

Notice of Meeting and Agenda



Midlothian Integration Joint Board

Venue: As a consequence of the ongoing public health restrictions this will be a virtual meeting.,

Date: Thursday, 27 August 2020

Time: 14:00

Morag Barrow
Chief Officer

Contact:

Clerk Name: Mike Broadway

Clerk Telephone: 0131 271 3160

Clerk Email: mike.broadway@midlothian.gov.uk

Further Information:

This is a meeting which is open to members of the public.

1 Welcome, Introductions and Apologies

2 Order of Business

Including notice of new business submitted as urgent for consideration at the end of the meeting.

3 Declaration of Interest

Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

4 Minute of Previous Meeting

- | | | |
|------------|--|---------|
| 4.1 | Minutes of MIJB held on 13 February 2020 - For Approval | 5 - 14 |
| 4.2 | Minutes of Special MIJB held on 12 March 2020 - For Approval | 15 - 20 |
| 4.3 | Minutes of MIJB held on 16 April 2020 - For Approval | 21 - 36 |
| 4.4 | Minutes of MIJB held on 11 June 2020 - For Approval | 37 - 44 |

5 Public Reports

- | | | |
|-------------|--|-----------|
| 5.1 | COVID-19 Data – Presentation | |
| 5.2 | Membership of the Midlothian Integration Joint Board and Appointment of Audit and Risk Committee Members | 45 - 48 |
| 5.3 | Chief Officer Report | 49 - 54 |
| 5.4 | IJB Improvement Goal Progress (To Follow) | |
| 5.5 | Annual Performance Report 2019-20 | 55 - 90 |
| 5.6 | General Practice Remobilisation in Midlothian | 91 - 122 |
| 5.7 | COVID-19 Next Phase Planning and Winter Planning Update | 123 - 134 |
| 5.8 | Clinical and Care Governance Report | 135 - 150 |
| 5.9 | Care Home (To Follow) | |
| 5.10 | Strategic Planning Group | 151 - 166 |

6 Private Reports

- | | | |
|------------|--------------------------------------|--|
| 6.1 | Unpaid Work, Analysis of Reoffending | |
|------------|--------------------------------------|--|

- 3. Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the authority.
- 7. Information relating to anything done or to be done in respect of any particular person for the purposes of any of the matters referred to in section 27(1) of the Social Work (Scotland) Act 1968 (providing reports on and supervision of certain persons).

7 Date of Next Meeting

The next meeting of the Midlothian Integration Joint Board will be held on:

- 10 September 2020 at 2 pm – **Joint Special Board/Development Workshop**
- 8 October 2020 at 2 pm - **Midlothian Integration Joint Board**



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 13 February 2020	2.00pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Cllr Catherine Johnstone (Chair)	Carolyn Hirst (Vice Chair)
Cllr Derek Milligan	
Cllr Pauline Winchester	

Present (non-voting members):

Morag Barrow (Chief Officer)	Claire Flanagan (Chief Finance Officer)
Alison White (Chief Social Work Officer)	Caroline Myles (Chief Nurse)
James Hill (Staff side representative)	Keith Chapman (User/Carer)
Ewan Aitken (Third Sector)	

In attendance:

Mairi Simpson (Integration Manager)	Jamie Megaw (Strategic Programme Manager)
Matthew Curl (TEC Strategic Lead)	Mike Broadway (Clerk)

Apologies:

Cllr Jim Muirhead	Tricia Donald
Alex Joyce	Angus McCann
Fiona Huffer (Head of Dietetics)	Hamish Reid (GP/Clinical Director)
Wanda Fairgrieve (Staff side representative)	Johanne Simpson (Medical Practitioner)
Jill Stacey (Chief Internal Auditor)	

Midlothian Integration Joint Board

Thursday 13 February 2020

1. Welcome and introductions

The Chair, Catherine Johnstone, welcomed everyone to this meeting of the Midlothian Integration Joint Board, following which there was a round of introductions.

2. Order of Business

The order of business was confirmed as outlined in the agenda that had been previously circulated.

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

- 4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 5 December 2019 were submitted and approved as a correct record.
- 4.2 The Minutes of Meeting of the MIJB Audit and Risk Committee held on 5 September 2019 were submitted and noted.
- 4.3 A Rolling Action Log – February 2020 was submitted.

Thereafter, the Board, having received updates on the various action points detailed therein, agreed:-

- (a) to close off completed actions with the exception of those actions whose expected completion date had not yet passed;
- (b) to note that the quarterly update on progress against delivery of the Transformation Programme was included as part of today's agenda; and
- (c) to note that a working group had been set up to progress the role of the IJB in the Development and Strategic Planning processes; its links into Community Planning and how it interacted with other agencies and that a further report would be brought back to the Board in due course.

(Action: Chief Officer/Chief Finance Officer/Clerk)

5. Public Reports

Report No.	Report Title	Presented by:
5.1	eFrailty: a future model for frailty.	Jamie Megaw

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Executive Summary of Report

The purpose of this report was to outline progress in developing the e frailty programme and to present for the Board's consideration proposals for a future model to address deficits in the frailty system of care which the MIJB were asked to support.

The report highlighted that there had been a 50% increase in people over 75 in Midlothian in the last 20 years and growth in this cohort was predicted to increase faster over the next decade. Frailty was a distinctive health state related to the ageing process where multiple body systems gradually lose their in-built reserves. The increasing prevalence of frailty, as a result of the rapidly growing ageing population, was unsustainable in the current utilisation of the health and care system.

Midlothian Health and Social Care Partnership and Midlothian GP Cluster have been using the electronic frailty index (eFI) to understand service utilisation, the quality of care provided and been using this information to inform strategic direction and service developments. The electronic frailty index (eFI) is a validated method to identify frailty using coding in GP patient records.

The model of care which had emerged builds on the current pilots underway and places Midlothian IJB and HSCP in a strong position to improve outcomes and patient/staff experience and to reduce hospital activity.

Summary of discussion

The Board, having heard from Strategic Programme Manager, Jamie Megaw, who explained the proposals in some detail and thereafter responded to Members' questions and comments, discussed the emerging proposed Model of Care and acknowledged the importance of delivering changes that ensured people got the right support at the right time by the right service.

In response to concerns regarding the ability to successfully deliver all the necessary components required to support the proposed eFrailty Model of Care, Jamie sought to reassure Members by explaining that work was already under way to overcome issues relating to information sharing, ensure the robustness of the electronic frailty index (eFI) building on the tech pathfinder work being undertaken by Matthew's team and to also build on the highly successful pilots already operating. This was seen as the start of a process and there would be on-going dialogue with the Board as the proposals progressed and developed.

Decision

After further discussion and questions to Officers, the Board:

- **Noted the progress the GP Cluster and the HSCP have made to understand who has frailty and to improve the quality of care and service provision**
- **Noted that as more people become frail in Midlothian without change this will see by 2026 an increase of 6500 bed days in the Royal Infirmary**
- **Noted that 4% of the population account for 31% of Midlothian's unscheduled care activity in hospitals.**
- **Noted the strategic direction and the need to identify appropriate funding**

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- Agreed to continue consideration of adopting a whole-Midlothian approach or to work across half the county, until the merits of each course of action became clearer
- Agreed that the Chief Officer and Chief Finance Officer explore financial support and funding options within NHS Lothian to allow the e frailty programme to develop and to evaluate its impact across the system.

Action

Chief Officer/Chief Finance Officer/Strategic Programme Manager

Report No.	Report Title	Presented by:
5.2	Appointment of Independent Member of the MIJB Audit and Risk Committee	Morag Barrow

Executive Summary of Report

With reference to paragraph 7.1 of the Minutes of the Audit and Risk Committee of 7 March 2019, there was submitted a report the purpose of which was to gain approval by the MIJB for the appointment of Pam Russell as the independent member of the MIJB Audit and Risk Committee following an open recruitment process to meet best practice. The appointment of the independent member of the MIJB Audit and Risk Committee would be for a fixed period to 31 October 2022.

Decision

Having heard from Chief Officer, Morag Barrow, the Board;

- approved the appointment of Pam Russell as independent member of the MIJB Audit and Risk Committee following an open recruitment process to meet best practice; and
- thanked, and expressed its appreciation, to outgoing independent member Jane Cuthbert for her contributions to the work of the MIJB Audit and Risk Committee.

Action

Chief Officer/Chief Finance Officer/Clerk

Report No.	Report Title	Presented by:
5.3	IJB Improvement Goals Progress	Jamie Megaw

Executive Summary of Report

With reference to paragraph 5.4 of the Minutes of 14 February 2019, there was submitted a report updating the Board on performance and improvement towards achieving the Local Improvement Goals set by the MIJB based on the indicators recommended by the Ministerial Strategic Group for Health and Community Care. The improvement goals focused on reducing unscheduled hospital and institutional care using data provided by the Health and Social Care team at ISD Scotland.

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Summary of discussion

Having heard from Jamie Megaw, Strategic Programme Manager, who responded to Members' questions and comments, the Board in considering the current progress against the local improvement goals discussed the impact of actions resulting from the NHS Lothian Escalation Recovery Plan. It being felt that it would be useful if possible to include before and after information in future reports. The potential for joint working with other IJBs was also raised, with the Chief Officer seeking to reassure Members that this was already being explored. With regards unplanned admissions the difficulties regarding the recording of those admitted to the Emergency and Observation Unit at the Royal Infirmary was acknowledged and although no immediately obvious solution was evident it was accepted that a more suitable mechanism ideally had to be found to record this important information.

Decision

After further discussion, the Board:-

- **Noted the current performance across the improvement goals.**
- **Noted the inclusion of further information about performance in Midlothian against the Core Suite of Indicators.**
- **Noted that where possible information regarding the impact of actions resulting from the NHS Lothian Escalation Recovery Plan would be included in future report.**
- **Noted that efforts would be made to find a more suitable mechanism for recording admissions to the Emergency and Observation Unit.**

Action

Chief Officer/Strategic Programme Manager

Report No.	Report Title	Presented by:
5.4	Partnership Digital Programme	Matthew Curl

Executive Summary of Report

The purpose of this report was to provide the MIJB with an update on the rationale and opportunity for a Partnership Digital Programme to support transformation and integration efforts.

The report provided outline background and context of the strategic importance of digital to support health and social integration and care model transformation. Further, it provided a brief definition of digital not as a thing but as a way of doing things and a broader schema for 'technology' as a concept. The report also outlined a strategic framework for developing a Partnership Digital Programme along with example key workstreams ready or in progress prior to framework approval. The proposal was supported by a new Digital Development IJB Direction; a draft of which was appended to the report.

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Summary of discussion

Having heard from Matthew Curl, TEC Strategic Lead, who responded to Members' questions and comments, the Board in considering the proposal discussed the potential to involve the third sector and also how to engage the 20% predominately older members of the community who don't use digital technology. It being pointed out in the case of the latter that they would be picked up as part of the proposed pathfinder, but that this would hopefully be just one of a suite of measures available in the future. Which in turn raised the issue of the need to future proof the proposals and also the potential for possible UK wide application.

Decision

After further discussion, the Board:

- **Approved and supported the strategic framework and developing Partnership Digital Programme; and**
- **Approved the new IJB direction (first iteration) to support the above.**

Action

Chief Officer/TEC Strategic Lead

Report No.	Report Title	Presented by:
5.5	Clinical and Care Governance Report	Caroline Myles

Executive Summary of Report

With reference to paragraph 5.4 of the Minutes of 14 February 2019, there was submitted a report the purpose of which was to provide assurance to the Midlothian Integrated Joint Board as to the clinical and care governance arrangements within Midlothian, highlighting good practice and identifying any emerging issues or risks. It also set out the proposed areas for monthly reporting.

Summary of discussion

Having heard from Chief Nurse, Caroline Myles who responded to Members' questions and comments, the Board welcome plans for a regular report and also the development of a clinical and care governance dashboard which would provide a summary/overview of agreed reports in one screen.

Decision

After further discussion, the Board:

- **Noted and approved the plan for the content of this monthly report;**
- **Noted the proposed development of a clinical and care governance dashboard; and**
- **Noted the proposal for the Chief Nurse to include a routine report on clinical and care governance to each IJB meeting.**

Action

Chief Nurse

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Report No.	Report Title	Presented by:
5.6	Chief Officer Report	Morag Barrow
Executive Summary of Report		
<p>This report provided a summary of the key service pressures and service developments which had occurred during the previous months in health and social care, highlighting in particular a number of key activities, as well as looking ahead at future developments.</p>		
Summary of discussion		
<p>The Board heard from Morag Barrow (Chief Officer), who highlighted in particular the following –</p> <ul style="list-style-type: none"> • Update on the progress being made on the delivery of the NHS Lothian Recovery Plan, following the decision by Scottish Government to place NHS Lothian on Level 3 of Performance Escalation matrix. • Details of the proposed timeline for the review of the Scheme of Integration. • Midlothian Council had recently restructured to introduce two Directorates (i) People and Partnerships and (ii) Place. The Health and Social Care Partnership was aligned to the People and Partnerships Directorate. • As the plans for the redesign of the Emergency Department in the Royal Infirmary continue to be developed, the option of the provision of a minor injuries service in Midlothian was being considered. • Update on changes within the NHS Lothian Board. • Concerns regarding the spread of coronavirus. <p>In discussing the Chief Officer's report the Board considered the circumstances leading to the departure of the NHS Lothian Board Chair and felt this might provide an opportunity to raise the issue of funding and also to invite his successor to a future meeting of the Midlothian IJB.</p>		
Decision		
<p>After further discussion and questions to the Chief Officer, the Board:-</p> <ul style="list-style-type: none"> • Noted the issues and updates raised in the report. • Agreed to explore the possibility of inviting the new interim chair of the NHS Lothian Board to a future meeting of the MIJB; and • Noted that the issue of IJB funding would be raised through the Chief Officers/Chief Finance Officers groups. 		
Action		
Chief Officer/Chief Finance Officer		

Report No.	Report Title	Presented by:
5.7	Midlothian Primary Care Improvement Plan – Update January 2020	Jamie Megaw

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Executive Summary of Report
With reference to paragraph 4.3 of the Minutes of 7 June 2018, there was submitted a report providing an update on the Primary Care Improvement Plan (PCIP); outlining the impact of the PCIP initiatives for the general practice population; and detailing the future developments in each key area.
Summary of discussion
Having heard from Strategic Programme Manager, Jamie Megaw, who responded to Members' questions and comments, the Board in considering the update, discussed the ongoing pressures within pharmacotherapy services.
Decision
<p>The Board, after further discussion, agreed to:-</p> <ul style="list-style-type: none"> • note the progress made in implementing the Midlothian PCIP; and • support the future developments.
Action
Chief Officer/Strategic Programme Manager

Report No.	Report Title	Presented by:
5.8	Statutory Guidance on Directions from Integration Authorities to Health Boards and Local Authorities	Mairi Simpson
Executive Summary of Report		
<p>The purpose of this report was to inform the MIJB that the Scottish Government had published Statutory Guidance on Directions from Integration Authorities to Health Boards and Local Authorities.</p> <p>The report explained that it was important that members of the Midlothian IJB were aware of the new guidance and the legislative requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 with regard to Directions and were provided assurance that Midlothian practice would reflect the Guidance.</p>		
Summary of discussion		
Having heard from Integration Manager. Mairi Simpson who responded to Members' questions and comments, the Board considered the use made of Directions and welcomed further clarity on the matter.		
Decision		
<p>After further discussion, the Board noted:</p> <ul style="list-style-type: none"> • the revised statutory guidance on Directions, published on 27 January 2020; and • the actions proposed to ensure that Midlothian IJB was meeting the statutory obligations contained within the guidance and advise on any changes/additions. 		
Action		
Chief Officer/Integration Manager		

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Report No.	Report Title	Presented by:
5.9	Finance Update – IJB Reserves Position	Claire Flanagan
Executive Summary of Report and Summary of discussion		
<p>With reference to paragraph 5.7 of the Minutes of 10 October 2019, there was submitted a report the purpose of which was to provide Members with a reminder about the Reserves Policy, together with an update on the current reserves held.</p> <p>The report also sought support from the MIJB to reinvest funding recently disaggregated from a Medicine of the Elderly ward closure on the Western General site into local unscheduled care functions.</p>		
Decision		
<p>After discussion and having heard from Claire Flanagan, Chief Finance Officer, who responded to Members questions and comments, the Board agreed to:</p> <ul style="list-style-type: none"> • Note the current IJB reserve position. • Funding from the ward closure being used to support local unscheduled care. 		
Action		
Chief Finance Officer/Chief Officer		

Report No.	Report Title	Presented by:
5.10	Finance Update– Quarter 3 2019/20 & Transformation Programme Update	Claire Flanagan
Executive Summary of Report		
<p>This report set out the results of the MIJB's partner's (Midlothian Council and NHS Lothian) quarter three financial reviews, considered how this impacted on the projected financial position for the IJB for 2019/20 and provided an update on the programme of transformation work being undertaken.</p> <p>The report advise that these forecasts projected that the health 'arm' of the MIJB would be underspent and the social care 'arm' of the MIJB would be overspent, although in balance through recovery actions.</p>		
Summary of discussion		
<p>Having heard from Claire Flanagan, Chief Finance Officer, who responded to Members' questions and comments, the Board in reviewing the financial position acknowledged the challenging financial landscape and the importance of the ongoing dialogue with both NHS Lothian and Midlothian Council.</p>		
Decision		
<p>After further discussion, the Board:</p> <ul style="list-style-type: none"> • Noted the position as laid out in the report for the quarter three financial reviews for 2019/20 ; and • Noted the update on the programmes of transformation work. 		
Action		
Chief Finance Officer		

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Report No.	Report Title	Presented by:
5.11	Summary of Midlothian Strategic Planning Group Discussion (8th January 2020)	Mairi Simpson
Executive Summary of Report		
With reference to paragraph 5.6 of the Minutes of 12 December 2019, there was submitted a report the purpose of which was to summarise the key discussion points arising from the Midlothian Strategic Planning Group meeting held on 8 th January 2020.		
Summary of discussion		
Having heard from Mairi Simpson, Integration Manager, who responded to Members questions and comments, the Board welcomed the report.		
Decision		
The Board noted the summary of discussion/decision at the Midlothian Strategic Planning Group on 8th January 2020.		
Action		
Chief Officer/Integration Manager		

6. Private Reports

Exclusion of Members of the Public

In view of the nature of the business to be transacted, the Board agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed exempt information as defined in paragraph 6, 8 and 9 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

Report No.	Report Title	Presented by:
6.1	Vision paper for Care at Home: stage 2	Morag Barrow
Decision		
The Board commented on, and approved, the recommissioning plans.		

7. Date of next meeting

The next meetings of the Midlothian Integration Joint Board would be held on:

- Thursday 12 March 2020 2pm Joint Special Midlothian Integration Joint Board/Development Workshop
- Thursday 9 April 2020 2pm Midlothian Integration Joint Board

(Action: All Members to Note)

The meeting terminated at 3.57 pm.



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 12 th March 2020	2.00pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Cllr Catherine Johnstone (Chair)	Carolyn Hirst (Vice Chair)
Cllr Derek Milligan	Tricia Donald
	Alex Joyce
	Angus McCann

Present (non-voting members):

Morag Barrow (Chief Officer)	Claire Flanagan (Chief Finance Officer)
Caroline Myles (Chief Nurse)	Fiona Huffer (Head of Dietetics)
Wanda Fairgrieve (Staff side representative)	Keith Chapman (User/Carer)
Ewan Aitken (Third Sector)	

In attendance:

Craig Marriott (Depute Director of Finance, NHS Lothian)	Gary Fairley (Chief Officer Corporate Solutions, Midlothian Council)
Grace Cowan (Head of Primary Care and Older Peoples Services)	Mairi Simpson (Integration Manager)
Lianne Swadel (Programme Manager)	Jordan Miller (NHS Lothian)
Mike Broadway (Clerk)	

Apologies:

Cllr Jim Muirhead	Cllr Pauline Winchester
Alison White (Chief Social Work Officer)	Hamish Reid (GP/Clinical Director)
Johanne Simpson (Medical Practitioner)	James Hill (Staff side representative)

Midlothian Integration Joint Board

Thursday 12 March 2020

1. Welcome and introductions

The Chair, Catherine Johnstone, welcomed everyone to this Special Meeting of the Midlothian Integration Joint Board, following which there was a round of introductions.

2. Order of Business

The order of business was confirmed as outlined in the agenda that had been previously circulated.

The Board endorsed the Chair's decision to accept as urgent, due to the Board's interest in the matter, an additional item of business - 4.4 Update on Covid19 (Coronavirus) and Midlothian Resilience Planning – which would be dealt with as the first item of public business

3. Declarations of interest

No declarations of interest were received.

4. Public Reports

Report No.	Report Title	Presented by:
4.4	Update on Covid19 (Coronavirus) and Midlothian Resilience Planning	Morag Barrow
Executive Summary of Report		
Chief Officer, Morag Barrow, provided the Board with an update on Covid-19 (Coronavirus) and Midlothian resilience planning. She outlined the steps that were being taken both locally and nationally in response to, and planning for, the spread of coronavirus, which was beginning to gather pace. Whilst a key focus would be the Primary Care response and Acute Service provision, services for the vulnerable also required to be able to cope. In this regards, Midlothian already enjoyed good engagement with both the voluntary sector and many other partner organisations and was also making good use of new technology, albeit it may require that use would require to be accelerated.		
Summary of discussion		
The Board, in considering the present situation, discussed the ability of current services to cope with fewer staff numbers and much greater demand, particularly in certain key area. Whilst this was clearly a matter for some concern, the ongoing resilience planning that was underway sought to address these pressures in a measured way and mitigate the impacts as far as that was possible.		
Decision		
The Board, after further discussion and question to Officers, noted the current position and actions being taken.		
Action		
Chief Officer		

Midlothian Integration Joint Board

Thursday 12 March 2020

Report No.	Report Title	Presented by:
4.1	Financial Update – Budget Offers from Partners	Claire Flanagan
Executive Summary of Report		
<p>The purpose of this report was to provide the Board with confirmation of the formal Midlothian Council budget offer to the MIJB and an update on the current indicative proposed budget offer and principles for 2020/21 from NHS Lothian. Further to this the report provided an update on the financial challenges facing the MIJB and the ongoing transformation work to support delivery of savings in the coming financial year 2020/21.</p>		
Summary of discussion		
<p>The Board heard initially from Craig Marriott, Deputy Director of Finance, NHS Lothian and Gary Fairley, Chief Officer Corporate Solutions, Midlothian Council, regarding the budget positions of their respective organisations, with both seeking to emphasise that the budget offers should be considered in the context of the challenging financial climate facing both partners, forecasted expenditure and the resulting financial gap.</p> <p>The Board, then heard from Chief Finance Officer, Claire Flanagan, who in acknowledging the challenging financial landscape in which the partners and indeed the MIJB were operating and the importance of the ongoing transformation work within the HSCP to drive out the saving required to balance the budget, sought to address the “fair and adequacy” measure used by the Board when considering the partners’ budgetary offers.</p> <p>The Board in considering the welcome support offered by its partners debated whether more pressure need to put on central government to secure a better funding deal for health and social care integration generally.</p>		
Decision		
<p>After further discussion and questions to the Officers, the Board:</p> <ul style="list-style-type: none"> • Agreed and accepted the formal Midlothian Council budget offer for 2020/21; • Agreed the principles of the indicative budget from NHS Lothian based on an iteration of their Financial Plan reported to their Finance & Resources Committee in January 2020 and recent correspondence; and • Noted the transformation work to deliver savings. 		
Action		
Chief Finance Officer/Chief Officer		

Report No.	Report Title	Presented by:
4.2	Midlothian IJB Directions 2020	Mairi Simpson

Midlothian Integration Joint Board

Thursday 12 March 2020

Executive Summary of Report

The purpose of this report was to set out for the Board consideration the draft Directions which it was proposed to issue to Midlothian Council and NHS Lothian for 2020.

The draft Directions set out the proposed areas of focus to be addressed over the coming year and identified the key changes that needed to be progressed to support the delivery of health and care services in Midlothian. The Directions were aligned to the Strategic Commissioning Plan 2019-22 and would be supported by a local Delivery Plan for 2020-21.

Summary of discussion

The Board, heard from Mairi Simpson (Integration Manager), who explained that the draft Directions had been informed by the Strategic Planning Group who had held a workshop on 8th January 2020 to review the existing Directions and who had propose three new Directions, as follows:

- Direction 21: Allied Health Professionals
- Direction 22: Digital Development
- Direction 23: Health and Social Care Partnership Maturity.

Once the new Directions had been issued it would be important to discuss them with the service areas implicated. The Direction on Digital Development was of particular interest as whilst eHealth and Digital Services were not delegated functions per se, they were core services described in the Midlothian Integration Scheme (section 5.3).

Additionally, given the current budget position the Direction concerning finance was still being developed. Other areas that the Board might wish to consider Directions for included Housing, demographic pressures and patient transport. Ultimately it was hoped to move to a rolling approach to the issue of Directions, which would then be reviewed twice yearly.

The Board, in discussing the draft Directions, felt that given the links between health and homelessness/housing that a single Direction covering this area might be beneficial, if the right form of words could be found. Otherwise, the proposed new Direction covering Digital Technology was seen as a welcome addition, and the Direction on Finance was awaited with interest.

Decision

The Board, after further discussion and questions to Officers, agreed:

- **To note the draft Midlothian IJB Directions for 2020; and**
- **To note plans to seeking formal approval of the Directions at the April 2020 Board meeting.**

Action

Integration Manager/Chief Officer

Report No.	Report Title	Presented by:
4.3	Proposed Use of Vacated Glenlee Ward at Midlothian Community Hospital	Lianne Swadel

Midlothian Integration Joint Board

Thursday 12 March 2020

Executive Summary of Report

With reference to paragraph 5.4 of the Minutes of 10 October 2019, there was submitted a report the purpose of which was to advise the Board that with the repatriation of the (East Lothian) patients from Midlothian Community Hospital Glenlee and Rossbank wards, there was now an opportunity where there were 16 beds available for alternative use in Glenlee Ward..

The report noted that Midlothian and East Lothian Integration Joint Boards both had Directions 2019/20 to repatriate patients belonging to East Lothian who had in recent years accessed Midlothian Community Hospital - specifically wards Rossbank and Glenlee and explored in detail the two options being considered for this alternative use:

- Step up / step down facility
- Chemotherapy/infusions beds

Summary of discussion

The Board, having heard from Lianne Swadel (Programme Manager), considered the two options concluding that both merited support.

Decision

After further discussion and question to Officers, the Board

- **Noted the options for the proposed use of Glenlee Ward at Midlothian Community Hospital.**
- **Agreed that based on the information presented, including costings, usage and demand, to support the preferred option of step up/step down facility.**
- **Noted that the chemotherapy option would be reconsidered when additional space within Midlothian Community Hospital became available spring/summer 2021.**
- **Agree to the Health & Social Care Partnership identifying options for financing the change.**

Action

Chief Officer/Chief Finance Officer

5. Private Reports

No private business to be discussed at this meeting.

6. Date of next meeting

The next meetings of the Midlothian Integration Joint Board would be held on:

- | | | |
|---------------------------------------|-----|------------------------------------|
| • Thursday 9 th April 2020 | 2pm | Midlothian Integration Joint Board |
| • Thursday 14 th May 2020 | 2pm | Development Workshop |

(Action: All Members to Note)

The meeting terminated at 3.35 pm.



Midlothian Integration Joint Board

Date	Time	Venue
Thursday 16 th April 2020	1.00pm	As a consequence of the current public health restrictions this was a virtual meeting held using Zoom, involving voting members only.

Present (voting members):

Cllr Catherine Johnstone (Chair)	Carolyn Hirst (Vice Chair)
Cllr Derek Milligan	Alex Joyce
Cllr Jim Muirhead	Angus McCann
Cllr Pauline Winchester	

In attendance:

Morag Barrow (Chief Officer)	Claire Flanagan (Chief Finance Officer)
Mairi Simpson (Integration Manager)	Mike Broadway (Clerk)

Apologies:

Tricia Donald	

Midlothian Integration Joint Board

Thursday 16 April 2020

1. Welcome and introductions

The Chair, Catherine Johnstone, welcomed everyone to this first ever virtual Meeting of the Midlothian Integration Joint Board.

The Board noted that the arrangements for today's meeting had been agreed in advance to take account of the current public health restrictions as a result of the current Covid19 (Coronavirus) pandemic. Although non-voting members were not present they had nonetheless been given the opportunity to feed in any questions or comments on the business under consideration.

2. Order of Business

The order of business was confirmed as outlined in the agenda that had been previously circulated.

3. Declarations of interest

No declarations of interest were received.

4. Public Reports

Report No.	Report Title	Presented by:
4.1	Covid-19 (Coronavirus) Management in Midlothian	Morag Barrow
Executive Summary of Report		
<p>Chief Officer, Morag Barrow, provided the Board with a detailed update on Covid-19 (Coronavirus) Management in Midlothian. In particular, she outlined the key actions that were being taken locally by the Midlothian Health and Social Care Partnership in response to Covid-19, as set out in the Appendix hereto, which would form the basis of the next weekly update to be circulated to all Board members. Whilst perhaps understandably the principle focus of attention had been on the Primary Care response and Acute Service provision, care services for the vulnerable had also been required to be able to cope with unprecedented increases in the level of demand. In this regards, Midlothian had through its positive engagement with both the voluntary sector and many other partner organisations, coped remarkable well so far, helped by the success of social distancing measures that had been introduced nationally. Good use was also being made of new technology, which it was hoped to build on and extend once the current pandemic was over.</p>		
Summary of discussion		
<p>The Board, having thanked the Chief Officer for her update, considered how well services appeared to be coping with the current situation, the importance of ongoing resilience planning, and adherence to social distancing advice, to ensure that this remained the case.</p> <p>Thereafter, the Board discussed the following matters:-</p>		

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- Pharmacies – the possibility of increasing the level of home deliveries for prescriptions and other medicines in order to prevent often lengthy queues forming outside Chemists. This had already been raised but without a great deal of success, however the matter would be revisited.
- Testing – for all Health and Social Care staff continued and all staff groups had been made aware of the processes involved. The possibility of a more local based provision would be explored, but in the meantime such provision would be considered on a case by case basis.
- Care Homes – were an acknowledged area of concern given the age and underlying health issues of many of those who lived in them. A Care Home Strategy had been put in place and there were regular meetings with local providers to offer support and share good practice. Care Home were also being encouraged to undertake weekly infection control audits. Additionally, the Scottish Government were looking at set up a national care home support team.
- Acute Services - a broad overview of the current situation within Acute showed that there was sufficient capacity to cope with current demand, which was encouraging. Although it was acknowledged that this position could very easily change and that there was a need to remain vigilant.
- Home Visits - contact was being maintained with existing clients by phone or video call where this was possible and appropriate. However, when necessary home visits were still taking place. Staff had been issued with a stock of PPE to cover all home visits they had in their workplan, along with guidance on PPE requirements and also on putting on, and taking off, PPE. The NHSL infection control team had been contacted to provide on-site visits and issue guidance where required.
- "Normal" Business – the levels of non Covid-19 related cases had been lower than would have been expected, which had given rise to some concerns that people were not seeking the treatment they perhaps need for fear of coronavirus and that there could be a spike in activity. Steps may require to be taken to encourage those needing assistance to get the help they might require.
- Primary Care – this was one of the areas that had experienced perhaps the biggest changes with an increased emphasis on the use of new technology. Telephone triage and video conferencing were helping GP practices to continue to provide services to the community and the indications were encouraging, providing a possible platform for the future.
- Community Engagement - the Care for People group comprising council staff, NHS, third sector, community councils and faith groups was one of the first groups to be established and had been found to be a very positive way to engage widely to meet the needs of the community. The Council was also proactively working with other groups such as the Red Cross and local Foodbanks to ensure those in greatest need got the support they required.
- New Beginnings – acknowledged the opportunities presented by some of the enforced changes to shape future service provision, particularly in the use of new technology. Noted that work was already ongoing to collect and collate data and information to help shape potential future service models.

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Decision
The Board, after further discussion and question to Officers, noted the update from the Chief Officer and welcomed plans for a weekly update to be circulated to all Board members.
Action
Chief Officer

Report No.	Report Title	Presented by:
4.2	NHS Lothian Formal Budget Offer to the Midlothian IJB for 2020/21	Claire Flanagan

Executive Summary of Report

With reference to paragraph 4.1 of the Minutes of 12 March 2020, there was submitted a report the purpose of which was to provide the Board with confirmation of the formal 2020/21 budget offer from NHS Lothian for consideration. The budget offer from Midlothian Council having already been accepted at the March MIJB meeting.

Summary of discussion

The Board heard from Chief Finance Officer, Claire Flanagan who confirmed that the formal 2020/21 budget offer received from NHS Lothian was in line with the principles shared by NHS Lothian and reported to the MIJB at its meeting in March. In seeking to address the “fair and adequacy” measure used by the Board when considering the partners’ budgetary offers, it was worth bearing in mind that the 2020/21 budget proposals were presented on the basis of “business as usual”. The ongoing and developing COVID-19 issues highlighted that this was clearly not the case and that extraordinary costs were being, and would continue to be, incurred for the foreseeable future. These costs were being recorded separately, on the assumption that they would be covered by the partners, and ultimately by the Government.

The Board in considering the welcome support offered by both its partners discussed the likelihood of the potential efficiency plans developed by Officers being achieved given the current COVID-19 situation. With regards the level of savings actually required to be achieved, a point raised by Euan Aitken on behalf of the Voluntary Sector, Claire clarified that the £849,000 referenced in Midlothian Council’s letter wasn’t the savings allocated to the Midlothian IJB, this equated to the 2% savings threshold that Scottish Government/ COSLA had advised Local Authorities they had the option of applying. The Council hadn’t applied up to this threshold level and had instead maintained the level of savings at £500,000 which was the level the Board had been planning on as a HSCP.

Decision

The Board, after further discussion and questions to Officers:

- **Accepted the formal budget offer from NHS Lothian for 2020/21.**

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- Noted that the 2020/21 budget had been approved on the basis of “business as usual”, however the ongoing and developing COVID-19 issues highlighted that this was clearly not the case.
- Noted the wider risks and, in particular, the rapidly developing situation in response to the COVID 19 pandemic.

Action

Chief Finance Officer/Chief Officer

Report No.	Report Title	Presented by:
4.3	Midlothian IJB Directions 2020	Mairi Simpson
Executive Summary of Report		
<p>With reference to paragraph 4.2 of the Minutes of 12 March 2020, there was submitted a report the purpose of which was to set out for the Board consideration of the Directions which it was proposed to issue to Midlothian Council and NHS Lothian for 2020.</p> <p>The report explained that the proposed Directions identify key changes that needed to be progressed to support the delivery of health and care services in Midlothian. The Directions were aligned to the Strategic Commissioning Plan 2019-22 and would be supported by a local Delivery Plan for 2020-21.</p>		
Summary of discussion		
<p>The Board, heard from Mairi Simpson (Integration Manager), who explained that as with the budget, the proposed Directions were presented on the basis of “business as usual”, however the ongoing and developing COVID-19 issues highlighted that this was clearly not going to be the case, and it was important there was an awareness of this going forward.</p> <p>Arising from Members question and comments, at this and the previous meeting, Mairi advised that issues around housing/homelessness had been incorporated into the Housing Direction 16; that dental; ophthalmic and audiology services were cover under Direction 7; that issues relating to obesity were dealt with in Direction 19: Public Health and that Direction 20: Services to People Under 18yrs linked into GIRFEC (Getting It Right For Every Child). Whilst new or revised Directions could be issued as required, ultimately it was hoped to move to a rolling approach to the issue of Directions, which would then be reviewed twice yearly.</p> <p>The Board, in discussing the proposed Directions, welcomed plans to explore introducing a more robust tracking system, suggesting that it would be helpful if the recipient service areas and prospective target dates could also be included as part of that process. With regards the role of the 3rd Sector, which had been raised by Euan Aitken on behalf of the Voluntary Sector, the need to better acknowledge their role in the delivery of the Directions and the Strategic Plan was agreed.</p>		
Decision		
<p>After further discussion, the Board agreed:</p> <ul style="list-style-type: none"> • To approved the Directions for 2020. 		

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Action
Integration Manager/Chief Officer

Report No.	Report Title	Presented by:
4.4	Covid-19 Emergency Recess Procedures	Morag Barrow

Executive Summary of Report

The purpose of this report was to seek approval to put in place procedures for decision-making processes in the event that Midlothian Integration Joint Board and its associated Committees were unable to convene because of the COVID-19 outbreak.

The report examined the potential implications of the current COVID-19 crisis on the management of the MIJB business, and proposed the cancellation of meetings of the MIJB, the MIJB Audit and Risk Committee and the Strategic Planning Group. Instead, MIJB business would be managed through a combination of:

- Delegation to the MIJB Chief Officer in consultation with the MIJB Chair and Vice-Chair.
- Circulation of reports by email and formal approval of recommendations by a minimum of three voting members of the MIJB.
- Delay of key aspects of MIJB business that were not deemed critical in light of the current crisis.

The report also sought to ensure MIJB sustainability through clear arrangements for Deputies for the IJB Chair, Vice-Chair and Chief Officer.

Summary of discussion

The Board, having heard from Chief Officer, Morag Barrow, discussed the proposed procedures, acknowledging that if approved they would result in the Development Workshop Session on 14 May 2020, the Audit and Risk Committee scheduled for 4 June 2020 and the Midlothian Integration Joint Board meeting on 11 June 2020 all being cancelled. It was proposed that for the avoidance of doubt that a specific date be identified by which the Emergency Recess period would be formally reviewed: this was agreed as being by no later than 15 July 2020, and that for the approval of recommendations by way of the circulation of an emailed report, the number of voting members required be brought into line with the quorum for Board meetings, that is four rather than three. Consideration was also given to the issue of the appointment of members to deputise for the Chair and Vice-Chair for the duration of the Emergency Recess period, it being noted that in terms of paragraph 3.2.5 of the Integration Scheme arrangements for the appointment of the Chair and Vice-Chair were left to the respective partners to determine, so the same would apply to the appointment of a member to deputise for them. The Chief Officer sought to reassure the Board that should circumstance change sufficiently that an earlier review was possible then this would be undertaken.

Decision

After further discussion and question to Officers, the Board

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- Approved the COVID-19 Emergency Recess Procedures as outlined in the report, subject to the amendments identified above.
- Delegated to the IJB Chief Officer, in consultation with the IJB Chair and Vice Chair, the decision-making authority to invoke the COVID-19 Emergency Recess Procedures as and when necessary.
- Agreed that the Emergency Recess Period be formally reviewed by no later than 15 July 2020.
- Delegated to the IJB Chief Officer, in consultation with the IJB Chair and Vice- Chair, decision-making powers regarding expenditure as specified in the report.
- Agreed to request the partners (NHS Lothian and Midlothian Council) nominate Deputies for the IJB Chair and Vice Chair for approving business during the Emergency Recess Period, should they themselves be unavailable.
- Agreed to the proposed delay in the production of the 2019-20 IJB Annual Performance Report and the review of the Integration Scheme, given the need to give priority to responding the COVID-19 crisis.
- Noted that the proposed arrangements in this report were compliant with the current IJB Standing Orders and therefore no amendments were required.

Action

Chief Officer/Chief Finance Officer

5. Private Reports

No private business to be discussed at this meeting.

6. Date of next meeting

The date of the next meeting of the Midlothian Integration Joint Board will be confirmed in due course.

(Action: All Members to Note)

The meeting terminated at 2.05 pm.



Midlothian Health and Social Care Partnership

COVID-19 Weekly Update

17/4/20

1. USE OF DATA FOR MONITORING & MODELLING

Work underway to **improve access to and use of data related to COVID-19.**

- Access to Tableau dashboard on COVID-19 granted on 8th April although still to find evidence that it will allow us to drill down to Midlothian level data.
- Participated in ISD demonstration on 9th April to consider HSCP modeling about staff absence and its impact.
- LIST analyst assistance secured to work with COVID Core Team to access
 - Information on the wider system to help us forecast demand – ITU and ERI bed occupancy, hospital admissions from Midlothian, etc
 - Information on how our services are 'performing' – for example, increased capacity in care at home, increased capacity in hospital at home, people supported by Discharge to Assess, use of the new Primary care assessment centre etc
 - Service use and demographic information that may help us plan – for example information to assist plan for an intermediate care / step-down type facility for patients who were positive for COVID that need more rehabilitation/personal care assistance between discharge and returning home. A way of tracking/predicting numbers of these types of patients, split by general and ITU discharges, will be helpful as will the demographics/profile of the of patients who may be suitable.

Performance and monitoring indicators being developed.

2. OUR PRIORITY AREAS

1. MANAGEMENT ARRANGEMENTS FOR PANDEMIC RESPONSE

Leadership

- Core COVID-19 Response Team and management arrangements have continued to operate effectively. The team coordinate COVID-19 planning and maintain the Covid Action Log. Electronic meeting and document sharing arrangements are in place.
- Updated Mobilisation Plan prepared and submitted to the Scottish Government with agreement to fund received.
- Resilience Plans for each service have been updated. They include arrangements for surge capacity and staff absence.
- Midlothian H&SCP continues to contribute to governance and resilience planning at NHS Lothian and Midlothian Council. This includes Lothian H&SCP/Chief Officer Tactical Group, the Lothian Primary Care Tactical Group and Midlothian Council Strategic Incident Management group, and NHS Lothian Strategic incident Management Group. The Chief Officer also has daily calls with National Chief Officers and Scottish Government representation.

Staff Wellbeing

- Sub-group established to consider staff wellbeing and emotional support. A dedicated staff wellbeing lead has been identified to develop a local support plan that includes opportunities available within Midlothian Council and NHS Lothian.
- Midlothian Council Education team continues to ensure that school hub places are available for key workers
- Staff testing all for health and social care staff continues and all staff groups have been made aware of the processes.

2. SERVICE PRIORITIES

Support People to Return Home from Hospital where feasible

- Enhanced discharge to assess team 7/7 working
- Additional training and recruitment for staff deployed from non-essential services to Care
- Enhanced staffing in Flow Hub to coordinate discharge

Support People at Home to Stay Well

- Hospital at Home continues to prevent admission where safe
- Musculoskeletal physiotherapists top up training in Respiratory care to enhance Community Respiratory team
- Midlothian Rehabilitation team supporting MCH wards and Highbank Intermediate care to keep people in Midlothian, with the aim to prevent admission to ERI

Quality care for people in care homes and other provisions

- Enhanced meeting infrastructure for all Midlothian Care Homes to ensure communication, and sharing of practice
- Quality Assurance Officer in post to provide and support and scrutiny role – weekly infection control audits in each care home
- Enhanced District Nursing support to be in place through Mobilisation plan

Prepare for step-down capacity in a non-hospital or care setting

- Work is underway to plan a step-down rehabilitation provision that would be suitable for people who are recovering from COVID-19 - they will not need an acute hospital bed but will not be well enough to go home. They will benefit from rehabilitation, nutrition and other support. Care pathways and workforce requirements are being mapped.

Primary Care Assessment Centre

- Primary Care Assessment Centre opened on Monday 30th March.
- Numbers of attendances dropping, in line with acute bed useage

Palliative Care/Glenlee Ward

- Arrangements have progressed very promptly for a new palliative care provision at Midlothian Community Hospital. Work on the ward infrastructure is complete and will be ready to accept patients from 20/4/20
- A staff team has been established; care pathways designed, pharmacy arrangements agreed, infection control processes reviewed and expert advice sought, etc.
- Medical and nursing support from Marie Curie has been secured
- Emotional support to families is being planned.

Staff and client testing

- Wards and care homes have been supported to undertake resident/patient testing as appropriate
- Staff testing has begun and is supporting people to return to work more promptly than they would otherwise following self-isolation.

Pharmacy

- Pharmacy support to other services disrupted by this pandemic has been progressed, for example substance misuse services.

Develop pathways and support for vulnerable groups

- Work has progressed with partners in housing and homelessness services to agree a care pathway for people living in homeless hostels affected by COVID-19

Public protection

- Public Protection – working in partnership with partner’s clear guidance for staff regarding Adult Support and Protection, Child Protection and Violence against women has been developed to ensure that we can keep people safe whilst ensuring that we are promoting social distancing and protecting individuals and staff wellbeing.
- There is potential for additional costs to Midlothian if we need to accommodate more children as a result of not being able to provide more significant support in situ.
- We continue to have concerns regarding low referral rates for domestic abuse cases. We are exploring media campaigns to highlight that we are still available for contact
- The Chief Social Work Officer is currently liaising with legal to ensure that guidance linked to the new Act is clear for staff in order for us to implement effectively.
- Workforce – SSSC is currently scoping a national recruitment portal for social care staff and has called for people who are still registered or recently de-registered and are keen to return to service to contact them. A list of qualified social workers keen to return to practice to support us through the challenges of COVID has already been received in the locality. Those registered to provide care and support will be with us locally in the next few days.
- Justice – work is currently underway to scenario plan for the potential early release of prisoners, no definite date has been set for this. Midlothian is well placed as a weekly meeting with all key partners who would need to engage in a positive release of prisoners continue to meet (virtually) and would be able to proactively plan for any prisoner entitled to early release. Nationally there are concerns regarding the risk of spread of COVID if positive prisoners who are not currently symptomatic are released into the community.
- We continue to manage MAPPA cases effectively and in accordance with new national guidance.
- Mental Health – there are concerns that discussions re ethical ceilings and decision making for people with complex health care, learning disability, mental health and capacity issues are variable across the country. Within Midlothian we pride ourselves on a human rights based approach and this is something that we will monitor closely throughout the COVID period.

3. WORKFORCE

Recruitment

- Staff recruited via Midlothian Council and NHS Lothian recruitment campaigns. Awaiting confirmation around the staff available to work in Midlothian recruited via the NHS Lothian campaign.
- Staff redeployed from council services to provide additional support to the H&SC and the Council’s contact centre. In addition qualified and unqualified NHS staff have been redeployed (eg increase administrative support to primary care and MSK physiotherapists retrained to support the Community Respiratory Team).
- Prompt induction, training and/or retraining of new carer recruits and redeployed staff

Support Unpaid Carers

- Support to unpaid carers agreed in partnership with VOCAL and other local organisations that offer carer support. This includes a policy on access to PPE and a letter to confirm the role of carers should restrictions on movement be intensified. Information and support advice published on the Midlothian Council for unpaid carers.

Home working

- All non-essential staff encouraged to work from home where this is possible.
- Remote working through MS Teams, Zoom and teleconference.
- Secure global desktop secured for critical staff although access to this has been slow due the level of demand.

Staff Wellbeing

- It is important to ensure our staff feels supported at this time of increased anxiety across health and social care. Regular updates for staff groups are being provided, and team leaders and service managers are ensuring visibility is increased on a face to face basis with staff. Our senior management team have also been attending service areas frequently to speak with frontline staff and listen to any concerns.
- We have received a generous donation of Easter eggs for our frontline staff - all care at home staff were given an Easter egg during holy week as a token of our thanks for the hard work they are doing in the community on the frontline. Our Community nurses were also given Eggs last week.
- We organised a lunch for staff with support from Costco – this was delivered to basis at lunchtime on Thursday 2nd April, again as a thank you for the work staff are doing.
- A variety of local businesses are also donating food directly to service areas – Dominos pizza, Itihass curry, and Crispy Creme doughnuts
- **REACH OUT** – for Midlothian council, third sector, and carers. Monday – Friday 12pm – 2pm or email to arrange another time (within normal working hours). **0131 285 9600** or Reachout@midlothian.gov.uk. Please leave your name and number.
- **Here For You Staff Wellbeing** – for NHS staff and volunteers Monday – Friday 8am– 6pm 0131 451 7445 or if you can't call between 8am and 6pm, please email Here4U@nhslothian.scot.nhs.uk with your name and contact details and they'll get in touch to arrange a time to speak with you.

4. MEASURES TO REDUCE TRANSMISSION RISK TO STAFF, UNPAID CARERS AND CLIENTS

Personal Protective Equipment (PPE)

- Health Protection Scotland guidance is followed at all times although this presents a challenge as some of the equipment recommended difficult to get due to global demand
- A local lead for PPE has been identified and processes are being clarified and shared with staff teams. It is complex as there are a range of ordering processes (NHS procurement, NHS PPE store, social care PPE triage line (NSS). PPE has presented a huge challenge but Midlothian is well organised.
- Concerns regarding stock availability have been escalated to Scottish Government through appropriate governance routes
- Communications to staff teams via communication bulletins
- Work with unions/staffside representatives has been supportive and helpful.

5. COVID-19 UPDATE COMMUNITY SETTINGS:

As we envisaged we are now starting to see a rise in the number of community Covid-19 cases (this is in line with the expected curve). Our services have been preparing for this for some months now and are at this time in a good position to manage the care of individuals either within their own homes, care home settings, ward settings.

Midlothian Community Hospital (MCH)

- Our community Covid Assessment hub continues to operate from Cairngreen unit at MCH. This operates in conjunction with the NHS 111 covid19 triage line and patients calling in to this line are given appointments at the assessment centre for review by clinical team.

- **Glenlee Ward:** We now have a 20 bedded ward ready to accept patients from the community who require additional clinical support to manage their covid19 illness. This has been a fast paced change to the ward usage, the support from staff to transform and staff the unit has been excellent and should be highlighted as an example of the dedication of our staff groups in delivering the best possible care to the citizens of Midlothian at this time.

Patient Flow (Delays)

There has been a huge drive to get patients home through a whole system approach, to ease pressure on acute beds during the Covid19 situation, as well as supporting Midlothian residents to get home as quick as possible in a safe way

Our performance has been excellent with our delays reducing to circa 4

Care at home

Supervisors are meeting face to face with staff weekly to ensure support and to update with any information

Contact details for all staff email and mobile have been updated.

Staff are being issued with 4 days stock of PPE to cover all visits they have in their workplan. This links with their 4 days on 4 days off rota.

Guidance on PPE requirements and also on donning/doffing (putting on and taking off) PPE has been issued to all care at home staff.

NHSL infection control team has been contacted to provide on-site visits and issue guidance where required

6. COMMUNICATION

The Mid COVID-19 Core Group has developed a communication plan and each day sends

- An update to service managers following the 9am service update
- An update to all staff to make people aware of service changes, new developments, staff wellbeing information and to ensure all service areas are aware of updates to national guidance on patient/client care and staff safety. Midlothian HSCP asks service areas to follow Health Protection Scotland guidelines at all times.

Communication Plan also includes information shared to

- Local community
- People receiving a service from the Partnership

Communication methods

- All forms of communication have been used - including social media, daily bulletins, posters, etc

Communication from NHS Lothian and Midlothian Council has been shared or incorporated into local communications

- For example NHS Lothian Speed Read, Midlothian Council Chief Executive updates, etc

7. USE OF TECHNOLOGY

There has been an investment in technology to support our pandemic response.

Technology to aid Pandemic Planning

- For example Microsoft Teams and Zoom

Technology that supports non-face to face service delivery

- For example Attend Anywhere/Near me

Technology that supports service to operate differently during the Pandemic

- For example remote access to IT systems and increased Docman licenses

Technology that supports people to communicate with loved ones

- iPads and Tablets to use Facetime/Skype

8. SUPPORT COMMUNITY RESPONSES

Partnership work with third sector, community development teams and welfare rights services to develop and coordinate

- a community response
- efforts to reach and support vulnerable people in the community
- Emergency Help Reference Document developed and shared with local service providers inc Duty Team

Tools to identify vulnerable people in the community agreed

Plans for those shielding have progressed – led by the Care for People Group (Midlothian Council) and planned alongside representatives from the Community Planning Partnership

- Data provided by the government regarding shielding is being cross referenced against local data, both social work data and that held by our GP practices. 2049 residents of Midlothian have received letters and a proactive communication is now being undertaken by staff within the H&SCP. Of these people the majority are aged over 60 and over half have received the letter due to respiratory conditions which is unsurprising given the mining history and prevalence of COPD in Midlothian.
- A phone line and email address has been set up and is staffed by H&SCP staff to triage any issues and ensure that appropriate supports are put in place. Contact via this route has not been significant. It appears that to date only a small number of shielding letter recipients have arranged for the national food box to be delivered, this may increase over the coming days. Most people have requested support in order to collect prescriptions or food, they have been appropriately signposted to support. Most have just required advice and reassurance. Where necessary we are supporting people to apply for the national food parcel.
- The Care for People group comprises of staff with the council, NHS, third sector interface, community councils and faith groups. There is a well-established and tested methodology locally and this has found to be a positive way to engage widely to meet the needs of the community. There has been a focus on developing volunteer guidance to ensure that both people who are volunteering and those who require support are kept safe and well throughout this period.

- Care for people are closely monitoring and coordinating the volunteer response locally to avoid duplication and ensure we meet the needs of as many people as possible. Council staff, who are PVG checked are supporting with some of the more specific roles that are required, particularly in relation to medication delivery. Kindness postcards have already been sent to those who had identified with waste services that they needed assistance and from this week they will also be sent to all single person households.

9. PREPARE FOR ADDITIONAL DEATHS

Palliative Care

- See section 2

Dealing with the deceased

- Liaised with Midlothian Council colleagues who are working with local funeral directors and have identified a large scale body storage facility in Midlothian
- Death certification processes during the pandemic has been reviewed and amended.

3. RISKS

COVID-19 specific Risk register is being developed. Key risks include – access to workforce, access to PPE in line with national guidance, sustaining a response, community acceptability of pandemic plans and their impact on existing services, pace of change, maintaining a level of quality and individualized care, etc

Finance – Mobilisation plans to Scottish Government for additional funding

4. POST EVENT RECOVERY PLAN AND EVENT REVIEW

Lead person has been identified to lead on a plan for **service return and recovery** and the pandemic response reduces

As mentioned in section 3, measures **are being agreed to assist us to analyse the impact** of our pandemic response and the impact of the pandemic on local communities and services.

A huge to thanks to all the HSCP staff and teams for their commitment and professionalism in a challenging time. Their kindness and compassion is evident in all areas of service delivery.

Morag Barrow
Chief Officer

17/4/20

Morag.barrow@nhsllothian.scot.nhs.uk

Midlothian Integration Joint Board

Midlothian Integration Joint Board
Thursday 27 August 2020
Item No 4.4



Meeting	Date	Time	Venue
MIJB Minute	Thursday 16 th April 2020	1.00pm	As a consequence of the current public health restrictions this was a virtual meeting held using Microsoft Teams, involving voting members only.

Present (voting members):

Cllr Catherine Johnstone (Chair)	Carolyn Hirst (Vice Chair)	Tricia Donald
Alex Joyce	Angus McCann	Cllr Derek Milligan
Cllr Jim Muirhead	Cllr Pauline Winchester	

In attendance:

Morag Barrow (Chief Officer)	Claire Flanagan (Chief Finance Officer)	Caroline Myles (Chief Nurse)
Hamish Reid (GP/Clinical Director)	Grace Cowan (Head of Primary Care and Older Peoples Services)	Jamie Megaw (Strategic Programme Manager)
Mairi Simpson (Integration Manager)	Jill Stacey (Chief Internal Auditor)	Mike Broadway (Clerk)
Janet Ritchie (Democratic Services Officer)		

1. Welcome and introductions

The Chair, Catherine Johnstone, welcomed everyone to this virtual Meeting of the Midlothian Integration Joint Board.

The Board noted that the arrangements for today's meeting had been agreed in advance to take account of the current public health restrictions as a result of the current Covid19 (Coronavirus) pandemic. Although non-voting members were not present they had nonetheless been given the opportunity to feed in any questions or comments on the business under consideration.

2. Order of Business

The order of business was confirmed as outlined in the agenda that had been previously circulated.

3. Declarations of interest

No declarations of interest were received.

4. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed	Comments
<p>4.1 Chief Officers Report - Report by Chief Officer</p> <p>This report provided a summary of the key service pressures and service developments which had occurred during the previous months in health and social care, highlighting in particular a number of key activities, as well as looking ahead at future developments.</p> <p>The Board in discussing the report were concerned that funding for the Local Mobilisation Plan (LMP) was still not certain, and whilst acknowledging the possible reasons for this, felt that assurance should nonetheless be sought that it would be addressed.</p>	<ul style="list-style-type: none"> Noted the update from the Chief Officer and the issues raised in the report. Agreed that in the event that the deadline for the submission of the Annual Report was not extended that authority be delegated to the Chief Officer to submit the report prior to the next scheduled MIJB meeting, if required. Agreed to conclude the emergency recess arrangements and resume normal business as from this meeting; with future meetings being held virtually using Microsoft Teams. Agreed that assurances be sought that the net financial implications arising from the approved Covid Mobilisation Plan would be met in full and that no funding would require to be diverted from adversely impacted baseline services. 	<p>Chief Officer</p> <p>All to Note</p> <p>Chief Officer/ Chief Finance Officer</p>	<p>27/08/2020</p> <p>Ongoing</p>	

Report Title/Summary	Decision	Action Owner	Date to be Completed	Comments
<p>4.2 Internal Audit Annual Assurance Report 2019/20 - Report by Chief Internal Auditor</p> <p>The purpose of the report was to present the Internal Audit Annual Assurance Report for the year to 31 March 2020 for the Midlothian Integration Joint Board (MIJB) which included the Chief Internal Auditor's independent assurance opinion on the adequacy of MIJB's overall control environment.</p> <p>The report explained that the Public Sector Internal Audit Standards (PSIAS) required the MIJB's Chief Internal Auditor to prepare an annual report that incorporates the annual opinion on the adequacy and effectiveness of Midlothian Integration Joint Board's framework of governance, risk management and control, a summary of the work that supports the opinion, and a statement on conformance with the PSIAS.</p>	<ul style="list-style-type: none"> • Approved the Midlothian Integration Joint Board Internal Audit Annual Assurance Report 2019/20 as appended to the report; and • Noted the assurances contained therein. 	Chief Internal Auditor		
<p>4.3 Annual Governance Statement 2019/20 - Report by Chief Officer</p> <p>The purpose of this report was to present the draft Annual Governance Statement 2019/20 of the Midlothian Integration Joint Board by the Chief Officer that would be published in the Annual Report and Accounts.</p> <p>The report explained that the Annual Governance Statement 2019/20, in compliance with the CIPFA/ SOLACE Framework, provided details of the MIJB's Governance Framework,</p>	<ul style="list-style-type: none"> • Approved the Annual Governance Statement 2019/20 for the Midlothian Integration Joint Board as appended to the report; and • Approved publication of the Annual Governance Statement in the Annual Report and Accounts 2019/20 of the Midlothian Integration Joint Board. 	Chief Internal Auditor Chief Internal Auditor		

Report Title/Summary	Decision	Action Owner	Date to be Completed	Comments
the annual Review of Framework undertaken, Improvement Areas of Governance, and Overall Opinion.				
<p>4.4 Draft Unaudited Annual Accounts 2019-20 - Report by Chief Finance Officer</p> <p>The purpose of this report was to present the unaudited Annual Accounts of the MIJB for the year ending 31 March 2020 for consideration and approval.</p> <p>The report explained that the MIJB was required to prepare a set of annual accounts for the financial year 2019/20. A draft of these accounts must be agreed by the MIJB before 30 June whereupon the draft must be published on the MIJB's website and presented to the MIJB's auditors for review.</p>	<ul style="list-style-type: none"> Agree that the draft annual accounts can be published and presented for audit. 	Chief Finance Officer	30/06/2020	
<p>4.5 COVID-19 State of Emergency– HSCP Recovery Plan - Report by Integration Manager</p> <p>The purpose of this report was to explain how the Midlothian HSCP was seeking to learn from the experience of operating in a prolonged period of emergency, arising from COVID-19, through the development and implementation of a Recovery Plan in full recognition of the continuing major threat to the population posed by COVID virus.</p>	<ul style="list-style-type: none"> Approved the Recovery Plan in principle. Agreed to contribute on an ongoing basis to the actions included in the Plan. Agreed that the Strategic Planning Group would receive regular progress reports. Agreed that actions arising from the Plan would require to feed into the 2019-22 Strategic Plan. Agreed that no new or amended Directions required to be issued to NHS Lothian and/or Midlothian Council at this current time. 	<p>Chief Officer All</p> <p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p>		

Report Title/Summary	Decision	Action Owner	Date to be Completed	Comments
The Recovery Plan was designed to enable the Partnership to meet the broader health and care needs of the Midlothian population in the continued presence of COVID, sitting alongside the Plans and timetables developed by NHS Lothian and Midlothian Council for the gradual resumption of their respective services.				
4.6 Clinical and Care Governance - Report by Chief Nurse The purpose of this report was to provide assurance to the Board as to the clinical and care governance arrangements within Midlothian, highlighting good practice and identifying any emerging issues or risks. It also set out proposals to develop a Clinical and Care Governance review dashboard which would show a summary/ overview of agreed reports on a single screen.	<ul style="list-style-type: none"> Noted and approved the content of this report. Noted the proposed development of a clinical and care governance dashboard 			
4.7 Re-modelling of Wards at Midlothian Community Hospital - Report by Chief Nurse The purpose of this report was to present an update to the Board regarding changes made to the wards at Midlothian Community Hospital which have been reconfigured to allow for a Red Covid ward and Green non-Covid wards. This will facilitate flow of patients from other hospitals and other settings while maintaining their safety and reducing the risk of infection transmission.	<ul style="list-style-type: none"> Noted and approved the content of the report 			

Report Title/Summary	Decision	Action Owner	Date to be Completed	Comments
<p>4.8 Midlothian HSCP Care Homes Briefing Paper – Report by Head of Primary Care and Older People’s Services</p> <p>The purpose of this report was to provide an update on the current situation, and an overview of the work to date, with Care homes in Midlothian and the enhanced response now required following the release of the Coronavirus (COVID-19): Clinical and practical guidance for adult care homes 15 May 2020 published by the Scottish Government and the amendments to the Coronavirus (COVID-19); a framework for decision making (15 May 2020). This work will continue to progress at pace agreeing and establishing local clinical governance arrangements, and overview of Care homes within Midlothian.</p> <p>In considering the report, the Board discussed the need to independently review as a matter of some urgency how Adult Care Homes had operated during the Covid-19 emergency in order to determine what had been successful and where lessons could be learned that would assist in dealing with such issues in the future.</p>	<ul style="list-style-type: none"> • Noted the update on current COVID-19 work within Older Adult Care Homes in Midlothian. • Noted the significant work undertaken by the HSCP team to adhere to related guidance at all times. • Agreed to the setting up of an urgent independent review to assist in understanding the requirements that will need to be taken into account in shaping future work to support Older Adult Care Homes in Midlothian. 	Head of Primary Care and Older People’s Services		
<p>4.9 COVID-19 - Test and Protect Briefing – Report by Head of Primary Care and Older People’s Services</p> <p>The purpose of this report was to provide an update on the work being undertaken to support the roll out of Test and Protect within Midlothian.</p>	<ul style="list-style-type: none"> • Noted the test and protect plan for Midlothian • Noted the significant work undertaken by the HSCP team to develop and implement this model • Noted the potential benefit to residents, staff and population in Midlothian 			

Report Title/Summary	Decision	Action Owner	Date to be Completed	Comments
Sederunt: Tricia Donald left the meeting at the conclusion of the foregoing item of business at 4.01pm				
4.10 Midlothian's response to Shielding – Report by Chief Social Work Officer The purpose of this report was to highlight the work undertaken within the HSCP to support the 3218 people within Midlothian identified as needing to 'shield'.	<ul style="list-style-type: none"> Noted the work undertaken to support people who are 'shielding' within Midlothian 			
4.11 COVID-19 Personal Protection Equipment - Update and Future Management – Report by Chief Officer The purpose of this report was to provide an update on the current situation with provision of Personal Protection Equipment (PPE) for staff and the requirement for planning into future use and provision as the COVID-19 situation progresses. The Board acknowledged the challenges presented in ensuring there were sufficient stocks of PPE and considered that this was an area where more could possibly be done to encourage local suppliers.	<ul style="list-style-type: none"> Noted the issues and update within the report Noted and welcomed the assurance given to the Board that HPS/NHS guidance had been followed at all times for all Health and Social Care Staff. 			

5. Private Reports

Exclusion of Members of the Public

In view of the nature of the business to be transacted, the Board agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed exempt information as defined in paragraph 3 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

5.1 Covid-19 (Coronavirus) Related Data – Report by Chief Officer - Noted

6. Date of next meeting

The next meeting of the Midlothian Integration Joint Board would be held on Thursday 27 August 2020 at 2.00 pm. (**Action: All Members to Note**)

The meeting terminated at 4.27 pm.

Midlothian Integration Joint Board



Thursday 27 August 2020, 2.00pm

Membership of Midlothian Integration Joint Board and Appointment of Audit and Risk Committee Members

Item number: 5.2

Executive summary

The purpose of this report is to provide information about a proposed change in the NHS Lothian Board voting members on the Midlothian IJB and to seek approval for the appointment of members to fill vacant positions on the MIJB Audit and Risk Committee.

Board Members are asked to:

- (a) Endorse the proposed change within the NHS voting membership of the Midlothian Integration Joint Board; and
- (b) Approve the appointment of Carolyn Hirst, Mike Ash and Councillor Derek Milligan as members of the MIJB Audit and Risk Committee.

Membership of Midlothian Integration Joint Board and Appointment of Audit and Risk Committee Members

1 Purpose

- 1.1 The purpose of this report is to provide information about a proposed change in the NHS Lothian Board voting members on the Midlothian IJB and to seek approval for the appointment of members to fill vacant positions on the MIJB Audit and Risk Committee.

2 Recommendations

- 2.1 **Board Members are asked to:**
- (a) Endorse the proposed change within the NHS voting membership of the Midlothian Integration Joint Board; and
 - (b) Approve the appointment of Carolyn Hirst, Mike Ash and Councillor Derek Milligan as members of the MIJB Audit and Risk Committee.

3 Background and main report

Midlothian Integration Joint Board-Voting Member

- 3.1 NHS Lothian has advised that Alex Joyce was retiring and stepping down from the NHS Board. The Board has agreed to appoint Mike Ash as a voting member of Midlothian IJB for the period 12 August 2020 to 30 April 2021. Alex Joyce was also one of the two voting NHSL Members who were appointed to the MIJB Audit and Risk Committee.

Audit and Risk Committee

- 3.2 The Audit and Risk Committee currently has a total of three vacancies which now require to be filled. Two of these positions were previously occupied by voting NHS Lothian members of the Board – Alex Joyce and Angus McCann - and the third was occupied by a voting Council member of the Board – Councillor Pauline Winchester.
- 3.3 Under Standing Order 14, the Integration Joint Board shall appoint such committees, and working groups as it thinks fit and shall appoint committee members to fill any vacancy in the membership as and when required.

- 3.4 The Board is therefore invited to confirm the appointment of the undernoted voting Board Members for the vacant positions on the Audit and Risk Committee.
- Carolyn Hirst,
 - Mike Ash and
 - Councillor Derek Milligan

4 Policy Implications

- 4.1 The Midlothian Integration Joint Board (MIJB), was established as a separate legal entity as required by The Public Bodies (Joint Working) (Scotland) Act 2014. It is responsible for the strategic planning and commissioning of a wide range of integrated health and social care services across the Midlothian partnership area, based on resources which have been delegated to it by the partners, Midlothian Council and NHS Lothian.
- 4.2 The MIJB is therefore expected to operate under public sector good practice governance arrangements which are proportionate to its transactions and responsibilities to ensure the achievement of the objectives of Integration.
- 4.3 The establishment of robust internal controls, governance, and risk management arrangements is one of the key components of good governance, as is the oversight and scrutiny of their effectiveness. Good governance will enable the MIJB to pursue its vision effectively as well as underpinning that vision with mechanisms for control and management of risk.
- 4.4 The Audit and Risk Committee of the Midlothian Integration Joint Board is responsible for the promotion of best practice in the areas of risk management, financial procedures, internal controls, development of continuous improvement and review of External Audit and Internal Audit issues.
- 4.5 It is important that the MIJB's Audit and Risk Committee fully complies with best practice guidance on Audit Committees to ensure it can demonstrate its effectiveness as a scrutiny body as a foundation for sound corporate governance for the Midlothian Integration Joint Board.

5 Equalities Implications

- 5.1 There are no specific equalities or diversities matters that require to be taken into account although it is worth noting that the Midlothian IJB has addressing health inequalities as one of its primary objectives.

6 Resource Implications

- 6.1 Resources are in place to support the MIJB and its Audit and Risk Committee to fulfil their remits.

7 Risk

- 7.1 It is essential that there is a clear and robust process for appointing voting and non-voting members to the IJB otherwise there is a risk that the arrangements will not be compliant with regulations.
- 7.2 There is a risk that if the MIJB Audit and Risk Committee does not fully comply with best practice guidance it limits its effectiveness as a scrutiny body and foundation for sound corporate governance. The appointment of a full membership compliment to the MIJB Audit and Risk Committee by the MIJB will assist in mitigating this risk.

8 Involving people

- 8.1 There are no specific implications for involving people as a result of this report.

9 Background Papers

- 9.1 There are no background papers.

AUTHOR'S NAME	Mike Broadway
DESIGNATION	Clerk
CONTACT INFO	0131 271 3160 mike.broadway@midlothian.gov.uk
DATE	14 August 2020



27th August 2020

Chief Officer Report

Item number: 5.3

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*

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 issues and updates raised in the report.

3 Background and main report

Health Visiting

Midlothian Health Visitors have continued to provide a service to Midlothian families during the Covid pandemic. A particular focus has been placed on those “at risk” and families with babies under one year old.

New ways of working have been introduced, including use of technology. Health Visiting staff have embraced these new ways of working which have allowed them to work from home when possible, reducing risk to themselves and our families.

The most recent activity report shows that Midlothian HV teams have been achieving high standards of care (in relation to the Universal pathway) despite the challenges Covid has brought.

Children’s Services Joint Inspection

The 2020 Midlothian Joint inspection of services for children and young people in need of care and protection. The inspection focussed on 5 questions:

- How good is the partnership at recognising and responding when children and young people need protection?
- How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?
- How good is the partnership at maximising the wellbeing of children and young people who are looked after?
- How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
- How good is collaborative leadership?

The draft Inspection report issued on the 6th July 2020, reported all areas evaluated as **GOOD** (Important strengths and some areas for improvement).

Two sub- grades are being appealed (20th July) due to agreement that evidence produced should warrant a higher grade of **VERY GOOD**.

The final report is due 1st September 2020.

Midlothian Community Hospital: Glenlee ward

As Royal Infirmary of Edinburgh services have begun remobilisation, staff temporarily deployed to work in the temporary Covid ward at Midlothian Community Hospital (Glenlee), were returned to their substantive roles. This has resulted in the inability to continue to staff the ward at safe levels.

Currently both temporary and substantive funding is being sourced to re-open Glenlee as a step-up/step-down facility, to complement the development of older peoples' service in the local hospital.

There may also be implications relating to Red/Amber/Green Covid pathway flows for winter that will need to be considered to support patient flow from acute services to home.

The Chief Finance Officer and Chief Officer are pursuing avenues of funding and will report back to IJB once options clear for a decision on future usage.

Frailty Population Health Management Programme

This programme uses data to identify people with frailty, understand service utilisation and identify improvements across the frailty system of care. The programme initially focussed on General Practice and the interface with community services.

During the COVID19 phase1 response the key new development in the programme was the Red Cross Welfare Call service, where over 2700 people estimated to have moderate or severe frailty were contacted and supported (issues identified including hearing aid battery replacements, social isolation, shopping, prescriptions). The Red Cross are now making a second round of calls, as the support needs of people with frailty are changing as Scotland moves out of the national lockdown.

Since COVID phase 1, a new development has seen the Penicuik Frailty Multidisciplinary meeting move to meeting online and the practice using Near-Me (video consultation) for extended appointments. Initial assessment of this has shown an increased level of attendance as the meeting requires less time commitment from staff without the need to travel.

The General Practice Learning Collaborative has also started meeting online with the first meeting focussing on the Red Cross service. The work in the programme over the rest of 2020 is to continue the substantive pilots in the programme, consolidate the learning and focus on how the analytics produced from this work can support improvements in other parts of the frailty system of care.

Finance

The Chief Finance Officer and Finance teams in NHS Lothian and Midlothian Council, are currently in the process of finalising the Quarter 1 review. This forecasts the projected outturn position of the IJB for 2020/21. This has been a challenging process given the additional expenditure incurred/loss of income in response to phase 1 of the COVID-19 pandemic.

Midlothian Council will be reporting their Quarter 1 forecast to Council on the 25th August 2020, and the NHS Lothian Quarter 1 forecast will be reported to their Finance & Resources Committee on the 23rd September 2020.

It is anticipated that this review will show a projected deficit for the IJB, as additional costs have been incurred to support Covid phase 1, as well as identified savings plans slipping. Finance teams routinely track all the financial implications associated with the response to the pandemic and report these through the Local Mobilisation Plan reporting arrangements set up by Scottish Government for the monitoring of the financial impact.

To date the IJB has been allocated £820k, a share of the initial funding of £50m released by Scottish Government, and more recently a further share of £25m, £410k. This funding is welcome but still does not cover the projection of the likely costs being incurred during 2020/21, and the financial support for the sustainability principles for external providers.

This is being managed by the Chief Finance Officer through the Scottish Government remobilisation process, and the IJB will be updated on progress at future meetings.

Developing volunteering after Covid-19

Work is progressing on the Volunteer Co-ordinator role agreed by the IJB.

The benefits of volunteering are well known in terms of improved mental and physical health, and reduced social isolation. Volunteers add value, rather than save money, but investing in volunteering does provide a return on investment.

There are a significant number of people who volunteered during the Covid pandemic who are keen to volunteer longer term, and it is recognised that increased volunteer input can contribute to key outcomes identified in the Strategic Plan and Covid Recovery Plan, including outcomes related to prevention, improving health, reducing isolation, increasing self-management and building resilience.

The new Midlothian Volunteer Coordinator role will be recruited via the NHS Lothian Volunteer Programme, so will not be an isolated post, but will benefit from the governance and development support provided by that team. However, the post-holder will be based in Midlothian and their work-plan directed by Midlothian HSCP. Midlothian Volunteer Centre and Midlothian Voluntary Action are very supportive of the role and the post-holder will work in partnership with colleagues there. The recruitment process is underway.

2020/21 Directions

After discussion at Midlothian Strategic Planning Group (18/08/20), it was suggested that a review of the current Directions take place, given the implications from Covid. It is proposed that the group review these, and a formal paper presented to next IJB meeting to recommend any changes required. It was noted that no reply had been received from NHS Lothian or Midlothian Council to date.

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

AUTHOR'S NAME	Morag Barrow
DESIGNATION	Chief Officer
CONTACT INFO	0131 271 3402
DATE	18 th August 2020

Appendices:



Thursday 27th August 2019, 2.00pm

Annual Performance Report 2019-20

Item number:	5.5
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Executive summary

IJBs are required to publish an Annual Performance Report.

The attached Midlothian Annual Performance Report provides information on the health and wellbeing of the people of Midlothian. It also describes local health and care services, the financial performance of the Partnership and the quality of health and care services delivered during 2019-20.

Board members are asked to:

- Approve the content of the attached Annual Report

Annual Performance Report 2019-20

1 Purpose

- 1.1 This report relates to the Annual Performance Report 2019-20 and seeks the IJB's approval of its content.

2 Recommendations

- 2.1 As result of this report what are Members being asked to:-
- i. Approve the content of the Annual Performance Report
 - ii. Note that the data related to the Health and Care Experience Survey is for 2017-18 due a delay in publishing 2019 data by the Scottish Government.

3 Background and main report

3.1 Legislation

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Authorities to publish an annual performance report by 31st July each year.

The Scottish Government is aware that it is difficult to comply with the requirement to secure IJB approval of Annual Reports by the 31st July due to the timing of data from ISD

At the meeting on 11 June 2020 the Midlothian IJB agreed to delegate authority to Morag Barrow, Chief Officer, to publish the Annual Report prior to formal IJB approval at the meeting in August.

In recognition of the impact of COVID-19 on Health and Social Care Partnerships, the Scottish Government had offered the option to publish abbreviated versions on the report for 2019-20. However in Midlothian we have opted to prepare a full report.

3.2 Content of the Performance Report

Scottish Government issued regulations prescribing the content of performance reports (Scottish Statutory Instrument 2014 No. 326).

The 2018/19 Annual Performance Reports of all Scotland's Integration Authorities were reviewed by Scottish Government officials and the subsequent report was considered by the Ministerial Steering Group for Health and Community Care on 22 January 2020. This report included further guidance to IJBs on the required content and layout of the reports.

The Midlothian Annual Performance Report complies with the requirements with the exception of a breakdown of spend per locality. Systems to facilitate a robust report on this are not in place.

The Annual Report 2019-20 includes examples of Partnership activity in line with the nine national outcomes (featuring a selection of new and existing services), a description of the approach to locality working, a financial report and an update on Inspections reported in the year. It includes progress on national data indicators but not on indicators obtained from the Scottish Government's biennial Health and Care Experience survey. This information has been collected but due to redeployment within the Scottish Government as a result of the pandemic, it has not been analysed or shared with HSCPs as yet. As a result, the 2017-18 figures are included in the report. When updated data is available it is our intention to update the report and request IJB approval for the amended version to be published.

3.3 **Presentation of Annual Report**

It had been the intention of the Health & Social Care Partnership to host an event on 1st September 2020 for the IJB, members of the public, staff and stakeholders to hear about, and enter dialogue on, the work of the Partnership 2019-20. A similar event in 2019 was positively received. However due to limitations around public events and the incomplete data this has been postponed. Social media and other opportunities will continue to be used to share updates and encourage engagement.

4 **Policy Implications**

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Authorities to prepare a performance report for the reporting year setting out an assessment of its performance.

5 **Equalities Implications**

- 5.1 The report has been produced in plain English. The format has been adapted to improve accessibility. It is available on-line at <https://www.midlothian.gov.uk/MHSCP>

6 **Resource Implications**

- 6.1 There are no resource implications arising from this report.

7 **Risk**

- 7.1 The publication of an annual performance report is a legislative requirement. It should be comprehensive and easy to understand in order that the public and others can gain a suitable understanding of local developments and challenges. There is a risk of the annual performance report not being sufficiently accessible and transparent. Producing an easy read yet comprehensive report, sharing it widely using a range of mediums and hosting an open event, should assist in mitigating this risk.

8 Involving people

- 8.1 This report is concerned with what has taken place during 2019-20. There was extensive consultation with staff, stakeholders and members of the public in 2018-19 about services delivered and what could be improved. This is reflected in the Annual Report and the Strategic Plan 2019-22.
- 8.2 People were invited to an event to share the Annual Report on 1st September 2020 which has now been postponed. Further opportunities to engage stakeholders and community members and to share news and patient/client stories are being pursued.
- 8.3 Engagement in the planning groups that feature in the Annual Performance Report continues and support in place to improve this.

9 Background Papers

9.1 Midlothian IJB Annual Performance Report

AUTHOR'S NAME	Mairi Simpson
DESIGNATION	Integration Manager
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DATE	27th August 2020



**Midlothian
Health & Social Care
Partnership**



ANNUAL PERFORMANCE 2019/20

FOREWORD

It was an honour to be appointed as Chief Officer of Midlothian Integrated Joint Board in October 2019 following Allister Short's move to West Lothian. This report shows how we have worked towards our long-term objectives through the continuing dedication and skill of our staff; our partners in the voluntary and independent sectors; and all the informal carers and neighbours upon whom the health and care system is entirely dependent. My very sincere thanks for all their work during 2019-20.

New services and approaches to improve health and wellbeing.

We have focused on making sure people are only in hospital when they need to be through the "Discharge to Assess" Team and the "Hospital at Home" Service. We have improved services for people with mental health needs, substance misuse and offending behaviour in our new *Number11* in Dalkeith. Staff have been trained to have a 'Good Conversation' and help people identify their health outcomes, based on their strengths and assets. We are looking at 'outcomes mapping' to improve how we measure performance to provide a meaningful picture of how we are delivering health and care services.

The third sector continues to be a crucial partner and we will continue to work in partnership with this strong and innovative sector.

Some services under pressure

Some of our services remain under pressure such as Care at Home and General Practice. We will strengthen these and support people to remain well by investing in prevention and early intervention.

Plans for next year

We will continue to reshape our services to support people to stay well and at home as far as possible. Good housing is crucial. We will work with the Council and Third Sector partners to develop housing for people with learning disabilities and build extra care housing for older people and disabled people. As part of the European Scirocco Programme we hope to learn how to improve our services from health and care developments in other European countries.

Whilst not within the time frame of this report I must acknowledge the challenges in March 2020 due to COVID-19. Our services were quick to take action and positive relationships with our partner care providers helped to ensure a robust response. While COVID-19 presented many challenges, there will be developments as a result of the pandemic that we will sustain. I have been proud and humbled by the dedication of staff and volunteers - and saddened by the impact of the virus on our residents.



A handwritten signature in black ink, appearing to read 'Morag Barrow', with a stylized flourish at the end.

Morag Barrow,
Chief Officer
Midlothian Integrated Joint Board

NATIONAL HEALTH & WELLBEING OUTCOMES



People are able to look after and improve their own health and wellbeing and live in good health for longer.



People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.



People who use health and social care services have positive experiences of those services, and have their dignity respected.



Health and social care services contribute to reducing health inequalities.



People who work in health and social care services are engaged with their work and improve information, support, care and treatment they provide.



Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.



Resources are used effectively and efficiently.



People who provide unpaid care are supported to look after their health and wellbeing.



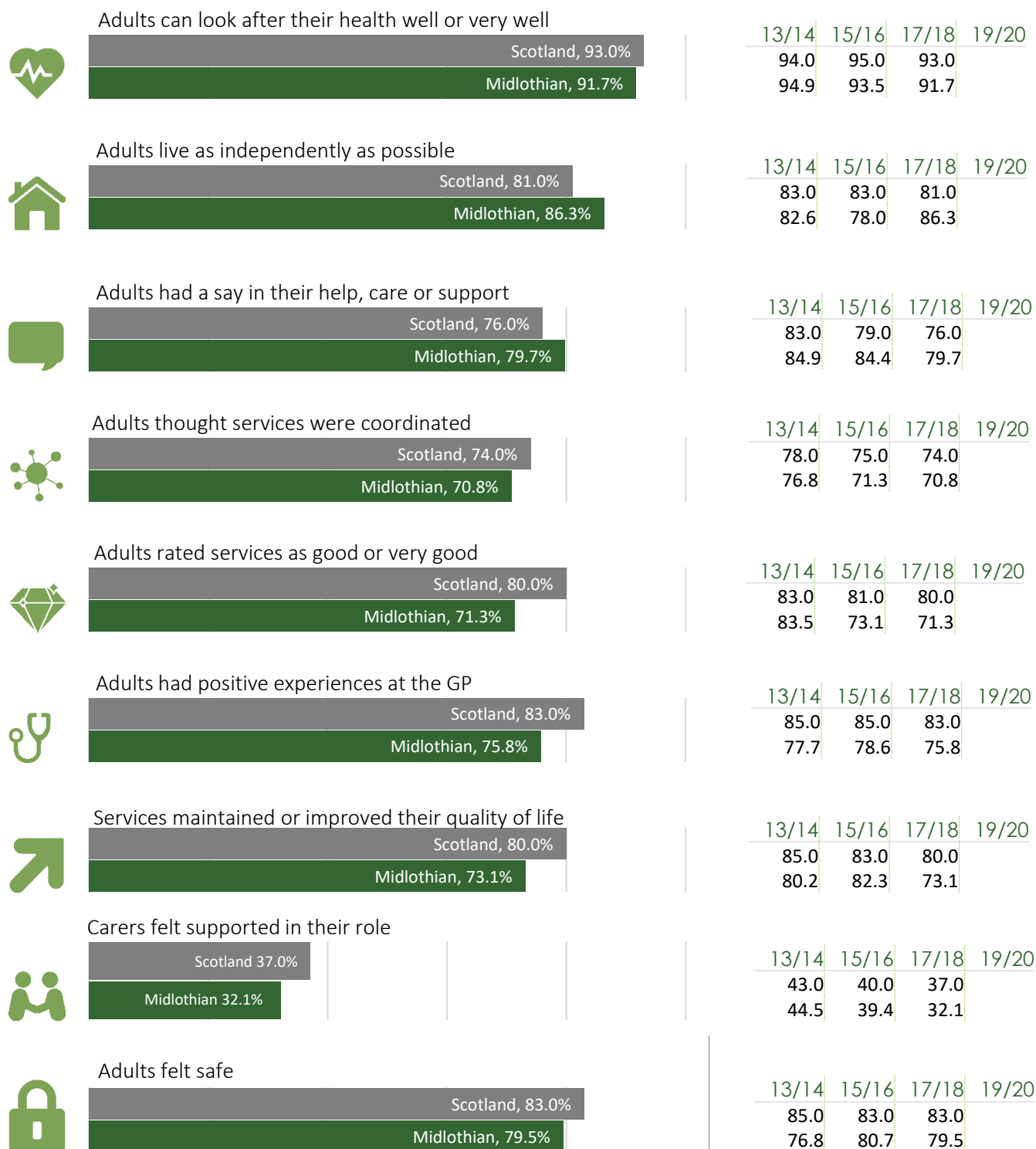
People using health and social care services are safe from harm.

HOW DID
WE DO?

NATIONAL INDICATORS


OUR RESULTS

2019/20 survey results will be published later than planned due to the COVID-19 pandemic. Below are the latest figures available from the 17/18 national survey




HOSPITALS


Emergency Admission rate per 100,000 of the population

	15/16	16/17	17/18	18/19	19
 Scotland	12,295	12,229	12,210	12,275	12,602
Midlothian	11,602	10,923	11,599	11,153	12,561


Emergency Bed Rate per 100,000 of the population

	15/16	16/17	17/18	18/19	19
 Scotland	128,541	126,891	123,383	120,177	117,478
Midlothian	122,943	122,994	123,180	121,587	115,308


Readmission into hospital within 28 days

	15/16	16/17	17/18	18/19	19
 Scotland	98	101	103	103	104
Midlothian	104	109	114	110	108

Number of days of people aged 75+ spend in hospital when ready to be discharged per 1,000 population


	15/16	16/17	17/18	18/19	19/20
 Scotland	915	841	762	793	793
Midlothian	835	971	1,422	1,323	1,002

% health and care resource spent on hospital stays after emergency admission

	15/16	16/17	17/18	18/19	19
 Scotland	23	23	24	24	23
Midlothian	22	22	23	23	22

COMMUNITY

% of the last 6 months of life spent at home or in a community setting

	15/16	16/17	17/18	18/19	19
 Scotland	87	87	88	88	89
Midlothian	85	86	87	86	86


Falls rate per 1,000 of the population aged 65 or over

	15/16	16/17	17/18	18/19	19
 Scotland	21	21	22	23	23
Midlothian	21	19	20	18	22

Care services rated good or better by the care inspectorate

	15/16	16/17	17/18	18/19	19/20
 Scotland	83	84	85	82	82
Midlothian	85	76	89	87	83

% Adults with intensive care needs receiving care at home (2019 data available Sep 2020)

	2015	2016	2017	2018	2019
 Scotland	61	62	61	62	
Midlothian	63	69	70	68	

Premature Mortality Rate per 1,000 people

	2015	2016	2017	2018	2019
 Scotland	441	440	425	432	426
Midlothian	396	400	389	409	425

HOW THE INDICATORS LINK TO THE OUTCOMES

Outcome:

Health and wellbeing																	
Living in Community																	
Dignity																	
Quality of Life																	
Health inequalities																	
Carers																	
Safe from harm																	
Workforce																	
Resources																	



Adults are able to look after their health very well or quite well



Adults supported at home agreed that they are supported to live as independently as possible



Adults supported at home agreed they had a say in how their help care or support was provided



Adults supported at home agreed that their health and social care services seemed to be well coordinated



Adults receiving any care or support rated it as excellent or good



Adults had a positive experience of the care provided by their GP practice



Adults supported at home thought services and support improved or maintained their quality of life



Carers feel supported to continue in their caring role



Adults supported at home agreed they felt safe



Premature Mortality Rate



Emergency Admission Rate



Emergency Bed Day Rate



Readmission rate into hospital



Last 6 months of life spent at home/community



Falls Rate



Care Services rated good or better



Adults with intensive care needs supported at home



Number of days delayed in hospital



Health and care resource

DISCUSSION

Every two years, the Scottish Government asks 100,000 people across Scotland about their experience of health and social care services. In 2017/18, **1,977 people** from Midlothian contributed to this Scottish Health and Care Experience Survey (a response rate of 26%). Survey results for 2019/20 were due to be published in April 2020, but due to the COVID-19 pandemic, the most recent results were not available at time of writing.

In addition to this survey data we have also included data related to quality of life and service use. For some indicators, the data has not been published for 2019/20 so we have included data from Jan – Dec 2019 as a substitute. This means results are not directly comparable but Public Health Scotland recommends this to improve consistency between all Health and Social Care Partnerships.

We are committed to increasing the number of people who stay well at home, and receive treatment or care in their own community if they need it. We have good local *care services* (83% rated good or above by the Care Inspectorate) and while our figure for *adults with intensive care needs who are supported at home* remains above the Scottish average we would like it to be greater. While our figure for the *last six months of life in the community* is 86% it is worth noting that this does not include time spent in our community hospital, thereby missing this cohort of people cared for in their local community.

Our *emergency admission rate* and the *emergency bed rate* remain higher than we would like although they are below the national average. Our *readmission to hospital* rate is slightly higher than the national average.

Midlothian people spend too long in hospital after they are ready for discharge. Our figure for *days in hospital when ready to be discharged* is higher than the Scottish average and reducing this is a key priority for the partnership. Delays occur for a range of reasons including the availability of care at home support. Additional days in hospital contribute to the *cost of hospital stay* – while our rate is below the Scottish average we intend to reduce it further.

The response for unpaid *carers feeling supported in their role* has been lower than the national average for the last two surveys and remains a challenge. In response to this, we are working with our carer support services to provide enhanced emotional, practical and financial support where feasible. In addition, work continues within our own services and with partner agencies to improve the early identification of carers in order to offer appropriate support, especially in our deprived areas where carers provide more hours of care per week. Unpaid carers who receive a service from our local carer organisation, VOCAL, report more positively on their feeling of support in their role.

Work is underway to support people who are considered frail and those living with long term conditions. By providing proactive, local and accessible person-centred support people will hopefully live well at home for longer. Our *falls rate* continues to be lower than the national average.

People in our most deprived areas have poorer health outcomes. Our *premature death rate* remains under the national average but has increased from the previous year. People in poverty are more likely to develop some long-term diseases such as COPD and diabetes and people with these conditions are twice as likely to be admitted to hospital and have a longer length of stay.

WHAT DID
WE DO?

HEALTH & WELLBEING



Empowering communities and individuals to manage their health and wellbeing can be particularly challenging because of some of the difficulties people face, including poverty and health conditions.

We use data and technology to help us make it easier for people to get timely access to information about their health.



20 years of Ageing Well

Ageing Well celebrated its 20th birthday. It started with two volunteers running one walking group. Today over 50 volunteers run 44 groups with over 600 people taking part each week.

Volunteers run a wide range of activities including health walks, singing, new age kurling, badminton, indoor bowls, table tennis and walking sports football, rugby and netball. They also organise annual events such as Walk the Line and the Senior Olympics for Care Homes and Sheltered Housing. Happy Birthday!



Support with medicines

We spend £18 million a year on prescription drugs – nearly 15% of the whole Health and Social Care budget. We have tried new ways to support people to manage their medicines.

We have a number of teams helping people learn about their medicines, checking they are taking the right ones and answering questions. We also have a pharmacy team in all GP practices.



Diabetes prevention

People from black, Asian and other minority ethnic groups are disproportionately affected by Type 2 Diabetes in comparison to white populations. We worked in partnership with Midlothian's Muslim Community Centre to set up a weekly walking group, a fitness class and a programme of with speakers which included a pharmacist, a community nurse and a dietitian.

Around 9 women of Indian, Pakistani and Bangladeshi heritage attend the fitness class and walking group.

LIVING IN THE COMMUNITY



People want to live at home for as long as they are able to do so. Our Midlothian Flow Hub has helped coordinate care, treatment and therapy in patients' own homes preventing admission into acute hospitals. A range of services including Hospital at Home and Discharge to Assess enable people to avoid inpatient care or reduce the time spend there.

Your GP has asked us to visit you at home.

Our aim is to help you live well and independently at home.

We can help you work on what matters to you.

What we do:

- Check your medicine
- Check your benefits
- Plan for the future
- Prevent falls
- Simple health checks
- Power of Attorney

Our team

Lisa Jinks
District Nurse

Emma Hope
British Red Cross

Leona Carroll
GP

Sheena Bell
Occupational Therapist

Support for people with frailty

The winter frailty team is made up of a GP, Occupational Therapist, District Nurse and Local Area Coordinator from the Red Cross. They work with 3 GP Practices to support people with frailty. Frailty is a recognised long term health condition

Many of the people they have supported have reduced their medication, been supported to prevent falls and all have created anticipatory care plans. Some are receiving benefits, going to social activities and have Power of Attorney arrangements.



Housing solutions

Occupational Therapists and staff from Housing have trained frontline staff to help them support people to live in suitable , accessible housing.

People's needs change over time and this training supports staff to feel confident talking to people about their options and plan ahead. Over 60 people from housing, NHS, Housing associations, Social Care, Third Sector and carers have been trained.



Learning Disabilities

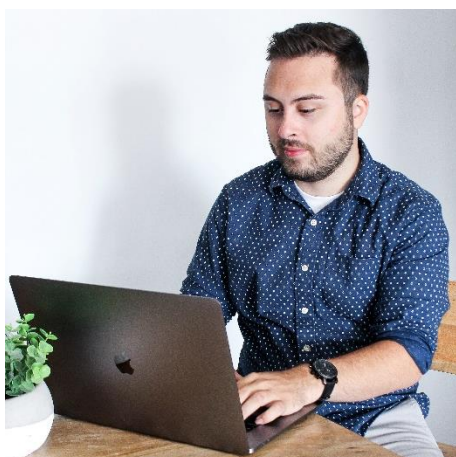
The right quality environment, particularly good quality housing, is one of the fundamental building blocks for our local services.

The Learning Disability Strategy group continued to work with Housing Department on a programme of housing developments designed with the needs of people with a Learning Disability in mind. 12 flats at Teviot Court in Penicuik have already been built and plans have been made for further developments in Bonnyrigg, Dalkeith, and Gorebridge.

POSITIVE EXPERIENCES & BEING TREATED WITH DIGNITY



People want timely, accessible and good quality care. We have more GP practices with open lists than in previous years so it is easier for people to register and access primary care services. We have developed new ways of providing earlier support to people who are diagnosed as being frail reducing crises and emergency admissions.



Online Consultations

One Medical Practice has moved to online consultations. Patients enter their symptoms online and a GP can then assess them once the surgery opens and offer advice over the phone, make referrals and/or appointments.

This system means the phone lines are clear for vulnerable patients. Most patients can submit their request for an appointment 24/7 and will be contacted when the surgery opens for advice or to be directed to the most appropriate service.



Meet the Team

GPs are just one of a range of people who can support you. We are making it easier to see the right person, at the right time in the right place by working in multi disciplinary teams in GP surgeries.

We now have a range of people working from local GP practices including Physiotherapists, Pharmacists, Primary Care Mental Health Nurses and Wellbeing workers.



Hearing aid clinics

Hearing aids can be a lifeline to staying independent but they can sometimes need a little attention. Whether the battery is flat, it needs re-tubed or people just need some advice, we ran 23 clinics to offer people advice and practical help.

The clinics in Dalkieth and Penicuik are coordinated in partnership with volunteers, Deaf Action and Audiology. They have been so popular that we are planning a third clinic in Gorebridge.

IMPROVED QUALITY OF LIFE



People are living longer lives, however there is a high number living with long term conditions.

By working in partnership across services, people are able to be seen by the right person at the right time resulting in a lower emergency bed admission rate in acute hospitals.

Midlothian Works

Individual Placement and Support service

Supported employment

We supported people with severe and enduring mental health conditions who want to work but experience significant barriers to accessing mainstream employment.

6 people have had job outcomes including working as a nursery assistant, in pet care, events steward, retail assistant, after school club support and mail deliveries.



Care home support team

A team of nurses, social workers and occupational therapists have been supporting staff in care homes to improve support for people with dementia.

They will look at ways to reduce unnecessary admissions to hospital and share good practice – including Namaste Care at Newbyres Village care home. This project brings residents together to stimulate the senses in a soothing atmosphere.



Help for muscles, bones or joints

Every GP surgery in Midlothian has a specialist physiotherapist who can give people an assessment, exercises and advice on how to manage their muscle, bone or joint pain better.

People can ask at their surgery for an appointment. The physiotherapists can make a diagnosis, refer people for further physiotherapy or investigations or to another specialist.

REDUCED INEQUALITY



Inequalities are avoidable and unfair differences in people's health across social and population groups.

People who live in our most deprived communities are more at risk of lower life expectancy and overall poorer health. A number of activities to tackle health inequalities are focussed in our most deprived communities where there is the most need.



Supporting people leaving prison

The services working in our new No 11 hub meet every fortnight to support people leaving prison.

They work with the Scottish Prison Service to meet people in prison to build relationships and then offer them support to link them into services and agencies in the community including housing, recovery communities, peer support and skills development.



Women's Social Supper

A partnership project with Social Bite, Children 1st and No 11 has supported between 20 – 30 women and children every week with a free women's only drop in supper.

It runs every Thursday between 16:30 – 18:00 at the new recovery hub in Dalkeith for women who are facing challenges in their lives. Women are part of a safe space and can access free food, support and advice, clothing and toiletries.



Supporting those who are homeless.

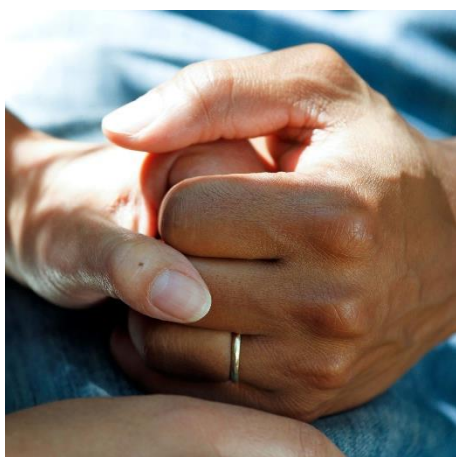
A nurse from the Community Health Inequalities team has been joined by a Community Psychiatric Nurse from the Substance Misuse Team to support people living in homeless hostels. They provide a direct nursing service and support to access medical services, food banks, peer support and other opportunities.

They have also worked with staff to develop the Housing First model – which will focus on offering permanent housing and support to people who are homeless.

SUPPORT FOR CARERS



Midlothian has approximately 9,000 unpaid carers and it is crucial we recognise the significant impact and effect their caring role can have on them, and offer support to sustain their role as long as they wish to do so. Many of these carers are not actively known to our services and we continue to try and reach these hidden carers. We have worked alongside VOCAL and other services that have contact with carers to ensure carers are represented into ongoing service design to improve services to meet the needs of carers and those who they care for.



A single point of contact

Carers were part of our consultation to improve community support for people with dementia.

Nearly everyone we spoke to, including the dementia team, third sector providers, sheltered housing and carers mentioned the need to provide more support to carers. We are now looking into creating a single point of contact – so carers have a named person who can offer support and guidance for a number of years.



Financial Advice

Citizen's Advice Bureau has been working in partnership with VOCAL to offer outreach clinics to offer benefits advice.

VOCAL hosted twice weekly welfare benefit and advice surgeries where carers could ask staff from Penicuik CAB advisers questions on a range of topics including welfare benefits; debt; employment; and transport.

Monthly Dementia Surgeries

Alzheimer Scotland's Dementia Advisor held a specialist surgery at VOCAL to provide practical and emotional support for 18 carers of someone living with dementia.

Carers could follow up any questions or queries after the surgery as the condition of the person they care for, and their role as a carer, changed. VOCAL and Alzheimer Scotland also ran joint information sessions for carers.



SAFE FROM HARM



All services must aim to keep people remain safe from harm and prevent avoidable risks. We have increased our recruitment of Allied Health Professionals, including Occupational Therapists, who have helped people reduce their risk of falls to below the Scottish average.

There is a strong link between substance misuse, community justice and mental health and the newly formed Number 11 hub in Dalkeith improves collaboration between these services.



Support for neurological conditions

Midlothian Council and the NHS Lothian's Lanfine service started to work more closely to support people with progressive neurological conditions at home. The Council also commssioon the specialist services of the Scottish Huntington's Association.

This will bring together a range of professionals such as Medical and Nursing staff, Social Workers, Physiotherapists, Occupational Therapists, Speech and Language Therapist, Neuropsychologist, Dietitian, Therapy Support Workers and support for carers.



Low threshold prescribing

Every week people at risk of drug related over dose and death have been accessing support at a café style clinic.

They can access a prescprition for opioid substitution treatment, peer support workers, housing and benefits advice, mental health referrals, health checks, and clean needles or overdose-reversing naloxone kits. This style of support has increased attendance in this group from under 30% to more than 90%.



Adult Support & Protection

A team leader, 3 social workers and a Community Care Assistant support adults at risk.

Last year they received **245** referrals in relation to issues such as financial and psychological harm, in particular in older people.

The majority of referrals were referred to other health and social care services for longer term support.

EFFICIENT & EFFECTIVE USE OF RESOURCES



We continue to strengthen our community based support to provide an alternative to hospital admission for many. Teams like our Rapid Response Service prevent many from an unwanted stay in hospital and many more people with intensive care needs are receiving care at home – higher than the national average. Our GP practice teams have expanded with more specialist services located in practices such as physiotherapists, pharmacists and mental health nurses which allows people to be seen quicker and have a better experience.



Helping you home after hospital

The Discharge to Assess team consists of occupational therapists, physiotherapists, community care assistants and clinical support workers who support patients after a stay in hospital.

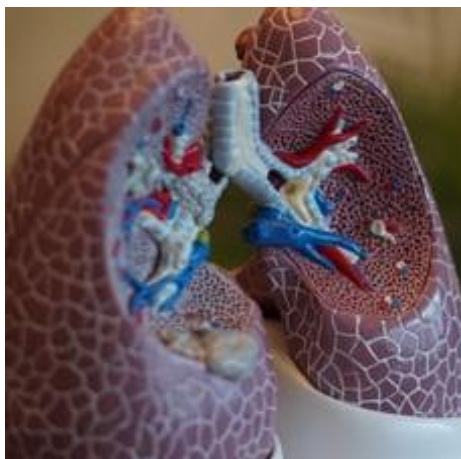
They have supported 430 patients since they started in early 2019. They assess a patient's needs once they are back at home so they don't have to wait for their assessment in hospital. This has saved 3,390 unnecessary days for the hospital.



Hospital at Home Team

The team provides acute care to up to 15 patients in a virtual ward – with an average length of stay of 6 days.

Most of the patients are over 65. The majority are referred by their GP through the Flow Centre but around 25% are from the "Front Door" of the acute hospitals. Patients have a range of conditions e.g. infections, musculoskeletal problems, limited functional abilities and delirium and/or dementia.



Supporting people with COPD

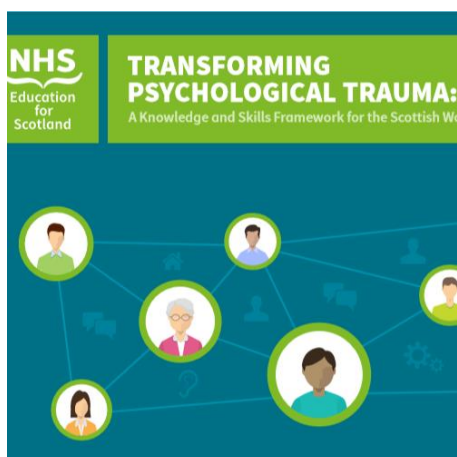
The Community Respiratory Team was expanded, working with more patients with COPD to try and prevent admission to hospital, or facilitating quicker discharge when a patient is admitted to hospital.

In the year 19/20 217 admissions were avoided and 96 facilitated discharges took place, resulting in a 1686 reduction of days in hospital overall.

STAFF

Our staff are our greatest and most valuable resource.

We have developed a comprehensive staff training programme which allows staff to have a “Good Conversation” with people to support self management and direction. The Midlothian Way includes training in trauma, health inequalities and health literacy.



Training in trauma

Midlothian Council received funding from the Scottish Government to train staff across the whole system.

21 people can now deliver training to reception staff, teachers and health visitors to give them a better understanding of the needs of children and adults who have been affected by traumatic experiences.



Good Death, Good Grief

The death of someone close can be overwhelming. Relatives, friends or neighbours can offer support but there are also organisations to help guide you through what to do and talk through your feelings.

As part of the festival of remembrance ‘To Absent Friends’ we supported staff to have good conversations about death and promoted organisations on www.midlothian.gov.uk/bereavement.



Voluntary Sector Summit

We have contracts with around 40 voluntary organisations accounting for 33% of the total Adult Social Care budget.

The Voluntary Sector is a key partner in the planning and delivery of health and social care. Leaders from voluntary sector organisations and the management team of the HSCP met 3 times to discuss and explore how we could work collaboratively to make best use of the available resources.

LOCALITY PLANNING

EAST & WEST MIDLOTHIAN

A locality is 'a smaller area within the borders of an Integration Authority'. We have two – East and West and this helps us plan services that suit local communities. We also use "Area Targeting" to support communities. Areas of Dalkeith/Woodburn, Mayfield/Easthouses and Gorebridge (in the East) and parts of Bonnyrigg, Loanhead and Penicuik (in the West) are areas of deprivation.

Each community council area has a neighbourhood plan that allows residents and Community Planning Partners to identify areas to work on together - using assets, activities and resources, from the public, voluntary and private sectors and local communities. These plans are based on local data, lived experience and community engagement and are at various stages of maturity . Some local priorities include

- Preventing Isolation and establishing community groups for local support
- Improving Physical Activity and access to community sport
- Supporting the Workforce
- Maximising income
- Reducing Health Inequalities
- Supporting people to live at home

TAILORED SUPPORT FOR COMMUNITIES



Homecare

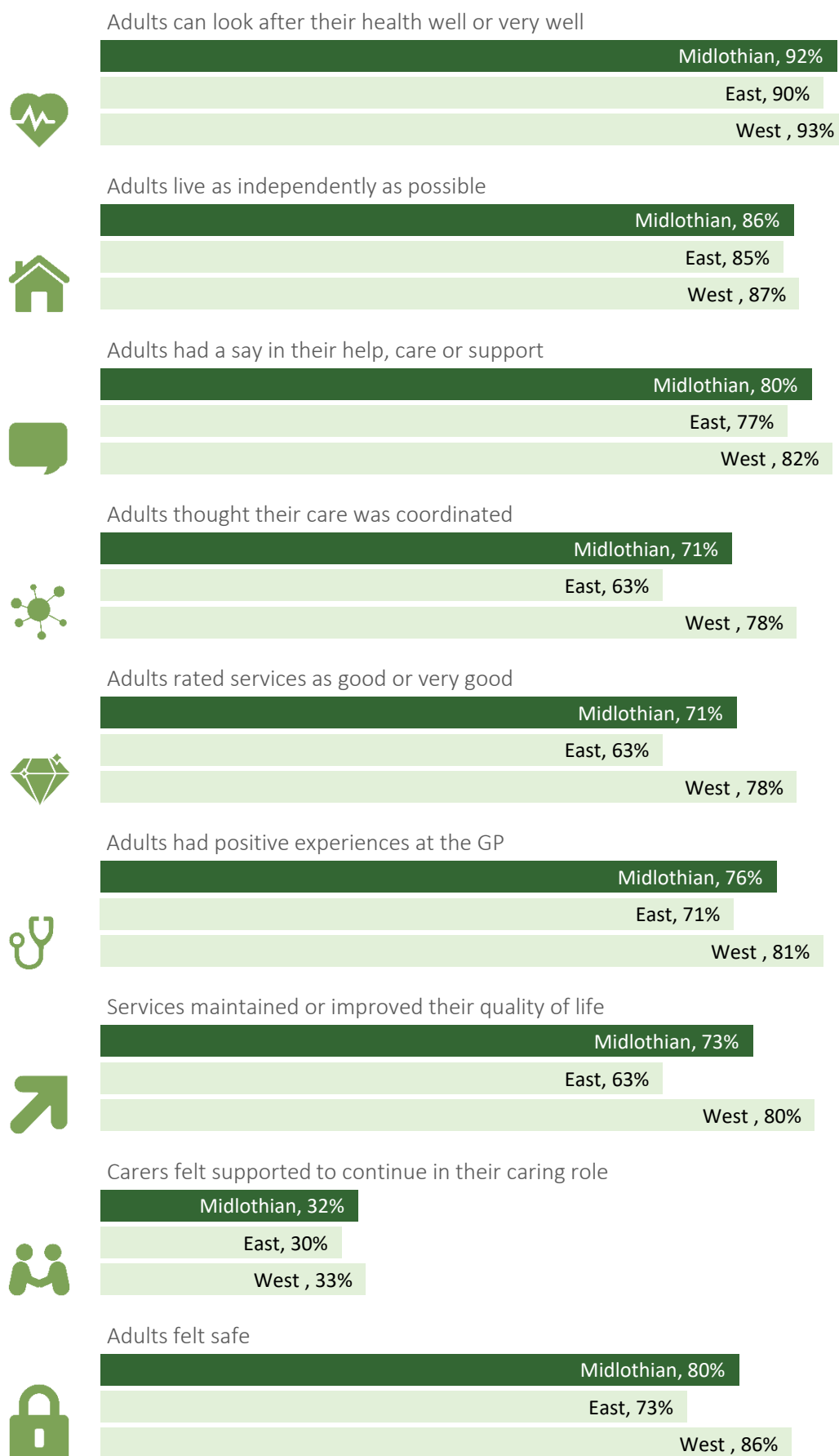
Our Homecare service continues to improve the quality of care provided to vulnerable individuals in their own home. The service has been split across the two localities (East and West) and again into six smaller areas to ensure continuity of care, flexibility and creates additional capacity. These changes have already shown improvement, with almost as many new packages of care being provided in the first months of 2020, as were provided in the whole of 2019. A family member said *"Without your team of carers my mum wouldn't be able to live at home"*



Newbattle – More than Food project

Using Scottish Government funding, we worked with Midlothian Council, families and schools to deliver activities in the summer holidays to improve the health and wellbeing of families. Activities included resilience workshops for kids, healthy eating sessions, sport activities and informational sessions by Community Health Inequality nurses and Health in Mind. Watch a video [here](#).

INDICATOR DATA BY LOCALITY



HOSPITALS



Emergency Admission Rate (2019) – 12, 561 per 100,000
East 13,208 per 100,000 West 11,981 per 100,000



Emergency Bed Rate (2019) – 115,308 per 100,000
East 122,277 per 100,000 West 109,055 per 100,000



Readmission to hospital within 28 days (2019) - 108 per 1,000 discharges
East 113 per 1,000 discharges West 104 per 1,000 discharges



No. of days in hospital when ready to be discharged
No data by locality



% resource on hospital stay after emergency admission
No data by locality

COMMUNITY



% of the last 6 months spent at home or community (18/19) – 86.1%
East 84% West 88%



Falls rate (65+) (2019) – 22.2 per 1,000 population
East 24 per 1,000 West 21 per 1,000



Care services good or better (Care Inspectorate)
No data by locality



Adults with intensive care needs receiving care at home
No data by locality



Premature mortality rate (2019)
No data by locality

FINANCE

HOW WE SPENT OUR MONEY (2019/20)

The Integrated Joint Board had a total budget of **£149m** and ended the financial year with a small **underspend of £0.743m**. For more information see our [Annual Accounts and Financial Strategy](#).

	Budget	Spend	Variance
Direct Midlothian Services			
Community AHPS	2,153,000	2,021,000	132,000
Community Hospitals	5,556,000	5,665,000	-108,000
District Nursing	3,489,000	3,343,000	147,000
General Medical Services	15,750,000	15,885,000	-134,000
Health Visiting	1,991,000	1,699,000	292,000
Mental Health	2,607,000	2,422,000	185,000
Other	10,718,000	10,252,000	466,000
Prescribing	18,368,000	18,305,000	63,000
Resource Transfer	5,197,000	5,187,000	9,000
Older People	18,352,000	16,646,000	1,706,000
Learning Disabilities	13,598,000	16,214,000	-2,617,000
Mental Health	869,000	845,000	24,000
Physical Disabilities	3,381,000	3,736,000	-355,000
Assessment and Care Management	3,146,000	2,806,000	340,000
Other	3,247,000	2,412,000	835,000
Midlothian Share of pan-Lothian			
Set Aside	18,705,000	19,082,000	-378,000
Mental Health	2,244,000	2,352,000	-108,000
Learning Disabilities	1,350,000	1,499,000	-149,000
GP Out of Hours	1,208,000	1,287,000	-79,000
Rehabilitation	792,000	695,000	97,000
Sexual Health	640,000	643,000	-3,000
Psychology	761,000	779,000	-17,000
Substance Misuse	467,000	441,000	26,000
Allied Health Professions	1,362,000	1,307,000	55,000
Oral Health	1,738,000	1,707,000	31,000
Other	2,449,000	2,166,000	283,000
Dental	5,111,000	5,111,000	
Ophthalmology	1,702,000	1,702,000	
Pharmacy	2,924,000	2,924,000	
	£149,875,000	£149,133,000	£743,000

MAIN AREAS OF SPEND (£000)



CHALLENGES

Social Care

There was a significant overspend within adult services, specifically for clients with complex needs with learning and physical disabilities. This pressure was offset by an underspend in services for older people.

Health

The main financial pressure was within set aside budgets (NHS Lothian services within the acute hospitals - Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital) which are delegated to the IJB e.g. Accident and Emergency, Geriatric Medicine, Rehabilitation Medicine and Respiratory Medicine.

- Junior Medical Staff – due to additional staffing requested to cover rotas for sickness; maternity and vacancies.
- General Medicine – due to challenges with recruitment and bed pressures across all sites
- Infectious Diseases - due to drug expenditure being higher than budgeted

The Scottish Government new monies to support integration received by the IJB this year has supported its aims of delivery of the living wage, the Carers Act and Franks Law in line with Scottish Government's guidance.

The IJB also has a duty under the Local Government Act 2003 to make arrangements to secure Best Value and does this through continuous improvement in the way in which its functions are exercised. Best Value includes aspects of economy, efficiency, effectiveness, equal opportunity requirements, and sustainable development.

Challenges & expectations next year

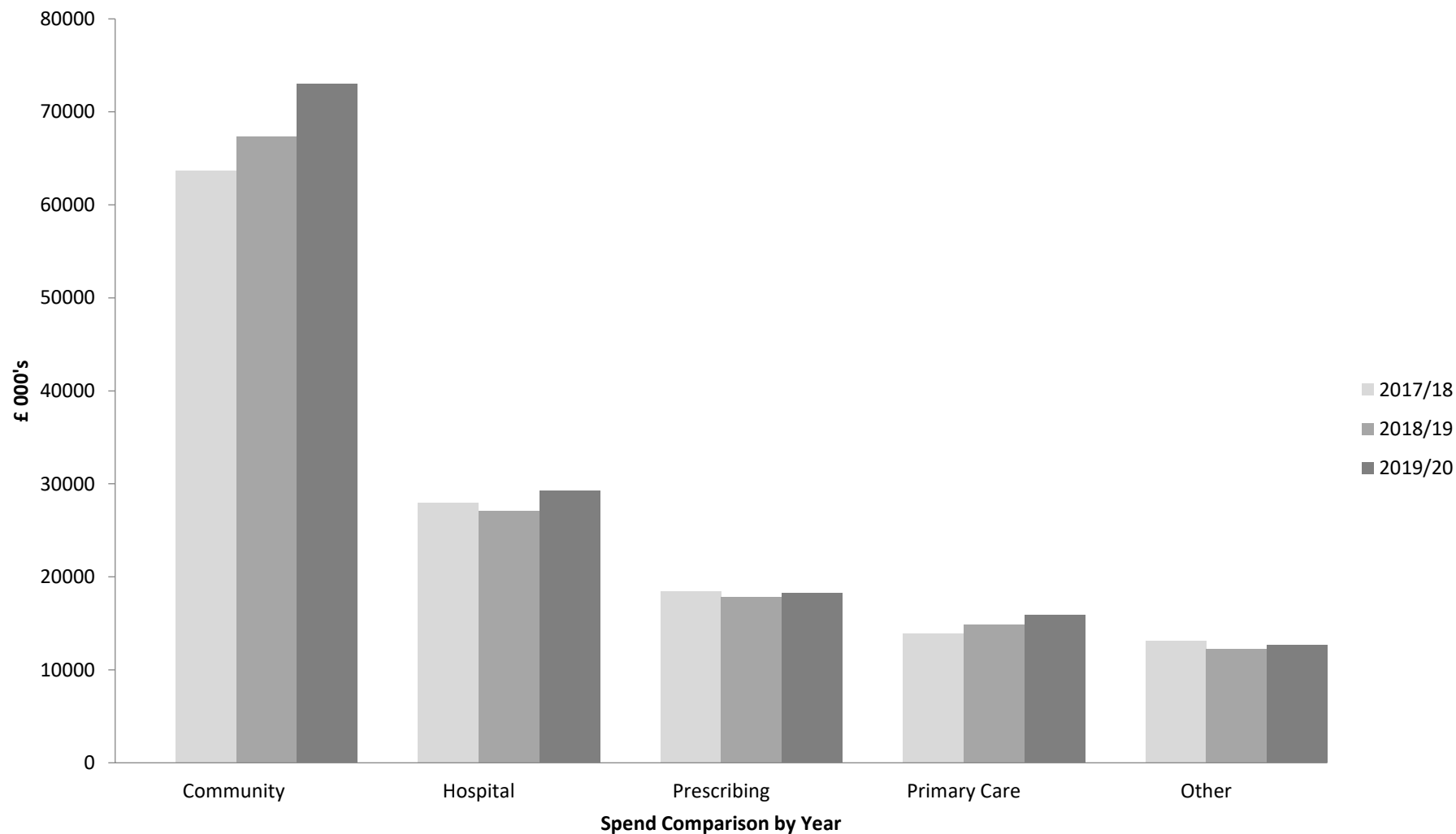
In February 2020 the IJB undertook part of its annual financial assurance process to review the budget offer for 2020/21 from Midlothian Council. Again this process identified financial challenges but the IJB has accepted this budget as it passed the two tests of 'fair' and 'adequacy'. It should be noted that this was a challenging settlement for the IJB and any further reduction would have an impact on service delivery. The IJB at their April 2020 meeting also accepted the budget offer from NHS Lothian for 2020/21 having undertaken the same approach regarding financial assurance and "fair and "adequate" test.

As part of the financial planning process for 2020/21, NHS Lothian has uplifted the baseline budget by 3% and Midlothian Council also uplifted the base budget and passed through the additional social care monies from the Scottish Government (£96m nationally).

The challenge is to continue the transformation of the services that deliver the IJB's delegated functions whilst continuing to deliver high quality health and social care to the population the IJB supports. The IJB has developed a financial strategy and a medium term financial plan which was presented to the IJB at its meeting in June 2019. The IJB continues to develop this multi-year financial plan to support how the resources available to the IJB will be used to deliver the ambitions of the Strategic Plan

MAIN AREAS OF SPEND (2017-2020)

The graph below compares our spend trends for the past 3 years. We are unable to report on 2016/17 or previous data the same way. We are also unable to report on spend by locality as we do not hold data in this form.



CHALLENGES & DECISIONS (2020/21)

Key transformation programmes:

- **Reshaping unscheduled care** – by working with acute staff and Lothian IJBs to reduce admissions to acute care, increase rehabilitation and offer local services by reshaping Midlothian Community Hospital.
- **Developing a Home First model** - by redesigning intermediate care services; developing our Care at Home services and improving support for people with Frailty.
- **Improving Housing options** – by working with the council to develop housing for people with learning disabilities and build extra care housing for older people and disabled people.
- **Improving our services** – by learning from other European countries as part of the Scirocco Programme
- **Redesigning support for Unpaid Carers.**
- **Redesigning mental health supports – by recommissioning community mental health services and developing an Older Peoples Mental Health ward in Midlothian Community Hospital**
- **Tackling health and income inequalities.**

Key Risks, Challenges and Uncertainties

We face huge challenges due to the coronavirus pandemic but the crisis also created an opportunity to build on existing and newly forming community connections.

A growing and aging population

12,000 new houses will be built in the next 3 years. Many more people will be living at home with frailty, dementia and/or multiple health conditions. An increasing number of people live on their own, and for some this will bring a risk of isolation.

Higher Rates of Long-Term Conditions

Midlothian has a higher incidence than the national prevalence of cancer, diabetes, depression, hypertension, chronic obstructive pulmonary disease and asthma.

High rates of mental health needs

Approximately 18% of the population are on medication for anxiety and depression.

Financial Pressures

Public Finances face severe challenges. The Council continues to face significant reductions in its overall budget but has sought to protect social care budgets from the level of cuts required in other services. The financial position for the UK and Scotland remains uncertain.

Workforce Pressures

Recruitment and retention is a growing problem in health and social care. There is a shortage of GPs; a significant proportion of District Nurses are nearing retirement; while care at home providers find it difficult to attract and keep care at home workers. The aging population means these pressures may increase.

Acute Hospitals

We need to invest in community based alternatives that will minimise avoidable and inappropriate admissions and facilitate earlier discharge.

Health Inequalities

People living in some Midlothian communities are living in poorer health and are likely to die younger with higher rates of cancer, stroke, diabetes and heart disease. People with disabilities are more likely to have lower educational achievements, higher rates of poverty and poorer health outcomes.

INSPECTIONS

The Care Inspectorate inspects our care homes and care at home services. They look at the quality of care to ensure it meets high standards. Where they find that improvement is needed, they support services to make positive changes. Read the full reports [here](#).

Here are the services that have had an inspection with a written report in the last year.

HOMES:

	Wellbeing	Leadership	Staffing	Setting	Planning
Dougall Court (LD)	4	4	3	3	4
Richmond Fellowship (LD)	5	5			
Parkside Court (LD)	4				4
Highbank	3	4	3	3	3
Nazareth House	3	3	4	3	3
Springfield Bank	3	4	4	4	3
Pittendreich	3	4	4	3	4
Newbyres	5	4	3		4

*LD = Learning Disability

Areas for improvement:

- **Pittendreich** - No areas of improvements.
- **Nazareth House**
 - The provider should improve the way they deal with feedback.
 - The provider must provide dementia training.
- **Highbank**
 - The manager should identify areas for improvement recorded under each of the five key questions.
- **Springfield Bank** - No areas of improvements.
- **Newbyres Village**
 - The provider should ensure appropriate opportunities are in place for staff to feel supported in their roles and able to influence further improvement and development within the service, including reflecting on their own practice.
 - The provider should ensure that resident's needs are fully met by having the right number of people to care for them.
 - The provider should ensure falls prevention guidelines, risk assessments and support plans are in place.

COMMUNITY:

	Care & Support	Staffing	Management
Shared Lives (LD)	5	5	
SCRT East	2	3	3
Mears – Edinburgh & Midlothian	4	5	5
Cowan Court	5		5
McSense	5		5
St Joseph's 1	6	5	
St Joseph's 2	6	5	
St Joseph's 3	6	5	
St Joseph's – New Lodge	5	5	
Thera	5		5
Bluebird Care	5	4	5
Health In Mind - Visiting Support	5	5	
Park Cottage	6		6
ELCAP	5		5

Areas for improvement

- **Shared Lives Midlothian**
 - Ensure people's care and support needs are reviewed to ensure their needs are continuing to be met.
- **SCRT East**
 - Ensure that the service is provided at the agreed times, and in such a way that it meets the needs of the service user as recorded in the support plan.
 - Ensure that service users are fully involved in developing their support plans.
 - Ensure that staff are competent in the administration and recording of medication.
- **Mears – Edinburgh & Midlothian**
 - The service should ensure people receive the care and support required in the agreed timescale.
 - The service should ensure that appropriate risk assessments and guidelines are in place for people who may have reduced mobility and rely on various equipment like walking aids for assistance.
- **Cowan Court** - No areas of improvements.
- **McSense** - No areas of improvements.
- **St Joseph's Services - New Lodge** - No areas of improvements.
- **St Joseph's Services - Circle of Best Practice 1 - Care at Home**
 - The service should ensure that staff are appropriately trained.
- **St Joseph's Services - Circle of Best Practice 2 - Care at Home**
 - The service should ensure that staff are appropriately trained.
- **St Joseph's Services - Circle of Best Practice 3 - Care at Home** - No areas of improvements.
- **Thera (Scotland)**
 - The provider should improve their training records and monitor staff registration requirements.
- **Bluebird Care** - No areas of improvements.
- **Health In Mind Support from Home - Visiting Support** - no recommendations
- **Penumbra Housing Support Service – Wayfinder Park Cottage** – no recommendations
- **ELCAP** – no recommendations

INTEGRATION FUNCTIONS & GOVERNANCE DECISIONS

The Scheme of Integration was due to be reviewed by NHS Lothian and Midlothian Council by June 2020. Due to the COVID-19 pandemic this was delayed.

All Midlothian HSCP documents can be found [online](#).

COMMUNICATING CLEARLY

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如有需要我們樂意提供翻譯本，和其他版本的資訊與刊物，包括盲人點字、錄音帶或大字體。

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Körler için kabartma yazılar, kaset ve büyük nüshalar da dahil olmak üzere, istenilen bilgileri sağlamak ve tercüme etmekten memnuniyet duyarız.

اگر آپ چاہیں تو ہم خوشی سے آپ کو ترجمہ فراہم کر سکتے ہیں اور معلومات اور دستاویزات دیگر شکلوں میں مثلاً بریل (تایید افراد کے لیے ابھرے ہوئے حروف کی لکھائی) میں، ٹیپ پر یا بڑے حروف کی لکھائی میں فراہم کر سکتے ہیں۔

Contact 0131 270 7500 or email: enquiries@midlothian.gov.uk

27th August 2020

General Practice Remobilisation in Midlothian

Item number: 5.6

Executive summary

To update the IJB on the remobilisation of primary care and the plans for the 2020 seasonal flu vaccination programme.

Board members are asked to:

- Note the changes to access to General Practice in Midlothian as a result of COVID19
- Note the plans for remobilisation of primary care and progress implementing the Primary Care Improvement Plan
- Support the plan for the 2020 Seasonal Flu Vaccination Programme

Report title

1 Purpose

- 1.1 To update the IJB on the remobilisation of primary care and the plans for the 2020 seasonal flu vaccination programme.

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:-
- 2.2 Note the changes to access to General Practice in Midlothian as a result of COVID19
- 2.3 Note the plans for remobilisation of primary care and progress implementing the Primary Care Improvement Plan
- 2.4 Support the plan for the 2020 Seasonal Flu Vaccination Programme

3 Background and main report

- 3.1 General Practices performed a critical role the COVID19 response during 2020 responding to the changing demands from their patients, managing staff absence, implementing rapidly changing guidance and transforming their service delivery models with greater use of telephone and digital consultations.
- 3.2 All practices in Midlothian managed to remain open during the COVID19 response but contingency plans were developed for the buddying or grouping of practices if there were critical issues with staffing. There was additional funding provided to all practices for the increased costs associated with the COVID19 response.
- 3.3 There has been shift within practices as we move away from lockdown and there is a remobilisation of services. A key change has been the pivot to total telephone triage with an increase in practices fully adopting a total-telephone-triage for all patient contacts. There has also been an increase in the use of Near-Me with nine Midlothian practices together completing over 200 video consultations in July.
- 3.4 The next six months will be a considerably challenge for General Practices in Midlothian. Practice teams will continue to limit face-to-face consultations and instead to use telephone and video consultations. Newbattle Practice uses econsult which offers people the opportunity to contact them online this may be developed in other practices. However for the present people will experience total-telephone triage as the norm across Midlothian.

- 3.5 The process for primary care for remobilisation has been agreed across NHS Lothian with robust involvement from HSCPs and Independent Contractors. The NHS Lothian Primary Care Remobilisation Plan is attached in Appendix One

Midlothian Primary Care Improvement Plan

- 3.6 The Primary Care Improvement Plan is a four-year plan in response to the 2018 GMS (Scotland) Contract and the associated Memorandum of Understanding. The Plan describes the process to transfer activity from General Practice teams to the HSCP.
- 3.7 Most services developed in the PCIP were redirected to assist with the COVID response. As services are remobilised they are returning to support practice teams. The following section summarises recent progress with the PCIP:

3.8 Vaccination Transformation Programme

Childhood Vaccinations were transferred from practices in Year 1 of the PCIP. Travel Vaccinations were also to be transferred in Year 1 but haven't. This is being progressed as a pan-Lothian service.

The responsibility for annual Flu Vaccinations were to be transferred to the HSCP in Year 3 which means that for 2020 the responsibility remains with practice teams. In response to the COVID flu programme there are several exceptions to this with the HSCP taking on responsibility for specific cohorts this year including Housebound, Care Homes, Nursing Homes and Children 2-5s. The HSCP is also taking on responsibility for the Shielding Patient cohort and their household members (6,500 people based on practice returns). The HSCP will also provide additional staff to practice teams to assist with the 2020 flu vaccination programme. Further details about the Seasonal Flu programme are in described further in this report.

Transfer of Shingles and Pneumovax has been delayed but will be incorporated into the CTAC programme during Year 3

3.9 Pharmacotherapy

Pharmacotherapy was prioritised in Year 1 on the PCIP. Recruitment has remained challenging with several staff moving onto new roles across Lothian during the lifespan of the PCIP. Currently all practices in Midlothian are supported through a combination of pharmacists and pharmacy technicians. However, there are limitations on the national workforce capacity which is making it difficult to reach and sustain full team complement.

3.10 Community Treatment and Care Services (CTAC)

Phase 1 of CTAC development is underway in Midlothian and will be established this Autumn. Three practices have agreed to develop the model with the HSCP (Penicuik, Eastfield, Roslin) during this phase. A combination of five Health Care Assistants and five Community Nurse posts have been funded for this phase and recruitment is in progress. A new Team Manager post will also be appointed to manage the service during the development of phase 1 and expansion of the service during 2021.

The three practices have all received support to allow them to release senior GP time to develop the new model. There is a shared ambition to make greater use of technology for remote monitoring of chronic conditions.

3.11 Additional Staff and Urgent Care

Musculoskeletal Advanced Practice Physiotherapists (MSK APP) were prioritised in the Midlothian PCIP and all practices in Midlothian have the service in place. Recruitment into the MSK APP service was achieved through a series of recruitment processes and staff in this team are remaining in the service.

The Primary Care Mental Health Nurse service was developed during Year 2 of the PCIP. Initially this was fully funded by the PCIP but as the service has expanded the additional posts have been funded from Action 15. The service will be operational in all 12 practices by September 2020 (was in 7 practices until the last recruitment round). There are 10 nurses working in the services (8.8 WTE). During COVID19 response the service was pulled back from practices but is now being reintroduced. Some practices are piloting direct patient booking via the reception team to reduce GP contacts.

3.12 Link Workers

The Wellbeing Service was operating in 75% of Midlothian Practices at the start of the PCIP and was extended to all practices in Year 1. The service moved to a telephone-based service during COVID19 response.

During COVID19 response the British Red Cross changed their service model to provide a service for all patients identified with moderate and severe frailty. In Midlothian 11/12 practices shared patient contact details with the Red Cross which led to 2630 people being contacted. This is 75% of this cohort across Midlothian.

Midlothian 2020 Seasonal Flu Vaccination Programme

- 3.13 The ongoing risks from COVID19 mean there are significant changes to the flu programme this year: there will be a higher uptake in the traditional population cohorts; the age range for people eligible for the vaccine will reduce to either 55 or 50; eligible staff will be expanded; clinics will need to be run with appropriate PPE and physical distancing procedures in place.
- 3.14 The four HSCPs across Lothian have developed different approaches for the flu programme. East Lothian, Midlothian and West Lothian have a common approach with most flu activity remaining with practices and the HSCP taking on a specific cohort from General Practices. Edinburgh HSCP has taken over responsibility for the majority of vaccinations that General Practices previously held responsibility.
- 3.15 Midlothian HSCP has agreed with Practice Flu Leads that responsibility for the Shielding cohort (including other members of their household) will be vaccinated by the HSCP. This is estimated to be 6,500 people and clinics will be organised across Midlothian mostly in non-healthcare venues.

This is the plan for the key population cohorts:

Population Cohort	Midlothian
>65	GP except for Shielding cohort
<65 at risk	GP except for Shielding cohort
>55 new cohort	GP except for Shielding cohort
Pregnant Women	Mix between GP, Maternity and HSCP
NHS Staff	Mix between GP, Maternity and HSCP
Social Care Staff	HSCP
Carers	HSCP
Housebound	HSCP
Care Homes	HSCP
Primary School	Community Vaccination Team
2-5 and not at school	HSCP

4 Policy Implications

- 4.1 There are no policy implications from this report

5 Directions

- 5.1 There are no new directions from this report

6 Equalities Implications

- 6.1 There are no equalities implications from this report

7 Resource Implications

- 7.1 There are resource implications from this report as both the Primary Care Improvement Plan and 2020 Seasonal Flu Vaccination Programme have significant cost. The planned PCIP costs are fully met by the allocation from Scottish Government. The additional costs this year from the vaccination programme are forecast to be a maximum of £400K. The source of this funding will consist of additional funding from Scottish Government and sources to be agreed within NHS Lothian and the HSCP.

8 Risk

- 8.1 The key risk from the programmes described in this paper relates to the flu vaccination programme. It is important that General Practices and the HSCP achieve a high vaccination uptake this year to reduce pressure on health and care services during the Winter.

9 Involving people

- 9.1 Health and Care professionals from across the HSCP and NHS Lothian have been involved in the development of plans for the flu programme.
- 9.2 There is public representation on the CTAC project board but further work is required with communities during the development of the CTAC pilot.

10 Background Papers

10.1 Appendix One: NHS Lothian Primary Care Remobilisation Plan

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DATE	11 th August 2020

Appendices:

Appendix One: NHS Lothian Primary Care Remobilisation Plan



NHS Lothian Primary Care Remobilisation Plan

August 2020

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Introduction

This plan reflects the work undertaken by the NHS Lothian remobilisation groups and the planning in response to Covid19. This will continued to be updated in line with new and available information either clinical advice, Scottish Government or NHS Lothian Policy and guidance.

It is unlikely that we will be in an environment of pre-Covid conditions by March 2021. We may also expect a spike in Covid19 which may require us to return to previous lockdown phases.

All contractor services will be delivered in a different way for the foreseeable future and for the purposes of this plan we anticipate up to at least March 2021.

This plan has been developed from ongoing work with the 4 Health and Social Care Partnerships and the individual contractor plans across GMS, Dental, Optometry and Pharmacy.

We would wish at this point wish to thank them all for their determination, hard work and effort in responding to Covid19, ensuring access to emergency provision for the people of Lothian during the early days of the outbreak to more recently undertaking planning to remobilise services. There is of course much more to do and especially in light of the unclear route which Covid19 may take, including a resurgence at some point over the winter months and coinciding with the annual Flu season.

Planning and guidance

All Scottish Government route maps for Covid19 Re-mobilise, Recover, Re-design: The Framework for NHS Scotland¹ have been reflected by each of the relevant contractor groups in their planning and consideration.

These have also been presented, considered and discussed at the NHS **Lothian Primary Care Tactical group** and the relevant contractor remobilisation groups. These will continue to be considered and discussed at these meetings as national and local policy guidance and direction is published.

Principles for Safe and Effective Mobilisation²

In developing the Primary Care remobilisation plan we have taken account of the principles of safe and effective mobilisation. All contractor areas have considered their relevant populations and in the planning out of lockdown have been cognisant of these, especially in planning around safe access for patients and safety of staff. Our themes in relation to service sustainability and continuity of provision of services over the short, medium and longer term are:

- Services that can resume most safely
- The transformation of those services in order to resume
- Achieving greater integration of services

¹ 2020 30th May, Covid-19 – Framework for Decision Making, Re-mobilise, Recover, Re-design: The Framework for NHS Scotland.

² Re-mobilise, Recover, Re-design: the framework for NHS Scotland May 2020

- Quality, values & experience
- Services closer to people's homes in context of minimising travel and footfall
- Improved population health
- Services that promote equality
- Sustainability

We have, through clinical leadership and in line with government phasing, identified which services we believe should be resumed and transformed over the period until March 2021. We have assumed we are still in a period of Covid19 where social and physical distancing, PPE use and enhanced IPC regimes will be in place. As well as identify which services we can develop we have also begun to identify (with ongoing review and consideration) which services we are not attempting to re-start at this time.

Our GMS Plan (*appendix 1*) identifies essential and non-essential services and assessment of enhanced services. Dental, Optometry and Pharmacy plans (*appendices 2-4*) follow national guidance identifying which services they are able to offer.

Governance and decision making

The **Primary Care Covid19 Tactical group** was established and has met regularly to co-ordinate the Covid19 response across NHS Lothian PCCO and the 4 Health and Social Care Partnerships. This group has representation from across practitioner areas of General Practice, Pharmacy, Dental and Optometry, 4 Health and Social Care Partnerships, Public Health. It is chaired by NHS Lothian Director of Primary Care Transformation.

Each Contractor area has established their own workstream, responding to Covid19 and developed specific actions:

- **GMS Services Remobilisation group** was established and met with representation across Health and Social Care Partnerships, GP Sub Committee, Lothian Local Medical Committee, Public Health. This is chaired by the Director of Primary Care Transformation.
- Remobilisation of NHS **General Dental services** are via **the Dental Remobilisation group**. This covers the relationship with the UDCCs, the detailed arrangements for reopening general dental practices as well as planning for future waves. Chaired by the PCCO General Manager.
- General **Ophthalmic services** remobilisation has been via the **Optometry Remobilisation Group**. This covers the relationship with the HES, the detailed arrangements for reopening community optometry practices as well as planning for future waves. Chaired by the Optometric Advisor.
- The **Pharmacy Remobilisation group** comprises Community Pharmacy Lothian, NHS Lothian Pharmacy Services, Public Health, Substance Misuse Services, Primary Care Contracting and

Health and Social Care Partnership representation. Chaired by the Associate Director of Pharmacy.

Remobilisation priorities in relation to Primary Care³

The Framework for NHS Mobilisation sets out how Health Boards will safely and incrementally prioritise the resumption of some paused services, while maintaining Covid19 capacity and resilience.

General Medical Services (GMS)

The Lothian GMS plan is attached (*appendix 1*) for more detailed reference. Using the SG remobilisation priorities for primary care we have, in relation to General Practice highlighted the priority headings below specific to General Practice.

We support the direction and clinical priorities set out by the Royal College and BMA Scotland for general practice in Scotland. The GMS remobilisation plan sits within this framework and the work to date on the development of the Practice Action Plan version 5 (*appendix 5*), provides all practices across Lothian with a robust framework of clinical guidance and safety. Practices as independent practitioners will decide locally how best their provision sits within this framework and will adapt to local circumstances and arrangements that are best for their practice and population.

Clinical priorities for general practice living with Covid19 in Lothian

General practice capacity is reduced by Covid19 and will remain so for an extended period. This requires prioritisation of services that are provided by general practice to where clinical need is highest.

Patients should have access to care from other health professionals where appropriate. This will allow GPs to support more complex patients in the community. General practice must focus on undertaking work that requires expert medical generalists providing care to those patients with the greatest clinical need as well as providing much-needed continuity of care

Supporting general practice to deliver the clinical priorities

The following must be put in place to enable general practice to deliver on the priorities outlined above.

- Self-care where available.
- anticipatory care planning of the most vulnerable patients including those in care homes
- help with managing the significant amount of unscheduled care that presents in primary care, for example extended Multi-Disciplinary Team, Advanced Nurse Practitioners
- overseeing chronic disease/long-term management programmes

Essential/non-essential services

³ <https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/>

NHS Lothian - Primary Care Remobilisation Plan August 2020 – March 2021

Our review of non-essential services concluded:

		Recommendation
Essential services	Action prescription requests	Continue
	Action incoming results	
	Action INRs	
	CDM where clinically necessary	
	Palliative care	
	Child protection	
	contraception	
Non-essential/elective scheduled	Post-natal review	Restart – telephone review
	Cervical screening	Note: <i>SG guidance from 29.06.20 higher risk or overdue patients directed to General Practice to arrange an appointment.</i>
	Child health surveillance	Restart 6/52 checks priority
	Travel vaccination and advice	Practice decision
	Sickness certification	Continue
	Reports, e.g. DVLA, Insurance reports	Practice decision
	Routine medicals, e.g. fostering, HGV	Practice decision
	Clinical coding	Restart
	Governance activities e.g. MDT meetings, cluster work	Restart
	Routine Chronic Disease Management	Restart – <i>in a modified approach see CDM section below</i>

GP and Treatment room provision

The Practice Action Plan (v5) provides advice and guidance for practices across NHS Lothian to consider throughout this period in relation to GP and Treatment room provision.

Out of Hours services (Lothian Unscheduled Care Service)

LUCS remobilisation planning consists of:

- Increasing the use of video consultations using Near Me. This video consulting (VC) tool is in use in the triage hub and bases. Currently work underway to educate and encourage staff but will reduce the number of face to face consultations required.
- Organising a triage hub at Blackford Pavilion at Astley Ainslie Hospital, where staff can work in single rooms.
- Reopen the Royal Victoria Building centre at Western General Hospital (temporarily used as a Covid pathway assessment centre) in August/September 2020 to increase the number of bases to 5 comprising:
 - East Lothian Community Hospital
 - Midlothian Community hospital
 - Royal Infirmary of Edinburgh
 - St John's Hospital
 - Royal Victoria Building intention to re-establish LUCS base in August/September

NHS Lothian - Primary Care Remobilisation Plan August 2020 – March 2021

- Await Government guidance regarding shielded staff
- Adhere to social distancing policies
- Adhere to national and Lothian PPE policies
- Increase District Nursing service when there is an increased amount of visits required
- Assistance from Marie Curie home visiting service.

Covid pathway

The Community Covid19 Pathway is a national pathway introduced to manage Covid19 demand in a separate stream from other conditions requiring clinical assessment to;

- maximise the number of symptomatic people who can be cared for in the community, therefore reducing demand on secondary care and reserving our hospitals for those with the most serious illness
- reduce pressure on primary care and minimise Covid19 infections via healthcare settings

The model for the Covid19 Community Pathway includes:

- 111 as a **single point of entry** for people concerned about Covid19 symptoms. NHS24 have three dispositions; self-care advice, 1 hour call-back and 4 hour call-back.
- A local **telephone triage hub**, providing clinical assessment of people referred by NHS24
- If clinically indicated, **access to face to face assessment** within dedicated community assessment centres (including access to patients referred by GPs across Lothian via Flow Centre)

The Lothian Community Covid19 Pathway Service went live on Monday 23 March, as part of a national pathway to provide dedicated and consistent advice, triage and treatment for people in the community with Covid19 symptoms.

The community Covid pathway service worked jointly with the out-of-hours service (LUCS) and the Flow Centre to enable 24/7 service delivery over the initial weeks of operation. The service established five adult Covid assessment centres over the initial weeks using re-purposed accommodation.

Demand was lower than originally anticipated. The first wave of demand coincided with that seen in secondary care around the 6-9 April, when the telephone triage hub managed a maximum of 279 patients a day, and a maximum of 57 patients a day were seen in the assessment centres. Since then activity has continued to reduce and has now plateaued since the end of June with approximately 50 patients per day managed by the telephone triage hub, and about 7 patients per day seen in the assessment centre.

As a result of reducing demand the face to face assessment centres have been stood down in a phased approach:

NHS Lothian - Primary Care Remobilisation Plan August 2020 – March 2021

- The **East Lothian** adult assessment centre at Musselburgh Primary Care Centre was stood down on 22 May. The centre will be able to be stood back up if demand rises.
- The **Midlothian** adult assessment centre at Midlothian Community Hospital was stood down on 5 June. The centre will be able to be stood back up if demand rises.
- The **West Lothian** adult assessment centre at OPD1 at St John's Hospital was stood down on 19 June. The centre will be able to be stood back up (at a different location on SJH site) if demand rises.
- The **Edinburgh City** adult assessment centre at Royal Victoria Building, Western General Hospital has continued as the Lothian adult Covid19 assessment centre. This has been 24/7 since 13 April and will reduce operating hours to 8am-8pm, 7 days, from 1 August. This centre will also move to the old DCN Outpatients accommodation on the WGH from 3 August.
- The **Paediatric pathways** via RHSC (24/7 days) and SJH (8am-4pm, Monday to Friday) continue unchanged.

The telephone triage hub is a 24/7 function. However as demand has decreased and is very low in the overnight period from 1 August LUCS will now provide triage from midnight to 8am.

The service has continued to evolve, including contributing to the HPS national community surveillance programme from end of April and is providing self-swabs for those people unable to access testing centres.

The service will remain in place until March 2021 as indicated by the SG remobilisation plan guidance, with service delivery being flexed to accommodate demand and make best use of resources. Work is being progressed to formally second or provide contracts for staff until end of March 2021 to ensure stability of service.

NHS Near Me Consultations

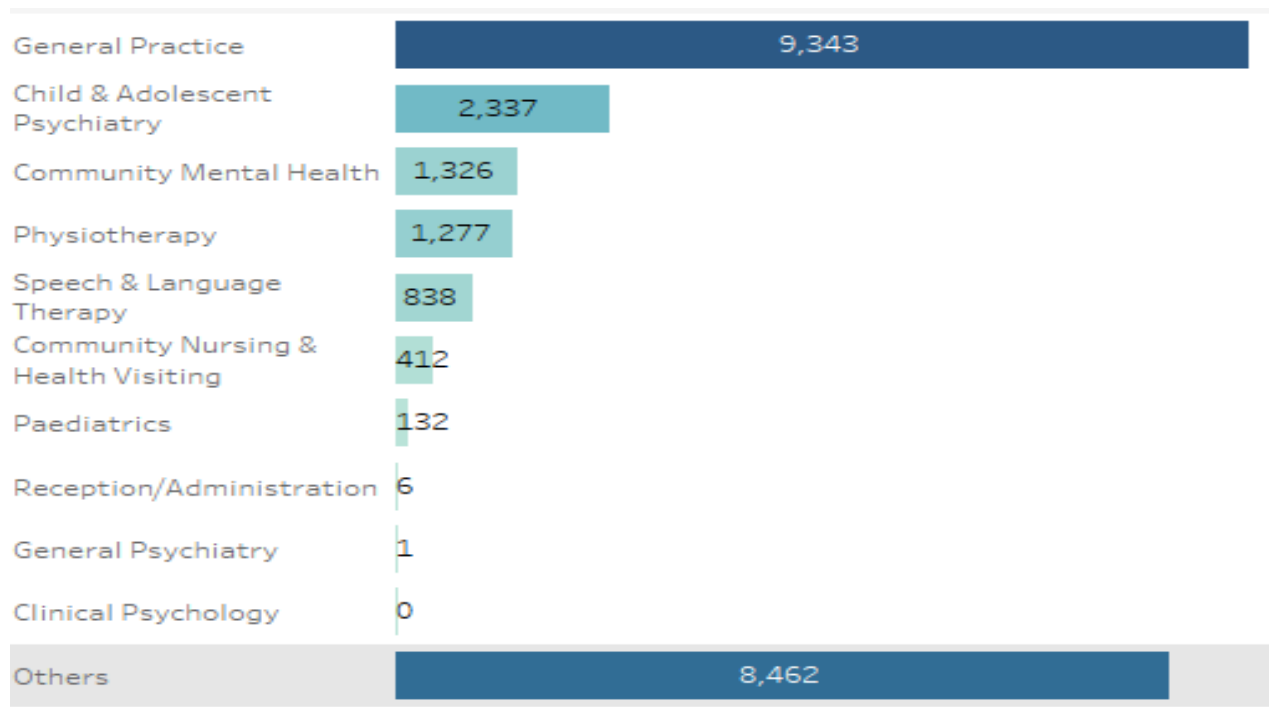
Near Me has been adopted in general practice in Lothian. The chart below shows the volumes of consultations. However, experience in General Practice is that the vast majority of consultations can be carried out equally effectively and more quickly by phone only.

A survey of Edinburgh practices showed that between 80 and 90% of consultations are now remote/digital and about 10% of these are Near Me.

Although technical issues continue, East Lothian is using 'Near Me' in Primary Care (for acute presentations and long-term condition management) in the East Lothian Integrated Rehabilitation Service (particularly for musculoskeletal conditions) in Adult Mental Health (especially in Psychological Therapies) and in the CPN service (through a combination of face-to-face and Near Me appointments).

NHS Lothian will identify the investment required to maximise the use of remote and digital and will develop an investment case.

NHS Lothian – total 24, 134 consultations:



NHS24 and Unscheduled Care

NHS24 111 has played a key role in the Community Covid19 Pathway, receiving and handling calls that would previously have gone to general practice. It is assumed this will continue as long as the Covid19 Pathway is in place.

Wider work on unscheduled care will see an expanded role for 111 for non-GP urgent care in the day time in order to maximise the scheduling of unscheduled care and reduce footfall in secondary care. There is a risk that use of 111 for urgent care in the day time will encourage some patients not to phone their GP for urgent care. Careful messaging and process management will be required to ensure this does not happen.

As LUCS seeks to provide more care digitally, it will be necessary to agree with NHS24 revised dispositions out of hours to reduce face to face attendance at emergency centres and maximise remote triage.

GP roles and responsibilities in medical care for residents of care homes for older people

Medical care for residents of Care Homes (CHs) for older people is provided by General Practitioners (GPs). CH residents are increasingly frail and have complex multi-morbidity, polypharmacy and nursing care needs. CH residents and staff have been disproportionately affected by the Covid19 pandemic. Scrutiny on medical services for CH residents, and expectations of Health Boards and Health and Social Care Partnerships (HSCPs) have increased. As part of this process the role of GPs was reviewed.

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In June 2020, in the context of the Covid19 pandemic, Scottish Government issued revised directions covering accountability and responsibility for standards of care in CHs.

Health Board Nursing Directors became responsible for overall standards of care including Infection Prevention and Control (IPC), delivery of nursing care, support to CH workforce and staff training. Health Board Medical Directors became responsible for provision of medical and pharmacy support to CH residents. These changes have led to a requirement for enhanced oversight of clinical care for CH residents in Lothian.

In Lothian, HSCPs provide nursing Support Teams for CHs in their area and participate in a daily pan-Lothian **Care Home Huddle**. In turn, these HSCP discussions feed in to a weekly Lothian wide multi-agency **Strategic Oversight Group**. The Nurse Director (Primary Care) has oversight of a health protection nursing team that provides IPC input to CHs, including Covid19 testing and advice. In addition, a regime of supportive Review Visits to CHs is carried out by HSCP Care Home Support Teams.

HSCPs across Lothian have different models for providing CH Support. In East Lothian a well-established CH Team of Nurse Practitioners (NPs) and Advanced Nurse Practitioners (ANPs) carry out most care with support from the GP practice as required. A similar system exists in Midlothian. In West Lothian care is provided by GP practices with a link to the REACT (Hospital at Home) team for additional Medicine of the Elderly (MOE) input. In Edinburgh, support to CHs has up to now been provided through GP practices and the District Nursing (DN) service although a small CH team of ANPs has now been set up.

In Lothian, General Practitioners (GPs) provide general medical care for residents of 110 Care Homes for Older People. In addition, most GP practices providing general medical care to CH residents opt in to a Local Enhanced Service (LES) which supports GP practices to provide additional elements of Anticipatory Care for their CH patients. This LES also includes an option for additional remuneration for practices that take on a Lead Practice role for a CH.

GP services are provided Monday to Friday 8am – 6pm. Some of the Care Home Support Teams are available at weekends. Outside these hours, medical cover for CH residents is provided by Lothian Unscheduled Care Service (LUCS), GP out-of-hours and evening and night DNs.

CHs also receive support from Pharmacy (Community Pharmacy and Primary Care Pharmacy) and Dentistry and from specialists in Medicine of the Elderly via a locality structure. The Pharmacy Enhanced Service for Care Homes is currently under review.

External assurance of CH services is made through the Care Inspectorate. Governance is under the oversight of the respective HSCP Chief Nurse as per Scottish Government instruction of 17 July 2020. Care Home occupancy, staffing, infection control and outbreak status are managed through the **Care Home Operational Group**.

Chronic Disease Management (CDM)/Long-term Conditions Management

There is a clear expectation that routine CDM will be restarted in general practice.

The Lothian Primary Care Quality Improvement network has developed guidance, *“Rethinking Primary Care Chronic Disease Management in NHS Lothian after the Covid19 Pandemic, The Quality Planning*

Perspective” (appendix 6). This will be rolled out through Cluster and Practice Quality Leads to emphasise a quality improvement approach to this issue.

The key elements are:

Core objectives

- A pan Lothian approach to avoid individual practices needing to ‘re-invent the wheel’
- Development of a proportional and pragmatic approach to match current capacity
- Acknowledgement of the need for collaborative interface working
- Alignment with parallel work streams such as Community Treatment and Care (CTAC) clinics
- Facilitation of early tests of change to get some changes implemented before a potential Autumn second wave

Key opportunities across all disease areas including:

- Remote self-measurement where appropriate
- Tele monitoring
- CTAC for essential face-to-face physiological measurements & investigations, only where remote alternative is not available or accessible
- On-line self-management materials & education as the default
- Telemedicine apps
- Use of the New Contract primary care improvement plan HSCP-employed multidisciplinary professionals
- Maintaining stable or improving disease outcomes
- Reducing unnecessary face to face (F2F) contacts for monitoring investigations or CDM reviews to minimise risk of virus spread
- Reducing primary care ‘amber’ workload for chronic conditions because of capacity restrictions due to social distancing and physical environment, and to maintain capacity for acute response to further surges in the ongoing pandemic.

Dental

Remobilisation of NHS Dental Services and Relationship with the Urgent Dental Care Centres

The provision of NHS dental services in general dental practices ceased on 23 March 2020. At that point General Dental Practitioners (GDPs) began triaging their patients by phone and any patient requiring urgent treatment beyond what the GDP could organise remotely (antibiotics and analgesics) was referred for triage and treatment to the Urgent Dental Care Centre (UDCC) provided by the Public Dental Service (PDS).

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“Re-mobilise, Recover, Re-design, The Framework for NHS Scotland” refers to the Scottish Government Covid19 route map which mentions dental services in phases 1, 2 and 3.

- In phase 2, from 22 June all dental practices began to open to see patients with non-aerosol generating urgent care needs.
- In phase 3, from 13 July, all dental practices began to see registered NHS patients for non-aerosol routine care.

For now, any urgent NHS procedures that require AGPs (aerosol generating procedures) will continue to be carried out in Urgent Dental Care Centres. However GDPs can offer treatments requiring AGPs to private patients in their practices. This issue is contentious and the Chief Dental Officer has announced the intention to reintroduce urgent AGPs in practices for NHS patients where possible from 17th August. The next stage will be reintroduction on routine AGPs for NHS patients at a future date.

All practices will be expected to have achieved phase 2 from end July 2020 in order to continue to receive the financial support package. In Lothian practices have moved to reopen at different paces. Most practices are now at level 3.

The arrangements for moving to phase 4 are yet to be confirmed. This is expected to see the re-introduction of AGPs to dental practices, this will be dependent on evidence of risk and possible mitigation. The Scottish Government have commissioned an expert review looking at aerosol-generating procedures including whether any can be carried out under phase 3. It is expected that further guidance will be provided in due course as to how these can be safely introduced.

Currently there is no routine care being delivered by the Public Dental Service (PDS) in NHS Lothian. The PDS is part of NHS Lothian's Oral Health Service and has been key to delivering urgent care as part of the pandemic response. The PDS established Urgent Dental Care Centres in the first week of the response. The UDCCs are staffed by a mix of PDS clinicians, secondary care specialists and consultants and volunteer GDPs.

The PDS remobilisation plan will be an important dimension for primary care dentistry since PDS provides treatment options for primary care that GDPs cannot provide, this includes:

- PDS registered patients
- Special Care dentistry on hospital sites
- Prison dental services
- GA sessions
- PDS specialist services

While General Dental Practitioners are not permitted to undertake AGPs, any urgent treatment needs requiring AGPs are met by the UDCCs which see dental emergencies that must be managed within 24 hours as well as those which can wait for up to 7 days in accordance with SDCEP guidance.

In addition, unregistered patients can access dental services in and out of hours through Chalmers Dental Line between the hours of 9am and 6pm, and NHS 24 at other times.

General Dental Practices

There are 171 dental practices in Lothian providing treatment to NHS patients as per Government advice.

As at 28th July 2020:

169 practices are running in phase 2. The 2 practices which remain closed are being chased for paperwork. Phase 3 paperwork has been issued to practitioners, we are awaiting approx. 44 replies for this phase.

Future remobilisation for general dental practice will be guided by the Scottish Government. Statements on Dental Remuneration (SDR) and have been updated by the Scottish Government to reflect the different phases of remobilisation and to maintain the national commitment to financial stability for dentistry. However, in the longer term the current financial model (*based on item of service*) for NHS dentistry is not sustainable while dentists cannot provide the volumes of treatment due to Covid19 restrictions. It is expected that there will be further national work on a new contractual framework to recognise this.

Urgent Dental Care Centres (UDCCs) including sites, capacity, demand and staffing

The UDCCs are seeing dental emergencies that cannot be managed by GDPs under phases 2 and 3, and that must be managed within 24 hours as well as those which can wait for up to 7-days in accordance with SDCEP⁴ guidance.

UDCCs can deliver 16 AGPs for 24hour outcomes and up to 75 AGPs for 7-day outcomes per week. Actual numbers will depend on the mix of treatments required. Currently all 24hour AGP outcomes are being met within the 24h time limit and 7-day outcome AGPs can be delivered within 36hour of referral. The current demand for 7-day AGPs is approximately 20 referrals per day.

There is a risk that GDP availability for UDCCs could be restricted as these dentists prepare their practices for reopening. Further volunteers are being pursued and every dental practice has been asked to provide one named dentist to support UDCC activity if required.

Care Homes dental care

Urgent dental care for residents in care homes is currently being delivered by the PDS. Prior to Covid19 40% of routine care home care was delivered by the PDS and 60% by GDS. These services were suspended in March and there will be a significant burden of care that needs to be addressed.

PPE

Supplies of PPE were provided to practices to support the phases of reopening. Information is awaited in relation to the future supplies of PPE in phase 3 and beyond.

⁴ Scottish Dental Clinical Effectiveness Programme

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There is a commitment at present that all PPE will be supplied by the NHS to GDPs. This PPE will not allow for reintroduction of AGPs which will require a programme of face fit testing and a greater demand on FFP3 level masks and gowns than the NHS is currently providing. It is assumed these issues will be dealt with in the expert review.

Pending any national approach to PPE delivery, a mechanism of delivery of PPE needs to be agreed within and across Lothian for independent contractors as the sustainability of the current service model is challenging (especially for GDPs and optometrists). The delivery locations alone cannot cope with the increasing size and volume of deliveries (20 pallets grown to 35 pallets), some locations are based in schools so this may be compromised when they reopen coupled with the staffing allocated are stretched but physical distancing in these locations limits additionally. Reintroduction of AGPs to general dental practices will introduce new PPE challenges.

Planning for future waves of Covid19 and winter

It is assumed that in the event of future waves of Covid19 whatever phase of reintroduction of service has been achieved at that point may be restricted, but that GDPs would not be asked to close completely. Should AGPs be restricted again after full reopening of practices, UDCCs would be stepped up as required.

Impact of Test and Protect on General Dental Service Practices and the UDCCs

There is a risk that Test and Protect will identify contacts of positive cases in the workplace in dental services and it will not be possible to maintain that service for short periods. In this situation a GDS practice will use its buddying arrangements with other practices. If this happens in the PDS some parts of the UDCC service may be constrained for a short period. Appropriate risk assessments, Standard Operating Procedures, staff training and awareness will help mitigate this risk and apply to both staff rooms and clinical areas.

Key messages and themes in dentistry

There has been a very effective joint approach to Covid19 in dentistry and this has been central to service delivery. Thanks are due to all the staff from all parts of the service.

The UDCC service should remain flexible and be able to be stepped up and down as required. This will cover the remainder of phase 3 and beyond to ensure that there is sufficient capacity and coverage for GDS emergencies and that this is done in the context of premises and PPE constraints in the Oral Health Service.

There will be increased volumes of PPE required for phase 3 and beyond bringing major challenges.

There are gaps in service particularly in care homes, which are not addressed in the current national remobilisation plan and will require further work.

Optometry

The provision of face to face appointments for NHS optometry services in practices ceased on 23 March 2020. Emergency funding for the average of the previous years' General Ophthalmic services (GOS) payments was provided and practices were funded to provide remote consultations. An Emergency Eye care Treatment Centre (EETC) was established based in the Lauriston Building. When an examination was required for diagnosis of an eye condition the patient was referred to the EETC. This clinic was staffed by Independent Prescribing optometrists along with admin and nursing support provided by Eye Pavilion staff.

Volume steadily increased over the 2 months the clinic ran and appointments were provided within 24 hours for nearly all cases. One patient was booked per optometrist every 30 minutes.

Initially the arrangements for remobilisation of NHS optometry services were set out in a letter from the Optometry Advisor to the Scottish Government which was distributed on the 15th of June:

- Phase 1: Increasing capacity of EETCs
- Phase 2: Increasing essential eye care & starting to safely re-open community optometry practices
- Phase 3: Increasing capacity within community optometry practices for non-routine eye care
- The EETC closed in phase 2 as practices were able to provide their own face to face examinations.

“Re-mobilise, Recover, Re-design, The Framework for NHS Scotland” outlines how the NHS in Scotland will work to make the changes necessary to make this increased provision of services a reality. That document refers to the Scottish Government Covid19 Route map which mentions optometry services in phases 2 and 3. The difference is between phase 2 and phase 3 is the volume of patients that can be seen. Practices are still restricted to seeing patients for emergency and essential eye care but not routine examinations. It is expected that routine eye care (including eye examinations) will recommence in August 2020. Mobile providers are still not permitted to provide any face to face examinations and it is not clear when this will resume.

General Ophthalmic Services (GOS)

As at 20th July all but 2 of the 107 Lothian practices are open for face to face care. Those 2 practices had valid reasons for not being able to open.

Future remobilisation for general ophthalmic services will be guided by the Scottish Government and they have committed to continuing the emergency funding through the current phase. However, in the longer term the current arrangements of payment for provision of an eye examination (which is significantly below the actual cost of providing that service) is unsustainable, particularly when practices are not expected to be able to provide services at pre-Covid19 volume for some time.

The Hospital Eye Service (HES)

Non-urgent ophthalmology services are also resuming but with pressure on the system due to a backlog for appointments and a significant reduction in patient volumes to allow appropriate physical distancing in clinics and waiting areas.

NHS Lothian has been working on how community practices can help by providing services to patients who were previously seen in hospital. Part of this work is diverting patients to specialist practices and seeing hospital patients in the community. The former requires primary care funding and the latter requires funding from secondary care sources. A proposal has been developed for this.

The data from the EETCs suggests that around 75% of those traditionally referred to the HES Acute Referral Clinic could be effectively seen in the community by optometrists with an Independent Prescribing qualification preventing them from having to travel to hospital, relieving pressure on the hospital and providing cost-effective treatment.

PPE

Two supplies of PPE have been given to every practice in Lothian with the amount given based on historical activity. This has caused problems for some practices in arranging collection and storage and it is hoped that in the future this will be able to be delivered direct to practices when required.

Planning for future waves of Covid19 and winter

It is assumed that in the event of future waves of Covid19 whatever phase of reintroduction of service has been achieved at that point may be restricted, but that practices would not be asked to close completely. If a strict lockdown was implemented again the EETC could be reopened at short notice.

Community Pharmacy Services

The Community Pharmacy Remobilisation Plan should be read in conjunction with Scottish Government's Achieving Excellence in Pharmaceutical Care strategy document and NHS Lothian's Pharmacy Strategy. Central themes of the remobilisation plan are:

Keeping Community Pharmacy Open

Throughout the pandemic, community pharmacies in Lothian have remained open and worked closely with other services to ensure patients continue to receive their medications safely and in a timely manner.

During periods of particularly high patient demand, some pharmacies were supported contractually to reduce their patient facing hours in a controlled manner e.g. a planned 1 hour lunch break. This provided the pharmacy team with the time and space to clean premises, re-order stock and process

prescriptions received from general practice. Most pharmacies have now reverted to usual patient facing hours, but we should consider the merits of these arrangements in future pharmaceutical care services planning.

Community Pharmacy continues to follow all Health Protection Scotland (HPS) Primary Care guidance and will respond to any updates to this guidance.

Personal Protective Equipment (PPE) continues to be made available to pharmacies, arranged at the national level. Community Pharmacy contractors have reviewed their premises in accordance with guidance, ensuring 2m social distancing wherever possible, and wearing appropriate PPE including face masks.

The impacts of Test and Protect are not fully known, however the use of PPE should mitigate any spread of infection between staff. NHS Lothian Community Pharmacy services have resilience plans in place that would enable the deployment of health board employed pharmacy staff to a pharmacy contractor if required and deemed suitable. There are robust criteria to be met and a process to follow for this agreement to be reached. In the first instance, community pharmacy contractors have their own resilience plans in place that would support the internal movement of staff and use of available locum staff to maintain key pharmacy contract locations remaining open.

Maintaining core and enhanced services

Substance Misuse Services

There have been a small number of temporary adaptations to some community pharmacy services in order to maintain infection control including Opioid Substitute treatment (OST) supervision. NHS Lothian maintained other substance misuse services including Injectable Equipment Provision (IEP).

The Substance Misuse Pharmacy team are supporting prescribers and pharmacists to safely and slowly reintroduce OST supervision where appropriate. They also continue to progress the roll out of naloxone provision and have the ambition to extend this across all ADP areas this year.

Sharps and Medicines Collection

During the early weeks of the pandemic, as Community Pharmacies sought to respond to the challenges of the situation, a small number of pharmacies paused the collection and storage of patient sharps waste. These services were reintroduced once the risks had been assessed.

Home Delivery

Home delivery of medicines is not an NHS contracted service, however Community Pharmacies have worked with HSCPs to ensure the most vulnerable patients, including those who were shielding, get their medicines delivered.

Services to Care Homes

Care Homes in Lothian are well served by Community Pharmacy. In addition to strong relationships between the Care Home provider and the local community pharmacy, there are Enhanced Service

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arrangements to provide audit, advice and ensuring robust quality systems for the safe ordering, storage and return of medicines. The Community Pharmacy Development Team is currently revising the Service Specification, to ensure a commitment to quality systems and audit, whilst seeking to reduce the footfall upon care home premises.

[Access to healthcare, right place, right time](#)

Pharmacy First

Pharmacy First is the new national service to be launched in Scotland from the 29th July 2020. The new service will be supported by national communications, Patient Group Directions (PGD's) have been approved and a national "white-list" of products suitable for prescribing has been agreed. Patients will be encouraged to visit their community pharmacy for all minor ailments and common clinical conditions including urinary tract infection, impetigo and other conditions which can be treated with self-care advice, pharmacy or Over the Counter (OTC) medicines, or referred to the most appropriate clinician. Inclusion criteria are all Scottish residents including care home residents, families of military personnel and our homeless populations. Internally in Lothian, we will ensure clear engagement and communication with other parts of the healthcare system, to ensure that patient pathways are clearly defined and best use is made of this resource.

Serial Prescribing

Pharmacists and their teams are well placed to provide pharmaceutical care to patients with long-term conditions. Serial prescribing is when a prescriber issues a prescription for up to 12 months with set dispensing intervals (e.g. every 28/56 days). For pharmacies, the team can be proactive in managing their workload. For patients, the prescription can be prepared before they attend the pharmacy, reducing waiting time. For the GP practice, time is saved because only one prescription needs signed in the period rather than monthly or bi-monthly.

The Community Pharmacy Development Team have developed a 7 point plan for taking forward serial prescribing including a 10% increase. Additionally, the Primary Care Pharmacy team can advise and support practices wishing to increase their utilisation of serial prescribing.

Substance Misuse Package of Care

Community Pharmacy plays a significant role in the care of patients with substance misuse care needs. Working with the Specialist Pharmacists in Substance Misuse, we plan to enhance the care offering. We seek to remove the reliance upon supervised dispensing of OTC as being the payment mechanism for community pharmacy, towards a quality outcomes focussed model for this vulnerable group. A package of care offers an opportunity to provide naloxone therapy to patients.

Independent Prescribing Clinics

We aim to increase the number of community pharmacist independent prescriber (IP) clinics across the Community Pharmacy network. Promoting the common clinical conditions model, places the IP in

an accessible place to the patient, ensuring patients can first be seen by an appropriately qualified practitioner to care for their needs.

Embracing new ways of working (digital / eHealth)

Clinical Mailboxes

Community Pharmacy already makes good use of the generic mailboxes across the Community Pharmacy network. During the pandemic, we have explored opportunities to enhance the use of these boxes, through direct to mailbox scanning of prescriptions and prescribing intentions from GP / LUCS / Dental and Optometrist prescribers. As a priority we need to ensure that there is a smooth transition from nhs.net to Office 365.

Emergency Care Summary (ECS)

Community Pharmacists were equipped with access to the Emergency Care Summary at the outset of the pandemic and this is enhancing the safety and quality of the pharmacist service in the out of hours' period. We need to build upon the success of this access to appropriate clinical systems, by considering wider access e.g. to TRAK, and other systems that may give scope to increase the use of PGDs and delivery of other services including Pharmacy First and patient monitoring.

Near Me

A small number of pharmacies across two health board areas in Scotland, are piloting and evaluating the use of Near Me technology. NHS Lothian's ePharmacy facilitator is working with colleagues to ensure that Community Pharmacy is ready to launch the hardware and software necessary for Near Me to be used in the pharmacy setting in Lothian.

Electronic Prescribing

Electronic prescribing removes the reliance upon "wet signature" paper prescriptions. The benefits of such a system are plentiful, including quicker processes, increased audit and reduced travel and footfall for patients. Pharmacy services have begun conversations with the GP Sub-committee to progress this work at pace and consider the range of clinical settings where prescriptions could be generated including the hospital outpatients departments where Modern Outpatient initiatives are being progressed.

Planning for the future

Community Pharmacy is enthusiastic to embrace new ways of working, to launch Pharmacy First Services, to optimise repeat prescribing systems through serial prescribing and to increase uptake of existing public health services such as sexual health and smoking cessation services, by embracing ehealth solutions such as NHS NearMe.

As other primary care contractor groups and secondary care specialists also embrace new ways of working, increasingly via digital health, community pharmacy is central to further developments in

medicines supply and pharmaceutical care processes including the implementation of electronic prescribing and the ongoing monitoring of patients response to treatment.

NHS Lothian publishes a Pharmaceutical Care Services Plan annually. Working closely with all stakeholders, we will incorporate the learning of the pandemic into future plans. Furthermore, we will ensure that our business continuity planning and resilience plans at the individual contractor and at the health board level are enhanced.

Health and Social Care Partnerships' Primary Care Improvement Plans

The 2018 Scottish General Medical Services (GMS) contract is being implemented at Board and HSCP level through Health and Social Care Partnership Primary Care Improvement Plans (PCIP). These will need to be revisited to reflect Covid19-related changes in Primary Care and community services and with 3rd sector and independent sector provided services. The PCIPs will be important to local planning in light of any Covid19-related changes. Key areas for further progress in 2020/21 are CTACS and vaccination transformation.

Winter Planning 2020/21

Primary Care continues to plan for Winter 2020/21 through the unscheduled care Lothian wide processes.

- Enhanced support for care homes.
- Increased availability of OOH staffing at key times.
- An increased flu immunisation programme (adults and children)
- Significant changes to delivery of unscheduled care and impact on primary care – await Scottish Government guidance in due course.
- Festive rotas for General Practice will be agreed at a pan-Lothian level. The plans will be developed by the Lothian Primary Care Tactical Group.
- Contingency planning for all contractor services in case of Covid19 and other resilience challenges.

Flu Vaccination planning

Delivery of the NHSL Flu Vaccination Programme 2020/21

Flu vaccination is a national priority in the context of Covid19 in order to improve baseline health of the most vulnerable and decrease hospital admissions. Experience from the southern hemisphere flu programme 2020 suggests we should expect a massive upturn in uptake of flu vaccination. The flu programme is being delivered within the context of the Vaccination Transformation Programme which shifts service delivery from traditional GP provision to HSCPs, board delivery and Community Pharmacy. We are now faced with simultaneous transformation of delivery and expansion of the programme cohort as eligible groups are expanding in the context of the Covid19 pandemic to include additional groups including household members of the shielded population, social care

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workers and potentially all adults age 50-64. While delivery is shifting from GPs, close working and communication will be essential to clarify roles and ensure people in Lothian understand the model and how to obtain vaccination.

Table 1 below shows targets and cohorts for the Flu Vaccination Programme. These targets require an additional 163,000 flu vaccines to be delivered in Lothian in 2020/21 compared to the previous year. Our goal is for delivery to take place in a ten week period to maximise public health benefits. Taking into account the eligible groups below and with an assumption of increased uptake, we anticipate delivering approximately 40,000 vaccines each week in Lothian during the programme. Staff flu vaccination is more important than ever within the context of COVID and we have been allocated enough vaccine for 87% uptake (an additional 4,000 staff from 2019).

We anticipate increased Scottish government and national press scrutiny and weekly reporting requirements. This vast project cannot be undertaken in the usual way and we will require project management support and additional nursing, transport, pharmacy and administrative staff. We anticipate an additional cost of £2.96 million.

Key Risks:

- The flu programme relies on bank staff and there is a likelihood that all areas of Lothian will require bank staff leading into winter and this could result in lower fill rate than assumed. In addition there could still be competing demand for COVID19 related services especially if there is a further wave of COVID19.
- There are risks associated with staffing issues due to establishment nursing staff who are diverted to COVID related work.
- Community Vaccination Team staff are delivering vital childhood immunisations which have yet to transfer to HSCPs as part of the Vaccination Transformation Programme. There is a risk to effective delivery of the Primary School Vaccination Programme if work is not transferred to HSCPs.
- There are further challenges with IT and a timeframe for implementation of phase 2 of the SIRS development which lags behind the start of the flu programme.
- Risk of change to system of GP practice delivery where this has worked well with good uptake, particularly in over 65yr age group.
- Risk of confusion due to differences across Lothian for 2020/21 resulting in disparate service delivery
- Flu vaccine timing could coincide with a second COVID19 wave, lockdown or potentially even COVID19 vaccine

Work is underway in planning groups including the VTP Adult Flu Subgroup and LICOG and its subgroups. HSCP and NHS colleagues have mobilised to tackle challenges and plan delivery.

As part of the VTP and new GMS contract implementation all HSCP will remove all flu immunisation from practices in 2021/22.

NHS Lothian will offer a Lothian-wide Community Pharmacy option as part of the programme.

Table 1 - Targets and cohorts for the Flu Vaccination Programme.

Governance/Delivery	Cohort	Lothian 2019/20 Cohort Numbers 000's	Lothian 2019/20 Vaccine uptake numbers 000's	2020/21 Target %	2020/21 Numbers based on target %	Additional in 20/21 000's
Primary Care and HSCP	65yrs +	152	115	85%	129	14
Primary Care and HSCP	All at risk	119	52	75%	89	38
HSCP	Extra 50-65 exc. at Risk	118	0	70%	83	83
Maternity Services, Primary Care and HSCP	Pregnant women no risk	6	3	75%	4	2
Maternity Services, Primary Care and HSCP	Pregnant women clinical risk	1	0	75%	1	0
HSCP	Carers	6	3	65%	4	1
Lothian NHS Board	NHS staff	26	19	*	23	4
HSCP	Social Care Workers	19		60%	12	12
HSCP, Children's Partnership	2-5yrs and not at school	24	14	70%	17	3
NHS Board Managed Service (Lothian Community Vaccination Team)	Primary school	67	47	80%	54	7
	Total	539	252	77%	415	163

Note: Compilation of the cohort for the household members of 25,500 shielded patients is in progress and this cohort is likely to be included in some of the other groups listed above. *National target awaited. Numbers based on allocation of vaccine for 87% of staff.

Financial implications

The situation around the programme this year is uniquely complex and substantially bigger than previous years. It is estimated that there will be an increase in the total cost of the programme by £2.96m.

Emerging risks and themes

The key risks to delivery of this remobilisation plan at a whole system level are:

1. Risk of adequate and appropriate PPE
2. Risk of Covid19 second wave or spike exceeding Covid19 capacity
3. Risk of continued build-up of 'backlog' of patients unable to be treated during restrictions on services
4. Risk of reduction in productivity as a result of PPE and social distancing requirements
5. Risk of staff availability due to sickness absence and TAP isolation requirements
6. Risk of inadequate eHealth hardware and infrastructure

1. **Personal Protective Equipment** – central hubs and local distribution centres have been established allowing local responsiveness to contractor requirements. However there are some ongoing issues.
 - Continuation and confidence in both the supply chain and ensuring relevant PPE supplies is essential in moving through the stages of lockdown.
 - Restarting AGPs in GDS will present major challenges.
 - It is assumed that all PPE for independent contractors will continue to be funded by the NHS.
 - The current ad hoc distribution arrangements will have to be reviewed.
2. **Capacity reduction** - The risk of Covid19 demand exceeding Covid19 capacity and continued build-up of backlog of unmet need.
 - It is assumed that the community Covid19 pathway will continue until 31st March 2021 and will manage significant amounts of activity in the event of a spike or second wave.
 - Service sustainability - Longer term funding - The Scottish Government has committed to continuing emergency funding for contractors through the current phases. However, in the longer term for some services an item of service contract will not create financial sustainability under the new PPE, Infection control and social distancing requirements.
 - Expectations of general practice – work will be required to ensure that patients continue to use alternatives to face to face to access general practice. Practices will have to be supported to maintain this.
 - Secondary care capacity impact – there is a risk that as secondary care services remobilise and plan for restrictions in services, there will be unplanned shifts of activity to primary care. Interface work and appropriate resourcing will be very important in managing these processes.
3. **Test and Protect impact** - the impact of this on all contractor practices could be significant particularly for smaller independent contractors. The establishment of the new system coincided with a drop in the number of new Lothian infections, thus reducing the risk in real terms. Practice buddying arrangements are in place across many practices. There is a risk from T&P around business continuity for all independent contractor groups.
4. **IT support** – risk of inadequate eHealth hardware and infrastructure development of remote solutions to service delivery is limited by historic underfunding in both hardware and capacity across primary care. New technologies need to be further utilised across practices, supported by investment in kit and infrastructure and accompanying training.
5. **Primary Care Improvement Plans** – there is a need to review priorities for 2020/21 and refocus where necessary to support remobilisation.
6. **Staff** – everyone has worked very hard, managing uncertainty, adjusting to speed of change, difficult working conditions, absorbed and coped with patient anxiety The continuously changing context both locally and nationally, difficulty getting leave or having leave postponed, responding to care home situations and in some cases watching colleagues getting ill, as well as concern of being ill themselves and impact on them and their personal and/or family/home situation. But the resilience of primary care teams and determination to keep providing service has been outstanding.

7. **Shielded patients** gradually beginning to access practice services where agreed.
8. Particular risks around **mental health** with known patients and new presentations is widely acknowledged, as is the increase in gender based violence.

Next Steps

- **Continued monitoring** of the Primary Care Remobilisation plan through the Primary Care Tactical Group. Meeting fortnightly.
- **The GMS practice plan** (v5) will continue to be monitored and adapted appropriately. Version 6 currently being developed.
- **Review of Primary Care Improvement plans** – in light of Covid19 and remobilisation plans and impacts.
- **Chronic Disease Management/Long-term conditions** actions will follow the work undertaken by the Lothian Quality Primary Care Quality Improvement Network.
- Close ongoing **monitoring of the key risks and themes** identified above.
- **Continued engagement and communications** between primary care, stakeholders and practice populations to ensure they are aware of the progress in primary care and how they can continue to access general practice.
- **Flu immunisation** maintain progress with plans, ensure implementation for October and monitor uptake closely
- **Focus on Winter Planning** – in light of winter Flu and development and/or re-emergence of Covid19.

Working differently – to develop the key opportunities and experiences from impact of Covid19 including:

- Remote self-monitoring where appropriate
- Tele monitoring
- CTAC for essential face-to-face physiological measurements & investigations, only where remote alternative is not available or accessible
- On-line self-management materials & education as the default
- Telemedicine apps
- Use of the New Contract primary care improvement plan HSCP-employed multidisciplinary professionals.
- Develop the RefHelp system to further good interface working. Ensuring that all clinicians in Primary and Secondary care follow the guidance produced.

However, to develop these at pace, resource, infrastructure and staff capacity will be required to progress these at speed and with confidence of continuity.

Appendices

Appendix 1 - GMS remobilisation



GMS Remobilisation
Plan

Appendix 2 – Dental remobilisation



Dental
Remobilisation

Appendix 3 – Optometry remobilisation



Optometry
Remobilisation

Appendix 4 – Pharmacy remobilisation



Pharmacy
Remobilisation

Appendix 5 – Practice Action Plan



GMS Practice Plan V5

Appendix 6 – Rethinking Primary Care Chronic Disease Management in NHS Lothian after the COVID-19 Pandemic the Quality Planning Perspective



NHSL Chronic
Disease Quality Plann

27 August 2020

COVID-19 Next Phase Planning and Winter Planning Update

Item number: 5.7

Executive summary

The purpose of this report is to update the Integration Joint Board on COVID-19 next phase planning and winter planning. Planning began in response to Midlothian's Pandemic Recovery Strategy which was drafted in June 2020. This involved a programme plan of actions to support individual services transitioning out of emergency mode, as well as overarching workstreams around technology, staff wellbeing, finance, Third Sector and Communities, winter planning, and acute/community flow.

As the Health & Social Care Partnership moves towards winter, next phase planning requires services to apply COVID-19 planning and learning to winter plans. This will contribute to a local Midlothian Health & Social Care Partnership 2020/21 Winter Plan which will take into account business continuity planning, coping with increased demand, linking in with Midlothian Council plans as well as the Royal Infirmary of Edinburgh, flu planning, resilience for potential future waves of COVID-19, public and staff communications, and an integrated impact assessment. The plan will be formally presented to the Integration Joint Board in October.

Board members are asked to

- **note this update on next phase planning and contribution to the (draft) NHS Lothian Remobilisation Plan**
- **approve the approach to winter planning**

Report title

1 Purpose

- 1.1 The purpose of this report is to provide an update on COVID-19 next phase and winter planning by Midlothian Health & Social Care Partnership.

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:
- note this update on next phase planning
 - Approve the approach to winter planning

3 Background and main report

Midlothian COVID Next Phase Recovery Planning

- 3.1 Midlothian's Covid Recovery Strategy was drafted at the start of June 2020. Key learning during the pandemic, alongside staff experience, contributed to the development of Midlothian Health & Social Care Partnership's strategic approach to moving out of the emergency response to Covid-19 and through the next phases.
- 3.2 A plan was developed to support services transitioning out of emergency mode, back to core business or to new ways of service delivery.
- 3.3 In addition to service specific plans, work-streams were identified that cut across all service areas, primarily technology, staff wellbeing, 3rd sector and communities, finance, winter planning and acute/community flow.
- 3.4 Some high-level examples of service changes that have occurred are:
1. 'Digital first' approaches to patient/client consultations, with triaging/red-amber-green ratings where appropriate – many will maintain digital/blended approaches moving forward
 2. Home working, flexible/rotational working, and deployment of staff across different teams
 3. Collaboration across different teams – new connections and initiatives that will be maintained
 4. New modes of patient contact – for example telephone and home deliveries

5. Offering new activities such as outdoor physically distanced walks and online communities.
- 3.5 Midlothian Health & Social Care Partnership has contributed to the NHS Lothian Mobilisation Plan that has been submitted to the Scottish Government awaiting approval. The Midlothian contribution is attached (appendix 1) as it provides a useful summary of local planning and developments.
- 3.6 Midlothian Winter Planning**
- 3.7 As winter approaches, services are using learning from the pandemic as they prepare the Midlothian Health & Social Care Partnership Winter Plan 2020/21. Although the need for an emergency response to the pandemic has reduced, the threat of COVID will continue to influence how health and care services are delivered for the foreseeable future.
- 3.8 Midlothian Health & Social Care Partnership Winter Plan will reflect anticipated increases in demand and expanding capacity, as well as business continuity and escalation plans, pulling from lessons and experiences throughout the pandemic. It will also include plans on the delivery of the flu vaccine, a clear winter falls plan, and resilience plans for a potential COVID-19 second wave. Joint work with other agencies will be included such as plans around road and pavement gritting, deliveries of medicine, winter plans for the Royal Infirmary of Edinburgh, and so on. A clear, consistent communications plan will also be developed for both public and staff. Staff wellbeing work will also be evident.
- 3.9 An Integrated Impact Assessment will be completed as part of the planning process to identify any unintended impacts and take action to prevent or mitigate these.
- 3.10 Processes for monitoring progress, escalating issues, and highlighting risks will be established.
- 3.11 The Midlothian Winter Plan will be formally presented to the Integration Joint Board in October.

4 Policy Implications

- 4.1 Next phase/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

- 5.1 This plan will support the work of a number of the Directions, including Directions related to Older People, Midlothian Community Hospital, Primary Medical Services, Community Health Services, Learning Disability, Physical Disability, Mental Health, Unpaid Carers and Public Health.

6 Equalities Implications

- 6.1 Although there are no direct implications for equality groups arising from this report, some people may have been particularly affected indirectly by the pandemic.
- 6.2 An Integrated Impact Assessment will be completed on 02/09/2020 to ensure any unintended impacts of winter plans are prevented or mitigated.

7 Resource Implications

- 7.1 The funding for remobilisation and the associated cost impact are still uncertain, the remobilisation plan is coordinated via NHS Lothian and a draft was submitted to Scottish Government at the end of July 2020. Through the Local Mobilisation Plan (LMP) process, NHS Lothian has submitted regular updates on estimated forecast and actual additional costs across health and social care associated with the response to the COVID 19 pandemic. In parallel, the Board and Health and Social Care Partnerships (HSCPs) have worked with regional and national partners to establish a Peer Review process and benchmarking. This seeks to ensure consistency in approach where possible on identification, quantification and verification of costs and offsets from mobilisation. It also helps inform and assure the Scottish Government on the consistency of LMP returns. The NHS Lothian remobilisation plan in May 2020 indicated the Quarter 1 process would be the earliest opportunity to assess the impact of the remobilisation plans described in this document. The Board remains committed to this approach, following endorsement by the Corporate Finance Network and agreement with the Scottish Government.

8 Risk

- 8.1 There is a potential risk of another wave of COVID-19 happening concurrently with flu and other increased winter pressures. Risks associated with COVID-19 are contained within the COVID-19 Risk Register. A Winter Plan risk register will be created as part of the Winter Plan and monitored throughout the winter period.
- 8.2 Midlothian Health & Social Care Partnership must ensure that it is able to protect staff and service users from COVID-19 as far as is possible. However, it must also ensure that it is able to return to providing the full range of services to address the broader health and care needs of the population. Crucially, this must include the resumption of prevention and early intervention activities.

9 Involving people

- 9.1 Planning has taken place across services with a range of key Health & Social Care Partnership managers. Plans involve public engagement and consultations. Staff-side representatives will be involved throughout the winter planning process. It is key that the Winter Plan continues to be monitored and adapted with input from key stakeholders to ensure it encompasses many perspectives and takes a joined up approach.

10 Background Papers

10.1 nil

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Appendices:

Midlothian Health & Social Care Partnership

The Midlothian Health and Social Care Partnership (HSCP) serves a population of 91,340. Midlothian HSCP produced a Mobilisation Plan at in April 2020 which continues to underpin much of the activity and investment locally to allow the HSCP to provide an effective and appropriate response to the COVID-19 pandemic.

The strategic approach to the Midlothian pandemic was described in the Midlothian COVID-19 Response Plan. When planning services for the period to end of March 2021 as requested by the Scottish Government, 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. This document provides key areas for inclusion in the NHSL re-mobilisation plan, which covers the period from August 2020-March 2021. Our described approach recognises the impact that COVID-19 has had in our communities together with the opportunities for changing the way we work – as a HSCP and with partners - in order to better serve the health and social care needs of the people of Midlothian.

Midlothian Council has produced a four-phase route map through and out of the crisis, with the strategy for recovery based on a Wellbeing Economy designed to achieve wellbeing, inclusion and fairness for our communities, and to protect and enhance our environment, and an overarching aim of carbon neutral by 2030. Our re-mobilisation plan as an HSCP aligns with the council route map for adult health & social care as outlined in the following sections. The Midlothian IJB issued Directions for 2020/21 to NHS Lothian and Midlothian Council in May 2020 which related to its current Strategic Plan, and acknowledged awareness of the service disruptions arising as a result of the COVID-19 pandemic. The IJB intends to review/reissue these Directions (where needed) in light of the COVID-19 experience to date and the priorities and opportunities articulated in this remobilisation plan.

Care Homes

Midlothian has 11 older people's care homes, 2 of which are HSCP-run, and the remaining are private. The HSCP continues to build on relationships across the sector to deliver the enhanced support in line with the Scottish Government guidelines on enhanced professional, clinical, and care oversight of care homes (May 2020). A HSCP Assurance Group has been established and is chaired by the Chief Nurse. The group meets daily for a rundown of each Care Home to discuss any issues that have been raised and consider what support is required. 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 submits a daily sitrep advising of confirmed and suspected

cases, Covid-related deaths, staff absences, and staff testing information. Representative(s) from the Midlothian Care Home Management Team are in daily contact with our Care Homes and host a weekly tele-call support huddle at which managers from all older peoples' Care Homes participate. There are additional support visits which are carried out by the Care Home support team where Care Homes require additional support. We continue to work closely with our partners Midlothian Council, NHS Lothian and Scottish Care. The care home workforce is an area of ongoing development and this will continue to be a focus for us. Midlothian District Nurses and the Care Home Support Team now provide a 7 day support service to local Care Homes from 8am to midnight. Work will continue around the recruitment and redeployment of staff (in care and support roles) and the recruitment of locum staff. 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 has now been reinstated as per government guidance. Although the initial focus for testing and wraparound support was on older people's care homes, this now includes our adult learning disability care homes. \

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 three external providers. All four work in partnership to coordinate the provision of over 2000 hours of care per week. The referral process has been amended to improve geographical allocation and improve 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. Client reviews are being conducted over the phone where possible, and this will continue into the foreseeable future. The service is looking at remapping and remodelling which will allow community care staff to work in smaller groups and areas – this will reduce staff movements across Midlothian. The Midlothian HSCP Mobilisation Plan described plans to increase Care at Home staff by 50 WTE to support COVID-19 related impact. Recruitment is ongoing and this will be a focus for the HSCP to ensure we are able to prevent hospital admission and minimise delayed discharges.

Primary Care

There are 11 GP practices in Midlothian. The Midlothian Primary Care Team will continue to respond to HSCP, NHS Lothian and Scottish Government direction and guidance. Primary Care Improvement Plan teams are beginning to return to practices. The Musculoskeletal Advanced Practice Physiotherapy service has now been reintroduced into General Practice, with Primary Care Mental Health nurses following suit. The focus now is on Community Treatment and Care implementation in our pilot practices, with recruitment for these posts taking place over the next few months. These posts will also help in flu vaccination planning and delivery. HSCP flu planning is nearly complete, with an agreement that the HSCP will support the additional shielding cohort this year (and their households) in addition to the traditional areas of staff, Care Homes, and 2-5 years. The additional resource that will be required to deliver the flu vaccination programme this year could be significant due to the anticipated increase in uptake.

Work will continue to explore the use of digital solutions when meeting with patients, and telephone triage remains the default method. Communication and engagement with local communities around significant service change is also key – a communication programme was rolled out across Midlothian channels to encourage people to use NHS Inform first before contacting their surgery. Expansion of primary care services progress – the Initial Agreements for South Bonnyrigg and Shawfair/Danderhall and other capital investments identified in the Primary Care Improvement Plan Existing premises will require adaptation to manage risk, around infection control and physical distancing. This will be in line with deadlines for all

relevant pathways and approval routes. We will continue to keep our COVID assessment clinic based in Midlothian Community Hospital as an option if a second wave occurs. Our pharmacy prescribing efficiency work was stopped during the crisis, with the team taking on level 1 tasks of pharmacotherapy (such as processing acute requests from patients and reauthorizing repeat medicines). The efficiency programme will need to be reinstated with careful consideration of capacity as the work that has been taken on will continue to be the responsibility of the pharmacy team. Teams are considering the use of video consultation and the development of the pharmacy technician team to increase capacity. We will also build on Pharmacy First Scotland which is launching on 29/07. This builds on the Minor Ailments Service and is available to all patients registered with a GP in Scotland. Patients can use this to receive advice and treatment or referral onwards for minor ailments and common conditions.

The IJB has issued directions for dental, ophthalmic, and audiology services and these will be reviewed in light of COVID-19. These include progressions the provision of audiology clinics in Midlothian Community Hospital, pursuing objectives of the Oral Health Improvement Plan, and clarifying Optometry pathways in order to strengthen joint work with these services and wider health & social care provision.

As an HSCP, we are focusing on scheduling unscheduled care by augmenting and developing local options to prevent hospital attendance and deliver care locally. This includes discussions of local minor illness and injury provision and redirecting patient flow from the front door of the Royal Infirmary of Edinburgh.

Alongside our COVID-19 planning, our winter planning is underway [refer to later section]. This includes a focus on our intermediate care service – emphasising Home First and developing a single point of contact. Additionally, we are developing plans to make Midlothian Community Hospital a frailty centre of excellence and looking to deliver virtual outpatient-based clinics in the old Bonnyrigg Health Centre.

Mental Health and Substance Misuse

The plan to safely reinstate our Lothian in-patient and other central mental health services is being coordinated by NHS Lothian as part of the re-mobilisation plan. This includes plans around Lothians and Edinburgh Abstinence Programme (currently closed but alternative premises are being explored) and alcohol detoxification at the Ritson Clinic (Royal Edinburgh Hospital), which has now reopened with 2 beds. Referrals have continued, but there is a significantly long 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. We will work with partners in Royal Edinburgh Associated Services around psychological therapies. However, we traditionally do not use our acute beds as we have a local model in place that safely supports people in Midlothian.

Patients currently in therapy have been offered therapy by telephone and video. Staff experience and wellbeing is being monitored throughout this process to capture key learning. However, treatment is delayed for those that need to wait until face-to-face delivery can resume; there are also certain treatments that are not clinically safe to deliver remotely (i.e. trauma processing). Psychology groups for patients have been paused e.g. Emotional Resources and Survive and Thrive; there are plans to reinstate these online. Other on-line group meetings are running (mindfulness and mutual aid) via digital solutions (if they have means to do so). Following risk assessments, Dialectical Behaviour Therapy and Decider groups have put in plans to restart with physical distancing measures in place. Patient access to devices also needs consideration – especially those with limited resource or no access to Wi-Fi, and risk assessments must be completed to decide whether someone needs to be seen face-to-face. Some funding has been secured for patients living alone to access online

supports and have social contact.

Autism Spectrum disorder assessments are resuming together with a multi-disciplinary team using a revised protocol. Psychology and Psychiatry assessments are now completed over the phone 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. People with dementia will continue to be offered face to face appointments within the physical distancing guidelines if they are unable to engage with virtual appointments. The Primary Care Mental Health Team is offering patient assessment and consultation by phone/video. Face-to-face support continues for urgent substance misuse cases with appropriate PPE. 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: Patients 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. Moving forward, the need for direct patient care will continue to be risk assessed on an individual basis. The use of Near-Me video consultation for patients/support staff will continue to expand where the appropriate access to technology is available. Day centres remain closed following risk assessment. The Learning Disability team is offering new online communities and activities such as walking and cycling

Improving patient flow

We have an Acute Services Plan in place to develop our interface with acute services at Royal Infirmary of Edinburgh, and unscheduled care, and how we can reduce unnecessary hospital stays for patients, admissions to hospital, and A&E presentations. There is the need for more discussion about the viability of a local minor injuries unit following the success of the trial of the Call MIA service which provides minor injury assessments by video consultation, and either remote treatment and advice or scheduled appointments where appropriate. There are also discussions around providing a local Frailty outpatient service following the closure of Liberton Day Hospital.

Significant changes to the configuration of Midlothian Community Hospital have already been made in response to the COVID-19 pandemic. The Midlothian IJB is keen to consider more ways for this valuable local resource to be used, such as helping to reduce the need for Midlothian residents to travel longer distances for diagnosis and treatment.

We are costing the potential opening of a ward in Midlothian Community Hospital as an 8-16 bedded step-down/step-up facility to improve patient flow. Covid green and red pathways are created as required and training is being reviewed to ensure staff have the necessary skills to adapt and respond. Further investment is in place to augment AHP rehabilitation within the hospital. The hospital is looking to restart mental health groups and use video consultation for discharge planning and patient follow-up. Highbank, our intermediate care facility, has developed a multi-disciplinary team and ongoing support plan. Respite services have been temporarily postponed and instead these beds are being used as step-down from acute hospital while waiting on packages of care. Planning is underway to consider a transitional approach to resume respite, to support unpaid carers.

Midlothian's Hospital at Home and Discharge to Assess services have increased in capacity to support the ambition of Midlothian HSCP to transfer people home from hospital, or avoid admission, at the earliest opportunity. Hospital at Home activity has increased by over 50% due to increased demand, and the service becoming embedded in our intermediate care model. The aim is to maintain and increase this level of activity and open more virtual beds for delivering care. This team has moved to Midlothian Community Hospital to facilitate medical

cover on the wards as required; it is intended for the team to locate there permanently to provide flexible medical cover across our older peoples' services. In response to capacity issues during the pandemic, a review of current AHP cover is underway and development of a full intermediate care service (Home First) is progressing to encourage closer working and create resilience and flexibility, without completely losing specialisms within the service. Digital first is the default where appropriate.

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. Additional physiotherapy capacity was made available to the Community Respiratory Team by redeploying and retraining the primary care MSK physiotherapists. As the MSK physiotherapists return to their primary care role, further consideration of support to Community Respiratory Team will be required. Our community physiotherapy rehabilitation team have continued with urgent visits and those at risk of deterioration; they are now managing routine care referrals whose treatment needs to be progressed and are unsuitable for remote consultation. Demand remains high. Digital first continues to be the default where appropriate.

The GP Advanced Practice Physiotherapy service is now available in every GP practice in Midlothian, with digital support offered first and face-to-face only when necessary. District Nursing capacity has been increased 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. Non-essential services such as ear irrigation have been stopped. Treatment room nursing is returning to being practice-based, with infection control, physical distancing, and patient risk assessments in place.

Patients are being prioritised to ascertain if home visits are necessary. Staff have been deployed flexibly across teams and there has been more responsive working between services. Services have also realised through COVID-19 that clients are more resilient than original assessment, and a more passive/active caseload can be achieved, allowing teams to be more responsive to urgent need.

There is a need to continue support and services available to treat the immediate and longer-term physical, cognitive, and psychological impacts of COVID-19 on positive patients. 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.

We continue to support our unpaid carers with PPE and support resources, and look to reinstate respite as soon as possible. We have also had an incredible and positive response and contribute from our volunteers during the outbreak and we intend to maintain and build on this.

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. This is an area that will require attention moving forward, and which needs a greater focus on prevention if we are to mitigate some of the impact of the pandemic and to build on the positive learning about working in different ways.

We anticipate a greater demand on other services most associated with inequalities such as mental health, type 2 diabetes, substance misuse, heart disease, etc. Currently, it is important that access to welfare rights support is as accessible, or more accessible, than ever. Links with food banks and other support, similar to that provided to those shielding, should continue. 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 moving forward will be crucial. Over the next 3 months, our public health priorities are around reducing financial and food insecurity, building strong communities and community resilience, and supporting activities to mitigate the climate emergency. These priorities will be reviewed 3-monthly.

We have already seen the benefits of co-locating teams at our recovery hub at Number 11, with positive feedback from staff and patients. This is a successful model of joint working and makes navigation of multiple services easier for this group of patients. We will continue to build on this together with our partners in the independent and voluntary sectors. The Welfare Rights team is delivering a service mainly over the phone, while investigating video consultation as an option and developing a programme to increase uptake of pension credits. Our Community Health Inequalities Team are gradually increasing their visits to homeless hostels following risk assessment and using telephone consultations where appropriate as well as investigating the option to use Video consultation. As part of Connecting Scotland, we have been allocated 120 digital devices for vulnerable people in Midlothian. Additionally, the Edinburgh and Lothian Health Foundation has awarded 12 devices and data for a 'tech library' for our homelessness service.

Our women's spring service has plans to restart in August 2020 following risk assessment, with limited numbers of people, and shortened times, with individual contact made on a case-by-case basis following multidisciplinary discussions. The Justice team continues to provide service over the phone but are starting to phase back some face to face contacts where necessary. The Wellbeing Service continues to deliver sessions virtually and will be placed back into practices as part of Primary Care Improvement Plan services resuming in primary care face-to-face. As part of this, the ICJ (Improving the Cancer Journey) service is planning for telephone and virtual appointments initially but will integrate with the Wellbeing service as and when it returns to face-to-face. This is contingent on space available in primary care or in the person's home where appropriate.

Forward planning needs to be a part of wider community planning discussions via local Community Planning Partnerships – for example, bus routes to the Community Hospital and usage of local facilities to reduce the need to travel.

Risks

The HSCP's risk register is reviewed regularly and mitigations are in place. Risks registered at the HSCP level include:

- Risk of Covid-19 infection to staff
- Staff shortages
- Care Homes as high risk areas for infection and death
- Staff shielding
- Being unable to step down patients from acute services due to ward closures from COVID-19 infections
- Physical distancing for staff
- Risk of cross contamination of patients being discharged from acute services to community
- Maintenance of essential and critical care service provision during outbreak
- Test & Trace implementation within Midlothian
- Care home interventions and support

- Care Home Visiting

Winter Planning

Winter Planning is integral to re-mobilisation and provides an opportunity to enhance our current services and future plans. The HSCP is progressing the enhancement of intermediate care services to allow us to build on the model of care already on offer, to ensure that flow is maintained and community resilience maximised. It will enable us to ensure 7 day working is maintained over the winter period, and increase the capacity within intermediate care to manage increased demand.

Additionally, we are looking to reconfigure the vacant ward at Midlothian Community Hospital - to provide step up/step down inpatient facilities for Midlothian residents. This would help to meet many of the Midlothian IJB strategic objectives relating to preventing hospital admission, providing rehabilitation and care closer to home, and shortening delays and freeing up acute beds. This reconfiguration will be part of our wider frailty model of care, underpinned by our frailty programme and data.

A comprehensive Flu plan is in development, which will provide a menu of options for Midlothian residents to maximise uptake of flu vaccination this year as outlined in the previous primary care section. The HSCP team will support GP practice delivery across multiple sites, as well as consideration of drive thru models where safe and appropriate.

Other

We are working with the Physical Distancing Tactical Group for NHS Lothian to ensure our premises follow guidelines and provide a safe working environment for staff. We continue to implement testing of staff in our Care Homes and are working to Scottish Government directions to extend this to other staff groups working with vulnerable patients.

A Midlothian HSCP staff wellbeing and mental health group was established in early April, with an identified wellbeing champion. The group focuses on supporting staff, sharing resources, and helping managers to support their teams' wellbeing. The group contributes to the pan-Lothian Tactical Group, collaborates with Midlothian Council and NHS Healthy Working Lives leads, and participates in the National Workforce Wellbeing Champions Network.

Dietetics is a pan-Lothian service hosted by Midlothian HSCP. They have created a separate mobilisation plan for their service. Key to this plan is communications and engagement with the public and key patient groups, progressing recruitment to establishment and outstanding business case requirements, and deploying staff flexibly. Additionally, the service is managing its caseload and backlog by prioritising patients effectively, extending Video consultation into all teams, promoting digital options first (and investigating a group platform to deliver group interventions), and encouraging self-management by providing equipment and using digital solutions.

Technology: Services continue to use video and telephone consultations where practical and clinically safe to do so. We are exploring the opportunity to use video consultations in council-led services and the option of providing group support via digital platforms. As an HSCP, we continue to mobilise staff as our default position by getting the right equipment and providing necessary training. We are using video consultations in primary care and looking at digital options for a remote mobile patient monitoring system. Our TEC Pathfinder frailty work is pushing ahead, with the current phase of work finishing in October, followed then by a review for year 2.

While the focus of this plan is on re-mobilisation, we continue to drive forward Midlothian IJB Strategic Plan objectives – such as service transformation relating to shifting the emphasis towards prevention and early intervention, which includes addressing obesity as one of the key factors in the prevalence of ill-health.

Communications: We will have an associated communications plan relating to national and regional policies, guidance, and approaches, with a localised strategy. This will help Midlothian residents know about any changes but also restore confidence and trust in using our services.

As part of our planning, we are learning from staff and Midlothian resident experiences of the pandemic. We will use this learning to consult and plan future services and continue to provide support for our staff.

We will strengthen and improve relationships with strategic partners – particularly across the primary/secondary care interface - as a result of an increased focus on joint working and a willingness to be more agile in order to make things happen. This also means promoting new ways of working as part of a wider, whole system approach – and any relevant funding considerations for this.



Thursday 27th August 2020

Clinical and Care Governance Report

Item number: 5.8

Executive summary

The purpose of this report is to provide assurance to Midlothian Integrated Joint Board as to the clinical and care governance arrangements within Midlothian. It will highlight good practice and identify any emerging issues or risks.

Additional reports will be attached as appropriate throughout the year to provide updated information from specific service areas.

Board members are asked to:

- Note and approve the content of this report
- Note the proposed development of a clinical and care governance dashboard

Clinical and Care Governance Report

1 Purpose

- 1.1 This is the Clinical and Care Governance report for Midlothian IJB.

2 Recommendations

- 2.1 As a result of this report Members are being asked to:
- Note and approve the content of this report
 - Note the proposed development of a clinical and care governance dashboard

3 Background and main report

- 3.1 Due to the challenges the current pandemic has presented, there was a delay in getting meetings started. Bi-monthly meetings have restarted using Microsoft Teams to comply with physical distancing recommendations.
- 3.2 Service leads and managers attended a meeting of the Midlothian Clinical and Care Governance Group on Tuesday 7th July.
- 3.3 Membership was reviewed and a gap identified. Pharmacy colleagues have been invited to attend regular meetings.
- 3.4 Service Managers are progressing the Quality Improvement Teams they lead for their areas and beginning to report on improvement work taking place.
- 3.5 Quality Improvement Teams are beginning to meet again and develop programmes of work to measure and improve standards. This includes a patient feedback audit for a number of services. Draft Tool attached.
- 3.6 Healthcare Improvement Scotland has commenced a programme of inspections across community hospitals in Scotland. These are unannounced inspections. Local HSCP inspection walk-around programmes are in place
- 3.7 A regular audit of Health Visiting Universal pathway requirements is carried out across Lothian. This information is used to target areas for local improvement which will be led by the Team Managers. Midlothian is doing very well in most areas of the pathway. Report attached (appendix 3). Plans are in place to address areas for improvement.
- 3.8 As previously reported a Clinical and Care Governance performance dashboard will be developed showing Team Managers/Senior Charge Nurses, Service Managers/Clinical Nurse Managers and Heads of Service/Professional Leads a summary/overview of agreed reports in one screen. This is being supported locally but is reliant on some similar developments for other services.

- 3.9 One area where improvement is required is the response times to review and sign off of investigations following incidents or complaints. A local process was agreed and has been reinforced with all Service Leads and Managers. Process attached for interest. A new monthly meeting has been set up to commission and review our outstanding Drug Related Deaths and Suicide Reviews in a bid to improve our response times. It is important to note that some delays are out with our control as are due to reviews by others areas or reports awaited from external organisations. (e.g. Procurator Fiscal)
- 3.10 Mechanisms have been put in place to support Midlothian care homes in response to Scottish Government legislative change holding Executive Nurse Directors responsible for standards of care. These supports provide assurance and include: Daily feedback from care homes; Weekly teleconference; Expanded Care Home Support Team (CHST); Daily contact from CHST; Weekly care reviews (CHST); Daily (Mon-Fri) Rapid run down of all care homes, with an extended care assurance meeting every Thursday.

4 Policy Implications

- 4.1 This report should provide assurance to the IJB that relevant clinical and care policies are being appropriately implemented in Midlothian.

5 Directions

- 5.1 Clinical and Care Governance is implicit in various Directions that relate to the delivery of care.

6 Equalities Implications

- 6.1 Any equalities implications will be addressed by service managers as they arise. There are no specific policy implications arising from this report.

7 Resource Implications

- 7.1 Any resource implications will be identified by managers as part of service development, and this may at times be required to ensure good clinical and care governance arrangements. There exists an expectation of staff time to attend the Clinical and Care Governance Meeting and ensure this work is embedded in local areas/teams.

8 Risk

- 8.1 This report is intended to keep the IJB informed of local governance arrangements and any related risks and to provide assurance to members around continuous improvement and monitoring.
- 8.2 All risks associated with the delivery of services are monitored by managers and where appropriate they are reflected in the risk register.

9 Involving people

- 9.1 Midlothian staff will be involved in the development and ongoing monitoring of processes related to clinical and care governance.
- 9.2 Public representatives on the IJB will have an opportunity to provide feedback and ideas.

10 Background Papers

10.1

AUTHOR'S NAME	Caroline Myles
DESIGNATION	Chief Nurse
CONTACT INFO	0131 271 3947
DATE	27th August 2020

Appendices:

Appendix 1 – Child Health Data Quality Report June 2020

Child Health Data Quality Report

Population Health, Information Services Division, NHS National Services Scotland

30 June, 2020

This report is based on data extracted quarterly from CHSP-PS. It shows summary measures of data quality and completeness, and assesses what percentage of applicable reviews have a valid value recorded for each measure. The definitions of each measure can be found at the end of the report.

Report rendered for: Lothian 2020 Q1

Data extracted on: 11 May, 2020

Colour Key

< 80.00%	80.00% - 95.00%	> 95.00%
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First Visit Review

Area	Number of Reviews	Feeding	Always Excl. Breastfed	Age Stopped	LAC	Smoking	Ethnicity & Language
East Lothian	222	100.00%	100.00%	100.00%	97.75%	97.75%	96.40%
Midlothian	224	100.00%	100.00%	100.00%	96.88%	98.66%	94.64%
City of Edinburgh	1086	99.36%	99.35%	93.24%	97.24%	97.88%	91.62%
West Lothian	373	100.00%	99.21%	91.94%	99.46%	99.46%	98.12%
Lothian	1905	99.63%	99.46%	94.95%	97.69%	98.27%	93.81%
Scotland	11351	99.59%	99.66%	96.85%	97.52%	98.58%	93.91%

6 - 8 Week Review

Area	Number of Reviews	Feeding	Always Excl. Breastfed	Age Stopped	Medical Checks	Sleeping
East Lothian	171	100.00%	100.00%	95.45%	80.70%	95.91%
Midlothian	196	98.98%	99.28%	97.87%	95.92%	96.94%
City of Edinburgh	919	98.91%	98.98%	96.50%	88.25%	97.06%
West Lothian	350	99.71%	100.00%	98.10%	87.43%	98.57%
Lothian	1636	99.21%	99.30%	97.05%	88.20%	97.25%
Scotland	8921	98.79%	99.48%	98.19%	85.20%	97.63%

Area	Dev. Domains	LAC	Smoking	Ethnicity & Language	Length, Weight & OFC	Childsmile	HPI
East Lothian	95.91%	98.25%	95.32%	96.49%	90.06%	0.00%	99.42%
Midlothian	89.29%	98.98%	97.45%	98.47%	91.84%	0.00%	100.00%
City of Edinburgh	90.64%	94.45%	90.32%	93.14%	89.45%	1.63%	99.46%
West Lothian	96.86%	99.43%	99.43%	99.14%	97.14%	0.57%	100.00%
Lothian	92.36%	96.45%	93.64%	95.42%	91.44%	1.04%	99.63%
Scotland	92.89%	95.70%	94.48%	94.71%	91.66%	2.13%	98.73%

13 - 15 Month Review

Area	Number of Reviews	Milk Feeding	Age Stopped	Age Weaning	Dev. Domains	ASQ Scores
East Lothian	222	99.10%	100.00%	97.75%	94.14%	76.58%
Midlothian	240	93.75%	100.00%	95.83%	92.92%	97.08%
City of Edinburgh	1106	91.14%	96.27%	79.02%	86.17%	83.82%
West Lothian	435	95.63%	100.00%	95.86%	96.78%	93.10%
Lothian	2003	93.31%	98.07%	86.77%	90.16%	86.62%
Scotland	10803	93.12%	96.96%	85.50%	91.18%	69.01%

Area	LAC	Smoking	Ethnicity & Language	Tooth Brushing	Length & Weight	HPI
East Lothian	98.65%	96.85%	97.75%	95.95%	74.32%	100.00%
Midlothian	95.83%	98.33%	95.00%	96.67%	73.75%	100.00%
City of Edinburgh	95.48%	93.04%	93.04%	92.50%	69.80%	99.91%
West Lothian	99.54%	98.62%	99.31%	98.39%	80.92%	100.00%
Lothian	96.75%	95.31%	95.16%	94.66%	73.19%	99.95%
Scotland	95.94%	96.40%	95.45%	91.31%	77.07%	99.81%

27 - 30 Month Review

Health Board	Number of Reviews	Dev. Domains	ASQ Scores	LAC	Smoking	Ethnicity & Language	Tooth Brushing	Height & Weight	HPI
East Lothian	207	91.79%	78.26%	99.03%	96.14%	97.58%	97.58%	69.08%	100.00%
Midlothian	241	94.61%	96.68%	99.17%	97.10%	97.51%	96.27%	67.22%	100.00%
City of Edinburgh	1081	83.72%	82.42%	93.34%	89.82%	90.56%	90.93%	50.88%	99.72%
West Lothian	493	91.89%	89.66%	99.19%	97.57%	98.78%	97.36%	65.92%	100.00%
Lothian	2022	87.83%	85.46%	96.04%	93.22%	94.11%	93.82%	58.36%	99.85%
Scotland	11488	89.55%	69.57%	97.03%	96.33%	96.20%	91.62%	63.86%	99.88%

4 - 5 Year Review

Health Board	Number of Reviews	Dev. Domains	ASQ Scores	LAC	Smoking	Ethnicity & Language	Tooth Brushing	Height & Weight	HPI
East Lothian	209	87.08%	71.77%	96.17%	90.91%	85.17%	92.34%	63.64%	100.00%
Midlothian	181	91.16%	93.37%	96.69%	95.58%	83.43%	95.03%	57.46%	100.00%
City of Edinburgh	1130	70.18%	64.07%	88.67%	79.65%	73.89%	80.35%	44.42%	99.65%
West Lothian	424	85.38%	80.42%	99.53%	96.93%	86.56%	95.75%	71.93%	99.53%
Lothian	1944	77.26%	71.19%	92.59%	86.11%	78.76%	86.37%	53.70%	99.69%
Scotland	9713	84.29%	58.14%	95.92%	94.66%	85.87%	89.73%	65.87%	99.81%

Comparison to Previous Quarters

First Visit Review

Health Board Level

Year & Quarter	Number of Reviews	Feeding	Always Excl. Breastfed	Age Stopped	LAC	Smoking	Ethnicity & Language
2019 Q2	2058	99.71%	99.43%	94.12%	97.33%	98.83%	94.46%
2019 Q3	2231	99.64%	99.94%	96.43%	97.53%	98.52%	95.92%
2019 Q4	2009	99.60%	99.94%	93.72%	97.61%	98.66%	93.63%
2020 Q1	1905	99.63%	99.46%	94.95%	97.69%	98.27%	93.81%

Local Authority Level

Local Authority	Year & Quarter	Number of Reviews	Feeding	Always Excl. Breastfed	Age Stopped	LAC	Smoking	Ethnicity & Language
East Lothian	2019 Q2	246	99.19%	100.00%	96.43%	96.34%	97.97%	96.75%
East Lothian	2019 Q3	269	99.63%	100.00%	96.15%	97.77%	97.40%	98.14%
East Lothian	2019 Q4	221	100.00%	100.00%	92.31%	95.93%	98.64%	95.02%
East Lothian	2020 Q1	222	100.00%	100.00%	100.00%	97.75%	97.75%	96.40%
Midlothian	2019 Q2	259	100.00%	99.40%	90.00%	94.59%	98.07%	96.14%
Midlothian	2019 Q3	287	100.00%	100.00%	95.83%	94.43%	98.26%	97.21%
Midlothian	2019 Q4	238	100.00%	100.00%	96.97%	95.38%	98.74%	97.90%
Midlothian	2020 Q1	224	100.00%	100.00%	100.00%	96.88%	98.66%	94.64%
City of Edinburgh	2019 Q2	1145	99.65%	99.19%	91.18%	97.29%	99.04%	91.62%
City of Edinburgh	2019 Q3	1185	99.41%	99.90%	97.50%	97.47%	98.23%	93.92%
City of Edinburgh	2019 Q4	1145	99.39%	99.90%	93.85%	97.64%	98.17%	90.48%
City of Edinburgh	2020 Q1	1086	99.36%	99.35%	93.24%	97.24%	97.88%	91.62%
West Lothian	2019 Q2	408	100.00%	100.00%	98.15%	99.75%	99.26%	100.00%
West Lothian	2019 Q3	490	100.00%	100.00%	95.71%	99.39%	100.00%	98.78%
West Lothian	2019 Q4	405	99.75%	100.00%	92.86%	99.75%	100.00%	99.26%
West Lothian	2020 Q1	373	100.00%	99.21%	91.94%	99.46%	99.46%	98.12%

6 - 8 Week Review

Health Board Level

Year & Quarter	Number of Reviews	Feeding	Always Excl. Breastfed	Age Stopped	Medical Checks	Sleeping
2019 Q2	1961	99.03%	99.27%	97.58%	92.66%	96.79%
2019 Q3	2080	98.85%	98.88%	99.52%	93.51%	96.92%
2019 Q4	1999	99.00%	99.87%	98.03%	93.30%	98.10%
2020 Q1	1636	99.21%	99.30%	97.05%	88.20%	97.25%

Year & Quarter	Dev. Domains	LAC	Smoking	Ethnicity & Language	Height, Weight & OFC	Childsmile	HPI
2019 Q2	93.37%	96.12%	93.37%	95.36%	94.24%	0.51%	99.75%
2019 Q3	92.79%	96.83%	95.91%	96.25%	94.66%	0.72%	99.90%
2019 Q4	92.25%	96.95%	94.80%	95.80%	95.65%	1.75%	99.75%
2020 Q1	92.36%	96.45%	93.64%	95.42%	91.44%	1.04%	99.63%

Local Authority Level

Local Authority	Year & Quarter	Number of Reviews	Feeding	Always Excl. Breastfed	Age Stopped	Medical Checks	Sleeping
East Lothian	2019 Q2	227	99.12%	100.00%	100.00%	88.11%	96.48%
East Lothian	2019 Q3	253	98.81%	99.45%	100.00%	88.54%	98.81%
East Lothian	2019 Q4	231	100.00%	100.00%	100.00%	95.67%	99.57%
East Lothian	2020 Q1	171	100.00%	100.00%	95.45%	80.70%	95.91%
Midlothian	2019 Q2	254	99.61%	100.00%	96.08%	98.82%	99.21%
Midlothian	2019 Q3	276	99.28%	100.00%	98.39%	97.83%	99.28%
Midlothian	2019 Q4	248	100.00%	100.00%	98.41%	96.37%	99.19%
Midlothian	2020 Q1	196	98.98%	99.28%	97.87%	95.92%	96.94%
City of Edinburgh	2019 Q2	1100	98.55%	98.82%	97.14%	91.09%	96.09%
City of Edinburgh	2019 Q3	1112	98.29%	98.22%	99.41%	92.90%	95.86%
City of Edinburgh	2019 Q4	1087	98.16%	99.78%	97.63%	90.62%	97.70%
City of Edinburgh	2020 Q1	919	98.91%	98.98%	96.50%	88.25%	97.06%
West Lothian	2019 Q2	380	100.00%	100.00%	97.85%	95.79%	97.37%
West Lothian	2019 Q3	439	100.00%	100.00%	100.00%	95.22%	97.04%
West Lothian	2019 Q4	433	100.00%	100.00%	97.56%	97.00%	97.69%
West Lothian	2020 Q1	350	99.71%	100.00%	98.10%	87.43%	98.57%

13 - 15 Month Review

Health Board Level

Year & Quarter	Number of Reviews	Milk Feeding	Age Stopped	Age Weaning	Dev. Domains	ASQ Scores
2019 Q2	1929	92.90%	99.36%	88.34%	89.58%	85.64%
2019 Q3	2105	93.68%	99.47%	84.42%	90.12%	88.98%
2019 Q4	1991	93.67%	99.31%	88.00%	92.37%	88.10%
2020 Q1	2003	93.31%	98.07%	86.77%	90.16%	86.62%

Year & Quarter	LAC	Smoking	Ethnicity & Language	Tooth Brushing	Height & Weight	HPI
2019 Q2	95.33%	93.88%	94.09%	93.26%	77.55%	99.90%
2019 Q3	97.15%	95.68%	94.87%	94.68%	81.00%	99.90%
2019 Q4	96.43%	95.88%	94.83%	95.63%	78.91%	99.60%
2020 Q1	96.75%	95.31%	95.16%	94.66%	73.19%	99.95%

Local Authority Level

Local Authority	Year & Quarter	Number of Reviews	Milk Feeding	Age Stopped	Age Weaning	Dev. Domains	ASQ Scores
East Lothian	2019 Q2	265	98.87%	100.00%	98.11%	91.70%	86.04%
East Lothian	2019 Q3	235	97.02%	100.00%	88.51%	86.81%	76.60%
East Lothian	2019 Q4	257	98.83%	100.00%	97.28%	93.77%	80.93%
East Lothian	2020 Q1	222	99.10%	100.00%	97.75%	94.14%	76.58%
Midlothian	2019 Q2	225	99.11%	100.00%	97.78%	91.56%	89.33%
Midlothian	2019 Q3	253	98.42%	100.00%	95.65%	93.68%	87.75%
Midlothian	2019 Q4	225	95.56%	100.00%	95.11%	92.00%	91.56%
Midlothian	2020 Q1	240	93.75%	100.00%	95.83%	92.92%	97.08%
City of Edinburgh	2019 Q2	1080	88.89%	99.00%	81.67%	87.59%	82.69%
City of Edinburgh	2019 Q3	1174	90.63%	99.21%	76.49%	88.84%	89.78%
City of Edinburgh	2019 Q4	1067	90.63%	98.58%	80.13%	90.82%	86.41%
City of Edinburgh	2020 Q1	1106	91.14%	96.27%	79.02%	86.17%	83.82%
West Lothian	2019 Q2	359	96.66%	99.43%	95.26%	92.76%	91.92%
West Lothian	2019 Q3	443	97.29%	99.41%	96.84%	93.23%	94.13%
West Lothian	2019 Q4	442	97.06%	100.00%	97.96%	95.48%	94.57%
West Lothian	2020 Q1	435	95.63%	100.00%	95.86%	96.78%	93.10%

27 - 30 Month Review

Health Board Level

Year & Quarter	Number of Reviews	Dev. Domains	ASQ Scores	LAC	Smoking	Ethnicity & Language	Tooth Brushing	Height & Weight	HPI
2019 Q2	2020	88.27%	87.23%	94.95%	93.96%	94.55%	94.31%	61.19%	99.65%
2019 Q3	1931	89.28%	89.18%	95.75%	94.92%	94.46%	94.36%	62.82%	99.95%
2019 Q4	2070	90.58%	90.24%	96.86%	95.89%	95.22%	95.80%	64.59%	99.90%
2020 Q1	2022	87.83%	85.46%	96.04%	93.22%	94.11%	93.82%	58.36%	99.85%

Local Authority Level

Local Authority	Year & Quarter	Number of Reviews	Dev. Domains	ASQ Scores	LAC	Smoking	Ethnicity & Language	Tooth Brushing	Height & Weight	HPI
East Lothian	2019 Q2	266	90.98%	87.22%	95.49%	96.99%	95.49%	96.62%	69.55%	99.62%
East Lothian	2019 Q3	234	94.02%	88.46%	97.01%	95.73%	94.87%	95.30%	72.65%	100.00%
East Lothian	2019 Q4	256	90.62%	90.23%	97.66%	97.66%	96.09%	97.66%	78.12%	100.00%
East Lothian	2020 Q1	207	91.79%	78.26%	99.03%	96.14%	97.58%	97.58%	69.08%	100.00%
Midlothian	2019 Q2	269	89.22%	88.48%	96.28%	97.40%	95.91%	96.65%	70.26%	99.63%
Midlothian	2019 Q3	227	91.19%	91.19%	97.80%	98.68%	94.71%	98.24%	76.65%	100.00%
Midlothian	2019 Q4	238	94.96%	93.28%	98.74%	97.48%	95.80%	97.06%	77.31%	99.58%
Midlothian	2020 Q1	241	94.61%	96.68%	99.17%	97.10%	97.51%	96.27%	67.22%	100.00%
City of Edinburgh	2019 Q2	1080	84.72%	85.00%	92.59%	90.28%	92.50%	91.39%	52.87%	99.54%
City of Edinburgh	2019 Q3	1083	87.53%	87.72%	93.63%	92.34%	93.07%	91.78%	53.92%	99.91%
City of Edinburgh	2019 Q4	1078	88.87%	88.22%	94.90%	93.60%	93.23%	93.60%	54.45%	99.91%
City of Edinburgh	2020 Q1	1081	83.72%	82.42%	93.34%	89.82%	90.56%	90.93%	50.88%	99.72%
West Lothian	2019 Q2	405	95.31%	92.35%	100.00%	99.51%	98.52%	99.01%	71.85%	100.00%
West Lothian	2019 Q3	387	90.18%	92.51%	99.74%	99.48%	97.93%	98.71%	73.64%	100.00%
West Lothian	2019 Q4	498	92.17%	93.17%	99.80%	99.20%	98.80%	99.00%	73.49%	100.00%
West Lothian	2020 Q1	493	91.89%	89.66%	99.19%	97.57%	98.78%	97.36%	65.92%	100.00%

4 - 5 Year Review

Health Board Level

Year & Quarter	Number of Reviews	Dev. Domains	ASQ Scores	LAC	Smoking	Ethnicity & Language	Tooth Brushing	Height & Weight	HPI
2019 Q2	1321	82.89%	77.21%	89.10%	89.78%	86.75%	89.17%	66.46%	100.00%
2019 Q3	1667	86.20%	82.96%	93.88%	91.96%	80.02%	91.24%	66.11%	99.88%
2019 Q4	1850	86.32%	81.62%	94.00%	90.76%	81.14%	91.08%	64.59%	99.95%
2020 Q1	1944	77.26%	71.19%	92.59%	86.11%	78.76%	86.37%	53.70%	99.69%

Local Authority Level

Local Authority	Year & Quarter	Number of Reviews	Dev. Domains	ASQ Scores	LAC	Smoking	Ethnicity & Language	Tooth Brushing	Height & Weight	HPI
East Lothian	2019 Q2	186	83.33%	74.73%	89.25%	88.17%	87.63%	86.02%	69.89%	100.00%
East Lothian	2019 Q3	216	80.09%	75.46%	95.37%	93.06%	87.50%	90.74%	73.15%	100.00%
East Lothian	2019 Q4	272	87.87%	81.25%	96.69%	93.01%	80.51%	93.38%	73.90%	100.00%
East Lothian	2020 Q1	209	87.08%	71.77%	96.17%	90.91%	85.17%	92.34%	63.64%	100.00%
Midlothian	2019 Q2	194	88.66%	82.47%	92.78%	95.36%	91.75%	94.33%	82.99%	100.00%
Midlothian	2019 Q3	180	91.11%	85.00%	91.67%	95.00%	81.11%	95.00%	82.78%	100.00%
Midlothian	2019 Q4	158	92.41%	91.77%	98.73%	98.73%	82.91%	98.73%	86.71%	100.00%
Midlothian	2020 Q1	181	91.16%	93.37%	96.69%	95.58%	83.43%	95.03%	57.46%	100.00%
City of Edinburgh	2019 Q2	673	76.97%	72.07%	84.55%	84.99%	82.32%	85.14%	52.01%	100.00%
City of Edinburgh	2019 Q3	912	82.89%	80.37%	91.56%	87.94%	75.55%	87.83%	53.18%	99.78%
City of Edinburgh	2019 Q4	1090	82.29%	77.61%	90.92%	86.61%	77.52%	87.34%	52.94%	99.91%
City of Edinburgh	2020 Q1	1130	70.18%	64.07%	88.67%	79.65%	73.89%	80.35%	44.42%	99.65%
West Lothian	2019 Q2	268	93.28%	88.06%	97.76%	98.88%	93.66%	97.76%	88.43%	100.00%
West Lothian	2019 Q3	359	95.82%	93.04%	100.00%	100.00%	86.35%	98.33%	86.35%	100.00%
West Lothian	2019 Q4	330	95.45%	90.30%	99.70%	98.79%	92.73%	97.88%	84.85%	100.00%
West Lothian	2020 Q1	424	85.38%	80.42%	99.53%	96.93%	86.56%	95.75%	71.93%	99.53%

Data Quality Definitions

In the context of child health review records, data quality assesses the percentage of these which contain complete and valid data. For the data in a record for a certain category to be considered complete and valid a set of criteria must be met. The criteria in question for each review and category within these are outlined below.

General

Looked After Children (LAC)

A value of 0 - 6 recorded for **Current LAC Status**

Smoking

A value of Y or N recorded for both **Primary carer current smoker** and **Child exposed to 2nd hand smoke**

Ethnicity & Language

A value of 1A, 1B, 1C, 1K, 1L, 1Z, 2A, 3F, 3G, 3H, 3J, 3Z, 4D, 4Y, 5C, 5D, 5Y, 6A, 6Z, or 98 recorded for **Ethnicity**, a value of Y or N recorded for **Is English 1st language at home?**, and a value of Y or N recorded for **Bilingual/multilingual**

Feeding

A value of Y or N recorded for **Ever breast fed** and a value of B, F, M, or O recorded for **Current feeding**

Always Exclusively Breastfed

A value of Y or N recorded for **Always exclusively breast fed** for those with a Y recorded for **Ever breast fed**

Tooth Brushing

A value of Y or N recorded for **Toothbrushing twice daily**

Development Domains

A value of N, C, or P recorded for **Speech, Language & Communication, Gross Motor, Fine Motor, Problem Solving, Personal/Social, Emotional/Behavioural, Vision, and Hearing**

Ages and Stages Questionnaire (ASQ) Scores

A value between 0 and 60 recorded for **Speech, Language & Communication, Gross Motor, Fine Motor, Problem Solving, and Personal/Social**

Health Plan Indicator (HPI)

A value of A or C recorded for **Health Plan Indicator (HPI)**

Review Specific

First Visit

Age Stopped

A value of 1 - 7 recorded for **Days** or a value of 1 - 5 recorded for **Weeks** in **Child's age when breast feeding stopped**, for those with a Y recorded for **Ever breast fed** and a valid value other than B or M recorded for **Current feeding**. This value cannot be larger than the child's age at review.

6 - 8 Week Review

Age Stopped

A value of 1 - 35 is found in the column in which **Days** in **Child's age when breast feeding stopped** is added to **Weeks** converted to days (multiplied by 7), for those with a Y recorded for **Ever breast fed** and a valid value other than B or M recorded for **Current feeding**. This value cannot be larger than the child's age at review.

Medical Checks

A value of N, A, or D recorded for **Heart**, **Hips R and L**, **Genitalia**, **Femoral Pulses R and L**, and **Eyes: (red reflex) R and L**. A value of N, A, or D recorded for **Testes R and L** if **Gender** is recorded as Male

Sleeping

A value of Y or N recorded for either **Prone**, **Supine**, or **Side** in **Sleeping**

Development Domains

A value of N, C, or P recorded for **Gross Motor**, **Hearing**, **Speech**, **Language & Communication**, **Vision**, and **Personal/Social** in **Development**

Length, Weight & Occipito-frontal Circumference (OFC)

A value of 9.71 - 100.79 recorded for **Length**, a value of 2.5 - 7.5 recorded for **Weight**, and a value of 17.30 - 57.98 recorded for **OFC**

Childsmile

A value of R or W recorded for **Childsmile** in **Future Actions**

13 - 15 Month Review

Milk Feeding

A value of Y or N recorded for **Ever breast fed** and a value of B, F, M, C, or O recorded for **Current feeding**

Age Stopped

A value of 1 - 84 is found in the column in which **Days in Child's age when breast feeding stopped** is added to **Weeks** converted to days (multiplied by 7), for those with a Y recorded for **Ever breast fed** and a valid value other than B or M recorded for **Current feeding**

Age Weaning

A value of 1 - 10 recorded for **Child's age when weaning foods introduced: Months**

Length & Weight

A value of 60 - 100 recorded for **Length** and a value of 5 - 25 recorded for **Weight**

27 - 30 Month Review

Height & Weight

A value of 70 - 120 recorded for **Length/height** and a value of 10 - 25 recorded for **Weight**

4 - 5 Year Review

Height & Weight

A value of 80 - 120 recorded for **Length/height** and a value of 10 - 30 recorded for **Weight**

27 August 2020

Strategic Planning Group

Item number: 5.10

Executive summary

The Strategic Planning Group is an advisory group to Midlothian IJB. Its purpose and membership is described in the Public Bodies (Joint Working) (Scotland) Act 2014. The Midlothian Strategic Planning Group has met twice since the COVID Emergency Recess arrangements ceased on 9th July.

This report provides an update on Strategic Planning Group discussions around Terms of Reference and membership. It also seeks IJB approval to review Directions issued April 2020.

Board members are asked to:

- Approve the revised Terms of Reference for the Strategic Planning Group
- Note the request for a member of the Local Authority to become a member of the Group
- Note the proposal of the Strategic Planning Group to revise the Directions issued May 2020
- Note Minutes of the meeting 15th July 2020.

Report title

1 Purpose

- 1.1 This report provides an update on Midlothian Strategic Planning Group discussions around Terms of Reference and membership. It also seeks IJB approval to review Directions issued May 2020.

2 Recommendations

- 2.1 As a result of this report Members being asked to:-
- Approve the revised Terms of Reference for the Strategic Planning Group
 - Note the proposal of the Strategic Planning Group to revise the Directions issued May 2020
 - Nominate a member of the Local Authority to join the Group
 - Note Minutes of the meeting 15th July 2020.

3 Background and main report

- 3.1 The Strategic Planning Group is a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 which stipulates the function, governance arrangements and membership for the group.
- 3.2 The group is required for the purpose of preparing a Strategic Plan for the Partnership and reviewing progress of the plan measured against statutory outcomes for health and wellbeing and associated indicators.
- 3.3 The Strategic Planning Group, Chaired by Carolyn Hirst, met on 15th July 2020. This was the first meeting since the COVID-19 pandemic impacted local services. It did not follow the original report schedule and instead reviewed the purpose and membership of the Group. Minutes attached – appendix 1.
- 3.4 The Group also met on 18 August 2020 to review the Terms of Reference. Revised document attached – appendix 2.
- 3.5 The Strategic Planning Group noted that the Public Bodies (Joint Working) (Scotland) Act 2014 Section 32 (1(a) (ii) states that '*where one local authority is a constituent authority in relation to the integration joint board, at least one person nominated by the local authority (Midlothian Council)*'. The Group therefore asks the IJB to consider local authority representation on the group.
- 3.6 The Group agreed to adapt its standing agenda at future meetings to allow time for members to influence emerging proposals and/or challenges that the Partnership

identifies. This remit will sit alongside the existing approach to scrutiny of progress on the delivery of the Strategic Plan.

- 3.7 Midlothian IJB approved Directions in April 2020 and they were formally issued to Midlothian Council and NHS Lothian in May 2020. Although a formal response from both organisations has yet to be received, the Strategic Planning Group proposes that the Directions be reviewed to consider both the activities and timescales that were included. In addition the Group would like to consider additional opportunities that the pandemic and other developments may have brought to light. If the IJB is in agreement, it is proposed that this work is undertaken promptly and a report returned to the IJB Special Meeting on 8th October 2020.

4 Policy Implications

- 4.1 The content of this report relates to the delivery of policy objectives within the IJB's Strategic Plan

5 Directions

- 5.1 This report is relevant to all Midlothian Health and Social Care Partnership Directions issued May 2020.

6 Equalities Implications

- 6.1 There are no specific equality implications as a result of this report.

7 Resource Implications

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

8 Risk

- 8.1 There is a legislative requirement for the IJB to set up a Strategic Planning Group. Its purpose and membership is detailed in the Act. There is also a legislative requirement for the IJB to issue Directions to Midlothian Council and NHS Lothian. Directions are the means by which the IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget in order to deliver the strategic plan. Directions are a key aspect of accountability and governance between partners.
- 8.2 The IJB risks not fulfilling both its purpose and potential if the Strategic Planning Group is not functioning effectively and if Directions are not issued or acted upon appropriately.

9 Involving people

- 9.1 Community and partner organisations are represented on the Strategic Planning Group and on the majority of the local planning Groups. There was extensive community consultation in the preparation of the Strategic Plan 2019-22.

10 Background Papers

- 10.1 The Public Bodies (Joint Working) (Scotland) Act 2014 available [here](#)

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DATE	27/08/202

Appendices:

1. Midlothian Strategic Planning Group minutes 15th July 2020
2. Midlothian Strategic Planning Group Terms of Reference – revised 18 August 2020

Appendix 1

MIDLOTHIAN IJB STRATEGIC PLANNING GROUP MS Teams

NOTES OF OUTCOMES AND ACTIONS Wednesday 15 July 2020

PRESENT: Carolyn Hirst (Chair), Morag Barrow, Mairi Simpson, Aileen Murray, Rebecca Miller, Wanda Fairgrieve, Jane Crawford, Claire Flanagan, Kaye Skey, Jim Sherval, Alison White, Carly McLean, Grace Cowan, Sheena Wight, Giovanna Di Tano, Leah Friedman, Sarah Fletcher, Andrew Coull, Sheena Wight

APOLOGIES: Dervilla Bray, Sheena Wight, Fiona Huffer, James Hill, Lisa Cumming, Dr Carol Levstein, Marlene Gill, Caroline Myles, Simon Bain, Aileen Murray, Jamie Megaw

			ACTION
1	Welcome and Introductions	Welcome & Introductions. Carolyn Hirst welcomed members to the meeting and described the purpose of the changed agenda. CH asked that the SPG review its purpose.	
2	Minutes of Last Meeting	Carried forward due to changed agenda	

3	Action Log	Carried forward	
4.	SPG Terms of Reference (any action needed)	<p>The following themes were discussed.</p> <p>Dual role of the SPG MB stated that the SPG has primarily focussed on assurance – assurance around delivery of the Strategic Plan, Directions (increasingly in the past year) and so on. HSCP staff have brought reports describing plans, or progress with plans. It may be helpful for the SPG to be involved in plans at an earlier stage. Could part of the meeting be allocated to discuss opportunities and requirements at an earlier stage of their development, to gather SPG ideas, feedback and opportunities to link with other work? CH and MS to consider this when reviewing the Terms of Reference.</p> <p>Service user and third sector voice: JC requested that service user voices were more evident at the meeting. There is currently one service user representative at the SPG meeting. It was agreed that in addition to this, the most appropriate arena for service users to engage in planning is at the individual planning groups. Planning group leads to consider how they ensure that the voice of service users is heard and listened to in creating of reviewing plans and other developments. In addition, it was agreed that papers to the SPG to include reference to the impact on service users and where possible, service user reflections on the development being discussed. Case studies were suggested when appropriate. JC to consider, with the third sector reference group, how the third sector can be better supported to influence IJB strategic planning.</p> <p>Housing and Independent Sector representation CH and MS to consider options around better representation from the independent sector and housing (including an independent housing provider as the representative from Melville Housing has indicated that he will no longer be involved.</p> <p>Terms of Reference CH and MS to discuss and review the Terms of</p>	<p>CH MS</p> <p>JC</p> <p>CH MS</p> <p>CH MS CH MS</p> <p>ALL</p>

		<p>Reference.</p> <p>CH and MS to progress requirement for a vice chair from Council.</p> <p>It was agreed that having a schedule of reports shared in advance is helpful. There are usually a number of reports presented at each meeting. Ideas on how to structure the meeting better to be shared with CH and MS.</p>	
5.	<p>onship of SPG to IJB, Council and NHSL - and to third sector and community</p>	<p>MS presented very basic illustration (appendix 1) to describe the relationship between the IJB, the Strategic Planning Group, the Health and Social Care Partnership, Midlothian Council and NHS Lothian.</p> <p>A more comprehensive diagram would include the links to the Community Planning Partnership, the Public Protection Unit, the Justice Board and so on.</p> <p>There was discussion around connections with the 3 other Lothian IJBs and NHSL Strategic Planning Group.</p> <p>CH and RM described the NHS Lothian Integrated Care Forum. RM subsequently shared a slide describing this form (appendix 2). The intention was for all IJBs to contribute. MB and MS to consider.</p> <p>CH recommended Midlothian HSCP involvement in NHS Lothian Strategic Planning Group. Collaboration required on NHSL strategic decision making. MB to discuss with CH and Colin Briggs. CF stated that IJBs are now at the stage of integration where it more difficult decisions need to be made so it is important that there are joint forums. As well as shared decisions there are co-dependencies that need to be considered when individual IJBs agree significant changes to services and/or resource allocation.</p> <p>MB noted that the Lothian IJB Chief Officers work well together. It is important to maintain good relationships while acknowledging that there are system wide discussions required. MS highlighted the need to consider unintended consequences – for example if shifting resource from acute to community care and treatment or prevention.</p>	<p>MB MS</p> <p>MB</p> <p>MS</p>

		<p>JC mentioned co-dependencies when considering services (including third sector) that span more than one IJB area.</p> <p>MS to arrange update to SPG on set-aside and the responsibilities of the IJB.</p> <p>CH stated that if we are to shift the balance of care we also need to rebalance relationships.</p>	
6.	<p>Int Strategic Plan/Operational Plan - identify/review priorities (in light of Recovery Plans - IJB, Council and NHSL)</p>	<p>Midlothian HSCP: Next Phase Recovery Planning</p> <p>Leah Friedman presented an update on Next Phase Recovery Planning (appendix 3).</p> <p>The following themes were then discussed:</p> <p>Moving care from acute to community</p> <p>AC asked the SPG to build on lessons and opportunities as a result of COVID-19 – in particular the acceleration of approaches to move care and treatment closer to people’s homes. We want to shift the balance of care. Can this group influence this through Directions and other means? We need a more realistic approach to medicine.</p> <p>Directions</p> <p>There was discussion around the appropriate use of Directions and the power the IJB holds to issue these. CH stated that we need to be bold and if not now, when?</p> <p>Directions issued in April to NHS Lothian and Midlothian Council will have been delayed or changed as a result of the pandemic. Agreed that a future meeting should consider a review of the Directions – both the ask and the timescales set.</p> <p>Care Home Planning</p> <p>AC asked where SPG influences the strategic approach to care home planning in Midlothian and preparedness for a future wave of COVID-19. MB described local work including the development of a Care Home Pandemic Toolkit in partnership with the Care Inspectorate. MB also described increased support to care homes, increased assurance and joint work with public health. AC requested that the SPG inputs to this work at the next meeting. CH, MB and MS to</p>	<p>MS</p> <p>CH MB MS</p>

		<p>discuss.</p> <p>Next Phase Planning</p> <p>MB described plans in Midlothian for next phase of the pandemic and in preparation for winter.</p> <p>AW described work around learning disability and other services. Impact on mental health in communities is a concern. There is a need to think broader than infection control.</p> <p>SW described staff wellbeing support during the pandemic and the need to consider the long term impact of COVID.</p> <p>GTD reported that community pharmacies are now set up with NEAR ME. Phone consultations underway also. At end of July a new service starts "Pharmacy First" – an update on the minor ailments service.</p> <p>MB stated that it will be important to work with the public regarding service use and realistic medicine moving forward.</p> <p>CF indicated that an agreement around the financial impact of COVID has still to be finalised nationally. Expectations remain around HSCP savings plans.</p> <p>CH reminded people that social determinants of health should be considered in all planning.</p>	
7.	SPG meeting dates	<p>The next scheduled SPG date is Wed 26th August which is one day prior to the IJB Board Meeting. MS was asked to find an earlier date.</p> <p>*Agreed to meet on Tuesday 18th August at 3pm via MS Teams.</p>	
8.	AOCB	No matters raised.	
9.	Future Meetings	<p>All future meetings below are via MS Teams meantime(Previously at Melville Housing, Corn Exchange, 200 High Street Dalkeith)</p> <p>18th August 2020 3pm – 4.30pm</p> <p>26th August 2020 2 – 4pm cancelled</p> <p>28th October 2020 2 - 4pm</p> <p>25th November 2020 2 - 4pm</p>	

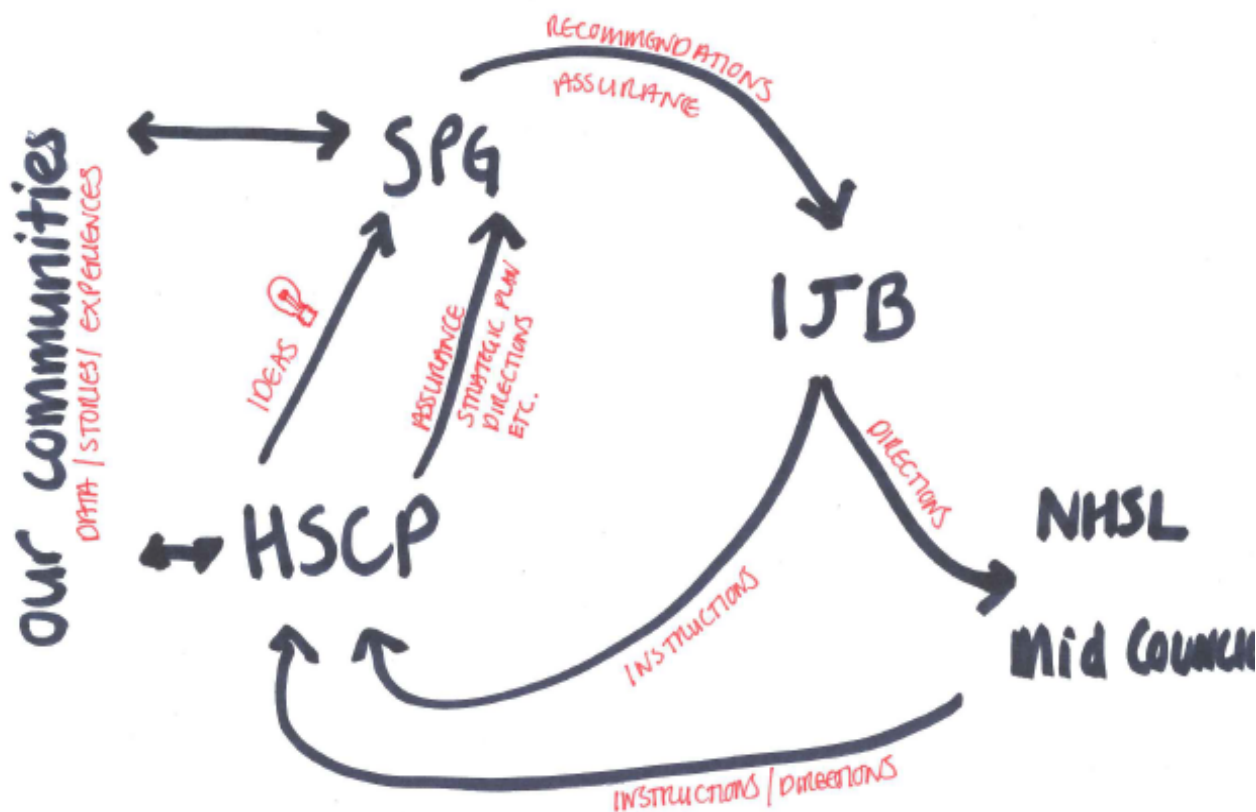
Appendix 1 – IJB/HSCP diagram

Appendix 2 – NHS Lothian Integrated Care Forum slide

Appendix 3 – Next Phase recovery slides

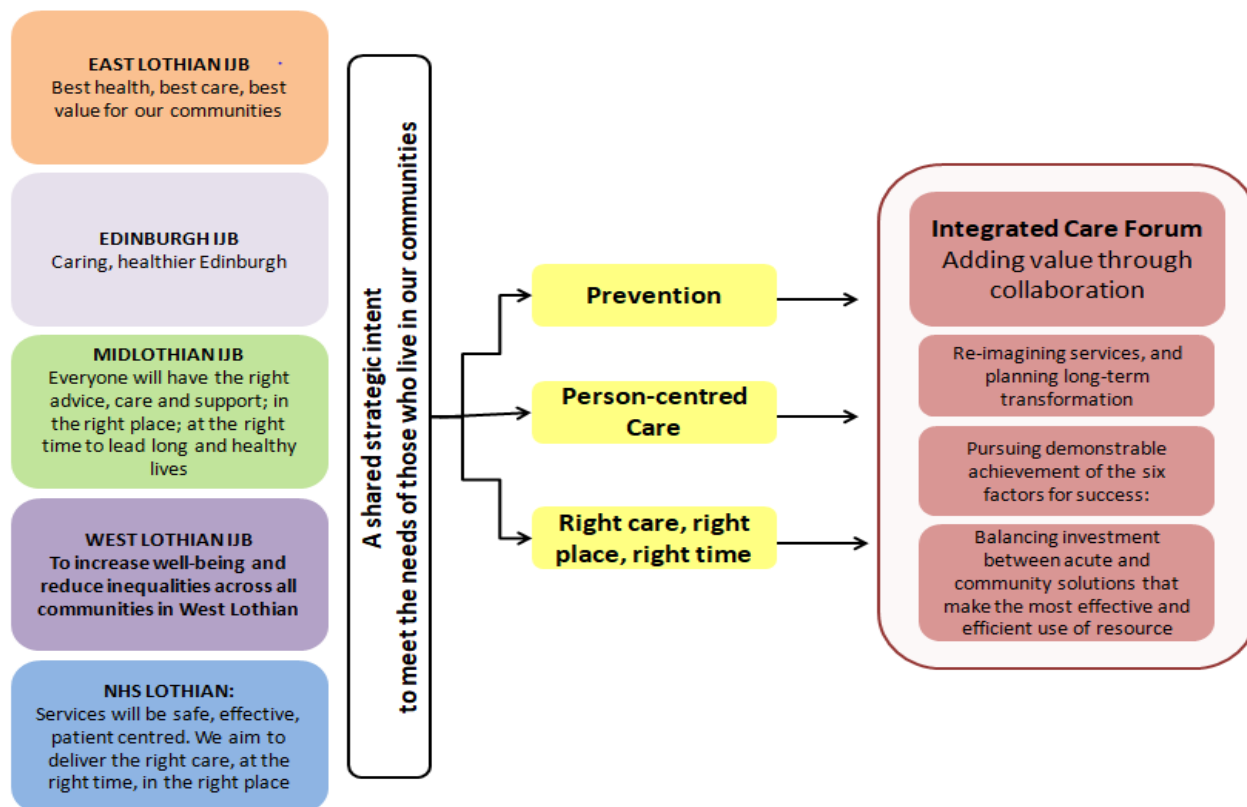
Appendix 1 – IJB/HSCP diagram

Midlothian Integration Joint Board



Key: IJB – Integration Joint Board SPG– Strategic Planning Group HSCP – Health & Social Care Partnership

Appendix 2 – NHS Lothian Integrated Care Forum slide



Appendix 3 – Next Phase recovery slides – Leah Friedman

Midlothian Integration Joint Board

Midlothian HSCP - Next Phase Recovery Planning

Context

- Midlothian's Recovery Strategy (03/06/2020)
 - Speaking with staff about their experiences of Covid
 - Partnership's approach to moving out of emergency stage
 - Separate to the Covid-19 Response Strategic Plan

Service Users

- New Health & Wellbeing Challenges
- Working with communities and engaging service users

Workforce & Service Delivery

- Lessons for Service Delivery
- Strengthening our use of technology
- Workforce resilience and safety

Organisational

- Organisational issues for HSCP
- Building on experience of stronger partnership working
- Managing financial consequences
- Reviewing IJB's strategy and key objectives

Programme Plans

- Service Manager Planning alongside relevant planning groups
- Overarching workstreams
 - Tech
 - Wellbeing
 - 3rd sector and Communities
 - Finance
 - Winter Planning
 - Acute/Community Flow

Planning Matrix

WHAT PRACTICE ARE WE SEEING IN COMMUNITIES, INSTITUTIONS, POLICIES?

Understanding crisis-response measures
Collective Sense-making



Understanding crisis-response measures

Examples of new ways of working



RAG rating patients to determine the need for face to face; Risk assessing and creating SOPs for restarting groups – Decider and DBT



Rotational home working



Deploying staff flexibly and closer working with other teams



Utilising digital and blended approaches



New ways of patient contact



Reviewing, redesigning, and offering new activities

Key themes & Issues

Service Delivery & Service Users

- Technology
- Communications & engagement with the public
- Dealing with backlogs
- Longer-term impacts

Workforce

- Physical Distancing
- Returning to Work
- Accommodation
- Staff Wellbeing

Appendix 2:

Midlothian Integrated Joint Board Strategic Planning Group Terms of Reference (updated 18.8.2020)

1. CONTEXT

The Public Bodies (Joint Working) (Scotland) Act 2014 (Section 32) places a duty on Integration Authorities to establish a Strategic Planning Group to support the development and review of a strategic commissioning plan (the Strategic Plan) for their area.

Effective strategic commissioning is the mechanism via which the Health & Social Care Partnership will deliver better care and support for people, and make better use of the significant resources we invest in health and social care provision. It includes involving a range of service providers, service users and their carers, representative bodies, and professionals in the strategic commissioning process.

The Scottish Government *Health and Social Care Integration - Public Bodies (Joint Working) (Scotland) Act 2014 Strategic Commissioning Plans Guidance* can be accessed [here](#).

2. NAME OF GROUP

The name of the group is the Midlothian Strategic Planning Group (SPG).

3. REMIT

The SPG will be concerned primarily with:

- a. Informing the development of the Strategic Plan, together with ongoing iterative review.
- b. Providing stakeholder advice to the Integration Joint Board (IJB) for any emerging plans, programmes and interventions.

In so doing the SPG will:

- i. Influence and shape the development of the Strategic Plan on a 3 yearly basis (with annual updating of Plan).
- ii. Consider and agree Directions to Midlothian Council and/or NHS Lothian in order to deliver the Strategic Plan and recommend these Directions to the IJB for formal adoption.
- iii. Have oversight of the implementation of the Strategic Plan including performance and financial reporting. In doing so it will:
 - a. Provide critical review and insight to emerging service change including recommendations to IJB on additional Directions
 - b. Review implementation of Directions
 - c. Review implementation of approved plans – provide critical appraisal and support.
- iv. Review the strategic planning process for the IJB.

- v. Display positive behaviours which support the integration agenda to peers and other stakeholders.
- vi. Provide advice to Integration Joint Board (IJB) when developing responses to emerging Scottish Government policy and regulations.
- vii. Provide an effective conduit and feedback loop to IJB members on key proposals and service changes by linking effectively to wide groups of staff, users, carers, clinical & care professionals and locality members.
- viii. Support Midlothian IJB engagement in other strategic planning groups such as the Midlothian Community Planning Partnership and within NHS Lothian.

4. MEMBERSHIP

Where the integration authority is an integration joint board SPG membership must include:

(i) at least one person nominated by the Health Board which is a constituent authority in relation to the integration joint board (NHS Lothian)

(ii) where one local authority is a constituent authority in relation to the integration joint board, at least one person nominated by the local authority (Midlothian Council)

Standing Orders state that the IJB appoints the SPG membership (except for the members nominated by each constituent party). Membership of the SPG includes the Midlothian IJB Chief Officer and Chief Finance Officer and also includes representation from:

	Number
Carers	1
Public (locality representatives)	2
Service User	1
NHS Staff Side	1
Midlothian Council Union	1
Acute Hospital representatives	4
Housing (council and RSL representative)	2
Social Work (Criminal Justice, Adult Services)	4
Third Sector representative	1
Independent Health Contractors (General Practice, Community Pharmacy)	2
Health professions (Nursing, AHPs, Mental Health, Psychology, Public	5

Health)	
Digital Lead	1
Commercial Care Sector	1

5. CHAIR AND VICE-CHAIR

The Chair of the SPG will be appointed by voting membership of the IJB.

A Vice-Chair will be appointed to ensure continuity of meetings in the Chair's absence. The Vice-Chair will be chosen from among the voting membership of the IJB.

The Chair will hold the casting vote during meetings of the SPG.

6. ROLE AND REMIT OF SPG MEMBERS

Individual members will represent stakeholder groups, constituent groups, organisations, professions or localities.

Group members will table issues arising from their own 'constituency' discussions at the SPG and will bring appropriate issues from the SPG to their own groups.

Members are expected to:

- prepare adequately for meetings by familiarising themselves with the agenda and by reading any associated papers
- develop and maintain the necessary links and networks to enable views to be sought and represented over the development, review and renewal of the Strategic Plan
- actively contribute to meeting discussions in a way that represents their community of interest, sector or professional area
- submit apologies ahead of any SPG meeting where attendance is not possible

7. DEPUTIES

Each member should have a nominated deputy who will attend meetings in their absence.

8. TERMS OF OFFICE

The membership of the SPG will be reviewed every three years in line with Strategic Planning cycles.

9. CO-OPTION

The SPG will co-opt additional members for particular pieces of work, or for specific periods of time, as appropriate.

10. LINK TO THE IJB

The SPG is an advisory group to the IJB.

The Chair of the SPG will ensure regular reporting to the IJB via the minutes of the SPG meetings. The IJB may request a particular view from the SPG for specific work areas and developments as required.

On occasions the IJB and the SPG may hold joint meetings. This would normally be at the request of the IJB.

11. SUPPORT TO THE SPG

The Chief Officer of the IJB will ensure adequate officer support for the SPG including appropriate secretarial support.

12. EXPENSES

The Health and Social Care Partnership will reimburse reasonable expenses associated with carer/service user/community members attending meetings of the SPG.