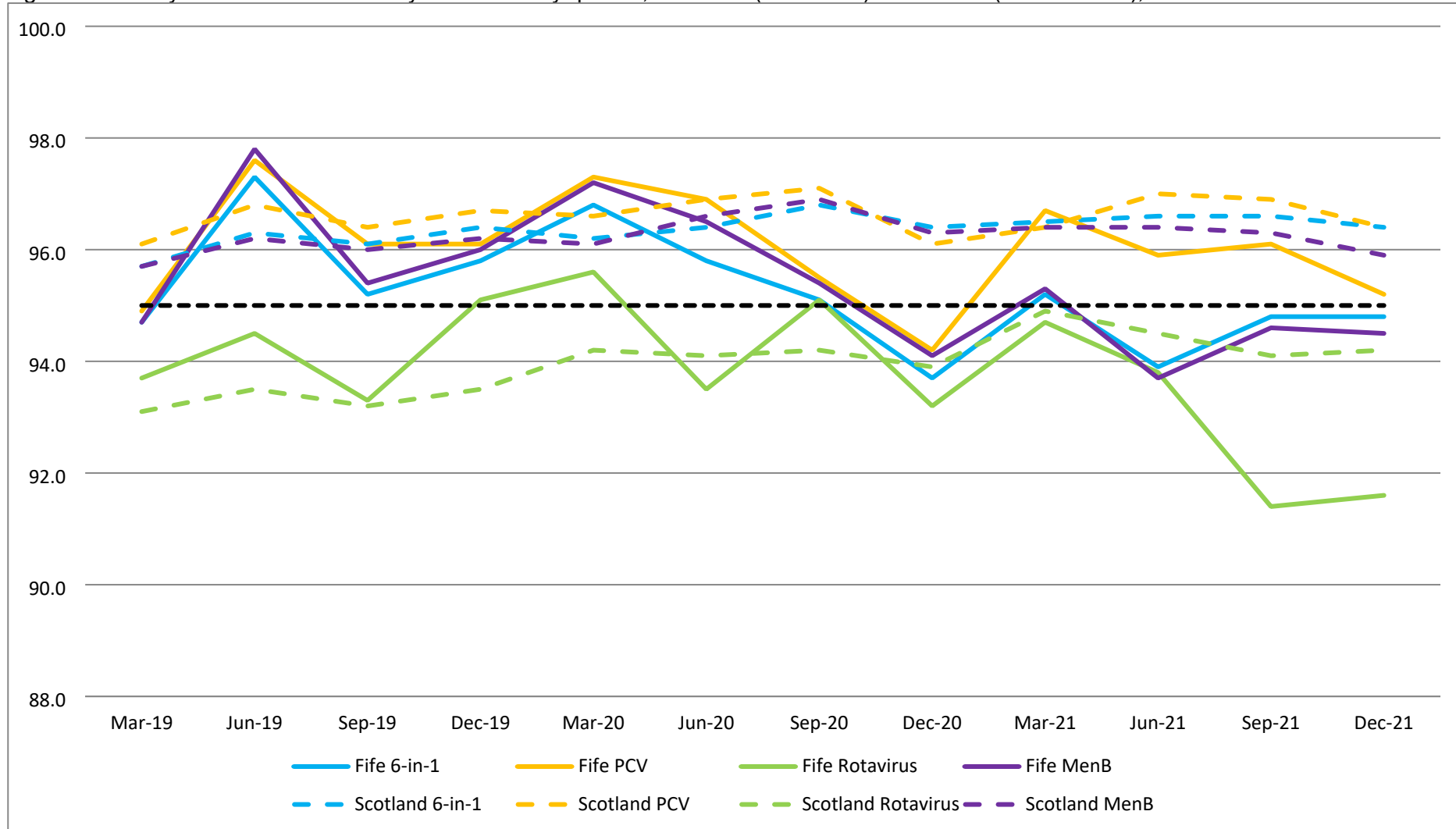
4.5 Although there can be fluctuations from quarter to quarter, it has been recognised that the trend in Fife suggests action is required to ensure we avoid the risk of vaccine preventable disease in areas within the population where uptake is lower. The latest uptake data was reviewed at the Community Immunisation Quality and Clinical Assurance Group on 18/07/22 where it was agreed a SLWG would be formed to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. Additional clinics have been offered over the summer months. Staff have been proactive in calling parents/guardians who have not up taken vaccination for children.

4.6 Rotavirus vaccine should be given within strict age limits, with the first dose before 15 weeks and second dose before 24 weeks of age. It is also a live vaccine and so is may be contraindicated if a child has other health conditions. This explains why uptake of the completed two dose course of rotavirus vaccine is lower than completed courses of the other vaccines offered in the first year of life. The gap from the other infant vaccines has increased since Q3 of 2021 in Fife and will continue to be monitored quarterly.

Table 1: Immunisation uptake rates by 12 months of age in NHS Fife, by year 2017 to 2021, and by quarter Q1 to Q4 2021

	2017	2018	2019	2020	2021
5-in-1/ 6-in-1	95.8	95.7	95.7	95.3	94.6
PCV	95.9	96.0	96.2	96.0	96.0
Rotavirus	94.0	93.7	94.0	94.3	92.7
MenB	95.6	95.6	95.9	95.7	94.4

Figure 6: Primary Immunisation Rates by 12 months by quarter, NHS Fife (solid lines) & Scotland (dashed lines); Q1 2019 to Q4 2021

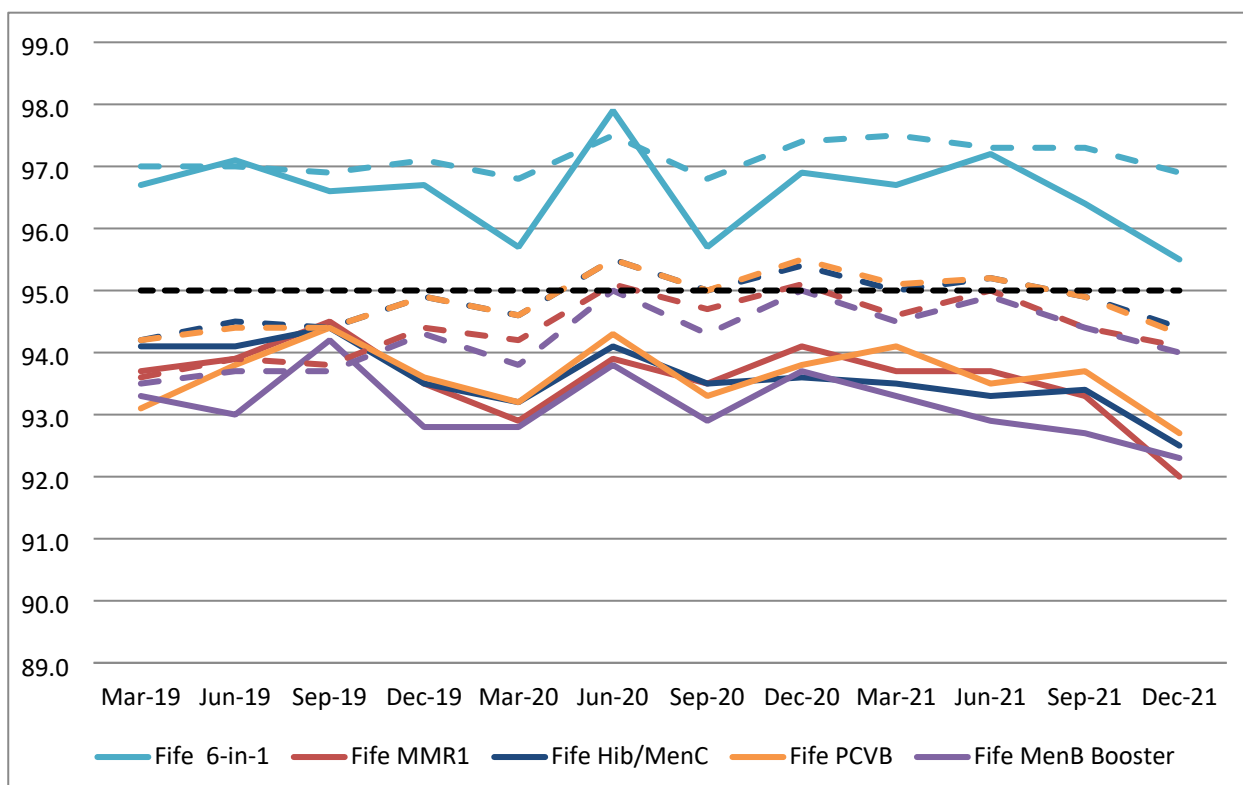


4.7 Uptake rates by 24 months of age (table 2, children born 1 January to 31 December 2019) show that by 24 months, uptake of the primary 6-in-1 vaccine are above the 95% target (figure 7). However, rates are below 95% for the vaccine doses given on or after a child’s first birthday: first dose of MMR vaccine, Hib/MenC, PCV boosters, and Men B booster are below 95% at 24 months and are lower than rates in the rest of Scotland (Figure 7). The fall in rates in Q3 and Q4 of 2021 is mirrored in the rest of Scotland, but appears steeper in Fife.

Table 2: Immunisation uptake rates by 24 months of age in NHS Fife, by year 2017 to 2021, and by quarter Q1 to Q4 2021

	2017	2018	2019	2020	2021
Primary:					
5-in-1/ 6-in-1	97.4	97.3	96.8	96.5	96.4
MMR1	93	93.2	93.9	93.7	93.2
Booster:					
Hib/MenC	93.3	93.2	94	93.7	93.0
PCVB	93	93.3	93.7	93.6	93.3
MenB Booster	..	92.6	93.3	93.2	92.7

Figure 7: Immunisation Rates by 24 months by quarter, NHS Fife (solid lines) & Scotland (dashed lines); Q1 2019 to Q4 2021



4.8 By 5 years, the Hib/MenC and MMR1 vaccines (given at 1 year) are similar in uptake in Fife to elsewhere in Scotland, suggesting that catch-up activity has taken place between 2 and 5 years (table 3). However, uptake of the vaccines normally given around three years four months of age (4-in-1⁶ and 2nd dose MMR) remains below 95% at 5 years in Fife. This is also

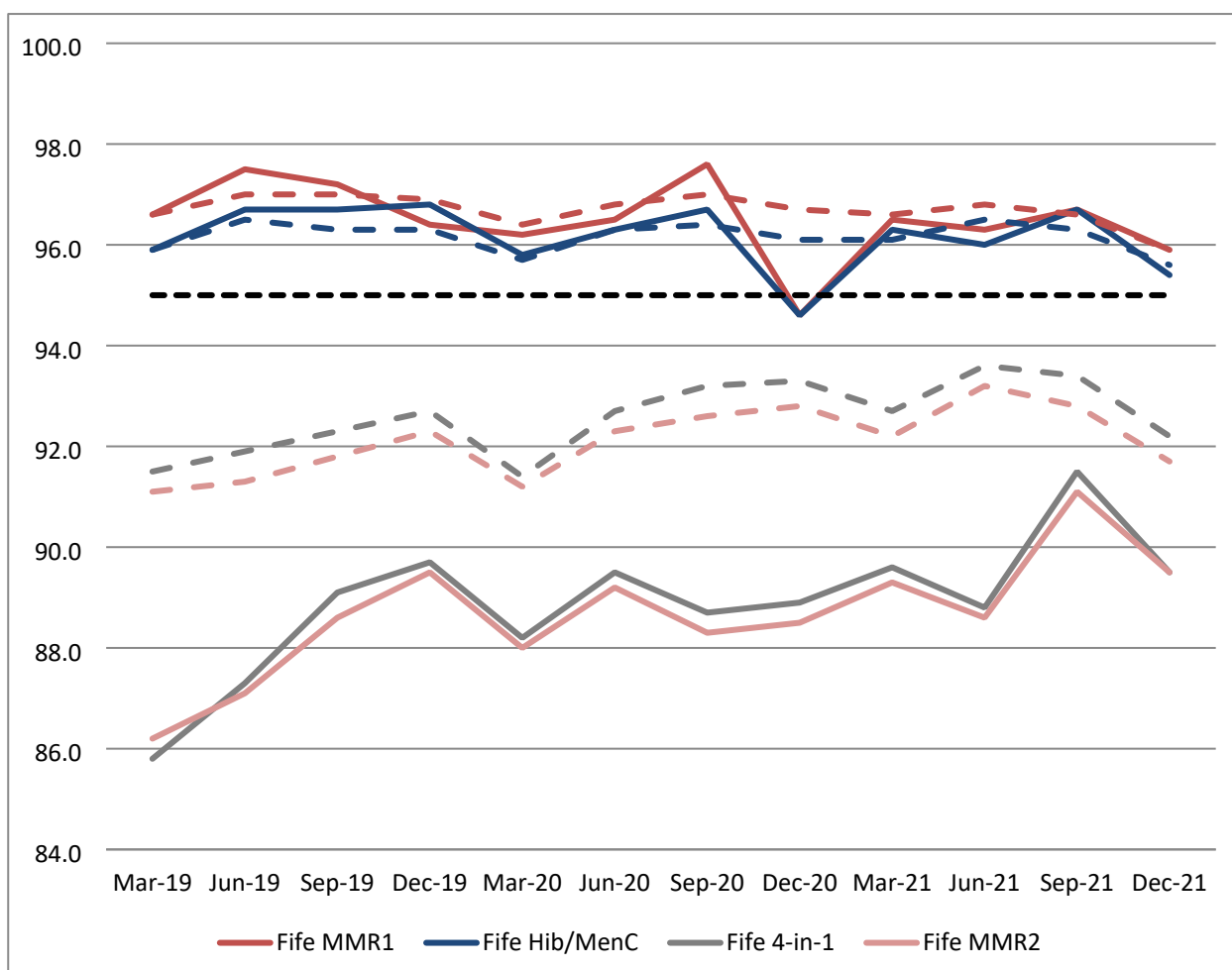
⁶ Diphtheria, tetanus, pertussis (whooping cough), and polio

the case elsewhere in Scotland; Fife has continued below the Scottish average since 2017 on this measure, but the gap appears to have narrowed in the second half of 2021 (figure 8).

Table 3: Immunisation uptake rates by 5 years of age in NHS Fife, by year 2017 to 2020, and by quarter Q1 to Q3 2021

	2017	2018	2019	2020	2021
MMR1	96.9	96.3	96.4	96.1	96.1
Hib/MenC	96.6	95.5	96.1	95.6	95.8
4-in-1	90.4	88.7	87.6	88.7	89.7
MMR2	89.7	88.4	87.4	88.4	89.3

Figure 8: Immunisation Rates by 5 years by quarter, NHS Fife (solid lines) & Scotland (dashed lines); Q1 2019 to Q4 2021

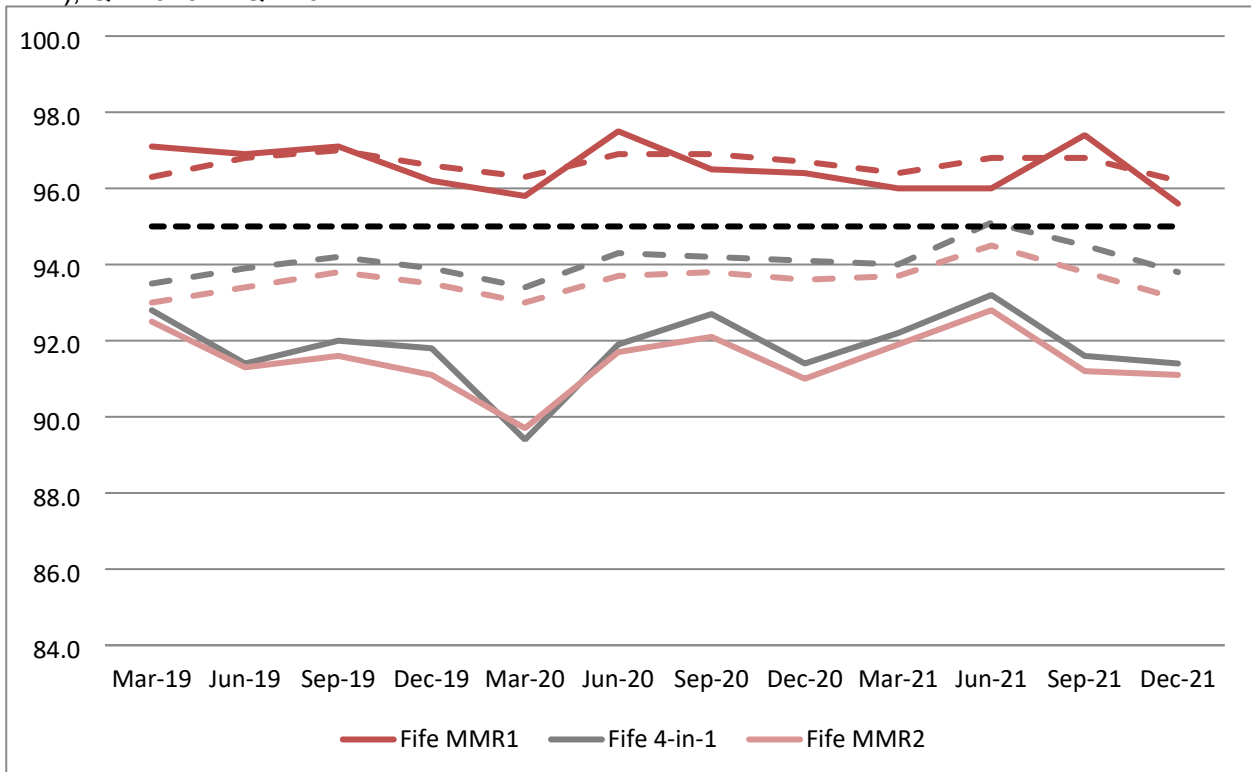


4.9 Data is also available at six years of age (prior to 2006 this was the standard reporting age instead of five years); rates are slightly improved at this age indicating that some children are receiving pre-school immunisations after 5 years (table 4). At 6 years MMR 1 (delivered at 1 year) is similar to that seen elsewhere in Scotland, but MMR2 and the 4 in 1 booster remain below the Scottish average (figure 9).

Table 4: Immunisation uptake rates by 6 years of age in NHS Fife, by year 2017 to 2020, and by quarter Q1 to Q4 2021

	2017	2018	2019	2020	2021
MMR1	96.5	96.3	96.4	96.2	95.6
4-in-1	93.7	92.8	91.6	90.9	91.4
MMR2	93.1	92	91.2	90.7	91.1

Figure 9: Immunisation Rates by 6 years by quarter, NHS Fife (solid lines) & Scotland (dashed lines); Q1 2019 to Q4 2021

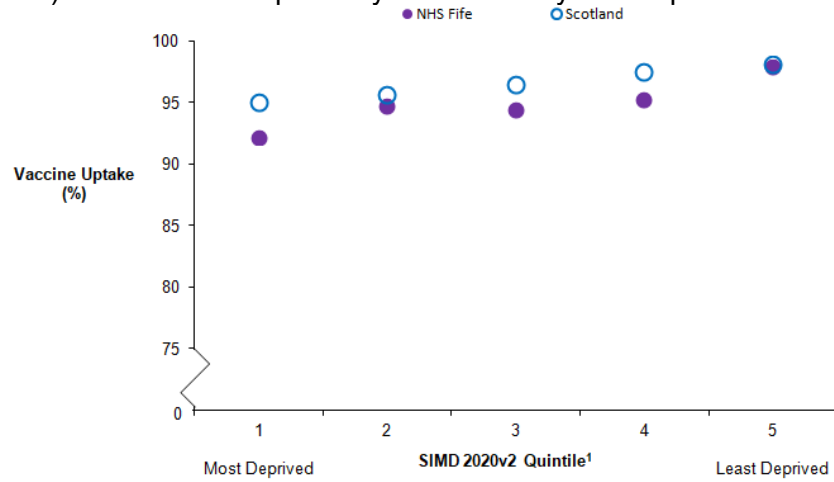


Childhood immunisations by deprivation

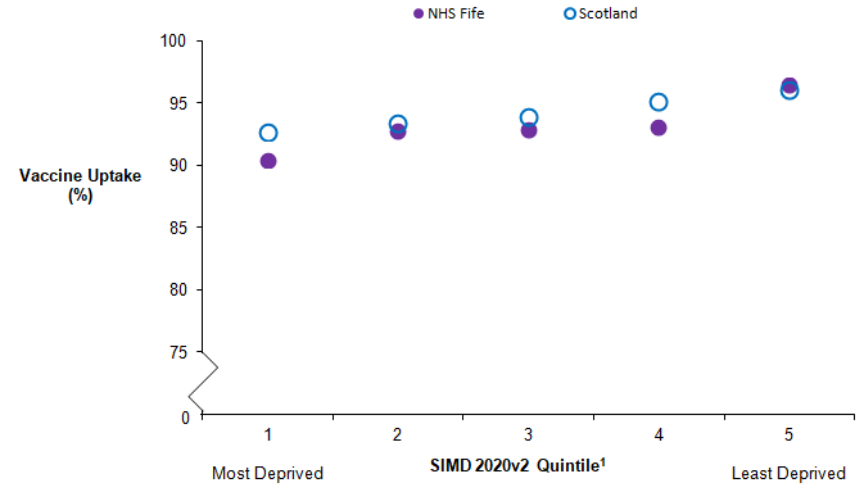
- 4.10 Scottish Index of Multiple Deprivation (SIMD) data is available based on GP practice level data, these are matched onto national reference files to obtain information on SIMD, with SIMD quintile assigned based on the postcode of the practice. Figure 10a to 10d below show uptake of vaccinations as assessed at 12 months, figure 10e to 10h show uptake at 24 months by SIMD quintile.
- 4.11 SIMD data across the childhood programme demonstrates a socioeconomic gradient. Only uptake rates in quintile 5 (least deprived) consistently meets the 95% target across all vaccines given in the first year and is similar to the uptake in the rest of Scotland for this quintile. In quintile 1 (most deprived) a pattern of lower uptake rates are seen in Fife compared with uptake in the same quintile elsewhere in Scotland for vaccines given in the first year.
- 4.12 Figure 10e to 10h show that at 24 month the 95% target is met for first dose MMR, Hib/MenB, PCV booster and MenB booster within quintiles 3-5, i.e. those least deprived, but not quintiles 1 & 2, and that there is a more pronounced drop-off in vaccination rates in quintiles 1 & 2 in Fife than is seen in the rest of Scotland.

Figure 10: Childhood vaccine uptake rates by SIMD quintile in NHS Fife & Scotland, January to December 2021

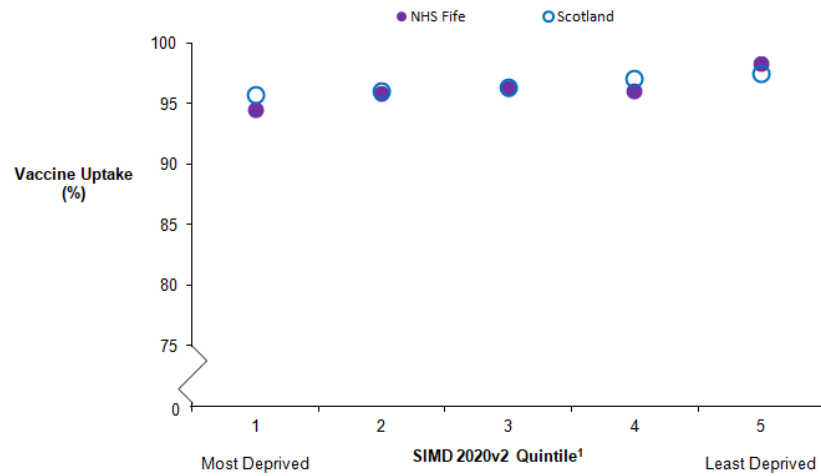
10a) 6-in-1 vaccine uptake by 12 months by SIMD quintile



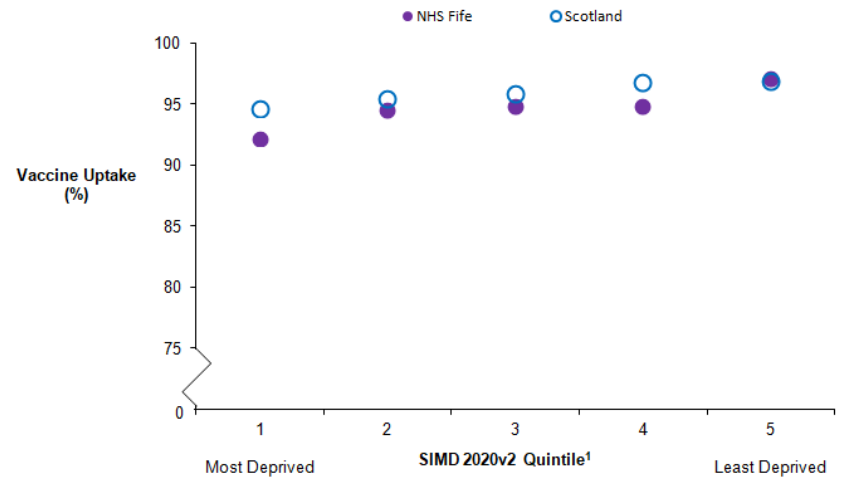
10c) Rotavirus vaccine uptake by 12 months by SIMD quintile



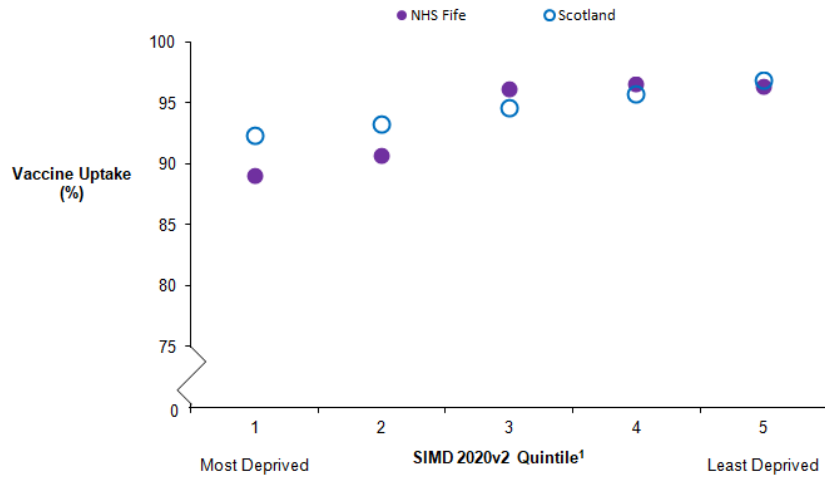
10b) PCV vaccine uptake by 12 months by SIMD quintile



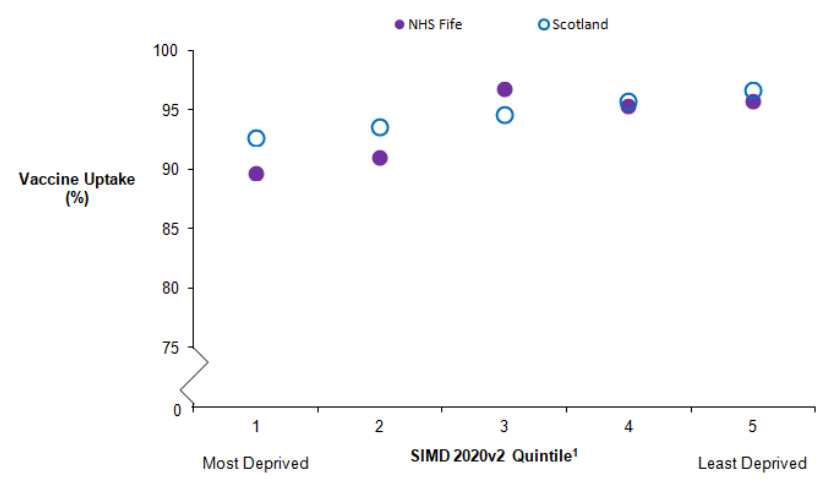
10d) MenB vaccine uptake by 12 months by SIMD quintile



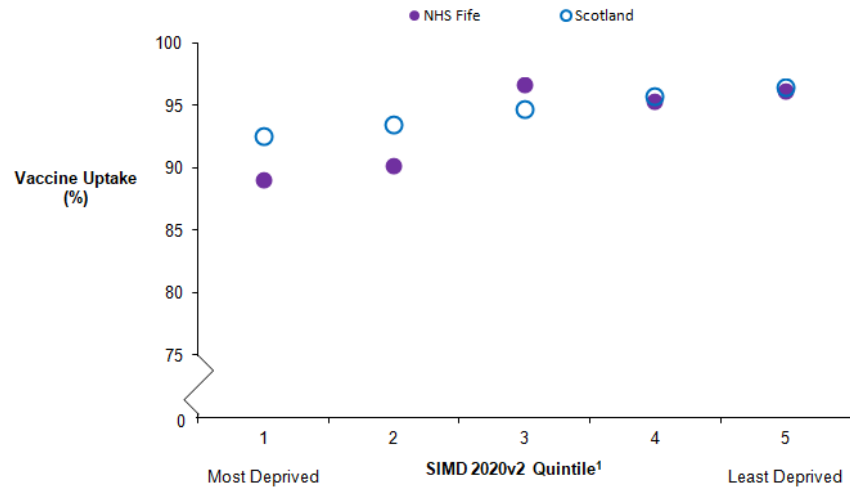
10e) MMR1 vaccine uptake by 24 months by SIMD quintile



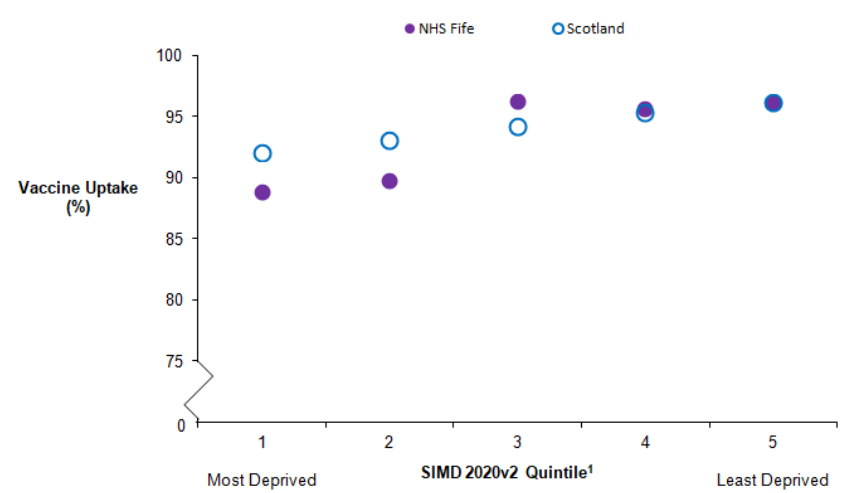
10g) PCV booster vaccine uptake by 24 months by SIMD quintile



10f) Hib/MenC vaccine uptake by 24 months by SIMD quintile



10h) MenB booster vaccine uptake by 24 months by SIMD quintile



Teenage immunisations

Teenage Booster

4.13 A combined booster immunisation is delivered for tetanus, diphtheria and polio (Td/IPV, given around 14 years of age) along with an immunisation protecting against four strains of meningococcal bacteria (MenACWY).

4.14 Due to the pandemic, delivery of the teenage programme was disrupted to varying degrees across health boards in Scotland depending on where they were in their delivery plans at the time of lockdown. This should be considered when comparing the Fife data to the Scottish average (table 5, figure 11) where it is clear that the 2020-21 school year delivery was disrupted to a far greater extent in the rest of Scotland than in Fife.

4.15 The teenage booster programme in Fife demonstrates clear socioeconomic gradient in vaccination uptake that is similar to that seen in the rest of Scotland (figure 12). Mop-up activity means that by the end of S4 the uptake rates are slightly higher.

Table 5: Td/IPV and MenACWY uptake rates by end of S3 and end of S4, Fife & Scotland, 2020-21

	S3		S4	
	Fife	Scotland	Fife	Scotland
Td/IPV	78.6	39.8	85.4	80.3
MenACWY	77.9	39.6	85.6	80.4

Figure 11: MenACWY uptake at S3 & S4, by school year, NHS Fife & Scotland

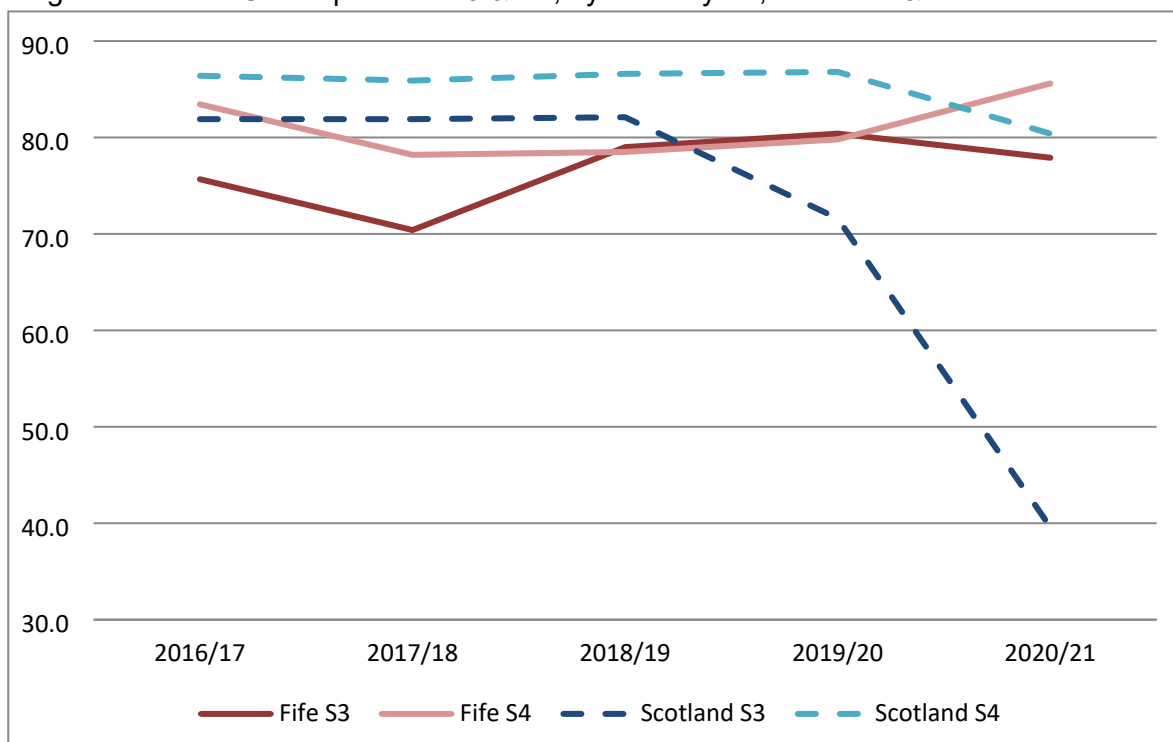
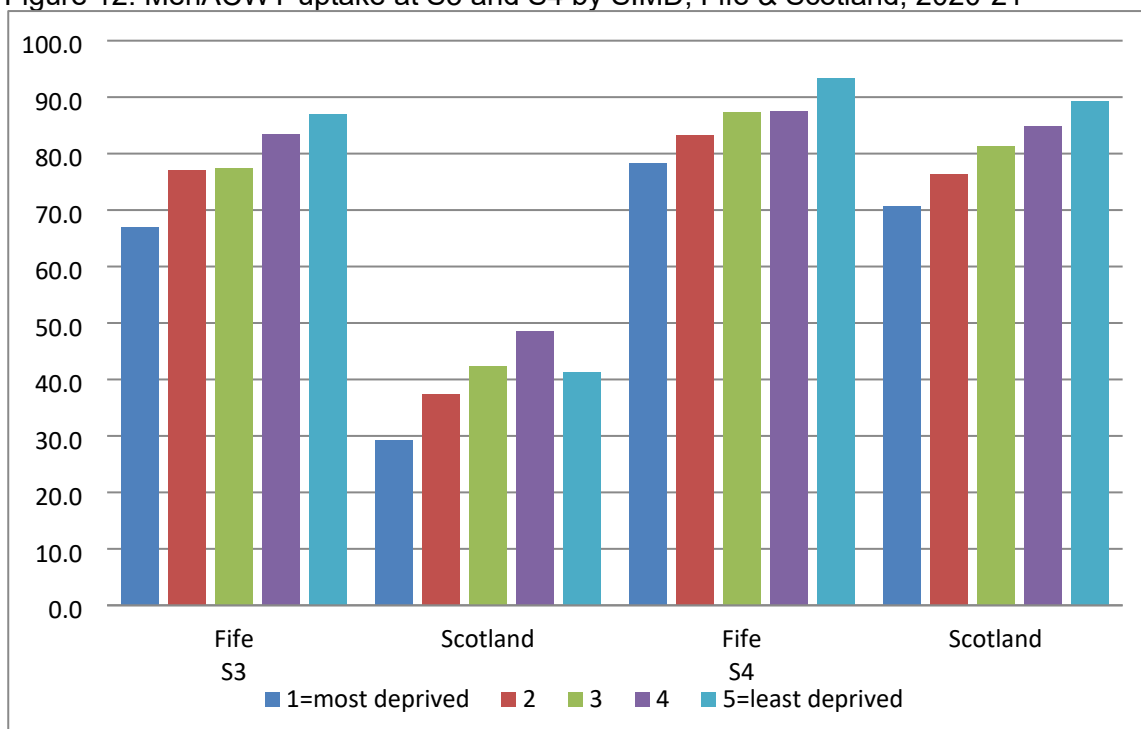


Figure 12: MenACWY uptake at S3 and S4 by SIMD, Fife & Scotland, 2020-21



Human Papilloma Virus (HPV)

4.16 The Scottish HPV immunisation programme started in 2008, with inclusion of secondary school boys from 2020. Two doses of HPV vaccine are offered to all children (males & females) in Fife in S1 and S2, usually within the Spring term. Follow up opportunities are offered at S3 for those that miss their HPV vaccination at S1 or S2. A quadrivalent vaccine offering protection against types 6, 11, 16 & 18 was used during the 2020-21 school year; the programme is currently transitioning to use a 9-valent vaccine that protects against additional HPV types. The JCVI have also recently issued a statement on a move to a one-dose schedule for the routine HPV programme, though it is not anticipated that this will be implemented in Scotland until the 2023/24 school year.

4.17 HPV vaccination uptake in Fife at S1 and S2 for males and females is shown in table 6 & figure 7. In general, uptake among males is slightly lower than females. Uptake of dose 1 at both S1 and S2 is higher in Fife than elsewhere in Scotland, whereas dose 2 uptake at S2 in the 2020-21 school year was lower than the rest of Scotland for females but higher for males. HPV vaccines for S1 males was offered for the first time in spring 2020, however, delivery to boys was more disrupted than delivery to females due to the timing of the introduction of lockdown measures and school closure in 2020.

4.18 In November 2020 the WHO published a ‘*Global strategy to accelerate the elimination of cervical cancer as a public health problem*’ which included an uptake target for 90% of girls to be fully vaccinated with HPV vaccine by age 15 years by 2030, in order for countries to be on the path towards cervical cancer elimination⁷. This target hasn’t been formally implemented in Scotland as yet, but given the most recent JCVI advice on the one-dose

⁷ <https://www.who.int/publications/i/item/9789240014107>

schedule if it is interpreted as uptake of dose 1 at S3 then this should be achievable within Fife.

4.19 There is a substantial socioeconomic gradient between the least and most deprived quintiles at S3 (figure 8). There are multiple causes behind the persistent socioeconomic gradient seen in both the teenage booster and HPV programmes. These include lower school attendance in teenage years for children from more deprived areas. Since 2019 a system was put in place to proactively follow-up non-attendees on the day for the teenage programme, either in school or by a telephone call to their parent to help ensure that the pupil is reappointed for vaccination either at another time in school or at a community clinic. Catch-up opportunities for vaccination were also offered through to S6 through a call-recall system. The extended school closures and lockdown measures in 2020 to 21, as well as increased pupil and staff absence rates, disrupted follow-up opportunities like these.

Table 6: HPV uptake at S1 and S2 by sex, NHS Fife & Scotland, 2020-21

	Dose 1 S1		Dose 1 S2		Dose 2 S2	
	Female	Male	Female	Male	Female	Male
Fife	71.2	68.3	85.2	78.5	62.2	50.6
Scotland	54.7	49.6	83.4	36.4	77.8	31.8

Figure 7: 1st and 2nd dose HPV immunisation uptake rates by the end of the school year 2017/2018. 2018/2019 & 2019/20 & 2020/21, at S1, S2 and S3, NHS Fife

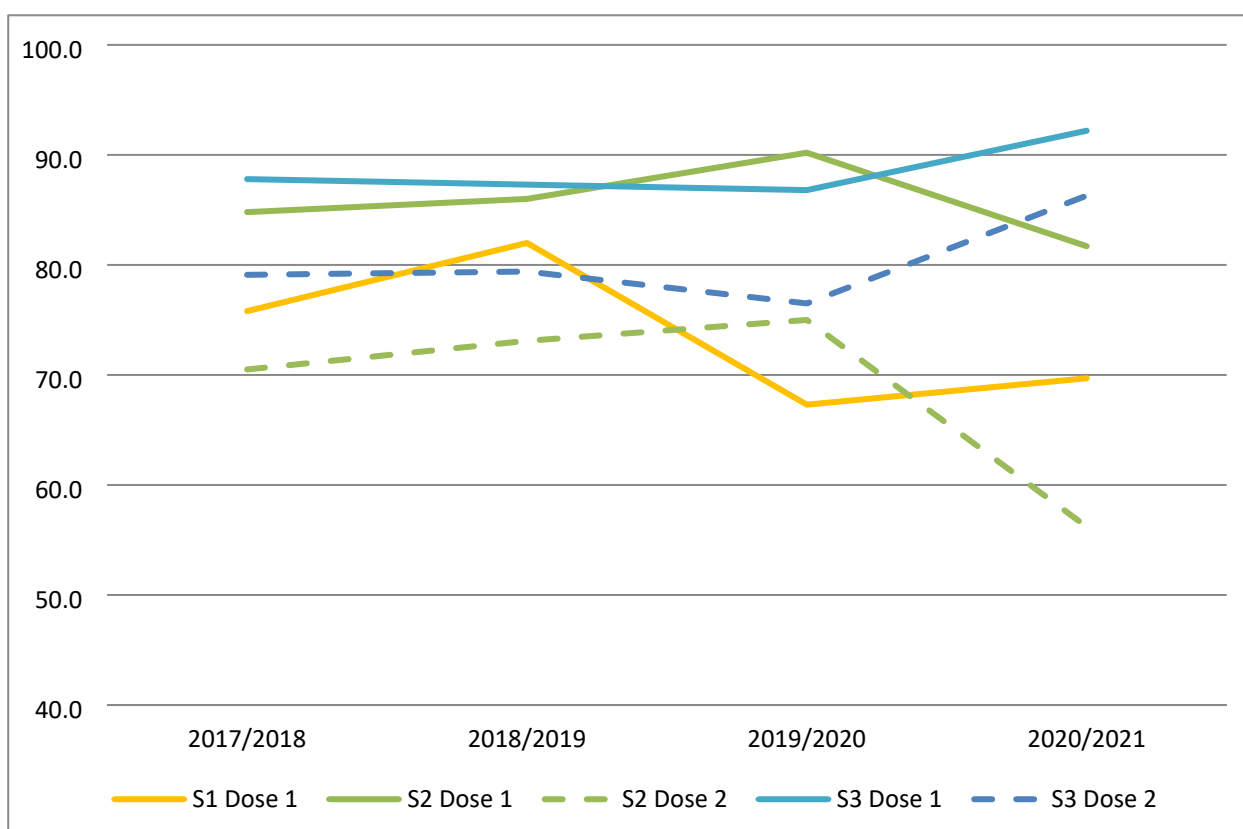
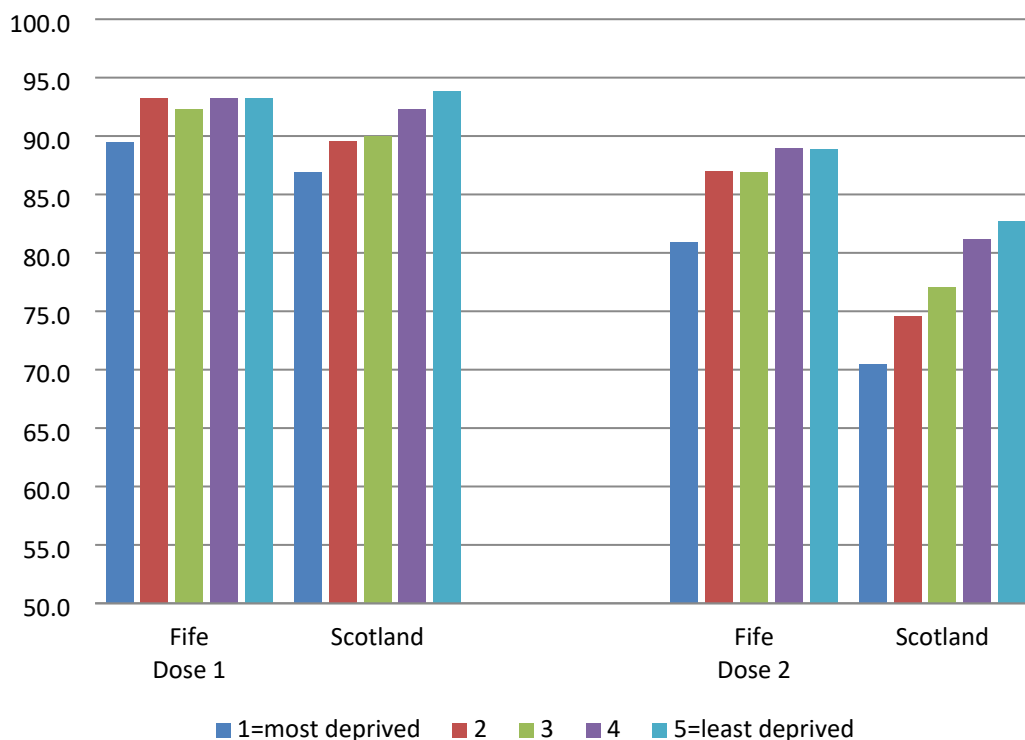


Figure 8: Uptake of first and second dose HPV vaccination in Fife & Scotland by the end of the 2020/21 school year by SIMD, females in S3



Summary of vaccine uptake inequalities in childhood and teenage programmes

4.20 Appendix 2 provides a summary of inequalities in vaccination uptake using four different measures of inequalities. Data from 2017 and 2018 are shown for comparison. The first two measures are straightforward calculations of the absolute range (difference between rates in the most and least deprived quintiles) and the relative range (the ratio of the uptake in the most deprived group compared to uptake in the least deprived group). These two measures overlook the changes in the intermediate groups and do not take into account the sizes of the groups being compared. As such, two alternative measures of absolute and relative inequality - the Slope Index of Inequality (SII) and Relative Index of Inequality (RII) are also calculated. The SII can be interpreted as the absolute effect on uptake of moving from the most deprived to the least deprived grouping. The RII is a measure of the relative inequality of uptake rates and compares ratios rather than absolute differences.

4.21 Both the SII and RII suggest that inequalities increase in older childhood age groups and are greatest in the teenage booster programme. The data also suggest that at 12 months and 24 months inequalities have been fairly static since 2017. HPV inequalities have increased from 2018, but remain lower than 2017. Inequalities in the teenage booster are high but decreased from 2018. We will continue to measure inequalities in the annual data to see if these trends continues.

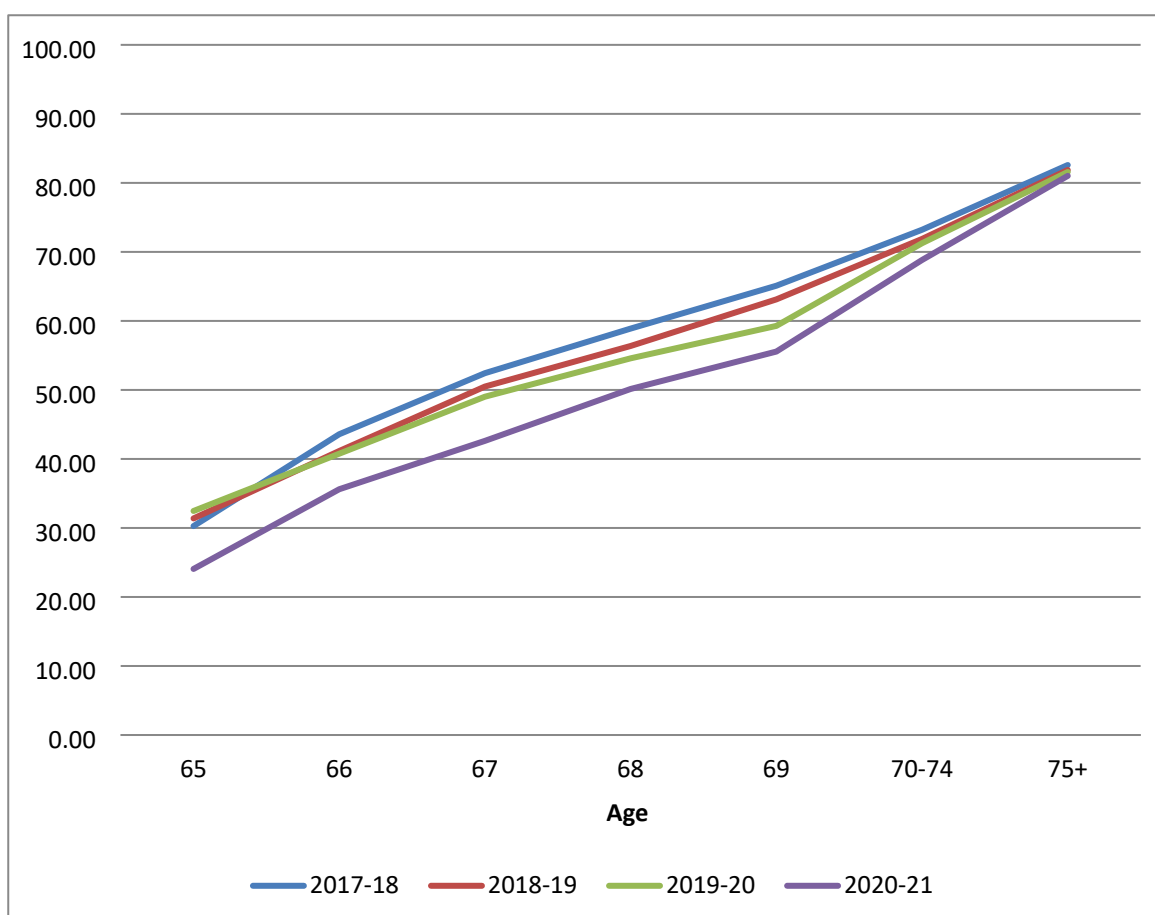
Adult and selective immunisation programmes

Pneumococcal (PPV23)

4.23 PPV23 is one off vaccine for those aged 65 years and over and those under 65 with underlying conditions, that protects against 23 serotypes of pneumococcal disease. Adult pneumococcal by age category over 65 is shown in figure 9.

4.24 It can be seen that although individuals become eligible at age 65, the vaccine is often delivered at older age groups, and historically this has often been done opportunistically in primary care when vaccine supply has allowed. There was significant disruption due to reduced primary care activity due to the pandemic as well as ongoing national supply constraints of PPV23 which has impacted on the initial delivery offer at age 65. In April 22 responsibility for PPV23 delivery transferred from general practice to the health board, and a catch-up programme is now in progress across Fife.

Figure 9: PPV23 uptake by age category, NHS Fife, 2017/18 to 2020/21



Shingles

4.25 Shingles vaccine is offered routinely to those aged 70 years, and individuals aged between 71 and 79 who have not previously been vaccinated remain eligible for the one-off vaccine. The programme was first introduced in 2013 using Zostavax, however, as this was a live vaccine it could not be given to those who were severely immunosuppressed. From December 2021

a non-live vaccine, Shingrix, was introduced following recommendation from the JCVI, and can be given to those for whom Zostavax is contraindicated.

- 4.26 There was a formal temporary suspension of the shingles programme in Scotland from 09/04/20 to 01/09/20 due to the pandemic, and although opportunistic vaccination could take place if the patient presented for another scheduled appointment and was well, activity during this period was very limited.
- 4.27 Shingles vaccination data is reported annually by PHS starting in September each year. The uptake in Fife routine cohort (70 years) during the 2020/2021 season was 29.08%, this compares to the Scottish average of 24.48%. This is lower than the percentage of the routine (70 years) cohort vaccinated in the 2019/2020 season which was 43.9% (Scotland 40.1%). The coverage among the catch-up cohort (71 to 79) in Fife in 2020-21 was 62.3% (Scotland 59.73%).
- 4.28 There is a large back log of residents aged 70-79 who are eligible for shingles vaccination but have not yet received it. This has built up over several years, but has been exacerbated by the pandemic. Responsibility for delivery of the shingles vaccine transferred from general practice to the health board in April 2022, and a catch up programme is in progress.

Influenza

- 4.29 Eligible groups expanded for the 2021/22 flu season, with inclusion of all those aged over 50, education staff and prison staff, and secondary school pupils added for the first time. Most of the adult programme took place in community clinics, and was given within the same appointment as COVID booster vaccination where this was due before early December. The exception to this was the housebound cohort where the increased observation period required for the COVID booster meant that flu vaccinations were given at earlier visits, separate to their COVID booster. Vaccination of those eligible but in lower risk groups (healthy 50 to 65 year olds, education/prison staff and secondary school pupils) paused in December 2021 to enable increased focus on the adult COVID booster programme. Vaccination activity also took place in community pharmacies who offered a flu 'mop-up' offer to eligible groups.
- 4.30 Recording of flu vaccination has been via the Vaccine Management Tool (VMT) for all adult cohorts except pregnant women who are recorded on Badgernet. Recording of the pre-school, primary and secondary school cohorts is via SIRS.
- 4.31 During the 2020-22 season, uptake among over 65s was very high at 91% (table 7). The universal offer to over 50s has improved uptake in this age category from previous years (previously only those with at-risk conditions were eligible). Uptake of the flu vaccine among pregnant women was comparable with elsewhere in Scotland.

Table 7, Uptake Seasonal Flu Vaccine Adults 2021/22

	18-49 at risk	50-64	65+	Pregnant
Fife	54%	72%	91%	58%
Scotland	49%	65%	90%	56%

Uptake among primary school children was similar to that seen in the rest of Scotland. However uptake in both the secondary school and 2-5 years cohorts was lower in Fife than the rest of Scotland.

Table 8, Uptake Seasonal Flu Vaccine Children 2021/22

	>6m to 2 years at risk	Children aged 2-5y	Primary school	Secondary school
Fife	76%	49%	72%	45%
Scotland	54%	62%	73%	53%

COVID-19

- 4.32 On the 12th of March 2020 the World Health Organisation (WHO) declared COVID-19 a pandemic. Vaccinations consist of two primary doses at least eight weeks apart followed by a reinforcing booster dose at least 3 months after the primary course. Some individuals who are immunosuppressed may require additional primary and booster doses as per JCVI guidance. Mass vaccination of Fife residents with primary doses started on the 8th of December 2020.
- 4.33 The Joint Committee on Vaccination and Immunisation (JCVI) set out a programme of vaccination, in the first phase 9 priority groups were identified. This was followed by a second phase where individuals were vaccinated in descending age order. By the end of 2021 all individuals over the age of 12 years old had been offered at least one dose with older individuals offered both their primary doses and reinforcing booster.
- 4.34 Research published in 2021 identified that for the period up December 2020 to November 2021, vaccination in Scotland was likely to have prevented over 27,000 deaths from COVID19 (86% of expected deaths). Scotland was identified as one of a small number of countries in Europe where rapid roll-out and high early uptake had substantially reduced predicted mortality⁸.
- 4.35 From September 2022 the focus of COVID vaccination activity will be the Autumn booster offer to eligible groups as outlined by the UK Joint Committee on Vaccination & Immunisation (JCVI). This will be co-administered with the seasonal flu vaccination.
- 4.36 A flexible approach to vaccination was applied with the housebound being vaccinated at home and older adult care home residents and care home staff being vaccinated at their care home. Mass vaccination centres were established along with pop up clinics targeting areas with lower uptake. As the programme evolved individuals has the option of booking a vaccination appointment or attending a drop-in clinic. For many adults their booster dose was due during the seasonal flu programme and so both the COVID-19 booster and seasonal flu vaccine were offered during the same appointment.
- 4.37 From the start of the programme to the end 2021 uptake of the vaccine was high in Fife, with similar rates similar to, or in some cases higher than those for Scotland for the same period.

Table 9: Uptake rates of COVID-19 vaccine in Fife and Scotland as at 20th December 2021.

⁸ <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2021.26.47.2101021>

	Fife		Scotland	
	Over 12s	Over 18s	Over 12s	Over 18s
Dose 1	91%	93%	93%	91%
Dose 2	83%	89%	89%	84%
Booster/Dose 3	58%	63%	58%	54%

(Reference: [Public Health Scotland COVID-19 & Winter Statistical Report](#))

4.38 We have seen higher uptake of the primary courses and booster in older age groups (figure 10). Uptake is lower in areas which are most deprived (figure 11). This is most noticeable in the uptake of the restorative booster. Uptake is also lower in some ethnic minority groups, specifically the Polish, African and Chinese communities.

Figure 10: Dose 1, Dose 2 and Booster/Dose 3 uptake by Fife residents by age group as at 31st December 2021

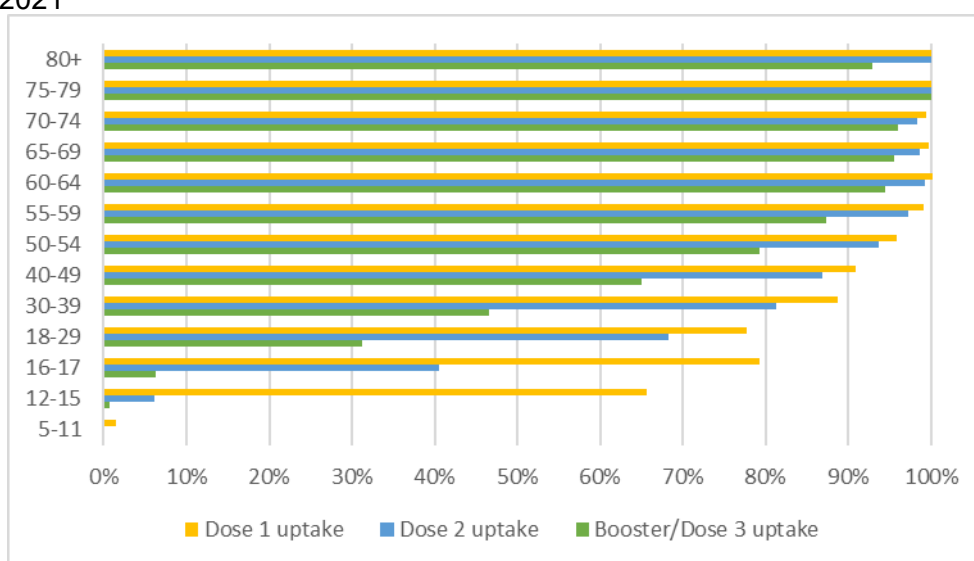
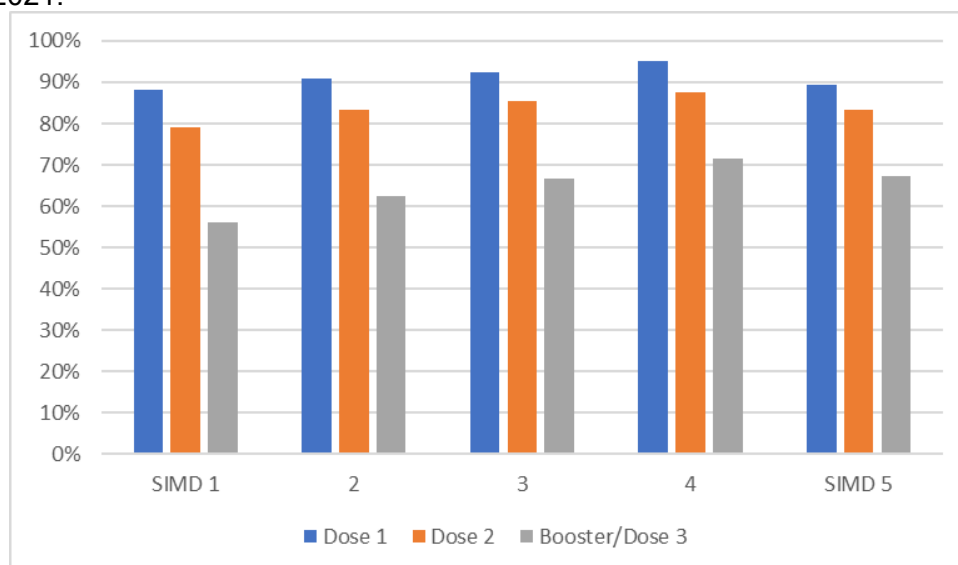


Figure 11: Dose 1, Dose 2 and Booster/Dose 3 uptake by Fife residents by SIMD Quintile as at 31st December 2021.



4.39 Uptake of primary and booster COVID vaccination doses remains high in the most vulnerable groups; in addition to the population wide booster 1 offer, the elderly and those with immunosuppression have since been offered a further 'spring/summer' booster. Throughout 2022 there has been a continued offer of primary and booster 1 doses to the general population through a rolling programme of drop-in clinics across Fife. This has been supplemented by efforts to reach out to groups where uptake has been lowest. For example, outreach activity has taken place in food banks, retail centres, Kirkcaldy mosque and industrial sites. In addition, since June 2022 selected community pharmacies across Fife can offer COVID vaccination to specific groups such as those on methadone. Engagement with the third sector to support outreach efforts continues.

Other Selected vaccinations

4.40 Uptake of pertussis was 90% among pregnant women who registered a birth between 1/4/20 to 31/3/21 (badgernet data). Due to incomplete transfer of data onto GP records it is difficult to make a direct comparison with the rest of Scotland.

4.41 Uptake of HPV for Men who have sex with Men was 54% in 2021 in Fife (30% complete with 24% in progress), compared with 70% elsewhere in Scotland

4.42 The number of babies eligible for hepatitis due to being born to a hepatitis B infected mother was <5 in 2021, and to date all have been offered the additional vaccinations required on schedule. A proposal to audit of hepatitis B vaccination among at-risk migrant cohorts and audit of pre-exposure hepatitis B vaccination in other at-risk groups (people who have injected drugs, GBMSM, commercial sex workers and those in clinical risk groups) is to be discussed at the next Area Immunisation Steering Group meeting in September 2022.

4.43 Additional BCG clinics have been arranged in July & August 2022 to address a back-log of infants awaiting vaccination. In addition a proposal for a new delivery pathway to enable vaccination closer to the time of birth is under development. Uptake data of BCG vaccine by 12 months among infants with a higher risk of tuberculosis exposure in 2021 were not available for this report but will be reviewed at the Area Immunisation Steering Group meeting in September 2022.

5 SUMMARY OF AISG RECOMMENDATIONS

- 5.1 The Area immunisation Steering Group (AISG) meets three times a year with the purpose of providing assurance to the NHS Fife Board that the Fife population is protected from vaccine preventable disease. At the meeting held 27th May 2022, the Fife Strategic Framework performance measures were reviewed against the data included in this report and recommendations were made as summarised below.
- 5.2 Further discussion of the AISG recommendations took place at the Immunisation Quality and Clinical Care Assurance Group on 18th July 2022. Where this has led to the inclusion of a new milestone measure in the 2022/23 NHS Fife Annual Development Plan (ADP) these are also noted in the table below.

Summary of AISG Recommendation against Strategic Framework Measure

Imms Strategic Framework 21-24 Performance Measure	AISG recommendation May 2022	ADP 2022-23 milestone	Proposed actions reviewed at Quality & Clinical Care Assurance Group July 2022
<p><i>Achieve childhood immunisation coverage rates of 95% or higher across all SIMD quintiles (WHO & national target)</i></p>	<p>Quality improvement work required</p> <p>Set phased local pre-school uptake targets</p>	<p>6-in-1 primary vaccination uptake at age 12 months for Fife population – 95% national target (national target, unchanged)</p>	<p>EQIA review of national evaluation recommendations on evidence-based strategies to improve uptake</p> <p>Focused QI group with workplan informed by evidence based interventions</p> <p>Consider targeted catch-up linked with 2-5 flu programme</p> <p>Request pre-school booster SIMD analysis from PHS</p> <p>Gather learning from other Board areas e.g. use of inclusion sharing session</p>
		<p>MMR2 uptake at age 5 years for Fife population; by March 2023 - 92%; March 2024 - 93% (local target)</p>	
<p><i>Achieve MenACWY & Td/IPV coverage of 95% by end S4 across all SIMD quintiles (WHO & national target)</i></p>	<p>Quality improvement work required</p> <p>Set phased local uptake targets</p>	<p>MenACWY & Td/IPV local uptake target (tbc) by end S4 across all deprivation quintiles in Fife</p>	<p>Proposals for local targets reviewed – to be confirmed ahead of Spring 23 delivery taking into account previous performance, Scotland pre-pandemic average and pandemic catch up work required. Consider targeted catch-up, including MMR</p> <p>EQIA review of national evaluation recommendations on evidence-based strategies to improve uptake</p>

<p><i>Achieve HPV immunisation coverage of 80% for both females and males by end S3 across all SIMD quintiles</i></p>	<p>New target required for female uptake to tie in with NHS Fife 2022-25 Cancer Framework</p>	<p>HPV uptake for females by end S3 across all deprivation quintiles in Fife population; 85% among females by end S3 across SIMD for 22/23 school year; 90% 23/24 school year (local target)</p>	<p>Proposals for local targets reviewed – to be confirmed ahead of Spring 23 delivery taking into account previous performance, Scotland pre-pandemic average, pandemic catch up work required and WHO target 90%.</p> <p>EQIA review of national evaluation recommendations on evidence-based strategies to improve uptake</p> <p>Targeted catch up for those in S2 & S3 in 22/23 school year</p> <p>Improvement work targeting pupils in schools in most deprived areas – consider out of school venues / pupil support units / outreach to those not regularly in school / link with wider cancer awareness sessions</p>
<p><i>Local target for Shingles programme to be confirmed</i></p>	<p>Review June – August uptake data at September AISG meeting in context of transfer of new service & post-pandemic</p>	<p>Shingles uptake among eligible population; Local target to be set for those newly eligible from Sept 21 (at age 70 years) and those with continuing eligibility based on age 71-79 years at Sept 21</p>	<p>Revisit at October QCCAG</p>
<p><i>Local Target for Pneumococcal programme to be confirmed</i></p>	<p>Different targets required for backlog and newly eligible</p>	<p>Pneumococcal uptake among eligible population; Local target to be set for those newly eligible from April 22 (at age 65 years) and those with continuing eligibility (unvaccinated aged >65 years)</p>	<p>Revisit at October QCCAG</p>

<p><i>Achieve seasonal flu coverage as set out in annual CMO letter</i></p> <p><i>Achieve national COVID-19 targets as they emerge across JCVI priority groups</i></p>	<p>Focused inclusion work on cohorts with low uptake</p>	<p>Delivery of the COVID booster 1 and 2 programme for eligible population in Fife</p>	<p>Ongoing outreach programme & drop in offer for those that have not yet had primary dose 1 & 2 / booster 1 / eligible booster 2</p>
		<p>Delivery of the Autumn/Winter Seasonal 22-23 Flu & COVID vaccination programme for eligible population in Fife</p> <p>COVID uptake for 75+ in Fife, Autumn/Winter 22-23 - Deliver local target of 80% by December 2022;</p> <p>Flu 18-59 years at risk - local target of 65% by January 2023;</p> <p>Flu 65+ - WHO & national target of 75% by December 2022</p> <p>Flu 2-5 years, primary & secondary school programme - Local target to improve on 21/22 uptake and progress towards national ambitions of 70% uptake for children aged 2-5 years</p>	<p>Focus required for 2-5 flu uptake (21/22 uptake 49% in Fife; 62% Scotland; 70% 'national ambition' for 22/23</p>

6 PROGRAMME DEVELOPMENT

- 6.1 NHS Fife and Fife HSCP have worked collaboratively to develop a 3 year Immunisation Strategic framework 2021-2024. The vision is for 'A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course'. Four high-level priorities for action were identified following an in-depth review process that took place in 2021, and significant progress was made towards these in 2021/22. Achievements during this period include the full transfer of immunisations from General Practice to the Board through the completion of the Vaccine Transformation Programme in March 2022 and the delivery of the extended flu and COVID vaccination programmes.
- 6.2 The current governance structure is shown in appendix 3. A focus for 2022/23 is completing the transition to an integrated Community Immunisation Service that brings together the governance and delivery of vaccinations across the life-course, including flu and COVID vaccination , childhood, adult and selected vaccinations. A new equality impact assessment will be published in 2022 to reflect these changes in the service, and actions will focus on ensuring equitable access for vaccinations, targeted work to reduce inequalities in uptake and engaging with our partners in local communities to promote the service and build trust in vaccinations. A further priority for 2022/23 will be strengthening local monitoring and evaluation processes by making effective use of the emerging digital support tools. Significant progress was made in 2021/22 to recruit to a sustainable immunisation workforce, and the activity for 2022/23 includes further exploration of synergies with the CTAC workforce, developing career frameworks, and enhancing the prescribing function within the service.
- 6.3 The national structures for coordination including monitoring and evaluation of immunisation programmes in Scotland are transitioning into a new structure the 'Scottish Vaccination & Immunisation Programme' (SVIP) which will be led by Public Health Scotland from April 23.

7 CONCLUSIONS

- 7.1 This report has highlighted the findings from surveillance data on vaccine preventable disease in Fife, as well as vaccine uptake rates across childhood, teenage and adult immunisation programmes. Surveillance data demonstrate low incidence rates of vaccine preventable disease during 2021 in Scotland and in Fife. This is likely due to the ongoing impact of social distancing and the extended period of lockdown. Whilst rates of vaccine preventable disease are generally low, outbreaks elsewhere in the UK and Europe in recent years are a reminder of the importance of maintaining high vaccination uptake rates in the population.
- 7.2 The WHO defines vaccine hesitancy as 'delay in acceptance or refusal of vaccines despite availability of vaccine services'. Vaccine hesitancy is complex and influenced by a number of factors including confidence in the vaccine / vaccine provider, complacency and ease of access (convenience). Historically Scotland has generally performed strongly for vaccination uptake rates of the childhood programme, compared to the rest of the UK and elsewhere in Europe. However, whilst uptake still remains high, there have been recent concerns that completion rates in the childhood programme may be difficult to sustain in the face of vaccine hesitancy. In Fife, performance on many of the routine childhood immunisations is slightly below the Scottish average, and uptake in the most deprived quintiles is a particular concern. However, despite the challenges of the pandemic, immunisations have continued to be delivered in Fife through 2020 without a substantial drop-off in uptake in the childhood programme or increase in inequality measures from previous years. Quality improvement work is needed address areas of inequality in childhood and teenage immunisation rates in Fife.
- 7.3 It is clear that to meet the priorities and measures set out in the Fife Strategic framework over the next two years it will be essential that close monitoring of uptake rates continues, immunisation services are as accessible and flexible as possible, and that inequalities are addressed in the new models of delivery. The renewed governance structure and the delivery models in place through the Community Immunisation Service in Fife provides a strong platform for this to build from.

8 Acknowledgements

8.1 The provision of immunisation programmes in Fife is dependent on the combined continued efforts of:

- Fife Community Immunisation Service
- Child Health Department, Children's Services
- Pharmacy, Community Services
- Public Health Department, NHS Fife
- Fife General practitioners, practice nurses, and practice administration staff
- Immunisation and Vaccine Preventable Diseases Team at Public Health Scotland
- Population Health Analytics and Intelligence, NHS National Services Scotland
- Scottish Immunisation Programme, Scottish Health Protection Network

9 Vaccine Abbreviations

DTP/Pol/Hib = the 5-in-1 vaccine which protects against diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib) [replaced by 6-in-1 as below]

DTP/Pol/Hib/Hep B = the 6-in-1 vaccine which protects against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and Hepatitis B.

MenC = Meningococcal serogroup C conjugate vaccine

PCV13 = Pneumococcal conjugate vaccine (protects against 13 serotypes of pneumococcal)

PCVB = Pneumococcal conjugate vaccine booster

MenB = Meningococcal Group B

MenB (Booster) = Meningococcal Group B booster

MMR1 = Measles, mumps, and rubella vaccine (1st dose)

MMR2 = Measles, mumps, and rubella vaccine (2nd dose)

Hib/MenC = Hib/MenC booster vaccine

DTP/Pol = 4-in-1 booster vaccine which protects against diphtheria, tetanus, pertussis and polio

Td/IPV – Protects against Tetanus, Diphtheria and polio (teenage booster)

HPV – Human Papilloma Virus – protects against cancers and genital warts caused by HPV, including cervical cancer

MenACWY – Protects against Meningococcal Group A, C, W & Y

LAIV – Live Attenuated Influenza Vaccine

BCG -

PPV23 – Pneumococcal polysaccharide Vaccine (protects against 23 serotypes of pneumococcal)

10 Appendices

Appendix 1: Routine childhood & adult immunisation schedule

The routine immunisation schedule					from February 2022
Age due	Diseases protected against	Vaccine given and trade name		Usual site¹	
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh	
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh	
	Rotavirus gastroenteritis	Rotavirus ²	Rotarix ²	By mouth	
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh	
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh	
	Rotavirus	Rotavirus ²	Rotarix ²	By mouth	
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh	
	MenB	MenB	Bexsero	Left thigh	
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh	
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh	
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro ³ or Priorix	Upper arm/thigh	
	MenB	MenB booster	Bexsero	Left thigh	
Eligible paediatric age groups ⁴	Influenza (each year from September)	Live attenuated influenza vaccine LAIV ^{4,5}	Fluenz Tetra ^{3,5}	Both nostrils	
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm	
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro ³ or Priorix	Upper arm	
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV (two doses 6-24 months apart)	Gardasil	Upper arm	
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm	
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm	
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)	Pneumovax 23	Upper arm	
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm	
70 to 79 years of age	Shingles	Shingles	Zostavax ³ (or Shingrix if Zostavax contraindicated)	Upper arm	

Source: <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

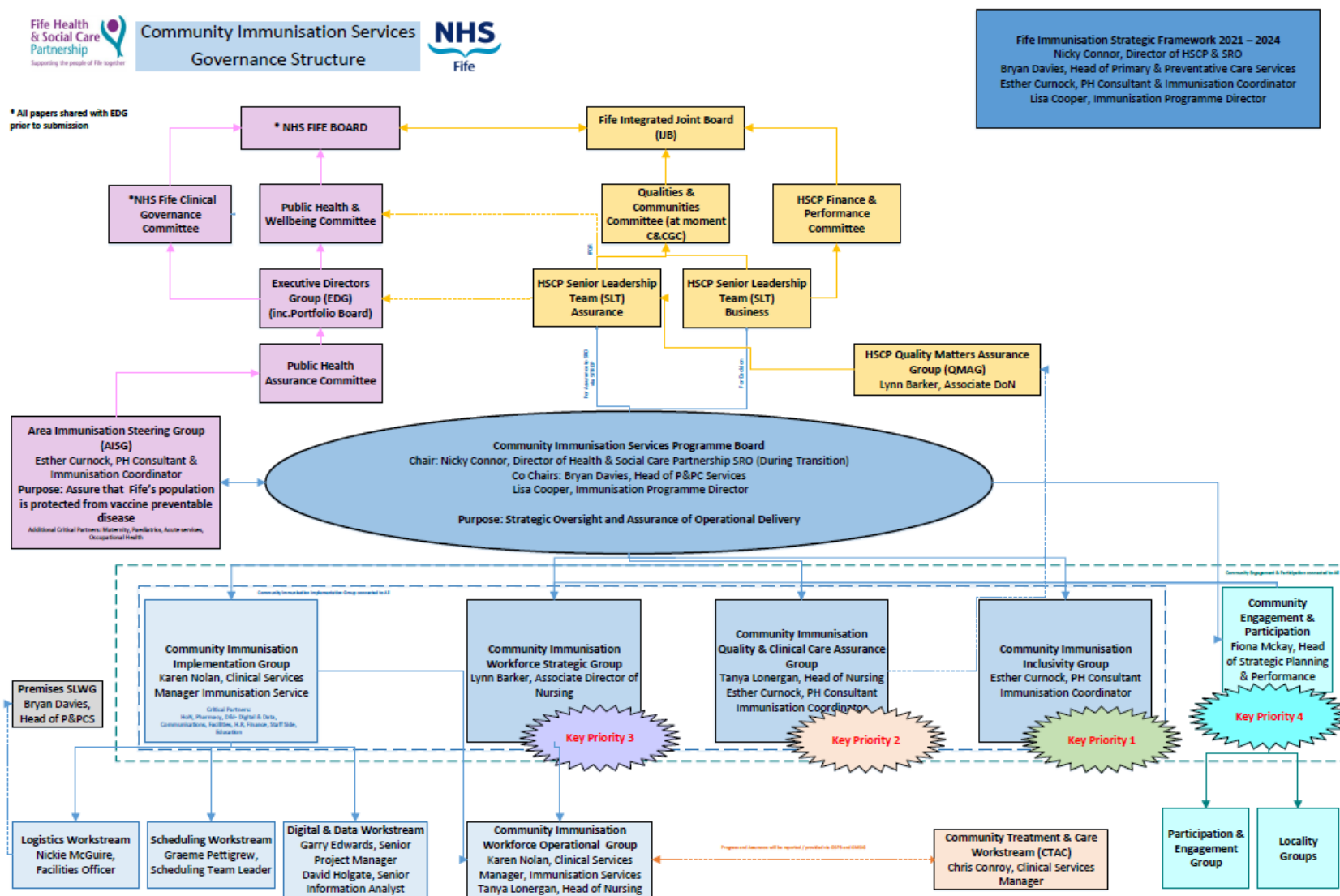
Appendix 2: Childhood and teenage vaccine uptake inequalities – Slope Index & Relative Index measures 2017, 2018, 2021

Vaccination	Age	Absolute range			Relative range			Slope Index of Inequality			Relative Index of Inequality		
		2017	2018	2021	2017	2018	2021	2017	2018	2021	2017	2018	2021
6-in-1*	12 months	4.15	4.67	5.66	0.96	0.95	0.94	5.2	6.0	5.7	0.05	0.06	0.06
MenB	12 months	3.96	4.11	4.95	0.96	0.96	0.95	4.7	4.9	5.1	0.05	0.05	0.05
PCV	12 months	4.58	3.99	3.86	0.95	0.96	0.96	5.6	5.1	3.9	0.06	0.05	0.04
Rotavirus	12 months	3.93	4.70	6.04	0.96	0.95	0.94	4.9	5.8	5.9	0.05	0.06	0.06
MMR1	24 months	6.35	8.34	7.34	0.93	0.91	0.92	8.3	10.8	10.8	0.09	0.12	0.12
Hib/MenC	24 months	6.19	7.30	7.16	0.94	0.92	0.93	8.3	9.3	10.4	0.09	0.10	0.11
PCV booster	24 months	6.68	6.88	6.05	0.93	0.93	0.94	8.6	8.9	8.9	0.09	0.10	0.10
Men B Booster	24 months		7.85	7.40		0.92	0.92		9.8	10.9		0.11	0.12
HPV Dose1**	Teenage (S3)	8.26	0.43	3.68	0.91	1.00	0.96	10.3	2.6	4.0	0.11	0.03	0.04
HPV Dose2	Teenage (S3)	12.82	3.49	7.99	0.86	0.96	0.91	14.7	6.5	9.5	0.18	0.08	0.11
Td/IPV booster	Teenage (S4)	10.59	19.07	15.49	0.88	0.78	0.83	15.8	24.2	18.2	0.19	0.31	0.21
MenACWY	Teenage (S4)	10.84	19.09	15.05	0.88	0.78	0.84	16.1	24.0	17.6	0.19	0.31	0.21

*DTP/Pol/Hib (5-in-1) only 2017

** Girls only

Appendix 3: Governance Structure



**PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2022 / 2023**

Governance - General							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Review of Annual Workplan	Associate Director of Quality & Clinical Governance	✓	✓	✓	✓	✓	✓ Approval
Review of Terms of Reference	Board Secretary						✓ Approval
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	✓					
Annual Internal Audit Report	Director of Finance & Strategy		✓				
Strategy / Planning							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Population Health & Wellbeing Strategy	Director of Finance & Strategy	✓	✓	✓	✓	✓	✓
Anchor Institution Programme Board / Portfolio Board	Director of Public Health	✓		✓		✓	
Corporate Objectives	Director of Finance & Strategy	✓			✓		
Annual Delivery Plan 2022/23	Director of Finance & Strategy / Associate Director of Planning & Performance	Postponed (awaiting national guidance)	✓ Private Session	✓ Private Session			
Briefing Paper on NHS Scotland Policy for Climate Emergency and Sustainable Development	Director of Property & Asset Management	✓					
Mental Health Strategy Implementation	Director of Health & Social Care	Deferred to next mtg	✓			✓	

Strategy / Planning (cont.)							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Primary Care Governance & Strategy Group (<i>timing tbc</i>)	Director of Health & Social Care						
Quality / Performance							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Covid Testing Programme	Director of Public Health	✓	(General population testing ending at end of April '22)				
Flu Vaccine / Covid Vaccine (FVCV) Programme	Director of Public Health / Director of Health & Social Care	✓	(Will become part of business as usual)				
Children Services	Director of Health & Social Care			✓			
Health Promoting Health Service	Director of Public Health			✓			
Health Weight <i>*timing tbc</i>	Director of Public Health						
Integrated Performance & Quality Report	Director of Finance & Strategy / Associate Director of Planning & Performance	✓	✓	✓	✓	✓	✓
Joint Health Protection Plan	Director of Public Health		Deferred to next mtg	✓		✓	
Oral Health Reporting	Director of Public Health					✓	
Sexual Health and Blood Borne Virus Framework	Director of Health & Social Care				✓		
Smoking Cessation and Prevention Work	Director of Health & Social Care		✓		✓		
LDP Standard for Psychological Therapies: Update at June 2022 (added August 2022)	Director of Health & Social Care			✓			
CAMHS Performance & Recruitment Update (added August 2022)	Director of Health & Social Care			✓			

Inequalities							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Equalities Outcome Report <i>(also goes to CGC)</i>	Director of Nursing						✓
Participation & Engagement Report <i>(also goes to CGC)</i>	Director of Nursing				✓		
Child Poverty Action Plan	Director of Public Health			✓			
Addiction Services <i>*timing tbc</i>							
Annual Reports							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Adult Support & Protection Annual Report <i>(also goes to CGC)</i>	Director of Nursing					✓	
Alcohol & Drugs Partnership Annual Report <i>*timing tbc</i>	Director of Health & Social Care						
Director of Public Health Annual Report <i>(and additional updates, based on agreed priorities) (also goes to CGC)</i>	Director of Public Health	✓					
Fife Child Protection Annual Report	Director of Nursing					✓	
Health Promotion Service Annual Report <i>(and additional updates, based on agreed priorities)</i>	Director of Health & Social Care	✓					
Health Promoting Health Service Report	Director of Health & Social Care	✓					
Immunisation Annual Report <i>(also goes to CGC)</i>	Director of Public Health		Deferred to next mtg	✓			
Integrated Screening Annual Report <i>(also goes to CGC)</i>	Director of Public Health			Deferred to next mtg	✓		

Linked Committee Minutes							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Minutes of Fife Partnership Board <i>(meeting dates will be confirmed after the elections in May)</i>	Director of Public Health						
Minutes of Population Health & Wellbeing Portfolio Board	Director of Finance & Strategy	✓ 17/03		✓ 12/05 9/06 14/07	✓ TBC	✓ TBC	✓ TBC
Minutes of Public Health Assurance Committee	Director of Public Health	✓ 09/02 & 06/04	✓ 01/06	✓ 03/08	✓ 05/10	✓ 07/12	TBC 01/02
Ad Hoc Items							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Mental Health Estate Re-Design Programme	Medical Director	✓					
Ad Hoc Items (cont.)							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Implementation of the Immunisation Strategic Framework	Director of Public Health	✓					
Flu Vaccination Covid Vaccination (FVCV) Local Governance Arrangements	Director of Public Health	✓					
Progress of Annual Delivery Plan (RMP4) 2021/22	Associate Director of Planning & Performance	✓					
Post Diagnostic Support for Dementia Update	Director of Health & Social Care		✓				
Corporate Risk Register - Draft Strategic Risks	Director of Finance & Strategy			✓			

Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Reported Self-Harm Cases and the Link to the Psychological Therapies Services and Addiction Services Waiting Lists <i>(action from CGC)</i>	Director of Health & Social Care			Deferred to next meeting	✓		

MINUTE OF THE PORTFOLIO BOARD MEETING HELD ON 12 MAY 2022 AT 2.00 PM TO 4.00PM VIA MS TEAMS

Carol Potter
Chair

Present

Carol Potter (CP)	Chief Executive (Chairperson)
Margo McGurk (MMcG)	Director of Finance and Strategy and Deputy Chief Executive (deputy chair)
Dr Chris McKenna (CMcK)	Medical Director
Nicky Connor (NC)	Director of Health and Social Care
Jeanette Owens (JO)	Director of Nursing
Claire Dobson (CD)	Director of Acute Services
Susan Fraser (SF)	Associate Director of Planning and Performance
Alistair Graham (AG)	Associate Director of Digital and Information
Ben Hannan (BH)	Director of Pharmacy & Medicines
Neil McCormick (NMcC)	Director of Property & Asset Management
Kirsty MacGregor (KMcG)	Head of Communications
Ben Johnston (BJ)	Head of Capital Planning and Project Director
Gillian MacIntosh (GMcI)	Head of Corporate Governance & Board Secretary
Linda Douglas (LD)	Director of Workforce
Wilma Brown (WB)	Employee Director

In Attendance

Claire Berry (CB)	Project Support Officer (Minutes)
Maxine Michie (MM)	Deputy Director of Finance
Fiona McLaren (FMcL)	Head of PMO, Corporate PMO
Tom McCarthy (TMcC)	Portfolio Manager, Corporate PMO
Esther Curnock (EC)	Deputy Director of Public Health
Stephen McNamee (SMcN)	Programme Manager, Corporate PMO
Karen Pirie (KP)	Associate Director, Buchan & Associates

Apologies

Joy Tomlinson (JT)	Director of Public Health
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1.	Unconfirmed Minute from meeting held 17 March 2022
	The Minute from 17 March 2022 was accepted as an accurate record.
2.	Actions Outstanding
	Action 6 – G MacIntosh to review the SBAR template to include reference to Climate and Anchor Institution work. Action 10 – Anchor Institution - LD, MMcG, KR, BH consider formalising role of DAG. Action 13 - ToR drafted for approval at next IUSCPB scheduled 17 May 2022.

	Action 16 - NMCC to contact CMcK & NC to discuss the Primary Care Premises Strategy in more detail
3.	Portfolio Arrangements – PMO Introduction
	<p>FMcL and TMcC presented on the ambition of the PMO going forward and how they can support the organisation to deliver this increased capability.</p> <p>FMcL explained that the PMO will provide programme management support for programmes and reporting to the PB. The PMO will have separate programmes of work going forward. Standard training will be provided which may also be useful for the wider organisation in the future. The team will produce a monthly status report for Programme Boards and PB. FMcL will provide a portfolio overview for the programmes below at the next PB meeting using programme reporting.</p> <p>Portfolio Board Reporting Programmes:</p> <ul style="list-style-type: none"> • Unscheduled Care • Planned Care • Pharmacy • FIS Programme • Population Health & Wellbeing Strategy • QI Faculty <p>TMcC presented on the work that is underway to develop a QI Faculty to support QI capacity and capability. TMcC explained that the QI team are seeking to share the knowledge and skills across the organisation and embed QI as part of how we deliver change generally. In addition he will be supporting the use of QI in the delivery of projects and programmes aligned to organisational objectives and PMO work plan.</p> <p>TMcC displayed a QMS framework model developed by ihub. TMcC explained that the aim is to move QI away from being a project and something extra, to be part of how we do things across the organisation embedded in all our activities. There was some discussion on the benefits of this approach and the extent of activities required to deliver it. It was agreed that whilst the Board agreed with the principles of the approach, that further discussion across the system was required.</p>
4.	Public Health & Wellbeing Strategy – Engagement Proposal
	<p>SF presented the paper which explains the various phases of strategy work that will take place between now and January 2023. In terms of engagement on the strategy development, the proposal is to undertake facilitated focus group discussions across the 7 localities in Fife between now and September 2022. The outputs from the previous community and staff survey will help to inform these sessions. SF explained that the Quality Impact Assessment has been completed in draft form for review and approval by PB and Public Health Wellbeing Committee.</p> <p>NC advised that she is keen to be involved in this piece of work to ensure strategies are aligned.</p> <p>Action: NC/SF to create and agree a joint plan and timeline.</p>

	<p>CP shared the Lothian Strategic Development Framework paper which sets out what Lothian want to happen across Lothian's Health and Care system over the next five years.</p>
5.	Public Health & Wellbeing Strategy – Clinical Strategy Review
	<p>SF advised most of the recommendations from the Clinical Strategy has been partially complete or completed although some of the recommendations from 2016 are no longer relevant.</p> <p>CMcK highlighted that this is a good piece of work for our staff as it confirms that for a number of strategy workstreams we delivered what we said we would. In order to move forward with a new strategy however, we have to understand what the new baseline is. Getting this piece of work done is really important.</p> <p>MMcG advised that the population health assessment work which is nearing conclusion will create the baseline for the new strategy</p>
6.	Primary Care Premises Strategy
	<p>Karen Pirie, Associate Director, Buchan & Associates presented the report which describes the overall capacity within Primary Care and where there are shortfalls in accommodation needs. A draft report identifying where minor work can deliver improvement and secondly where there is opportunity for investment will be circulated in due course.</p> <p>CMcK advised that he would like to have more time to review the findings and hold a meeting to discuss in more detail. CMcK advised that this should also be reported to the Primary Care Strategy & Care Oversight Group.</p> <p>Action: NMcC to contact CMcK/NC to discuss the Primary Care Premises Strategy in more detail</p> <p>CD & BH advised they are both happy to support this work.</p> <p>CP highlighted the impact that growth in housing and population will have across all services. This will need to be reflected in not only primary care but all aspects of strategy development including planned care and unscheduled care.</p>
7.	Integrated Planned Care & ToR
	<p>CD advised the Terms of Reference is now in final draft. CD will prepare a paper for PB outlining the challenges and the proposed actions for this important recovery programme.</p>
8.	Integrated Unscheduled Redesign
	<p>The next board meeting will be held week commencing 16 May where the of Reference will hopefully be agreed and brought to the next PB meeting for approval. Operational work around unscheduled care is ongoing.</p>

9.	Financial Improvement & Sustainability Programme
	<p>SMcN joined the PB to provide an update.</p> <p>Identified Schemes</p> <ul style="list-style-type: none"> • 33 schemes approved and in delivery totalling £9.66m • 12 schemes approved and in development totalling £1.97m • £11.7m total value of approved schemes • 16 further pipeline schemes identified totalling £1.6m <p>Finance have produced a report which will track savings delivered against projected savings.</p> <p>MM reported a positive start to the month of April with £695k of savings delivered (Estates & Facilities £503k, Finance £80k and Acute £112k).</p> <p>MMcG advised that the pipeline will require to grow to support delivery against the medium-term financial challenge.</p>
10.	High Risk Pain Programme
	<p>BH presented the SBAR which provides a progress update on all key activities to date and highlighted the reprioritisation exercise that has taken place across this work.</p> <p>BH advised that the programme has been selected for the Royal Pharmaceutical Society 2030 celebration.</p> <p>CMcK highlighted how important this work is and the level of redesign required to support its successful delivery.</p>
11.	Draft 3 Year Workforce Plan & SBAR
	<p>LD thanked the PB and requested that people take time to review the documents and email any responses to Rhona Waugh by 24 May. LD reminded everyone that this is the 3 year plan in terms of what is expected by the Scottish Government.</p>
1.	AOCB
	<p>CP advised that reflecting on the conversations throughout the meeting will help reshape the workplan for the PB.</p>
11.	DATE OF NEXT MEETING
	Thursday 9 June 2022 9.30am to 11.30am via Microsoft® TEAMS

MINUTE OF THE PORTFOLIO BOARD MEETING HELD ON 9TH JUNE 2022 AT 9.30 AM TO 11.00AM VIA MS TEAMS

Carol Potter
Chair

Present

Carol Potter (CP)	Chief Executive (Chairperson)
Dr Chris McKenna (CMcK)	Medical Director
Claire Dobson (CD)	Director of Acute Services
Susan Fraser (SF)	Associate Director of Planning and Performance
Alistair Graham (AG)	Associate Director of Digital and Information
Ben Hannan (BH)	Director of Pharmacy & Medicines
Neil McCormick (NMcC)	Director of Property & Asset Management
Mark McGeachie (MMcGe)	Charity Director
Kirsty MacGregor (KMcG)	Head of Communications
Linda Douglas (LD)	Director of Workforce
Jeanette Owens (JO)	Director of Nursing
Wilma Brown (WB)	Employee Director
Joy Tomlinson (JT)	Director of Public Health

In Attendance

Sharon Gilfillan (SG)	Project Support Officer (Minutes)
Maxine Michie (MM)	Deputy Director of Finance
Fiona McLaren (FMcL)	Head of PMO, Corporate PMO
Tom McCarthy (TMcC)	Portfolio Manager, Corporate PMO
Fiona Mckay (FMcK)	Head of Strategic Planning, Performance & Commissioning

Apologies

Nicky Connor (NC)	Director of Health and Social Care
Margo McGurk (MMcG)	Director of Finance and Strategy and Deputy Chief Executive (deputy chair)
Ben Johnston (BJ)	Head of Capital Planning and Project Director
Gillian MacIntosh (GMcI)	Head of Corporate Governance & Board Secretary
Claire Berry (CB)	Project Support Officer (Minutes)

1.	Unconfirmed Minute from meeting held 17 March 2022
	The Minute from 11 May 2022 was accepted as an accurate record.
1.2	Actions Outstanding
	Action 6 – G MacIntosh not present. Action c/f for her return. Action 10 – Anchor Institution – LD to update SG on progress of DAG following the meeting. Action 13 - ToR from IUSCPB to be circulated once available. Action 16 – CP confirmed discussions ongoing between NC and CMcK.

2.	Programme Board Reporting
2.1	FMcL introduced the new reporting presentation, giving assurance risk management would be included in future reporting and Finance reports would be worked up and start to come forward. FMcL was keen to have any comments / thoughts on the new reporting template.
2.2	Public Health & Wellbeing Strategy
	<p>SF presented the Monthly Status report, highlighting the following work on the 4 strands:</p> <p>Review of the Clinical Strategy – SF advised this was in the process of being written up and would be shared with the CDs prior to wider circulation.</p> <p>PHW Review – SF advised this was going well, and a workshop with PH Team was scheduled next week, purpose of which is to work with clinical services, looking at the future vision and delivery over the next 3 – 5 years, including the output from the SPRA process.</p> <p>FMcK added the Strategic Plan was being reviewed and plans over the Summer there would be engagement around this. FMcK advised there were approx 40/50 people on each locality group and a few were all ready up and running.</p> <p>CP fed back from the Fife Partnership Recovery and Renewal Group, spoke positively and unfortunate Fay not on this call.</p> <p>ACTION: It was agreed Fay be invited onto the Strategic Plan Working Group.</p>
2.3	Integrated Planned Care
	<p>CD presented monthly update, advising IPCPB scheduled to meet next week, at which Mr Yalamarathi would be presenting an update on robotic surgery.</p> <p>CD advised the CfSD had undertaken a refresh of the Heatmap process, Stephen McNamee had attended and would be working with CD, anticipate to provide more refined data and refine Heatmap</p> <p>ACTION: SG to circulate agreed IPCPB ToR.</p>
2.4	Integrated Unscheduled Care & ToR
	<p>CMcK presented update highlighting the relaunch of Integrated Urgent and Unscheduled Care on 1st June, brief discussion with those present at the event, CD highlighted preliminary sessions were recorded.</p> <p>CP proposed useful to share a short concise report post event. FMcL advised the PMO were collating the summaries for the RUC OG.</p> <p>FMcL added all Boards had been requested to return the self-assessment by 17/6/22.</p> <p>ACTION: FMcL to share summary report from IU&USC event once available.</p> <p>ACTION: ToR still in discussion, will be circulated once agreed.</p>
2.5	Pharmacy & Medicines Programmes
	<p>BH presented full status report, highlighting work continues at pace for HRPM programme and thanked all the work involving NC, JO and Audrey ensuring funding for the engagement officer's post. BH advised he would reflect on reporting and what was more valuable to be reported to this forum.</p>

	ACTION: CP requested all programme Boards circulated their ToR to allow the PB to have a clear understanding of each programme.
2.6	Financial Improvement & Sustainability Programme
	MM presented the draft May dashboard and accompanying narrative (item 2.6 SBAR).
	CP thanked all and advised the reports were helpful. CP asked if there was an opportunity to add in “Key Milestones” to the reports, highlighting Neil and Ben’s single dashboard for single project visuals. Action noted on log.
3.	Items for Scrutiny
3.1	Review of Waiting Times, Demand, Capacity & Activity
	CD presented (item 3.1) circulated with papers. CD highlighted the requirement to understand there was?15% less capacity in 22/23 than pre-covid. CMcK thanked CD for the presentation which illustrated the size of the challenge well. CMcK queried the question of social distancing and restrictions v need to recover waiting times, highlighting this PB brings all programmes into one space and our strategy needs to deal with the challenges highlighted within CD’s presentation. CP agreed, adding this presentation was appropriate also for the Board Development session to analyse the depth of the situation. CP agreed these challenges need to be part of the Strategy discussions. BH thanked CD for the presentation, bringing to life the challenges and agreed discussion at Board Development session was required, looking at risk appetite and what it means in recovery. CP noted although stark setting, and difficult place we are coming from, there are also positive opportunities to set out in the annual plan. JO highlighted Fife performing well relative to national performance. AG highlighted the pre-assessment work and using digital to support the patient journey, and adoption of patient initiated reviews (PIRs) and opportunity for longer term remote monitoring. CD thanked AG and advised Marie Richmond was part of the IPCPB.
3.2	QI Faculty Update
	TMcC presented SBAR (item 3.2). LD proposed offline discussion between the QI Faculty SLWG and the Organisation Learning Group. TMcC advised Gemma and Nicola chairs of OLG were invited to the SLWG. CMcK thanked TMcC and agreed he was happy to have discussions to ensure no duplication. CP suggested visual to define what the QI Faculty and OLG do and where they align across the organisation. TMcC advised milestones for the QI Faculty and future plans would be reported back to the PB in Sept. 2022. ACTION: SF, TMcC to meet with CMcK to discuss further and bring high level visual.
3.3	Update on Anchor Institution Programme Board and Community Benefit Gateway

	JT presented SBAR (item 3.3 and accompanying appendices) Brief discussion, JT highlighted Health involvement in Dunfermline Greenspace was through the localities group and NM is in conversation re Lynebank. CP agreed need to ensure Health have a voice in these conversations. BH asked if able to nominate representatives from Pharmacy highlighting 86 community pharmacies in Fife.
3.4	Developing Personas
	Item deferred to next meeting due to time constraints.
4.	AOCB
	CP apologised and introduced Mark McGeachie, Charity Director as new member of PB to help shape awareness and understanding. Meeting closed at 10.52
5.	DATE OF NEXT MEETING
	Thursday 14th July 2022 14.00 to 16.00am via Microsoft® TEAMS

MINUTE OF THE PORTFOLIO BOARD MEETING HELD ON 14 JULY 2022 AT 14.00PM TO 15.15PM VIA MS TEAMS

Carol Potter
Chair

Present

Carol Potter (CP)	Chief Executive (Chairperson)
Dr Chris McKenna (CMcK)	Medical Director
Claire Dobson (CD)	Director of Acute Services
Susan Fraser (SF)	Associate Director of Planning and Performance
Kirsty MacGregor (KMcG)	Head of Communications
Linda Douglas (LD)	Director of Workforce
Jeanette Owens (JO)	Director of Nursing
Joy Tomlinson (JT)	Director of Public Health
Nicky Connor (NC)	Director of Health and Social Care
Gillian MacIntosh (GMcl)	Head of Corporate Governance & Board Secretary
Margo McGurk (MMcG)	Director of Finance and Strategy and Deputy Chief Executive (deputy chair)

In Attendance

Claire Berry (CB)	Project Support Officer (Minutes)
Maxine Michie (MM)	Deputy Director of Finance
Tom McCarthy (TMcC)	Portfolio Manager, Corporate PMO
Fiona Mckay (FMcK)	Head of Strategic Planning, Performance & Commissioning
Fay Richmond	Executive Officer to Chief Executive and Board Chair of Board
Deborah Steven	Lead Pharmacist, Pain Management

Apologies

Alistair Graham (AG)	Associate Director of Digital and Information
Neil McCormick (NMcC)	Director of Property & Asset Management
Ben Johnston (BJ)	Head of Capital Planning and Project Director
Fiona McLaren (FMcL)	Head of PMO, Corporate PMO
Mark McGeachie (MMcGe)	Charity Director
Ben Hannan (BH)	Director of Pharmacy & Medicines
Wilma Brown (WB)	Employee Director

1.	Unconfirmed Minute from meeting held 9 June 2022
	The Minute from 9 June 2022 was accepted as an accurate record.
1.2	Actions Outstanding
	Action 6 – In Progress. G Mcl & CP to meet to discuss and report back to next Portfolio Board meeting in August.

	<p>Action 10 – CP & LD to meet before next Portfolio Board meeting in August.</p> <p>Action 13 – CB to circulate ToR when finalised.</p> <p>Action 16 – Agreed to close specific action and bring it back as part of September agenda.</p> <p>Action 17 – August agenda item.</p> <p>Action 18 – August agenda item.</p> <p>Action 22 – CB to circulate any outstanding ToR.</p>
2.	Public Health & Wellbeing Strategy
2.1	Progress Update
	<p>SF presented an update on progress made against the milestone plan for the strategy. A report detailing the review of the previous clinical strategy which will be completed by the end of July. This will be presented to the Portfolio Board in August.</p> <p>Work is underway to meet and work with clinical services to gain their insights into the ambitions/objectives for the medium-term. The final report will be provided in August. Engagement with population and staff. SF referenced to paper which detailed the detail of the next stage of engagement.</p>
2.2	Developing Personas
	<p>SF explained that this work is being taken forward in close partnership with Health & Social Care Colleagues. A survey was completed in December 2021 and results from this have been shared. The next stage includes focussed sessions to engage with a range of community groups in August and September. The range of community Groups have been informed by the Equality Impact Assessment (EQIA) that is being undertaken. A Short Life Working Group is meeting every 1- 2 weeks to support this work.</p> <p>To increase the independence of the engagement work Progressive has been commissioned to undertake this next phase of engagement. It is planned that there will be focus groups of 8-10 people taking part via Teams. Separate engagement will take place with staff. Contact will be made with Wilma Brown from staff side to discuss this. It is expected that this work will be completed in the next 8-9 weeks.</p> <p>FR has met with the Community Engagement team at Healthcare Improvement Scotland, and they are supportive of the plan in place.</p> <p>CMcK raised questions around what people will be asked and how we ensure we manage expectations appropriately. CMcK suggested the public will want to talk about access to GP, access to emergency service and waiting times and may be disappointed if we do not give consideration to these areas.</p> <p>SF explained that the questions are more focused on health and wellbeing rather than asking about specific clinical services and that managing the public expectations will be part of the briefing that will be supplied to Progressive. Further, SF confirmed that they have met with the majority of services and are in the process of writing this up.</p> <p>ACTION: CMcK and SF to pick up a conversation to discuss further.</p>

	<p>CP asked that the brief for Progressive has a specific focus on quality and access, with a broader coverage on all four of the agreed strategy priorities.</p> <p>MMcG highlighted that we have a draft engagement brief for Progressive as part of the papers. This brief has identified two themes. MMcG agreed that the brief should be expanded to include the 4 strategic priorities.</p> <p>SF provided an update on the progress made with the development of the personas. FR has been working with Public Health Scotland to obtain up to date data around the health profile of our patients from GP Systems. Almost all NHS Fife GP practices have agreed to share their data to support this work. The initial phase will involve extracting data from NHS Fife 2C practices to develop and test a demographic profile of gender, ages, deprivation etc. This will then be repeated with all GP Practices. A further update will be provided at the August Portfolio Board.</p> <p>ACTION: FR to set up SLWG including Torphinn Thorbjornsen, Claire Campbell, Claire Dobson, Sharon Mullan from GP team and Fay Richmond.</p> <p>CMcK suggested cancer should be included as a clinical condition for one of the personas.</p> <p>CMcK, CD and JO raised a number of issues with the current proposed personas including how representative they were. It was agreed the personas remain a work in progress and that further engagement on their development would be undertaken. MMcG suggested the personas could be interpreted and their final use determined by nominated clinicians.</p> <p>It was agreed that the final versions of the personas should be used to create vignettes to bring the strategy to life. SF, CMcK & JT will be involved with this piece of work.</p> <p>The Board agreed to endorse the plans around the engagement work including the work with Progressive, the plans for the focus groups and the development of personas. However, it was requested that there was further opportunity to review the questions that would be used with Progressive. In addition, they requested further updates on the development of the Personas at future meetings.</p>
<p>2.3</p>	<p>NHS Fife contribution to improving population health & reducing inequalities</p> <p>JT presented a paper describing the priorities and principles emerging from a multi-professional workshop held on Monday 27 June.</p> <p>The workshop was well attended with 36 participants. There was excellent engagement within the breakout rooms. One common theme was being mindful of the pressures that people are under at the moment. Several priorities have been identified and are outlined in the paper.</p> <p>Next steps will be to conduct broader discussions with staff and patients including people with lived experience of poverty and the cost-of-living crisis. A development session with EDG was also proposed. These activities should be concluded in late summer/early autumn.</p>

	<p>CP raised discussion around how we use this to inform the conversations with staff around engagement for the wider strategy and how do we translate the intent within the paper into specific and meaningful actions.</p> <p>SF explained that this paper is very much starting point from the workshop feedback. A lot more work must be done including liaising with LD's team to frame how we take this back to the staff.</p> <p>ACTION: Add this agenda item to extended Acute SLT session to get input from management teams and clinical leads – JT/CD/SF.</p>
2.4	Enabling Strategic Plans Update
	CP advised the enabling strategic plans update are being discussed in a number of other fora and will be considered by the Board later in the year.
2.5	IU & USC Event Summary Report
	<p>FMcL provided the summary report for information in relation to action 16 (Closed).</p> <p>The National Collaborative was launched on 1 June 2022 with good representation from NHS Fife.</p> <p>The day had a range of breakout sessions, 3 included presentations from NHS Fife. At the end of the day there was a self-assessment completed by all the health boards. Local plans are currently being developed and will be presented to the Integrated Unscheduled Care Programme Board on 28 July 2022 for approval.</p>
3.	Programme Board Reporting
3.1	Integrated Planned Care
	CD highlighted that new targets have been published by Scottish Government to eliminate long waits for planned care. A further update is planned for the next Portfolio Board meeting.
3.1.1	CFSD Heat Maps
	Item carried forward to August agenda.
3.2	Integrated Unscheduled Care & ToR
	<p>The self-assessment has been completed and returned to the Scottish Government identifying 3 areas for improvement:</p> <ul style="list-style-type: none"> • Care Closer to Home • Redesign of Urgent Care • New Models of Acute Care <p>CD and CMcK have had a number of conversations around unscheduled care and how are services are being accessed. Further work to be done on this with FMcL.</p>

	<p>A proposal will be developed for the Integrated Unscheduled Care Programme Board on 28 July 2022 to scope out plans for delivery of the above 3 areas for improvement.</p> <p>Terms of reference have now been agreed. CP asked that these are circulated to the Portfolio Board asap</p> <p>MMcG suggested reviewing the RAG status key on the programme report as there are several green areas which is unexpected given current challenges. CMcK also commented that it isn't always possible to know if generate data which confirmed the outcomes and impact arising from projects and programmes.</p> <p>ACTION: MMcG/SF/FMcL to discuss programme reporting and modify RAG status key.</p> <p>ACTION: CMcK to ensure the Terms of Reference for the Unscheduled Care Board are circulated.</p>
3.3	Pharmacy & Medicines Programmes
	<p>CP welcomed DS to the meeting to provide an update on High Risk Pain Medicine Programme.</p> <p>DS explained that High Risk Pain Medicine Programme is on track with all workstreams established. They have met and are developing workplans. Lead medics and nurse are in place. The wider scoping highlighting programme is unique in looking at all pain meds and system wide aspect - most other work is looking at opioids alone.</p> <p>Communication and early awareness sessions are ongoing, programme of work being welcomed everywhere by clinicians, patients/carers, and national organisations. National Lead clinician for Chronic pain supportive.</p> <p>The work is now establishing baseline measures, some easier to understand than others e.g., prescribing in primary care. Team is identifying gaps and working with data and clinical teams to utilise local audit/ QI projects to support understanding in other areas e.g., acute setting. Looking at programme outcome measures of patient experience/prescribing/staff knowledge & skill/availability of non pharmacological strategies for pain management and their utilisation/ impact on unscheduled care.</p> <p>National links are in place with Teams in Wales & NE England. Linking locally with Realistic medicines team to ensure to ensure programmes of work align.</p>
3.4	Financial Improvement & Sustainability Programme
	Progress report presented and discussed for assurance.
3.5	Kincardine & Lochgelly Business Cases Update on Scottish Government Capital Investment Group Meeting
	JT advised that informal positive feedback from the Scottish Government Capital Investment Group had been received. The expectation is that final approval to

	<p>proceed will be confirmed once the NHS Assure process is complete and some technical updates are made to the economic section of the case.</p> <p>Dashboard report provided for information. RAG status currently amber.</p>
4.	AOCB
	No further business discussed.
5.	DATE OF NEXT MEETING
	Thursday 11 August 2022 9.30am to 11.30am via Microsoft® TEAMS

UNCONFIRMED IN CONFIDENCE

PUBLIC HEALTH ASSURANCE GROUP

(Meeting on 3rd August 2022)

No issues were raised for escalation to the Public Health & Wellbeing Committee.

**Unconfirmed minute of the PUBLIC HEALTH ASSURANCE COMMITTEE MEETING (PHAC)
held on Wednesday 3 August 2022 at 2.30PM via Microsoft Teams**

Present:

Joy Tomlinson (JT)	Director of Public Health (Chair)
Catherine Jeffrey-Chudleigh (CJC) (Part meeting)	Consultant in Public Health
Duncan Fortescue-Webb (DFW)	Consultant in Public Health Medicine
Esther Curnock (EC)	Consultant in Public Health Medicine
Fiona Bellamy (FB)	Snr Health Protection Nurse Specialist
Rishma Maini (RM)	Consultant in Public Health Medicine
Susan Cameron (SC)	Head of Resilience

Apologies:

Cathy Cooke (CC)	Public Health Scientist
Emma O'Keefe (EOK)	Consultant in Dental Public Health
Hazel Close (HC)	Lead Pharmacist Public Health
Lorna Watson (LW)	Consultant in Public Health Medicine
Olukemi Oyedeji (OO)	Consultant in Public Health Medicine
Sharon Crabb (SCr)	Public Health Service Manager

In attendance:

Dawn Mitchell (DM)	Health Protection Support Secretary (minute)
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1. Welcome and Apologies

JT welcomed everyone to the meeting and the above apologies were noted.

2. Minute of Meetings Held 1 June 2022

The minute of the previous meeting was approved, members of PHAC were encouraged to provide any final comments out with the meeting.

3. Matters Arising / Action Log

Item 10 Cyber and IT Resilience in relation to Digital Telephones

SC provided an overview of the draft SBAR paper circulated to PHAC. The risk requires further discussion. The SBAR is being shared for situational awareness and before onward escalation to EDG. IT and digital have assessed this risk as reasonably low in the event of an incident occurring, however resilience are aware that if there is an electrical failure or a significant cyber or digital communication systems failure then it could be really problematic within the hospital setting. JT recommended that digital infrastructure colleagues remain involved with the development of the SBAR. They own the majority of this risk and we need to know from their perspective what the impact would be.

SC advised that collaboration work on training is taking place. There will be half-hour digital resilience updates for staff. There is also wider work going on with multi agency partners in the East of Scotland. A short life working group are looking at alternative communication options should the whole of Fife digital systems fail. This is referenced within the SBAR and a decision will be required regarding the use

of airwave radios. Decision needed around where this risk sits on the register as a managed risk.

JT advised that PHAC own the risks that Public Health have oversight of. This risk area has a shared ownership. We need to work out where the risk is best managed. JT suggested that a conversation with Alistair Graham, Associate Director of Digital and Information as well as the Digital Infrastructure Governance Group to determine who is the primary owner of the risk.

RM noted that this risk is focused around interruptions to digital network, asked about other types of cyber security threat i.e., potential leaking of sensitive confidential information. SC explained that digital resilience colleagues are up to date with malware and cyber security planning. SC noted that the short digital training sessions will emphasise the need for malware security measures to be updated regularly as and when software updates are issued.

Item 8.2 Emerging Infections

No new information has been received from Scottish Government since the last meeting.

No ref. Update from PHAC Workstream Meeting

This item will be carried forward to the next meeting as core group who took this forward were unable to join today.

Item 9.11 Immunisation Risks

EC had no new issues to highlight.

Item 6 Wrong Second Covid 19 Vaccine Dose

EC advised that the Local Adverse Event Review has been completed but the lessons learned have not yet been shared. This will be carried forward to the next meeting.

No ref. Risk 518 Resilience – Training

See item 6.1 on the agenda

No ref. Risk 528 Pandemic Flu Planning

On the agenda for October PHAC meeting. Meeting is being scheduled.

No ref. Standing Items – committee and steering group minutes

JT advised that PHAC provides route of escalation from groups which oversee public health work. Minutes from these meetings should be tabled routinely, highlighting any escalated issues. It was suggested that once the Pandemic Flu Meeting is established, PHAC receive these minutes. Immunisation and Screening Programme Steering Group minutes should also be shared with PHAC.

4. Identified Near Misses, Critical Incidents & Learning

No new incidents of concern were reported.

5. New Prospective Risks

5.1 Health Inequalities

CJC shared the latest draft of this risk for inclusion on the Corporate Risk register. CJC noted that there are ongoing conversations with EDG about standardizing the presentation of corporate risks. CJC reported that the draft had been refined since the last PHAC meeting and the focus had moved more towards the NHS contribution to health inequalities rather than responsibility to resolve them. Group members provided additional suggestions and adjustment of wording and the framing of the risk.

CJC

PHAC endorsed risk rating Likelihood 4; Consequence 5.

CJC agreed to make the various changes as discussed and will share with group before submission on 12 August

5.2 New Prospective Risk: Immunisation

EC noted that there is an extensive risk register sitting under the Health and Social Care Partnership with various different operational immunisation risks. However, the agreement with PHAC was that it there should also be an overarching statement that would sit within Public Health as we have lead role in terms of strategic governance, particularly through the Area Immunisation Steering Group. EC shared the draft risk template during the meeting and explained that the risk description focused on any increase in cases of vaccine preventable disease and working to prevent localized outbreaks and inequalities. By focusing on the impact of population health takes it away from the more operational delivery risk. EC noted also that the initial risk level will be higher than the target level and more detailed updates are anticipated. Oversight of this risk will support the overall strategy in terms of the priorities we have and the progress towards them and the action plan that will flow from these.

EC

Following discussion from members of the group EC agreed to adjust the risk description, incorporating high level population immunisation workstreams/cohorts.

6. **Review of Current Risks on Public Health Register**

6.1 Risk 518 Resilience

SC advised that resilience training has progressed and gave an update. A self-booking system has been agreed, although it isn't live yet on intranet. Training sessions for business continuity are taking place regularly. Digital partners are providing digital resilience sessions and dates have been agreed until April 2023.

It was agreed the risk status level remains the same and date for review (5 October 2022).

- 6.2 Risk 1904 Coronavirus Disease 2019 Pandemic JT
 The group endorsed the risk update and agreed that the risk remains on the register at this point in the pandemic and date for review (5 October 2022).
- 6.3 Risk 1906 Covid-19 Testing Programme DFW
 DFW noted this risk has some overlap with risk 1904. Pre-admission testing is the main focus of concern at present. The team is under pressure due to funding and staff attrition. A paper is being prepared for EDG regarding this. There is concern that if testing requirements were to be stepped up significantly then there is insufficient capacity to do so.
- The group endorsed the update and it was agreed the risk status level remains at 4 x 4 and date for review (5 October 2022).**
- 6.4 Risk 1907 Public Health Oversight of Covid-19 in Care Homes FB
 FB proposed that the risk status level remains unchanged for now. Whilst the recent increase in care home outbreaks and activity has settled there is slight concerns around the number of deaths.
- FB advised the next phase of vaccination is due out soon and noted that there may be waning immunity in those who were vaccinated early in the pandemic alongside concerns over new sub-variants within this vulnerable population group.
- It was agreed the risk status level remains the same and date for review (5 October 2022).**
- 6.5 Risk 2331 Local System - Surge Capacity.
 Update not required until September 2022. JT to review out with the meetings.
- 6.6 Risk 2222 No Cervix Exclusion – Cervical Screening Incident
 Update not required until October 2022.
- 6.7 Risk 2330 PH Adult Screening Programme - Covid Recovery Risk
 Update not required until October 2022.
- 6.8 Risk 528 Pandemic Flu Planning
 Update not required until October 2022.
- 6.9 Risk 1729 Misuse of Suspicion of Malignancy Function in SCCRS
 Update not required until December 2022
- 6.10 Risk 1837 Absence of Comprehensive National Data Systems to monitor the Pregnancy/ Newborn Screening Programmes
 Update not required until December 2022

7. Any Issues to Escalate to Public Health & Wellbeing Committee

No matters requiring escalation at this time.

8. Any Other Competent Business

EC provided an update on the national immunisation resilience exercise she took part in yesterday. This was termed a Red Team exercise which was primarily with Scottish Government internal team who are coordinating the forthcoming autumn and winter Covid and Flu Vaccination programme. The session was led by Scottish Government Resilience Division and involved autumn and winter scenarios that could potentially impact on immunizations and other parts of the system. It was suggested at this event that something similar could be run locally. A paper with scenarios highlighted will be produced and these can be looked at and adapted to suit.

EC gave examples of what she felt would be good scenarios from which there were many elements with the potential for disruption including vaccine supply lines, postal strikes and fuel shortages. JT agreed that it would be useful to run an exercise locally. SC advised that the impact of strike action should be considered within business continuity planning.

9. Date of Next Meetings (2022)

Wednesday 5 October 2022 at 2:30pm

Wednesday 7 December 2022 at 2:30pm