

## **Health and Care Report to the Executive of the Joint Forum of Community Councils in West Lothian July 2021**

### **British Red Cross have been supporting people in Scotland through the Coronavirus crisis.**

Older people, those with underlying health conditions, and people living in hardship and without close support have all been massively impacted by the social, economic and health impacts of the pandemic. Among those who have faced the greatest challenges are refugees and people who have come to the UK to seek asylum, often without access to family and friends, and in conditions that are inadequate.

It has been testing getting through this period of crisis but is tougher for those having to negotiate the challenges in a different language, not always knowing who to trust or believe or what help is available. Those seeking sanctuary, and those escaping trafficking or abuse, know they can trust the British Red Cross, and often seek out the organisation's help, particularly when it came to the COVID vaccination rollout, since the rollout began in December.

The Red Cross refugee support services work with up to 4,000 people each year in Scotland, the majority in Glasgow, so had already built many relationships that would be crucial during the pandemic. People from Black, Asian and minority -ethnic communities are more likely to suffer from serious COVID-19 infection than the wider population, and vulnerable communities, including asylum-seekers, can be at high risk of vaccine inequality. To counter this, the Red Cross offered to support MEARS – the asylum accommodation provider in Scotland – with on-the-ground practical and psychosocial support as they administered vaccines among the hotel residents in Glasgow.

The first vaccination rollout for asylum seeker hotel and initial hotel accommodation residents in Glasgow took place across three days at the end of April and there was a positive atmosphere across the three hotels as people were swiftly given AstraZeneca vaccines in socially distanced conference rooms. A small number of clients took the opportunity to sit with a Red Cross volunteer after getting their vaccine because they were nervous and wanted reassurance.

Bilingual Red Cross staff have been crucial in this regard, helping people to understand, in their own language, important NHS Scotland information.

There have been reasons to be encouraged but also important lessons to be learned. For example, the Red Cross has long had concerns about the housing of people seeking asylum in hotels. Their recent report, *Far from a Home*, showed how the use of hotels to house people in these circumstances, including families with small children, leaves people isolated and unable to access the support they need for months and even years.

A significant part of the Red Cross concerns is the lack of healthcare pathways and support for people inside those hotels, so the vaccine rollout is a positive step forward. More needs to be done, both for those who have come to this country, and for the wider public good, because COVID-19 has shown that our collective health is far more intimately connected than any of us had properly understood before now.

For more information contact [EmmaMcCarthy@redcross.org.uk](mailto:EmmaMcCarthy@redcross.org.uk) or call the Red Cross coronavirus support line on 0808 196 3651.

### **June was Aphasia Awareness Month.**

More than 350,000 people in the UK have Aphasia. It is a communication disability caused by damage to language centres of the brain that affects a person's ability to understand speech, to speak, read and write, and to use numbers. Around a third of people who have a stroke will experience aphasia, but still too little is known about it.

Throughout the month, members linked to the Aphasia Alliance (including the Stroke Association) shared key messages about aphasia and encouraged business owners to sign up for free training. Further information is available on the Stroke Association website.

## **NHS in Scotland 2020.**

The Auditor General's 2019/20 report was published at the end of February 2021. It outlines the response to the pandemic and presents an overview of its performance for 2019/20. Although there are some references to wider health and social care, unlike previous reports, there are no specific recommendations applying to IJBs in the 2020 report. Without getting in to all the detail and recommendations, the key messages are as follows:

“The challenges presented by COVID-19 are significant and unprecedented. Staff across the NHS and Scottish Government have worked hard, in challenging circumstances, to respond quickly to the pandemic. NHS frontline staff have put themselves at risk to meet the demands presented by COVID-19, reflecting their extraordinary commitment to public service. The NHS implemented several actions during the first wave of COVID-19 that prevented it from becoming overwhelmed, such as increasing intensive care capacity and stopping non-urgent planned care. The Scottish Government's Test and Protect strategy is crucial to suppressing the virus and will continue to be until COVID-19 vaccinations are fully rolled out.

Some people have been more adversely affected by COVID-19 than others. For instance, those from the most deprived areas are twice as likely to die from COVID-19 than those in the least deprived areas. COVID-19 has so far caused or contributed to the deaths of almost 9,000 people across Scotland, and deaths from other causes were also higher than average at the start of the pandemic. The NHS workforce has been under considerable pressure during the pandemic, with high levels of work-related stress reported.

The Scottish Government could have been better prepared to respond to the COVID-19 pandemic. It based its initial response on the 2011 UK Influenza Pandemic Preparedness Strategy but did not fully implement improvements identified during subsequent pandemic preparedness exercises. It also did not include an influenza pandemic as a standalone risk in the corporate or health and social care directorate risk registers, despite assessing it as high risk.

Remobilising the full range of NHS services is challenging and maintaining innovation and learning from the pandemic will be essential. COVID-19 has led to a substantial backlog of patients waiting for treatment.

NHS boards are prioritising those in most urgent need; those who are of lower clinical priority will have to wait longer. NHS leaders need to work collaboratively, in partnership across public services, to deal with the ongoing challenges caused by COVID-19 and to remobilise services.

COVID-19 has exacerbated the existing financial and operational challenges in the NHS and is predicted to cost £1.67 billion in 2020/21. Most NHS boards achieved their savings targets in 2019/20, but four NHS boards needed additional financial support from the Scottish Government to break even. Responding to the pandemic has resulted in significant additional expenditure across health and social care and there is uncertainty about the longer term financial position.”

### **Procurement - Older People’s Day Care**

In December 2015 West Lothian Council approved formal contracts with existing third sector providers for Older People’s Day Care services at Acredale House, Answer House, Linlithgow and District (St. Michaels), Roseberry Centre and Braid House. These services cover 453 places per week for day care. The contracts started on 1 February 2016 and were for 3 years ending 31 March 2019, with a two year extension available. The two year extensions up to March 2021 have been utilised and, due to COVID-19, a further six month extension was afforded. All 5 contracts are now due to expire as of 30 September 2021.

There is a need for Older People Day Care Centres to modernise their approach following changes to user eligibility and contribution criteria, so additional time is required, following COVID-19, for providers to further develop their business model. To complicate matters, the Feeley Review into Adults Social Care has recommended the removal of charging for non-residential social care support. Additional time is needed and council officials have proposed further 1 year extensions to end September 2022 as follows:

- Acredale - £187,982
- Answer House - £67,674

- Linlithgow - £105,270
- Rosebery - £67,673
- Braid House - £422,961

### **MSP/MPs meeting.**

As part of NHS Lothian's regular and ongoing engagement with MSPs and MPs, a meeting was held on 11 June 2021. This was the first of the new parliament. Engagement in vaccination issues remains high and Executive Directors fielded questions on a range of performance issues. Updates were provided on public health, strategic plan development and capital projects.

### **Cancer SPIRE.**

Availability of the additional temporary surgical robot at SPIRE has been extended to March 2022, to continue to support prostatectomy procedures and release theatre capacity at the Western General Hospital for additional bladder cancer surgery. From 25 January to 4 June 2021, 84 Robotic Assisted Radical Prostatectomy (RARP) procedures have been undertaken and, as a result, surgical waiting times for prostate and bladder cancer patients have significantly reduced (from 16 weeks to 9 weeks for RARP, and from 9 weeks to 4 weeks for Trans-Urethral resection of Bladder Tumour).

### **Visit of the Princess Royal.**

On 12th June 2021 the Princess Royal and her husband paid a private visit to the Astley Ainslie Hospital site. They attended a concert by the Scottish Fiddle Orchestra, of which she is patron, in a marquee erected in the grounds of the hospital when the scheduled concert was not able to take place at the Usher Hall due to COVID restrictions. A very short visit to the hospital itself was also arranged to allow her to see the work of Occupational Therapists there.

### **COVID Vaccination Programme**

Vaccine supply has remained stable in recent weeks with no disruption to delivery of supplies. However, availability of Pfizer and Moderna vaccine is currently limited with additional supply expected in early July resulting in the need for careful management of supply for those aged under 40 years in line with JCVI and Chief Medical Officer recommendations.

NHS Lothian has sufficient capacity to meet scheduling demand, although capacity at Lowlands Hall, Royal Highland Centre, had to be reduced for the week of 14 June to 1,000 per day due to the virtual Royal Highland Show. The vaccination centre at RBS, Gyle, was expected to close on 11 July with activity relocated to Lowlands Hall.

There has been attrition of the workforce (vaccinators, administrators and enquiries team staff) as staff are re-deployed to previous roles as lockdown restrictions are eased. This resulted in a further request for military support with 41 army vaccinators deployed from 9 May until 14 July.

### **Lothian Strategic Development Framework.**

The health and care system faces a range of challenges, which have been acutely exacerbated by the COVID-19 pandemic, the most significant accelerant of change since the founding of the NHS in 1948.

The system in Lothian is challenged in terms of delivery of scheduled care, in meeting the 4-hour standard for emergency access, in reducing delayed discharges, in delivering access targets for child and adolescent mental health appointments, and meeting the same targets for delivery of psychological therapies – *according to the paper presented to the NHS Lothian Board at their 23 June meeting.*

This has been compounded by both the financial position and the inequalities gap within our communities. Lessons have been learned from the pandemic about a range of new ways of delivering healthcare. This is described as a “framework” as it needs to bring together a range of different programmes and perspectives. There is a range of services for which the statutory responsibility for planning and commissioning now rests with the 4 Integration Joint Boards in Lothian as well as services that NHS Lothian is responsible for. The Strategic Planning Directorate of NHSL has presented to each of the 4 IJBs since March – to three Strategic Planning groups and one full IJB.

So what has been agreed so far? The **Fixed Points** so far determined are as follows:

1. Per *Our Health, Our Care, Our Future*, we will retain the four campus sites – The Royal Edinburgh Hospital, the Royal Infirmary of Edinburgh, St. John’s Hospital at Howden and the Western General Hospital.
2. Per the *Lothian Hospitals Plan*, we will use the sites as;
  - The Royal Edinburgh Hospital will be the specialist acute mental health facility with specialist learning disabilities and rehabilitation services;
  - The Royal Infirmary of Edinburgh will be South-East Scotland’s major unscheduled care centre, incorporating the Major Trauma Centre, and specialist neurosciences and children’s services;
  - St. John’s Hospital will be West Lothian’s district general hospital, with specialist regional surgical services and a short-stay elective centre;
  - The Western General will be South-East Scotland’s Cancer Centre, with breast, urology, colorectal surgical services on-site.
3. We will have community inpatient facilities in East Lothian (ELCH) and Midlothian (MCH).

4. We will only provide general anaesthetics at RIE, SJH and WGH, with provision at REH to support treatments such as electro-convulsive therapies;
5. We are clear that the Western general will be the home for the new Edinburgh cancer centre
6. Sexual Health Services within Edinburgh are provided at the Chalmers Centre
7. We will **not** provide high-secure forensic mental health accommodation
8. The strategic planning and commissioning of unscheduled care, primary care, general practice, rehabilitation and mental health services are delegated to our four IJB partners – East Lothian, Edinburgh, Midlothian and West Lothian.
9. All other services are the strategic planning and commissioning responsibility of NHS Lothian.

Two additions as follows:

Point 5 – to stress that this is the region's cancer centre;

Point 4 – may need to temporarily be changed to deliver increased post-COVID activity

The **West Lothian IJB Strategic Planning Group** were given their presentation on the subject of the Strategic Development Framework at their meeting in April, and, reading the minute, had what looks to have been an interesting discussion. I pick out some points as below:

The meeting was asked what new issues had arisen – the way business is done has changed, the move online, opportunities around community planning.

NHS Lothian wants to engage with IJBs and Stakeholders, intends to commission an engagement exercise and ultimately work with IJBs to turn strategy into plan.

Senior GP agreeing that strategic planning required across Lothian and needs to evolve quite rapidly, concerned the presentation was very focussed on secondary care with an absence of social care and no mention of the interface with Primary Care.



A point was made on behalf of the IJB that the interface between IJB and NHS Lothian responsibility needs explained better and is there an intention to engage going forward? NHS Lothian agreed that there was more work to be done on the interface with the Community Planning Partnership.

The meeting was reminded that the IJB directs the Health Board in relation to delegated functions and the question was asked as to how these directions interface with the framework being discussed. NHS Lothian felt there is lack of clear direction from IJBs to the Health Board \_ but \_ agreed NHS Lothian needs to give appropriate weight to IJB Directions.

The Chair suggested they could use some of the May IJB Development Session to discuss this further.

*I found this really depressing! IJBs were first proposed publicly in the Spring of 2012 and came into effect in late 2015. I served a full three-year term, until December 2018, on the West Lothian IJB, as the “user of Health and Social Care” on the Board and on the Strategic Planning Group.” Almost 3 years have passed since then. This latest April 2021 minute could have been lifted from 6 years ago.*

*So NHS Lothian wants to work with IJBs to turn strategy into plan? Why does that need raised at a meeting. After 6 years why is it not basic practice?*

*Why does a Lothian Strategic Development Framework have an absence of social care and no mention of the interface with Primary Care? After 6 years why do senior officers not think more like an integrated team?*

*The phrase that NHS Lothian has “more work to be done with the Community Planning Partnership” seems to miss the point. Does NHS Lothian think that the CPP is some distant separate body when NHSL is a constituent part of the CPP?*

*I think it is telling that a senior member of staff felt the need to remind the Strategic Planning Group that it is the IJB which issues Directions for delegated functions (about £250 million of them) to NHS Lothian (and the Council), I think the NHS complaint, that there is a lack of clear direction from the IJB, probably has some truth in it, but their admission at the meeting that NHS Lothian “needs to give appropriate weight to IJB Directions” is a corker as there*

*is a distinct negative implication that it is not being given appropriate weight at the moment! After 6 years!*

*Please also see under the Strategic Inspection Report item below. I can see more positives in that item now!*

### **NHS Lothian 2020/21 Financial impact of COVID-19.**

COVID-19 has had a significant impact on NHS Lothian's finances during 2020/21. In total, an estimated £146.4m of additional costs has been incurred in relation to COVID, however there have also been offsets estimated at £35m from activity reduction in other areas throughout the year. The net financial impact to NHS Lothian's position was £110.9m for which funding has been received from the Scottish Government and released to offset the additional costs incurred.

### **West Lothian IJB membership.**

Dr Rohanna Wright is currently the non-voting member who is the "registered medical practitioner who is not providing primary medical services" and will be stepping down from the IJB on 31 July 2021. The Board was recommended to appoint Dr Karen Adamson to this position for the period 1 August 2021 to 31 July 2024. Dr Adamson is the Clinical Director for Medicine at St. John's.

The new **West Lothian Chief Officer** – Alison White – was due to take up her post on Monday 5 July 2021.

The **Vaccination Transformation Plan** is largely complete. Travel vaccination clinics are not yet operational due to lack of demand during the pandemic, however a location has been identified in Strathbrock Partnership Centre to accommodate this service, which will operate on a “hub and spoke” model managed by the pan-Lothian travel service based at the Western General Hospital.

Transfer of responsibility for flu vaccinations away from GP practice teams to HSCP-run clinics was partially achieved in 2020 and plans are being developed to fully undertake this work for the 2021-22 flu season. This remains challenging: large numbers of staff are required for a short period of the year, and the eligible cohorts are now being extended to include large additional groups such as secondary school pupils and all adults from 50-65. Teachers and support staff, prisons staff and the prisons population are also now to be included.

Other aspects of the vaccination transfer programme, such as childhood immunisations and shingles vaccinations, are complete. Broader planning is underway to include COVID-19 vaccinations, which do not form part of the vaccination transformation plan.

### **Impact of COVID-19 on West Lothian Primary Care.**

All West Lothian practices have maintained service provision throughout the pandemic, despite some challenges due to staff self-isolation at times. Capacity for non-urgent work such as chronic disease management has been impacted by the ongoing requirement to limit footfall in practice buildings, maintain additional cleaning regimes between patients and observe social distancing in waiting areas.

All practices have been provided with additional staff to help reduce GP workload. This includes a mix of physiotherapy advanced practitioners, mental health nurses, pharmacists, pharmacy technicians and link workers. These staff are available regularly throughout the week to offer prompt appointments for patients and contribute to delivery of urgent care.

Recruitment is ongoing to further expand these teams, and additional administrative support and management capacity has been factored in to \*support this work. The training and ongoing development needs of these new staff are also being addressed, as it has become clear that the transition into a primary care setting can be challenging.

### **Strategic Inspection - Action Plan update**

Early last year the Care Inspectorate and Healthcare Improvement Scotland carried out a Joint Inspection of the Effectiveness of Strategic Planning in the West Lothian Health and Social Care Partnership. Because of COVID-19, the process took a bit longer than expected but their report became publicly available in September and the IJB was presented in November with a draft action plan to address the issues raised in the report.

*At the time I did raise a small number of issues – timescale for aligning community planning and regeneration plans, support for members on IJB and Strategic Planning Group, role of forums such as the Senior People’s Forum (of which I am a member). I also highlighted a couple of findings from the Inspectors’ report. The first was that with regard to recognised forums “these forums were not routinely used to engage with people around the strategic planning agenda.” The second Inspectors’ finding I picked up was that although “the partnership had previously developed a Participation and Engagement Strategy for the period 2016-2026 to complement the original strategic commissioning plan \_\_ there was no evidence that this plan had been implemented in practice.”*

*I pursued these issues vigorously by email and formal correspondence. I managed to facilitate at the end of last year a meeting with staff from Healthcare Improvement Scotland and successfully pushed for consultation with members of the Senior People’s Forum. Some months back I called a formal halt to our open divisions.*

*Last month's IJB meeting considered an update on that Action Plan. Because of COVID-19 some timescales have slipped but that is understandable. I haven't read most of the detail in the report but I have heard separately, from two different sources, positive comments around the subjects I raised and generally. So, if things are going reasonably OK along the right track, I am satisfied to drop these particular issues. It is also interesting to find, from the Communication and Engagement report to that last IJB meeting, that "agreement has been reached to appoint a communications and engagement manager on a fixed term basis to work alongside staff from across the partnership and test a different approach." What a novel idea!*

*It is interesting how this item links with the first item of this report and the points from the Strategic Planning Group. These ones from the Joint Inspection seem to be in hand but the problems highlighted from the SPG minute look more fundamental.*

### **Scottish Health Technologies Group.**

A review of the evidence on **hernia mesh** is currently being undertaken by the SHTG. The project includes a public engagement exercise with 68 responses from across Scotland. These responses will be considered alongside the published evidence when developing recommendations on hernia repair. Publication of the review is expected in August 2021.

Healthcare Improvement Scotland recently co-hosted the **2021 Health Technology Assessment International Annual Meeting**. Previously intended to be in-person, the event was held over a virtual platform, welcoming over 800 delegates from across the world.

The SHTG, the Scottish Medicines Consortium, and the National Institute for Health and Care Excellence, met with Health Technology groups from Wales and Northern Ireland to discuss **future UK-wide collaboration** on output, including harmonisation of methods and processes, negotiation with companies and joint procurement.

## **REACT, Frailty and Care Homes West Lothian.**

Over the past year, React **Hospital at Home** have developed enhanced links with the Emergency Department at SJH, avoiding hospital admissions for the elderly by supporting discharges directly from the ED without the need for a hospital stay. Close links have also been developed with Respiratory Services and Palliative Care for assessment and provision of oxygen at home and in care homes, to provide rapid support to patients with COVID in these settings.

The role of community hospitals is under review, and systems have been streamlined for prompt assessment and facilitation of direct admissions to community hospitals for palliative care, where acute hospital care is not desired or required. Two trainee Advanced Nurse Practitioners have been appointed to help facilitate direct admissions to St. Michael's Hospital.

Additional staffing has been put in place to expand REACT operating hours to a 7-day service. The weekend service particularly focuses on supporting discharges from hospital and providing ongoing input for existing Hospital at Home patients.

**Frailty** services at SJH have continued to develop, with the first Frailty Advanced Nurse Practitioner coming in to post, leading a team of 3 nurses in the Medical Admissions Unit. Discussions are taking place around proposals to designate Ward 8 as an Acute Frailty Unit, allowing frail patients to be managed under a specific team and improving coordination with community based services.

**Care Home** input, by REACT and the Care Home team, has supported staff and residents through uncertainty, outbreaks and vaccinations. The increased level of communication has been welcomed by care home managers and provider organisations, who have requested continuation of the regular care home forum discussions once the pandemic recedes.

**Ongoing challenges.** Consultant staffing remains difficult, with vacant consultant posts and 2 staff on maternity this year. Staff retention at nursing level is also a challenge with limited career opportunities. Nurses trained locally and who have been instrumental in developing new services are being lost to other areas offering higher grade posts.

The Integrated Discharge Hub, whilst a welcome initiative, needs to link more closely with staff at ward level. Real time communication with clinical teams elsewhere in the hospital needs to be improved. There are ongoing challenges in the management of patients with mental health problems, particularly dementia. Anticipatory care planning for these patients needs to improve to avoid potentially avoidable crisis admissions to acute wards.

### **Mental Health Services West Lothian.**

Mental Health services in West Lothian have undergone a full-scale redesign. A Community Mental Health Team for patients with severe and enduring mental illness now sits alongside two new Community wellbeing Hubs, which offer a wide range of services for patients with low to moderate mental health conditions and problems. Mental Health Nurses in GP practices now supplement these services by providing first point of contact for patients with mental health problems presenting to GP surgeries.

**ACAST**, the Acute Care and Support team) is going through organisational change and will be operating on a 24 hour model, expected to start in September 2021.

Alongside this, a project proposal for an **Out of Hours Distress Service** is under consideration. The service will operate between 1800-2300, Monday to Friday, to offer a social alternative to ED at SJH, for patients presenting in crisis with social distress relating to issues such as housing, relationships or employment. The proposal is for a pilot to run for 1 year, delivered by Lanarkshire Association for Mental Health, and be hosted in the Community wellbeing Hub building within the SJH residence building away from the main hospital.

### **Grants to Combat Vaccine / Testing Inequality & Hesitancy.**

Through Edinburgh & Lothians Health Foundation, micro grants of up to £500 are on offer to community organisations based across Edinburgh and the Lothians. The funding is to support groups working with people who may be experiencing vaccine/ testing inequality – carers; black, Asian and minority ethnic communities; homeless people; people with mental health conditions; SIMD areas (amongst other groups of people), this is not an exhaustive list. It can also be used to help reduce vaccine hesitancy.

Applications are open and will be considered on a first come first served basis. If you had previously applied to support vaccinations, you can now reapply to support testing. Application forms can be downloaded from the Edinburgh Voluntary Organisations Council website or by emailing [funding@evoc.org.uk](mailto:funding@evoc.org.uk)>

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