

# Integration Joint Board



**17<sup>th</sup> June 2021, 2.00pm**

## **Review of Midlothian Health & Social Care Partnership Winter Plan 2020/21**

### **Item No 5.6**

#### **Executive summary**

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The purpose of this report is to review Midlothian Health & Social Care Partnership's (HSCP) performance over the winter period in line with its Winter Plan for 2020/21. The original winter plan for the HSCP was shared with the Senior Management Team on 28/09/2020 and then presented to Midlothian Integration Joint Board on 08/10/2020 for approval. It was then updated following the publication of Scottish Government's Adult Social Care Winter Preparedness Plan 2020-21 and re-presented back to SMT in November 2020.

Health and Social Care Services come under increased pressure over the winter months due to a greater incidence of ill-health and the impact of adverse weather conditions. Services were also significantly challenged with the ongoing COVID-19 pandemic this past winter in addition to the usual increased pressures. This report outlines the work that was undertaken by the HSCP to prepare for winter pressures. The overarching Winter Plan was planned to cover a wide range of areas – reducing delayed discharges, preventing admissions, increasing service capacity, gritting priority areas, implementing the flu programme, and resilience planning for severe weather, ongoing COVID-19 and potential local lockdowns, and staff absence. There was also an ongoing focus on supporting staff wellbeing and a winter communications plan both for staff and the public.

#### **Members are asked to**

- **Note the review of the Winter 2020/21 and the high-level recommendations for winter 2021/22**

# Integration Joint Board

## Review of Midlothian Health & Social Care Partnership Winter Plan 2020/21

### 1 Purpose

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- 1.1 The purpose of this report is to review Midlothian Health & Social Care Partnership's performance in winter 2020/21 against its Winter plan.

### 2 Recommendations

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- 2.1 As a result of this report the Integration Joint Board is being asked to note the review of winter 2020/21 and the high-level recommendations for winter 2021/22.

### 3 Background and main report

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- 3.1 Every year, NHS Boards are required to prepare plans to ensure resilience over winter in response to the well-documented additional pressures experienced in hospitals during the winter due to increased ill-health and the impacts of adverse weather. This year, there was additional pressure from the ongoing COVID-19 pandemic on top of the usual winter pressures. Midlothian Health & Social Care Partnership's (HSCP) Winter Plan 2020/21 is available separately as an appendix to the original SMT submission.
- 3.2 The full review of winter performance is attached to this report as an appendix (appendix 1). In line with the agreed priorities for the winter period, the review covers the following key areas:
- Summary of winter funding agreed through NHS Lothian
  - Themes from the 2020/21 plan:
    - o Resilience: resilience planning across the Partnership including preparation for staff absence, adverse weather, COVID-19, and Brexit. Data on staff absence, remote working (TBC), and vaccination uptake.
    - o Preventing admissions, reducing hospital length of stay, delayed discharges, and patient flow: high level data on these indicators, as well as service-level data on the impact of additional winter funding on these indicators
    - o Infection Control – PPE information, flu and COVID vaccination data
    - o Impact & Inequalities – Integrated Impact Assessment and public health action plans
    - o Communications – overview of winter communications
    - o Workforce Mental Health and Wellbeing – overview of wellbeing initiatives
    - o Monitoring and Escalation – summary of channels put in place

- Summary of winter and high-level recommendations for preparing for next winter
- 3.3 A detailed action plan sat behind this plan which is available separately. At the time of closing the winter action log, there were 107 total actions across these priorities and 91 marked as complete (85%). The other actions were either delayed, still in progress, or removed as they were no longer relevant.

## **4 Policy Implications**

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- 4.1 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**

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- 5.1 This review does not impact any existing Directions or require a new Direction. Specific actions within the plan and action log supported the work of a number of the Directions, including those related to Inpatients and Accident & Emergency, Older People, Midlothian Community Hospital, Community Health Services, Care at Home, and Public Health.

## **6 Equalities Implications**

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- 6.1 This review does not have specific equalities implications. An Integrated Impact Assessment was completed on 02/09/2020 to ensure any unintended impacts of the winter plan were prevented or mitigated.

## **7 Resource Implications**

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- 7.1 This review has no direct additional resource implications but a summary of the implications for 2020/21 is provided.
- 7.2 As part of the winter process, the HSCP submitted 3 applications to NHS Lothian; one was supported and the HSCP was awarded funding for additional capacity for Home First. This created additional Allied Health Professional capacity in the Home First teams; the impact of this funding is demonstrated later in this report. The HSCP was subsequently awarded additional funding to open 16 additional beds in Midlothian Community Hospital and to support delayed discharges.
- 7.3 Additionally, the partnership planned an extended flu programme in line with Scottish Government guidelines. Proposals and cost projections were developed. The situation around the programme for 2020/21 was uniquely complex and substantially bigger than previous years, as it was enhanced due to COVID to cover a wider range of cohorts. It was estimated that there would be a significant increase in the total cost of the programme. This increase in cost is coordinated via the Health Board and their mobilisation/remobilisation plans. Currently this has been supported through the COVID funding provided to the Health Board from Scottish Government. The ongoing and longer-term implications of this are being

assessed and the financial consequences being modelled to understand the overall impact to support further dialogue.

## 8 Risk

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- 8.1 There was the risk of additional waves of COVID-19 happening concurrently with flu and other increased winter pressures. The HSCP needed to ensure that it was able to protect staff and service users from COVID-19 as far as possible. However, the lockdown over the winter period meant that the full range of services, including prevention and early intervention activities, could not be delivered in line with Scottish Government guidance.
- 8.2 The risk of not preparing as well as possible for winter was that the hospital system would be unable to cope with the volume of attendances and unplanned admissions. It was important that resilience plans were in place for local services and staff to continue to function at full capacity. This included maximising flu and COVID-19 vaccinations, preparing for adverse weather, anticipating local lockdowns, and ensuring contingency plans were in place for staffing shortages that occur despite forward planning.

## 9 Involving people

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- 9.1 The Winter Plan was presented to the Senior Management Team on 28/09/2020, and to the Integration Joint Board on 08/10/2020. A workshop to review winter was held on 07/04/2020 with service managers and team leads across the HSCP to gather feedback on winter performance.

## 10 Background Papers

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<b>DATE</b>	02/06/20

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### Appendices:

#### 1. Attached: Review of Winter Plan 2020/21

## **APPENDIX I**

### **Midlothian Health and Social Care Partnership – Review of Winter 2020/21**

## **INTRODUCTION**

Midlothian Health & Social Care Partnership's overarching Winter Plan for 2020/21 was approved by the Senior Management Team and the Integration Joint Board in October 2020. The overall aim of winter planning was to ensure that the partnership is prepared for winter pressures, alongside ongoing pressures due to COVID-19, so that we could continue to deliver high quality care. It is recognised that demand for services is usually at its highest level during the winter period.

The expectation is that plans for 2021/2022 build on the Winter Plans and learning from previous winters. This document reviews the Partnership's performance during Winter 2020/21, summarises key learnings, and makes recommendations for Winter 2021/22 priorities.

## **WINTER PLANNING PROCESS**

A multi-agency workshop was held to areas to share key learning from previous winters. These included preparedness for winter weather: for example, ensuring availability of 4x4 vehicles when needed to transport staff, having bank staff available, clear plans for seeing the most vulnerable patients, and rotas for holiday cover. The importance of staff wellbeing and the impact of staff absence was also underscored by most participants. These lessons, paired with lessons from the pandemic, highlighted the need to plan ahead and prepare for the worst to ensure that staff were safe and service delivery was maintained.

A Tactical Winter Group was established to meet fortnightly throughout the winter period as an avenue for escalating any issues or risks in services and to monitor performance. This group also reported against the detailed winter action plan which supported the full Winter Plan 2020/21

document. Additionally, tactical meetings and huddles which were formed in response to COVID-19 were reinstated or stepped up in light of the second lockdown. These provided opportunity for managers to come together, escalate concerns, and hear about key developments.

## KEY PRIORITIES FOR ACTION IN 2020/21

Agreed priorities for 2020/21 were:

- **Resilience** – business continuity plans which include the impact of severe weather, COVID, and Brexit; anticipating impact of severe weather and staff absence; planning for future local lockdowns; 7-day working and festive cover; transportation plans and individual resilience plans; linking in with council colleagues for transportation and gritting priority areas; building on the contribution of the third sector to improve resilience
- **Preventing admissions, reducing hospital length of stay, delayed discharges, and patient flow** – preventing avoidable admissions, minimising length of stay for people in hospital once medically fit, increasing capacity of key services, preventing falls, linking in with the Royal Infirmary of Edinburgh
- **Infection Control** – flu and COVID vaccination programmes, standard infection control measures, ongoing COVID-19 measures, staff testing and PPE; clinical and professional oversight arrangements for care homes in place
- **Impact & Inequalities** – Integrated Impact Assessment actions, financial and food insecurity, reducing loneliness, increasing community resilience, supporting good physical and mental health
- **Communications** – public communications through various channels; staff communication plan, mobilising communication channels created in response to COVID-19, specific vaccination campaigns
- **Workforce Mental Health & Wellbeing** – recognising the impact of the ongoing pandemic on wellbeing in addition to normal winter pressures, and working to support staff, the third sector, and unpaid carers
- **Monitoring and Escalation** – escalating risks and reporting issues, monitoring progress against the action plan

Details of the key priorities can be found in the Winter Plan 2020/21 document and separate action log (completed action log is available separately). A summary of actions on the log is shown below. All actions in the log were RAG rated so that key ones were prioritised and completed.

THEME	No. of Actions	Complete	In Progress	Delayed	Removed
<i>Resilience</i>	20	19	0	1	0
<i>Patient Flow</i>	25	19	3	2	1
<i>Infection Control</i>	35	33	0	0	2
<i>Impact &amp; Inequalities</i>	12	7	0	2	3
<i>Communications</i>	8	7	0	1	0
<i>Workforce Mental Health &amp; Wellbeing</i>	3	3	0	0	0
<i>Monitoring and Escalation</i>	4	3	1	0	0
<b>TOTAL</b>	<b>107</b>	<b>91 (85%)</b>	<b>4 (3.7%)</b>	<b>6 (5.6%)</b>	<b>6 (5.6%)</b>

## FUNDING & RESOURCES

This review has no direct additional resource implications for the HSCP but a summary of the implications for 2020/21 is provided.

As part of the winter process, the HSCP submitted 3 applications to NHS Lothian; one was supported and the HSCP was awarded funding for additional capacity for Home First. This created additional Allied Health Professional capacity in the Home First teams; the impact of this funding is demonstrated later in this report. The HSCP was subsequently awarded additional funding to open 16 additional beds in Midlothian Community Hospital and to support delayed discharges.

Additionally, the partnership planned an extended flu programme in line with Scottish Government guidelines. Proposals and cost projections were developed. The situation around the programme for 2020/21 was uniquely complex and substantially bigger than previous years, as it was enhanced due to COVID to cover a wider range of cohorts. It was estimated that there would be a significant increase in the total cost of the programme. This increase in cost is coordinated via the Health Board and their mobilisation/remobilisation plans. Currently this has been supported through the COVID funding provided to the Health Board from Scottish Government. The ongoing and longer-term implications of this are being assessed and the financial consequences being modelled to understand the overall impact to support further dialogue.

## PERFORMANCE

The detailed action log is available separately. Data on key performance indicators for winter are summarised below in relation to the identified priorities.

### PRIORITY 1: RESILIENCE PLANNING

A key action for winter was for all services to review and update their business continuity plans, including external providers. These were compiled before the winter period and aligned with NHS Lothian's annual assurance reporting period. Services had updated their plans earlier in 2020 in response to COVID-19 and these were updated again for winter to take into account additional risks such as staff absence and adverse weather. Actions included promotion of staff uptake of the flu vaccination, remote working arrangements, ranking critical service responses, and transport plans if needed. The Midlothian HSCP Major Incident Plan was also reviewed and updated in December 2020.

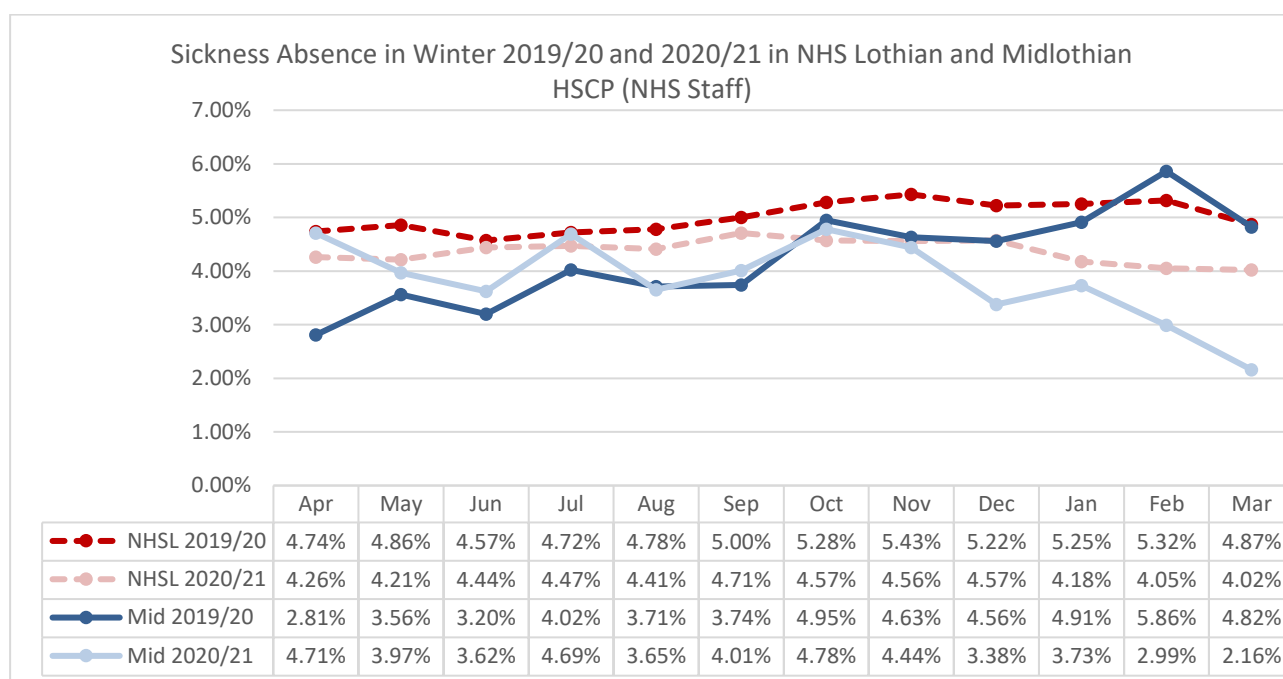
The strategic business manager for the Partnership was a member of the NHS Lothian and Council Brexit planning groups.

The Midlothian HSCP Winter Tactical Group created a list of priority services for 4x4 access and linked in directly with Midlothian council transport team. This proved a successful approach and when there was adverse weather, the HSCP participated in Emergency Management Team meetings with council colleagues to prioritise transport for these staff as required. Many teams began, or increased their use, of remote consultation either via telephone calls or Near Me (video consultation) in response to the pandemic. Ensuring services were equipped to do this where appropriate was also important to resilience planning and allowed for continued consultation if needed for staff needing to work from home or during periods of adverse weather.

Key data to support these actions are summarised below in terms of sickness absence and staff vaccination uptake, and the use of Near Me in services to promote remote working:

- **Staff Sickness Absence:** Staff sickness absence rates are reported as percentage rates for NHS Lothian, and by full-time equivalent (FTE) days lost for Midlothian Council.

- Overall sickness absence in March 2021 was 4.02% for NHS Lothian and 2.16% for Midlothian HSCP (for NHS staff). Winter 2020/21 sickness absence rates in Midlothian were consistently lower both to the overall NHS Lothian rate and to rates in Midlothian during the previous winter (2019/20), as shown in the graph below. Informal staff feedback at the winter workshop felt that this could be a benefit of the increased flexibility in working patterns that have developed from the pandemic and could partially be due to staff feeling a 'need to be there' due to the importance of their work. This also raised the necessity to focus on staff wellbeing and the longer-term impacts on working throughout the pandemic on staff.
- Sickness absence rates for council staff within the HSCP (in FTE days lost) are higher for 2020/21 than the previous two winters; however, due to the different reporting methods this could not be combined with NHS rates for an overall view of HSCP absence.



Midlothian Council Sickness Absence for HSCP Staff			
Year	FTE	FTE Days Lost	Average days lost per FTE
Dec 2018 – Mar 2019	454.14	2890.63	6.37
Dec 2019 – Mar 2020	438.16	2735.25	6.24
Dec 2020 – Mar 2021	455.67	2960.36	6.50

**Staff flu vaccination:** Due to the nature of data collection for this cohort, the HSCP is still awaiting final data on uptake. However, there have been many lessons from the flu programme in winter 2020/21 that will inform planning for next winter (see infection control section further down).

## **PRIORITY 2: PREVENTING ADMISSIONS, REDUCING HOSPITAL LENGTH OF STAY, DELAYED DISCHARGES, AND PATIENT FLOW**



The additional capacity from winter funding was allocated to augment the intermediate care team to provide a Home First approach. There have been several funded initiatives as part of NHS Lothian Gold programme of work focussing on reducing delayed discharges. As well as the additional resource, there have been large pieces of work ongoing within the HSCP to review existing processes and look at how we can streamline them to align with a Home First approach. Significant improvements in performance have been noted. Data on overarching indicators is summarised below, for Midlothian residents in the Royal Infirmary of Edinburgh, followed by more detailed information on the impact of extra winter capacity in specific services. Most indicators show lower numbers in March 2020 which correspond with the beginning of the pandemic and lockdown and reflect numbers seen across the health system nationally.

Midlothian Hospital admissions to the Royal Infirmary of Edinburgh (P=planned admission, U=unplanned admission)

	Dec		Jan		Feb		Mar	
Year	P	U	P	U	P	U	P	U
2019/20	154	721	157	623	118	574	118	590
2020/21	102	593	125	588	142	537	143	693

Royal Infirmary of Edinburgh Occupied Bed Count for Midlothian residents

Year	Dec	Jan	Feb	Mar
2019/20	654	612	579	569
2020/21	550	582	589	686

Royal Infirmary of Edinburgh Average Length of Stay for Midlothian residents (Days)

Year	Dec	Jan	Feb	Mar
2019/20	7.22	4.83	6.93	10.34
2020/21	6.05	7.98	7.95	6.86

Royal Infirmary of Edinburgh Total Midlothian A&E Attendances

Year	Dec	Jan	Feb	Mar
2019/20	1888	1642	1542	1392
2020/21	1280	1185	1237	1654

Average Daily Delayed Discharges (Census Delays) per month from the Royal Infirmary of Edinburgh for Midlothian residents

Year	Dec	Jan	Feb	Mar
2018/19	18	17	30	30
2019/20	19	17	18	8
2020/21	12	13	7	8

## FALLS

MERRIT (Midlothian Enhanced Rapid Response and Intervention Team) responds to falls callouts in the community. These are summarised in the table below from November 2019. Note that these are callouts for the service, rather than number of individuals. There is a known increase in falls during the winter period due to adverse weather conditions. The table below shows that while the number of falls callouts has increased this past winter in comparison to winter 2019/20, the percentage of callouts that require hospital admission has decreased.

	<b>MERRIT Callouts (Falls)</b>	<b>Requiring Hospital admission</b>
Nov-19	96	3%
Dec-19	99	2%
Jan-20	108	5%
Feb-20	91	10%
Mar-20	88	7%
Apr-20	79	4%
May-20	95	6%
Jun-20	74	3%
Jul-20	88	5%
Aug-20	85	9%
Sep-20	116	6%
Oct-20	87	2%
Nov-20	140	4%
Dec-20	110	2%
Jan-21	138	4%
Feb-21	107	2%
Mar-21	105	2%

Scottish Ambulance Service falls attendance is summarised in the table below. A comparison of October to March 2019/20 and 2020/21 shows a 3% reduction in callouts but a similar rate of admission.

<b>Period</b>	<b>Total falls attended</b>	<b>Number of incidents requiring hospital treatment</b>	<b>Percentage of incidents requiring hospital treatment</b>	<b>Number of Falls referrals recorded</b>
<i>Oct 2019- Mar 2020</i>	390 (332 over 65 years)	295 (252 over 65 years)	75.6%	12 (11 over 65 years)
<i>Apr 2020- Sep 2020</i>	394 (346 over 65 years)	288 (258 over 65 years)	73.1%	13 (12 over 65 years)

Oct 2020- Mar 2021	378 (311 over 65 years)	297 (251 over 65 years)	78.6%	15 (13 over 65 years)
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As the number of callouts both for MERRIT and SAS remain high, falls will remain a priority for the next winter plan in 2021/22 and specific actions will be prioritised in the action plan around reducing falls.

The impact of extra capacity within specific services from winter funding is summarised below:

#### Midlothian Community Respiratory Team (MCRT) Service

The MCRT Service delivers respiratory physiotherapy for patients with COPD. There are approximately 2500 Midlothian residents with a COPD diagnosis, although there are likely to be more that are still undiagnosed. CRT have seen approx. 600 of them over the years on and off. They have been able to expand to provide a CRT Plus Pathway to support transition from Hospital following a COVID19 admission. They additionally have a COVID19 oxygen pathway which allows people to come home on oxygen earlier in their journey. A SAS pathway has also been developed to give SAS direct access to the team and thereby, preventing unnecessary admissions.

This team received an additional 1 x WTE Band 6 Physiotherapist which allowed for the extension of an existing secondment until March 2021, increasing capacity within the team. This created continuity in the direct access pathway with SAS.

The number of facilitated discharges referred to MCRT on discharge from hospital nearly equated to the number of SAS admissions, illustrating strong working relationships between primary and secondary care and an excellent patient pathway. Relatively low numbers of patients were admitted to hospital with COPD considering the potential patient cohort size, indicating the partial impact of CRT supporting patients at home with severe symptoms.

The table below shows the facilitated discharges and admissions prevented by the MCRT service.

	Facilitated Discharges		Prevention of admissions	
	Number	Bed Days saved	Number	Bed days saved
Oct-20	4	16	8	48
Nov-20	5	20	15	90
Dec-20	8	32	10	60
Jan-21	13	52	16	96
Feb-21	5	20	7	42
Mar-21	14	56	15	90
<b>Total</b>	<b>49</b>	<b>196</b>	<b>71</b>	<b>426</b>

There is a decrease in February figures due to a decrease of 50% in Midlothian respiratory admissions to the RIE in January 2021 – February 2021. The figures are a representation of the WTE of the team, not just the additional capacity, which was funded however, the additional posts have enabled the service to operate at increased capacity. The team have also been conducting more palliative/long term conditions management throughout Covid-19 which keeps their contacts high despite their acute management numbers being lower in some months.

### Discharge to Assess Service

The Discharge to Assess Service allows assessment and rehabilitation of patients within their own home to facilitate an earlier discharge home from hospital. The Discharge to Assess service has carers directly attached to the team which allows a supportive rehabilitation environment to be created in the patients in home as a transition from hospital.

This team received an additional 1 x WTE Band 5 Occupational Therapist and 1 x WTE Band 6 Occupational Therapist, as well as 4 x WTE Band 3 Clinical Support Workers. This additional capacity supported 7-day cover. The additional capacity has also increased the team's ability to support Care at Home to provide bridging support whilst awaiting longer term package of care provision, thus reducing delays.

A comparison of the team's facilitated discharges in 2019/20 and 2020/21 is shown below, with consistently higher numbers for the 2020/21 winter period. Additionally, the total new patients seen by the service over the weekends for each month in 2020/21 is included, showing an increase from October through the winter period demonstrating the stabilisation of this service.

	<b><i>Facilitated Discharges</i></b>		<b><i>New patients seen over weekends</i></b>
	<b>2019/2020</b>	<b>2020/2021</b>	<b>2020/21</b>
<b>October</b>	32	45	8
<b>November</b>	33	52	8
<b>December</b>	39	53	6
<b>January</b>	35	56	12
<b>February</b>	43	58	11
<b>March</b>	50	59	9

### Rapid Response Service

The Rapid Response Service provides same day AHP assessment, rehabilitation, equipment, and care to prevent an avoidable hospital admission.

This team received an additional 1 x WTE Band 5 Physiotherapist. all prevented admissions and facilitated discharges are summarised below. The team is now able to take on more referrals, and more proactively identify patients in A&E or the Acute Medical Unit (AMU) who could safely be discharged home with support from the team, building stronger links with acute teams and improving the patient pathway.

	<b>Admission Prevention</b>	<b>Discharge from A&amp;E/AMU</b>
<b>June 2020</b>	26	2
<b>July 2020</b>	28	1
<b>August 2020</b>	14	1
<b>September 2020</b>	30	0
<b>October 2020</b>	28	4
<b>November 2020</b>	26	2
<b>December 2020</b>	27	10
<b>January 2021</b>	37	2
<b>February 2021</b>	31	3
<b>March 2021</b>	33	1

### Midlothian Single Point of Access

One of the most significant developments over the winter period was the implementation of the 'Single Point of Access' (SPOA). This SPOA for all referrals minimises duplication, streamlines processes, and provides quick and easy access to intermediate care teams in Midlothian. Previously, patients may have been added to multiple waiting lists if the referrer was unsure as to who the right team or person was to be referring to. Now, the decision is made within the Midlothian Single Point of Access and is helping referrals reach the correct service in a shorter time frame. The SPOA was up and running from December 2020 and moved to 7 day working by March. The flow hub is screening all admissions to the Royal Infirmary to better understand the social or medical reasons for admissions and what community support can be offered. Referrals into and out of the service are summarised below. The SPOA received an average of 40 referrals per month from December 2020 through March 2021, and originated from various teams, including Acute hospital, MCRT, Social work, GPs, Care at Home, and Occupational therapy. These were then passed on to various local teams such as Discharge to Assess, the Dementia team, Duty Social work, Hospital at Home, Highbank, Midlothian Community Hospital, Care at Home, Midlothian Community Physical Rehabilitation Team, Occupational therapy, and the Rapid Response Team.

### **PRIORITY 3: INFECTION PREVENTION AND CONTROL**

- Flu Vaccinations: The HSCP was responsible for providing flu vaccinations for the shielding patient, Care Home staff and resident, and 2-5 childhood immunisation programme cohorts. Patient feedback for the overall programme was positive, as the HSCP provided local clinics at weekends and weekdays and combined appointments with routine appointments. Key learning in preparation for next year's flu programme included the importance of digital data entry, strong working relationships between the HSCP and GPs, a streamlined patient booking system, drop-in sessions for staff, consistent clinical leadership, and continued and increased provision of local venues in Midlothian. Midlothian uptake figures for these cohorts and performance against its targets is shown below:

	<b>Target</b>	<b>Midlothian Uptake</b>	<b>Achieved?</b>
<b>Over 65s</b>	85%	85.3%	Y
<b>All at risk</b>	75%	63.4%	N
<b>2-5</b>	64% (10% increase from 2019-20)	56%	N
<b>Care Homes</b>	80%	83.3%	Y

- o COVID: The HSCP has supported the implementation of the national testing strategy especially the work stream for asymptomatic testing for staff and residents (both LFD and PCR testing). This has and continues to cover (but not limited to) care homes, community hospital admissions, high risk patient facing staff and other health and social care teams. The COVID vaccination programme is currently in progress; however, there has still been key learning from delivery in Midlothian, as it is unclear how the COVID booster programme will interact with the 2021/22 flue programme and to what extent the HSCP will be responsible for delivering both programmes. Like the flu programme, a central vaccination clinic for Midlothian residents that was easily accessible by public transport has positively impacted uptake. Innovative

approaches such as the joint Learning Disability vaccination day with the third sector, and work with the Community Health Inequalities Team for homeless cohorts. As of 10/05/21, 48894 (66%) Midlothian residents have had their first dose of the vaccine, and 22519 (30%) have had both doses. Progress on COVID vaccinations in older people as of 07/04/21 is summarised below; there has been excellent uptake in the first cohorts and data on other cohorts will further inform future planning.

<i>Cohort</i>	<b>Total Cohort</b>	<b>Vaccinated</b>	<b>% Uptake</b>
<b>Over 80s (excl. Care Home residents)</b>	3904	3715	95%
<b>Care Home Residents</b>	477	474	99%
<b>75-79</b>	3409	3240	95%
<b>70-75</b>	5112	4711	92%

- **PPE:** Staff were allocated the responsibility of monitoring and ordering PPE stock for services across the Partnership, requiring management, administrative support, and staffing of a physical hub where stock was held. A winter resilience plan was created for the PPE service, taking into account risks associated with winter (sickness absence and severe weather), Covid (increased demand and sickness absence), and Brexit (delays in supply). A level of buffer stock was agreed and maintained, and an emergency maintained as part of the resilience plan. The number of monthly orders for the winter period is summarised below. PPE demand was met without issue over the winter period.

<b>Month</b>	<b>No of orders</b>
<i>Dec-20</i>	57
<i>Jan-21</i>	54
<i>Feb-21</i>	59
<i>Mar-21</i>	67

#### **PRIORITY 4: IMPACT AND INEQUALITIES**

COVID-19 and winter has and will continue to detrimentally impact certain groups of people – not only older people and those with underlying health conditions but also those who are vulnerable simply because they do not have the resources and opportunities to stay well. An Integrated Impact Assessment was carried out as part of the winter planning process to identify any gaps in planning, including the flu programme, staff wellbeing, and resilience planning. An overview of the winter plan was brought to the local Care for People Group to connect with third sector and other partners. The HSCP Public Health team contributed to the winter plan in line with their current priorities of reducing financial and food insecurity, building strong communities and community resilience, and promoting good physical and mental health. For example, the team undertook a mapping exercise jointly with the Food and Health Alliance to review resources for reducing food insecurity and a Key Essentials Fund was launched by Midlothian Council in December 2020 to meet the perceived local need for money for food and fuel. This Fund was well used and is currently under review. Additionally, the Older people's Benefits project was launched and promoted through the winter period to help people receive all benefits they were entitled to as another means of support. This project is currently under review to evaluate its impact. Many pieces of work were delayed due to the second lockdown in the winter period but are progressing again. Another key action was the piloting of gym access for the homeless population which was delayed due to winter lockdown restrictions but is now progressing as gyms have reopened. The HSCP was also awarded funding through Connecting Scotland to secure digital devices to support people who were medically vulnerable; these are now being distributed.

The HSCP also invested in and recruited a Volunteer coordinator post to continue to support improvement and resilience of health and wellbeing of communities in December.

## **PRIORITY 5: COMMUNICATIONS**

A Communications plan with the public was established by sharing timely and relevant information through channels such as social media, the Midlothian Council website, general practice websites, and a winter Older People's newsletter. A major flu campaign and communications plan was undertaken to promote vaccination uptake. In addition to specific staff wellbeing communications, various staff communication channels formed in response to COVID-19 were remobilised throughout winter to share important updates and other winter-specific information around falls, travel, care safety, etc. These included all-staff emails from NHS Lothian, Midlothian Council, and Midlothian HSCP, messages from HSCP Senior management, and public channels as above (e.g., social media).

- The Older People's Newsletter was jointly developed between the HSCP and MOPA (Midlothian Older People's Assembly) and included mental and physical wellbeing advice and resources, information on accessing GP services during winter and COVID restrictions, flu vaccination information, and advice on falls.
- On social media, the HSCP average monthly reach is 17.6k. There was a funded social media post about accessing GP services amidst the pandemic (e.g., reduced face-to-face appointments, accessing alternative services, etc.) which reached 18.5k residents. Key topics covered over the year, including in winter, were around COVID-19 (42 posts, e.g., staying home guidance, testing, vaccines, etc.), flu (19 posts), mental health and wellbeing (28 posts), and falls and other winter messages (10 posts).

## **PRIORITY 6: STAFF WELLBEING**

A Midlothian HSCP staff wellbeing group was established in early April 2020 with an identified HSCP Wellbeing champion. This group focused (and will continue to focus) on supporting staff, the third sector, and unpaid carers through initiatives including sharing resources, helping managers to support their teams' wellbeing, and sourcing funding for dedicated staff wellbeing spaces in premises across Midlothian. Specific pressures in winter included staying healthy during cold and flu season and in adverse weather conditions, but also stress and fatigue due to long-term working under extreme conditions in response to the ongoing pandemic. In January, the group carried out a staff wellbeing survey which was distributed to all staff in the HSCP. The distribution list at the time had roughly 862 staff included, and 264 responses were received for a 31% response rate. Key findings from the survey are summarised below:

- 60% of respondents found the regular all staff 'Wellbeing Roundup' emails useful (these emails contain available resources for staff, the third sector, and unpaid carers), relevant advice and ideas, and other wellbeing-related activities)
- A handful of respondents reported taking advantage of available support resources such as the Staff Listening Service, NHS Lothian's Here For You Helpline, Covid Peer Debrief Sessions, bereavement services, the Council's Employee Assistance Programme, and the National Wellbeing Hub (promis.scot).

Additionally, the survey captured feedback from staff on what was working well, what wasn't, and what would be most meaningful to them. These were summarised in a report which will be sent to all staff and captured in a detailed action log on which progress will be reported in a years' time.

Midlothian HSCP has committed to recruiting a dedicated staff wellbeing lead who will take a lead on this work and progressing actions in response to these findings.

## **PRIORITY 7: MONITORING AND IMPLEMENTATION OF WINTER PLAN**

A weekly winter tactical group was set up from October onwards to bring together services as a means of assurance and a route for escalation. The winter action log was held by this group and updated regularly. In January 2021, this was combined with a weekly COVID-19 senior management team meeting to streamline central communication and reporting channels. This created a central channel for updates on vaccinations, testing, staffing, and other risks and issues associated with COVID-19 and winter.

## **LOOKING AHEAD TO WINTER 2021/22**

One of the key takeaways from this winter was the importance of planning ahead. Although services were much better equipped to work from home/remotely in response to the pandemic, it was important that services were also prepared for sudden severe weather and an increase in staff sickness absence (and annual leave that staff needed to use before the end of the leave year).

Data is also important in planning for winter by allowing services to anticipate pressures and demonstrate the impact of increased demand against their capacity.

This winter also highlighted the importance of working with council colleagues and third sector partners to build in resilience and business continuity across HSCP services.

## **RECOMMENDATIONS FOR WINTER 21/22**

- Plan earlier – the HSCP started planning for Winter 2020/21 early, but this should begin even earlier for 2021/22. Services should be anticipating extra demand for winter and making plans and proposals for any extra capacity they may require as early as mid-summer. Teams should continue to review robust contingency plans in place to mitigate the risks associated with adverse weather, staff absence, and transportation.
- Continue to use data to inform service design– teams should have robust means of capturing data for their services to demonstrate changes in demand, gaps in capacity, and the impact of any service changes. They be able to update the HSCP on this regularly. The HSCP is investing in several key areas to support this, such as Tableau Dashboards for timely service-level data and OutNav software for outcomes mapping to understanding the impact of services in tandem with a multitude of other factors, on improved patient outcomes.
- Work collaboratively – continue to work in tandem with HSCP services, Midlothian council, NHS Lothian and the third sector in preparation for winter. This includes gritting/snow clearing plans, 4x4 access and transport processes, and mitigating the impact of winter on the vulnerable population. Collaboration is also key when devising and disseminating important and urgent all-staff communications.
- Staff wellbeing– having a healthy workforce was and will always be key to delivering quality service, especially in winter. This means adapting the vaccination programme to encourage higher staff uptake as well as a HSCP-wide focus on physical and mental wellbeing of all



staff through the provision of resources, support networks from colleagues and managers, and various wellbeing activities and initiatives.

- Monitor & Communicate – having a central mechanism (the Winter Tactical Group) for raising issues, reporting risks, and updating managers and other teams was a key part of winter preparation. With the increase of meetings across the HSCP (especially in response to Covid-19), it was important to keep the meeting focused, brief, and asking teams to report by exception so that issues could be prioritised and actioned urgently.

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Date: 02/06/2021