

27 August 2020

COVID-19 Next Phase Planning and Winter Planning Update

Item number: 5.7

Executive summary

The purpose of this report is to update the Integration Joint Board on COVID-19 next phase planning and winter planning. Planning began in response to Midlothian's Pandemic Recovery Strategy which was drafted in June 2020. This involved a programme plan of actions to support individual services transitioning out of emergency mode, as well as overarching workstreams around technology, staff wellbeing, finance, Third Sector and Communities, winter planning, and acute/community flow.

As the Health & Social Care Partnership moves towards winter, next phase planning requires services to apply COVID-19 planning and learning to winter plans. This will contribute to a local Midlothian Health & Social Care Partnership 2020/21 Winter Plan which will take into account business continuity planning, coping with increased demand, linking in with Midlothian Council plans as well as the Royal Infirmary of Edinburgh, flu planning, resilience for potential future waves of COVID-19, public and staff communications, and an integrated impact assessment. The plan will be formally presented to the Integration Joint Board in October.

Board members are asked to

- **note this update on next phase planning and contribution to the (draft) NHS Lothian Remobilisation Plan**
 - **approve the approach to winter planning**
-

Report title

1 Purpose

- 1.1 The purpose of this report is to provide an update on COVID-19 next phase and winter planning by Midlothian Health & Social Care Partnership.

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:
- note this update on next phase planning
 - Approve the approach to winter planning

3 Background and main report

Midlothian COVID Next Phase Recovery Planning

- 3.1 Midlothian's Covid Recovery Strategy was drafted at the start of June 2020. Key learning during the pandemic, alongside staff experience, contributed to the development of Midlothian Health & Social Care Partnership's strategic approach to moving out of the emergency response to Covid-19 and through the next phases.
- 3.2 A plan was developed to support services transitioning out of emergency mode, back to core business or to new ways of service delivery.
- 3.3 In addition to service specific plans, work-streams were identified that cut across all service areas, primarily technology, staff wellbeing, 3rd sector and communities, finance, winter planning and acute/community flow.
- 3.4 Some high-level examples of service changes that have occurred are:
1. 'Digital first' approaches to patient/client consultations, with triaging/red-amber-green ratings where appropriate – many will maintain digital/blended approaches moving forward
 2. Home working, flexible/rotational working, and deployment of staff across different teams
 3. Collaboration across different teams – new connections and initiatives that will be maintained
 4. New modes of patient contact – for example telephone and home deliveries

5. Offering new activities such as outdoor physically distanced walks and online communities.
- 3.5 Midlothian Health & Social Care Partnership has contributed to the NHS Lothian Mobilisation Plan that has been submitted to the Scottish Government awaiting approval. The Midlothian contribution is attached (appendix 1) as it provides a useful summary of local planning and developments.
- 3.6 Midlothian Winter Planning**
- 3.7 As winter approaches, services are using learning from the pandemic as they prepare the Midlothian Health & Social Care Partnership Winter Plan 2020/21. Although the need for an emergency response to the pandemic has reduced, the threat of COVID will continue to influence how health and care services are delivered for the foreseeable future.
- 3.8 Midlothian Health & Social Care Partnership Winter Plan will reflect anticipated increases in demand and expanding capacity, as well as business continuity and escalation plans, pulling from lessons and experiences throughout the pandemic. It will also include plans on the delivery of the flu vaccine, a clear winter falls plan, and resilience plans for a potential COVID-19 second wave. Joint work with other agencies will be included such as plans around road and pavement gritting, deliveries of medicine, winter plans for the Royal Infirmary of Edinburgh, and so on. A clear, consistent communications plan will also be developed for both public and staff. Staff wellbeing work will also be evident.
- 3.9 An Integrated Impact Assessment will be completed as part of the planning process to identify any unintended impacts and take action to prevent or mitigate these.
- 3.10 Processes for monitoring progress, escalating issues, and highlighting risks will be established.
- 3.11 The Midlothian Winter Plan will be formally presented to the Integration Joint Board in October.

4 Policy Implications

- 4.1 Next phase/winter planning takes account of national guidance on safely reintroducing services and preparing for winter. It also closely links with Midlothian Council and NHS Lothian planning to ensure a joined up and consistent approach is taken.

5 Directions

- 5.1 This plan will support the work of a number of the Directions, including Directions related to Older People, Midlothian Community Hospital, Primary Medical Services, Community Health Services, Learning Disability, Physical Disability, Mental Health, Unpaid Carers and Public Health.

6 Equalities Implications

- 6.1 Although there are no direct implications for equality groups arising from this report, some people may have been particularly affected indirectly by the pandemic.
- 6.2 An Integrated Impact Assessment will be completed on 02/09/2020 to ensure any unintended impacts of winter plans are prevented or mitigated.

7 Resource Implications

- 7.1 The funding for remobilisation and the associated cost impact are still uncertain, the remobilisation plan is coordinated via NHS Lothian and a draft was submitted to Scottish Government at the end of July 2020. Through the Local Mobilisation Plan (LMP) process, NHS Lothian has submitted regular updates on estimated forecast and actual additional costs across health and social care associated with the response to the COVID 19 pandemic. In parallel, the Board and Health and Social Care Partnerships (HSCPs) have worked with regional and national partners to establish a Peer Review process and benchmarking. This seeks to ensure consistency in approach where possible on identification, quantification and verification of costs and offsets from mobilisation. It also helps inform and assure the Scottish Government on the consistency of LMP returns. The NHS Lothian remobilisation plan in May 2020 indicated the Quarter 1 process would be the earliest opportunity to assess the impact of the remobilisation plans described in this document. The Board remains committed to this approach, following endorsement by the Corporate Finance Network and agreement with the Scottish Government.

8 Risk

- 8.1 There is a potential risk of another wave of COVID-19 happening concurrently with flu and other increased winter pressures. Risks associated with COVID-19 are contained within the COVID-19 Risk Register. A Winter Plan risk register will be created as part of the Winter Plan and monitored throughout the winter period.
- 8.2 Midlothian Health & Social Care Partnership must ensure that it is able to protect staff and service users from COVID-19 as far as is possible. However, it must also ensure that it is able to return to providing the full range of services to address the broader health and care needs of the population. Crucially, this must include the resumption of prevention and early intervention activities.

9 Involving people

- 9.1 Planning has taken place across services with a range of key Health & Social Care Partnership managers. Plans involve public engagement and consultations. Staff-side representatives will be involved throughout the winter planning process. It is key that the Winter Plan continues to be monitored and adapted with input from key stakeholders to ensure it encompasses many perspectives and takes a joined up approach.

10 Background Papers

10.1 nil

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Appendices:

Midlothian Health & Social Care Partnership

The Midlothian Health and Social Care Partnership (HSCP) serves a population of 91,340. Midlothian HSCP produced a Mobilisation Plan at in April 2020 which continues to underpin much of the activity and investment locally to allow the HSCP to provide an effective and appropriate response to the COVID-19 pandemic.

The strategic approach to the Midlothian pandemic was described in the Midlothian COVID-19 Response Plan. When planning services for the period to end of March 2021 as requested by the Scottish Government, Midlothian HSCP acknowledges its joint work with core partners, notably NHS Lothian and Midlothian Council but also organisations that form the Midlothian Community Planning Partnership. This document provides key areas for inclusion in the NHS Lothian re-mobilisation plan, which covers the period from August 2020-March 2021. Our described approach recognises the impact that COVID-19 has had in our communities together with the opportunities for changing the way we work – as a HSCP and with partners - in order to better serve the health and social care needs of the people of Midlothian.

Midlothian Council has produced a four-phase route map through and out of the crisis, with the strategy for recovery based on a Wellbeing Economy designed to achieve wellbeing, inclusion and fairness for our communities, and to protect and enhance our environment, and an overarching aim of carbon neutral by 2030. Our re-mobilisation plan as an HSCP aligns with the council route map for adult health & social care as outlined in the following sections. The Midlothian IJB issued Directions for 2020/21 to NHS Lothian and Midlothian Council in May 2020 which related to its current Strategic Plan, and acknowledged awareness of the service disruptions arising as a result of the COVID-19 pandemic. The IJB intends to review/reissue these Directions (where needed) in light of the COVID-19 experience to date and the priorities and opportunities articulated in this remobilisation plan.

Care Homes

Midlothian has 11 older people's care homes, 2 of which are HSCP-run, and the remaining are private. The HSCP continues to build on relationships across the sector to deliver the enhanced support in line with the Scottish Government guidelines on enhanced professional, clinical, and care oversight of care homes (May 2020). A HSCP Assurance Group has been established and is chaired by the Chief Nurse. The group meets daily for a rundown of each Care Home to discuss any issues that have been raised and consider what support is required. NHS Lothian Public Health Protection Teams provide leadership and direct support to Care Homes where there is an identified outbreak or other high risk. As part of the HSCP assurance model each Care Home submits a daily sitrep advising of confirmed and suspected

cases, Covid-related deaths, staff absences, and staff testing information. Representative(s) from the Midlothian Care Home Management Team are in daily contact with our Care Homes and host a weekly tele-call support huddle at which managers from all older peoples' Care Homes participate. There are additional support visits which are carried out by the Care Home support team where Care Homes require additional support. We continue to work closely with our partners Midlothian Council, NHS Lothian and Scottish Care. The care home workforce is an area of ongoing development and this will continue to be a focus for us. Midlothian District Nurses and the Care Home Support Team now provide a 7 day support service to local Care Homes from 8am to midnight. Work will continue around the recruitment and redeployment of staff (in care and support roles) and the recruitment of locum staff. Staff training, will continue to be prioritised, as will work on the clinical support worker model. Each Care home has a live resilience plan. Care Home visiting has now been reinstated as per government guidance. Although the initial focus for testing and wraparound support was on older people's care homes, this now includes our adult learning disability care homes. \

Care at Home

Care at Home continues to be a key contributor to the HSCP vision for people to receive the right care in the right place, in their home and community as far as possible. It supports efforts to reduce length of hospital stay, as well as admission avoidance. Care at Home is currently provided by the HSCP, working collaboratively with three external providers. All four work in partnership to coordinate the provision of over 2000 hours of care per week. The referral process has been amended to improve geographical allocation and improve efficiency. Midlothian HSCP has a Vision for Care at Home approved by the IJB in February 2020. This includes plans to increase care at home capacity and an approach to commission for outcome focussed/person centred care. Client reviews are being conducted over the phone where possible, and this will continue into the foreseeable future. The service is looking at remapping and remodelling which will allow community care staff to work in smaller groups and areas – this will reduce staff movements across Midlothian. The Midlothian HSCP Mobilisation Plan described plans to increase Care at Home staff by 50 WTE to support COVID-19 related impact. Recruitment is ongoing and this will be a focus for the HSCP to ensure we are able to prevent hospital admission and minimise delayed discharges.

Primary Care

There are 11 GP practices in Midlothian. The Midlothian Primary Care Team will continue to respond to HSCP, NHS Lothian and Scottish Government direction and guidance. Primary Care Improvement Plan teams are beginning to return to practices. The Musculoskeletal Advanced Practice Physiotherapy service has now been reintroduced into General Practice, with Primary Care Mental Health nurses following suit. The focus now is on Community Treatment and Care implementation in our pilot practices, with recruitment for these posts taking place over the next few months. These posts will also help in flu vaccination planning and delivery. HSCP flu planning is nearly complete, with an agreement that the HSCP will support the additional shielding cohort this year (and their households) in addition to the traditional areas of staff, Care Homes, and 2-5 years. The additional resource that will be required to deliver the flu vaccination programme this year could be significant due to the anticipated increase in uptake.

Work will continue to explore the use of digital solutions when meeting with patients, and telephone triage remains the default method. Communication and engagement with local communities around significant service change is also key – a communication programme was rolled out across Midlothian channels to encourage people to use NHS Inform first before contacting their surgery. Expansion of primary care services progress – the Initial Agreements for South Bonnyrigg and Shawfair/Danderhall and other capital investments identified in the Primary Care Improvement Plan Existing premises will require adaptation to manage risk, around infection control and physical distancing. This will be in line with deadlines for all

relevant pathways and approval routes. We will continue to keep our COVID assessment clinic based in Midlothian Community Hospital as an option if a second wave occurs. Our pharmacy prescribing efficiency work was stopped during the crisis, with the team taking on level 1 tasks of pharmacotherapy (such as processing acute requests from patients and reauthorizing repeat medicines). The efficiency programme will need to be reinstated with careful consideration of capacity as the work that has been taken on will continue to be the responsibility of the pharmacy team. Teams are considering the use of video consultation and the development of the pharmacy technician team to increase capacity. We will also build on Pharmacy First Scotland which is launching on 29/07. This builds on the Minor Ailments Service and is available to all patients registered with a GP in Scotland. Patients can use this to receive advice and treatment or referral onwards for minor ailments and common conditions.

The IJB has issued directions for dental, ophthalmic, and audiology services and these will be reviewed in light of COVID-19. These include progressions the provision of audiology clinics in Midlothian Community Hospital, pursuing objectives of the Oral Health Improvement Plan, and clarifying Optometry pathways in order to strengthen joint work with these services and wider health & social care provision.

As an HSCP, we are focusing on scheduling unscheduled care by augmenting and developing local options to prevent hospital attendance and deliver care locally. This includes discussions of local minor illness and injury provision and redirecting patient flow from the front door of the Royal Infirmary of Edinburgh.

Alongside our COVID-19 planning, our winter planning is underway [refer to later section]. This includes a focus on our intermediate care service – emphasising Home First and developing a single point of contact. Additionally, we are developing plans to make Midlothian Community Hospital a frailty centre of excellence and looking to deliver virtual outpatient-based clinics in the old Bonnyrigg Health Centre.

Mental Health and Substance Misuse

The plan to safely reinstate our Lothian in-patient and other central mental health services is being coordinated by NHS Lothian as part of the re-mobilisation plan. This includes plans around Lothians and Edinburgh Abstinence Programme (currently closed but alternative premises are being explored) and alcohol detoxification at the Ritson Clinic (Royal Edinburgh Hospital), which has now reopened with 2 beds. Referrals have continued, but there is a significantly long waiting list for these services. Midlothian HSCP will continue to maintain contact with stakeholders, both statutory and third sector, around service provision and managing risk. We will work with partners in Royal Edinburgh Associated Services around psychological therapies. However, we traditionally do not use our acute beds as we have a local model in place that safely supports people in Midlothian.

Patients currently in therapy have been offered therapy by telephone and video. Staff experience and wellbeing is being monitored throughout this process to capture key learning. However, treatment is delayed for those that need to wait until face-to-face delivery can resume; there are also certain treatments that are not clinically safe to deliver remotely (i.e. trauma processing). Psychology groups for patients have been paused e.g. Emotional Resources and Survive and Thrive; there are plans to reinstate these online. Other on-line group meetings are running (mindfulness and mutual aid) via digital solutions (if they have means to do so). Following risk assessments, Dialectical Behaviour Therapy and Decider groups have put in plans to restart with physical distancing measures in place. Patient access to devices also needs consideration – especially those with limited resource or no access to Wi-Fi, and risk assessments must be completed to decide whether someone needs to be seen face-to-face. Some funding has been secured for patients living alone to access online

supports and have social contact.

Autism Spectrum disorder assessments are resuming together with a multi-disciplinary team using a revised protocol. Psychology and Psychiatry assessments are now completed over the phone so there is no backlog of new patients waiting for initial assessments. Midlothian Intensive Home Treatment Team continues to offer a full service, with a Red-Amber-Green rating system in place to see patients in clinic, at home, or remotely. People with dementia will continue to be offered face to face appointments within the physical distancing guidelines if they are unable to engage with virtual appointments. The Primary Care Mental Health Team is offering patient assessment and consultation by phone/video. Face-to-face support continues for urgent substance misuse cases with appropriate PPE. This will remain under review and a phased increase in face to face support will be planned in line with government guidance and an ongoing assessment of risk. Mental health and substance misuse services will continue to work with council and third sector partners around support to people in homeless hostels. Learning Disabilities: Patients have had access to all disciplines within the Community Learning Disability Team. Telephone consultation is the preferred method of contact with home visits taking place if necessary following risk assessment. Moving forward, the need for direct patient care will continue to be risk assessed on an individual basis. The use of Near-Me video consultation for patients/support staff will continue to expand where the appropriate access to technology is available. Day centres remain closed following risk assessment. The Learning Disability team is offering new online communities and activities such as walking and cycling

Improving patient flow

We have an Acute Services Plan in place to develop our interface with acute services at Royal Infirmary of Edinburgh, and unscheduled care, and how we can reduce unnecessary hospital stays for patients, admissions to hospital, and A&E presentations. There is the need for more discussion about the viability of a local minor injuries unit following the success of the trial of the Call MIA service which provides minor injury assessments by video consultation, and either remote treatment and advice or scheduled appointments where appropriate. There are also discussions around providing a local Frailty outpatient service following the closure of Liberton Day Hospital.

Significant changes to the configuration of Midlothian Community Hospital have already been made in response to the COVID-19 pandemic. The Midlothian IJB is keen to consider more ways for this valuable local resource to be used, such as helping to reduce the need for Midlothian residents to travel longer distances for diagnosis and treatment.

We are costing the potential opening of a ward in Midlothian Community Hospital as an 8-16 bedded step-down/step-up facility to improve patient flow. Covid green and red pathways are created as required and training is being reviewed to ensure staff have the necessary skills to adapt and respond. Further investment is in place to augment AHP rehabilitation within the hospital. The hospital is looking to restart mental health groups and use video consultation for discharge planning and patient follow-up. Highbank, our intermediate care facility, has developed a multi-disciplinary team and ongoing support plan. Respite services have been temporarily postponed and instead these beds are being used as step-down from acute hospital while waiting on packages of care. Planning is underway to consider a transitional approach to resume respite, to support unpaid carers.

Midlothian's Hospital at Home and Discharge to Assess services have increased in capacity to support the ambition of Midlothian HSCP to transfer people home from hospital, or avoid admission, at the earliest opportunity. Hospital at Home activity has increased by over 50% due to increased demand, and the service becoming embedded in our intermediate care model. The aim is to maintain and increase this level of activity and open more virtual beds for delivering care. This team has moved to Midlothian Community Hospital to facilitate medical

cover on the wards as required; it is intended for the team to locate there permanently to provide flexible medical cover across our older peoples' services. In response to capacity issues during the pandemic, a review of current AHP cover is underway and development of a full intermediate care service (Home First) is progressing to encourage closer working and create resilience and flexibility, without completely losing specialisms within the service. Digital first is the default where appropriate.

Supporting People to Stay Well at Home

A key component of Midlothian HSCP response to the pandemic has been to support people to stay well at home and avoid hospital admissions. Additional physiotherapy capacity was made available to the Community Respiratory Team by redeploying and retraining the primary care MSK physiotherapists. As the MSK physiotherapists return to their primary care role, further consideration of support to Community Respiratory Team will be required. Our community physiotherapy rehabilitation team have continued with urgent visits and those at risk of deterioration; they are now managing routine care referrals whose treatment needs to be progressed and are unsuitable for remote consultation. Demand remains high. Digital first continues to be the default where appropriate.

The GP Advanced Practice Physiotherapy service is now available in every GP practice in Midlothian, with digital support offered first and face-to-face only when necessary. District Nursing capacity has been increased to provide additional support to Care Homes and to support people at home. District nursing continues to encourage self-management of wounds and medication management. Non-essential services such as ear irrigation have been stopped. Treatment room nursing is returning to being practice-based, with infection control, physical distancing, and patient risk assessments in place.

Patients are being prioritised to ascertain if home visits are necessary. Staff have been deployed flexibly across teams and there has been more responsive working between services. Services have also realised through COVID-19 that clients are more resilient than original assessment, and a more passive/active caseload can be achieved, allowing teams to be more responsive to urgent need.

There is a need to continue support and services available to treat the immediate and longer-term physical, cognitive, and psychological impacts of COVID-19 on positive patients. The pandemic has had, and continues to have, a strong and long-lasting impact on mental health. Services such as the Wellbeing Service, based in GP practices, have continued to offer individual and group support to people by phone or video link. Staff support is also in place and a staff wellbeing group has been established for the HSCP.

We continue to support our unpaid carers with PPE and support resources, and look to reinstate respite as soon as possible. We have also had an incredible and positive response and contribute from our volunteers during the outbreak and we intend to maintain and build on this.

Supporting Communities: Socio-Economic Impact and Inequalities

There are many groups in society who have been impacted more by the COVID-19 outbreak: not only older people and those with underlying health conditions, but those who are vulnerable simply because they do not have the resources and opportunities to stay well. Emerging evidence shows that those living in deprived areas and those from Black, Asian, and Minority Ethnic (BAME) groups are disproportionately impacted by COVID-19. In Midlothian we have made a commitment to tackle health inequalities, have invested more in public health and will continue to do so. This is an area that will require attention moving forward, and which needs a greater focus on prevention if we are to mitigate some of the impact of the pandemic and to build on the positive learning about working in different ways.

We anticipate a greater demand on other services most associated with inequalities such as mental health, type 2 diabetes, substance misuse, heart disease, etc. Currently, it is important that access to welfare rights support is as accessible, or more accessible, than ever. Links with food banks and other support, similar to that provided to those shielding, should continue. While housing and homelessness in Midlothian are not directly the responsibility of the HSCP they are important to our ambitions and values, and joint working moving forward will be crucial. Over the next 3 months, our public health priorities are around reducing financial and food insecurity, building strong communities and community resilience, and supporting activities to mitigate the climate emergency. These priorities will be reviewed 3-monthly.

We have already seen the benefits of co-locating teams at our recovery hub at Number 11, with positive feedback from staff and patients. This is a successful model of joint working and makes navigation of multiple services easier for this group of patients. We will continue to build on this together with our partners in the independent and voluntary sectors. The Welfare Rights team is delivering a service mainly over the phone, while investigating video consultation as an option and developing a programme to increase uptake of pension credits. Our Community Health Inequalities Team are gradually increasing their visits to homeless hostels following risk assessment and using telephone consultations where appropriate as well as investigating the option to use Video consultation. As part of Connecting Scotland, we have been allocated 120 digital devices for vulnerable people in Midlothian. Additionally, the Edinburgh and Lothian Health Foundation has awarded 12 devices and data for a 'tech library' for our homelessness service.

Our women's spring service has plans to restart in August 2020 following risk assessment, with limited numbers of people, and shortened times, with individual contact made on a case-by-case basis following multidisciplinary discussions. The Justice team continues to provide service over the phone but are starting to phase back some face to face contacts where necessary. The Wellbeing Service continues to deliver sessions virtually and will be placed back into practices as part of Primary Care Improvement Plan services resuming in primary care face-to-face. As part of this, the ICJ (Improving the Cancer Journey) service is planning for telephone and virtual appointments initially but will integrate with the Wellbeing service as and when it returns to face-to-face. This is contingent on space available in primary care or in the person's home where appropriate.

Forward planning needs to be a part of wider community planning discussions via local Community Planning Partnerships – for example, bus routes to the Community Hospital and usage of local facilities to reduce the need to travel.

Risks

The HSCP's risk register is reviewed regularly and mitigations are in place. Risks registered at the HSCP level include:

- Risk of Covid-19 infection to staff
- Staff shortages
- Care Homes as high risk areas for infection and death
- Staff shielding
- Being unable to step down patients from acute services due to ward closures from COVID-19 infections
- Physical distancing for staff
- Risk of cross contamination of patients being discharged from acute services to community
- Maintenance of essential and critical care service provision during outbreak
- Test & Trace implementation within Midlothian
- Care home interventions and support

- Care Home Visiting

Winter Planning

Winter Planning is integral to re-mobilisation and provides an opportunity to enhance our current services and future plans. The HSCP is progressing the enhancement of intermediate care services to allow us to build on the model of care already on offer, to ensure that flow is maintained and community resilience maximised. It will enable us to ensure 7 day working is maintained over the winter period, and increase the capacity within intermediate care to manage increased demand.

Additionally, we are looking to reconfigure the vacant ward at Midlothian Community Hospital - to provide step up/step down inpatient facilities for Midlothian residents. This would help to meet many of the Midlothian IJB strategic objectives relating to preventing hospital admission, providing rehabilitation and care closer to home, and shortening delays and freeing up acute beds. This reconfiguration will be part of our wider frailty model of care, underpinned by our frailty programme and data.

A comprehensive Flu plan is in development, which will provide a menu of options for Midlothian residents to maximise uptake of flu vaccination this year as outlined in the previous primary care section. The HSCP team will support GP practice delivery across multiple sites, as well as consideration of drive thru models where safe and appropriate.

Other

We are working with the Physical Distancing Tactical Group for NHS Lothian to ensure our premises follow guidelines and provide a safe working environment for staff. We continue to implement testing of staff in our Care Homes and are working to Scottish Government directions to extend this to other staff groups working with vulnerable patients.

A Midlothian HSCP staff wellbeing and mental health group was established in early April, with an identified wellbeing champion. The group focuses on supporting staff, sharing resources, and helping managers to support their teams' wellbeing. The group contributes to the pan-Lothian Tactical Group, collaborates with Midlothian Council and NHS Healthy Working Lives leads, and participates in the National Workforce Wellbeing Champions Network.

Dietetics is a pan-Lothian service hosted by Midlothian HSCP. They have created a separate mobilisation plan for their service. Key to this plan is communications and engagement with the public and key patient groups, progressing recruitment to establishment and outstanding business case requirements, and deploying staff flexibly. Additionally, the service is managing its caseload and backlog by prioritising patients effectively, extending Video consultation into all teams, promoting digital options first (and investigating a group platform to deliver group interventions), and encouraging self-management by providing equipment and using digital solutions.

Technology: Services continue to use video and telephone consultations where practical and clinically safe to do so. We are exploring the opportunity to use video consultations in council-led services and the option of providing group support via digital platforms. As an HSCP, we continue to mobilise staff as our default position by getting the right equipment and providing necessary training. We are using video consultations in primary care and looking at digital options for a remote mobile patient monitoring system. Our TEC Pathfinder frailty work is pushing ahead, with the current phase of work finishing in October, followed then by a review for year 2.

While the focus of this plan is on re-mobilisation, we continue to drive forward Midlothian IJB Strategic Plan objectives – such as service transformation relating to shifting the emphasis towards prevention and early intervention, which includes addressing obesity as one of the key factors in the prevalence of ill-health.

Communications: We will have an associated communications plan relating to national and regional policies, guidance, and approaches, with a localised strategy. This will help Midlothian residents know about any changes but also restore confidence and trust in using our services.

As part of our planning, we are learning from staff and Midlothian resident experiences of the pandemic. We will use this learning to consult and plan future services and continue to provide support for our staff.

We will strengthen and improve relationships with strategic partners – particularly across the primary/secondary care interface - as a result of an increased focus on joint working and a willingness to be more agile in order to make things happen. This also means promoting new ways of working as part of a wider, whole system approach – and any relevant funding considerations for this.