

# Midlothian Integration Joint Board



**14<sup>th</sup> October 2021, 2.00pm**

## **Chief Officer Report**

**Item number: 5.1**

### **Executive summary**

---

The paper sets out the key service pressures and service developments happening across Midlothian IJB over the previous month and looks ahead to the following 8 weeks.

**Board members are asked to:**

- *Note the issues and updates raised in the report*

## Chief Officer Report

### 1 Purpose

---

- 1.1 The paper sets out the key service pressures and service developments happening across Midlothian IJB over the previous month and looks ahead to the following 8 weeks.

### 2 Recommendations

---

- 2.1 As a result of this report Members are asked to:
- Note the updates highlighted by the HSCP Senior management team within the report.

### 3 Background and main report

---

#### 3.1 Chief Officer

The Health and Social care system remains in a challenging position relating to workforce and demand. Workforce issues relate to covid absence, leave and general absence likely to relate to staff fatigue. The HSCP team continue to deliver exemplary care to our residents and have done throughout this pandemic. Staff wellbeing is a real focus, and the appointment of our Wellbeing Lead will drive this agenda forward over winter, and beyond. Thank you to all of the HSCP team.

#### 3.2 Clinical Director

##### Primary care

All 12 GP practices remain open and providing patient service as they have done throughout the pandemic. All practices are reporting higher than usual call volumes. There is an IJB development session scheduled for 11/11/21 where it is intended to provide Board members with a more detailed account of the current situation, as well as offering a plan to address challenges.

##### Substance Use Service

Following long term absence, the HSCP have now advertised for a new Consultant Psychiatrist specialising in Addictions, with the interview date set for 16/11/21. This will provide a full establishment of medical cover and support continued development of mental health services locally.

##### General Adult Psychiatry

The HSCP have appointed a fourth Consultant in General Adult Psychiatry, Stuart Hunter started on 9<sup>th</sup> August and is based at Number 11 in Dalkeith. He will work primarily with the West Team in Midlothian looking after our patients both in the community and in-patients within the Royal Edinburgh Hospital.

### 3.3 Head of Adult Services

#### Justice

The Midlothian Community Justice Outcome Improvement Plan 2020-2023 sets out 40 actions that Midlothian Community Justice Partnership will take forward over three years to deliver better outcomes for those affected by the justice system. One action contained within the plan is to 'Develop a trauma informed service that focuses on tailored, structured intervention and access to wraparound services for men on Community Payback Order (CPO) supervision'. The first step in designing the new holistic service (named Stride) was to consult with those individuals who would be most impacted by the service. One part of this was an online questionnaire devised to capture feedback from clients currently in the Justice system. This led to the development of a screening tool which indicates areas of therapeutic interventions. The Men's Group is facilitated by social workers (in Justice and Substance Misuse Service) and peer support workers with lived experience. All men on CPOs will be considered for this group work programme which aims to build emotional capacity, focus on positive outcomes and life choices and promote desistance.

#### Substance use

Substance Use Services are working to an assertive outreach model to those most at risk. Drug Related Deaths remain a concern, as do Alcohol Related Deaths. Work continues regarding Naloxone reach and the trialling of Buvidal, and there has been the recommencement of the Monday drop-in clinic. We are currently implementing the Medication Assisted Treatment standards.

#### Mental Health

Within Mental Health services, we are continuing to embed Primary Care Triage and the follow up model in each GP practice. We have a 1-year pilot for dual diagnosis bridging the gap between mental health and substance use and outreaching to our homeless accommodation in collaboration with the outreach model. We are currently redesigning our Intensive Home Treatment team ways of working in collaboration and partnership with the Third sector to provide same day access to mental health via a crisis and distress model – which will also complement the redesign of urgent care. A redesign of the autistic spectrum disorder pathway has reduced waiting times and we have also seen improved waiting times for psychological therapy. We are developing peer support work within No 11 across all services and are re-establishing some group activities across mental health and substance use services.

#### Learning and Development

The team are currently involved in supporting Care at Home with rapid recruitment, induction and training for new care staff. All posts in the Learning and Development team are now recruited to, with new staff coming into post over the next three months, including a new staff Wellbeing lead, 2 additional SVQ assessors.

#### Learning Disability

The key issue being faced in Learning Disability service area is the remobilisation of Day Services. Physical distancing guidance and transport availability are two key factors limiting Day Service capacity, but work is ongoing to maximise services and offer community-based alternatives to formal day services. Work has also been undertaken to consultation with stakeholders and complete the IJB Strategic Action Plans for Physical Disability & Sensory Impairment and Learning Disability & Autism.

Nick Clater, Head of Adult Services – [nick.clater@midlothian.gov.uk](mailto:nick.clater@midlothian.gov.uk)

### 3.4 Nursing

#### Health Visiting

The Health Visiting service has recently benefited from the appointment of four newly qualified health visitors. The service currently carries less than 1.0 WTE vacancy which addresses IJB Directions regarding workforce and enables the provision of a more holistic and comprehensive service. Nursery Nurses are reorienting their work from assisting Health Visitors to undertake developmental reviews, to supporting parents where there are concerns around weaning, attachment, behaviour, sleep and toileting, and working with children and families whose needs are complex.

The service is not unaffected by the absence levels seen elsewhere, and the composition of the workforce results in a high level of maternity leave. Despite those factors, the reduced establishment gap has enabled the service to move from the pattern of targeted face to face visits required since the start of the Covid 19 restrictions, to restarting all previously delivered face to face contacts and, as part of progress towards the delivery of the Universal Health Visiting Pathway in its entirety, all Health Visitors are now offering the 13-15 month check. Work is underway to improve the interface with Children and Families Social Work teams and Mental Health and Substance Misuse Services to provide integrated and co-ordinated approaches to support parents and manage the risks presented to children growing up in some of the most vulnerable Midlothian families.

#### 0-5-year Immunisation Team

The 0-5 years Immunisations Team is delivering seasonal flu vaccinations from a range of local and accessible sites. Uptake last year was 57% and the Immunisations Team and Health Visitors are telephoning families where children have not been brought to their flu immunisation appointment to offer drop in or alternative timed appointment with the aim of a much-improved uptake this year.

#### School Nursing

The Midlothian School Nursing team continues works across 4 school clusters with a focus on health screening, child protection, sexual health, mental health and wellbeing, and supporting children with additional and medical needs. The service is about to lose its current team manager to a promoted post. Plans are in place to recruit a new team manager and another vacancy which has arisen in the team. Temporary support is also being provided to support the delivery of the seasonal flu programme to school age children. Head teachers have been assured that they can still access the school nursing service, but that short term changes have been made to support the effective delivery of flu vaccination programme.

School Nursing is a priority area for Scottish Government funding, with plans in place to upscale and upskill of the service. Cohorts of experienced and new entrant school nurses will be fully funded and salaried to develop a significantly larger school nursing workforce across Lothian. The release and backfill of these nurses will present a challenge over the next 2 years, similar to that previously experienced in Health Visiting, but ultimately will produce a highly qualified workforce equipped to deliver the school nursing pathway.

Fiona Stratton, Chief Nurse – [Fiona.stratton@nhslothian.scot.nhs.uk](mailto:Fiona.stratton@nhslothian.scot.nhs.uk)

### 3.5 Midlothian Assurance

As part of NHS Lothian Annual Assurance surveillance process, and the ongoing winter preparedness planning, the HSCP has reviewed and updated all Service resilience plans which were then submitted to NHS Lothian on 24<sup>th</sup> September. Annual assurance to Midlothian Council is also completed annually, with the last return submitted in July 2021.

A paper will be brought to the December IJB meeting to provide an overview to the Board on the assurance processes across the partnership for both NHS Lothian and Midlothian Council relating to resilience. Moving forward, a paper will be submitted annually to the IJB detailing the routine surveillance that the HSCP undertakes in relation to Risk and Resilience management to provide maximum assurance.

Roxanne King, Operational Business Manager – [roxanne.king@nhslothian.scot.nhs.uk](mailto:roxanne.king@nhslothian.scot.nhs.uk)

### 3.6 Older people and Primary care

#### Seasonal Flu/Covid Booster Programme

The Seasonal Flu/COVID Booster Programme has commenced in Midlothian. The COVID Booster programme for eligible residents started on Monday 27<sup>th</sup> September. Vaccinations for care home residents, children under 5 and primary school children has also started. This is the first year when the Health and Social Care Partnership is leading the flu programme and has taken over this service from General Practices as part of the new GP contract. The majority of vaccinations will be provided from three venues: Gorebridge Leisure Centre, Midlothian Community Hospital and Eastfield Medical Practice. The Health and Social Care Partnership is also leading the ongoing COVID vaccination programme which includes Evergreen (1<sup>st</sup> and 2<sup>nd</sup> COVID doses), 12-15 years olds, 3<sup>rd</sup> dose for people who are immunosuppressed and the Booster programme.

There are now 64,592 residents in Midlothian who are fully vaccinated for COVID (1<sup>st</sup> and 2<sup>nd</sup> dose). This is 85% of the eligible cohort.

We commenced our Covid booster programme on the 27<sup>th</sup> September focusing on our stage 1 priority groups which include our care home residents. There has been 1,585 people in Stage 1 who have received their Booster vaccination. This is 7% in this cohort and reflects four days of activity.

We have also commenced our seasonal Influenza programme. 6,093 people in Midlothian have received a Seasonal Influenza vaccination. In this there are 3,900 people aged 70 or over which is 31% of this cohort. The Scottish Government target for this cohort is 90%.

For noting **Stage 1** (offered a third dose COVID-19 booster vaccine and the annual Flu vaccine, as soon as possible from September 2021):

- Immunosuppressed
- All Adults > 70
- All Adults >16 who are Clinically Extremely Vulnerable
- Frontline Health and Social Care Workers

Jamie Megaw, Strategic Programme Manager – [Jamie.megaw@nhslothian.scot.nhs.uk](mailto:Jamie.megaw@nhslothian.scot.nhs.uk)

### 3.7 Head of Older People and Primary Care

#### Hospital Flow

Midlothian single point of access has strengthened our intermediate care clinical and non-clinical teams Implementation of new pathways and a shared Home First vision has enabled more Midlothian residents to be seen by the right person, at the right time, in the right place to prevent unnecessary EA/E attendance, reduce avoidable admissions, reduce length of stay, and facilitate flow through our system and reduce delays. With the creation of our Scottish Ambulance Service pathway for COPD patients we have been further enabled to provide appropriate care to patients who require emergency access to Respiratory Advanced Practice Physiotherapists as an alternative to A/E assessment and subsequent acute admission.

Our continued multidisciplinary focus on flow from both health and social care has enabled Midlothian delays to be maintained through an extremely challenging time of limited care capacity and care home availability. Expansion of our intermediate care teams has ensured that more people than ever have been able to be seen in the community at their time of need, as an alternative to hospital admission. For those who do require admission to hospital, our integrated teams are working closely with a hospital to identify Midlothian patients earlier in their hospital journey to aim to discharge home at the earliest and most appropriate opportunity.

All our teams are now data driven, with strong evidence that the work they are doing is making a positive difference to the lives of Midlothian residents.

#### Care at home

Midlothian has experienced significant pressures within our service over the last month. This being in line with the national challenges in workforce within Care at Home services. Despite this pressure Care at Home have worked hard to ensure packages of care have continued to be delivered.

The Scottish Government have issued guidance around an Assurance process for of Care at Home services, in a similar way to the assurance process within Care Homes, which has been in place since May 2020. The HSCP have formed a local assurance group, supporting a pan Lothian Director for NHS Lothian has responsibility for the Assurance across the system and will be supported locally by the Midlothian Chief Social Work Officer and HSCP Chief Nurse.

Grace Cowan, Head of Primary Care & Older People -  
[grace.cowan@nhslothian.scot.nhs.uk](mailto:grace.cowan@nhslothian.scot.nhs.uk)

### 3.8 Public Health & Strategic Planning

#### Midlothian IJB Strategic Plan 2022-25

Work is progressing to develop the IJB Strategic Plan 2022-25 and the corresponding Joint Needs Assessment. Workshops for IJB and Strategic Planning Group members planned for early October.

#### The Outcomes approach to Performance Management

At the IJB meeting on 11<sup>th</sup> February 2021, members were briefed and gave approval to the introduction of a new approach to performance management based on outcomes. Since then officers have been working with 'Matter of Focus' an organisation specialising in the development of this approach. The link Care Inspector from the Care Inspectorate, has also

been contributing to this work by highlighting the added benefit of ongoing self-evaluation and improvement to be realised from the approach.

At the IJB meeting on 26<sup>th</sup> August 2021, the IJB Performance Report provided an update on progress. The initial focus of working has been on learning how to map and gather a wide range of evidence about performance at a strategic level and more specifically in relation to the Frailty programme and the service provided at Number 11.

The intention had been to complete this phase of the work by September. Through a combination of the departure of three key members of staff in these areas of work and ongoing operational pressures alongside the labour-intensive nature of work involved in gathering evidence, this timescale has slipped. Nevertheless, good progress is being made:

- a. In relation to Frailty, there is a wealth of convincing evidence to demonstrate the benefits of *“Building the infrastructure to provide tailored support to people identified as frail”*.
- b. In relation to Number 11, there is a range of evidence confirming clear progress in *“Working together to build a seamless service across mental health, drugs and alcohol and criminal justice”* despite the very different working environment that has existed throughout the pandemic.

The development of mapping at a strategic level is more complex. The objectives of the IJB have been broken into six interrelated work-streams or ‘pathways’: workforce; integration; using data and feedback; leadership, governance and finance; public engagement; and support for people to improve their health and wellbeing. In relation to the latter work-stream focussed on promoting good health, a range of quantitative and qualitative evidence has been identified to measure progress including feedback through *Care Opinion*, life expectancy data, prescribing rates for mental health issues, Public Health core suite indicators, and Scottish Survey responses for Midlothian.

The next phase of work is to compile analyses of these three work-streams in report format. Senior Management Team will consider these reports in November and, if agenda time allows, be presented to the IJB meeting in December. In the meantime, the next phase is about to get underway. This will include a particular focus on ‘Home First’ incorporating Intermediate Care services and the Midlothian Acute Services plan.

#### Health Inclusion Team

Midlothian HSCP has a Health Inclusion Team staffed by two Specialist Nurse Practitioners. The nurses work with people most vulnerable to poor health and health inequalities; this includes people with challenges related to mental health, substance misuse, homelessness and offending/criminal justice. It also includes gypsy/travellers, unpaid carers, people attending food banks and frequent attenders at the Emergency Department.

They support people to improve and manage their health and to access local services, such as drug treatment or welfare rights. Nurses provide an outreach service and offer time-limited self-management support. The Health Inclusion Team nurses are skilled in using health behaviour change, person centred approaches and deliver health needs assessments in community-based venues often linked to local services to improve reach and engagement.

The nurses visit each of Midlothian’s homeless hostels every one or two weeks. They knock on resident’s room door, offering the opportunity to speak to a nurse about their health and wellbeing. Every conversation is different and guided by what matters to the person. It can take a while for people to build up trust with the nurses. The nurses also provide support and advice to hostel staff when working with people with complex needs and can support people to access a wide range of local services. They also offer naloxone training, blood borne virus testing, sexual health assessments, contraception and STI testing.

## Welfare Rights Support

Between April and September 2021, the HSCP Welfare Rights Service supported 452 people which generated £2,329,063.50 income for these Midlothian HSCP clients. This included 175 people with cancer who received support from the MacMillan Welfare Rights Advisor.

Third sector partners also provided welfare rights support, primarily two Citizen's Advice Bureaus but also third sector organisations such as the British Red Cross, VOCAL and some housing associations.

## Midway

Midlothian HSCP recognises the need for staff to work differently to understand and empower the people they work with and have adopted 'The Midway' as an approach – where staff are facilitators, not fixers, shift power to the person, understand trauma and recognise inequality. Good Conversations training and bitesize programmes resumed after a pause in the early part of the pandemic. Staff are undertaking training so that anytime someone contacts a service, the focus is on their needs and what matters to them. Training paused due to Covid between March and Aug 2020. Between Aug 2020 and March 228 people attended. Bitesize topics included, Covid Debrief, Good Grief, Housing and Homelessness, Money worries and social security, weight stigma and intro to Good Conversations for use by Midlothian council managers

Training opportunities are made available across the Community Planning Partnership, for example training on health inequalities, health literacy, suicide prevention, and weight stigma. Midlothian continues to implement the Trauma Awareness Framework.

## Midlothian Implementation of Neurological Pathway

Midlothian was successful in securing funding to develop a local pathway for people with a neurological condition, working in partnership with NHS Lothian and other services. A range of stakeholders attended a reference group on 2<sup>nd</sup> September to assist on the programme design and development. This work will be both data driven and will involve local people with lived experience. It will therefore provide a focus for two elements (population data management and citizen engagement) of Midlothian's Knowledge Exchange Programme (Scirocco) with European partners.

## Potentially Preventable Admissions

Midlothian HSCP is undertaking focussed work on hospital admission avoidance. This includes a focus on Potentially Preventable Admissions (PPAs). Work across the HSCP and with acute hospital partners is currently underway around heart failure, cellulites and Type 2 Diabetes.

Mairi Simpson, Integration Manager – [mairi.simpson@nhslothian.scot.nhs.uk](mailto:mairi.simpson@nhslothian.scot.nhs.uk)

### 3.9 **Winter Planning for Health and Social Care: Scottish Government announcement on 5 October 2021**

The Cabinet Secretary announced a new investment of more than £300 million in recurring funding nationally, in Parliament on 5 October 2021. This is described as a direct response to the intense winter planning and systems pressures work that has taken place over recent weeks. There are four key principles:

- Maximising capacity – through investment in new staffing, resources, facilities and services.

- Ensuring staff wellbeing – ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
- Ensuring system flow – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
- Improving outcomes – through our collective investment in people, capacity and systems to deliver the right care in the right setting.

It is anticipated that further detail will be available by the date of the IJB Meeting. (Appendix 1 - letter from John Burns).

David King, Chief Finance Manager – [david.king4@nhslothian.scot.nhs.uk](mailto:david.king4@nhslothian.scot.nhs.uk)

## 4 Policy Implications

---

- 4.1 The issues outlined in this report relate to the integration of health and social care services and the delivery of policy objectives within the IJBs Strategic Plan.

## 5 Directions

---

- 5.1 The report reflects the ongoing work in support of the delivery of the current Directions issued by Midlothian IJB.

## 6 Equalities Implications

---

- 6.1 There are no specific equalities issues arising from this update report.

## 7 Resource Implications

---

- 7.1 There are no direct resource implications arising from this report.

## 8 Risk

---

- 8.1 The key risks associated with the delivery of services and programmes of work are articulated and monitored by managers and, where appropriate, reflected in the risk register.

## 9 Involving people

---

- 9.1 There continues to be ongoing engagement and involvement with key stakeholders across the Partnership to support development and delivery of services.

## 10 Background Papers

---

<b>AUTHOR'S NAME</b>	Morag Barrow
<b>DESIGNATION</b>	Chief Officer
<b>CONTACT INFO</b>	0131 271 3402
<b>DATE</b>	06/10/21

---

**Appendices:**

**1 – Letter from John Burns, NHS Scotland Chief Operating Officer**