

Midlothian Integration Joint Board



10th February 2022, 2pm

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

Chief Internal Officer

Shared Internal Audit Services have been provided between Midlothian and Scottish Borders Councils since December 2017. Internal Audit assurance services are also provided by Midlothian Council's Internal Audit team to the Midlothian Integration Joint Board (including the appointed MIJB Chief Internal Auditor). The operating environment has changed significantly since the inception of the shared Internal Audit services arrangement, in particular over the past 22 months, which provided the opportunity for both Councils to assess the wider options of joint working that have been explored and evaluate the shared Internal Audit services arrangement.

The proposal for the mutual opt out of the Shared Internal Audit Services at the end of 2021/22 between Midlothian and Scottish Borders Councils has been agreed by both Councils. Midlothian Council has agreed to progress to a permanent staff resourcing of the Internal Audit team to recruit a 1 FTE Chief Internal Auditor and 1 FTE AN Other Auditor from 2022/23 onwards. This Internal Audit staff resourcing will replace the shared 0.5 FTE Chief Internal Auditor and 1.42 FTE Interim Specialist Auditor resource from Scottish Borders Council. This will ensure Midlothian Council Internal Audit staffing levels will be at least maintained at the current level, albeit a proposed change in the mix and FTE of the relevant posts, to enable delivery of the Internal Audit Annual Plans for Midlothian Council and MIJB. Other than the change in personnel there is expected to be no change to the Internal Audit assurance services provision to MIJB in terms of audit days, plans, approaches and reports to meet statutory requirements, though in due course a formal appointment of the MIJB Chief Internal Auditor will need to be endorsed by MIJB ARC and approved by MIJB.

Audit Scotland report on Social Care

Audit Scotland published a further report on the challenges facing social care. The key messages lifted from the report are:

1. There are huge challenges facing the sustainability of social care, and the integration of health and social care more widely. There are good examples of improved service delivery, but despite efforts made by the Scottish Government, Integration Authorities, NHS, local government, and their partners in recent years, the pace of change has been slow. At the same time, the pressures from increasing demand and demographic changes are growing. Although a lot of public money is spent on social care (£5.3 billion in 2019/20), progress in moving to more preventative approaches to delivering social care has been limited. This has led to tighter eligibility criteria being applied for accessing care and increasing levels of unmet need.
2. Service users and carers do not always have a say or choice about what support works best for them. Bringing together their views, knowledge and experience is critical if the Scottish Government is to deliver its long-standing ambitions for social care. There are around 700,000 unpaid carers who provide most of the social care support in Scotland. Many carers are forced to give up work because of their caring responsibilities and most are not aware of their rights under the Carers (Scotland) Act 2016.
3. The 209,690 people working in social care are under immense pressure, and the sector faces ongoing challenges with recruitment and retention. Staff are not adequately valued, engaged, or rewarded for their vitally important role. The workforce is predominantly female and poor terms and conditions for staff contribute to recruitment difficulties, rising sickness absence and high vacancy levels. This puts the capacity, sustainability, and quality of care services at a considerable risk.
4. Other challenges identified through this, and past audit work include:
 - Commissioning tends to focus on cost rather than quality or outcomes. Current commissioning and procurement procedures have led to competition between providers at the expense of collaboration and quality.
 - A high turnover of senior staff in councils, the NHS and Integration Authorities, increasing short-term posts and an ageing workforce are affecting leadership capacity. Cultural differences between partner organisations are a barrier to collaborative working.
 - An inability or unwillingness to share information, along with a lack of relevant data, means that there are major gaps in the information needed to inform improvements in social care.
5. The Scottish Government is planning significant changes in social care over the next five years. This includes the introduction of a new National Care Service (NCS) which will need legislation to implement it. Work is under way, but there is much to do, including establishing the true costs of reform. Stakeholders have raised concerns about the scale of reform and the time it will take to implement it. They told us about services in near-crisis, and that a lack of action now presents serious risks to the delivery of care services for individuals.
6. Regardless of what happens with reform, some things cannot wait. A clear plan is needed now to address the significant challenges facing social care in Scotland based on what can be taken forward without legislation, which could provide strong foundations for an NCS. The Scottish Government should develop this quickly, with clear timescales, to remove any uncertainty about the future direction of social care, building on lessons learned from previous reform.

The full report is available to read at:

<https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

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3.2 Head of Adult Services

➤ Redesign of Urgent Care for Adult Mental health

The Scottish Government's Redesign of Urgent Care (RUC) looked to build upon opportunities offered by the reconfiguration of services during COVID-19 to support public access to the "Right Care" in the "Right Place" at the "Right Time. To improve the response to people presenting in crisis to unscheduled care services in Lothian with distress and mental health problems.

Midlothian Health and Social Care Partnership (MHSCP) recognised the need for local developments in relation to mental health unscheduled care and was keen to take forward shared goals of effectively responding and improve pathways for people who present in distress/crisis and with emerging mental health problems.

Midlothian Adult Mental Health service was successful in their application to obtain the additional workforce funding to support the redesign model. Midlothian Mental Health Services aim is to improve outcomes for people in distress and people experiencing a mental health crisis through direct support enabling people to manage their distress over time. The model supports Individuals who contact the out of hours service who requiring further input for their mental health and crisis/distress are provided/engaged with access to same/next day further assessment and support within their own local area.

The service will be for residents of Midlothian who are aged 18 years (people presenting under 18 will be supported to access more appropriate resource) and over who are experiencing mental distress or a mental health crisis. The service will provide triage/assessment and evidenced based ongoing support such as Distress Brief Intervention (DBI). Operates 365 days per year and is a 7-day week service.

➤ Community Safety and Justice Partnership: A multi-agency partnership that works together to reduce re-offending & proactively works to promote community safety

Community Justice is about reducing offending and supporting people to stop re-offending. Agencies work in partnership with local communities to make a positive change for people with an offending history, their families and victims of crime.

Community Safety is how safe people feel and how safe they are from becoming a victim of crime. It includes a range of issues including antisocial behaviour, violent crime, violence against women, protection of children and adults, misuse of alcohol and drugs, theft, road safety, home safety and fire safety.

➤ Strategic Analysis:

Community Safety & Justice Partnership work together to achieve over 30 actions to promote desistance and community safety. In reviewing the 2021-2022 citizen's panel survey we have identified key themes that the participants identified as priorities. The following work is being undertaken to support these key themes:

Making Communities Safer:

84% of participants felt that 'reducing violent crime' should be a priority in making communities safer.

Ongoing work to support theme: Stride - a psychoeducational programme to support men involved in justice services to gain better coping skills to promote the

reduction of offence; Spring – group specifically designed to support woman involved in the justice system.

80% of participants felt that 'reducing violence against woman and girls' should be a priority in making communities safer.

Ongoing work to support theme: Community Justice & Safety have representation on our board and working group from the violence against woman and girl's network and Woman's Aid. Community Justice are currently working with the charity, Thriving Survivors to increase awareness of a survivor led justice system.

Ways to Reduce Re-Offending:

67% of participants felt that 'supporting individuals to attend school and gain qualifications' would be most effective in promoting re-offending.

Ongoing work to support theme: The partnership actively works together to promote awareness within education settings. We are currently working with Edinburgh College in supporting students on their final year project on raising awareness of Community Justice, whilst our community payback team work closely with further education to support clients gain qualifications whilst completing their Community Payback Order.

Medication Assisted Treatment (MAT) Standards for Drug and Alcohol Services

In 2021 the Drug Deaths Task Force established by the Scottish Government developed a set of Medication Assisted Treatment (MAT) standards. These 'person centred' standards were designed to ensure that people have immediate access to the treatment they need and are supported to make informed choices about the treatment options that best suits their needs. The first five of the ten MAT standards have to be implemented by April 2022. These are:

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.

To support the implementation of the MAT Standards the Scottish government has provided additional funding and support through the MAT Standards Implementation Support Team (MIST). Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) have developed proposals regarding this funding and await a final response from the Scottish Government regarding allocation.

Learning Disability Day Services

Learning Disability Day Services have been significantly impacted throughout covid. To ensure that individuals still received support some the way we provided some of our Day Services changed. As we emerge from covid work is being undertaken to learn from the experiences of delivering services differently and to consider if some or all of these service models should be embedded in our core service provision going forward.

Initial Agreement for Royal Edinburgh Redesign

Colleagues in NHS Lothian have contacted us regarding the above which the IJB previously approved by the IJB on 11th November 2021. They have provided the IAs in a revised format but ultimately the case is the same - as in, there will still be the same preferred solution. The case is now focussed on the strategic options rather than build options as it was previously

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3.3 Nursing

Health visiting

The IJB has previously heard of the plan to recruit a Clinical Nurse Manager to the health visiting Service. This post has been introduced to support the team and drive forward service improvements service to ensure children in Midlothian get the best start in life. Rachael Marples will join the service from her current role of Supervisor in the Family Nurse Partnership in Edinburgh on 21st February.

Work will be taken forward to continue to improve the delivery of the Universal Health Visiting Pathway, improve integrated approaches to help families with children with additional support needs and to continue to address the impacts of health inequalities which have been magnified by the COVID pandemic.

Lynsey Buchan, Acting Health Visiting Team Manager in has been selected to participate in the 2022 Queen's Nurse programme. The programme provides opportunities for significant personal and leadership development. Lynsey will be using the opportunity to develop her interest and impact in relation to the work of Health Visitors with families where substance misuse is present.

Midlothian's 0-5 immunisations team continues to deliver a primary vaccination programme which has uptake above the NHS Lothian and Scottish average at 12 and 24 months and 5 years. Flu vaccination for the under 5s achieved 72% uptake in 2021 compared to 57% in 2020. The team delivered from usual clinic venues as well as a number of 'pop up' events in alternative locations including community venues and retail premises, at times parents had indicated would be helpful for them. Feedback from parents has been positive and the team will use the learning from this year's campaign to inform the future delivery of primary, flu and any other vaccination activity.

Adults with Complex and Exceptional Needs (Complex Care)

The ACENS service provides one to one support to people in their own homes where their underlying health condition requires them to have specialist support to meet their health care needs, often including artificial ventilation. A significant increase in referrals has been noted, partly explained by COVID and by changes in the pathway delivered by the Home Ventilation Service. Recruitment activity is being progressed to meet this increase in demand. The service is hosted by Midlothian HSCP and is funded by all four Lothian partnerships. A paper has been developed to update the partnerships on the current level of service delivery and to highlight the increasing demand for the service which will have implications for the funding required from all 4 to enable the service to grow to meet demand.

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3.4 Vaccinations

The vaccination programme within Midlothian continues to offer booked appointments and drop-in clinics from Gorebridge Vaccination Centre and Midlothian Community Hospital. The

team have developed and are progressing our inclusivity plans for covid vaccinations and have had three successful weekend drop-in clinics in Penicuik, Newbattle and Ikea. There is also a focus on the homeless population and completion of people with Learning Disability. Midlothian vaccination team are also hosting the vaccination trailer at Fort Kinnaird which offers drop in and last-minute appointments. Ongoing discussions are taking place with community pharmacies within Midlothian to offer the service locally.

As of 01.02.22, 56,869 over 16-year-olds in Midlothian have received their covid booster vaccination. All 18–59-year-olds, who are eligible for their booster but not yet received it will receive an appointment letter in the post.

On 29th January, all vulnerable 5–11-year-olds were invited to attend a clinic at Royal Hospital for Children and Young People for their covid vaccination. JCVI is expected to make a decision this week around universal 5–11-year-old covid vaccinations.

As per Scottish Government Chief Medical Officer's guidance we continue to offer the seasonal flu vaccine to 65 years and over and those aged 16-64 at high risk.

The team have been working on the future for vaccinations and planning for winter 2022/23 and are looking at a potential venue within Bonnyrigg as a vaccination hub, more details to follow.

3.5 Head of Older people and Primary care

System pressure

Ongoing Covid impact have continued to lead to significant and sustained pressure across the system around flow. Package of care availability has continued to be adversely affected by the impact of staff isolation, and people awaiting Care Home placements have been delayed in hospital due to covid outbreaks resulting in multiple Care Home closures across Midlothian. This relates to the mandatory 14-day closure following an outbreak.

As a result, there has been a rise in delayed discharge numbers due to blockages in the system of flow in the community. 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.

Midlothian Community Hospital

Vacancy management continues to be challenging as successful recruitment is countered by staff leavers. Plans are in place to recruit to an AHP Team lead, and to progress with a formal recruitment process to secure a permanent Service manager.

The wards maintain a high rate of compliance with Model Ward Person Centred Care Planning, and LACAS (NHS Lothian accreditation standards) evidence improving standards in quality of care, with specific improvements noted in pain management.

Plans are currently underway to reopen a Café on site, with a focus on ensuring access to adequate rest space and hot meals for staff as part of our Wellbeing commitment.

District Nursing

The District Nursing service remains busy. The HSCP have invested in additional Band 5 posts and supported early recruitment of Scottish Government funded Advanced Nurse Practitioner posts. Teams have also been reconfigured to support 3 District Nurse team managers who are now in post, giving us a team manager in each team base.

Hospital at Home

The Scottish Government have requested that Hospital at Home Services double their capacity by 2023. The HSCP team will work alongside the Healthcare Improvement Scotland team on the new modelling of Hospital at Home moving forward.

A Band 8 Team Lead Advanced Practitioner post will be recruited to in the next few months.

Care at Home

There continues to be significant Covid-related pressure on residential and non-residential Community Care services, and Care at Home. Multi-disciplinary Social Work and Occupational Therapy Teams continue to provide assessments and support to ensure adults can remain independent in their homes for as long as possible and ensure carers in the community have access to appropriate support. They work closely with third- sector and commissioned providers to offer minor adaptation and carer assessments. Community residential staff continue to ensure robust adherence to infection control guidelines, and are focusing on areas of quality improvement, including staff training and medication policy.

The internal Care-at-Home model is being reviewed, to identify areas of improvement and build on existing progress to ensure a quality-based service delivery model is in place. There is work ongoing to support additional recruitment and further measures to support the well-being of carers.

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3.6 Public Health & Strategic Planning

Public Health developments

There has been a lot of changes in the public health world. The Directorate of Public Health and Health Policy has been finishing a reorganisation (begun before the pandemic started). Each Local authority area now has a Partnership and Place Team led by a consultant. Midlothian's team will be led by Jim Sherval. Becky Hilton will be moving to the team as Strategic Programme Manager, with Jillian Adie and Tracy McLeod as Project managers. They will be working closely with the HSCP public health practitioners, and their new manager Fiona Kennedy, to progress the new strategic plan including embedding the Midway, increasing physical activity, and addressing money worries. The Partnership and Place Team will also be working on child poverty, and other community planning priorities which will impact on the upstream causes of, and contributors to, poor health. There will be a presentation at the next IJB meeting on this.

Strategic Plan Consultation

Following agreement at the IJB Development session on 13th January the strategic plan is now open for consultation. The consultation has been successfully promoted in the Evening News, in the Midlothian Advertiser, in the Midlothian Third Sector Update, and on local community Black Diamond radio. In addition, approximately 43,000 postcards on the strategic plan consultation will be delivered to all Midlothian households from mid-February. HSCP Facebook posts on the consultation have so far reached nearly 8000 news feeds and had over 100 engagements. There has also been successful promotion via the HSCP twitter channel and Midlothian Council Facebook and twitter social media channels. To date there have been 54 responses received and 292 page views of the HSCP website pages.

Strategic Plan Workshop

Following a discussion about the latest draft of the Strategic Plan at the IJB Development Session on 13th January 2022, members expressed support for further work to identify and plan a programme of more focussed support to services within the HSCP. It was agreed that a workshop should be held for the Executive Senior team, with representation from the IJB and Strategic Planning Group, to schedule this support for each of the areas set out within the three years of the Strategic Plan.

Attendees will consider a number of principles to guide decision-making in order to ensure that the plan is aligned to strategic aims and makes effective use of resources. The workshop will be held on 4th February 2022 and the resulting recommendations will be presented to the IJB for discussion and approval.

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3.7 Chief Allied Health Professional

Digital Transformation

Digital transformation is a key focus of the Scottish Government and has been agreed as central priority for the delivery of MHSCP strategic ambitions. Two national strategies, '*A changing nation: how Scotland will thrive in a digital world*' and '*Scotland's Digital Health & Care Strategy*' outline the key priorities and deliverables for public sector organisations. These strategies, alongside other local directives, and priorities, require coordinated action on the part of the MHSCP to implement in conjunction with colleagues in NHS Lothian and Midlothian Council.

There is considerable work ongoing across the HSCP with regards to digital and technology development which is overseen by the Digital Governance Board. The Board is currently developing an HSCP Digital Implementation Plan. This plan will bring together the relevant National and local strategies, consider MHSCP priorities and outline priority actions to make best use of digital technology.

Examples of Digital Innovation in the Allied Health Professions (AHPs)

Dietetics Service – MyDesmond Platform for Type 2 Diabetes

- The Dietetics Service for Lothian is hosted in Midlothian HSCP. The Dietetics service have been extremely forward-thinking in their approach to modernisation which includes the use of innovative technology. As an example, in a recent development and in response to very high demand and an ever-increasing waiting list, the Dietetics team, have introduced a new digital platform to support the management of Type 2 Diabetes.
- The legacy of Covid-19 is one of significant wait and backlog. There are currently over 1200 people in Lothian waiting for traditional type 2 diabetes education in person (DESMOND) and almost 2000 people waiting on tier 2 and 3 weight management treatment with a 46 week wait. The introduction of digital self-management solutions is a key action available to address the lengthy waits.
- The MyDesmond platform will augment and enhance the existing in-person group education and supported self-management programme for people living in Lothian with type 2 diabetes and for those at moderate to high risk of developing type 2 diabetes, including women with gestational diabetes.

- Chronic obstructive pulmonary disease (COPD), a chronic and progressive pulmonary condition, is a common cause of morbidity and mortality. This results in high acute care utilisation, with COPD exacerbations being the commonest cause of respiratory presentation to ED and front door medical wards. It is anticipated that digital tools and services, when integrated into COPD Care Pathways have the potential to transform COPD management to a proactive preventative person-centred care model that empowers patient self-management and enables clinicians to provide tailored intervention and risk assessment.
- The Dynamic Scot Project is a collaboration between NHS Greater Glasgow and Clyde (GGC), Digital Health and Care Innovation Centre (DHI), NHS National Services Scotland (NSS) and Storm ID/Lenus Health that has deployed a digital service for patients with high-risk COPD. The application comprises a patient facing progressive web application with symptom diary and self-management resources, patient-clinician messaging and a clinician dashboard which integrates with Statutory NHS data systems.
- The Midlothian Community Respiratory Team (MCRT) and NHS Lothian have contributed to Phase 1 of the Dynamic Scot project since 2020 at the Early Pilot stage. An opportunity has arisen for MCRT to participate in Phase 2 of the project which would involve expanding the patient cohort in Midlothian and initiating service level implementation over the next year. Learning from this phase will inform and support NHS Lothian to progress further with its strategic aims for COPD and plan for the next level of the project the following year i.e. advanced scale up and service integration.

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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: