

# Midlothian Integration Joint Board



**8 October 2020**

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

**Item number: 5.5**

### **Executive summary**

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The purpose of this report is to update the Integration Joint Board on Midlothian Health & Social Care Partnership's winter planning. Health and Social Care Services come under increased pressure over the winter months due to a greater incidence of ill-health and the impact of adverse weather conditions. Services will also be coping with the ongoing COVID-19 pandemic this winter in addition to the usual increased pressures.

This report outlines the work being undertaken locally to prepare for winter pressures. The overarching Winter Plan is joined up to cover a wide range of areas – reducing length of stay for people in hospital once medically fit, preventing avoidable admissions, increasing service capacity, gritting priority areas, implementing the flu programme, and resilience planning for severe weather, ongoing COVID-19 and potential local lockdowns, and staff absences. There is also an ongoing focus on supporting staff wellbeing and a winter communications plan both for staff and the public.

#### **Board members are asked to**

- **note this Winter 2020/21 report**
- **approve the approach to winter planning**

## Report title

### 1 Purpose

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- 1.1 The purpose of this report is to provide Midlothian Health & Social Care Partnership's Winter Plan 2020/21 and outline plans in coping with increased pressure through effective forward planning and the provision of additional capacity in key services.

### 2 Recommendations

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- 2.1 As a result of this report what are Members being asked to:
- Take assurance that Winter Plan is in place
  - Approve the approach to winter planning

### 3 Background and main report

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- 3.1 Every year, NHS Boards are required to write plans to ensure resilience over winter in response to the well-documented additional pressures experienced in hospitals and community-based services during the winter due to increased ill-health and the impacts of adverse weather. This year, there is additional pressure from the ongoing COVID-19 pandemic on top of the usual winter pressures.
- 3.2 In addition to the Partnership's contribution to NHS Lothian's Winter Plan, Midlothian Health & Social Care Partnership is creating a local Winter Plan for 2020/21 that covers a wide range of focus areas. This includes the following key areas:
- **Resilience** – business continuity plans, anticipating impact of severe weather and staff absence, planning for future local lockdowns, 7-day working and festive cover, transportation plans, and individual resilience plans; linking in with council colleagues for transportation and gritting priority areas
  - **Patient flow** – preventing avoidable admissions, minimising length of stay for people in hospital once medically fit, increasing capacity of key services, preventing falls, linking in with the Royal Infirmary of Edinburgh
  - **Infection Control** – flu programme, standard infection control measures, ongoing COVID-19 measures, staff testing and PPE
  - **Impact & Inequalities** – Integrated Impact Assessment actions, financial and food insecurity, reducing loneliness, increasing community resilience, supporting good physical and mental health
  - **Communications** – public communications through various channels; staff communication plan, mobilising communication channels created in response to COVID-19, specific flu campaign

- **Staff Wellbeing** – winter and ongoing pandemic-specific wellbeing initiatives, resource and information sharing, supporting managers to support their teams
- **Monitoring and Escalation** – setup of Winter Tactical Group, regular huddles, reporting through Senior Management Team, mobilising groups and channels created in response to COVID-19, progress against detailed action plan

- 3.3 The Winter Plan is attached separately in Appendix I.
- 3.4 The Winter Tactical Group will be established at the start of October and begin meeting weekly to visit the action plan and monitor progress against it. This can be stepped up in frequency as required throughout the winter period, and additional check-ins and/or rapid rundowns established as needed.
- 3.5 The action plan contains key performance indicators against which progress can be monitored and issues raised at the earliest opportunity.

## 4 Policy Implications

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- 4.1 Winter planning takes account of national guidance on safely reintroducing services and preparing for winter. It also closely links with Midlothian Council, NHS Lothian planning, and local third sector partners to ensure a joined up and consistent approach is taken.

## 5 Directions

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- 5.1 This plan will support the work of a number of the Directions, including Directions related to Inpatients and Accident & Emergency, Older People, Midlothian Community Hospital, Community Health Services, Care at Home, Unpaid Carers and Public Health.

## 6 Equalities Implications

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- 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 was completed on 02/09/2020 to ensure any unintended impacts of winter plans are prevented or mitigated, and specific actions will be taken by services as a result of this assessment.

## 7 Resource Implications

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- 7.1 This year Midlothian Health & Social Care Partnership submitted three winter bids to NHS Lothian for funding. The bid for increasing capacity of community rehabilitation services and enablement to cover anticipated increased demand in winter was supported and costed at £102,533.33.
- 7.2 The partnership is planning an extended flu programme in line with Scottish Government guidelines. Proposals and cost projections have been developed. The situation around the programme this year is uniquely complex and substantially bigger than previous years. It is estimated that there will be a significant increase in

- the total cost of the programme. This increase in cost is coordinated via the Health Board and their mobilisation/remobilisation plans with funding sources currently being explored by the Health Board and Scottish Government.
- 7.3 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

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- 8.1 There is a potential risk of another wave of COVID-19 happening concurrently with flu and other increased winter pressures.
- 8.2 The risk of not preparing as well as possible for winter is that the hospital system is unable to cope with the volume of attendances and unplanned admissions. It is important that resilience plans are in place for local services and staff to continue to function at full capacity. This includes maximising flu vaccinations, preparing for adverse weather, anticipating local lockdowns, and ensuring contingency plans are in place for staffing shortages that occur despite forward planning.
- 8.3 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

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- 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

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10.1 nil

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<b>DATE</b>	22/09/20

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## **Appendices:**

### **Appendix I: Midlothian Health & Social Care Partnership Winter Plan 2020/21**

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

### **INTRODUCTION**

This document forms the Midlothian Health & Social Care Partnership's overarching Winter Plan for 2020/21. The overall aim of winter planning is to ensure that the partnership is prepared for winter pressures, alongside ongoing pressures due to COVID-19, so that we can continue to deliver high quality care. It is recognised that demand for services is likely to be at its highest level during the winter period.

The expectation is that plans for 2020/2021 build on the Winter Plans and learning from 2019/2020. Plans should also account for anticipated extra pressure due to COVID-19 (due to increased health & social care needs for post-covid patients, potential future local lockdown(s), and other long-term impacts of the pandemic such as on mental health and wellbeing).

The required outcomes of winter planning are to ensure:

- That comprehensive, joined-up plans are in place in Midlothian Health and Social Care Partnership with established monitoring and escalation processes
- The provision of high-quality services are maintained through periods of pressure;
- The impact of pressures on the levels of service, national targets and finance are effectively managed.

The Winter Plan will be a standing agenda item on the Senior Management Team meetings. Levels of pressure in the system, progress against plans, and other issues will be monitored and escalated as necessary. Progress monitoring and check-ins will begin with a weekly rapid run-down with service managers; this will be continually monitored and stepped up if necessary. Various communication mechanisms, such as debriefs and huddles, were formed in response to COVID-19, and these can be reinstated or stepped up again throughout the winter period to ensure open lines of communication.

### **REVIEW OF PREVIOUS WINTERS**

Managers noted several key lessons from reviewing previous winters. These mainly included preparedness for winter weather: for example, ensuring availability of 4x4 vehicles when needed to transport staff, having bank staff available, clear plans for seeing the most vulnerable patients, and rotas for holiday cover.

These lessons, paired with lessons from the pandemic, highlight the need to plan ahead and prepare for the worst to ensure that staff are safe and service delivery is maintained.

## **KEY PRIORITIES FOR ACTION IN 2020/21**

*A detailed action plan sits behind this with timescales and key performance indicators.*

*This will be used to monitor progress against the winter plan and will be a live document.*

- **Resilience**

- Business continuity plans for all services have been reviewed in light of COVID-19 and will be updated for winter through a general resilience workshop and taking specific winter issues into considerations. These will detail escalation processes and essential service provision in response to critical incidents such as another lockdown, major staff absence, or severe weather.
- Midlothian Health and Social Care Partnership's critical incident response will be detailed by updating the Major Incident Plan
- The Midlothian Health and Social Care Partnership COVID-19 Response Plan (v3 14/05/20) will be updated by using key learning from our initial response to the pandemic, to develop a resilience plan for potential future waves and local lockdowns due to COVID-19 so that staff are mobilised and services respond effectively.
- Services will have resilience plans in place for their workforce by providing robust plans to account for staff absence and/or staff inability to travel due to severe weather
- All services will have contingency plans for severe weather by providing robust plans for issues such as transporting staff, traveling to patients in the community, and delivering care to vulnerable patients. These will also link to Midlothian Council plans for accessing 4x4 vehicles when required to transport staff in severe weather.
- Resilience plans for travelling in severe weather will also link with Midlothian Council for gritting roads and footways, and clearing car parks for our identified priority areas through close working between council and health & social care colleagues.
- All services will ensure sufficient capacity is in place over the festive period and to cover 7-day working where appropriate by agreeing staff cover and rotas and ensuring resilience plans are in place to deal with lockdown, severe weather, and/or unexpected staff absence during this period.
- Clear communication and escalation channels will be put in place by instating a weekly huddle with an identified Winter Tactical Group, with the ability to step this up in frequency and mobilise other channels of communication that were originally created in response to the pandemic
- Identifying surge capacity by progressing potential staffing resource to open Glenlee ward in Midlothian Community Hospital
- Individual services will prepare for major incidents by Red-Amber-Green (RAG) rating caseloads and prioritising per their resilience plans and updating this regularly
- All staff will ensure individual resilience plans are in place that take into consideration risks such as car preparation, school closures, travel plans in severe weather, health & wellbeing, and general winter safety. These will be

promoted by managers and team leads and through normal staff communication channels such as the Council website, social media, and all-staff emails.

- *Preventing admissions, reducing hospital length of stay, delayed discharges, patient flow*
  - We will prevent admissions, reduce hospital length of stay, avoid delayed discharges, and support patient flow as far as possible by:
    - Strengthening our intermediate care model, including an increase in capacity to implement a 7-day working model for intermediate care services and developing a single point of access
    - Reducing delayed discharges to 10 by end of October
    - Progressing the opening of Glenlee Ward in Midlothian Community Hospital as a step-up/step-down facility
    - Implementing a Falls Prevention Plan through the Strategic Falls Group, including the promotion of prevention measures during bad weather, working with the Roads Department within Midlothian Council to ensure priority footpaths, pavements, car parks, and roads are gritted and cleared
    - Working alongside the national redesign of urgent care to plan for appropriate same-day community capacity for patients redirected from the Lothian Flow Centre via a national urgent single point of access
    - Linking in with Royal Infirmary of Edinburgh winter plans and discharge planning
    - Increasing capacity of the Hospital at Home service from 10 beds to 12 beds with a view to reviewing and increasing if service required to 15 beds
    - Recruiting 20 full-time carers into the Care at Home service
    - Recruiting 6 nursing posts for 1 year into District Nursing
- *Infection Control, including Flu*
  - Standard infection control measures will be taken to address the requirements of the most common infections, for example, Norovirus, Clostridium difficile, Influenza, MRSA and contingency plans are in place to minimise the impact of outbreaks of infection by complying with infection control audits and completing associated infection control action plans
  - PPE stock and supplies are managed with contingency plans in place should demand greatly increase to ensure supplies are available to safely deliver services by forward-planning and ordering buffer stock
  - COVID-19 Health Protection Scotland and Scottish Government guidance is followed ensuring defined patient pathways
  - Accessible and timely COVID-19 testing pathways should be available to all who require a test (there may be instances where national system pressures affect this)
  - An effective immunisation programme against seasonal influenza is in place. Midlothian Health and Social Care Partnership is covering flu vaccinations for staff, housebound, and the shielding cohorts. Staff clinics are set up across Lothian and managers from both health and council will be encouraging staff to attend for vaccination. Data on staff uptake will be monitored and reported to the Senior Management Team weekly.
- *Impact & Inequalities*
  - COVID-19 and winter has and will continue to detrimentally impact certain groups of people – not only older people and those with underlying health

conditions but also those who are vulnerable simply because they do not have the resources and opportunities to stay well.

- These will be mitigated by completing an Integrated Impact Assessment as part of the winter planning process to identify any gaps in planning and actions that managers will need to take to mitigate these. Service-specific impact assessments may need to be completed.
- Opportunities for good health and preventing and addressing health inequalities will be developed and supported across the Partnership with Public Health, by prioritising work over winter to reduce financial and food insecurity, build strong communities and community resilience, promote good physical and mental health, and support activities to mitigate the climate emergency.
- *Communications*
  - A clear communications plan with the public will be established by sharing timely and relevant information through channels such as social media, the Council website, general practice websites, and a winter Older People's newsletter. This will require close working between and contributions from the communications team, planning groups, the Strategic Falls Lead, and all other services to promote public health information, awareness weeks, safety during winter, and other relevant updates.
  - A clear communications plan with staff will also be established by utilising various staff communication channels formed in response to COVID-19 that can be remobilised throughout winter to share important updates, good news stories, promotion of staff wellbeing activities and initiatives, and other winter-specific information around falls, travel, car safety, etc. to promote individual resilience.
  - A major flu campaign and communications plan is also underway to promote vaccination uptake amongst Midlothian residents and staff
- *Staff Wellbeing*
  - A Midlothian Health & Social Care Partnership staff wellbeing group was established in early April with an identified wellbeing champion.
  - The group will continue to focus on supporting staff, sharing resources, and helping managers to support their teams' wellbeing throughout winter by tailoring its work for winter-specific pressures such as winter weather safety and stress and fatigue due to working under extreme conditions long-term in response to the ongoing pandemic.
- *Monitoring & Escalation*
  - Risks will be escalated and progress monitored through reporting by exception via an established Winter Tactical Group (on a weekly basis at first, with the ability to step up frequency and/or introduce further huddles)
  - Progress against the plan will be monitored and reported via the Senior Management Team fortnightly meetings

*Table I: Additional resources and specific winter plans by service (next page)*



**TABLE I: Additional resources and service changes**

*\*some of these are permanent while others are winter-specific, but all of the below will support the Partnership through the winter period*

Service	Additional Resource	Service Changes
<b>ALL SERVICES</b>	NA	<ul style="list-style-type: none"> <li>• Workforce resilience for staff absence</li> <li>• Festive Period and 7-day cover</li> <li>• Severe weather resilience planning               <ul style="list-style-type: none"> <li>◦ Staff transport, getting to patients, travel time, staff and patient safety, Red-Amber-Green rating patients, etc.</li> </ul> </li> <li>• Flu Vaccination staff uptake</li> <li>• Reduced face-to-face/use of telephone and Near Me</li> <li>• Recruiting to establishment/vacancies</li> </ul>
<b>Intermediate Care</b>	Winter Bid (£102,533.33): <ul style="list-style-type: none"> <li>- 1 Whole Time Equivalent (WTE) Band 6 Physiotherapists</li> <li>- 1 WTE Band 6 Occupational Therapists</li> <li>- 2 WTE Band 5 Physiotherapists</li> <li>- 4 WTE Band 3 Support (incl. Laptop/phones)</li> </ul>	<ul style="list-style-type: none"> <li>• 7-day working over winter</li> <li>• Strengthening intermediate care model</li> <li>• Additional resource proposal</li> <li>• Newbyres street nursing home assessment area</li> <li>• Highbank for Packages of Care assessments and reablement</li> <li>• Criteria for rehabilitation at Edenview and admission process from Royal Infirmary of Edinburgh</li> <li>• Occupational Therapist Band 7 recruited (<i>mobilisation funding</i>)</li> <li>• recruiting four Band 5 and two Band 6 nurses for one year into the district nursing service</li> <li>• introduction of Community Treatment Assessment Centres</li> <li>• integrate frailty service</li> </ul>
<b>Care at Home</b>	<ul style="list-style-type: none"> <li>- 20 Full Time carers</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing locum recruitment</li> <li>• 6 geographical areas to reduce travel</li> <li>• Reduction in overnight toileting visits from Rapid Response carers</li> </ul>
<b>Hospital at Home</b>	<ul style="list-style-type: none"> <li>- 1 WTE Band 6</li> </ul>	<ul style="list-style-type: none"> <li>• Setting up Midlothian Community Hospital clinic</li> <li>• Increasing from 10 to 12 bed capacity, with an aim to review and establish 15 beds at full virtual capacity</li> <li>• Additional Equipment – drip stands</li> </ul>

<b>Care Home Support Team</b>	<ul style="list-style-type: none"> <li>- 1 Band 6 for clinical assessment and reviews – 6 months</li> <li>- 2x WTE Band 5 – 6 months for 7 day cover</li> </ul>	<ul style="list-style-type: none"> <li>• Daily contact with care homes and clinical reviews weekly</li> <li>• Continue Anticipatory Care Plans</li> <li>• Revenue business case progression</li> </ul>
<b>Mental Health &amp; SMS</b>	<ul style="list-style-type: none"> <li>- Increase in Community Mental Health Team staffing (permanent from September 2020)</li> <li>- Increase in Substance Misuse Service capacity for multiple complex needs (2 year funding from October 2020)</li> <li>- Excess hours/bank staff for flu vaccination for staff and patients (within existing resource)</li> <li>- Midlothian Access Point Additional Action 15 funding – permanent Primary Care Mental Health nurses and fixed term Access Point Development worker</li> </ul>	<ul style="list-style-type: none"> <li>• Good Grief webinar</li> <li>• Primary Care Mental Health Nurses in all General Practices</li> </ul>
<b>Older People's Mental Health and Dementia</b>		<ul style="list-style-type: none"> <li>• Review of staffing skill mix within Dementia</li> <li>• Review of model of care within wards</li> </ul>

<b>Loanesk/Edenvue</b>		<ul style="list-style-type: none"> <li>• Agreed correct admission process and escalation plans</li> <li>• Correct staffing levels 1.3 WTE per bed</li> <li>• flexible workforce across wards</li> <li>• moving on policy discussed on admission</li> </ul>
<b>Dietetics</b>	<ul style="list-style-type: none"> <li>- Additional Band 5 bank staff shifts</li> <li>- Extra hours payment for Part Time Band 6 and Band 7</li> <li>- Additional 1 WTE Band 5 in adult acute January-March</li> </ul>	<ul style="list-style-type: none"> <li>• 7 day on call paediatrics</li> <li>• Prioritisation 24hr, 48hr, and 72 hour response to acute and community hospital referrals</li> <li>• Urgent home visits within 1 week</li> <li>• Primary care and hospital discharge referrals within 4 weeks</li> <li>• Public Holiday cover over festive period in acute sites</li> <li>• Critical care bed dietetic service provision escalation due to COVID</li> </ul>
<b>Disabilities</b>	<p>Midlothian Community Physical Rehabilitation Team (MCPRT):</p> <ul style="list-style-type: none"> <li>- 1 Physiotherapist extra 2 days in Midlothian Community Hospital</li> <li>- 1 Band 6 Physiotherapist extra 7.5 hours in Midlothian Community Hospital</li> <li>- Band 4 &amp; Band 5 recruitment into MCPRT</li> <li>- 1 WTE Band 6 Physiotherapist for MCPRT backlog but also covering Learning Disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• MCPRT collaboration with intermediate care</li> <li>• Access to all disciplines within Community Learning Disabilities Team – telephone as default</li> <li>• Update Red-Amber-Green ratings</li> </ul>

<b>Extra Care Housing</b>		<ul style="list-style-type: none"> <li>• Re-allocate hours to intermediate care flat at Cowan Court</li> <li>• Commence intermediate care flat at Hawthorn Gardens</li> </ul>
<b>Social Work</b>		<ul style="list-style-type: none"> <li>• Reestablishment of Highbank respite</li> <li>• Reestablishment of day care across 3<sup>rd</sup> sector providers</li> <li>• Review and prioritisation of referrals coming through</li> </ul>
<b>Justice</b>		<ul style="list-style-type: none"> <li>• Route Map</li> <li>• Considering '0 hours' contract for unpaid work</li> <li>• SPRING service identified space in Arts Centre</li> </ul>
<b>Public Health</b>	- Interviewing Volunteer Coordinator Post	<ul style="list-style-type: none"> <li>• Older Peoples Benefits Project</li> <li>• Money Worries work</li> <li>• Food Security - work with Food and Health Alliance</li> <li>• new Health &amp; Social Care Partnership volunteer coordinator role; building relationships with organisations with volunteers to support and contact people who are isolated</li> <li>• Connecting Scotland &amp; tech library</li> <li>• Care for People connection</li> <li>• Art Resilience Project</li> <li>• physical activity and social prescribing promotion</li> <li>• free gym membership pilot (homeless)</li> </ul>