

Midlothian Integration Joint Board



14th April 2022, 2.00pm

Chief Officer Report

Item number: 5.2

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

System Pressures

Late January 2022 to early March 2022 was particularly challenging, with sustained and ongoing pressure on the system due to a number of factors including:

- Omicron variant, and subsequent community infection spread
- Staff absence
- Care Home closures relating to covid outbreaks
- Ward closures relating to covid outbreaks

This resulted in an increase in patients who had their discharge form hospital delayed. The teams continue to work flexibly, collaboratively, and innovatively to manage this demand, reduce inappropriate admissions, reduce length of stay, facilitate earlier appropriate discharge and reduce unnecessary delay wherever possible. We are now starting to emerge from the other side of this peak and note numbers starting to fall again to late 2021 position.

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3.2 Head of Adult Services

Medication Assisted Treatment (MAT) Standards

In order to support local areas to implement MAT Standards, the Scottish Government has created a MAT Implementation Support Team (MIST).

A Midlothian and East Lothian Drug and Alcohol Partnership proposal has been successful in securing funding for four and a half years to assist with the implementation of the MAT

Standards. However, the funding allocation will not meet the full requirement to deliver MAT locally.

To meet the shortfall, it is proposed that funding allocations from MELDAP, for Near Fatal Overdose Pathway work and Assertive Outreach will augment the Scottish Government MIST funding to deliver the required level of service provision.

This allows recruitment of staff that will focus on supporting people into treatment, increase the level of support and improve retention in services. These being key areas for intervention and prevention in relation to near fatal and fatal overdose. The service provision will provide rapid access to services at our No.11 Hub and provide a focus on assertive outreach into communities in Midlothian that are most effected by deprivation.

Cherry Road Day Centre and the Pandemic

At the height of the pandemic Cherry Road Day Service remained open to people with complex disabilities. Their service was delivered within the context of altered environments, rooms changed with social distancing, one to one working, more time with one person. Artlink work with people attending Cherry Road.

For those people who could not come to the centre, staff had to rethink our ways of working.

They needed to reach out and reduce risks to service users - finding safe spaces to deliver activity in people's neighbourhoods. When they couldn't go into homes they delivered activities in conservatories, on doorsteps, in gardens, through windows. From this Cherry Road's Outreach Programme grew. They now deliver regular weekly workshops in Rosewell, Gorebridge, Mayfield and Dalkeith through workshops in sensory sound, product design, live music and textiles.

The success of their work is down to genuine collaboration with users of services, residential care and support staff, Thera, St Joseph's Care Services, ELCAP, Artlink and community organisations. Joint working has allowed staff to create meaningful activity for people in local spaces and places, providing shared purpose within experiences and opportunities that have true meaning.

Nick Clater, Head of Adult Services – nick.clater@midlothian.gov.uk

3.3 Chief Nurse

Health visiting

Midlothian Health Visiting teams will be delivering the Universal Pathway in full from 31st May 2022. A working group has been set up with Early Years Services colleagues to focus improvement work around the early identification of children with Additional Support Needs and subsequent delivery of appropriate interventions.

Midlothian is a pilot site for the development of interventions from the newly established Perinatal and Infant Mental Health Service. This will begin with staff training in the Solihull Approach, 'Working with the parent-infant relationship' and a separate 'Newborn Behavioural Observations' training as a 'Test of Change' with 2 staff, to assess effectiveness in practice. Training will start in April 2022

Nursing

There is ongoing work to address the challenges around Nursing vacancies, covid related and other sickness absence. A range of recruitment and retention initiatives are being utilised, including plans to recruit this year's newly qualified nurses and the development of

the Assistant Practitioner role. Difficult decisions have been made by NHS Lothian to pause non-essential learning opportunities in order to maximise the availability of the workforce to undertake frontline clinical roles to meet the sustained high level of demand for patient care. The 'Safecare' electronic workforce tool is mandated across all in patient areas to provide a whole Lothian view of inpatient demands and pressures.

Fiona Stratton, Chief Nurse – Fiona.stratton@nhslothian.scot.nhs.uk

3.4 **Head of Older people and Primary care**

Vaccinations

The Midlothian vaccination programme has commenced the covid spring booster programme for those aged 75+, care home residents and those 12+ years who are severely immunosuppressed. Alongside this, the team have started the 5–11-year-old vaccination clinics mid-March with around a 25% uptake to date.

The team continue to develop and progress with our inclusivity plans for covid vaccinations across Midlothian.

Gorebridge vaccination centre will close its doors on 03.04.22, all vaccinations will temporarily be delivered from Midlothian Community Hospital (MCH) until we move to our permanent venue. The team have been working on the future vaccination model, and planning for winter 2022/23.

As well as Covid vaccinations, work has been ongoing, in collaboration with the Community Treatment and Assessment (CTAC) team, as part of the Vaccination Transformation Programme. From 01.04.22, all vaccinations except unscheduled, will transfer from the GPs to the HSCP. Unscheduled vaccinations will transfer on 01.05.22.

Community Respiratory Team (CRT)

Midlothian CRT/ Dynamic Scotland project is set to launch on 1st April 2022, with the aim of:

- improving the self-management of COPD in the community
- reducing ED attendances
- reducing unnecessary admissions
- reducing Length of Stay

This is a digital offering targeting patients who are frequent ED attenders, and those currently not known to CRT who are admitted to hospital relating COPD exacerbation. This focusses on a proactive outreach approach from the team, to trial the LENUS digital platform.

Targets for year 1 (based on data from a Glasgow trial) are to:

- Increase % of people in Midlothian with COPD who are admitted to hospital and are known to CRT from 45% to 80%
- Reduce Midlothian ED attendances for COPD by 30%
- Reduce Midlothian admissions to RIE for COPD by 28%
- Reduce Midlothian Occupied Bed Days for COPD by 30%

Midlothian Community Hospital

The HSCP are recruiting a new Operational manager to run MCH, supported clinically by the operational Service manager. This will provide additional capacity and leadership to develop the vision, and subsequent model development across both In-patient care and Outpatient services, allowing more Midlothian residents to be managed closer to home.

The Inpatient wards continue to maintain a high rate of compliance with Model Ward Person Centred Care Planning, and Lothian Accreditation standards, (L). Current compliance is 95.8% for LACAS and 100% for Person Centred Care Planning.

The Royal Volunteer Service (RVS) Café reopened on 7th March, with a focus on ensuring access to adequate rest space and hot meals for staff, and relatives, as part of the HSCP Wellbeing commitment. Progress is being made on a wellbeing room for staff in MCH, and a staff survey has been completed to inform the development of this space. Wellbeing Trolleys are being set up to provide healthy snacks, flasks, and wellbeing information for all staff.

Clinical Educator post for MCH will commence recruitment in April. This post will support all staff with learning and development across the site and will support recruitment and retention.

Two new Consultants for Medicine of the elderly join MCH in April. This represents an exciting opportunity to further develop the site approach to delivering the right care and the right time in the right place.

Hospital at Home

Hospital at Home have a new medical Consultant starting in April, which has increased the medical staffing within the team. Hospital at Home is working alongside Healthcare Improvement Scotland (HIS) and the Scottish Government to increase capacity by March 2023. This is nationally mandated initiative and will augment the current model.

Grace Cowan, Head of Primary Care & Older People -
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3.5 **Public Health**

The NHS Lothian Partnership and Place Team is now fully staffed. Candidates have been shortlisted for the vacant HSCP Public Health Practitioner role. Interviews will take place in the next month.

The whole systems approach to preventing type II diabetes pilot work in Mayfield and Easthouses has restarted after the pause during Covid restrictions. Community engagement is about to start with participatory budgeting planned to agree a bid of up to £50,000 to invest in the community. The focus is on increasing the money in people's pockets, access to healthy food and keeping physically active.

A response from Midlothian HSCP was approved and submitted at the end of March 2022 to the Scottish Parliament Health and Sport Committee's Inquiry into Health Inequalities. This Inquiry is a follow up to their 2015 Inquiry and seeks information about progress and barriers toward tackling inequalities. The response outlined some of the investments and contributions that the HSCP has made both with its own services and in partnership working, and its ambitions for the future in tackling inequality as outlined in the IJB Strategic Plan.

The Green Prescribing project is firmly back up and running with an event planned on the 21st April aiming to connect, promote learning and sharing and to experience an activity. 55 people are signed up so far.

Work is about to start to check on the status of existing breastfeeding friendly locations in Midlothian post-pandemic, and also enrol new venues including any NHS or council locations that do not already have this status.

Dona Milne, the Director of Public Health at NHS Lothian has agreed to be the Poverty Prevention Champion and convene a Community Planning Partnership (CPP) group after the local council elections in May, for a year in the first instance, to build on existing poverty mitigation work and take a more preventative and cross cutting approach across the community planning partnership. Public Health team members will be supporting Dona in that work, and it will also connect closely with the Child Poverty Action Plan.

3.6 Chief Allied Health Professional

Digital Implementation and Delivery Plan

The HSCP Digital Delivery and Implementation Plan, commissioned by the HSCP Digital Governance Board (DGG) and the HSCP Senior Management Team (SMT) has been approved. The Digital Plan stands-up a programme of work to be taken forward by a newly appointed HSCP Digital Programme Manager and overseen by a Digital Programme and Oversight Board (previously the DGG). The Digital Plan outlines an indicative series of priorities with key deliverables as follows:

Priority Area	Key Deliverable	Date
Develop Leadership & Management	To have increased digital management and leadership capacity across Midlothian HSCP, in line with Strategic Actions plans, evidenced by service-led Digital and TEC solutions across all areas of the partnership	May 2024
Ensure Appropriate Resources	Ensure there are appropriate levels of investment and resource in equipment, infrastructure and workforce to prove a baseline of digital capability across Midlothian HSCP, in line with Strategic Actions plans, evidenced by service-led Digital and TEC solutions across all areas of the partnership	May 2024
Build a Digital Culture for Service Planning & Development	To have increased digital capacity across all aspects of Midlothian HSCP, in line with Strategic Actions plans, evidenced by service-led Digital and TEC solutions across all areas of the partnership	May 2024
Promote Prevention, Early Intervention & Self-Management	To have increased digital offerings that relate to early intervention and prevention, in line with Strategic Actions plans, evidenced by service-led Digital and TEC solutions across all areas of the partnership	May 2024
Mitigate Digital Inequality	To have increased digital awareness, access and capability across all areas of the Midlothian HSCP and population, in line with Strategic Actions plans, evidenced by service-led Digital and TEC solutions across all areas of the partnership	May 2024
Adopt Co-design & Co-production in Service Development	To have increased involvement and participation of service users and service providers in service development utilising quality improvement methodology, in line with Strategic Actions plans, evidenced by co-designed Digital and TEC solutions across all areas of the partnership	May 2024
Work in Partnership	To have established an active Pan-Lothian HSCP Group, to influence eHealth policy, using a network approach that promotes the business needs of the community services	January 2023
Existing committed and known projects	To have evidence of progress and/or completion of the committed projects in line with individual delivery plans, or a clear audit-trail of collaborative decision-making that reduces or eliminates them as a priority for the organisation	May 2024

Further information regarding the recruitment and appointment of the Digital Programme Manager and the launch of the Digital Programme across the partnership will follow in the near future.

Clinical Lead Occupational Therapist

The Clinical Lead Occupational Therapy post is a key component of the Midlothian HSCP AHP Senior Management Team and has now been vacant for a considerable period after the previous post-holder retired and the post was updated and revised. After a very competitive recruitment process, the post has been recruited to. The preferred candidate is external to Midlothian and NHS Lothian and comes with considerable clinical, management

and leadership experience been carried out, I will be able to release more information about the preferred candidate.

Dynamic Scot Project

You may be aware that the Midlothian Community Respiratory Team (CRT) have been part of a pathfinder digital innovation project to test the LENUS digital system that enables service-users to safely self-manage their Chronic obstructive pulmonary disease (COPD). Following success of the initial phase, Phase 2 of the project will commence in April as a much larger project and comes with 2 years Scottish Government funded resource to enable the Midlothian CRT team to further develop use of the system to test it to greater effect. We anticipate benefits for service users, the CRT Team and the wider Health and Social Care system including front-door services (incl. A&E and SAS). The project will be monitored and evaluated internally within Midlothian HSCP through the Digital Programme and Oversight Board will feed into a wider Dynamic Scot Project Board including the NHS Lothian eHealth, the Digital Health and Care Innovation Centre (DHI) and Greater Glasgow and Clyde (GG&C) Health Board.

Dietetics Service

Karen Henderson has now taken up post as the new Head of Dietetics as a hosted service in Midlothian HSCP. Karen comes with considerable experience as a clinician and a leader in the acute sector. Karen recently presented and was commended by executive managers in NHS Lothian for the innovative work ongoing across Dietetics in relation to; Weight Management and the Prevention of Type 2 Diabetes (Adults and Children), Self-Management Approaches in Coeliac Disease and the reduced/controlled Use of Oral Nutritional Supplements in Primary Care.

Hannah Cairns, Chief Allied Health Professional – hannah.cairns@nhslothian.scot.nhs.uk

3.7 **Clinical Director**

Medicine Of the Elderly (MOE) medical staff reconfiguration

As previously noted in this paper, Dr Patricia Cantley left the Midlothian MOE service at the end of last month. The HSCP is grateful for her contribution over the past 8 years however, this has given us the opportunity to reconfigure. We aim to double the capacity of Hospital at Home over the next year and for this we needed to increase our medical staff and to develop the service so that suitable patients (as an alternative to admission) can attend Midlothian Community Hospital for urgent medical assessments rather than the current model where all patients are seen in their homes.

Dr Elizabeth Boyce will continue in Hospital at Home in her role of Associate specialist and will be joined by Dr Simon Akroyd, also an Associate specialist. Both have many years' experience in medicine of the elderly as well as both being fully qualified GPs. Between them, they will cover the service with access to Consultant advice as needed on a daily basis.

General Practice (GP) remobilisation

All practices continue to face high levels of patient demand. Practices have evolved their systems through the pandemic and most continue to operate some form of patient triage. Appropriate patient triage should improve patient care journeys as well as helping with practice efficiency. All practices are offering face to face appointments for suitable patients.

Primary care data

Unfortunately, the activity and workload data in Lothian and Midlothian that should underpin this intelligence remains limited in scope. High quality intelligence around GP workload and activity would help inform:

- Recovery of Primary Care Services from the pandemic,
- Ongoing implementation of the new General Medical Services contract/Primary Care Transformation
- Increase understanding of what underpins sustainability of existing GP/Primary care services
- Contribute evidence to ensure increased and sustained resourcing of high-quality primary care services.

Sustainable Primary Care underpins cost-effective long term population health. Therefore, the HSCP wish to enable practices to approach GP activity data from a quality improvement perspective, with the long-term goal of ensuring their practice was:

- Correctly orientated for the needs of local population
- That its activity was a meaningful and impactful use of its resource
- Patient-facing and non-patient facing aspects of work were in sustainable balance

Planning has commenced with the HSCP performance team to work collaboratively with GP practice to develop data reporting, which will underpin future primary care developments.

Hamish Reid, Clinical Director – Hamish.reid@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

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Appendices: