Fife Health & Social Care Partnership
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AGENDA

INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
FRIDAY 24 SEPTEMBER 2021 AT 10.00 AM
THIS WILL BE A VIRTUAL MEETING AND JOINING
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT

Participants Should Aim to Dial In at Least Ten to Fifteen Minutes
Ahead of the Scheduled Start Time

	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S WELCOME / OPENING REMARKS	Rosemary Liewald	
2	CHIEF OFFICERS REPORT	Nicky Connor	
3	CONFIRMATION OF ATTENDANCE / APOLOGIES	Rosemary Liewald	
4	DECLARATION OF MEMBERS' INTERESTS	Rosemary Liewald	
5	MINUTES OF PREVIOUS MEETING 20 August 2021	Rosemary Liewald	1 – 6
6	MATTERS ARISING - Action Note 20 August 2021	Rosemary Liewald	7 – 8
7	FINANCE UPDATE	Audrey Valente	9 – 23
8	IJB STRATEGIC RISK REGISTER	Audrey Valente	24 – 28
9	FLU VACCINATION COVID VACCINATION TRANCHE 2 PLAN DELIVERY	Bryan Davies	29 – 38
10	FIFE IMMUNISATION STRATEGIC FRAMEWORK 2021-24	Bryan Davies	39 – 65
11	JOINT INSPECTION OF ADULT SUPPORT AND PROTECTION INSPECTION - FINAL REPORT	Fiona McKay	66 – 96

12	**MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED** **Clinical & Care Governance** Confirmed Minute from 4 August 2021 **Finance & Performance Committee** Confirmed Minute from 13 August 2021 Unconfirmed Minute from 3 September 2021 **Audit & Risk Committee** Confirmed Minute from 9 July 2021 **Local Partnership Forum** Unconfirmed Minute from 11 August 2021	 **Tim Brett** **David Graham** **Dave Dempsey** **Simon Fevre / Nicky Connor**	**97 -129**
13	**AOCB**	**ALL**	
14	**DATES OF NEXT MEETINGS** **IJB DEVELOPMENT SESSION Friday 8 October 2021 - 9.30 am** **INTEGRATION JOINT BOARD Friday 22 October 2021 - 10.00 am**		
MEMBERS ARE REMINDED THAT QUERIES ON THE DETAIL OF A REPORT SHOULD BE ADDRESSED BY CONTACTING THE REPORT AUTHORS IN ADVANCE OF THE MEETING			

Nicky Connor
Director of Health & Social Care
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Copies of papers are available in alternative formats on request from Norma Aitken, Head of Corporate Services, 4th Floor, Fife House – e:mail Norma.aitken-nhs@fife.gov.uk

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UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 20 AUGUST 2021 AT 10.00 AM

Present	Rosemary Liewald (RLi) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council – David Alexander (DA), Tim Brett (TBre), Dave Dempsey (DD), David Graham (DG), Fiona Grant (FG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife Board Members (Non-Executive) – Martin Black (MB), Alistair Morris (AM) Chris McKenna (CM), NHS Fife Board Member (Executive Director) Medical Director NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Janette Owens (JO), NHS Fife Board Member (Executive Director), Director of Nursing, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Eleanor Haggett (EH), Staff Representative, Fife Council Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Lynn Barker (LB), Associate Director of Nursing Helen Hellewell (HH), Associate Medical Director Katherine Paramore (KP), Medical Representative Kathy Henwood (KH), Chief Social Work Officer, Fife Council
Attending	Lynne Garvey (LG), Head of Community Care Services Rona Laskowski (RLa), Head of Complex & Critical Care Services Joy Tomlinson (JT), Director of Public Health Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	HEADING	ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board and updated members on the Rosewell Centre which opened last month. Information and photos had been included in the Monthly Director's Briefing. The Chair thanked colleagues from across the Partnership, NHS Fife, Fife Council, V1P and Fife's veterans.

NO	HEADING	ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)

Clare Rogers, who has recently taken up her role as a Public Engagement Officer was observing the meeting as part of her induction.

The Chair then reminded Members of the protocol for the meeting and advised that a recording pen was in use at the meeting to assist with Minute taking.

2 CHIEF OFFICERS REPORT

The Chair handed over to Nicky Connor for her Chief Officers Report.

The recruitment process for the Principle Social Work Officer has concluded and an update will be provided once pre-employment checks are complete.

Nicky expressed her thanks to all our staff and also the people of Fife for their ongoing support during these challenging times. At a recent Local Partnership Forum (LPF) meeting the co-chairs agreed to send out a joint message of thanks to staff and to continue to promote support which is available for staff.

A written update on the current key issues regarding Covid-19 and Remobilisation had been provided to IJB members on Thursday 19 August 2021 as part of a Test of Change. Feedback on this has been positive and the wider communications context will be looked at for future briefings.

Nicky handed over to Chris McKenna, Medical Director who gave a brief update on services. Although all services have remobilised and are busy, GP Surgeries, A&E and Mental Health are extremely busy at the moment. This increase in demand is uniform across Fife and Scotland. Staff continue to ensure demand can be met and the scheduling of urgent care will help, although a cultural change will be needed going forward. Fife is ahead of targets set in joint Remobilisation Plan, which is available on the NHS Fife website.

Chris urged all Fife residents to get vaccinated as this has a positive impact on reducing the number of people who are hospitalised with Covid-19.

Janette Owens, Director of Nursing provided an update on workforce issues. Recruitment of nursing staff due to graduate in September / October 2021 has resulted in 150 full time equivalent roles being filled in Acute, Mental Health and Community settings.

Recruitment has started for the staff needed for the new Orthopaedic Centre which will open in September 2022.

The Vaccination Programme has required a large number of staff, currently on fixed term contracts, but this may change in future. Fife is ahead of other Boards in Scotland with the number of people vaccinated.

NO	HEADING	ACTION

3 CONFIRMATION OF ATTENDANCE / APOLOGIES

Apologies had been received from Simon Fevre, Steve Grimmond and Bryan Davies.

4 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

5 MINUTES OF PREVIOUS MEETING 18 JUNE 2021

Tim Brett had raised minor queries on the minute prior to the meeting, these will be addressed.

Martin Black asked for an amendment Item 2 – Chief Officers Report.

Once these amendments have been made the Minute of the meeting held on Friday 18 June 2021 will be approved.

6 MATTERS ARISING

The Action Note from the meeting held on 18 June 2021 was approved.

7 FINANCE UPDATE

The Chair introduced Audrey Valente who presented this report which had been discussed in depth at the Finance & Performance Committee (F&P) on 13 August 2021. IJB members had been invited to a drop-in session two days prior to the Board meeting where they were given the opportunity to discuss the reports on today's agenda in detail. These sessions will continue in the future.

The report detailed the financial position of the delegated and managed services based on 30 June 2021 financial information. The forecast deficit is projected as £6.798m. Unachieved savings account for £4.8m of this. Any expenditure associated with Covid-19 will continue to be recorded in the Local Mobilisation Plan. As this is the first Monitoring Report of the new financial year a prudent approach has been taken.

Audrey and the Senior Leadership Team (SLT) are working on a Recovery Plan which will be brought to a future IJB meeting.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members.

David felt Audrey had covered most of the points discussed at F&P. Significant discussion had taken place around the cost of Adult Care packages, unachieved savings and how these will be addressed and also the Recovery Plan which is being collated.

Alistair Morris asked for more information on unachieved savings and what could be done differently within this financial year to address the issues. Audrey Valente advised that work with SLT has started earlier in the financial year than it normally would to ascertain what can be achieved.

NO	HEADING	ACTION

7 FINANCE UPDATE

Discussion took place around overspends including Adult Care packages, unachieved savings and potential Government funding.

Reviews of Adult Care packages are ongoing including those which support children with complex needs moving into Adult Services.

The Board considered the key actions and next steps and approved the Financial Monitoring Update as at June 2021.

8 PERFORMANCE REPORT – EXECUTIVE SUMMARY

The Chair introduced Fiona McKay who presented this report. The full Performance Report was discussed in detail at the Finance & Performance Committee on 13 August 2021.

There are significant challenges in some areas and plans are being worked on to reduce pressure in the system.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David advised that the F&P Committee focussed on three main areas – concerns in respect of absence reporting from Fife Council, ongoing pressures within the system and waiting time performance for CAMHS and Psychological therapies.

A detailed report on CAMHS and Psychological therapies waiting times has been requested. Tim Brett advised that Clinical & Care Governance Committee gets detailed information on these. Tim and David will discuss this to ensure there is no duplication in what is provided.

An update was provided on recruitment within Care at Home which is progressing well with 58 new employees in the process of joining the service. Considerable work is being undertaken with the independent sector to address the challenges in meeting current and future demand for services. A whole system approach will be needed to ensure issues in all areas can be addressed.

The report had been presented to the Board for awareness only.

9 MENTAL WELFARE COMMISSION AUTHORITY TO DISCHARGE AUDIT & FINDINGS

The Chair introduced Lynne Garvey and Fiona McKay who presented this report which had been discussed at the Clinical & Care Governance (C&CG) Committee on 4 August 2021.

A local audit was carried out over and above the Mental Welfare Commission (MWC) Audit to allow practices within Fife to be sense checked. An improvement plan has been drawn up based on findings from both audits. All actions from the MWC were generic to all IJB's in Scotland, none were specific to Fife.

NO	HEADING	ACTION

9 MENTAL WELFARE COMMISSION AUTHORITY TO DISCHARGE AUDIT & FINDINGS

The Chair then invited Tim Brett to comment on detailed discussions which took place at the C&CG Committee. Tim advised that Lynne and Fiona had covered all the issues which the Committee had raised.

Christina Cooper raised the issue of independent advocacy. Fiona McKay advised that Circles Network had been involved in the audit. A new project has now been established involving Circles Network who are supporting families through the process of obtaining Power of Attorney.

The Board approved the report for submission to the Mental Welfare Commission.

10 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED

The Chair asked Tim Brett, David Graham, Audrey Valente and Nicky Connor for any items from governance committees / Local Partnership Forum that they wish to escalate to the IJB.

Tim Brett – Clinical & Care Governance Committee (C&CG) – 2 June 2021 (Confirmed)

In depth discussion took place around joining up care, urgent care and the Care and Clinical Quality report. The minute of the meeting held on 4 August 2021 will be brought to the next IJB meeting.

David Graham – Finance & Performance Committees (F&P) – 11 June 2021 (Confirmed)

Most items in the minute have been covered at this meeting. This was Margaret Wells and Jim Crichton's final meetings as part of the partnership.

Audrey Valente – Audit & Risk Committee (A&R) – 4 June 2021 (Confirmed) and 9 July 2021 (Unconfirmed)

4 June 2021 – Risk Appetite has been discussed on several occasions at A&R and will be part of the programme for the IJB Development Session on 10 September 2021.

9 July 2021 – nothing to escalate from this meeting.

Local Partnership Forum (LPF) – 9 June 2021 (Confirmed)

Nicky Connor advised that the LPF continue to support the workforce during these pressured times.

Debbie Thompson acknowledged that the trade unions and employers continue to work well to ensure care of our residents and workforce remains at the top of the agenda. Recent Home Care recruitment is welcomed. Peer to peer support would be welcome for community-based staff, both in Fife Council and NHS Fife.

11 AOCB

Nothing was raised under this heading.

12 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – Friday 10 September 2021 at 9.30 am
INTEGRATION JOINT BOARD – Friday 24 September 2021 at 10.00 am

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 20 AUGUST 2021

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	**Finance Update –** provide an update on Direct Payments to a future Development Session.	**Nicky Connor / Audrey Valente**	**Development Session during 2021**	
2	**Finance Update-** a further discussion on Alcohol and Drug Partnership funding would be brought back to a future IJB meeting	**Audrey Valente / Fiona McKay / Kathy Henwood**	**TBC**	
3	**Minutes of Previous Meeting – 23/04/21 -** Item 9 – Performance Report – Executive Summary - Tim Brett asked if an update report on recruitment challenges be brought to the IJB in the Autumn.	**Fiona McKay / Paul Dundas**	**TBC**	

COMPLETED ITEMS

SUGGESTED DEVELOPMENT SESSION TOPICS **Covid-19/Remobilisation Update** **Planning with People** **Digital – Use of Technology** **Acute Set Aside** **i**n response to concerns raised on the number of topics suggested for future Development Sessions, Rosemary Liewald and Nicky Connor agreed to have a discussion on the items which have been suggested and would tailor a programme of issues to be discussed at the remaining Development Sessions in 2021.	**Rosemary Liewald/ Nicky Connor**	**Next Meeting 18/06/21**	**Completed**
Covid 19 / Remobilisation Update – to be on Agenda for August IJB then reviewed for future meetings	**Nicky Connor / Rosemary Liewald**	**September Meeting**	**Written Briefing provided for August meeting, will be continued**
Finance Update – short meeting to be arranged to allow Board members to ask questions on Finance papers.	**Audrey Valente**	**Prior to each IJB meeting**	**Drop-in Sessions set up for IJB members to discuss all reports on Agenda**

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Meeting Title:	**Integration Joint Board**
Meeting Date:	**24 September 2021**
Agenda Item No:	**7**
Report Title:	**Finance Update**
Responsible Officer:	**Nicky Connor, Director of Health & Social Care**
Report Author:	**Audrey Valente, Chief Finance Officer**

1 Purpose

This Report is presented to the Board for:

- Discussion
- Decision

This Report relates to which of the following National Health and Wellbeing Outcome:

9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

This 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.

- NHS Fife Finance Team.
- Fife Council Finance Team.
- HSCP Finance & Performance Committee – 3 September 2021 – at this Committee the following was discussed:-
  - The Risk Share Agreement was discussed and noted that the reports are being considered by both NHS Fife and Fife Council during September/October and once agreed it will be forwarded to the Scottish Government Health Department for final approval and sign off.
  - Implications section within the SBAR to be reviewed and developed further.

3 Report Summary

3.1 Situation

The attached report details the financial position of the delegated and managed services based on 31 July 2021 financial information. The forecast deficit is £5.756m. It is expected that the costs of Covid-19 will be met in full through use of Reserves and further funding from Scottish Government.

3.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integration Joint Board (IJB).

The IJB has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The IJB is responsible for the operational oversight of Integrated Service and, through the Director of Health and Social Care, will be responsible for the operational and financial management of these services.

3.3 Assessment

At 31 July 2021 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £5.576m.

Four key areas of overspend that are contributing to the projected outturn overspend –

- Hospital & Long-Term Care
- Family Health Services
- Older People Residential and Day Care
- Homecare Services
- Adult Placements

The report provides information on in year additional funding allocations to provide clarity and transparency in terms of additional funding made available by the Scottish Government to IJBs.

There is also an update in relation to savings which were approved by the IJB in March 2021 and use of Reserves brought forward from 2020-21.

3.3.1 Quality/ Customer Care

There are no Quality/Customer Care implications for this report.

3.3.2 Workforce

There are no workforce implications to this report.

3.3.3 Financial

The medium-term financial strategy has been reviewed and updated.

3.3.4 Risk/Legal/Management

Full funding may not be made available by the Scottish Government to fund the costs of Covid-19 and unachieved savings as a result of Covid-19 within 2021-22. However, any expenditure associated with Covid-19 will continue to be recorded in the Local Mobilisation Plan.

3.3.5 Equality and Diversity, including Health Inequalities
An impact assessment has not been completed and is not necessary as there are no EqIA implications arising directly from this report.

3.3.6 Other Impact
None

3.3.7 Communication, Involvement, Engagement and Consultation.
Not applicable.

3.4 Recommendation

- **Awareness** – examine and consider the key actions/next steps.
- **Decision** – approve the financial monitoring position as at July 2021.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report July 2021
Appendix 2 – Fife H&SCP Reserves
Appendix 3 – Tracking Approved 2020-21 Savings Tracker

5 Implications for Fife Council

There will be financial implications for Fife Council should the Partnership exceeds its budget, necessitating the requirement for the Risk Share Agreement.

6 Implications for NHS Fife

There will be financial implications for NHS Fife should the Partnership exceeds its budget, necessitating the requirement for the Risk Share Agreement.

7 Implications for Third Sector

This report reflects payments made to Third Sector providers.

8 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

9 Directions Required to Fife Council, NHS Fife or Both

Direction To:		
1	**No Direction Required**	✓
2	**Fife Council**	
3	**NHS Fife**	
4	**Fife Council & NHS Fife**	

Report Contact
Audrey Valente
Chief Finance Officer
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Appendix 1

www.fifehealthandsocialcare.org

Fife Health & Social Care Partnership

Finance Report as at 31 July 2021

September 2021

NHS Fife

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Fife Council

FINANCIAL MONITORING

FINANCIAL POSITION AS AT JULY 2021

1. Introduction

The Resources available to the Health and Social Care Partnership (H&SCP) fall into two categories:

a) Payments for the delegated in scope functions
b) Resources used in “large hospitals” that are set aside by NHS Fife and made available to the Integration Joint Board for inclusion in the Strategic Plan.

The revenue budget of £553.747m for delegated and managed services was approved at the IJB meeting on the 28th March 2021. The net budget requirement exceeded the funding available and a savings plan of £8.723m was approved at that same meeting.

The revenue budget of £38.134m for acute set aside was also set for 2021-22.

2. Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership core spend. A summary of the projected underspend at the current time is provided at Table 2 and a variance analysis provided where the variance is in excess of £0.300m. It is critical that the H&SCP manage within the budget envelope approved in this financial year and management require to implement robust project plans to bring the partnership back in-line with this agreed position.

In addition to core information there is also an update in relation to Covid included within paragraph 7, and the latest update in terms of mobilisation is available at paragraph 8.

3. Additional Budget Allocations for Year

Additional Budget allocations are awarded in year through Health budget allocations which are distributed to the H&SCP where applicable. The total budget for the delegated and managed services has increased by £23.595m through additional allocations for specific projects as detailed below in Table 1 - £15.297m of this funding has been allocated to budgets and £8.297m is held and yet to be allocated.

	Funding Received 2021-22	Funding B/F	Funding Allocated	Funding to be Allocated to Budgets	Annual recurrent award
	£	£	£	£	
Alcohol and Drug Partnership	919,723	5,056,561	4,403,927	1,572,357	Y
Mental Health Act	344,000		332,200	11,800	Y
Integration Fund		631,442	471,582	159,860	Y
Family Nurse Partnership	1,276,288		1,276,288	0	N
Capacity Building CAMHS & PT	455,623		455,623	0	Y
Mental health innovation fund	287,601		287,601	0	Y
Veterans First Point Transition funding	116,348		116,348	0	Y
Primary Medical Services Bundle	1,717,797		0	1,717,797	N
Outcomes Framework	775,419			775,419	N
PCIF	5,440,204	1,011,130	6,451,334	0	First Tranche received
District Nurses	332,872			332,872	Earmarked recurring
Maternity & Neonatal Psychological Interventions	138,291		138,291	0	N
Mental Health Recovery	2,222,582			2,222,582	N
Redesign of Urgent Care	681,277		681,277		N
Auchtermuchty Medical Practice	48,000			48,000	N
Action 15 Mental Health Strategy	1,090,043		342,000	748,043	First Tranche received
Breast Feeding Projects	66,000			66,000	N
Primary Care Out of Hours Transformation	340,638		340,638	0	N
Ventilation Improvement Allowance	340,639			340,639	N
Mental Health Support for those Hospitalised with Covid	95,480			95,480	N
Support for Development of Hospital at Home	207,000			207,000	N
	16,895,825	**6,699,133**	**15,297,109**	**8,297,849**	

**ADP has been fully committed since June 2021*

4. Directions

There are no Directions required for this paper as the paper provides an update on the financial outturn of the Health and Social Care Partnership based on the position at June.

Planning for Winter will have a potential significant impact on the projected financial outturn. As in previous years, early estimates in relation to the levels of potential expenditure are included and will be refined once more clarity is available through the Winter Planning Group.

5. Financial Performance Analysis as at June 2021

The combined Health & Social Care Partnership delegated and managed services are currently reporting a projected outturn overspend of £5.756m as below.

Fife Health & Social Care Partnership									
As at 30 July	**2021/22**								
Objective Summary	**Budget April**	**Budget June**	**Budget July**		**Forecast Outturn June**	**Forecast Outturn July**	**Variance as at June**	**Variance as at July**	**Movement**
	£m	**£m**	**£m**		**£m**	**£m**	**£m**	**£m**	**£m**
Community Services		106.61	108.571		103.509	105.023	-3.101	-3.548	-0.447
Hospitals and Long Term Care		54.922	56.068		55.753	56.372	0.831	0.304	-0.527
GP Prescribing		74.688	74.587		74.688	74.587	0.000	0.000	0.000
Family Health Services		105.632	104.870		106.132	105.370	0.500	0.500	0.000
Children's Services		17.318	17.653		16.918	17.153	-0.400	-0.500	-0.100
Resource transfer & other payment	385.844	49.718	49.725		51.885	51.892	2.167	2.167	0.000
Older People Residential and Day Care	14.640	14.64	14.640		15.120	14.986	0.480	0.346	-0.134
Older People Nursing and Residential	35.663	35.663	35.663		35.917	35.709	0.254	0.046	-0.208
Homecare Services	30.447	30.447	30.447		31.437	31.483	0.990	1.036	0.046
Adults Fife Wide	4.743	4.743	4.743		4.537	4.525	-0.206	-0.218	-0.012
Social Care Other	1.404	1.404	1.404		1.418	1.439	0.014	0.035	0.021
Adult Placements	43.947	43.947	43.947		49.726	50.371	5.779	6.424	0.645
Adult Supported Living	20.798	20.798	20.798		20.765	20.577	-0.033	-0.221	-0.188
Social Care Fieldwork Teams	16.745	16.745	16.745		16.268	16.130	-0.477	-0.615	-0.138
Housing	1.529	1.529	1.529		1.529	1.529	0.000	0.000	0.000
Total Health & Social Care	**555.760**	**578.804**	**581.390**		**585.602**	**587.146**	**6.798**	**5.756**	**-1.042**
Revised Outturn figure					**585.602**	**587.146**	**6.798**	**5.756**	**-1.042**

The main areas of variances are as follows:

5.1 Community Services underspend £3.548m

Widespread vacancies across a number of departments such as Hospital at Home, AHP's, physio, podiatry, speech therapy and community dental continue to support the forecast year end underspend position of £3.548m. Recruitment to these posts is ongoing across all services. Due to the improved in month position which is attributable to additional budget allocations for ADP and other one off benefits, this has improved the forecast by £0.447m.

5.2 Hospital and Long-Term Care £0.304m overspend

There is a forecast overspend of £0.304m comprising staff costs associated with additional demands relating to patient frailty/complexity. There are also staff shortages and vacancies within Mental Health which has necessitated additional expenditure in relation to medical locums and nursing overtime, bank and agency spend. The projection has improved as savings have now been identified as deliverable later in the year.

5.3 Family Health Services £0.500m overspend

This overspend is due to the locum costs associated with 2c Practices, level of maternity & sickness costs across primary medical service and the potential costs associated with back scanning in GP Practices.

5.4 Children's Services £0.500m underspend

This underspend is due to ongoing vacancies in health visitors, family nurses, paediatric physiotherapy, and school nursing. These are specialised roles which are challenging to fill, recruitment remains ongoing.

5.5 Resource Transfer £2.167m overspend

This overspend reflects the payment between the NHS and Fife Council required to realign the budget as agreed by IJB.

5.6 Older People Residential and Day Care £0.346m overspend

There are overspends on agency and staffing of £0.279m mainly due to non-Covid related absences and unachieved savings on Day Care of £0.094m.

£0.144m of cleaning and catering charges in the Residential Homes have been identified being Covid-related rather than business as usual. We have therefore reduced the non-Covid forecast by this amount.

5.7 Homecare Services £1.036m overspend

The overspend mainly relates to the expectation that not all the of the savings target will be achieved leading to an overspend of £0.582m on Older People Care packages and of £0.089m on payments to individuals to organise their own care. In addition, there is a forecasted overspend of £0.279m due to increased staff mileage.

5.8 Adult Placements £6.424m overspend

£4.5m of the overspend is attributable to packages which have been commissioned in excess of the budget, either from new packages or increases in packages which out-weigh packages which have ended. Progress towards some of the savings' targets has been delayed due to COVID and these are expected to underachieve by £0.938m. In addition to this a provision has been made within the projections of £900k to cover increased packages due to the transition of Service Users from Children and Families. Work is currently underway to implement a recovery package for this area of overspend.

5.9 Social Care Fieldwork Teams – Underspend £0.615m

The £0.615m underspend is due to the projects not running from the start of the financial year. There are also projected underspends on staff vacancies and agency staff are to be used to increase capacity.

6. Savings

A range of savings proposals to meet the budget gap was approved by the IJB as part of the budget set in March. The total value of savings for the 2021-22 financial year is £8.723m. The financial tracker included at Appendix 2, provides an update on all savings and highlights that anticipated savings of £7.479m (85.7%) will be delivered against the target.

Previously approved savings which were unmet at 31 March 2021 require to be made in 2021-22 to balance the budget, these total £5.484m and £3.070m (56%) is currently projected to be achievable.

The non- delivery of savings is currently required to be reported within the Local Mobilisation Plans. As with all costs reported within the mobilisation plan there is no certainty that full funding will be made available by the Scottish Government.

7. COVID

In addition to the core financial position, there is a requirement to report spend in relation to Covid-19 and remobilisation costs. Currently the actual spend to June is £6.383m. It is assumed these costs will be fully funded through the local mobilisation plans Reserves for Covid-19 brought forward from 2020-21 are to be used in the first instance to fund the 2021-22 Covid-19 related expenditure requested in the Local Mobilisation Plan (LMP).

The LMP is updated and resubmitted quarterly, with the next plan due in September.

8. Local Mobilisation Plans (LMP)

On 11 March 2020 John Connaghan wrote to all Chief Executives of NHS Boards and Local Authorities formally requesting the production of Local Mobilisation Plans in response to Covid-19. There was a very clear understanding that the response should be on a whole system basis across all partners. A first draft of the Mobilisation Plan was submitted to the Scottish Government on the 18 March 2020. Since that date the plan and the financial return have continued to evolve, and regular updates have been provided. The returns will continue to be submitted quarterly in 2021-22.

The Qtr 1 submission suggests a full year projection of £29.558m which includes the non- achieved savings relating to Covid-19. The Senior Leadership Team will endeavour to deliver these savings in-year, but it is likely that there will be delays in implementing some of these savings due to on-going restrictions.

This will continue to be reported regularly to both the Finance and Performance Committee and the Integrated Joint Board throughout the financial year.

9. Reserves

Reserves totalling £29.643m are held by Fife Council on behalf of the IJB. £15.108m is related to Covid-19 and a further £7.575m is ear-marked for specific use**.** Expenditure recorded in the LMP is expected to be funded in the first instance from the Covid-19 reserve.

£6.888m is currently uncommitted. A process will be developed for the use of unallocated Reserves, for consideration by SLT. Approval of use of uncommitted balances and any change of use of Earmarked balances will require to be approved by Finance & Performance Committee and Integration Joint Board. We will bring this to the next meeting.

An update is provided at Appendix 2

10. Risks and Mitigation

10.1 Covid

There is a risk that the costs of Covid will not be fully funded by the Scottish Government and it is essential that these costs are continually reviewed to ensure development of a robust case for investment.

The HSCP will continue to contain costs or reduce them wherever possible and to use all funding streams available to them in order to mitigate these new financial pressures.

All areas of expenditure will be reviewed, and every effort will be made to control costs within the overall budget.

10.2 Savings

Non-Delivery of savings is also an area of risk. The plans that were approved in March have been impacted by Covid, as all resources have been focussed on managing the pandemic.

The senior leadership have committed to keep savings under continual review and develop delivery plans that provide clarity in terms of delivery timescales.

10.3 Funding

The potential risk associated with not receiving full funding for mobilisation plans is immediate and requires further consideration by the Finance and Performance Committee. Only 74% of approved savings are estimated to be delivered in this financial year. The remainder will impact on the projected outturn position of the HSCP if funding is not made available. It is recommended that this specific risk is reflected in the projected outturn position with immediate effect and reported to the IJB. The committee are asked to discuss and consider the degree of risk that should be reflected, however, at this stage in the financial year it is proposed that

the full value of non-achieved savings as per Appendix 1 is reflected as presented today.

10.4 Forward Planning

The impact on future year budgets and the requirement to review the financial planning assumptions will be necessary. This is work that will progress and it is anticipated that an update will be provided at the November Committee Meeting.

11. Key Actions / Next Steps

The Integration Scheme advises that where there is a forecast overspend, the Director of Health and Social Care, the Chief Finance Officer of the Integration Joint Board, Fife Council's Section 95 Officer and NHS Fife Director of Finance must agree a recovery plan to balance the total budget. This will be brought to the next meeting of the Finance and Performance Committee.

The Senior Leadership Team (SLT) is reviewing the medium-term financial strategy that will span the period 2021-22 to 2022-24. The SLT believe that it is important to fully engage with all stakeholders and as a result we have been holding development sessions with both Board members and the Local Partnership Forum and will continue to do so particularly in terms of the medium-term financial strategy.

Effective Financial Management remains a key priority for the Partnership. Weekly meetings to consider new and replacement posts has continued and will remain in place. The processes relating to supplementary staffing will be strengthened and a robust approval process is currently under development for locums which will provide clarity and transparency but will also ensure that the consideration of costs is firmly embedded into the commissioning process going forward.

Additional measures to strengthen financial governance are currently being considered in relation to areas of overspend. A further level of scrutiny will be considered and authorisation by the Chief Officer and Chief Finance Officer will be required. A session is planned with the Senior Leadership Team and the detail will be brought to a future meeting of the Finance and Performance Committee.

Audrey Valente
Chief Finance Officer
3 September 2021

APPENDIX 2

Fife H&SCP – Reserves

	2021-22	Future Years
	£m	£m
Balance at 1 April	**(29.643)**	**(6.888)**
Budgets transferred (to)/from Reserves		
*** Estimated Balance at 31 March**	**(29.643)**	
Earmarked Reserves		
PCIF	2.524	
Action 15	1.349	
District Nurses	0.030	
Fluenz	0.018	
Alcohol and Drugs Partnerships	0.315	
Community Living Change Plan	1.339	
Free Style Libre/ Other	2.000	
Covid-19	15.180	
Total Earmarked	**22.755**	
Estimated uncommitted balance at 31 March	**(6.888)**	

Earmarked Reserves	**Total Held**	**Allocated at July**	**Balance**
	£m	**£m**	**£m**
PCIF	2.524	1.513	1.011
Action 15	1.349	1.315	0.034
District Nurses	0.030		0.030
Fluenz	0.018		0.018
Alcohol and Drugs Partnerships	0.315		0.315
Community Living Change Plan	1.339		1.339
Free Style Libre/ Other	2.000	2.000	0.000
Covid-19	15.180	6.383	8.797
- Vaccines – £0.740m			
- Care Homes Nurse Support - £0.332m			
- Flu - £0.203m			
- HSCP LMP - £5.108m			
Total Earmarked	**22.755**	**11.211**	**11.544**

Uncommitted Balance	**Total Held**	**Allocated at July**	**Balance**
	£m	**£m**	**£m**
Total Uncommitted Balance	**(6.888)**		**(6.888)**

Grants held in Fife Council balances on behalf of Fife H&SCP

Self Directed Support	**0.368**

***Outturn report stated £30.019 – Final position for Annual Accounts is £29.643m – total was reduced by £0.368m for Self Directed Support which is held as a Grant Carried forward by Fife Council on behalf of HSCP so is not included in reserve. Also reduced by £0.008m as Housing underspend remained with Fife Council due to suspension of carry-forward scheme.**

APPENDIX 3

TRACKING APPROVED 2020-21 SAVINGS
HEALTH & SOCIAL CARE

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	(Under)/ over achieved	Rag Status
All	2021-24	Travel Review	0.450	0.450	0.000	Green
All	2021-24	Supplementary Straffing and Locums	0.250	0.250	0.000	Green
All	2021-24	CRES	5.429	5.429	0.000	Green
Complex & Critical	2021-24	Bed Based Model	0.500	0.300	(0.200)	Amber
Prescribing	2021-24	Medicines Efficiency	0.500	0.500	0.000	Green
All	2021-24	MORSE	0.800	0.000	(0.800)	Amber
Complex & Critical	2021-24	Review of Payment Cards	0.040	0.040	0.000	Green
Community Care	2021-24	Review of Payment Cards	0.010	0.010	0.000	Green
Complex & Critical	2021-24	Review of respite services	0.130	0.070	(0.060)	Amber
Community Care	2021-24	Review of respite services	0.020	0.010	(0.010)	Amber
Complex & Critical	2021-24	Review of Alternative travel arrangements - Service	0.349	0.175	(0.174)	Amber
Complex & Critical	2021-24	Review of Media Team	0.045	0.045	0.000	Green
Complex & Critical	2021-24	Community Services review	0.200	0.200	0.000	Green
Grand Total			**8.723**	**7.479**	**(1.244)**	**85.7%**

Previously Approved Savings

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	(Under)/ over achieved	Rag Status
Complex & Critical	2020-23	Supplementary Straffing and Locums (20/21)	0.600	0.600	0.000	Green
Community Care	2020-23	BED Based Model	1.000	1.000	0.000	Green
Complex & Critical	2020-23	Managed General Practice Modelling	0.200	0.000	(0.200)	Amber
Complex & Critical	2020-23	Resource Scheduling (Total Mobile)	0.123	0.060	(0.063)	Amber
Community Care	2020-23	Resource Scheduling (Total Mobile)	0.627	0.320	(0.307)	Amber

Complex & Critical	2020-23	High Reserves	0.611	0.100	(0.511)	Red
Community Care	2020-23	High Reserves	0.089	0.000	(0.089)	Red
Complex & Critical	2020-23	Procurement Strategy	0.200	0.100	(0.100)	Amber
Community Care	2020-23	Review Care Packages	0.450	0.450	0.000	Green
Complex & Critical	2020-23	Re-provision of Care	0.875	0.100	(0.775)	Red
Community Care	2020-23	Re-provision of Care	0.525	0.250	(0.275)	Amber
Community Care	2019-22	Previously Approved - Day Care services	0.184	0.090	(0.094)	Amber
Grand Total			**5.484**	**3.070**	**(2.414)**	**56.0%**

Rag Status Key:-

Green - No issues and saving is on track to be delivered

Amber - There are minor issues or minor reduction in the value of saving, or delivery of the saving is delayed

Red - Major issues should be addressed before any saving can be realised

Summary			
Rag Status	**Savings Target £m**	**Overall Forecast £m**	**(Under)/ over £m**
Green	**8.974**	**8.974**	**0.000**
Amber	**3.658**	**1.375**	**(2.283)**
Red	**1.575**	**0.200**	**(1.375)**
Total	**14.207**	**10.549**	**(3.658)**

0.742521

Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**24September 2021**
Agenda Item No:	**8**
Report Title:	**IJB Strategic Risk Register Update**
Responsible Officer:	**Nicky Connor, Director of Health and Social Care**
Report Author:	**Audrey Valente, Chief Finance Officer**

1 Purpose

This Report is presented to the Board for:

- Awareness

This Report relates to which of the following National Health and Wellbeing Outcomes*:*

1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5 Health and social care services contribute to reducing health inequalities.

6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

7 People who use health and social care services are safe from harm.

8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities*:*

- Working with local people and communities to address inequalities and improve health and wellbeing across Fife.
- Promoting mental health and wellbeing.
- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
- Living well with long term conditions.
- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

This 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.

- Senior Leadership Team
- Audit and Risk Committee – 15 September 2021 – at this Committee the following was discussed:-
    - All welcomed the review of the Risk Register and the plan to develop a more formalised risk register ensuring that the IJB Strategic risks include SMART Management Actions with associated timelines.

3 Report Summary

3.1 Situation

As required by the Integration Scheme and set out in the IJB Risk Management Policy and Strategy (RMPS), the IJB has in place a strategic risk register which highlights the key risks to delivery of the Strategic Plan. The risks on the IJB Strategic Risk register are managed by the Senior Leadership Team. A full review of the IJB Strategic Risk Register is currently underway.

3.2 Background

The IJB Strategic Risk Register was last presented to the IJB on 19 February 2021 and to the Audit and Risk Committee at its meeting of 9 July 2021. Discussions have been ongoing at Audit and Risk Committee around the role of the Committee in scrutiny of risk management processes and the extent to which these are in

place and effective. Additionally, the review of the Integration Scheme and the ongoing development work with IJB Members and members of SLT has helped to clarify understanding of the roles and functions of the IJB and the risk management arrangements that are needed to support these roles and functions. Although the revised Integration Scheme is not yet approved and a subsequent review of the IJB Risk Management Policy and Strategy will be required to reflect the new Integration Scheme, the new organisational and Committee structure and reporting routes, there are some actions that can be taken now to improve the quality of the IJB Strategic Risk Register and reporting of relevant risks to the IJB and Committees.

3.3 Assessment

The risks on the IJB Strategic Risk Register are currently due for review.

Taking account of the learning from the process of the Integration Scheme review, discussions previously held at Audit and Risk Committee, and feedback from two drop-in sessions held on 13 and 22 July with input from Audit and Risk Committee members and the internal auditors, a full review of the IJB Strategic Risk register has begun with the Senior Leadership Team.

The review is taking into account the following elements
.

- Clarity of the risks to be included on the IJB Strategic Risk register.
- More formalised links to performance and the Performance Framework for the IJB Strategic Risks.
- Setting SMART management actions to mitigate the IJB Strategic Risks.

It is important that the IJB focus on the key strategic risks to delivery of the Strategic Plan as set out in the Integration Scheme. The IJB strategic risks are being reviewed to ensure that the risks currently being reported reflect this description. High level operational risks for partner bodies will continue to be reported to the IJB and committees if necessary, however, the key focus should be on those risks that sit at the strategic level or impact on the delivery of the Strategic Plan.

The RMPS sets out that performance indicators will be linked, where appropriate, to specific risks on the IJB Strategic Risk Register to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, budget monitoring PIs (Performance Indicators) can provide assurance that key financial risks are under control. Performance is regularly reported to the IJB and its governance committees. This is being further developed and links are to be set out within the risk register as appropriate.

The RMPS is supported by a guidance document for managers – Fife H&SCP – Risk Management Process – Guidance for Managers. This outlines the need to ensure that management actions to help mitigate against or manage a risk should be SMART. This means

S- Being **Specific** about what you want to achieve, not being ambiguous, and communicating clearly.
M- Ensuring your result is **Measurable**. Having a clearly defined outcome that can be measured.
A- Making sure it is **Appropriate**. And is an **Achievable** outcome.
R- Checking that its **Realistic**, it must be possible taking account of time, ability and finances.
T- Making sure it is **Time** restricted. Setting an achievable time frame, deadlines and milestones to check progress.

An example of a SMART action is "Ensure all HSCP managers complete the e-learning module for Duty of Candour by 31 March 2022".

The current review will ensure that the IJB Strategic risks include SMART actions. Key internal controls, meaning controls that are already in place and help to support management of the risk, such as policies, plans, governance arrangements etc, will also be highlighted.

The outcome of this review will be reported to the next Audit and Risk Committee.

3.3.1 Quality/ Customer Care
The existence of an IJB Strategic Risk Register will support quality and customer care issues.

3.3.2 Workforce
No direct workforce implications.

3.3.3 Financial
No direct financial implications.

3.3.4 Risk/Legal/Management
The IJB and its governance committees need to ensure accountability and effective management of risk to ensure delivery of the Strategic Plan.

3.3.5 Equality and Diversity, including Health Inequalities
An EqIA has not been completed and is not necessary because the existence of a risk register is not directly relevant to equality issues.

3.3.6 Other Impact
There are no direct environmental or climate change impacts.

3.3.7 Communication, Involvement, Engagement and Consultation
Consultation has taken place with members of the Health and Social Care Partnership Senior Leadership Team

3.4 Recommendation

- **Awareness** – Members are asked to note the process of the review of the IJB Risk Register and that the revised risk register will be reported to the next Audit and Risk Committee meeting.

4 List of Appendices

There are no appendices included with this report.

5 Implications for Fife Council

Following the review there will be further clarity provided in terms of implications for Fife Council.

6 Implications for NHS Fife

Following the review there will be further clarity provided in terms of implications for NHS Fife.

7 Implications for Third Sector

Following the review there will be further clarity provided in terms of implications for the Third Sector.

8 Implications for Independent Sector

Following the review there will be further clarity provided in terms of implications for the Independent Sector.

9 Directions Required to Fife Council, NHS Fife or Both

Direction To:		
1	**No Direction Required**	X
2	**Fife Council**	
3	**NHS Fife**	
4	**Fife Council & NHS Fife**	

10 To be completed by SLT member only

Lead	
Critical	
Signed Up	
Informed	

Report Contact

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Fife Health & Social Care Partnership
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Meeting Title:	**Integration Joint Board**
Meeting Date:	**24 September 2021**
Agenda Item No:	**9**
Report Title:	**Flu Vaccination Covid Vaccination Tranche 2 Plan Delivery**
Responsible Officer:	**Nicky Connor, Chief Officer and Director of Health and Social Care**
Report Author:	**Lisa Cooper, Immunisation Programme Director Emma Strachan, Project Support Officer**

1 Purpose

This Report is presented to the Board for:

- Awareness
- Discussion

This Report relates to which of the following National Health and Wellbeing Outcomes:

1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5 Health and social care services contribute to reducing health inequalities.

7 People who use health and social care services are safe from harm.

8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Working with local people and communities to address inequalities and improve health and wellbeing across Fife.

- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

This 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.

- Flu Vaccination Covid Vaccination (FVCV) Programme Board – Monday 23 August 2021 – content of report discussed with group.
- Executive Directors Group – 23 August 2021
- NHS Fife Clinical Governance Committee – 2 September 2021
- H&SCP Clinical and Care Governance (C&CG) Committee – 8 September 2021

C&CG noted the content of the paper and were supportive of the delivery plan recognising that it was based on planning assumptions whilst awaiting the outcome of the JCVI decision received 14 September 2021.

3 Report Summary

3.1 Situation

While the COVID-19 vaccination continues to progress with newly identified cohorts, the Board is actively planning for the commencement of the Flu and Covid-19 dose 3 delivery commencing September 2021. In preparation, a new programme has now been established with key leadership directed from the Health and Social Care Partnership (HSCP).

The revised governance structure for FVCV includes a programme board and three supporting workstreams on workforce, scheduling and logistics, mirroring the COVID vaccination programme. A new programme director has now been appointed and commenced their role in early August along with a new programme manager leading the Programme Management Officer (PMO). Transition to the new structure continues and handover periods have been completed with the closure of the previous COVID Silver governance team having now taken place.

Final advice is awaited from the Joint Committee on Vaccination and Immunisation (JCVI). Interim directions to allow planning assumptions to be made have been received from Scottish Government (SG) and the programme has been designed to complement national structures.

However, there are several matters which will have significant influence on the design of the programme which are not yet clear. This includes the COVID vaccine product required which has a major impact on logistics and models. Additionally, while it is assumed to be acceptable, evidence and decision around co-administration of flu and COVID vaccination is still being developed.

Nationally the Programme board advise that JCVI advice to support Tranche 2 delivery is anticipated week beginning 13 September 2021.

3.2 Background

Recent national guidance has highlighted several developments for consideration to FVCV planning which the Clinical and Care Governance Committee are asked to note.

Guidance has been received that the COVID-19 booster should now be referred to as COVID-19 dose 3.

Activity until September

Tranche 1:

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

Currently, the programme has four key priorities:

- Ensuring second doses are given at 8 weeks for those who have received first doses.
- Ensuring first doses to continue for the following groups:
    - Those recovering from COVID (as vaccination cannot be administered until 28 days' post infection).
    - Ensuring there is a rolling option – allowing those who for whatever reason have not previously been vaccinated or come of age during the programme, to ensure they receive a full course.
- Students (including international students arriving in the coming months).
- Children/young people in following groups **(Note: finalised advice is awaited but is not expected to change):**
    - Children aged 12 to 15 years of age with severe neuro-disabilities, Down's Syndrome, underlying conditions resulting in immunosuppression, and those with profound, multiple or severe Learning Disabilities (LD) on LD register. To date, 281 12-15 year olds have self-registered and been scheduled for 1st dose appointments with 49 of those having now received their 1st vaccination.
    - All children aged 16 to 17 years of age.
    - Children and young people aged 12 years and over who are household contacts of persons (adults or children) who are immunosuppressed.

Autumn/Winter Programme

Tranche 2

Delivery Plan

Planning for delivery for all cohorts within both stages of Tranche 2 is at an advanced stage and is based on the planning assumptions provided nationally with workstreams being anticipatory as possible ensuring a cohesive and joined up approach to planning and agreeing models for delivery.

SG advise a formal delivery plan will be requested from boards and as per current planning and reporting arrangements, a template is anticipated. National guidance advises this cannot be completed or submitted until full direction of JCVI was known and anticipated week beginning 13/09/21, local planning must continue in line with nationally agreed planning assumptions. Locally this involves ensuring consideration of a range of scenarios anticipating, planning and mitigating any perceived risks.

Therefore, a formal delivery plan cannot be submitted at this time for consideration and to seek to provide assurance. The FVCV programme board do commit in line with JCVI guidance and suggested national timelines that any formal delivery plan will be presented via established governance routes at the next according Clinical Governance Committee.

Expected Timescales:

w/c 6th September: Children's Flu Vaccinations commence
w/c 20th September: Adult Flu & COVID-19 third dose commencement with initial focus on care homes and immunosuppressed groups
w/c 20th September: Online portal for self-registration due to be open for HSCW
w/c 27th September: HSCW Flu & Covid dose 3 vaccinations commence
w/c 6th December: Completion of all Flu vaccinations

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

It has been noted nationally that there is a risk around public expectation in moving to the 2 stage approach and a national communication plan will be developed to support this, which was anticipated at time of writing week beginning 13/09/21 following Scottish Government advice and approval. There will be a need to adapt this locally.

Prioritisation of these cohorts remains aligned with the initial cohorts 1-9 advised by the JCVI. With stage 1 due to commence in September 2021, this approach and increase on pace will impact on original planning assumptions across the programme. The directive is to complete flu vaccinations by December 2021.

In consideration of the timescale for delivering Flu and a national expectation of 80% uptake, it has been identified that a total number of 185,882 citizens are eligible for receiving a Flu vaccination. Work is currently underway within the programme to assess the feasibility and best approach in achieving successful delivery to the timescale given.

The two stages are:

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

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

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

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

At time of writing, there are two scenarios which the programme is planning for within stage 1 which relate to the co-administration or alternatively decoupling of flu and COVID vaccinations. The national programme has directed Boards to consider it most likely that flu and COVID vaccinations can be delivered concurrently to individuals – however this has yet to be clinically confirmed and therefore a scenario involving decoupled vaccinations with a gap of between them, with the timing for this gap to be clinically confirmed also requires to be scoped.

	Scenario 1 – Concurrent flu and COVID vaccination	**Scenario 2 – Decoupled flu and COVID vaccination**
Description of model	Those eligible in stage 1 will receive both vaccinations at the same appointment. This presents significant efficiencies	Those eligible in stage 1 will receive their vaccinations suggested as three weeks apart
Workforce considerations	Fife has recruited a substantive workforce which would be sufficient to staff community clinics and the HSCWs clinics	The substantive workforce is likely to be close to capacity with this model – further analysis is ongoing but this does represent a risk. There are a significant number of independent contractors and bank staff who may be able to offer support in an urgent situation – these groups were critical in the early stages of COVID vaccination. There will naturally be an extended peak of demand following the first three weeks of vaccinations, with demand then dropping for the final weeks.
Scheduling considerations	The national scheduling system will be used for staff and is	The system will be built with an agnostic appointment, where

	likely be operational w/c 27 September 2021. This is a change to the previous model which involved local scheduling. For members of the public, the existing national scheduling system will be used with local teams responsible for preparation of cohort files and resolving any operational issues.	people can book for one type of appointment. Clinics would need to be designed to accommodate one vaccine type only. The national system will then allow for a booking of the second vaccination. This raises complexity in local clinic builds but is manageable within existing systems. Local leaders have suggested a risk that the DNA rate for flu may be increased in this scenario, this has been recognised nationally.
Logistical considerations	Venues for staff and public clinics have been identified, incorporating learning from the COVID programme and including appropriate accessibility for the target groups. The primary west Fife venue is to be confirmed next week – the other 11 venues are confirmed	Additional capacity is available in venues through extending the leases etc through to the end of January. Some venues could have extended capacity, but not in all cases, which would have transport implications for patients
Vaccination of over 80s	Engagement work is ongoing with GP practices to agree vaccination of this group within general practices who vaccinated this group during the COVID programme.	This will raise additional capacity challenges within practices, particularly with any required wait period if Pfizer were used.
Vaccination of housebound population	The programme intends to work closely with GP Practices to vaccinate this group, and will continue to work with practice nurses and district nursing teams to facilitate	Again, decoupling would raise capacity challenges within primary care nursing services and most likely increase the time to deliver. A full modelling exercise is required, but there is significant intelligence from the COVID programme
Communications	Comms are closely linked into national direction and have established a range of channels, with lessons learned from the COVID programme	There will be added complexity and a particular need to highlight the importance of the flu vaccine to mitigate expected DNAs. Important to manage expectations from local elected members and ensure their support in informing the public

It must also be acknowledged that scenario 2 would as advised direct a longer programme impacting both on length of time to completion, additional resources

including workforce and logistics impacting on the overall spend.

This table is designed to provide assurances around planning by the Programme Board to assure consideration for scenario 2 described and the risk perceived should this be the approach to be implemented once JCVI Tranche 2 guidance is advised.

Eligibility

A self-registration portal is currently in development nationally and due to be released 20th September for frontline Health and Social Care Workforce (HSCW). It is expected that this will enable appointments for Flu and COVID-19 dose 3 to be scheduled for this cohort with the 182 days' period from 2nd dose taken into consideration. The availability of this system will relieve pressure and concern within the board in providing a more localised and temporary approach to this.

Consideration is instructed to be given to COVID 19 vaccination planning of all 12-15 year olds although further guidance is due to follow on this. A concern has been raised around this in terms of workforce and timescale impact.

Further guidance expected to follow on the adult immunosuppressed group in terms of the cohort data and scheduling requirements. Further JCVI is expected, to allow appointing within NVSS. Consideration on feasibility of appointing locally and the impact of this to be given within planning assumptions.

Vaccine Administration

It is assumed currently that Flu and COVID-19 dose 3 can be administered during the same appointment (based on current guidance, which is subject to change) however JCVI advice to delivery teams has stated that both should be administered at the earliest possible time. This could result in both vaccines being administered independently of each other and this is being considered within planning assumptions.

Further confirmation is expected on the time period between COVID-19 second dose and third dose administration, which is currently been highlighted as indicatively being 182 days.

Vaccine Product

Clinical guidance from JCVI has yet to be confirmed on the vaccine product which should be administered for COVID-19 booster. Current guidance is for planning assumptions to be based on administering a different vaccine product for the 3rd COVID-19 booster. It has been confirmed nationally that the 15-minute waiting period will remain for any Pfizer vaccinations administered as a booster.

The assumption that a different vaccine product for the booster COVID-19 dose will be required means current scenario planning suggests Pfizer as vaccine to be delivered locally. This may impact on the ability of GP Practices to support the programme due to perceived logistical, workforce and timescale issues. Work is currently underway by programme leads to engage with GP practices to discuss perceived challenges, assess options available to seek solutions and manage concerns and issues raised effectively.

3.3 Assessment

3.3.1 Quality/ Customer Care

The Board has now exceeded 500k total doses administered in the COVID vaccination with a focus currently on the 4 key areas identified above. An outreach programme has been developed with drop-in clinics across Fife planned for the next 4 weeks. This includes a block of drop in clinics specifically targeted to St Andrews University students, Fife College Campus, Agricultural Workers and independent businesses. The drop-in clinics are also continuing to target the 18-29 cohort to increase vaccination uptake.

Work is continuing on assessing venue suitability for FVCV programme, ensuring they align with the EQIA with a number of clinics now finalised in preparation of the HSCW vaccinations commencing.

Work is underway involving General Practice and good engagement with the Local Medical Committee to mitigate concerns regarding the over 80s cohort and support flu and covid vaccine delivery close to home. These would be transitional arrangements supported by National Temporary and Direct Enhanced Service agreements while the Vaccination Transformation Programme (VTP) is progressed to completion. Due to planning assumptions on vaccine products likely to be administered for third doses, Pfizer would be administered to this group, resulting in logistical challenges with planning progressing to manage these.

3.3.2 Workforce

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

There are agreed risks regarding the sustainability of the workforce in the longer term: many are contracted to March 2022. Workforce planning is at an advanced level and will be completed and progressed for approval once models for delivery are agreed.

3.3.3 Financial

The programme continues to work closely with Finance colleagues to track and report on expenditure. Additional costs identified throughout the planning stages of the FVCV programme will be reported accordingly.

3.3.4 Risk/Legal/Management

A review of the existing COVID-19 risk register has taken place within the programme, assessing those to be carried forward into the FVCV programme, those to be closed and new risks to be added. There are currently 22 risks identified to be carried over, with 2 of those carrying a high risk level. Recommendations on risks to be amended have been provided and a further 5 new risks have been identified for addition to the FVCV risk register.

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

One of the primary risks identified locally has been use of the national vaccination scheduling system, which has encountered a range of operational difficulties over the last 7 months. The direction nationally is to continue use of this system. Local resilience around its use will continue to be a focus.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Other Impact

No other impact.

3.3.7 Communication, Involvement, Engagement and Consultation

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

Since writing and presenting this paper via the governance committees on route to the IJB, a further national update has since been received to direct delivery and updates will be presented to the relevant committees accordingly.

3.4 Recommendation

- **Discussion** – in anticipation of full delivery plan being presented.

4 List of Appendices

N/A.

5 Implications for Fife Council

Ongoing collaboration to ensure effective workforce planning.

6 Implications for NHS Fife

Ongoing work to plan and deliver the flu and covid vaccination programme in line with local and national guidance.

7 Implications for Third Sector

Commitment to ongoing communication and engagement to support inclusivity work.

8 Implications for Independent Sector

Commitment to ongoing communication and engagement to support logistics.

9 Directions Required to Fife Council, NHS Fife or Both

Direction To:		
1	**No Direction Required**	
2	**Fife Council**	
3	**NHS Fife**	X
4	**Fife Council & NHS Fife**	

10 To be completed by SLT member only

Lead	
Critical	
Signed Up	
Informed	

Report Contact
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Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**24 September 2021**
Agenda Item No:	**10**
Report Title:	**Fife Immunisation Strategic Framework 2021-24**
Responsible Officer:	**Nicky Connor, Director of Fife Health & Social Care Partnership** **Joy Tomlinson, Director of Public Health**
Report Author:	**Carol Bebbington, Consultant Immunisation Review**

1 Purpose

This Report is presented to the Board for:

- Decision

This Report relates to which of the following National Health and Wellbeing Outcomes:

1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5 Health and social care services contribute to reducing health inequalities.

7 People who use health and social care services are safe from harm.

8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Working with local people and communities to address inequalities and improve health and wellbeing across Fife.

- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

This 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 Director Group - 23 August 2021
- NHS Fife Clinical Governance Committee – 2 September 2021
- H&SCP Clinical & Care Governance Committee (C&CG) – 8 September 2021
- IJB Development Session – 10 September 2021

At both the C&CG and IJB Development session, the Strategic Framework was presented, discussed and well received and was observed by both groups to be a document which was clear in its purpose. The need for excellence in community engagement to achieve the priorities of the framework was discussed and the ambition of the 3 year plan was commended to meet the vision. The Chair of the C&CG noted the recommendation of the paper was that the Committee agree the Strategic Framework be tabled at the IJB Committee Meeting and this was agreed by all. The Direction to NHS Fife was also presented to support this decision. It was suggested there were complexities in the roles and leadership structures between NHS Fife and the HSCP and these roles and structures were presented and discussed in more detail at the development session to allow for understanding.

3 Report Summary

3.1 Situation

The 2021 independent review of immunisation resources and structures in Fife made recommendations with regard to the structure and governance of immunisation programmes and the requirement to develop a cohesive immunisation strategy. The Fife Immunisation Strategic Framework 2021-24 has been developed in accordance with the review findings and is contained at Appendix 1.

The Integration Joint Board are asked to consider the report and support implementation of the Fife Immunisation Strategic Framework 2021-24.

3.2 Background

An independent review of the immunisation resources and structures was jointly commissioned by the Director of Public Health and Director of Fife Health and

Social Care Partnership (HSCP) to make recommendations to NHS Fife to meet the increasing demands and expectations of all childhood and adult immunisation programmes.

This review made recommendations related to: -

- the leadership and management of the immunisation programmes including a revised structure and description of key roles and responsibilities.
- the governance structure along with summary of remits of the proposed and existing groups and committees.
- the planning requirements to develop a cohesive immunisation strategy.

The Health Care Governance Committee received the report on Immunisation Leadership and Governance in July 2021. This report brings forward the proposed Fife Immunisation Strategic Framework 2021-24 for consideration which has been informed from learning from the seasonal flu and COVID-19 programmes, independent review of immunisation services in Fife and the draft planning and policy principles for development of future vaccinations in Scotland.

3.3 Assessment

Immunisation programmes are one of the greatest public health interventions in terms of measurable impact on morbidity and mortality. Immunisation not only provides protection for the individual, but also offers important benefits for the long-term health of the community.

This Strategic Framework sets out the shared vision of NHS Fife and Fife Health and Social Care Partnership for a Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course.

Through implementation of the strategy, we aim to:

- Protect the people of Fife from vaccine preventable disease by maximising uptake across all immunisation programmes;
- Contribute towards improved wellbeing and reducing health inequalities;
- Ensure immunisation services are safe, effective and of a consistent high quality;
- Raise people’s awareness of the public health benefits and people’s trust in vaccinations.

To realise our vision and ambitions four priorities for action have been identified:

1. Optimise immunisation coverage ensuring equitable access for all eligible groups.
2. Enhance the monitoring & evaluation of immunisation programmes.
3. Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services.
4. Community engagement and promotion.

A strategic action plan has been developed to ensure 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.

Regular updates on progress will be reported to the Executive Director Group and onto the appropriate public health and clinical governance committees of NHS Fife Board, Fife IJB and Fife HSCP.

Monitoring and reporting over the life of the strategy, together with an evaluation of the strategy in the final year of implementation, will inform future direction and the development of future strategic plans.

3.3.1 Quality/Customer Care

The core principles underpinning the transformation of immunisation services will ensure they are person centred and responsive to the needs of individuals, as inclusive and accessible as possible, informed by clinical evidence and expert advice, delivered at an appropriate pace to reduce risk and that people experience high quality, safe, effective and efficient services.

3.3.2 Workforce

Whilst further national direction is anticipated the development of a workforce plan and recruitment of a dedicated workforce will be prioritised to minimise impact on other NHS services and ensure sustainability of provision.

3.3.3 Financial

A robust financial plan will be developed in accordance with the workforce plan, models of delivery and taking account of the national direction with regard to immunisation programmes.

3.3.4 Risk/Legal/Management

Our recent experience of the COVID-19 pandemic demonstrates how outbreaks can overwhelm and profoundly disrupt public health programmes, clinical services and health and social care systems and has emphasised the critical importance of vaccines in the battle against emerging and re-emerging infections to protect people and save lives.

Immunisation services are an integral part of a well-functioning healthcare system. This strategy supports a collaborative whole systems approach across NHS Fife and Fife Health and Social Care Partnership to provide immunisation services that are safe and accessible and reflect the needs and demands of the population.

The implementation and governance of this strategy will be jointly led by the Director of Public Health (Executive Lead) and the Director of the Health and Social Care Partnership (Senior Responsible Officer). This integrated approach will ensure that there is appropriate accountability and governance oversight of immunisation at Board level and that the immunisation programmes meet their objectives, deliver the required outcomes and realise the anticipated benefits for the population of Fife.

A Flu Vaccine and COVID Vaccine (FVCV) Programme Board has been established to provide multidisciplinary oversight and governance for all activities relating to seasonal flu and COVID-19. This will enable the synergies across these two large population-based programmes to be maximised and aligns with the direction of the national FVCV programme.

A Vaccination Transformation Board has been established to drive forward the changes required to move all other vaccination provision away from general practice delivery to dedicated NHS teams. Three workstreams have been established to oversee the delivery f workforce, scheduling and logistics.

3.3.5 Equality and Diversity, including Health Inequalities

Equality in immunisation is an important way to address health inequalities. Ensuring that coverage is not only high overall, but also within underserved communities is essential for disease control and elimination strategies. Immunisation uptake is lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services. Low coverage patterns risk exacerbating health inequalities further through a rise in incidence in preventable diseases at both an individual and population level due to loss of benefits associated with herd immunity.

An impact assessment has not been completed for this report. The Strategic Action Plan sets out key actions to standardise the equality impact assessment process across all immunisation programmes and to develop and implement an Inclusivity Plan.

3.3.6 Other Impact

It is recognised that where there are unmet information needs people may not be making truly informed choices about vaccination. There is a need for community engagement and promotion based around improved communication strategies, effective clinical and political leadership and public health messaging to help address the issues, constructively challenge the vaccine hesitant and improve the dialogue around immunisation.

3.3.7 Communication, Involvement, Engagement and Consultation

The development of the Strategic Framework builds on the learning and stakeholder engagement undertaken within the immunisation reviews. The commissioning team have met on a fortnightly basis to discuss progress.

3.3.8 Recommendation

The report is provided to the Integration Joint Board for

- **Decision** – agree / disagree

4 List of Appendices

Not applicable.

The following appendices are included with this report:

- Appendix 1, Fife Immunisation Strategic Framework 2021-24
- Appendix 2, Direction from Fife Integration Joint Board (IJB)

5 Implications for Fife Council

Ongoing integrated working to support workforce planning

6 Implications for NHS Fife

Collaborative an integrated working to deliver the priorities within the framework

7 Implications for Third Sector

A commitment to ongoing joint working to achieve the priorities of the strategic framework

8 Implications for Independent Sector

A commitment to ongoing joint working to achieve the priorities of the strategic framework

9 Directions Required to Fife Council, NHS Fife or Both

Direction To:		
1	**No Direction Required**	
2	**Fife Council**	
3	**NHS Fife**	X
4	**Fife Council & NHS Fife**	

10 To be completed by SLT member only

Lead	
Critical	
Signed Up	
Informed	

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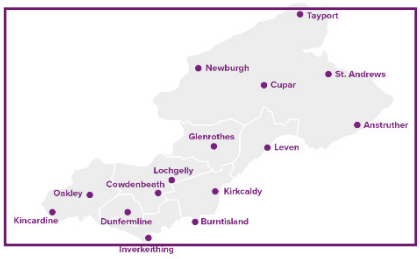
APPENDIX 1

Fife Immunisation Strategic Framework 2021-2024



Contents

Fife Immunisation Strategic Framework 2021-24

A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course.

Our Core Principles

- Person Centred
- Inclusive
- Integrated
- Evidence Based
- Timely
- Quality & Safety Focused

Our Aims

- To protect the people of Fife from vaccine preventable disease by maximising uptake across all immunisation programmes
- To contribute towards improved well being and reducing health inequalities
- To ensure immunisation services across Fife are safe, effective and of a consistent high quality
- To raise peoples' awareness of the public health benefits of vaccination and raise peoples' trust in vaccinations.

Enablers

- Service Models: Design; Delivery; Access; Evaluation
- Workforce: Recruitment; Training; Skill Mix; Safe Staffing
- Logistics:- Venues; Cold Chain; Supplies; 4G/Wi-Fi
- Scheduling: Systems; Booking; Times & Days
- Data: Systems; Recording; Uptake Rates

Our Priorities

- Optimise immunisation coverage ensuring equitable access for all eligible groups
- Enhance the monitoring & evaluation of immunisation programmes
- Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services
- Community engagement & promotion

What we need to consider

Vaccination needs of population across the lifespan

Large geography & diversity of urban & rural settings

Accessibility

Best Use of Resources

Introduction

Immunisation programmes have been an integral part of health services and public health for over 200 years since the ground-breaking discovery by Edward Jenner of the small pox vaccine. They are considered one of the greatest public health interventions in terms of measurable impact on population morbidity and mortality.[1]

Immunisation is a safe and effective way to help protect the population from serious vaccine-preventable diseases. Since the initial focus on six childhood vaccine-preventable diseases over four decades ago, they have evolved rapidly and expansively in a relatively short space of time. The addition of new vaccines has increased the breadth of protection provided by immunisation, to include vaccinations for protection of older children, adolescents and adults. Immunisation not only provides protection for the individual, but also offers important benefits for the long-term health of the community. For immunisation to provide the greatest benefit a sufficient proportion of the population need to be vaccinated to stop the spread of bacteria and viruses that cause disease – this is known as herd immunity. The success of established vaccination programmes mean that most vaccine preventable diseases of childhood are now rarely seen however there remains a need to ensure the population understand the importance of protection across all age groups.

Equality in immunisation is an important way to address health inequalities. Ensuring that coverage is not only high overall, but also within underserved communities is essential for disease control and elimination strategies. Immunisation uptake has been shown to be lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services[2].

Our recent experience of the COVID-19 pandemic demonstrates how outbreaks can overwhelm and profoundly disrupt public health programmes, clinical services and health and social care systems and has emphasised the critical importance of vaccines in the battle against emerging and re-emerging infections to protect people and save lives[3].

Providing cohesive immunisation services is paramount for success. Services must be safe and easily accessible, reflect the needs and demands of the population and will require the right workforce to deliver the right immunisations in the right place at the right time.

As we modernise immunisation service provision over the next three years it will be essential that inequalities are addressed in the new models of delivery, close monitoring of uptake rates continues and that immunisation services are recognised as an integral part of a well-functioning healthcare system.

[1]World Health Organisation: Strategic Advisory Group of Experts (SAGE) on Immunization Assessment Report of the Global Vaccine Action plan. 2018

[2] PHE Immunisation Inequalities Strategy, February 2021

[3] UK COVID-19 Vaccines Delivery Plan, January 2021, Department of Health & Social Care

National and Local Context

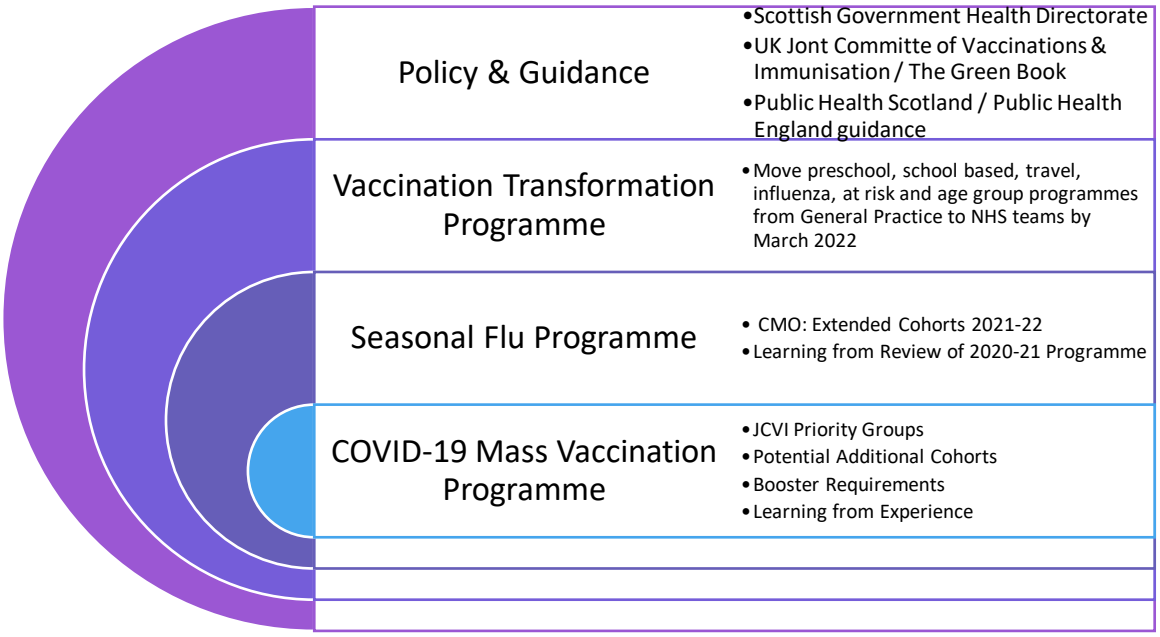


Fig 1: National and Local Context for Immunisation

Immunisation policy in Scotland is set by the Scottish Government Health Directorate who take advice from the UK Joint Committee of Vaccinations and Immunisation (JCVI). The JCVI provide advice on immunisations for the prevention of infections and/or disease following due consideration of the evidence on the burden of disease, on vaccine safety and efficacy and on the impact and cost effectiveness of immunisation strategies[4]. The UK immunisation schedule is continually reviewed and updated[5]. *Immunisation against infectious disease (*commonly known as the *Green Book)* reflects the current policies and procedures as advised by the JCVI and provides essential guidance on vaccines and vaccination procedures for all vaccine preventable diseases that may occur in the UK[6].

December 2019 saw the emergence of a new coronavirus, COVID-19, which led to a global pandemic being declared by the World Health Organisation in March 2020. Thousands of people in Scotland have died as a direct result of COVID-19. The indirect impact of COVID-19 on Scotland's health, economy and society will affect thousands more[7]. Mass vaccination of the population with COVID-19 vaccine is the single largest Public Health intervention in modern times. The priorities for this programme have been set out by the JVCI and vaccination remains a vital component for recovery and prevention of future outbreaks.

The 2018 Scottish General Medical Services (GMS) Contract[8] set out a new direction for general practice in Scotland which aims to improve access for patients, address health inequalities and improve population health. One of the priorities for implementation of the new contract is to reduce workload pressure on general practice and it has been agreed nationally that the delivery of vaccination programmes will transfer from GP practice staff to dedicated NHS teams under the Vaccination Transformation Programme (VTP). The VTP is divided into different work streams[9]: -

[4] Joint Committee on Vaccination and Immunisation Code of Practice, June 2013
[5] Complete schedule (children & adults) available here: https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule
[6] Immunisation Against Infectious Disease, Immunisation against infectious disease - GOV.UK (www.gov.uk)
[7] Public Health Scotland Strategic Plan 2020-23
[8] GMS contract: 2018 - gov.scot (www.gov.scot)
[9] www.healthscotland.scot/health-topics/immunisation/vaccination-transformation-programme

- Pre-school programme
- School based programme
- Travel vaccinations and travel health advice
- Influenza programme
- At risk and age group programmes (shingles, pneumococcal, hepatitis B).

Transfer of all routine infant, pre-school booster and school age vaccinations had already been completed in Fife prior to 2020. Transfer of 2–5-year flu vaccine delivery was completed in autumn 2020 but other transfer plans were delayed due to the pandemic and some adult programmes were temporarily suspended. The national programme has been extended by a year with completion due by end of March 2022. This timeline remains challenging and the backlog of unvaccinated adults in eligible groups for example, for pneumococcal and shingles, has grown.

The seasonal flu programme is a strategic and Ministerial priority as well as a key clinical priority for NHS Fife and Fife Health & Social Care Partnership (HSCP). The Chief Medical Officer[10] has set out the priorities for the 2021-22 flu programme which aims to protect those most at risk from flu and to ensure that the impact of potential co-circulation of flu and COVID-19 is kept to an absolute minimum. There has been a significant extension to the eligible groups and a key focus of the programme will be to promote and increase flu vaccine uptake. Delivery of the programme will be challenging due of the ongoing impact of COVID-19 on our health and social care sector.

Independent reviews of the Seasonal Flu Programme 2020-21 and of the structure, governance, planning and resourcing requirements for immunisation in Fife together with learning from the roll out of the COVID-19 programme have identified key considerations for the development and delivery of all immunisation programmes (figure 2).

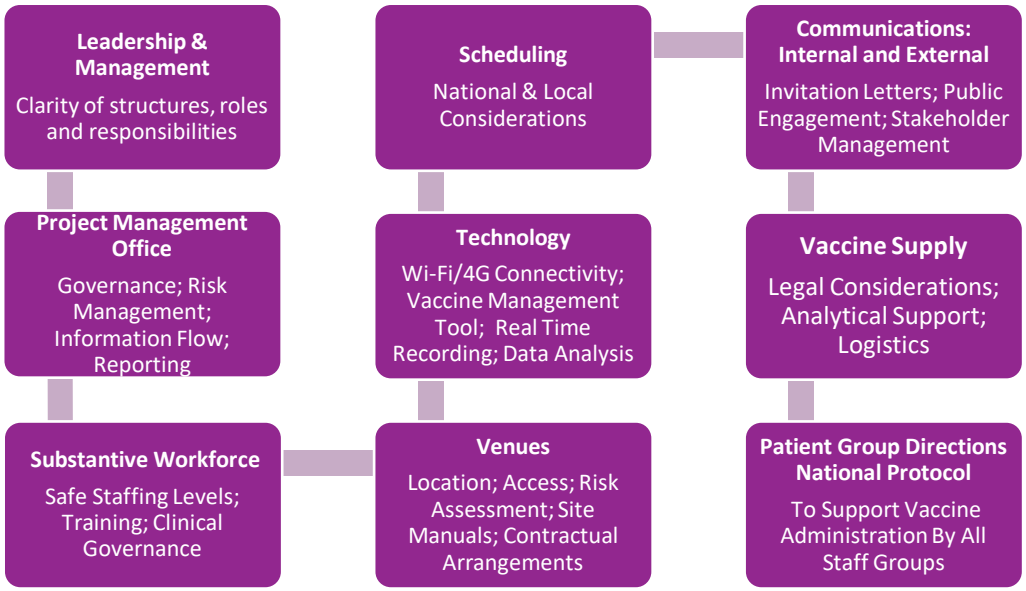


Figure 2: Key considerations for development and delivery of immunisation programmes

Vaccine Preventable Disease

Vaccine-preventable diseases are those that are notifiable for surveillance purposes and for which a vaccine is available. In Fife and across Scotland the level of vaccine preventable disease is low (Table 1). All vaccine preventable disease under surveillance have shown a notable reduction in the past 12 months which is most likely due to the social distancing measures and restrictions implemented in

[10] SGHD/CMO(2021)7

response to the COVID-19 pandemic[11]. It is noted that the circulation of influenza was very limited in the UK in the 2020-21 season; therefore a lower level of population immunity is expected. 2021-22 will be the first winter when COVID-19 will co-circulate with seasonal influenza. This has the potential to add substantially to the usual winter pressures faced by the NHS, particularly if infection waves from both viruses coincide[12].

Table 1: Vaccine Preventable Disease	
Haemophilus influenzae	There have been less than 5 cases of invasive *H. influenzae* type b infection in Fife since 2009
Measles	In 2019 there were a small number of confirmed cases (less than 5) with limited secondary transmission. There were no confirmed cases in 2020
Meningococcal disease	There were less than 5 cases in 2019 (age range 5 to 75 years) and 5 cases in 2020 (age range 3 to 84 years)
Invasive Pneumococcal disease	Across both Scotland and Fife there has been a much lower number of cases in 2020 than in the previous four years: less than 5 in Fife
Pertussis (whooping cough)	Across Scotland there were 198 confirmed cases in 2020 with less than 5 in Fife. The majority of cases occurred in first quarter of 2020 and since lockdown the numbers have been very low.
Human Papilloma Virus (HPV)	Surveillance has shown that the HPV vaccine has reduced the highest grade of cervical pre-cancer at age 20 by almost 90% in Scotland
Mumps	There was a high number of laboratory-confirmed mumps cases in the first quarter of 2020 (853) across Scotland with 14 cases in Fife in 2020, all of which were in the first quarter. The incidence reduced after April 2020 most likely due to social distancing measures but also reduced attendance in Primary Care to diagnose.
Rotavirus	Following the introduction of the immunisation programme in 2013 there has been a reduction in numbers of hospital admissions in children under 5 years, and numbers of GP consultations for gastrointestinal illness in infants under 1 year in Scotland. The number of reports of confirmed rotavirus in 2020 remained low.
Rubella	The last reported case of laboratory-confirmed rubella in Scotland was in 2017.
Shingles	Rates of admissions and GP consultations for shingles remained fairly static during the period 2010 to 2017 in Scotland, with higher rates in the more susceptible older age groups; more recent surveillance data has not yet been published.
Tetanus	There have been no confirmed cases of tetanus in Fife since 2009.
Tuberculosis (TB)	Incidence of TB in Fife is lower than the Scottish average which has shown a consistent downward trend during the period 2010 to 2019. An increasing proportion of those with TB are born outside the UK and more than a third of cases live in the most deprived SIMD quintile.
Influenza	In the 2019 to 2020 season, low levels of influenza activity were observed in the community. Influenza activity in 2020/21 has remained at baseline.

[11] Immunisation and Vaccine Preventable Diseases Quarterly Update June 2021, Public Health Scotland
[12] JCVI interim advice: potential COVID-19 booster vaccine programme winter 2021 to 2022 - GOV.UK (www.gov.uk)

Snapshot of Immunisations in Fife

Figure 3: Immunisation uptake rates by 24 months of age in NHS Fife ,by calendar year

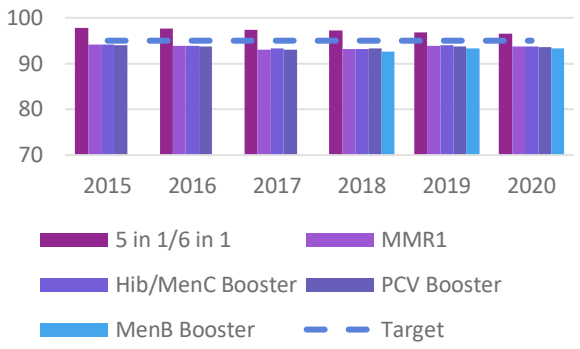
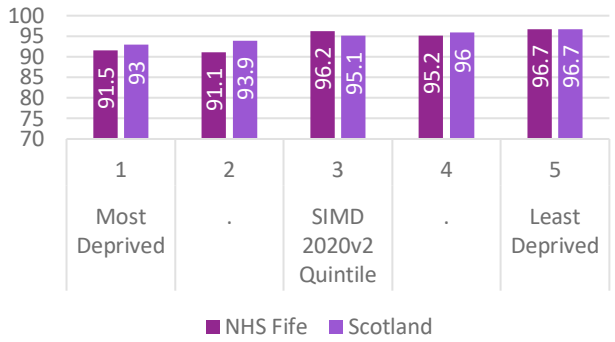


Figure 4: MMR1 vaccine uptake rates by 24 months of age by SIMD quintile in NHS Fife, 2020



Children's Immunisations At 24 Months

Uptake rates in 2020 by 24 months of age are above 95% for the 6-in-1 vaccine and below 95% for first dose of MMR vaccine, Hib/MenC, PCV boosters, and Men B booster (Figure 3). The Scottish Index of Multiple Deprivation (SIMD) data shows that the 95% target is met for first dose MMR, Hib/MenB, PCV booster and MenB booster within the least deprived quintiles (3-5) but not in the most deprived quintiles 1 and 2 (figure 4). The drop-off in vaccination rates in quintiles 1 and 2 is more pronounced in Fife than is seen in the rest of Scotland.

Teenage Routine Immunisations

The teenage immunisation schedule includes booster immunisation for tetanus, diphtheria and polio (Td/IPV, given around 14 years of age); an immunisation protecting against four strains of meningococcal bacteria (MenACWY) and two doses of human papilloma virus vaccine. The teenage booster programme in Fife demonstrates a clear socioeconomic difference in vaccination uptake (Figure 5). Whilst this is similar to that seen in the rest of Scotland it indicates a need to develop targeted interventions.

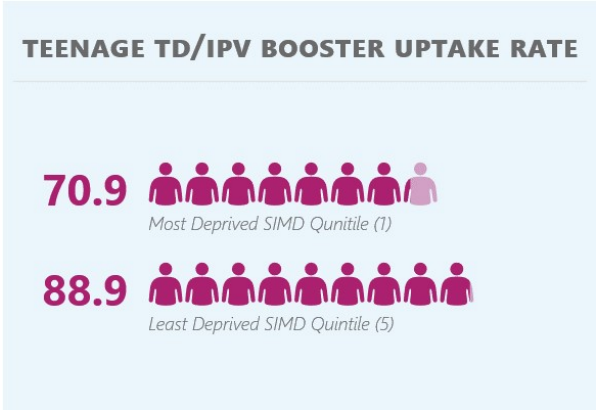


Figure 5: Socioeconomic difference in uptake in

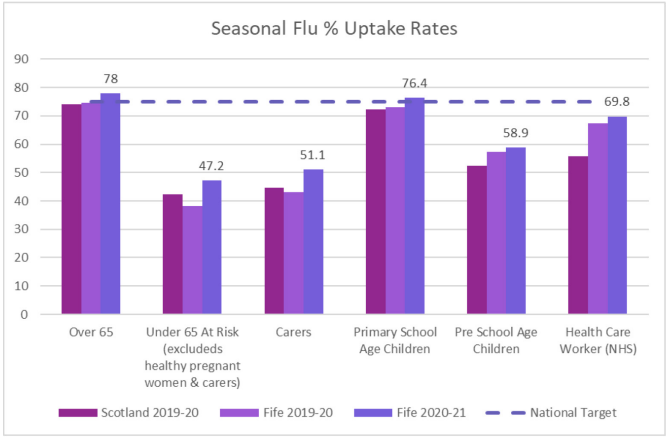


Figure 6: Seasonal Flu Uptake 2019-2021

Influenza

Influenza is associated with significant morbidity and mortality during the winter months, particularly in those at risk of complications. There is a 75% uptake rate target for each of the eligible cohorts. Data indicate that the overall vaccine uptake for Fife was higher in 2020-21 than in the previous season (figure 6). Increases were also seen in Scotland across these cohorts in 2020/21'[13].

[13] Weekly national seasonal respiratory report (publichealthscotland.scot)

Selective Immunisation Programmes

Immunisation programmes are also available for certain populations who are especially vulnerable to or at increased risk of vaccine preventable diseases. This includes healthcare workers, pregnant women, older people, prisoners, men who have sex with men and people with predisposing medical conditions.

Bacillus Calmette-Guerin (BCG) Vaccine

The aim of the UK selective BCG programme is to immunise those at increased risk of developing severe disease and / or exposure to Tuberculosis (TB) Infection. The BCG vaccine is offered to babies who are more likely than the general population to come into contact with someone with TB. The vaccine is usually offered soon after birth[14]. The neonatal BCG vaccination pathway is under review and the outcome of this will inform the future delivery of the programme in Fife.

Hepatitis

Both hepatitis A and B can be prevented with vaccination. In Fife, babies born to mothers who have hepatitis B or live in a house where someone is infected with the virus are offered hepatitis B vaccination within 24 hours of birth to reduce the risk of chronic infection and avoidable harm. This is in addition to the routine immunisation offered to all babies in the 6-in-1 vaccine.

Sexual Health

Hepatitis vaccine A&B is recommended for men who have sex with men (MSM), anyone having sex with people from countries where hepatitis B is more common and those with multiple sexual partners[15]. MSM are also considered to have higher risk of Human Papilloma Virus (HPV) infection which can cause genital warts and certain types of cancer. Both HPV and hepatitis vaccines are freely available through sexual health clinics. Data on uptake is affected by a number of factors and requires further scrutiny. An audit of data systems and processes in Fife in collaboration with National Sexual Health System (NaSH) would enable more reliable datasets to be developed.

Pertussis (Whooping Cough)

Since 2012 pertussis vaccination has been offered to all pregnant women with uptake during 2019 in Fife at 66.7% (Scotland 67.2%), data for 2020 is not currently available. The uptake data is reported by NHS Board of delivery and therefore excludes those who choose to receive their maternity care in other Board areas.

Occupational Vaccination for Health Care Workers

The objective of occupational immunisation of healthcare and laboratory staff is to protect workers at high risk of exposure and their families; to protect patients and other staff from exposure to infected workers; and to sustain the workforce. Vaccinations are offered to staff dependent on where they work in accordance with the guidance in the Green Book[17] (Table 2).

Vaccination	Health Care Workers
Up to date with routine immunisations e.g., Tetanus, MMR, Polio	All staff
BCG	Those who may have close contact with TB infectious patients.
Hepatitis B	Those who may have direct contact with blood or blood-stained body fluids.
Influenza (annual)	Those directly involved in patient care
Pertussis[16]	Those who have regular contact with pregnant women or young infants

Table 2 Vaccination Offered to Health Care Workers

[14] BCG vaccine - Immunisations in Scotland | NHS inform
[15] https://www.sexualhealthscotland.co.uk/the-clinic/stis/hepatitis
[16] https://www.gov.uk/government/publications/pertussis-occupational-vaccination-of-healthcare-workers/pertussis-occupational-vaccination-of-healthcare-workers
[17] https://www.gov.uk/government/publications/immunisation-of-healthcare-and-laboratory-staff-the-green-book-chapter-12

COVID-19

COVID-19 is a highly infectious respiratory infection which can spread quickly and cause serious illness, hospitalisation and death. COVID-19 vaccines have been approved for use by the Medicines and Healthcare products Regulatory Agency (MHRA) and mass vaccination of the population is well underway and is being delivered in Fife in accordance with JCVI guidance, prioritising those most at risk based on age and clinical condition. The vaccine is given in two doses and offers good protection within two to three weeks of the first dose.

As of 18th July 2021, 96.5% of people aged 40+years in Fife have received their first dose and 91.9% have received their second dose. The uptake by age group in is shown in figure 7[18].

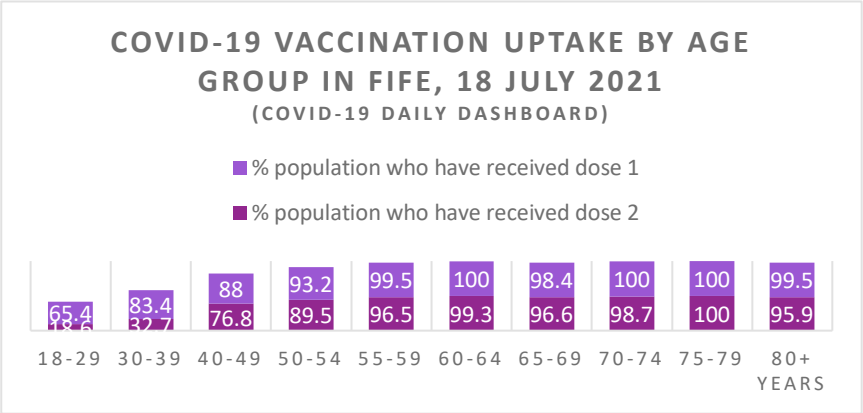


Fig 7: COVID-19 Vaccination Uptake Rates in Fife

The JCVI have released interim advice on a potential COVID-19 booster vaccination programme for winter 2021 to 2022[19] with the intention that this will ensure the protection built up in the population does not decline through the winter months and that immunity is maximised to provide additional resilience against variants. The planning assumption is that the booster programme will begin in September 2021 and is to be offered in 2 stages as outlined in figure 8. Early evidence supports the delivery of both COVID-19 and influenza vaccines at the same time and where possible, a synergistic approach to the delivery will be taken to maximise uptake of both vaccines.

Stage 1	Stage 2
Offer third dose COVID-19 booster vaccine & annual influenza vaccine from September 2021 to: • Adults aged 16 years and over who are immunosuppressed • Those living in residential care homes for older adults • All adults aged 70 years or over • Adults aged 16 years and over who are considered clinically extremely vulnerable • Frontline health and social care workers	Offer third dose COVID-19 booster vaccine as soon as practicable after stage 1, with influenza vaccine where eligible to: • All adults aged 50 years and over • Adults aged 16 to 49 years who are in an influenza or COVID-19 at-risk group. (As set out in the Green Book) • Adult household contacts of immunosuppressed individuals

Figure 8: Two Stage Potential COVID-19 Booster Programme

The JCVI have also advised that children and young people aged 12 years and over with specific underlying health conditions that put them at risk of serious COVID-19, and those who are household contacts of persons (adults or children) who are immunosuppressed should be offered COVID-19 vaccination[20].

The JCVI will continually review the evidence and finalise advice as more data becomes available. Delivery of the COVID-19 programme in Fife will be adapted to respond to any advised changes.

[18] COVID-19 Daily Dashboard | Tableau Public

[19] JCVI interim advice: potential COVID-19 booster vaccine programme winter 2021 to 2022 - GOV.UK (www.gov.uk)

[20] JCVI statement on COVID-19 vaccination of children and young people aged 12 to 17 years: 15 July 2021 - GOV.UK (www.gov.uk)

Equity and Inclusion

Equality in immunisation is an important way to address health inequalities. Ensuring that coverage is not only high overall, but also within underserved communities is essential for disease control and elimination strategies[21]. Immunisation uptake has been shown to be lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services. Low coverage patterns risk exacerbating health inequalities further through a rise in incidence in preventable diseases at both an individual and population level due to loss of benefits associated with herd immunity.

Although Scotland continues to perform strongly for vaccination uptake rates of the childhood programme compared to the rest of the UK[22] there have been recent concerns that completion rates in the childhood programme are showing a gradual decline. 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. The data demonstrates substantial socioeconomic inequalities across the childhood and teenage immunisation programme and that these increase with age. Further work is needed to explore and understand these areas of inequality.

To promote equity and inclusion in the COVID-19 vaccination programme a comprehensive Equality Impact Assessment (EQIA)[23]was undertaken which focussed not only on the differential impacts certain population groups may face in their ability to take up the offer of vaccination but also the need to make the mass vaccination programme as inclusive and accessible to the population as possible. Further work is required to apply this learning across all immunisation programmes.

Vaccine hesitancy is increasing and failure to vaccinate is well-recognised in Europe as a contributing factor to outbreaks of infectious diseases. Whilst public perception of vaccination is good and thought to have value in protecting people from specific disease this may not necessarily translate into the belief that a specific vaccine is worth having at an individual level due to misinformation, lack of confidence in vaccines, an underestimation of risk or difficulties in access[24].

Cultural norms, beliefs and behaviours shape how people navigate the health system and vaccination programmes. Low vaccine uptake has been seen in migrant communities. Recent research in Lothian identified trust in the national vaccination policy, health professionals and in individual vaccines together with language and communication issues affected the uptake within Polish communities[25].

It is recognised that where there are unmet information needs people may not be making truly informed choices about vaccination. There is a need for community engagement and promotion based around improved communication strategies, effective clinical and political leadership and public health messaging to help address the issues, constructively challenge the vaccine hesitant and improve the dialogue around immunisation.

Our Vision

A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course.

[21] PHE Immunisation Inequalities Strategy, February 2021
[22] https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2020-to-2021-quarterly-data
[23] https://www.nhsfife.org/media/34517/covid-vaccine-programme-eqia.pdf
[24] Exploring public views of vaccination service delivery - Publications - Public Health Scotland
[25] A qualitative study of vaccination behaviour amongst female Polish migrants in Edinburgh, Scotland - ScienceDirect

Our strategic approach integrates national, regional and local policy objectives to ensure we take a collaborative whole-systems approach to improving immunisation and delivering the transformational change required. The following aims, priorities and core principles have been informed from our learning from the seasonal flu and COVID-19 programmes, independent review of immunisation services in Fife and the draft planning and policy principles for development of future vaccinations in Scotland.

Our Aims and Priorities

Our Aims	To protect the people of Fife from vaccine preventable disease by maximising uptake across all immunisation programmes
	To contribute towards improved wellbeing and reducing health inequalities in Fife
	To ensure immunisation services across Fife are safe, effective and of a consistent high quality
	To raise people's awareness of the public health benefits and raise people's trust in vaccinations
Our Priorities	Optimise immunisation coverage ensuring equitable access for all eligible groups
	Enhance the monitoring and evaluation of immunisation programmes
	Support and empower a sustainable and skilled workforce to deliver safe and effective immunisation services
	Community engagement and promotion

Core Principles

The core principles underpinning transformation of immunisation services are that they should be:

- Person centred- The design of services is primarily led by the perspective of the person who will use the service and is responsive to individual preferences, needs and value
- Inclusive- Care does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socioeconomic status and immunisation services are designed and delivered to be as accessible and inclusive as possible.
- Integrated- Immunisation policy and delivery are closely integrated with a clear connection between objectives and delivery outcomes.
- Evidence based- Vaccination delivery is informed by independent scientific and clinical evidence and advice. Local data is used to identify trends and inform targeted interventions to improve coverage.

- Timely- Vaccinations are delivered at the appropriate pace to reduce risk to people and the population.
- Quality and safety focused: People experience consistent, high quality, safe, effective and efficient services.

Enablers

Transformation of immunisation services presents an opportunity for NHS Fife and Fife HSCP to work in partnership to find different ways to deliver safe and sustainable immunisation services to suit the needs of the population taking account of the resources required and geography to be covered.

From our recent experience key enablers which will deliver a robust infrastructure have been identified to ensure successful and sustainable delivery of immunisation services (figure 9).

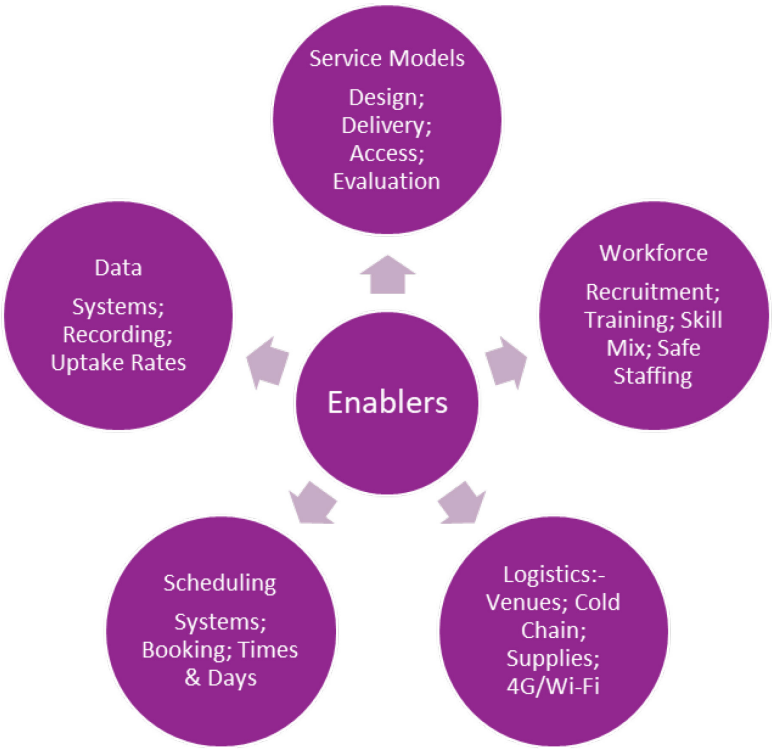


Figure 9: Key enablers for successful delivery of immunisation services

For all programmes to be successful the service delivery model needs to support access for all, utilising tailored communications and engagement, outreach and targeted models, where required, to support access for under-served groups. Development of a dedicated vaccination workforce will be prioritised to minimise impact on other NHS services and ensure sustainability of provision. As service delivery moves away from general practice to NHS dedicated teams, and building on our experience in delivering the COVID-19 programme, suitable venues and vaccination locations will be identified which are accessible and suitable for clinical activity. Digital systems will be developed to support scheduling of appointments and recording of clinical activity in partnership with the national teams. Over the next three years it will be essential to ensure 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.

Governance

The planning and governance of immunisation is shared across Fife NHS Board, Fife Integration Joint Board (IJB) and Fife HSCP with overlapping responsibilities as shown in figure 10.

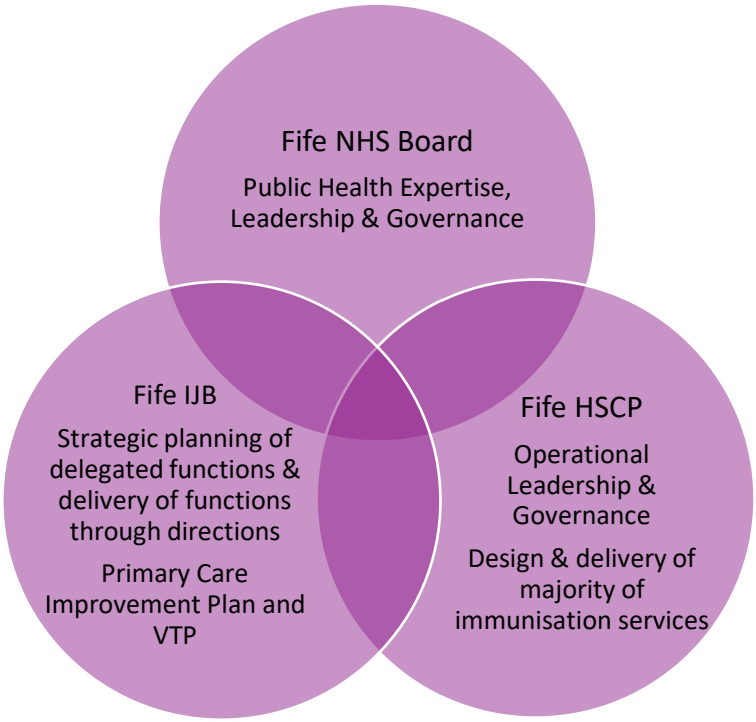


Figure 10: Planning and Governance Responsibilities

The implementation and governance of this strategy will be jointly led by the Director of Public Health (Executive Lead) and the Director of the Health and Social Care Partnership (Senior Responsible Officer). This integrated approach ensures that there is appropriate accountability and governance oversight of immunisation at Board level and that the immunisation programmes meet their objectives, deliver the required outcomes and realise the anticipated benefits for the population of Fife.

A Flu Vaccine and COVID Vaccine (FVCV) Programme Board has been established to provide multidisciplinary oversight and governance for all activities relating to seasonal flu and COVID-19. This will enable the synergies across these two large population-based programmes to be maximised and aligns with the direction of the national FVCV programme.

A Vaccination Transformation Board has been established to drive forward the changes required to move all other vaccination provision away from general practice delivery to dedicated NHS teams.

The programme boards will ensure rigorous oversight and direct the identification and management of risk as a critically important factor in delivering and assuring safe delivery of immunisation services.

Governance of the strategy will be addressed through the routine quality, safety and governance processes within Fife NHS Board, Fife IJB and Fife HSCP.

Monitoring, Reporting and Evaluation

Implementation of the strategy will be monitored through the Area Immunisation Steering Group (AISG) under the leadership of the Public Health Immunisation Coordinator and supported by a core senior management group to enable responsive decision making and to identify any necessary remedial actions, where required, to improve outcomes.

Nationally available immunisation data will be monitored to determine progress and areas for improvement. It is recognised that there are some inconsistencies in data collection methods and we will work with national teams to improve the quality and completeness to enable more accurate reporting.

A programme of audit will be agreed through the AISG for both routine and selective immunisation programmes to inform targeted interventions to improve overall performance.

Regular updates on progress will be reported to the Executive Director Group and onto the appropriate public health and clinical governance committees of NHS Fife Board, Fife IJB and Fife HSCP.

Monitoring and reporting over the life of the strategy, together with an evaluation of the strategy in the final year of implementation, will inform future direction and the development of future strategic plans.

Strategic Action Plan

To realise our vision, the following plan outlines the key actions to support continuous improvement in the planning and delivery of immunisation programmes with a focus on improving access and increasing uptake while reducing inequalities.

Priority 1	Key Actions	Performance Measures	Responsibility
Optimise immunisation coverage ensuring equitable access for all eligible groups	• Standardise the Equality Impact Assessment process and share learning across programmes to inform targeted interventions • Develop and implement Inclusivity Plan noting co-dependencies and ensuring coproduction with Priority 4 where relevant • Prioritise equity of access in design of programmes to ensure underserved populations can access • Implement and evaluate innovative, culturally-appropriate projects to increase and maintain immunisation coverage rates and improve timeliness of vaccinations • Implement and evaluate innovative projects to increase participation, including opportunistic vaccination, to ensure completion of the vaccination schedule. • Ensure gaps in delivery are followed up by the appropriate service.	• Achieve childhood immunisation coverage rates of 95% or higher across all SIMD quintiles • Achieve HPV immunisation coverage of 80% for both females and males by end S3 across all SIMD quintiles • Achieve MenACWY coverage of 95% by end S4 across all SIMD quintiles • Achieve Td/IPV booster coverage of 95% by end S4 across all SIMD quintiles • Achieve 85% BCG uptake rates for eligible children by 12 months for those at risk of Tuberculosis • Achieve 100% uptake of Hepatitis B for babies at risk within the recommended schedule for this cohort • Achieve Pertussis coverage of 75% for pregnant women • Achieve HPV coverage of 80% for men who have sex with men up to and including age 45 years attending sexual health services • Establish Hepatitis A&B uptake rates within sexual health services • Achieve seasonal flu coverage as set out in annual CMO letter • Local target for Shingle's programme to be confirmed • Local Target for Pneumococcal programme to be confirmed • Achieve national COVID-19 targets as they emerge across JCVI priority groups	**Lead:** • Immunisation Coordinator **Critical:** • Immunisation Programme Director • Associate Medical Director HSCP • Associate Nurse Director HSCP • Associate Director of Midwifery • Lead Pharmacist Public Health • Head of Strategic Planning & Performance

Priority 2	Key Actions	Performance Measures	Responsibility
Enhance the monitoring & evaluation of immunisation programmes	• Review Annual Immunisation Report to identify trends and areas for improvement • Monitor the collection and quality of Fife's immunisation data and work with local and national teams to identify improvements to support development of more reliable datasets. • Maintain oversight of the quality and effectiveness of immunisation programmes • Identify priorities and undertake audits of routine and selective programmes • Implement more formal, regular and consistent approach to immunisation Adverse Event Review to identify trends, patterns and learning to inform improvement. • Work with Datix team to ensure all adverse events are coded and notified to the Immunisation Coordinator and appropriate Senior Leadership Team • Ensure PHE Vaccine Incident Guidance is implemented to respond appropriately to errors in vaccine storage, handling and administration • Raise community and health professional awareness of vaccine safety surveillance systems to improve confidence in immunisation and the reporting of adverse events	• Annual Immunisation report presented to Clinical Governance Committee by end of June each year • Immunisation data completeness and verification of data quality • Quarterly Immunisation performance reports • Quality report on immunisation is considered by the Area Immunisation Steering Group (AISG) 3 times a year • Schedule of audit and audit outcomes are reported to AISG and appropriate services. Where appropriate, improvement plans are developed and implemented with progress reported to AISG. • Quarterly Datix reports of adverse events are reviewed by AISG and Senior Leadership Team • Investigation of adverse events are completed timeously in line with local and national policies with outcome reports included in quality reports to AISG • Vaccine wastage is quantified and reduction target agreed • Vaccine related incidents logged on Datix within 24 hours are measured, audited and reported	**Lead:** • Immunisation Coordinator **Critical:** • Immunisation Programme Director • Head of Strategic Planning and Performance • Associate Director of Nursing HSCP • Associate Director of Medicine HSCP • Head of Pharmacy – Medicine Supply and Quality • Lead Pharmacist – Public Health • Senior Public Health Practitioner

Priority 3	Key Actions	Performance Measures	Responsibility
Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services	• Enhance the leadership and management of immunisation services within HSCP and Public Health • Develop comprehensive and sustainable immunisation workforce plan taking account of skill mix requirements and safe staffing levels to meet the demands of all aspects of immunisation services • To ensure strategies to support effective health and wellbeing of the workforce • Ensure a dynamic workforce with career pathways and succession planning evident in line with national and local workforce strategies • Provide a framework to support immuniser training and skill maintenance. • Facilitate online training for health providers and other key stakeholders. • Ensure effective communication strategies designed in partnership enabling an engaged and informed workforce	• Recruitment and appointment to key posts completed by October 2021 • Workforce plan is developed and approved by end October 2021 • Training programme is established, evaluated and audited with regular reporting via established governance and assurance framework • Statutory and Mandatory learning completion in line with targets with according reporting • Imatter and according action plans established with ongoing review in line with agreed processes • Percentage completion of personal development plans in line with staff governance standards • Absence rates monitored and achieved as per national targets • Recruitment and retention monitoring , ensuring scrutiny and reporting	**Lead:** Associate Director of Nursing HSCP **Critical:** • Immunisation Programme Director • Immunisation Clinical Services Manager • Immunisation Coordinator • Senior Public Health Practitioner • Human Resource Lead • Staff Side Representative Lead • Finance Lead

Priority 4	Key Actions	Performance measures	Responsibility
Community engagement and promotion	• Develop and implement community engagement plan, noting co dependencies and ensuring coproduction with output from priority 1 where relevant • Implement anchor practices in the design and delivery of the immunisation programme to invest in and work with others locally and responsibly to optimise use of buildings and spaces that support communities and accessibility • Work closely with partners and stakeholders to learn from them, share ideas and develop trust relationships as the foundation for promotion of immunisation • Design and implement communications protocols that will guide response to vaccine misinformation with aim to promote uptake • Implement and adapt national communication toolkits to ensure they meet the needs of the diversity of the local population • Develop digital first approaches to engagement drawing on pandemic experience • Ensure recommendations from national work on public views on vaccine delivery within the VTP is taken forward locally • Develop appropriate resources for culturally and linguistically diverse populations to insure people are able to make informed choices on vaccination. • Promote use of Care Opinion to build up reports and narrative of people's views of services • In year 2 undertake public consultation to inform future models of delivery	• Community engagement plan is established with oversight and timelines agreed at programme board • Establish and monitor accessibility measures • Evidence that partners and stakeholders have promoted the importance of immunisation for the health of the Fife community. • Auditing and reporting of immunisation uptake rates for routine and selective programmes • Monitor uptake response rates from target audiences • Quarterly report regarding public feedback via according governance routes • Measures within P1 are considered to evidence delivery of P4 key action	**Lead**: Head of Strategic Planning & Performance **Critical:** • Head of Communications NHS Fife • Communications Officers • Senior Public Health Practitioner • Lead Pharmacist - Public Health • Head of Person Centred Care • Head of Facilities • Immunisation Clinical Services Manager

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APPENDIX 2

DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	**Reference Number**	2021-001
2	**Report Title**	Fife Immunisation Strategic Framework 2021-2024
3	**Date Direction issued by IJB**	24/09/2021
4	**Date Direction Takes Effect**	*TBC*
5	**Direction To**	NHS Fife
6	**Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)**	No
7	**Functions Covered by Direction**	Delivery of all immunisation programmes detailed and in accordance with the Vision and underlying core principles of the Fife Immunisation Strategic Framework 2021-24
8	**Full Text of Direction**	NHS Fife through the Director of Health and Social Care is directed to protect the people of Fife from vaccine preventable disease by maximising uptake across all Immunisation Programmes related to the functions described NHS Fife through the Director of Health and Social Care, is directed to work with partners and key stakeholders involved in vaccine delivery to ensure integrated and innovative approaches to delivering vaccination programmes including the necessary transfer of financial resources to support this NHS Fife through the Director of Health and Social Care is directed to deliver immunisation programmes in collaboration with stakeholders and partners in care which are equitable, accessible ensuring appropriate community engagement and promotion.

		NHS Fife through the Director of Health and Social Care is directed to deliver a workforce plan directed by national and local policy which is sustainable and dynamic in its approach across services and skill sets ensuring an engaged and highly skilled workforce.
9	**Budget Allocated by IJB to carry out Direction**	Based on the current immunisation structures in place funding of £17.9 m is available to deliver the programme. This is fluid as models for delivery evolve and change based on national guidance and policy decisions. Some of that funding has not been confirmed on a permanent basis and will be refined once further clarity on delivery models and funding are made available by the Scottish Government. Childhood immunisation programmes have already transferred to the responsibility of the HSCP and are included as a recurring budget. Adult shingles and pneumococcal will transfer into the programme in due course with funding of circa £0.400m to support delivery. This has also been reflected in the financial envelope available to deliver the programme.
10	**Performance Monitoring Arrangements**	A strategic framework detailing the vision, core principles, aims, priorities and performance measures is presented to define the context in which this assurance will be provided by: » Design and delivery of excellence in community engagement » Enhanced monitoring and evaluation of all immunisation programmes to ensure rigorous oversight ensuring quality and effectiveness in service delivery » Ongoing development of a sustainable, empowered and skilled workforce committed to delivering all aspects of Immunisations safely and effectively » Reporting within a defined period via the agreed committees
11	**Date Direction Will Be Reviewed**	April 2022

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Meeting Title:	**Integration Joint Board**
Meeting Date:	**24 September 2021**
Agenda Item No:	**11**
Report Title:	**Joint Inspection of Adult Support and Protection – Final Report**
Responsible Officer:	**Nicky Connor, Director of Health and Social Care**
Report Author:	**Fiona McKay, Head of Strategic Planning, Performance and Commissioning.**

1 Purpose

This Report is presented to the Board for:

- Awareness
- Discussion

This Report relates to which of the following National Health and Wellbeing Outcomes:

1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5 Health and social care services contribute to reducing health inequalities.

6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

7 People who use health and social care services are safe from harm.

8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Working with local people and communities to address inequalities and improve health and wellbeing across Fife.
- Promoting mental health and wellbeing.
- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
- Living well with long term conditions.
- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

This 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.

- Development Session

3 Report Summary

3.1 Situation

This report and the Final report from the Care Inspectorate is submitted to the Integration Joint Board as a final position following the recent inspection.

3.2 Background

Inspectors from the Care Inspectorate, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland carried out an inspection in Fife between May 2021 and August 2021. The purpose of this was to provide assurance to the Scottish Government about local partnership areas' effective operation of adult support and protection processes, and leadership for adult support and protection services.

The Adult Support and Protection partnership refers to Social Work, Health and Police. In Fife, Housing and Scottish and Fire and Rescue Services are included in our strategic leadership group but were not included for the purpose of this inspection. The report of the joint inspection of adult support and protection measures in Fife, published 10th August 2021, has found clear strengths in ensuring adults at risk of harm are safe, protected and supported and a small number of improvement areas identified.

3.3 Assessment

The following information gives details of the findings including the strengths and areas for improvement.

Summary of Strengths

- Adults at risk of harm typically experienced improvements to their safety, health and wellbeing due to the collaborative efforts of social workers, health professionals, and police officers.

- The partnership's initial inquiry practice was highly effective, with well-documented interagency referral discussions. Partners' participation in these discussions was consistent and purposeful. Adults at risk of harm benefitted from sound, well-documented investigative practice, and effective adult protection case conferences and review case conferences.

- There were effective, timely, and generally well-attended adult protection case conferences. Suitably trained managers chaired them well. The police attended and participated constructively. All adults at risk of harm who chose to attend their adult protection case conference did so.

- Independent advocates ably supported adults at risk of harm throughout their adult protection journey.

- Partnership leaders promoted a collaborative ethos. It led to improved outcomes for adults at risk of harm.

- Adults at risk of harm played a key role on the adult support and protection committee. A third sector body effectively supported their meaningful participation.

- Partnership leaders exercised sound, collaborative leadership for adult support and protection. They initiated constructive quality assurance and self-evaluation work.

- Leaders exercised governance and oversight that supported competent, effective adult support and protection practice.

- The adult support and protection committee did innovative work to raise public awareness of adult protection.

- Leaders had a sound grip of the strategic and operational demands of the Covid-19 pandemic. They delivered good support to operational staff.

Priority areas for improvement

- The partnership should develop standardised templates for adult protection chronologies, risk assessments, and protection plans. Leaders should support these to embed them in practice and using consistently.

- The partnership should adopt the policy that all adults at risk of harm, who require them, should have a chronology, a risk assessment and an

accompanying protection plan, whether they have been subject to a case conference or not.

- Improvement is required for those people identified as requiring a capacity assessment; referrals should be made and acted upon where a capacity assessment is identified as being needed.

- The deployment of a health professional as the second worker during investigations is an area for improvement.

- Improvement in recording of line manager oversight of adult support and protection is required.

In Conclusion

The inspection report concluded that Fife Adult Support and Protection Partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

The partnership's strategic leadership for adult support and protection was found to be very effective and demonstrated major strengths supporting positive experiences and outcomes for adults at risk of harm.

Fife partnership carried out almost all aspects of adult support and protection well. Social work staff, health professionals, and police officers worked collaboratively to make sure adults at risk of harm were safe, supported, and protected.

An priority Improvement Plan is in development which will be shared with partners agencies which identifies the areas for improvement and the work required along with timescales for completion.

3.3.1 Quality/ Customer Care

3.3.2 Workforce

The Social Work workforce as lead for this inspection had a significant role to play in co-ordination and reviewing of service users files and audits. NHS colleagues joined together in reviewing programme which was an excellent opportunity for all to work together.

3.3.3 Financial

No financial impact

3.3.4 Risk/Legal/Management

there was a full risk assessment plan in place for the inspection.

3.3.5 Equality and Diversity, including Health Inequalities

All of the inspection took on board the areas of equality and diversity especially ensuring that everyone was able to participate in the inspection.

3.3.6 Other Impact

Significant impact on Social Work and Health workload during the period inspection.

3.3.7 Communication, Involvement, Engagement and Consultation

Involvement

- SW and Inspection Lead – Jennifer Rezendes
- Health Lead – Norma Beveridge
- Police Lead – Hazel Crielly
- ASP Co-ordinator – Danielle Archibald
- Business Support Co-ordinator – Pauline Johnston
- Frontline practitioners across the partnership who prepared the documents for audit, completed the staff survey and attend the staff forums.

Engagement and Consultation

- Weekly SW Meetings
- Weekly Health Meetings
- Regular ASPC Strategic Leadership Group Meeting
- Updates and information shared with COPS

3.4 Recommendation

- **Awareness** – for members' information only
- **Discussion** – examine and consider the implications of a matter

4 List of Appendices

Appendix 1 – Report

5 Implications for Fife Council

6 Implications for NHS Fife

7 Implications for Third Sector

8 Implications for Independent Sector

9 Directions Required to Fife Council, NHS Fife or Both

Direction To:		
1	**No Direction Required**	
2	**Fife Council**	
3	**NHS Fife**	
4	**Fife Council & NHS Fife**	

Report Contact
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JOINT INSPECTION OF **ADULT SUPPORT AND PROTECTION**

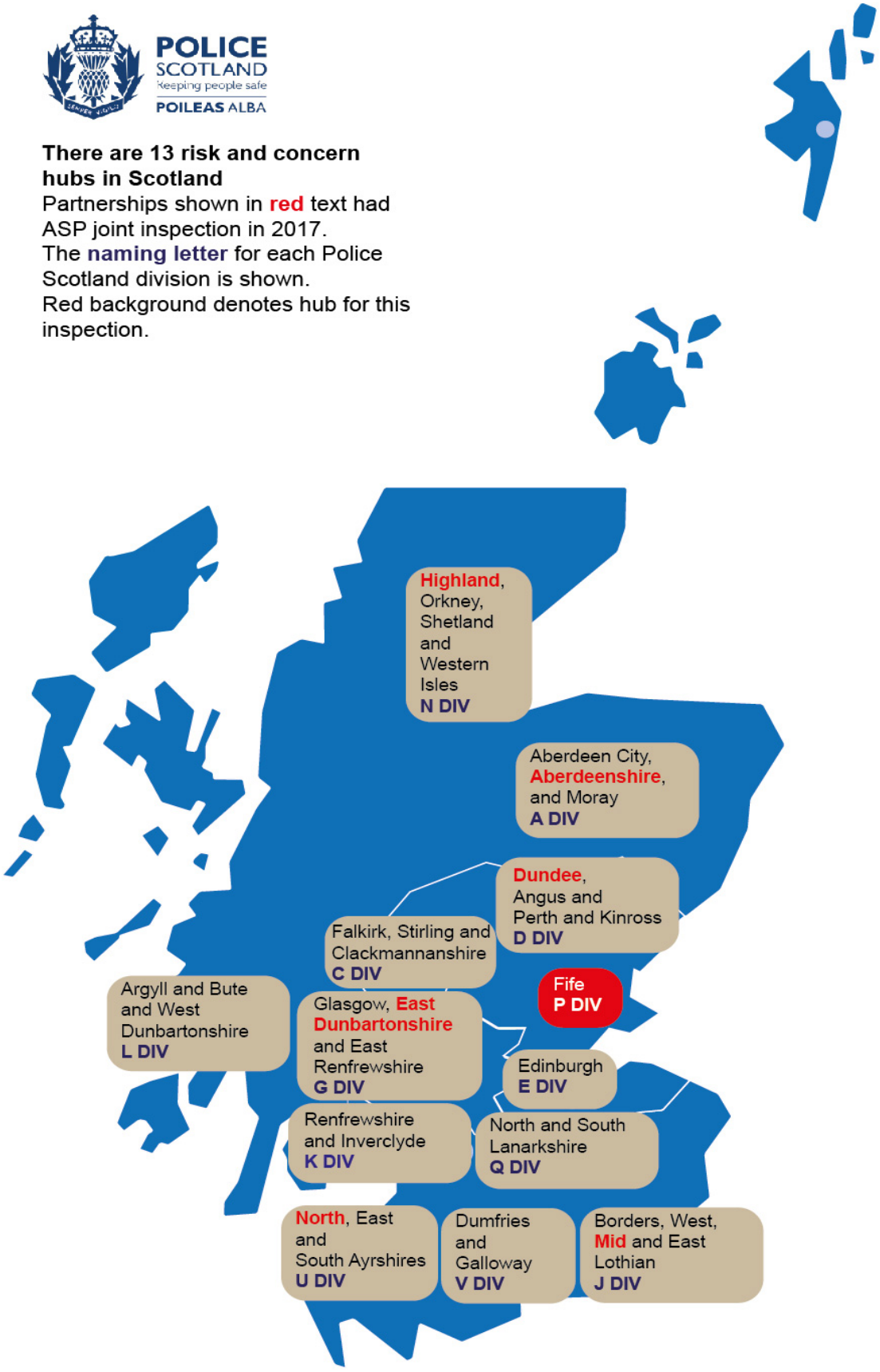
Fife Partnership August 2021

Contents

Map showing divisional concern hubs

POLICE SCOTLAND
Keeping people safe
POILEAS ALBA

There are 13 risk and concern hubs in Scotland
Partnerships shown in **red** text had ASP joint inspection in 2017.
The **naming letter** for each Police Scotland division is shown.
Red background denotes hub for this inspection.



Joint inspection of adult support and protection in the Fife partnership

Joint inspection partners

Scottish Ministers requested that the Care Inspectorate lead these joint inspections of adult support and protection in collaboration with Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland.

The joint inspection focus

Building on the 2017-2018 inspections, this is one of 26 adult support and protection inspections to be completed between 2020 and 2023. They aim to provide timely national assurance about individual local partnership[1] areas' effective operations of adult support and protection key processes, and leadership for adult support and protection. Both the findings from these twenty-six inspections and the previous inspection work we undertook in 2017- 2018 will inform a report to the Scottish Government giving our overall findings. This will shape the development of the remit and scope of further scrutiny and/or improvement activity to be undertaken. The focus of this inspection was on whether adults at risk of harm in the Fife area were safe, protected and supported.

The joint inspection of the Fife partnership took place between May 2021 and August 2021.

Quality indicators

Our quality indicators[2] for these joint inspections are on the Care Inspectorate's website.

1 https://www.careinspectorate.com/images/Adult_Support_and_Protection/1._Definition_of_adult_protection_partnership.pdf

2 https://www.careinspectorate.com/images/documents/5548/Adult%20support%20and%20protection%20quality%20indicator%20framework.pdf

Progress statements

To provide Scottish Ministers with timely high-level information, this joint inspection report includes a statement about the partnership's progress in relation to our two key questions.

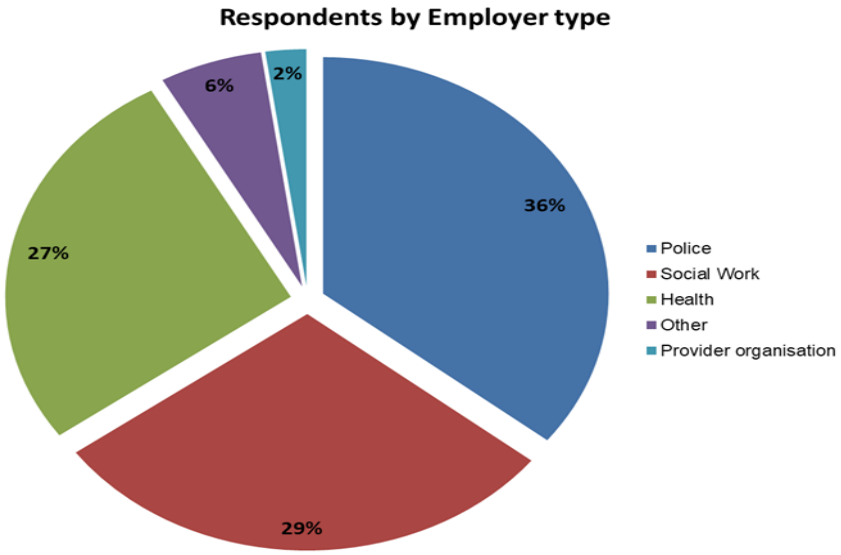
- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

Joint inspection methodology

In line with the targeted nature of our inspection programme, the methodology for this inspection included four proportionate scrutiny activities.

The analysis of supporting documentary evidence and a position statement submitted by the partnership.

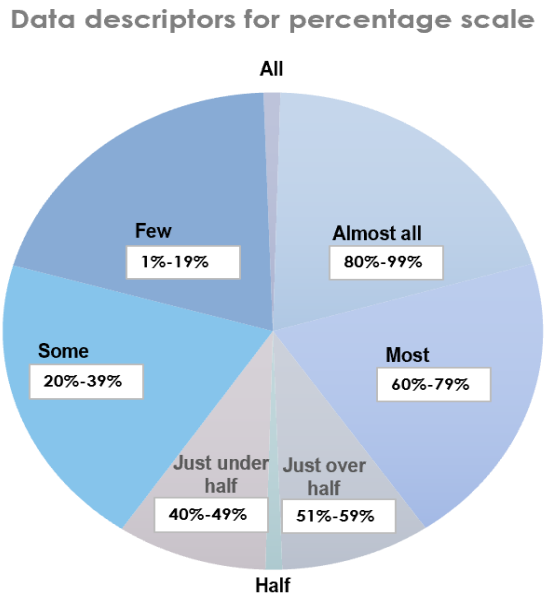
Staff survey. Staff from across the partnership (738) responded to our adult support and protection staff survey. This was issued to a range of health, police, social work and third sector provider organisations. It sought staff views on adult support and protection outcomes for adults at risk of harm, key processes, staff support and training and strategic leadership. The survey was structured to take account of the fact that some staff have more regular and intensive involvement in adult support and protection work than others.



The scrutiny of the health, police, and social work records of adults of risk of harm. This involved the records of 50 adults at risk of harm where their adult protection journey progressed to at least the investigation stage. It also involved the scrutiny of recordings of 40 adult protection initial inquiry episodes where the partnership had taken no further action, in respect of further adult protection activity, beyond the duty to inquire stage.

Staff focus groups. We carried out two focus groups and met with 16 members of staff from across the partnership to discuss the impact of the Covid-19 pandemic on adult support and protection and adults at risk of harm. This also provided us with an opportunity to discuss how well the partnership had implemented the Covid-19 national adult support and protection guidance.

Standard terms for percentage ranges



Summary – strengths and priority areas for improvement

Strengths

- Adults at risk of harm typically experienced improvements to their safety, health and wellbeing due to the collaborative efforts of social workers, health professionals, and police officers.
- The partnership's initial inquiry practice was highly effective, with well-documented interagency referral discussions. Partners' participation in these discussions was consistent and purposeful.
- Adults at risk of harm benefitted from sound, well-documented investigative practice, and effective adult protection case conferences and review case conferences.
- Independent advocates ably supported adults at risk of harm throughout their adult protection journey**.**
- Partnership leaders promoted a collaborative ethos. It led to improved outcomes for adults at risk of harm.
- Adults at risk of harm played a key role on the adult support and protection committee. A third sector body effectively supported their meaningful participation.
- Partnership leaders exercised sound, collaborative leadership for adult support and protection. They initiated constructive quality assurance and self-evaluation work.

Priority areas for improvement

- The partnership should develop standardised templates for adult protection chronologies, risk assessments, and protection plans, and use them consistently.
- The partnership should adopt the policy that all adults at risk of harm, who require them, should have a chronology, a risk assessment and an accompanying protection plan, whether they have been subject to a case conference or not.

How good were the partnership's key processes to keep adults at risk of harm safe, protected and supported?

Key messages

- Adults at risk of harm experienced improvements to their safety and wellbeing due to the collaborative efforts of social workers, health professionals, and police officers.
- The partnerships initial inquiry practice was highly effective, with well-documented interagency referral discussions. Partners' regular participation in these discussions was constructive.
- Partnership staff carried out competent, well-documented adult protection investigations.
- There were effective, timely, and generally well-attended adult protection case conferences. Suitably trained managers chaired them well. The police attended and participated constructively. All adults at risk of harm who chose to attend their adult protection case conference did so.
- Independent advocates ably supported adults at risk of harm throughout their adult protection journey.
- The partnership did not have standardised templates for adult protection chronologies, risk assessments, and protection plans. Some adults at risk of harm did not have a chronology or a protection plan. This needed to improve.

We concluded the partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Initial inquiries into concerns about an adult at risk of harm

Screening and triaging of adult protection concerns.

The social work contact centre screened all adult protection referrals. There was a clear, concise, harm reporting protocol to assist referrers. Commendably, the social work contact centre had accessible easy read information about adult protection for callers, and information in British Standard Sign Language and different languages. Almost all staff surveyed, thought the partnership screened adult protection referrals effectively.

Initial inquiries into concerns about adults at risk of harm

The partnership's practice for initial inquiries into the circumstances of adults at risk harm was highly effective. Its interagency referral discussion (IRD) system worked very well. There was a clear, well-thought-out template for recording these discussions.

All initial inquiries were done in a least restrictive manner, in line with the principles of the adult protection legislation. Staff correctly applied and fully recorded the three-point test. Almost all were done timeously, with management oversight and sign-off shown. Staff respected the human rights of all adults at risk of harm.

Almost all staff surveyed were aware of the three-point test, and most thought initial inquiries were handled efficiently.

We rated the quality of almost all initial inquires as good or better. In an illustration of effective joint work, bank staff acted promptly when they rightly suspected a vulnerable customer was at immediate risk of financial harm. The police responded swiftly and effectively. They quickly arrested the alleged perpetrators. Partners discussed the incident constructively at the interagency referral discussion. The police informed alleged perpetrators were charged and prosecuted. This was excellent initial inquiry practice, with a good outcome for the adult at risk of harm.

We rated almost all episodes as good or better for collaborative working among partners. The interagency referral discussions showed staff tried very hard to elicit and record the views of all parties. Police participation was very good. These productive discussions jointly determined the correct, least restrictive action to take.

Investigation and risk management

Chronologies

Chronologies are an important element of risk assessment and risk management. The partnership had no standardised template for adult protection chronologies. Staff created chronologies inconsistently, with a variety of templates and structures.

Most adults at risk of harm had a chronology, but significantly some (21%) did not. Quality of chronologies warranted improvement. We rated some as good or better, but most were adequate or worse. Chronologies rated poorly were not up-to-date, only referenced recent adult protection activity, did not mention key events in the life of the adult at risk of harm, and had no risk analysis. The partnership should create a template for adult protection chronologies, which covers key areas, and use this consistently. All adults at risk of harm who require a chronology should have one.

Risk assessments

Positively, almost all adults at risk of harm had a risk assessment, which was timely, and informed by multi-agency partners. Quality was variable, with half rated good or better and half rated adequate or worse. Almost all staff surveyed thought risk assessments included a relevant analysis of risks and protective factors.

There was no standard template for adult protection risk assessments; staff created risk assessments in several different ways. Some were standalone documents, some were embedded in other documents, such as investigation reports. The partnership should create an adult protection risk assessment template and develop a consistent standard approach to documenting and analysing the risks present for adults at risk of harm.

Full investigations

The partnership's investigation practice was thorough and competent. In almost all instances, council officers and second workers did investigations timeously, proficiently, and effectively. They were well documented, with most rated good or better for quality.

Deployment of a health professional as second worker when appropriate was an area for improvement.

In an illustration of thorough investigative practice, council officers investigated alleged resident harm in a care setting. They forensically interviewed witnesses and recorded this meticulously. The result was improvement to resident safety.

Adult protection case conferences

The partnership's practice for initial adult protection case conferences was very good. Its efforts to support adults at risk of harm to attend and participate meaningfully were impressive. This was despite the challenges of the covid-19 pandemic. The partnership made laptops available to adults at risk of harm so they could attend their virtual case conference.

All case conferences effectively determined actions required to keep the adult at risk of harm safe. Almost all were timely and were rated good or better for quality and effectiveness – we rated two thirds as very good.

Commendably, almost all adults at risk of harm were invited to their case conference and most attended. The partnership recorded reasons for non-attendance; mainly the individual decided not to attend. Unpaid carers attended purposefully when appropriate.

Case conferences were generally well-attended, with excellent participation by the police, who attended every case conference they were invited to.

Health professionals did not attend just over half of the case conferences to which they were invited. This was an area for improvement.

Case conferences were well-documented, with cogent contributions from partners. Suitably trained managers chaired them effectively. They were productive forums for partners and the adult at risk of harm to share information, analyse the risks present. and plan to manage risk.

Adult protection plans / risk management plans

Most adults at risk of harm who required one had a timely protection plan. Significantly, some (26%) did not. The quality was good, most were rated good or better. Almost all staff surveyed thought the partnership prepared effective protection plans.

Staff created protection plans inconsistently. A tailored protection plan template used consistently would support improvement.

Adult protection review case conferences

In almost all instances a review case conference took place timeously when needed. Almost all effectively determined actions to keep adults at risk of harm safe. Partners participated appropriately, and they were well-documented. Adults at risk of harm attended their review case conferences and participated meaningfully.

Implementation / effectiveness of adult protection plans

The partnership put suitable measures in place to make sure adults at risk of harm were safe, protected and supported and then implemented them effectively. Adults at risk of harm who had protection plans experienced improved safety, and wellbeing

outcomes. The partnership tried hard – with varying degrees of success – to collaboratively implement protection plans for adults at risk of harm who were hard to reach or uncooperative. Adults at risk of harm were purposefully involved and supported throughout the implementation of their protection plans.

Large-scale investigations

The partnership did large-scale investigations appropriately, competently, and collaboratively. The adult support and protection committee monitored them and exercised sound governance. Care Inspectorate staff were purposefully involved. Adults at risk of harm involved in large-scale investigations had improved safety and wellbeing outcomes. They were consulted and included throughout.

The partnership carried out positive improvement work for large-scale investigations. It identified an issue with gathering and storing information. To remedy this, it developed an accessible digital repository for large-scale investigation information. This development supported analysis of learning themes. The partnership linked these to its strategic improvement plan.

The partnership submitted a well-balanced report of a large-scale investigation. It coherently set out the detailed findings of the well-executed multi-agency investigation. It identified preventative actions to reduce future risk and the lessons learned.

Collaborative working to keep adults at risk of harm safe, protected and supported.

Overall effectiveness of collaborative working

Collaborative working within the partnership was strong and effective across all areas of adult protection. Almost all staff surveyed thought they were supported to work collaboratively.

The partnership had up-to-date, comprehensive, accessible adult protection procedures and associated protocols. The National Health and Social Care Standards informed them. Most staff surveyed thought they were easy to obtain. The procedures were a creditable attempt by the partnership to incorporate all aspects of adult support and protection in one document.

Almost all staff surveyed were confident about making adult protection referrals to social work, and most thought their concerns would be handled competently.

Health involvement in adult support and protection

Generally, health staff worked collaboratively to identify when adults were at risk of harm and to ensure they were safe, protected and supported.

Health staff made appropriate referrals if they suspected an adult was at risk of harm. They got feedback on the outcome in almost all instances. We read several examples of competent work by health professionals to pass on their concerns about an adult to social work. Council officers investigated the concerns and acted to keep the adult at risk of harm safe.

The partnership carried out constructive work with the Scottish Ambulance Service to increase staff awareness of adult protection. Additionally, the Scottish Ambulance Service set up a health desk where ambulance crews could report adult protection concerns quickly. It swiftly processed referral paperwork and adverse incident reports (DATIX) and passed them on appropriately. This work was plainly successful. There were instances when ambulance crews raised the initial adult protection concern that triggered activities to keep the individual safe.

Health staff recorded adult protection matters proficiently, with most rated good or better. Health staff made an invaluable contribution to the partnership's delivery of positive outcomes for adults at risk of harm – in most instances we rated this good or better. As we did for health staff working collaboratively.

Health staff and other partners collaborated successfully. As illustrated by clinical staff from mental health services maintaining frequent contact with individuals. Their empathetic engagement with individuals enabled effective risk management, with the right supports deployed at the right time. The unscheduled care assessment team contributed purposefully.

Police involvement in adult support and protection

Fife command area, and the Fife divisional concern hub contributed positively and collaboratively to the partnership's efforts to support and protect adults at risk of harm.

Police Scotland service advisors accurately assessed almost all contacts and enquiries about adults at risk of harm. They effectively applied a proportionate assessment of threat, potential harm, risk, investigative opportunity and vulnerability (THRIVE) to determine the next steps. There was consistent practice to assess situational need and the correct response.

For most initial enquiry officers' actions, we evaluated them as good or better. Almost all initial assessments of THRIVE were accurate and cogently informed decision making. In just under half of episodes the recording of supervisory oversight was good or better.

In some instances (28%), the STORM (system for tasking and operational resource management) disposal code, record of incident type, was inaccurate. There was evidence of Scottish Crime Recording Standard Governance. A similar standard of scrutiny was not evident in incidents with multiple concern types. This led to a single concern approach, for multi-concern episodes. Initial enquiry officers' recorded details of a perpetrator's behaviour, as opposed to impact on the adult at risk of harm.

The divisional concern hub shared initial protection concerns with social work timely and efficiently for almost all episodes. Police Scotland's triage process to assess and determine risk prioritisation was effective in most cases.

Some resilience matrix narratives were too general and lacked analysis. Consistent application of the three-point test was not always clear. In some instances, the divisional concern hub's assessment could have added greater value to the risk management process.

Frontline officers frequently responded to individuals experiencing a mental health crisis. The national mental health pathway gave officers rapid telephone access to expert advice from a community psychiatric nurse. The community psychiatric nurse could assess the individual over the phone, if necessary. This was a favourable development.

Third sector and independent sector provider involvement

Most adults at risk of harm needed additional support. Third sector and independent sector providers effectively supported adults at risk of harm. Thereby, they had improved safety and wellbeing outcomes. Third sector and independent sector staff appropriately raised adult protection concerns and contributed to adult protection case conferences when invited. All provider staff surveyed thought their adult support and protection training was effective.

Key adult support and protection practices

Information sharing

The partnership had a suite of clear protocols for information sharing for adult protection. They worked well. Partners information sharing for all adults at risk of harm was systematic.

Police Scotland endorse interagency referral discussions as a "vital stage of the joint information process". This partnership had made good progress developing interagency referral discussions. They enabled purposeful multi-agency discussion and analysis.

Management oversight and governance

Just under half of records showed a line manager read them. In just under half decisions from supervision were not recorded. These two areas needed to improve. Most social work records and almost all police records had evidence of governance; some health records did. Evidence of exercise of governance was less apparent in health records. This is not necessarily a deficit due to the types of health records scrutinised.

Involvement and support for adults at risk of harm

The partnership's work to involve and support adults at risk of harm throughout their adult protection journey was admirable. There was a strong inclusion and involvement culture in the partnership. Almost all adults at risk of harm experienced invaluable support from social workers, health professionals and police officers. This helped them understand what was happening and encouraged their continuous engagement. Most staff surveyed thought adults at risk of harm were supported to participate meaningfully in adult support and protection decisions affecting their lives,

Independent advocacy

Commendably, the partnership offered advocacy to almost all adults at risk of harm they thought might benefit from it. All who accepted the offer got an advocate quickly.

Independent advocates gave skilful support to adults at risk of harm. They helped them make their views known at case conferences and other meetings. They made sure professionals took account of their views when making decisions about them.

Independent advocates did some outstanding work. An adult at risk of harm might struggle to participate in formal meetings. An advocate would voice their feelings, concerns, and risks. They helped social workers, health professionals, and police officers to purposefully engage with hard-to-reach individuals. This reduced their risks and improved their safety and wellbeing.

Capacity and assessment of capacity

Social work requested a capacity assessment for most adults at risk of harm who required one. For some (32%) they did not request one. This needed improvement.

Clinicians did capacity assessments competently and timeously for almost all adults at risk of harm for whom they were requested. For some (20%) they were not done. This needed improvement.

Where specific powers for proxies were in place for adults at risk of harm who did not have capacity, these should be shown their records. For just over half relevant individuals, proxy powers were shown in their records, for just under half they were not.

Financial harm and perpetrators of all types of harm

Partners, including Trading Standards and the banking and financial sector, worked well together to prevent financial harm and stop it when it occurred. In all instances of financial harm to vulnerable individuals, the partnership acted to stop it, and achieved this in most cases. There was some very productive joint work on financial harm.

The partnership took specific punitive actions against just over half of known perpetrators, with most actions rated good or better. Commendably, it attempted preventive work with almost all suitable perpetrators.

Safety outcomes for adults at risk of harm

Almost all adults at risk of harm experienced positive outcomes because of partners' efforts. Positive outcomes included improvements to individuals' safety, wellbeing, their ability to protect themselves, and they had someone to tell if they were harmed. A few adults at risk of harm experienced poor outcomes. Typically, this was due to their lack of engagement. They were hard to reach, often due to chronic substance misuse problems. The partnership tried hard to work with these individuals.

Adult support and protection training

The partnership delivered a comprehensive suite of adult protection training. This included chairing case conferences, legislation, and thematic training such as professional curiosity.

Almost all staff surveyed thought the partnership provided the right level of adult protection training for all staff groups. Almost all thought their adult protection training supported them to carry out their role for adult protection and understand adult protection risk. Almost all council officers thought their specific training enhanced their capacity to do their job effectively.

Staff at our focus group said adult protection training continued online during the pandemic.

How good was the partnership's strategic leadership for adult support and protection?

Key messages

- Partnership leaders promoted a collaborative ethos. It led to improved outcomes for adults at risk of harm.
- Leaders exercised governance and oversight that supported competent, effective adult support and protection practice.
- The adult support and protection committee did innovative work to raise public awareness of adult protection.
- Adults at risk of harm played an important role on the adult support and protection committee. A third sector body effectively supported their participation.
- Self-evaluation and quality assurance work determined areas for improvement. Leaders coherently oversaw necessary improvement work.
- Leaders had a sound grip of the strategic and operational demands of the Covid-19 pandemic. They delivered good support to operational staff.
- Leaders should initiate improvement work for the management of risk.

We concluded the partnership's strategic leadership for adult support and protection was very effective and demonstrated major strengths supporting positive experiences and outcomes for adults at risk of harm.

Vision and strategy

The partnership established a compelling vision for adult support and protection. It communicated this effectively. It had a comprehensive adult protection strategy, which leaders communicated and implemented effectively.

Leaders demonstrated a strong commitment to a collaborative approach for adult support and protection. They effectively instilled the partnership's staff with a collaborative ethos. Ultimately, this benefitted adults at risk of harm, as staff worked productively together to deliver improved safety, health, and wellbeing outcomes for them.

For staff who stated a view on leadership for adult support and protection, most were positive.

Effectiveness of strategic leadership and governance for adult support and protection across the partnership

The well-attended adult support and protection committee exercised, effective collaborative leadership for adult support and protection across the partnership – as did the chief officers group.

The adult support and protection committee constructively promoted public awareness of adult support and protection, and the public's responsibility to keep adults at risk of harm safe. It worked with local radio to achieve this. It introduced innovative practice by appointing adult support and protection engagement and participant coordinators. They worked to raise awareness of harm, how to report harm, and ensured adults at risk of harm had accessible information. They worked with Fife College and the University of St Andrews to raise awareness of adult protection among young people. They did similar work with Fife's LGBTQ+ community.

Adults at risk of harm played a key role on the adult support and protection committee. A third sector body effectively supported their meaningful participation.

Generally, leaders promoted a culture of supported inclusion and involvement of adults at risk of harm, and if appropriate their unpaid carers. There was positive work to establish service users' forums.

The Scottish Fire and Rescue service participated purposefully in adult protection strategic forums as well as operationally. Adults at risk of harm benefitted considerably from the work of this service.

Delivery of competent, effective and collaborative adult support and protection practice

Partnership leaders exercised positive leadership for collaborative working in adult support and protection, at both an operational and a strategic level.

For a significant number of adults of at risk of harm, it was health staff who raised the adult protection concern that initiated activity to keep them safe. This was a promising development

A critical role for the partnership's strategic leaders was ensuring sound, competent adult support and protection practice. Their oversight and governance for initial inquiry practice was highly effective.

There was room for improvement for oversight and governance of practice for management of risk. Some adults at risk of harm had no chronology and some had no protection plan.

Partnership leaders needed to take decisive action to improve practice in the critical area of risk management. They needed to establish and embed the practice that all adults at risk of harm who require one should have a chronology and a protection plan. Leaders should carry out periodic audits to check progress.

Quality assurance, self-evaluation and improvement activity

Partnership leaders oversaw the production of a comprehensive strategic improvement plan. It underpinned all quality assurance, audit and improvement work.

Leaders brought about an extensive range of quality assurance, self-evaluation and improvement activity. They initiated productive multi-agency and single agency audits of adult protection records, which identified necessary improvements – including for chronologies and protection plans. The onset of the pandemic impeded improvement work.

The adult support and protection committee effectively monitored adult protection activity levels with an appropriate set of performance metrics.

The adult support and protection committee's self-evaluation and improvement subgroup developed an interagency adult support and protection staff survey to measure confidence and knowledge for their duties under the Adult Support and Protection (Scotland) Act 2007. This survey was scheduled for annual application.

Initial case reviews and significant case reviews

The partnership submitted information on several initial case reviews. These reports were very comprehensive, with an extremely detailed multi-agency chronology, and learning plan. There was a clear template for the preparation of all elements of initial case reviews, which was in line with Scottish Government guidance. There was one significant case review in progress.

Impact of Covid-19

Partnership leaders delivered purposeful leadership for dealing with the Covid'19 pandemic and its impact on adults at risk of harm. There was evidence that for adult support and protection, it was "business as usual" two months into the restricted

period – frontline staff corroborated this. We considered that – for adult support and protection - the partnership decisively and effectively dealt with the challenges of pandemic.

During the restricted period, almost all (95%) of relevant adults at risk of harm had face-to-face contact with council officers and other partnership staff. All adult protection activity was timely.

For almost all relevant adults at risk of harm (81%), the partnership's efforts to keep them safe during the restricted period were rated as good or better. The operational management response to the demands of keeping adults at risk of harm safe, was good or better for most (76%) of adults at risk of harm.

Staff said the partnership's leaders and operational managers managed the challenges of the pandemic well. They continued to visit adults at risk of harm throughout the pandemic, if it was safe to do so and in line with the individual's wishes. They said partnership leaders and operational managers gave them good support. Managers ensured staff were safe. Staff considered the partnership gave appropriate priority to adult support and protection work. They felt they had sufficient capacity to carry out this work.

Staff said the pandemic and its restrictions had an adverse impact on adults at risk of harm. Adults at risk of harm experienced loss of their support services or reduced services. Some were angry about this, while others accepted the inevitability of the situation. Staff said maintaining regular contact with adults at risk of harm reduced the damaging impact of service withdrawals and reductions.

Police officers acted effectively and empathetically as first responders throughout the pandemic and associated restricted period. They often had to deal with individuals who were distressed, or angry, or mentally unwell.

Summary

The Fife partnership carried out almost all aspects of adult support and protection well. Social work staff, health professionals, and police officers worked collaboratively to make sure adults at risk of harm were safe, supported, and protected. They commendably ensured adults at risk of harm and their unpaid carers were fully supported and involved at every stage of the adult protection process.

The partnership's practice for initial inquiries was exemplary. Partners participated purposefully in interagency referral discussions to effectively determine the most appropriate course of action. All of this was well-documented.

The partnership had a cohesive, well-constructed strategic improvement plan for adult support and protection.

An adult at risk of harm participated meaningfully in the adult support and protection committee. The lived experience of an adult at risk of harm enhanced the committee's capacity to operate effectively. The committee initiated productive self-evaluation, quality assurance and improvement activity. It carried out innovative work to raise public awareness of adult protection.

Partnership leaders exercised robust, collaborative leadership for adult support and protection. They had a sound grip of the challenges the pandemic created.

Management of risk is a critical facet of adult support and protection. There was room for improvement for chronologies, risk assessments, and protection plans.

Next steps

We ask the Fife partnership to prepare an improvement plan to address the priority areas for improvement (see Priorityareasforimprovement we identify). The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and HMICS will monitor progress implementing this plan.

Appendix 1 – core data set

Scrutiny of recordings results and staff survey results about initial inquiries – key process 1

Initial inquiries into concerns about adults at risk of harm scrutiny recordings of initial inquiries

- 100% of initial inquiries were in line with the principles of the ASP Act
- 89% of adult at risk of harm episodes were passed from the concern hub to the HSCP in good time
- 100% of episodes where the HSCP clearly recorded application of the three-point test
- 100% of episodes where the HSCP applied three-point test correctly
- 80% of episodes were progressed timeously by the HSCP
- Of those that were delayed, 25% (2 cases) less than 1 week, 63% (5 cases) 1 to 2 weeks, 13% (1 case) more than 3 months
- 80% of episodes evidenced management oversight of decision making
- 98% of episodes were rated good or better.

Staff survey results on initial inquiries

- 85% concur that the partnership accurately screens initial adult at risk of harm concerns, 9% did not concur, 6% didn't know
- 82% concur they are aware of the three-point test and how it applies to adults at risk of harm, 10% did not concur, 8% didn't know
- 70% concur that interventions for adults at risk of harm uphold the Act's principles of providing benefit and being the least restrictive option, 5% did not concur, 26% didn't know
- 76% concur they are confident that the partnership deals with initial adult at risk of harm concerns effectively, 10% did not concur, 14% didn't know

Information sharing among partners for initial inquiries

- 100% of episodes evidenced communication among partners

File reading results 2: for 50 adults at risk of harm, staff survey results (purple)

Chronologies

- 79% of adults at risk of harm had a chronology
- 33% of chronologies were rated good or better, 67% were rated adequate or worse
- 85% concur chronologies form an important feature of ASP investigation reports, 3% did not concur, 11% didn't know

Risk assessment and adult protection plans

- 91% of adults at risk of harm had a risk assessment
- 50% of risk assessments were rated good or better, 50% were rated adequate or worse
- 74% of adults at risk of harm had a risk management / protection plan (when appropriate)
- 73% of protection plans were rated good or better, 26% were rated adequate or worse
- 82% concur that ASP investigation risk assessments include relevant analysis of risk, including risk / protective factors, 2% did not concur, 16% didn't know

Full investigations

- 89% of investigations effectively determined if an adult was at risk of harm
- 93% of investigations were carried out timeously
- 64% of investigations were rated good or better

Adult protection case conferences

- 92% were convened when required
- 96% were convened timeously
- 68% were attended by the adult at risk of harm
- Police attended 100%, health 48% (when invited)
- 86% of case conferences were rated good or better for quality
- 100% effectively determined actions to keep the adult safe
- 77% feel confident adults at risk of harm are appropriately supported to attend ASP initial case conferences, 6% did not concur, 18% didn't know

Adult protection review case conferences

- 88% of review case conferences were convened when required
- 93% of review case conferences determined the required actions to keep the adult safe

Police involvement in adult support and protection

- 100% of adult protection concerns were sent to the HSCP in a timely manner
- 77% of inquiry officers' actions were rated good or better
- 71% of concern hub officers' actions were rated good or better

Health involvement in adult support and protection

- 72% good or better rating for the contribution of health professionals to improved safety and protection outcomes for adults at risk of harm
- 66% good or better rating for the quality of adult protection recording in health records
- 72% rated good or better for quality information sharing and collaboration recorded in health records

File reading results 3: 50 adults at risk of harm and staff survey results (purple)

Information sharing

- 100% of cases evidenced partners sharing information
- 100% of those cases local authority staff shared information appropriately and effectively
- 94% of those cases police shared information appropriately and effectively
- 96% of those cases health staff shared information effectively

Management oversight and governance

- 48% of adults at risk of harm records were read by a line manager
- Evidence of governance shown in records - social work 74%, police 83%, health 30%

Involvement and support for adults at risk of harm

- 93% of adults at risk of harm had support throughout their adult protection journey
- 80% were rated good or better for overall quality of support to adult at risk of harm
- 74% concur adults at risk of harm are supported to participate meaningfully in ASP decisions that affect their lives, 5% did not concur, 20% didn't know

Independent advocacy

- 91% of adults at risk of harm were offered independent advocacy
- 50% of those offered, accepted and received advocacy
- 100% of adults at risk of harm who received advocacy got it timeously.
- 67% concur they are confident adults subject to ASP investigations have the opportunity to access independent advocacy, 7% did not concur, 26% didn't know

Capacity and assessments of capacity

- 68% of adults where there were concerns about capacity had a request to health for an assessment of capacity
- 80% of these adults had their capacity assessed by health
- 100% of capacity assessments done by health were done timeously

Financial harm and all perpetrators of harm

- 16% of adults at risk of harm were subject to financial harm
- 63% of partners' actions to stop financial harm were rated good or better
- 64% of partners' actions against known harm perpetrators were rated good or better

Safety and additional support outcomes

- 88% of adults at risk of harm had some improvement for safety and protection
- 100% of adults at risk of harm who needed additional support received it
- 65% concur adults subject to ASP, experience safer quality of life from the support they receive, 7% did not concur, 28% didn't know

Staff survey results about strategic leadership

Vision and strategy

- 57% concur local leaders provide staff with clear vision for their adult support and protection work. 10% did not concur, 33% didn't know

Effectiveness of leadership and governance for adult support and protection across partnership

- 53% concur local leadership of ASP across partnership is effective, 7% did not concur, 40% didn't know
- 54% concur I feel confident there is effective leadership from adult protection committee, 7% did not concur, 40% didn't know
- 45% concur local leaders work effectively to raise public awareness of ASP, 10% did not concur, 45% didn't know

Quality assurance, self-evaluation, and improvement activity

- 47% concur leaders evaluate the impact of what we do, and this informs improvement of ASP work across adult services, 9% did not concur, 44% didn't know
- 49% concur ASP changes and developments are integrated and well managed across partnership, 9% did not concur, 43% didn't know

CONFIRMED
MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE
WEDNESDAY 4 AUGUST 2021, 1000hrs - MS TEAMS

Present:	Councillor Tim Brett (Chair) Christina Cooper, NHS Board Member Martin Black, NHS Board Member Councillor David J Ross Councillor Jan Wincott Wilma Brown, Employee Director
Attending:	Dr Helen Hellewell, Associate Medical Director Nicky Connor, Director of Health & Social Care Lynn Barker, Associate Director of Nursing Cathy Gilvear, Quality Clinical & Care Governance Lead Fiona McKay, Interim Divisional General Manager Rona Laskowski, Head of Complex and Critical Care Services Bryan Davies, Head of Preventative and Primary Care Services Simon Fevre, HSCP LPF Co Chair(Staff Side) Kathy Henwood, Chief Social Work Officer
In Attendance:	Jennifer Cushnie, PA to Dr Hellewell (Minutes)
Apologies for Absence:	Lynne Garvey, Head of Community Care Services Janette Owens, Director of Nursing Corporate Services Chris McKenna, Medical Director Paul Madill, Consultant in Public Health

NO	HEADING	ACTION
1.0	**CHAIRPERSON'S WELCOME & OPENING REMARKS** The Chair welcomed everyone to the meeting. Cllr Brett noted the Scottish Drug Death Report, which was published the previous week highlighted that there had been a 20% reduction in Drug Deaths in Fife. He advised that he had communicated with Elizabeth Butters within the ADP Team asking if there had been a particular reason for the reduction in deaths and is awaiting a response. Cllr Brett also wished to note that he had hoped to receive a report on Autism, particularly regarding the waiting list and waiting times for children who have been referred to the diagnostic service. He advised that he had a helpful conversation with Bryan Davies who advised that more work was required on the report before it can be tabled at the committee.	

2.0	**DECLARATION OF MEMBERS' INTEREST** There were no declarations of interest.	
3.0	**APOLOGIES FOR ABSENCE** Apologies were noted as above.	
4.0	**MINUTES OF PREVIOUS MEETING HELD 2 June 2021** Cllr Brett asked if members wished for any changes to the previous minutes of 2 June 2021 or had any matters to raise. **Decision –** As no changes were requested, the Committee agreed to approve the Minute of 2 June 21.	
5.0	**ACTION LOG**	
	Cllr Brett asked for an update on the action relating to a group being set up to look at reaching people who are difficult to reach and whether the details had been forwarded to Martin Black as requested. Dr Hellewell advised that this was ongoing but confirmed that she would follow this up. Cllr Brett queried whether the EqIA Policy had been shared. Dr Hellewell agreed to get this shared.	**HH** **HH**
6.0	**GOVERNANCE**	
6.1	**Clinical and Care Governance Update**	
	Cllr Brett invited Dr Hellewell and Lynn Barker to give a verbal update around Clinical and Care Governance. Dr Hellewell advised that she was not planning to use this section to go into detail as there was a substantive item on the agenda for assurance. Dr Hellewell wished to note that Tranche 1 for the covid vaccine is nearly finished and the preparation for Tranche 2 for both covid and flu vaccination is going well with good structures in place. Cllr Brett advised that he had a weekly meeting with the Director of Public Health so had received an update on the planned autumn vaccination programme. Martin Black noted under adverse events there was a plan to visit Queen Margaret Hospital and asked if this had happened. Lynne Barker advised that a senior leadership walk round did take place with herself and Lynne Garvey.	

6.2	**Clinical Quality Report**	
	Cllr Brett noted at the last meeting that it had been agreed that there would be an in-depth review of a topic from the quality report and following discussion with Dr Hellewell and Lynn Barker it was agreed that falls would be looked at in more detail. Lynn Barker spoke to the presentation. Lynn Barker noted that although common, falls can be devastating with significant implications for elderly patients who experience a fall. She confirmed a fall is defined as someone 'coming to rest inadvertently on the ground or floor or lower level'. Lynn advised that the definition is key when defining a fall within the DATIX Safety Reporting System and noted the reason why patients fall is complex but often result in patients losing confidence while being in the healthcare setting. Lynn advised that quality improvement is continuously reviewed but noted that the pandemic has impacted the ability to do this. The clinical teams have refocused, and a multi-disciplinary team is being set up to address falls in particular within Mental Health and 3 wards within the Community Hospitals. They will be looking at the challenges that the clinical teams are facing and what actions are required. Lynn confirmed membership of the review team with Heads of Nursing, Medical Staff, Lead Nurses, Senior Charge Nurses and Service Managers to ensure that there is a multi-disciplinary team approach with the Clinical Care Governance team providing support. Lynn confirmed that there are regular meetings to review the data. Lynn advised that the weekly data is demonstrating that within the areas that are focusing on falls, 3 Mental Health Wards & 2 wards within the community setting are showing an improvement, the other ward requires to collect data for 1 more month to reach this status, but early indications are showing that there has been an improvement. Lynn noted that the next steps for the clinical teams are to continue with the programme, ensuring that the learning is embedded and spread across all the care settings within the HSCP. Jan Wincott asked what t impact on staffing levels had on patient falls. Lynn confirmed evidence shows where there are full staffing levels there is an improved experience for both staff and patient. Lynn confirmed the Partnership has a robust system and process in place to ensure that there is sufficient staffing across the services but advised this has been exceptionally challenging lately for various reasons such as staff absence and members of staff having to self-isolate. Jan Wincott asked over the last 18 months when it has been very challenging whether there had been an increase in patient falls? Lynn advised that the data has demonstrated that there have been spikes but was pleased to note that there had been recent improvement within the Mental Health Wards with the focused work that has been done. Tim Brett queried whether the report showed that there had been an increase in falls overall within the HSCP settings during the pandemic and asked why this had been happening. Cathy confirmed that here	

	has been an increased number of falls and was the reason why this element of patient safety was chosen to focus on. The data was reviewed to highlight the specific areas that needed to be focused on. Cathy confirmed that the falls work will be ongoing. Lynn noted although staffing is a key element it is not the only factor for the increased falls, the acuity of patients that have been in the care settings has also had an impact. Martin Black noted historically there had been an investigation into footwear that had drastically reduced falls and queried whether this methodology was still used. Lynn confirmed that this was the slipper socks with rubber on the soles and noted that anyone who came into hospital without slippers were provided with these slipper socks and for those who had slippers that were not well fitting were provided with the socks to wear as a second defense. Cllr Ross queried whether the patients who are visually impaired with glasses, and the importance of ensuring that glasses are clean to support reduction in falls and queried what precautions would be taken for patients who came in who were totally blind or had only light/dark perception therefore did not wear glasses and noted from his personal experience how hesitant he was going into areas that he did not know. He also noted that 'Falls Clocks' were available in some wards and queried what this was? Lynn advised that patients who were visually impaired coming into wards, if they had aids or tools to assist them, they would be encouraged to bring them into the hospital to assist the patients remaining mobile and independent. Lynn noted the clocks were for plotting the times for when a patient fell if they fell more than once to see if there was a pattern associated with the falls. Cllr Ross queried whether the nursing team have training in 'sighted guide' and asked if this was still delivered? Lynn noted that she was not aware of any training provided and advised that she will investigate and report back. Christina Cooper asked if Estates were involved in the multi-disciplinary team especially where falls are often a result of the environment and queried whether there was specific review and assessment of areas with dementia patients. Lynn noted that she was not aware of the Estates team being part of the multi-disciplinary team but confirmed there are close links with the estates team and they are actively involved when estates issues are highlighted. Cathy Gilvear advised that the Estates Team are informed of actions resulting from leadership walk rounds. Christina asked about the learning for the anticipated preventative work for falls that is happening within the community and where this aligns. Lynn Barker noted that there are overarching groups where the community and inpatient falls team engage with each other and share the learning. Dr Hellewell confirmed that there has also been work done in General Practice to prevent people falling in their own homes. Lynn noted that there had been significant work prior to covid with dementia diagnosis and tools that could be put in place such as specific coloured toilet seats, place mats and cups that has been maintained.	**LB**

	In addition, there are dementia champions within ward areas with training courses which are ongoing. Simon Fevre wished to pick up the mental health section in relation to the significant adverse events and noted that he was aware of two serious assaults on staff in the past month and would like reassurance that these have been actively dealt with. He noted that staff side and himself will be involved with the subsequent adverse event process. Lynn confirmed that both situations have been reviewed taking into consideration the seriousness of the events and wished to assure the committee that the appropriate processes have been followed. Rona Laskowski stated that a range of support has been made available to staff involved in the incidences. Martin Black queried with regards pg 41 in relation to CAMHS and noted concern that the person has to reapply to CAMHS and noted surprise that this is not monitored resulting in the parent having to reapply to the service. Cllr Brett asked Rona Laskowski to feedback to Martin Black. Christina Cooper noted concern with the process and the challenges that the family has had noting that there is no clear pathway and asked how clinical and educational psychology is integrated ensuring that children do not need to get separate assessments done. Rona Laskowski advised that there has been and continues to be a range of initiatives with CAMHS and Education relating directly to the National Service specification with expectation on CAMHS which will address points raised and will provide a significantly more combined approach. Cllr Brett asked with regards pg 38 and the patient's positive feedback regarding the palliative care received and asked whether everyone who wishes this type of palliative care in the community receives it and whether there are sufficient resources to provide everyone with this standard of care. Dr Hellewell wished to clarify that there are different needs for palliative care and confirmed that there is palliative care for everyone at home which is provided by General Practice and the District Nursing Team. There is then a more specialist requirement for those with complex needs where close working with the palliative care team is required and it is not about want it is about need. Dr Hellewell wished to confirm that all who wish to have their palliative care at home will receive this, but not everyone will require the more specialist palliative care. Cllr Brett noted that the Dashboard on Pg 17 indicates that there has been an increase in ligature incidents during the current reporting period. Cathy Gilvear agreed to investigate and feedback to Cllr Brett. Nicky Connor queried with regards to the format going forward, noting during this meeting the committee had reviewed falls in depth, but whether the overview was still required to allow discussion and provide answers for the committee shaping what areas require a deep dive at future meetings. It was agreed that both the executive summary and deep dive was beneficial and would continue but acknowledging that as the committee structure changes this may change going forward.	**RL** **CG**

6.3	**GP Cluster Update**	
	Dr Hellewell advised that the paper had been prepared by Dr John Kennedy, Clinical Director for Primary Care. Cllr Brett noted it would be good if the wider public could be advised of the continuing restrictions within health care settings as he was concerned that there would be expectations that everything is back to normal with the reducing restrictions. Dr Hellewell advised that promotional material has been provided to all GP practices. Cllr Ross asked with regards 'Near Me' whether all practices were able to use the programme. He also noted that the report outlines delays with clinics and asked how the backlog will be cleared. Dr Hellewell confirmed that all practices had access to 'Near Me' and were able to provide a blend of virtual or telephone appointments. Dr Hellewell confirmed that a risk assessment has been undertaken as to the management of the back log of chronic diseases within each general practice. Cllr Ross noted that the report advises that it is anticipated that there will be a blended model of patient consultations going forward and asked how this would work. Dr Hellewell confirmed that an increase in face-to-face appointments is the preferred option, but the current difficulty is the number of people that can be in the waiting room at the same time and flow is being reviewed. Dr Hellewell advised that some patients have fed back that they like the option of continuing with 'Near Me' and telephone consultations therefore it is anticipated that a blended service will be provided going forward. Martin Black noted that communication for how people can access services urgently needs to be reviewed and noted the time it takes for people to get through to NHS24 when they are not able to access their GP is excessive. Bryan Davies advised the paper that Dr Hellewell presented was a snap shot of the service back in May 2021 which provided insight into what is being delivered in GP Practices and he proposed that this is reviewed on an ongoing basis as part of supporting an action plan around sustainability of GP Practice delivery. The information will also be able to address the mixed messages and give a clearer dialogue of what is being delivered by General Practitioners. Bryan Davies confirmed that a strategy will be developed for Primary Care sustainability and improvement which would include an underpinning communication strategy. Cllr Brett would like to suggest that these discussions are continued at the Development Session on Friday 6 August 2021. Christina Cooper noted that she welcomed the report as it gives assurance of the work going forward, although the report is a snap shot some of the examples provided are significant and helps to promote the integration and partnership working. Cllr Brett asked if Dr Hellewell could briefly provide more information on the assessment work that has been carried out in relation to addictions, 'Let's Prevent', flow and navigation. Dr Hellewell advised that the work	

	carried out in relation to addictions was looking at how GPs can work more closely with services to ensure that people who are struggling with addictions continue to get their general medical needs met within primary care. 'Let's Prevent' is around early intervention to prevent diabetes. Flow and navigation work is around making sure that people are seen in the right place at the right time and this links across the whole spectrum with Pharmacy First, the Flow and Navigation Hub in the Hospital. Dr Hellewell confirmed that the Flow and Navigation Hub looks at the pathway into the hospital ensuring that patients are in the correct place or whether a community setting would be more appropriate to avoid hospital admission. Dr Hellewell confirmed that there has been a lot of work to ensure patients are on the correct pathway but noted a lot of work is still required to ensure the communication is available.	
6.4	**Assurance Committee Update**	
	Lynn Barker advised that the Partnership has been through a re-organisational structure and with this, there was a requirement to review the governance committees. The Senior Leadership Team have reviewed the structure to ensure that the Partnership has assurance under the principles of the Integration Scheme that it is safe, effective, person-centred in the delivery of all care provided regardless of setting across the Partnership. A 'Quality Matters Assurance Group' has been established which will replace the three previous divisional groups. The group will consist of a wide membership from across the Partnership to ensure that safe, effective and person-centred care is provided. Lynn advised that she will be the Chair of the Group on a rotational basis with the Associate Medical Director and the Social Work Lead, she indicated that the first meeting had gone well. Dr Hellewell advised that with establishing this group, we bring together all areas of the partnership allowing assurance for all pathways of care across the services. Cllr Brett noted that it would be helpful for the update to be provided in a paper and tabled at a future meeting. Nicky Connor noted that the next steps will be outlined at the Development Session on Friday 6 August 2021.	**HH/LB**
6.5	**Mental Welfare Commission Authority to Discharge Audit and Findings**	
	Fiona McKay advised that the updated report on the work that has taken place since the Mental Welfare Commission issued a directive to all Health and Social Care Partnerships around people moving from hospital to care homes throughout the pandemic and the inappropriate use of 13ZA or 51X which are the codes used for certain delayed discharges and to ensure that people had capacity or had an appropriate power of attorney in place.	

	When the report was first published, Fiona advised that she was Interim Divisional General Manager and noted that Fife took the decision to look at everyone who had moved to assure that the moves had been undertaken appropriately. A full review was undertaken to ensure that everything was in place. Fiona advised that the Mental Welfare Commission took a cross sample of cases from across NHS Scotland and we were pleased to note that their report showed that Fife had not broken any legislative rules. The Mental Welfare Commission provided some recommendations and Fife has taken the relevant actions forward. Fiona advised that this report was to provide the committee with assurance that Fife has acted within the legislation throughout the pandemic and to assure that all the information is well documented within the services. Cllr Brett noted that there are 11 recommendations with 3 that are not applicable to Fife and noted that that he was happy that everything has been covered but noted that some of the action deadlines were the end of August. Cllr Ross noted that there are a number of abbreviations used within the report that were not explained.	
7.0	**EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES**	
	Unconfirmed Minutes were received from Fife Area Drugs & Therapies Committee – 30 April 2021 and 9 June 2021 Scott Garden advised the 3 items for escalation were: • East Region Formulary Development – moving to 1 medicine formulary with Borders, Lothian and Fife with funding from SGHD to March 2022. • High Risk Pain Medicines Patient Safety Programme Development which is a Corporate Objective for NHS Fife which will run over 3 years. • The remobilisation of Medicine Governance Committees. Cllr Brett asked with regards to the Drug Formulary; whether the clinicians are provided with a choice of drugs and asked if this would continue. Scott Garden confirmed that it was a pre-requisite that this was retained as it was fundamental to the savings that had been achieved within Fife. Scott Garden confirmed the Business Case for HEPMA was approved last November by NHS Fife and the service was currently in the procurement phase but it was hoped that the final contract would be signed this month therefore it was anticipated that Fife would start the 3 year phased programme roll out of hospital electronic prescribing from January 2022.	

	Scott advised there has been work done around the diabetes and frailty guidelines in particular building on the work carried out in 2019 relating to hypertension and frailty.	
	Unconfirmed Minutes of the Infection Control Committee Minutes from 14 April 2021 and 2 June 2021. Lynn Barker advised that there were no issues for escalation. Cllr Brett noted that there was reference to vaccination uptake in care homes and was pleased to see that the reference was advising more staff were being vaccinated.	
	Minute of the Clinical Governance Oversight Group from 25 February 2021, 22 April 2021 and 23 June 2021. Lynn Barker advised that there were no issues for escalation.	
	Cllr Brett noted that it was helpful that there was the item on the agenda for escalation to C&CG Committee on the Fife Area Drugs & Therapies Committee and asked if this can be added as a standing item on the other agendas.	**HH/LB**
8.0	**ITEMS FOR ESCALATION**	
	Cllr Brett advised that Mental Welfare Commissioning Update will be going to the IJB. Cllr Brett would like to commend to the Board the GP Cluster Update as this was helpful in setting out what GP Practices have been able to do.	**TB**
9.0	**ANY OTHER COMPETENT BUSINESS**	
	No other competent business was raised.	
10.0	**DATE OF NEXT MEETING –** Wednesday 8 September 2021, 1000hrs MS Teams	

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CONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE
FRIDAY 13 AUGUST 2021 AT 10.00 AM VIA MICROSOFT TEAMS

Present:	David Graham [Chair] David Alexander Martin Black, NHS Board Member Rosemary Liewald
Attending:	Nicky Connor, Director of Health & Social Care Audrey Valente, Chief Finance Officer Euan Reid, Lead Pharmacist Medicines Management Fiona McKay, Interim Divisional General Manager Rona Laskowski, Head of Integrated Complex & Clinical Care Services *In attendance*: Carol Notman, Personal Assistant (Minutes)
Apologies for Absence:	Norma Aitken, Head of Corporate Service, Fife H&SCP Helen Hellewell, Associate Medical Director Lynne Garvey, Head of Integrated Community Care Services Bryan Davies, Head of Integrated Primary and Preventative Care Services Tracy Hogg, Finance Officer

No.	ITEM	ACTION
1.	**WELCOME AND APOLOGIES**	
	The Chair welcomed everyone to the meeting. See above for apologies provided.	
2.	**DECLARATIONS OF INTEREST**	
	There were no declarations of interest.	
3.	**MINUTE OF PREVIOUS MEETINGS – 11 JUNE 2021**	
	The Minute from the meeting held on 11 June 2021 was approved.	
4.	**MATTERS ARISING / ACTION LOG – 11 JUNE 2021**	
	David Graham confirmed that the timescales in the action log have been reviewed and changed to the September Meeting.	
5.	**FINANCE PAPER**	

	Audrey Valente advised that this report was the first Monitoring Report for this financial year. The report projects the Partnership will have an overspend of c. £7M which she considers is a prudent projection. The projection includes the value of the unachieved savings which is £4.8M. Audrey advised that currently it is unknown if funding for the unachieved savings will be provided for by the Scottish Government Health Department; if funding for the unachieved savings is received it will bring the projected overspend down significantly. Audrey advised that she is working with the Senior Leadership Team to prepare a paper around the unachieved savings which will be brought back to a future meeting. Audrey confirmed with the Partnership is facing an overspend situation, a recovery plan is required which will be developed and brought back to the committee. Audrey noted that the Scottish Government has requested that Boards use their reserves to cover covid costs before requesting additional funding. David Graham confirmed the importance of the Unachieved Savings Paper being brought back to the Committee at the earliest opportunity to allow actions to be taken. Rosemary Liewald noted with regards Section 5.6 (pg 15) and the Older People Day Centre and asked if the services were any further forward. Fiona McKay advised there were regular meetings and many of the external partners have remobilised. Fiona acknowledged that there is one External Provider Day Centre that has not reopened, with a number of Fife Council Centres that have still to fully remobilise and open their Day Centres. Fiona advised that the opening of care process allowing visitors into the care homes is putting pressure on other services with lateral flow test requiring to be completed. Fiona anticipated a clearer position of the situation by the end of August. Martin Black noted that the report is coming with projections and commented that there should be plans already in place associated with where there is an overspend. He queried with regards the extra costs associated with 5.6 (pg 15) whether these could be recouped. He noted that he did not feel that the extra cleaning would becoming part of the regular requirements going forward and asked whether this needs to be built into the budget. Martin noted that with regards the overspend for adult placements, it was his opinion that the budget did not reflect the requirement and needs of the service and advised that a action plan is required. David Graham noted that funding associated to Adult Placements had always been volatile with numbers fluctuating from year to year and asked how confident was the service that the overspend would increase? Audrey confirmed that adult placements was an area that tends to grow and the budget is matched to the outturn from the previous year; but noted concern that within 3 months the service was so overspent and agreed an investigation was required and she and Rona Laskowski would be investigating and reporting back to the committee.	

	Audrey thanked Martin for highlighting the extra cleaning and would investigate if these should be costed to the LMP covid costs. She agreed that action plans are required and advised that the savings from the last financial year and after being reviewed will be brought back to the next committee. David Alexander noted within the Council the first quarter always looked the worst but by the end of the year budgets had realigned and asked if this was the same for the IJB? Audrey advised that it was a prudent estimate and she had received early sight of the budget for adult packages going forward and it has worsened. David Graham noted that the paper was recommending that the report is discussed which he could confirm this had taken place and had approved the paper. He asked that the wording within the recommendations be reviewed as he was not sure around the wording of whether the decision was agreed or disagreed	**AV** **AV**
6.	**PERFORMANCE REPORT**	
	Fiona McKay introduced the Performance Report which provides an overview of progress and performance in relation to local and national information. She wished to highlight that there had been a spike in May with regards assessment beds but this had since reduced with the care homes reopening. Fiona confirmed that there has been some discharges from the Star Beds following a period where people were not able to be discharged until they were free from covid. Fiona wished to note that the demand for services continues to grow with significant pressures across the services. External Partners have advised of challenges with the increased number of staff requiring to isolate. Fiona advised that the area requiring additional work is CAMHS and Psychological Therapies but would not expand on this at this point as they are on the agenda further down. Fiona noted her frustration that Fife Council continue to have issues getting information out of Oracle therefore is only able to update the committee regarding staff sickness for NHS staff. David Graham advised that the Committee is very concerned with this situation which is not allowing scrutiny of staff absence, especially at this point when there is increased absence due to covid adding additional pressures to services. David Graham noted he was pleased to see that Fife is showing as the 5th lowest cost per head within Scotland for prescribing and asked Euan Reid to pass on the Committee's congratulations to the Pharmacy Team. Euan Reid confirmed that last year was unusual and although there has been a slight increase Fife is generally between the 4-5th lowest Board.	

	David Graham noted with regards the Formulary Compliance the numbers looked positive and asked what the Pharmacy Team had done to achieve this? Euan Reid advised that there had been a major overhaul of the formulary over the last few years which has resulted in a stable position for the last 3 years. He noted that there has been a move towards an East Region Formulary and while this has benefits for the patients, the team do not wish to lose any ground that has been gained to date. David Graham asked with regards the self-isolation national guidance changing for those who are double vaccinated. Fiona McKay advised that she had investigated and had found that it applied to England not Scotland as Scotland was already in that position. Fiona advised that the services, care homes in particular, when Covid positive tests are returned it is generally due to staff. This results in risks assessments being undertaken to determine whether the home can remain open albeit without visitors. But it is a challenge for both the Council and External services and she was working closely with Care Scotland to implement the requirements associated with the risk assessments and there is a lot of nervousness associated with the revised guidelines. David Alexander queried with regards the reduction of 30% with A&E Attendances and noted that this is not what is being communicated to the people of Fife. Nicky Connor confirmed that that reporting period outlined within the report covered the 'Stay at Home' command for the Government and the data does not reflect the significant pressures facing the service currently. Martin Black advised that an investigation into the significant increase in A&E attendances is required as staff are fully stretched and he was pleased to see the national communication but noted a local solution is required to ensure that the people of Fife know what to do and where to go. Martin Black queried the weekly hours commissioned through external care at home providers. Fiona McKay advised that the demand for care at home services with external providers providing c.17,000 hours each week and although this has increased over the past year it is keeping people at home reducing the pressures on the acute service David Graham wished to thank Fiona for the report and noted that the Committee accepted the recommendations outlined but wish to acknowledge that there are significant pressures for both the Accident & Emergency Department and Care Sector.	
7.	**CAMHS WORKFORCE DEVELOPMENT UPDATE**	
	Rona Laskowski advised that she was presenting this paper on behalf of Lee Cowie and noted the position within CAMHS is a national position and one where there has been, and continues to be wide recognition of an improvement agenda. Rona advised that the Scottish Government Mental Health Improvement Team have been working with the team assisting them analyse the	

	demand and the existing waiting list, enabling the service to develop a local improvement plan. Rona was please to note that there has been significant funding received for the service and a further £1.8M allocated by the Scottish Government Health Department to increase capacity and extend the age range for CAMHS patients to the age of 25 (currently 18 years of age). Rona advised that there is a currently a recruitment campaign underway and whilst it has been relatively successful, acknowledged that there was significant competition with other NHS Scotland Boards. Rona advised that Fife's trajectory outlined in page 67 indicates that 70% of the 90% target has been achieved and advised it is anticipated to have the service achieving the full target by the deadline provide by the Government of March 2023. Rona confirmed that attention to those who have experienced the longest wait has been addressed with no-one currently waiting beyond 50 weeks but acknowledged that there is still room for improvement. David Alexander queried whether there were enough staff to make the changes required and what the workforce looked like. Rona advised that the majority or practitioners providing the service were psychologists and nurses, advising that both have received a significant specialised training period. Rona was please to note that the University of Dundee campus based in Dunfermline has recommenced its Mental Health Training two years ago so the students are currently in Year 2 with some NHS Fife staff having Honorary Contracts with the University to build relations and promote NHS Fife to the students. Rosemary Liewald noted historically preventative work through support staff within schools had made a big difference to children and asked if similar initiatives were available. Rona confirmed that similar initiatives were being taken forward by the CAMHS Early Intervention and Prevention Team who are reaching out within the schools. David Graham confirmed that the update had been provided as per the recommendation and all agreed this was of significant interest and requested that an update be provided to the committee. Carol Notman to add the update to the work programme for 6 months' time.	**CN**
8.	**CAPACITY TO MEET THE LDP STANDARD'S REFERRAL TO TREATMENT TARGET FOR PSYCHOLOGICAL THERAPIES: POSITION AT JULY 2021**	
	Rona Laskowski gave a presentation to the Committee. Rosemary Liewald queried with regards the recruitment drive which has taken place and asked what staff groups have been recruited. Rona Laskowski confirmed 8 posts have been recruited with 3 remaining outstanding and all appointments to date have been psychologists.	

	Rosemary Liewald noted that slide 4 highlighted there was a significant dip in referrals and queried whether this could be due to the schools being closed. Rona Laskowski advised that the dip was directly related to covid, and the subsequent increase in referrals is also directly related to post pandemic with people experiencing worsening mental health. Martin Black queried with regards the 3 permanent posts and recruitment against these relating to the budget. Rona Laskowski confirmed that the recruitment was brought forward to increase capacity quicker. Martin Black queried with regard to those who have been on the waiting list for over a year whether any delay has resulted in them requiring other services as they have not been able to access any form of therapy? Rona Laskowski confirmed that the service has maintained regular contact with all who are on the waiting list but noted in terms of impact on other services this measurement is not recorded and acknowledged there is a likelihood there has been an impact. It was requested that the slides be shared with the Committee, Rona advised this would be possible but noted they held sensitive information and should be treated with strict confidentiality. David Graham confirmed that update had been provided as per the recommendation and all agreed this was of significant interest and requested that an update be provided to the Committee. Carol Notman to add the update to the work programme for 6 months' time.	**CN**
9.	**AOCB** No items were raised under AOCB	
10.	**DATE OF NEXT MEETING:** Friday 3rd September 2021 at 2.00pm via Microsoft Teams	

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UNCONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE FRIDAY 3 SEPTEMBER 2021 AT 2 PM VIA MICROSOFT TEAMS

Present:	David Graham [Chair] David Alexander Martin Black, NHS Board Member Rosemary Liewald
Attending:	Audrey Valente, Chief Finance Officer Tracy Hogg, Partnership Finance Manager Euan Reid, Lead Pharmacist Medicines Management Fiona McKay, Head of Strategic Planning, Performance & Commissioning Lynne Garvey, Head of Community Care Services *In attendance*: Carol Notman, Personal Assistant (Minutes)
Apologies for Absence:	Nicky Connor, Director of Health & Social Care Norma Aitken, Head of Corporate Service, Fife H&SCP Helen Hellewell, Associate Medical Director Bryan Davies, Head of Integrated Primary and Preventative Care Services

No.	Item	Action
1.	**WELCOME AND APOLOGIES**	
	The Chair welcomed everyone to the meeting. Please see above for attendees and apologies.	
2.	**DECLARATIONS OF INTEREST**	
	There were no declarations of interest.	
3.	**MINUTE OF PREVIOUS MEETINGS – 13 AUGUST 2021**	
	The Minute from the meeting held on 13 August 2021 was approved.	
4.	**MATTERS ARISING / ACTION LOG – 13 AUGUST 2021**	
	Item 6 – Paper on Remobilisation, Fiona McKay assured the committee that the services has been working tremendously hard to get remobilised and further guidance update is expected to be published imminently from Scottish Government Health Department regarding care homes so anticipated that a paper would be available for the next meeting.	

	Fiona confirmed the social work services that ceased during the pandemic, such as respite and day services, a toolkit has been developed to support them as they remobilise. Fiona wished to assure the committee that the Public Health Team is supporting the services to remobilise safely.	
5.	**FINANCE PAPER**	
	Audrey Valente spoke to her paper highlighting that the combined HSCP delegated and managed services are reporting a projected outturn overspend of £6.798m. Audrey confirmed that there had been no changes to costs associated with covid as they are reported quarterly. Cllr Graham noted that there were sections in the SBAR which were not fully completed but was aware that the templates were new, Audrey Valente confirmed that the SBARs would be reviewed and all sections completed fully as there were implications for NHS Fife and Fife Council associated with the risk share. Martin Black queried with regards the Risk Share Agreement and whether the reports were being considered by both parties. Audrey confirmed that the reports would be considered by both NHS Fife and Fife Council during September/October and once agreed it will be forwarded to the Scottish Government Health department for final approval and sign off. Cllr Graham noted that the recommendations within the SBAR was to ensure that the committee were aware and to approve the financial monitoring position which all agreed.	
6.	**TRANSFORMATION UPDATE**	
	Audrey Valente advised that this report provided an update on the IJBs Medium-Term Financial Strategy and PIDs that had been approved in March 2021. Cllr Graham noted surprise at the title of the report as it seemed to outline the unachieved savings, but he didn't see much relating to Transformation. Audrey Valente noted that many of the savings relate to transformation as they are linked to efficiencies and redesign and confirmed that the Bed Based Model is part of the Transformation Programme looking at the assets that we have as well as delivering care in a home or homely setting. Audrey confirmed that Transformation is now within her remit and offered to provide a presentation at the next committee meeting outlining the changes that were being put in place. Cllr Graham welcomed the presentation and asked that this was placed on the agenda for the next meeting. Rosemary Liewald queried with regards the supplementary staffing for locums and noted that she was aware that a working group that has been set up to review the difficulties and asked if there had been an update on the findings. Audrey confirmed that the working group is part of the next steps and Dr Hellewell will be taking this forward and setting up to review the issues identified with recruiting consultants to certain specialities. Martin Black queried with regards the bed-based model and how it noted difficulties with making savings due to covid, but yet the next steps is advising research into homely settings which seemed a contradiction? Audrey confirmed research is required to understand the difficulties the	**CN**

	services are experiencing in more detail around the models that are currently in place. Martin also queried with regards Total Mobile noting that it had been his understanding that it would be the answer to many problems, but now it seems that the Scottish Government are saying that IJBs are to continue to pay commissioned hours therefore impacting projected savings? Audrey advised that the costs are part of the sustainability payments, paying for vacancies and commissioned hours. She noted the situation was constantly evolving around the support that is being provided to our providers and whether this will continue going forward will require further clarity. Longer term the vision is to get back to paying the actual hours but the market is concerning at the moment so any changes will require to be managed appropriately. Fiona McKay confirmed that Total Mobile is still being used extensively internally and there are plans to introduce Liquid Logic which will result in an upgrade to Total Mobile to make it much easier for the external partners to use and hopefully it will be compatible for the external companies so that their staff will not require to double scan. Fiona confirmed that the Scottish Government is covering a lot of costs for care at home and care homes through sustainability payments. Cllr Graham noted concern with moving away from commissioned hours and whether issues will arise again where external providers will only pay for staff when they arrive at the house and not cover travelling costs which previously caused difficulty in getting packages arranged. Fiona advised that there is a Small Working Group looking at the impact of these changes. Cllr Graham noted that the recommendation outlined in the report was that the paper is discussed in relation to the non-achieved savings and that the committee were aware of the position and all agreed that regular updates are to be brought back to the committee.	
7.	**CARE HOMES REPLACEMENT PROGRAMME**	
	Fiona McKay provided an update on the Care Homes Replacement Programme comprising three Care Villages at Methil, Cupar and Anstruther. Fiona noted that work on the Care Village at Methil was well underway and was anticipated to be completed July 2022. Cupar Care Village is in planning phase and noted there had been a meeting with Cupar Community Council to discuss the path that goes around the building and there has been agreement that there will be restricted access during the building works. It is hoped that ground works will commence in January which will result in building works at Methil and Cupar running at the same time. Anstruther Care Village is in planning phase and due to the size of the site will be quite different with buildings being 3 storeys high. Cllr Graham wished to thank Fiona and her team for getting the projects to this stage and noted that he was delighted to see the progress in all 3 sites.	

	Cllr Liewald was delighted by the models shown in the paper and was impressed with how encompassing the villages were with a nursery and drop-in café. Fiona McKay advised that the buildings on completion will be handed over to Lynne Garvey. Cllr Graham noted that the recommendations noted that the report was for information, but he felt that further updates would be appropriate as the Care Villages progress.	
8.	**CARE AT HOME PRESSURES & CHALLENGES**	
	Fiona McKay advised that this paper has been written to provide a complete overview of the pressures within care at home. Cllr Graham noted concern that there has been rumours that for those waiting to come out of hospital were told that there will be a package organised imminently on discharge which is increasing the pressures on the Care at Home Service. Lynne Garvey advised that education has been provided to the staff within the Discharge Hub to ensure that unachieved expectations were not provided to patients. Cllr Liewald commended the paper as it stated clearly where the pressures are and outlined the issues for the committee. She noted that she was pleased that recruitment has taken place and is ongoing. Lynne Garvey noted that there had been concerns with the recruitment, that staff from external agencies would apply causing pressures further down the line but was pleased to note there has been less than 10% of the applicants from external agencies. Audrey Valente noted that although the recruitment was good news for the service, it will cause a financial impact for the Partnership as it will create a permanent pressure which potentially will impact on the risk shared agreement. Audrey Valente and Cllr Graham to discuss the pressures out with meeting, Rosemary Liewald asked to be included within this meeting. Martin Black noted concern that the Table on page 53 indicates that there is a disparity around where care packages have been put in with Kirkcaldy receiving 20% of the care packages within Fife. Fiona McKay noted that there are areas within Fife where the population age is higher therefore more packages are required. Cllr Graham noted that the recommendations outlined within the paper was for information, however taking into consideration the pressures to the service it is felt that it would be appropriate to highlight the issue to the Board and all agreed. Fiona McKay wished to make the Committee aware that a similar paper was tabled at the Fife Council Scrutiny Committee and in addition Fife Council have been asked to answer a question in respect to shortages with carers.	**CN**
9.	**ESCALATION TO IJB**	
	1 Item to be escalated to the IJB:	

	• Pressures on Care at Home Service, but with a note confirming that the Service has actively addressed the situation with additional recruitment.	
10.	**AOCB**	
	No items were raised under AOCB.	
11.	**DATE OF NEXT MEETING:**	
	7 October 2021 at 2.00pm via MS Teams	

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CONFIRMED MINUTES OF THE AUDIT AND RISK COMMITTEE

FRIDAY 9 JULY 2021 - 10.00AM – VIRTUAL TEAMS MEETING

Present:	Eugene Clarke (Chair), NHS Fife Board Member Margaret Wells, NHS Fife Board Member Dave Dempsey, Fife Council David J Ross, Fife Council
Attending:	Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP) Audrey Valente, Chief Finance Officer (Fife H&SCP) Norma Aitken, Head of Corporate Services (Fife H&SCP) Barry Hudson, Regional Audit Manager (NHS Fife) Tracy Hogg, Interim Partnership Finance Manager (Fife H&SCP) Avril Sweeney, Risk Compliance Manager (H&SCP)
In Attendance:	Shona Slayford, Principal Auditor (NHS Fife) Tim Bridle, Audit Scotland Carol Notman, Personal Assistant (Minutes)
Apologies:	Tony Gaskin, Chief Internal Auditor (NHS Fife)

NO	HEADING	ACTION
1	**WELCOME AND APOLOGIES**	
	The Chair welcomed everyone, and introductions were made. Apologies for absence are noted above.	
2	**DECLARATION OF INTEREST**	
	There were no declarations of interest.	
3	**DRAFT MINUTE AND ACTION LOG OF AUDIT AND RISK COMMITTEE HELD ON 4 JUNE 2021**	
	The minutes were accepted as an accurate record of the meeting. The Action Log was noted.	

4	**FIFE INTEGRATION JOINT BOARD UNAUDITED ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO MARCH 2021**	
	The Chair invited Audrey Valente to present the IJB Unaudited Annual Accounts but noted an anomaly with the statutory deadline of 30 June 2021 to submit the accounts to the external auditors with them being open to inspection from 1st July and the Committee are approving them on the 9th July. Audrey confirmed that the Annual Accounts had been submitted to Audit Scotland by the deadline and agreed that the timescale for the meetings did not align with the statutory guidelines. It was agreed that the Committee Structure would be reviewed going forward to allow the unaudited accounts to be agreed prior to submission. Cllr Dempsey noted that he assumed it would be the same regulations apply to Partnership that apply to the Council and advised that previously the Council had approved, but following investigating it was agreed that the regulations did not require their approval at this stage, just their consideration. The point of approval was when they came back from the auditor and if in future the wording was changed to consider then the issues regarding timings of the committee is not so important. Audrey Valente advised that this would be implemented for next year if required. Audrey Valente introduced Tracy Hogg who is currently Interim Partnership Finance Manager who has done a substantial amount of work on the accounts and wished to thank both finance teams for their help in developing the accounts. Tracy Hogg provided presentation on the unaudited accounts which confirmed that the audited accounts will not be completed by the usual September timeline and noted that it would the December IJB Meeting. The chair wished to thank Tracy Hogg for the detailed presentation and thanked the team for the hard work in reaching the deadline. Cllr Ross queried a couple of comments referred to in the presentation and report that he had not heard of before, these being Mission 2024 and TeamFife which he would like to hear more about and he commented that it notes that the budget was approved at a meeting on the 27th March 2020 but his recollection was that it was approved via email as the meeting had been cancelled due to the pandemic and wished that this be clarified within the report. Audrey confirmed that she would clarify and ensure the detail regarding the approval is corrected in the final accounts. Audrey Valente noted that Mission 2024 was the aim of the Senior Leadership Team, which is to be the best or most improved HSCP by 2024 with clear objective and performance measures in place. Team Fife encompasses NHS Fife, Fife Council and the Health and Social Care Partnership and Cllr Ross queried how the Partnership would measure itself to know whether it was the most improved IJB by 2024. Audrey confirmed that there were many measures confirming the importance of having something to aspire to and ensuring that the Partnership is on a continuous improvement journey with clear objectives and measures in place.	AV/NA

	Cllr Dempsey noted that he had a small number of specific questions. • Page 12 – which notes that there is reference to break even position on the set and queried whether this was automatically guaranteed under the present regime? Audrey Valente confirmed that the set aside and break-even budget had an overspend of c.£2M which is fully funded by NHS Fife. • Pg 24 which notes the key pressures in the 2021 accounts is an increased demand in services and noted his surprise that the key pressure had not been the pandemic and queried whether there had been a significant effect from increasing populations? He noted surprise that the spend for Covid was £26.3M which he expected would have been higher Audrey Valente confirmed that there is an increase in adult packages and transitions from children to adult services. Tracy Hogg advised that the Partnership completed a very detailed mobilisation plan which outlined the additional costs acknowledging there was a fine line between costs associated with covid and business as usual. In addition, there were items of mitigation which reduced the expenditure and return to the Scottish Government. • The £500 Thank You payment to Health & Social Care Staff, the report notes that the funding has been requested and Cllr Dempsey asked who had the funding been requested from and had this been granted? Tracy Hogg confirmed that NHS Fife received the funding for the thank you payments for staff and this was paid to staff during 2020/21. The funding for Fife Council and external partners had not been received until 2021/22 and confirmed the funding has now been received and issued to staff. • Pg 49 there is a reference in the table to Action 15 and queried what Action 15 was? Audrey Valente confirmed that Action 15 is funding received from Scottish Government Health Department and relates to Mental Health, she confirmed that she was not aware why it is called Action 15 but noted that further funding was anticipated this year. Margaret Wells queried transitions from children to adult services and whether there was a funding stream that followed the children? Audrey Valente noted that she would be looking into all comments received and acknowledged the importance of better forward planning for those transitioning from children's services. The Chair confirm that the Committee has been made aware, discussion of unaudited accounts has taken place, and all agreed on approving the unaudited. Accounts.	

5	**TRANSFORMATION PROGRESS**	
	Audrey Valente confirmed that from the 5th July 2021 she is now the Lead for Transformation within the HSCP and talked to her presentation. Eugene Clarke noted that he was impressed with the quality of thinking and asked Audrey if she was comfortable that she had sufficient access to those who are developing the Transformation Programmes and if not, is there anything that needs to be done to change this. Eugene asked with regards to governance whether there was any thought on timescale and schedule. Audrey Valente noted in terms of Governance, the Partnership is reviewing its governance structure and it will look very different going forward but the timescales for this is not known at the moment. Nicky Connor confirmed that the timescales will be quick but wished to recognise that the service has just gone through an organisational change and was allowing teams to settle. There is operational governance and governance of IJB. In terms of the operational the Senior Leadership Team meetings will change to focus on 3 areas, Business, Assurance and how we look to the future and it is anticipated that they will be up and running by the end of September. Nicky noted that there will be an outward reach for SLT with relevant business partners being included. With regards to the governance of the IJB once the Integration Scheme has been signed off the service will be able to move forward and it is anticipated that this would be by the end of September therefore the changes will be implemented through November/ December 2021. Cllr Dempsey noted the importance of Transformation and the ability to answer 4 questions, these being: Where are We? where are we going? how do we get there? and how do you know when you have arrived? He noted that he was looking forward to the 'how do we tell we have done it' point. He reminded all of the importance of not being scared of failing, because if you know you have failed then you have learnt something. Margaret Wells noted that she was pleased to see that the initial slide started with the people and the communities and reminded all the importance of starting with the people with whom the services are being provided for. And queried how do we get people into the services that they need, what is the route that we need to follow and understand, ensuring that it is user friendly for those accessing the service. Margaret noted when it comes to transformation the importance of harnessing ideas from the frontline staff as they know their service best and have excellent ideas of how it could be improved. Cllr Ross agreed with Cllr Dempsey and Margret Wells and noted his concern was how the Partnership was going to ensure that it doesn't get bogged down in bureaucracy and is going to be able to work at a speed that is going to make change happen. Also is the system that is being set up going to be able to handle public opposition and the IJB advising that they do not like what is being proposed? Audrey Valente thanked everyone for their comments noting that they were	

	welcome as the service is on a journey and participation and engagement is key to it and is part of the business case. The business case will be outlining the benefits, milestones and the deliverables which are important. Getting the balance right around what staff can just get on and do without escalating through the governance routes to empower staff. Nicky Connor noted that before 2022 the strategic plan is to be reviewed and she plans to have transformation significantly outlined in the new strategic plan. But to do all of this will require cognisance of the Health and Wellbeing Strategy of NHS Fife and the Plan for Fife as we are all in it together for the people of Fife. Nicky noted that Audrey's team is currently undertaking a map of what is going on and what will be focussed on to ensure that we are not working in isolation and the pieces of work will include Primary Care and Urgent Care interface with acute services and the expectation will be that we are actively listening to voices to shape the transformation that is being brought forward. Nicky noted that currently one of the areas that has commenced is Home First Strategy where there are colleagues from acute, third sector, independent sector and business partners. Eugene Clarke thanked Audrey for the presentation and all for the preceding discussions and agreed that the item should remain a standing item on the agenda.	
6	**IJB STRATEGIC RISK REGISTER**	
	Avril Sweeney noted that there had not been substantial change to the Risk Register since the last meeting as most review dates are August 2021. She noted that the risks are presented in order of residual risk score, there are currently 5 scoring High and they are shown in summary format in the SBAR and Column 9 in Appendix 1. Avril advised that the Drop In Sessions where questions can be raised have been organised and diary invites have been issued. Cllr Dempsey queried on pg. 56 on the summary of serious risk, risk 13 relating to delayed discharge has been reduced by 40 and would like some perspective on this number. Cllr Dempsey noted there is a reference in the action log to adding in a new box within the risk register, but he could not see it, he did note that another box could confuse further and text highlighted in red was more helpful. Avril Sweeney noted with regards the delayed discharges risk that the risk owner would be able to provide more detail on the perspective of the 40 that has been reduced. With regards the action log she hadn't appreciated that it was anticipated a further box would be placed in the risk register and had highlighted the changes within the SBAR noting that the Drop In Sessions will allow for the opportunity to review how the risks are presented and the best way forward. Nicky Connor confirmed with regards the delayed discharge, the position was reviewed in February 2021 where the delay position had significantly improved given the pressures that the service was experiencing, but the position has changed over the last month and she would like to investigate how to ensure that when there is significant change between review periods that there is a mechanism in place to flag this and bring forward review dates	**NC/AS**

	to ensure that the risk register is as current as possible. Margaret Wells noted Risk 23 (pg. 60) relating to Primary Care Prescribing Overspend where it mentions 2 specific medicines, sertraline and paracetamol. It appears sertraline is prescribed for mental health therefore it is not unexpected that there is an increase in demand for this medication, but the costs of prescribing paracetamol are extremely high when they can be bought for a fraction of the price of a prescription over the counter. Nicky noted that this is a point well made and discussion is required. Eugene Clarke confirmed that the Risk Register had been discussed and all were content with the update.	
7	**AUDIT & RISK COMMITTEE INTERIM ARRANGEMENTS**	
	Nicky Connor advised that NHS Fife is currently recruiting but the new members will not be in post until September 2021. In the interim to ensure that the committee is quorate current members of the IJB Committee from NHS Fife will be asked if they are able to provide support for the September Committee Meeting.	
8	**ITEMS FOR ESCALATION**	
	The Committee agreed there were no items requiring escalation.	
9	**AOCB**	
	Everyone wished to thank both Eugene Clarke and Margaret Wells for their support and contribution to the Partnership over the last few years. Both Eugene Clarke and Margaret Wells thanked the committee for their kind words and noted how much they had enjoyed working with the committee and seeing how the Partnership has evolved.	
14	**DATE OF NEXT MEETING**	
	Wednesday 15th September 2021 at 10.00 am	

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UNCONFIRMED

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM
WEDNESDAY 11 AUGUST 2021 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)
Nicky Connor, Director of Health & Social Care
Eleanor Haggett, Staff Side Representative
Alison Nicoll, RCN
Audrey Valente, Chief Finance Officer, H&SC
Bryan Davies, Head of Primary & Preventative Care Services
Craig Webster, NHS Fife Health & Safety Manager
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elizabeth Crighton, HR Lead Officer, Fife Council
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer
Jackie Herkes, HR Officer, NHS Fife (for Susan Young)
John Cooper, Service Manager (for Lynne Garvey)
Karen Cassie, HR Adviser, Fife Council (for Elaine Jordan)
Kenny Egan, NHS Fife
Kenny Grieve, Fife Council Health & Safety Lead Officer
Kenny McCallum, UNISON
Lynne Parsons, Society of Chiropodists and Podiatrists
Rona Laskowski, Head of Complex & Critical Care Services
Valerie Davis, RCN Representative
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

APOLOGIES: Andrea Smith, Lead Pharmacist, NHS Fife
Elaine Jordan, HR Business Partner, Fife Council
Debbie Thompson, Joint Trades Union Secretary
Helen Hellewell, Associate Medical Director, H&SC
Lynne Garvey, Head of Community Care Services
Mary Whyte, RCN
Susan Young, Human Resources, NHS Fife

NO	HEADING	ACTION

1 APOLOGIES

As above.

2 PREVIOUS MINUTES

2.1 Minute from 9 June 2021

The Minute from the meeting held on 9 June 2021 was approved.

2.2 Action Log from 9 June 2021

Item 3 on the Action Note related to an update on the Unscheduled Care Review. Lynn Barker gave a verbal update on this which advised that the new structure is in place, the three workstreams have expanded to include a fourth and good progress is being made. The workstreams have now formed Task and Finish Groups which are being overseen by the Project Management Office. The Flow and Navigation Hub is open and working well.

Following this the Action Log from the meeting held 9 June 2021 was approved.

3 JOINT CHAIRS UPDATE

Nicky Connor advised that recruitment to the role of Principal Social Work Officer has concluded and as soon as pre-employment checks are completed the LPF will be updated on this.

Nicky then acknowledged, on behalf of the Senior Leadership Team (SLT), the challenges currently being faced by all staff in the partnership. SLT members are actively engaging with teams regarding concerns raised. This unprecedented pressure is not unique to Fife.

All other items to be updated on were contained within the agenda for the meeting.

4 HEALTH AND SAFETY UPDATE

Craig Webster began by updated in personnel changes within his team, including his own move to become Deputy Infection Control Manager, which means he will no longer attend LPF meeting. Annie-Marie Marshall will become the NHS Health & Safety representative to the LPF in the interim.

Work is ongoing with the Ligature Risk Assessment programme. Fit testing continues, mainly in acute settings. Manual handling training will be restarted face to face in the near future and joint working with Fife Council's manual handling lead is under consideration.

Simon Fevre raised the issue of governance from a health and safety point of view. The Health and Safety Forum Terms of Reference are being refreshed along with membership of the group. Meetings will restart in September 2021.

Discussion took place re violence and aggression incidents in Mental Health staff recently and the support being provided to staff involved and ongoing investigations. Environmental Risk Assessments are being carried out on all mental health wards as part of a robust programme of work.

Kenny Grieve's team continue to support Services with health and safety.

Work on the H&SC H&S Framework started pre-covid and this should be completed soon and will be brought to the next LPF meeting. **KG**

4 HEALTH AND SAFETY UPDATE (Cont)

A programme of Risk Profiling was also started pre-covid and should be completed by the end of August 2021. A report will be brought to the next LPF meeting. **KG**

Health and safety reporting within Fife Council is now done via Power BI. This will present opportunities to work more closely with teams on specific health and safety issues.

5 FINANCE UPDATE

Audrey Valente gave a verbal update as the most up to date report is currently going through the governance process and will be presented to Finance & Performance Committee on 13 August 2021 and the Integration Joint Board on 20 August 2021.

As at the end of June 2021 there was a predicted overspend of £6.8m, £4.8m of which was from unachieved savings. Whilst Scottish Government have committed to cover all covid related costs, there has not yet been a commitment to cover unachieved savings during this financial year.

Audrey and SLT are working on a Recovery Plan which will be brought to the LPF, governance committees and the Integration Joint Board in due course.

Eleanor Haggett asked how Fife compares with the other H&SC partnerships in Scotland on a financial basis. Audrey Valente will carry out a benchmarking exercise and share the results of our medium-term outlook towards the end of the financial year. **AV**

6 WORKFORCE UPDATE

Self-Isolation

Karen Cassie advised that guidance has been provided to senior managers following the latest Scottish Government update. Discussion took place around exemptions, instances where isolation would not automatically happen and employee willingness to return to work.

Currently there are 64 staff recorded as self-isolating, most are working from home.

Jackie Herkes confirmed that similar guidance has been circulated to senior managers within the NHS.

Kenny McCallum enquired about current staff shortages within the Care at Home service and the actions being taken to mitigate this. A large recruitment campaign is ongoing with some staff already appointed and others awaiting PVG clearance.

NO	HEADING	ACTION

6 WORKFORCE UPDATE (Cont)

Youth Employment

Karen Cassie updated on the 2021/2022 bids through Fife Council which will see four modern apprentice Social Work Assistant posts recruited to. LPF members are asked to promote Workforce Youth Investment as this will be relaunched on 1 September 2021.

Jackie Herkes advised that work is ongoing within NHS Fife with a Young Scotland programme and Graduate Apprentice Scheme.

Agile Working

The Agile Working Group within NHS Fife was briefly paused whilst awaiting sign off for policies. There will be a gradual return to workplaces for staff currently working from home, which is likely to be part of a blended approach.

Fife Council are working to a similar approach with phased returns being planned in conjunction with Facilities Management and Business Technology Solutions (BTS).

Simon Fevre asked if best practice could be shared between the two partner organisations.

Current Workforce Pressures Update

Rona Laskowski gave a comprehensive update on the areas within her remit. Common issues included recruitment, sickness rates and significant pressure on service delivery in all areas. Services are remobilising and a review of staffing is to be undertaken. A meeting is scheduled to discuss the impact of new Scottish Government initiatives within mental health and also for drugs and alcohol services. Work is ongoing regarding the models for inpatient beds to ensure the best models of care are in place and this will align to capital planning work.

John Cooper, on behalf of Lynne Garvie, advised that staffing pressures continued in Older People's Care Homes but recruitment is underway to alleviate this. Care Home visiting is being managed to ensure the care of residents is a priority. Other areas also have issues regarding absence and recruiting to vacancies and work is ongoing to resolve these.

Bryan Davies updated on issues within his remit, including Dietetics and Sexual Health, Primary Care, guidance around use of PPE and recruitment in general.

Simon Fevre thanked Rona, John and Bryan for their updates and recognised the ongoing work to in support of the issues raised.

NO	HEADING	ACTION

7 COVID-19 POSITION

Current Position

Nicky Connor advised that the position is more stable and improved from previous updates. The position re Care Homes and opening up care was discussion. There are ongoing significant pressures in the system which is related to a range of issues including the ongoing challenges from working within and recovery and remoblisation through this pandemic.

Staff Testing

John Cooper advised that all staff are encouraged to self-test regularly and record the results.

Care Homes continue to have a high level of staff testing and recording on a weekly basis, as this is done on site. Last week 46 Care Home staff were self-isolating, this has gone down to 27 this week.

Vaccinations

Discussions are ongoing regarding plans to vaccinate staff for flu and give Covid-19 boosters. JCVI guidance is awaited on when and how this will be rolled out. Scenario planning is being carried out to ensure we are ready to progress.

Nicky Connor acknowledged the hard work and dedication of all staff who have been involved in the vaccination programme to date.

Lisa Cooper has been appointed to the role of Immunisation Programme Director and took up post on 9 August 2021. Lisa will be invited to a future meeting.

Updates on the vaccination programme will be provided to LPF members as they are available.

8 HEALTH & WELLBEING

Attendance Information

NHS Attendance information was circulated prior to the meeting. Jackie Herkes confirmed that absence has increased slightly to 6.3% with increases in both short and long-term absences. Communications were issued to managers recently on return to work and having supportive conversations with employees. Review and Improvement Panels are under review.

Fife Council are still unable to provide attendance reporting through Outlook, although Managers can get access to some information.

Fiona McKay advised that Elizabeth Crighton, HR Lead Officer has joined the partnership as a project worked and will be looking at absence hotspots with Social Care Managers. A report will be brought to the next LPF Meeting. **FM/EC**

NO	HEADING	ACTION
8	**HEALTH & WELLBEING (Cont)**	
	Staff Health & Wellbeing	
	NHS Fife are running a number of manager support sessions and the psychology one has been well attended. A presentation from the recent Kindness Conference has been well received by staff. Work is ongoing to support the staff health and wellbeing hubs, with some needing to move to new premises as services remobilise.	
	Fife Council has a range of learning sessions available including ongoing mental health awareness sessions. Health and Wellbeing continues to be promoted in the weekly staff briefing.	
9	**WHISTLEBLOWING**	
	Jackie Herkes highlighted webinars which are available to staff on whistle blowing.	
	A presentation on Whistleblowing has been requested for the September LPF meeting. Discussion to take place at LPF pre-agenda meeting on the potential content of this.	**NC/SF/EH/ EJ/SY**
10	**ITEMS FOR BRIEFING STAFF**	
	Via Directors Brief / Staff Meetings	
	Issues to be highlighted include workforce pressures and health and wellbeing.	**HW/NC SF/EH**
	It was agreed that a joint co-chairs would draft a joint message to staff to be would circulated.	
11	**AOCB**	
	Simon Fevre raised the upcoming iMatter survey, which is being rolled out to all H&SC staff in September 2021. Managers are currently being asked to update the information on their teams, by the end of August 2021, to ensure all staff receive the survey. Nicky Connor advised that the Senior Leadership Team will champion this. Hazel Williamson will work on a communication strategy and will use the Directors Brief to promote the survey. Agreed a short video would be recorded by co-chairs.	**HW/NC SF/EH**
	Jackie Herkes had two updates to provide:-	
	Recruitment Vacancies/JobTrain System Reserve Candidates Function To assist with staffing challenges currently being experienced throughout NHS Fife and an increased number of vacancies at this time, Recruiting Managers are asked to routinely record on the JobTrain system, for each vacancy, the **'Interview Selection Complete - recommend reserve list'** function for **all** candidates they would recommend for appointment. This should be used where there are	

NO	HEADING	ACTION

11 AOCB (Cont)

appointable candidates from the recruitment process who were not the preferred candidate for the post. This action will ensure the organisation has detailed appointable candidate information to assist with speeding up recruitment processes in areas where there are staffing and vacancy challenges. This will also assist Recruiting Managers to quickly recruit to posts where job offers are withdrawn by either the candidate or the Recruiting Manager or where the preferred candidate leaves the post after a short period.

eESS Update

Proxy Users can now enter transactions on behalf of supervisors, following the workflow hierarchy. Current supervisor, their manager and eESS team will still approve transactions eg ward admin (enters), Senior Change Nurse (approves), Clinical Services Manager or relevant manager (approves) and eESS (approves).

Work required within eESS to set up permissions on individual accounts, and then the account needs to be identified as the proxy for individual managers.

Brian McKenna is having discussions about the provision of training for Proxy Users, although the online provision of Standard Operating Procedures and videos established nationally are good resources for this purpose.

12 DATE OF NEXT MEETING

Wednesday 22 September 2021 at 9.00 am