Midlothian Integration Joint Board

Thursday 8 April 2021, 2.00pm

Midlothian Health and Social Care Partnership contribution to NHS Lothian Re-mobilisation Plan

Item number:	**5.11**

Executive summary

The Scottish Government required NHS Lothian to prepare a third Remobilisation Plan in February 2021. The Plan focuses on the remobilisation of staff and services during the 2021. The first Plan was submitted March 2020. NHS Lothian awaits a formal response from the Scottish Government to the plan and as a result it is not in the public domain.

Midlothian Health and Social Care Partnership contributed to the NHS Lothian plan. The Midlothian section describes the response of local services as a result of the pandemic, the introduction of new services related to COVID-19 and opportunities to undertake service redesign.

Board members are asked to:

Note the content of the report

Report

Midlothian Health and Social Care Partnership contribution to NHS Lothian Re-mobilisation Plan

1 Purpose

1.1 The purpose of this report is to provide IJB members with a summary of service developments and modifications to ensure that health and social care services were meeting the needs of Midlothian residents as safely and effectively as possible during the pandemic.

2 Recommendations

2.1 As a result of this report what are Members being asked to:-
Note the content of the report

3 Background and main report

3.1 The impact of the COVID-19 pandemic brought many challenges and much disruption to the Health and Social Pare Partnership, its partners and the communities it serves. There was increased anxiety and pressure on many service users, unpaid carers and staff. While challenges changed over 2020 as the pandemic and the necessary response to it, they have continued in 2021.

3.2 The Scottish Government has requested three Re-mobilisation Plans from NHS Boards since April 2020. Plans describe how Boards are

- Managing the pandemic
- Delivering essential services
- Supporting the workforce

3.3 The Midlothian Health and Social Care Partnership contribution to the NHS Lothian Remobolisation Plan 3 describes a number of service specific the local arrangements at present and where appropriate intent around service remobilisation. Various earlier service changes are included as context where relevant. This is available as Appendix 1.

3.4 As a Partnership, the top priority was the safety of patients, clients, communities and staff. In response to the situation it was important to be innovative and support clients effectively and safely during this time. Staff continued to see people face-to-face where this was clinically essential, but in order to reduce face-to-face contact, where feasible, teams made a number of changes to how they delivered services throughout the pandemic.

3.5 As well as managing changes to existing services, the Partnership also provided care and treatment to people who had contracted COVID and their families. It also provided support to partner agencies around changed provision, infection control and other requirements, including the provision of personal protective equipment (PPE) and staff testing. In addition, COVID related services had to be established, often at short notice as the pandemic escalated, such as the COVID Testing and Assessment Hub at Midlothian Community Hospital. Many staff across the Partnership were redeployed to other roles, assisting in care homes and PPE centres.

3.6 Partnership staff were very involved in the work of the Midlothian Care for People Group where members of the Community Planning Partnership and other partners coordinated a humanitarian response as a result of the UK moving to lockdown on 23rd March 2020. Statutory and voluntary sector partners sought, as far as possible, to provide essential services to the whole population and particularly to those most directly affected by the imposition of lockdown. The Midlothian Care for People Group had to operate in a complex environment keeping abreast of new guidance and rapidly changing projections of need, whilst also keeping in close touch with policies and activities at national, regional and council level.

3.7 While NHS Lothian is not in a position to make the complete Re-mobilisation Plan available as a public document as yet as the Scottish Government response is awaited, Midlothian HSCP was of the opinion that the Midlothian section provided a useful summary of local activity that would be of interest to IJB members.

4 Policy Implications

4.1 The Midlothian Health and Social Care Partnership section of the NHS Lothian Remobilisation Plan 3 acknowledges IJB responsibilities as contained in the Public Bodies (Joint Working) (Scotland) Act 2014 and the UK Coronavirus Act 2020 and Coronavirus (Scotland) Acts 2020 which provide new powers and measures to help protect the public, maintain essential public services and support the economy during the pandemic. It also reflects IJB and HSCP decision making in line with the Scottish Government and Health Protection Scotland guidance.

5 Directions

5.1 A further Direction is not required.

6 Equalities Implications

6.1 Integrated Impact Assessments (IIA) have been carried out on specific areas of work, for example the Care for People plan, rather that this report.

7 Resource Implications

7.1 The Scottish Government has now funded in full the Midlothian HSCP cost projections included in the Local Mobilisation Plan. This was achieved through a process of ongoing financial monitoring and reporting. As previously reported at the IJB Meeting of 11th February 2021. £7.1million has been secured for Midlothian HSCP through this process.

8 Risk

8.1 COVID-19 remains in our communities and there is a risk that individual, community and service resilience will continue to be challenged as circumstances evolve. This includes a risk around the available workforce.

8.2 Risks related to the financial burden as a result of COVID have been mitigated meantime as detailed in 7.1.

9 Involving people

9.1 People contributed to some elements of service design and delivery described in the Remobilisation Plan, where practicable, during the pandemic. However the production of the Midlothian section of the Plan involved HSCP staff only.

10 Background Papers

10.1

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Appendices: Midlothian Health and Social Care Partnership contribution to NHS Lothian Re-Mobilisation Plan February 2021

Midlothian Health and Social Care Partnership contribution to NHS Lothian Re-Mobilisation Plan February 2021

Midlothian

Midlothian Health and Social Care Partnership (HSCP) serves a population of 91,340. Midlothian HSCP acknowledges its joint work with core partners, notably NHS Lothian and Midlothian Council but also organisations that form the Midlothian Community Planning Partnership.

Care Homes

Midlothian has 10 older people's care homes, 2 of which are HSCP-run one of which being an intermediate care facility. The remaining 8 are privately run either by private companies, charitable organisations or independent family care homes. A further private care home closed in January 2021 following a serious outbreak of Covid 19.

The HSCP continues to build on relationships across the sector to deliver support in line with the Scottish Government guidelines on enhanced professional, clinical, and care oversight of care homes (May 2020). A HSCP Assurance Group was established and is chaired by the Chief Nurse, meeting daily for a rundown on each Care Home to discuss any issues that have arisen and consider any support required. Representative(s) from the Midlothian HSCP are in daily contact with our Care Homes and host a weekly support huddle at which managers from all older peoples' Care Homes participate. NHS Lothian Public Health Protection Teams provide leadership and direct support to Care Homes where there is an identified outbreak or other high risk. As part of the HSCP assurance model each Care Home completes a daily tool –TURAS which requires information submitted on issues such as Personal Protective Equipment (PPE) availability, staffing levels, Covid outbreak, Covid related deaths, testing and infection control measures. Each care home also receives a daily call from the Care Home Support Team as well as a weekly visit. If a care homes has an outbreak of Covid it will receive daily visits from the Care Home Support Team to provide support to staff and assurance to both the home and the HSCP that all residents are well looked after and the home is complying with all infection control policies and procedures.

The Care Home Support Team has increased its capacity and now includes a dedicated Team Leader, Community Psychiatric nurses, an Occupational Therapist, general nurses, a Palliative Care nurse, a Quality Assurance officer, Social Workers and improved links to Dietetics. The team provide both a proactive and preventative support approach as well as a reactive response where care homes are in need of additional support/advice/training.

Midlothian District Nurses and the Care Home Support Team now provide 7 day support to local Care Homes from 8am to midnight. Staff training, will continue to be prioritised, as will work on the clinical support worker model. Each Care home has a live resilience plan. Care Home visiting however is restricted to essential visits only during lockdown however once restrictions are lifted and visiting reinstated, Lateral Flow Testing (LFT) will be in place to test all visitors to continue to minimise risk to residents and staff in the care homes.

Midlothian HSCP continues to work closely with partners including Midlothian Council, NHS Lothian, the Care Inspectorate and Scottish Care. The care home workforce is an area of ongoing development and this will continue to be a focus for 2021.

Care at Home
Care at Home continues to be a key contributor to the HSCP vision for people to receive the right care in the right place; in their home and community as far as possible. It supports efforts to reduce length of hospital stay, as well as admission avoidance. Care at Home is currently provided by the HSCP, working collaboratively with five external providers. All six services work in partnership to coordinate the provision of over 36,664 hours of care per month. Carer recruitment and the geographical cohorting of carers has improved consistency of care and service efficiency.

Midlothian HSCP has a "Vision for Care at Home" approved by the IJB in February 2020. This includes plans to increase care at home capacity and an approach to commission for outcome focussed/person centred care. During Covid client reviews are being conducted over the phone where possible, and this will continue into the near future. In order to increase the service capacity and reduce staff travel, the service introduced 6 geographical areas and allocated staff into areas they live in. As well as reducing travel this also reduced the risk of spread and contraction of COVID-19. The Midlothian HSCP continues to increase Care at Home staff compliment to support COVID-19 related impact.

The Care at Home service is also highly focusing on the Human Rights Framework, working to ensure that people have individualised support, are supported by a highly skilled work force, are fully informed and involved in their care provision and having a key point of contact.

The Midlothian Care at Home service is constantly striving to improve service provision and customer satisfaction. A recent Inspection demonstrated resulted in improved grades (all 4) and no requirements. Care at Home is also increasing partnership work with other community services such as The Red Cross, Volunteer Centre and a range of community activities to keep people connected with their communities to minimise the risks of loneliness and social isolation.

Improving patient flow
Midlothian's USC Action Plan 2020-22 was updated January 2020 and continues to evolve. It demonstrates the increased emphasis on prevention and early intervention while outlining plans to develop a more coherent system of services that link directly to Acute Hospitals. The 2019-22 Plan describes activity to reduce unnecessary admissions to hospital or A&E, to ensure that people get home from hospital as soon as they are fit to do so, and to expand community provision. The plan acknowledges the impact of COVID, both in the short and long-term.

Significant work has been undertaken within Midlothian HSCP to maximise capacity within community teams and a Home First approach has been embedded. This includes significant investment. Multiple small community teams within the partnership were brought together to deliver the Home First approach which has released clinical capacity and allowed more people to access the care they require in the community rather than in hospital settings. Clinical pathways have been developed, there has been an increased focus on realistic medicine and good conversations, and increased clinical leadership. In December 2021 Midlothian introduced a Single Point of Access at the Flow Hub to triage people and direct them to the most appropriate service. Referrals are accepted from the Acute Flow Hub, acute hospitals, GPs, Scottish Ambulance Service, social care Duty Team and the Care at Home service. Hospital at Home continues to provide a key service. There is now seven day cover for the Home First model. Services continue to review and adapt to improve outcomes for Midlothian people.

Significant changes to the configuration of Midlothian Community Hospital have been made in response to the COVID-19 pandemic. Additional beds were opened in January 2021 to increase step-down options and improve patient flow from acute hospitals, primarily The Royal Infirmary of Edinburgh. Midlothian Community Hospital is also serving as a COVID Vaccination Centre.

Unpaid Carers

The pressure that unpaid carers are experiencing as a result of the pandemic is recognised by the Partnership. Overnight respite services have been temporarily postponed at Highbank, Midlothian's intermediate care facility as these beds are being used as 'step-down' for people leaving acute hospitals. Alternative (day) respite opportunities are being offered where possible and short break funding was increased temporarily but opportunities are limited due to current restrictions and concerns around infection transmission. The lack of overnight respite is an issue. Discussion is underway around a proposal to offer respite at an extra care housing facility.

The role that unpaid carers play is crucial and it is essential that they are supported. Not providing appropriate support to carers risks increased pressure on HSCP care services. Midlothian has supported their recognition as key workers and will continue to works with third sector partners in this regard.

Rehabilitation and Support to People to Stay Well at Home

Allied Health Professionals (AHP)

AHP have worked flexibly to support the immediate crisis e.g working in the PPE hub and COVID Assessment Unit and providing care across their locality or treatment teams. Some AHP services were halted as a result of government guidance e.g MSK Physiotherapy and Weight Management so these staff were deployed to areas of highest clinical need. AHP have also been trained as PPE Face Mask fitters and COVID vaccinators. Midlothian's AHP services are now embracing a digital first approach with investment in laptops. Services are mobilising rapidly to meet the changing needs of patients at risk of COVID, those who have COVID and those recovering from COVID.

Dietetics

Dietetics have focused on improving access to services for those affected by COVID and using digital technology where patient care has been affected by closure of outpatient clinics, and group venues. Telephone and use of NEAR ME video conferencing is the first response as recommendations to prevent home visits where possible and limited access to care homes. The service has identified the need for additional equipment to support self management with a successful ELHF grant bid to purchase scales for patients and a bid to Connect Scotland for additional laptops for patients.

Treatment of malnutrition according to an evidence based pathway has been key to managing people with COVID. Inpatient requests/referrals continue to be based on use of MUST malnutrition universal nutritional screening tool and have been actioned as priority to address rapid weight loss resulting from COVID infection. Patients discharged from hospital have been supporting remotely by use of NEAR ME and telephone. The HEALTHCALL system has been in use to allow patients to report their Dietetic results and use of oral nutritional supplements. All face to face attendances have been COVID risk assessed before home visits or clinic appointments made. Access to care homes is limited so Dietetics rapidly digitalised the nutritional care training into a video issued to all care homes with telephone support.

Treatment for type 2 diabetes prevention, early intervention and remission have been focused on treating those most at risk e.g a digital pathway has been introduced for

gestational diabetes preventing women from hospital attendance, also using NEAR ME and Dietetics continue to provide intensive Dietetic support for Counterweight Plus treatment which has resulted in remission of type 2 diabetes.

Weight Management services have been severely affected by closure of leisure facilities Our tiered model of care for weight management includes a Service Level Agreement with Sport & Leisure and this has not been available to offer local Tier 2 interventions. All venues for Tier 3 weight management assessment and interventions have either closed or health facilities withdrawn. Face to face weight management services have been halted as per Scottish Government Community Treatment Recommendations and waiting times are now well in excess of 1 year. Dietetics is working on a mobilisation plan which requires a blend of digital and face to face with new intervention models using a digital first approach. Whilst NEAR ME is suitable for one to one consultations, it is not suitable for group programmes as part of a weight management service so a digital solution through NHS Lothian eHealth team is awaited. A waiting list action plan is being prepared as treatment of obesity and type 2 diabetes (co morbidities that influence COVID recovery) is now essential for long COVID rehabilitation.

Occupational therapy
Occupational Therapy is part of a range of teams providing rehabilitation across Midlothian, including Home First, Midlothian Community Hospital (both older people physical and mental health), community mental health, substance misuse and Justice programmes.

Rehabilitation is a core intervention for Occupational Therapists; with a focus on enabling individuals to attain their maximum level of independence, functional capacity and return to everyday occupations – self care, productivity (domestic and work) and leisure. It is person centred and outcome focused.

In terms of long covid there is no dedicated Occupational Therapy team set up specifically for long covid at present and patients are being absorbed into existing teams. However this is being monitored. There is growing evidence to indicate that there is increasing need for support to patients with more complex physical and mental health with long Covid symptoms and especially around return to work /vocational rehab.

Occupational therapists are employed across both Midlothian Council and NHS Lothian. The roll out of NEAR ME for OTs employed within MLC is still to happen and therefore currently limits capacity.

Physiotherapy
There is now a single point of access for community services, so long-COVID rehabilitation will be managed through this. Based on scoping work, the decision was made not to have a separate team managing long covid, instead the patients will be directed to an existing team depending on the predominant symptoms the patient experiences. However, this will continue to be reviewed. Near Me continues to be an option when appropriate.

There are currently a number of services for long covid available depending on the needs of the patient,

- Community Respiratory Team – generally for patients who have been hospitalised with Covid, since discharged home and struggling with breathing/ concerns about pulmonary embolism.

- Pulmonary Rehabilitation Service – for those who have not been hospitalised, have been managing in the community, but are struggling with breathing.
- Midlothian Community Physical Rehabilitation Team – for those who need help to return to function – perhaps their breathing is not as severe and it's fatigue and deconditioning which is the biggest issue.

Efforts are being made to ensure Teams are not being constrained by traditional criteria and are in a position to meet the needs of the patients.

Adult Speech and Language Therapy (SLT)
The Adult SLT service in Midlothian continues to operate throughout the COVID pandemic using prioritisation criteria and adapting delivery.
The service has been maintained for patients with:

- High clinical need related to difficulty swallowing with a focus on those at risk of requiring admission.
- High clinical needs related to communication difficulty with a focus on those where the difficulty is impacting on safety/ anxiety/ability to access their other healthcare needs
- Neuro – rehabilitation with a focus on early supported discharge (especially for Stroke) and admission avoidance

The service is offered via remote consultation using Near Me and telephone where feasible but has maintained face to face consultations where required to tackle health inequalities or where face to face assessments are required. Reducing face to face time has also been achieved through introduction of self management programmes and introducing the "Manual for Mealtimes" programme throughout Lothian's nursing homes.

Near Me has been a useful initiative with which to continue service delivery. However, it is acknowledged that within the elderly population, there are considerable numbers of patients who are unable to access digital platforms, either due to the lack of hardware, internet connection, or support from relatives/carers. In such instances, face-to-face consultation, either at home, or in a health centre, has been required. It is also noted that nursing homes do not necessarily have the appropriate equipment, nor staff availability, to support the use of Near Me calls.

Those with persisting voice, swallowing and cognitive communication difficulties due to long Covid can also be referred or self- refer to the service, with some being directed via ENT or transferred from hospital teams.

Supporting People to Stay Well at Home
A key component of Midlothian HSCP response to the pandemic has been to support people to stay well at home and avoid hospital admissions. The Community Respiratory Team , MSK physiotherapy service, GPs, social work staff, nurse support to people in homeless hostels, Ageing Well, Health Visitors, mental health and substance misuse and other services have continued to operate to support people to stay well at home. Digital first continues to be the default where appropriate. District Nursing continues to provide additional support to Care Homes and to support people at home. District nursing continues to encourage self-management of wounds and medication management.

The pandemic has had, and continues to have, a strong and long-lasting impact on mental health. Services such as the Wellbeing Service, based in GP practices, have continued to

offer individual and group support to people by phone or video link. Staff support is also in place and a staff wellbeing group has been established for the HSCP.

Primary Care

There are 12 GP practices in Midlothian. The Midlothian Primary Care Team continue to respond to HSCP, NHS Lothian and Scottish Government direction and guidance. Many Primary Care Improvement Plan teams continue in all practices for example the Musculoskeletal Advanced Practice Physiotherapy service, Pharmacotherapy, Primary Care Mental Health Nurses and the Wellbeing Service, although appointments are via digital where possible. The MSK Physiotherapy service is preparing to take referrals from NHS24 111 and the Flow Centre once Professional Pathways are agreed. Work has progressed on Community Treatment and Care implementation with pilot practices. Staff have been recruited although many are assisting with the COVID vaccine programme at present.

Work will continue to explore the use of digital solutions when meeting with GP patients, and telephone triage remains the default method. Communication and engagement with local communities around significant service change continues – all websites are being updated to ensure prominent and consistent messaging around NHS Inform and other community support. Work to expand primary care provision in South Bonnyrigg and Shawfair/Danderhall is progressing.

Midlothian GP Practices have played a key role in the local COVID vaccination programme, particularly for the over 80 year olds. From the 1st February General Practices in Midlothian will lead on vaccinating people aged 75+ and people who were shielding. The HSCP and the Mass Vaccine Sites will focus on vaccinating people aged between 70&74. This collective effort will ensure that all people aged over 70 and those who are Shielding will have received the first dose of the vaccine by mid-February

Mental Health and Substance Misuse

Midlothian Mental Health and Substance Misuse services have continued to operate; adjusting according to changes in national guidance and evaluation of risk.

The Lothian's and Edinburgh Abstinence Programme is available to Midlothian residents and alcohol detoxification at the Ritson Clinic (Royal Edinburgh Hospital), has now reopened with 8 beds. Referrals have continued, but there is a significant waiting list for these services. Midlothian HSCP will continue to maintain contact with stakeholders, both statutory and third sector, around service provision and managing risk.

Plans around Lothian in-patient and other central mental health services are being coordinated by NHS Lothian. Midlothian residents continue to require very few acute adult mental health beds as the vast majority of patients are supported via the community based model in place.

Work continues with partners in Royal Edinburgh Associated Services around psychological therapies. The service continues to maintain contact with as many people as possible to continue treatment wherever they can. A new service delivery model is being piloted that has reduced people's wait for treatment. Patients currently in therapy have been offered this service either face to face, using Near Me and/or by telephone. Psychology groups have remained paused e.g. Emotional Resources and Survive and Thrive. There are plans to reinstate these online.

Other on-line group meetings continue, for example mindfulness and mutual aid via digital solutions (where people have means to do so). Following risk assessments, Dialectical Behaviour Therapy and Decider groups did restart with physical distancing measures in place however they have been paused since 26th Dec/second lockdown. They will restart when restrictions are eased. High risk patients in these groups are contacted by staff.

People who use Midlothian Mental Health, Substance Misuse and Justice services benefitted from the Connecting Scotland programme. Digital devices, and where required dongles, were distributed to allow people to access services via Near Me and other platforms, and to keep connected more broadly.

Autism Spectrum disorder assessments resumed in autumn 2020 with a multi-disciplinary team using a revised protocol. Psychology and Psychiatry assessments are now completed face to face, over the phone and using Near Me so there is no backlog of new patients waiting for initial assessments.

Midlothian Intensive Home Treatment Team continues to offer a full service, with a red-amber-green rating system in place to see patients in clinic, at home or remotely. In line with national developments around unscheduled care pathways, the Intensive Home Treatment Team is now receiving referrals for people via NHS 24.

People with dementia continue to be offered face to face appointments within the physical distancing guidelines if they are unable to engage with virtual appointments and an appointment is deemed essential.

The Primary Care Mental Health Team is offering patient assessment and consultation primarily by phone/video but also face to face where appropriate.

Face-to-face appointments continue for people requiring urgent substance misuse support. This will remain under review and a phased increase in face to face support will be planned in line with Government guidance and an ongoing assessment of risk.

Mental health and substance misuse services will continue to work with council and third sector partners around support to people in homeless hostels.

Learning Disabilities
People have had access to all disciplines within the Community Learning Disability Team. Telephone consultation is the preferred method of contact with home visits taking place if necessary following risk assessment. Direct care will continue to be risk assessed on an individual basis. Day centres are providing limited service provision, guided by criticality of support need and local protection level. Day services and care providers are being creative in providing online resources and activity packs to individuals unable to attend day services. Respite services continue based on individual risk assessments.

Personal Protective Equipment (PPE) and Testing
A PPE hub was established at the start of the pandemic using staff seconded in from other areas of the partnership. A more sustainable model has since been employed that includes the distribution of testing kits to community services.

Supporting Communities - Socio-Economic Impact and Inequalities
There are many groups in society who have been impacted more by the COVID-19 outbreak: not only older people and those with underlying health conditions, but those who are vulnerable simply because they do not have the resources and opportunities to stay

well. Emerging evidence shows that those living in deprived areas and those from Black, Asian, and Minority Ethnic (BAME) groups are disproportionately impacted by COVID-19. In Midlothian we have made a commitment to tackle health inequalities, have invested more in public health and will continue to do so.

The economic impact of the pandemic is becoming ever more evident. The Food and Key Essentials Fund was launched on the 14th December and £271,000 was distributed to Midlothian residents by 20 January 2021, over half the allocated budget. A full analysis is awaited however fuel poverty, sofa surfing, unable to cope on current benefits, debt and changing work situations were noted as reasons for applying. 70% of payments included a fuel payment. They were 858 referrals to CAB. Applications to the food bank were significantly higher in December compared to previous year, quelling thoughts that the fund had been used as an alternative to foodbanks.

Midlothian HSCP Welfare Rights Team continues to receive a high number of referrals, as do the two CABs in Midlothian. Foodbanks continue to operate. While housing and homelessness in Midlothian are not directly the responsibility of the HSCP they are important to our ambitions and values, and joint working will continue l. Digital inclusion remains a priority for the Midlothian Public Health Team.

Following lessons from the community response to the pandemic in spring 2020, Midlothian HSCP recruited a Volunteer Co-ordinator in December 2020. Volunteers continue to improve outcomes around social isolation and will soon provide support to people living in extra-care housing and patients in Midlothian Community Hospital. There will also be a pilot companionship service to give carers some respite. Discussions are also underway around support to people leaving hospital.

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