



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	

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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

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