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Agenda Item: 5.

Date of Meeting: 24 June 2020.

## Progress Report for IJB Members

<b>Title</b>	Progress Report		
<b>Purpose</b>	To provide Members with progress on ongoing areas		
<b>Service</b>	Integration Joint Board.		
<b>Authors</b>	OHAC SMT.	<b>Date</b>	June 2020

### Introduction

This is an update on areas not subject to reports at this Board. It details progress since the last Integration Joint Board held on 12 May 2020.

### Children's Health Services

Children's health services have followed Scottish Government guidance to prevent the spread of COVID-19 since the start of the pandemic.

The majority of clinical contacts have been through telephone calls, Near Me appointments and the use of video conferencing/calling platforms for child's plan meetings and core group meetings.

As far as has been practically possible, child health professionals have been working from home. As we implement our remobilisation plan, it is envisaged that there will be little change to our current working arrangements in children's services with the new ways of working being developed into standard operating procedures.

Our visiting Paediatric Consultants from NHS Grampian are using Near Me to facilitate their Orkney clinics with support from the Practitioner with Special Interest in Paediatrics for liaison with local professionals in Health, Social Work and Education for up to date reports, taking weights, heights and blood pressures and attendance in the Near Me appointments to advise on and action any local input.




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There are two pressure points within children's health services which pre-exist the pandemic, but on which the pressure mounts, namely:

- Autism Spectrum Disorder Assessments.
- Speech and Language Therapy Waiting Times.

Health Visitors have continued to provide routine developmental checks remotely, but there is the need to follow up growth monitoring for these when it is safe and clinically appropriate to do so and there is a significant backlog of 4-5 year reviews which will need to be addressed.

Some AHP services have seen a marked reduction in referral rates, but it is not thought that there will be a sudden deluge of new referrals with schools not physically reopening until 11 August.

Members of the children's services teams are involved in prioritised work against the Child Protection Improvement Plan which has been developed on the back of a recent multi agency inspection; this is an additional pressure on our small teams at this time but the importance of ensuring we secure improvements in the areas identified, at pace, regardless of the COVID-19 situation is recognised.

## **Maternity**

NHS Orkney's Maternity Services have followed Scottish Government guidance for delivery of Maternity Care and adhere to the minimum contact recommendations.

Restrictions to Home birth were initially in place but relaxed fairly quickly as staffing levels improved due to additional hours and student deployment coming into place.

In line with local and national priority we have agreed appropriate visits and contacts which can be carried out and steadily increased the use of Near Me. NHS Orkney is participating in the Home Monitoring pilot for Maternity to support women who are shielding and to minimise unnecessary travel.

It is not anticipated that there will be a significant change in activity as we move to Service Recovery.

Visiting restrictions are in line with Scottish Government guidance and as the restrictions are eased it is anticipated that increased partner involvement will be introduced as new guidance is received.

## **Orkney Coronavirus Community Support Hub**

The Hub provides support to the shielding community and Orkney currently has 728 people on the shielding list.




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The Hub is open 7 days per week from 09:00 to 17:00 but with call volume decreasing week on week, we are looking to move to a Monday-Friday service from the end of June. We will continue to monitor call volume to allow a step-up approach if it is required at any time.

Our call contact this week reached 98.1% with the shielding community.

An exit strategy is being developed and some staff members are needed back at in their substantive posts.

Food boxes are now delivered via Northwards and this is working well. Hub staff undertake a weekly internal check of the delivery list and are mostly able to pre-determine any anticipated problem. We keep emergency food packs at the Hub in case they are required.

The latest batch of food deliveries contained 209 food boxes.

## **Corporate Parenting Plan**

Further work has commenced with partners in relation to the developing our Corporate Parenting Procedures. The Corporate Parenting Plan (2020-2025) is currently in draft form but was reviewed week beginning 15 June.

## **Adult Health and Social Care Services**

Both health and social care have followed the national guidance in relation to service provision during the Covid19 Pandemic.

Much of the work has revolved around the strands of work as follows:

- The management of risks and issues relating to both hospital and community spread of COVID-19 for example infection control revision training and processes;
- The opening of the fourth wing of Hamnavoe House to aid hospital capacity.
- Managing the supply chain for essential items such as PPE.
- Rapid reconfiguration of outpatient capacity to support COVID-19 activity; for example use of Near Me to deliver Mental Health services.
- Reassignment of the workforce to support delivery of prioritised services.
- Engaging with staff in relation to their own anxieties.
- Detailed work with regard to the care homes including oversight arrangements from Directors of Public Health, Nursing and Medical services.



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## **Shielded Workforce**

A number of the workforce have received a letter advising them to remain at home for an initial 12 week period which has now been further extended. This, coupled with other staff who, whilst not shielded, have an underlying health condition that requires them to remain out of the workplace, has brought about the need to introduce working at home arrangements where this is possible. There are around 63 frontline staff who are currently unable to carry out any form of work for these reasons. Our Managers are checking in regularly with those staff who are frustrated at the position they are required to adopt.

## **Care Homes**

As indicated above there is an increased focus on care homes and their residents in relation to coronavirus. Additional duties have been placed on Medical Directors, Nurse Directors and Directors of Public Health by the NHS in Scotland.

To date there have been no care home outbreaks in Orkney. However, all health boards have been asked to give assurance to the NHS in Scotland that care homes are in the best possible position should an outbreak occur and also to support care homes with staffing if needed. This work has been carried out locally and our care homes were found to be prepared to a high degree. It has been requested that this support is now rolled out to supported accommodation and care at home services.

Particular arrangements have been required in order to begin to admit service users into the care homes as isolation is required for 14 days from admission. This is especially difficult to achieve in respect of service users with dementia and in order that we can isolate safely we have deployed the Short Breaks bungalow for this purpose meantime; however as and when services come out of lockdown this will require to be reviewed. The bungalow is staffed by social care staff whose normal role is within learning disability and it is note-worthy again to see how well this group of staff have also risen to the challenge.

The fourth wing of Hamnavoe House (Brinkies) has been opened on a temporary basis to aid hospital capacity. Patients who are deemed to be medically ready for discharge but who still have some rehabilitation needs have been transferred to that wing where they receive ongoing rehabilitation coupled with social care. The social care staff comprise staff whose normal role is not currently being performed, day care staff for example supplemented by a small number of agency staff, the willingness of those staff to work outwith their normal comfort zone must be commended. NHS Orkney provides AHP staff to robustly monitor rehabilitation processes. A review of the service is being undertaken at present with initial findings very positive regarding the high quality of care being provided to support and enable people with multi-morbidity, frailty and complex multi-dimensional needs, working carers as key partners in care.




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It should be noted that in common with the Balfour there is currently no visiting within any of the care homes or supported accommodation. However understandable it cannot be underestimated how stressful this has been for families and service users; we have tried as far as possible to enable service users to talk with families via technology as a poor but the only substitute currently possible.

We are currently working with NHS Orkney to introduce Near Me as a GP consultation method into the care homes; this is at an early stage but will be able to reduce further the footfall into care homes as GPs will be able to make clinical assessments virtually in most cases.

### **PPE**

Processes have been put in place across NHS Orkney and Orkney Islands Council to ensure assessment of critical supply chains and supplies, identify and maintain an overview of risk, make decisions on priority and use of available supplies, and recommend measures required to reduce the impact of the COVID-19 event. This has been a considerable effort on the part of a number of individuals as the early processes were far from streamlined.

### **Mental Health**

All teams have continued to deliver services by the use of Near Me and telephone to follow up current patients within caseloads. This has worked extremely well to date however it is acknowledged that this is not always the best method for older people and alternatives which involve family members in that aspect of care once lockdown eases are being considered.

Emergency/ Urgent/ Out of Hours referrals are seen face to face with appropriate use of PPE, based on clinical judgement of the risks involved and using social distancing. A rota is in place for the handling of urgent calls whilst the majority of staff members are working from home to aid social distancing. This has been aided by ensuring all staff members have mobile phones, laptops and VPNs to allow effective working from home, while having access to information and data held within clinical systems.

Clinical review of the adult waiting list was carried out at the start of lockdown and resulted in the identification of many people who were no longer requiring a service. Similarly, a review of caseloads and discharge of those who were coping well and no longer required support freed up capacity to take on new patients from the waiting list.

The backlog waiting list for the Adult Mental Health Team has been addressed following the above exercise and regular waiting list review will be embedded in practice going forward.




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Since the start of the pandemic there has been a decrease in routine referrals across the service, but an increase in Urgent/Emergency referrals. Urgent or Emergency referrals are allocated to a CPN, within 2 days. Urgent/Emergency referrals are assessed for risk by the duty worker and if the referral is downgraded to routine, the referrer is contacted to discuss the patient, and the referral put forward to the weekly allocation meeting. If assessed as appropriate, the patient is contacted by the duty worker and a decision made as to how quickly they need to be formally assessed and as well as the modality of appointment i.e. face to face or by Near Me.

Near Me is particularly helpful in ensuring timely access for patients in our outer isles.

Routine referrals are assessed by the duty worker, and put forward for the allocation meeting. If not appropriate for the service sign-posting to an appropriate agency/app/website/phone number is provided and an update is passed to the referrer relating to the action taken.

Since the start of the pandemic there has been a need for a very limited amount of off island transfer to an inpatient facility on the Scottish mainland. Systems and processes worked well and remain in place however the significant input on staffing and rota cover should the transfer require to be escorted must be recognised.

Despite the pandemic the team were able to move into their new premises known as “Vaenta” (Nordic word meaning “hope for”).

In light of staff anxieties a dedicated arrangement was put in place such that health and care staff could phone and speak in confidence or anonymously to a member of the mental health team.

The draft Mental Health Strategy was issued late last year for public consultation with a proposed end date of 31 January 2020. This was later extended to 29 February at the request of the Blide Trust . Under normal circumstances it would have been presented to the IJB again in March 2020. This has not proved possible due to the increased and different work that has arisen from the pandemic. In addition the wealth of valid comments received will necessitate that a sizeable piece of work is undertaken to consider to incorporate those comments. It is therefore proposed that the revised draft is presented to the IJB at the September meeting.