

# Midlothian Integration Joint Board



**Thursday 8 April 2021, 2.00pm**

## **Chief Officer Report**

**Item number: 5.1**

### **Executive summary**

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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

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- 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

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- 2.1 As a result of this report Members are asked to:
- Note the issues and updates raised in the report.

### 3 Background and main report

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3.1 Vaccination programme and plan

As of 29 March 2021, there are **38,257** residents in Midlothian who have had their first dose of the COVID vaccine which equates to 51% of all adults in Midlothian. This includes priority staff groups. There are two vaccine sites in Midlothian; Midlothian HSCP operate a clinic from Midlothian Community Hospital and NHS Lothian operate a mass vaccination site in Gorebridge which opened on 18 March 2021.

All Care homes in Midlothian have now received both doses of the COVID vaccine for residents and staff. New residents and staff are being vaccinated through an ongoing vaccination programme.

Cohort	Total Cohort Size in Midlothian	Vaccination Numbers	Percentage uptake
Over 80s (minus Care Home residents)	3904	3715	95%
Care Home Residents	477	474	99%
75-79	3409	3240	95%
70-75	5112	4711	92%

The Scottish average of DNAs is 12-15% per day. The NHSL average is 12.8%.

The housebound programme has now administered a first dose to all patients. The HSCP are working with NHS Lothian to promptly vaccinate any additional or new housebound patients and the HSCP have begun to administer second doses to housebound patients who were vaccinated in January.

General Practice are preparing for second dose clinics for over 80s and clinically extremely vulnerable patients which will commence at the end of March.

The vaccination programme is progressing well with cohorts 6b (unpaid carers), 7 (patients aged 60-65) and 8 (patients aged 55-60) now being called forward. Unpaid carers can self-register for a vaccine on NHS Inform.

Following the success of our Learning Disability vaccination day, Midlothian HSCP are working alongside Midlothian Council and Third Sector colleagues to develop vaccination outreach programmes for homeless people, travellers, refugees and asylum seekers within Midlothian.

### 3.2 Testing

Midlothian HSCP is currently in the process of migrating Care homes over to the new Regional Testing Portal, this will be done as a staggered approach. Currently, Newbyres Care Home is on the new system, to be followed by Aaron House and Pittendreich Care homes in the coming weeks. All Care homes are on Lateral Flow Testing programmes.

Staff testing through PCR continues throughout the Midlothian Community Hospital. All staff LFT testing has been rolled out to all appropriate services across NHS and Midlothian Council over the last 3 months. Midlothian Council have been successful in getting Scottish Government funding to roll out asymptomatic testing sites within the county, with planning underway to implement a Spring go-live.

Testing in Midlothian remains stable with all appropriate services able to access the appropriate testing method.

### 3.3 Premises

Midlothian HSCP have commenced work on the refurbishment of Old Bonnyrigg Health Centre. This facility will support the colocation of the expanded Home First and Care Home teams, as well as provide a Digital suite for video consultations. This will support the progress made by the Home First approach over winter, as well as support the focus on a Digital First approach to service redesign, whilst supporting Covid restrictions. It is anticipated that this will become operational from June 2021.

### 3.4 Enhanced Clinical and Professional Oversight for Care Homes

The Cabinet Secretary for Health and Sport wrote to HSCP Chief Officers, Chief Social Work Officers, Nurse Directors, Directors of Public Health and NHS and Local Authority Chief Executives on 23<sup>rd</sup> March 2021 advising that the requirement to provide enhanced clinical and professional oversight for Care Homes, introduced in May 2020, will continue at least until March 2022.

Board members will be aware of the work undertaken within Midlothian to support Care homes in the management of infection prevention and control, the provision of nursing decision making skills and the identification of care delivery requirements in care homes for older people throughout the COVID 19 pandemic. A pattern of daily calls and weekly face to face support is in place, linked to local HSCP and NHS Lothian scrutiny and management support. Interventions have been delivered to address the management of outbreaks, the rollout of asymptomatic staff testing and measures to support the return of visiting to local care homes.

The Cabinet Secretary notes the significant progress that has been made, however cautions that the pandemic is not over and that challenges will continue in the short and medium term. Local partnerships are to support areas including:

- Ensuring care home resident and staff health and well being
- Monitoring, support and oversight of the return of routine activities
- Planned and coordinated re - introduction of health, social care and other services in care homes, such as visiting, in line with relevant guidance, while at the same time protecting residents
- Ensuring the scope of interest is extended to wider adult social care provision
- Monitoring sustainability and resilience of the social care sector as it adjusts to new business as usual, and
- Taking account of the Independent Review recommendation that oversight, through the use of the safety huddle tool, supports a partnership-based approach to ongoing improvement in care homes.

The Cabinet Secretary recognises the potential for the models to evolve to address these expectations and provides scope for decisions to be made in line with local circumstances about the frequency of meetings, although these should continue at least weekly. The HSCP will take forward these instructions and work in partnership with providers to consider how our current approaches may be progressed to ensure the highest possible standards of person-centred care are provided to the most vulnerable people in our communities.

### 3.5 Lothian Accredited Care Assurance Standards

NHS Lothian have developed accredited care standard to support the national Excellence in Care programme. Midlothian Community Hospital has recently been subject to assessment in relation to these standards. The standards mark performance over 15 points of care e.g., food, fluid and nutrition, discharge planning, pain control and infection control.

Edenview ward was awarded a Bronze level on initial assessment, and Loanesk ward a Silver level for their care. Care planning was highlighted as a particular area of good practice and our templates and procedures are being shared as best practice across NHS Lothian.

### 3.6 Acute Services Planning Group and Unscheduled Care Action Plan

The HSCP Unscheduled Care Action Plan was developed in December 2019 to describe the actions that the partnership are taking to reduce the inappropriate demand on unscheduled care in Acute Hospitals, by reducing the continual growth in preventable admissions and facilitating speedier discharges where safe and appropriate.

The HSCP have revisited the plan to capture the multitude of changes that have occurred in light of the ongoing Covid pandemic. Some of the actions highlighted in the plan were justifiably delayed in order to focus on the management of Covid, others had changed direction as a result of learning from our response to the pandemic, and entirely new initiatives had developed that now needed to be highlighted.

Important initiatives such as the national Redesign of Urgent Care programme, the opening of Glenlee Ward in Midlothian Community Hospital, and our goal to integrate teams under the Home First approach, were also added into the plan. The agreed areas of focus going forward are Home First, Midlothian Premises (including the opening of Old Bonnyrigg), the Redesign of Urgent Care (including Minor Injuries pathways), and Anticipatory Care Planning.

These updates have been taken to Midlothian's Strategic Planning Group and will go to the Royal Infirmary's Hospital Management Group on 10/03/21 and Midlothian's GP Reps group on 27/04/21.

### 3.7 Category 1 responders

Amendments to the Civil Contingencies Act 2004, which include Integration Joint Boards (IJBs) as Category 1 responders, came into effect on Wednesday 17 March 2021. Whilst many Chief Officers have already been contributing to local emergency and resilience planning, they will now be formally contributing through their role as the accountable officer within the IJB.

Requirements of Category 1 responders are set out in the [Civil Contingencies Act](#) and [guidance](#) is available to support Category 1 responders in carrying out their statutory duties. This guidance is currently being reviewed in light of IJBs' recent inclusion with anticipated changes expected to be minimal.

Midlothian IJB is already involved and well represented in resilience and emergency planning locally. For IJBs in a similar position, this may result in limited material change. Not all IJBs and Chief Officers are involved to the same extent as those within Lothian.

The Resilience Division of the Scottish Government is planning a workshop(s) for Chief Officers, their staff and IJB members to cover the responsibilities of Category 1 responders. Information will be forwarded to IJB members when it is available.

### 3.8 Neurological Care and Support Framework

Midlothian HSCP applied for Scottish Government funding to support the implementation of the Neurological Care and Support Framework. The funding is intended to assist organisations or partnerships to 're-design clinically safe but more person-centred and faster pathways, and to explore innovative and more collaborative models of delivery'.

The Midlothian HSCP proposal is to improve outcomes for people living with a neurological condition by developing a local whole-system pathway. It is about transforming existing provision where possible and will have strong links to rehabilitation, unpaid carer support, housing, welfare rights, primary, secondary and tertiary care services as well as social care and wider Community Planning Partnership partners. The involvement of people with lived experience is core to the proposed programme.

Funding was requested for a 1-year Change Programme. A Change Lead/Programme Manager, Programme Support Worker from a third sector organisation and a data analyst will work with key stakeholders including people living with a neurological condition, their families and third sector partners. Jointly, work will

be undertaken to scope the unmet needs of the people living with a neurological condition and co-produce a Midlothian pathway plan and a subsequent Direction from Midlothian IJB to NHS Lothian and Midlothian Council, which would direct service transformation and allocation of resources. £49,493 has been secured for 2021-22 with an agreement in principle for the remaining amount in the bid (£49,493) for 2022-23, subject to monitoring and evaluation of the project during 2021-22.

### 3.9 National Whistleblowing Standards

New National Whistleblowing Standards for the NHS in Scotland come into force from 1 April 2021 and apply to anyone working to deliver NHS services. The aim is to ensure everyone working in the NHS in Scotland can speak out to raise concerns if they see patient safety being put at risk or become aware of any other forms of wrongdoing. People must be able to raise concerns in a confidential and protected way. They also need to be confident they have the right to an independent review, if dissatisfied about how the concern was investigated.

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them and which meet the definition of a 'whistleblowing concern'.

The Standards are applicable across all NHS services. This must be accessible to anyone working to deliver an NHS service, whether directly or indirectly. This includes current (and former) employees, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

The HSCP is working with NHS Lothian Communications staff to ensure that relevant people have access to training and information that will support them to raise concerns around patient safety. It is also important that all managers are aware of their responsibilities to staff who raise concerns. This information will be shared with IJB Board members.

## 4 Policy Implications

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- 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

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

## 6 Equalities Implications

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

## 7 Resource Implications

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

## 8 Risk

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- 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

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- 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:**