NHS Lothian Covid-19 Remobilisation Plan Addendum 9 June 2020

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Appendices

1. Introduction

Since NHS Lothian submitted our initial Covid-19 Remobilisation Plan on 25 May 2020, the Scottish Government published *Re-mobilise, Recover, Re-design: The Framework for NHS Scotland*[1] on 31 May 2020. This framework sets out how NHS Boards should incrementally prioritise the recommencement of services whilst retaining Covid-19 capacity and resilience. The Scottish Government also published an update on 8 June 2020 for individuals who are shielding[2], indicating shielding arrangements are to continue until at least 31 July 2020.

This addendum to NHS Lothian's Covid-19 Remobilisation Plan provides additional information in response to Scottish Government feedback on our initial plan received on 2 June 2020 (Appendix 1).

As outlined in our initial remobilisation plan, the plan is a living document which will be adapted and modified as we move forward with the plan and will be subject to on-going review.

2. Mental Health

New Innovations
NHS Lothian is appreciative of national support for our new innovations, and is moving forward with these at pace. We have been able to do so for the Child and Adolescent Mental Health Service (CAMHS) unscheduled care service, for example, as staff have been re-directed from other parts of the service rather than starting recruitment from the beginning. These innovations are in early stages; they have started but are at too early a stage to evaluate.

To provide more detail on the CAMHS unscheduled care service, NHS Lothian CAMHS have piloted a 3 month unscheduled care resource. The resource is embedded within existing mental health assessment centres, and provides 7-day emergency assessment to children and young people in crisis between the hours of 7am and 10pmThe team are supporting under 14s assessment in RHSC Emergency department and under 18s assessment in RIE as appropriate. They are liaising with CAMHS outpatient teams to ensure the earliest communication at each stage of the pathway.

Additionally, East Lothian HSCP have now launched a Mental Health (MH) Collaborative Working for Immediate Care (CWIC) telephone line – this line is manned by MH Nurses and primary care MH occupational therapist. This line offers telephone MH triage assessment, brief interventions and the offer of brief follow up appointments where appropriate – including Decider and Distress Brief Intervention (DBI). This service offers signposting to local community resources or refer directly to Intensive

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[1]

https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/pages/9/

[2]https://www.gov.scot/publications/covid-shielding/

Home Treatment Team (IHTT) or Community Mental Health Team (CMHT) services where appropriate for a comprehensive URGENT MH assessment.

Staff Wellbeing Arrangements
NHS Lothian has an established health and wellbeing staff support group which has been running since the beginning of the Covid-19 pandemic response. One of the services that has been established is the NHS Lothian 'Here 4 You' telephone service, which is staffed by psychologists from the Rivers Centre. This service is available from 8am to 6pm Monday to Friday.

At the beginning of the Covid-19 response, we also had a general staff advise line which was taking around 150 calls a day, however we have recently had an update that the numbers had reduced dramatically to less than 10 per day. Evidence was that we were addressing initial concerns re shielding, PPE, general anxiety about what precautions to take.

A lounge area in the Royal Edinburgh Hospital staffed by crews from different airlines will open on Thursday and will called 'Take Off Thursday'. Staff can go there for a break but the concept is that it is modelled on an airport lounge.

There are a number of research proposals that NHS Lothian is participating in respect of the effect that Covid-19 has had on staff mental health and wellbeing. One in particular has received £250,000 specifically to look at mental health. Work like this will be able to tailor support around identified need.

Digital Developments
NHS Lothian is currently developing an Initial Agreement (IA) to take forward a Digital Mental Health strategy. The draft IA is attached as Appendix 2, although it should be noted that this is currently being updated based on feedback from various governance groups. This IA details the different digital elements we are looking to take forward in Mental Health.

In line with this digital strategy, we are doing all we can to use Near Me as much as possible. We have had some indication from patient contact to date that around a third of patients would rather wait until they can be seen face to face. However, we recognise that physical distancing measures may be in place for some time and are therefore encouraging patients to use Near Me wherever possible. The suitability and acceptability of using Near Me as an alternative for consultations will vary from service to service. We have collected initial estimates for each service and these show that between 20% and 60% of patients could be seen via telephone and Near Me across different mental health services. It should be noted, however, that we continue to review these figures as Near Me is rolled out and staff and patients get more used to working in this way.

Engagement with Stakeholders
Early in the pandemic response the Royal Edinburgh and Associated Services (REAS) site director was emailing all staff to update staff on developments on daily basis, this has now reduced to a weekly basis. All NHS Lothian staff receive daily update briefings via the communications team, which includes information on the most up to date COVID-19 developments, staff support available and updates on PPE guidelines.

While group advocacy work and the patient's council activities at the Royal Edinburgh Hospital (REH) are largely on hold, REAS continues to gain feedback through individual advocacy (conducted via telephone). In order to continue to hear the patient voice and to make this central to decision making, we are taking the following actions:

- Facilitate and report on patient feedback events across adult acute, Intensive Psychiatric Care Unit (IPCU) and rehabilitation wards, building on a previous series of events
- Develop, test and make recommendations about the effectiveness of discharge questionnaires
- Design, test and report on effective ways to collect patient experience from young people in the REH
- Consider and test ways in which patient experience and advocacy can be extended to those living with dementia in the REH
- Work with NHS Quality Improvement (QI) team to establish and implement processes to provide support and advise NHS QI Project Leads on effective patient engagement
- Assist the Project Coordinator with the recruitment, development and management of patient experience volunteer posts
- Undertake ongoing and final review of all feedback events to identify lessons learned, implement improvements and recommend and test a sustainable process for regularly obtaining patient feedback

Each of the four Lothian IJB/HSCPs continue to work closely with the third sector in their area and communicate via their Third Sector Interfaces. In Edinburgh, there is a 'Thrive' weekly briefing which goes out to staff, patients and third sector colleagues which provides updates from the partnership and information on mental health support. We attach further detail on Edinburgh City's stakeholder engagement at Appendix 3. There are a number of different ways the East Lothian HSCP/IJB is communicating with stakeholders, namely;

- Weekly virtual meetings with our third / voluntary sector colleagues including carers of east Lothian to enhance our community links and offer support as required enabling us to extend our reach further into communities
- Regular updates on twitter with any changes to services
- Mental health and substance misuse managers have been on Soltaire radio station to promote services and ensure local people are aware that MH & SM services have and continue to be delivering services albeit it in a different way - Mon – Friday 9.5.
- There is a ELHSCP IJB newsletter which is sent to all the HSCP teams, staff team meetings and staff 1:1 are continuing either virtually or face to face where possible. Clinical supervision continues to be offered across the HSCP via psychology
- Daily care home huddles which older adult MH services are engaged with and support to care homes is available as required
- Monthly care home managers meeting again older adult MH services are fully engaged with this and provide care homes in East Lothian with practical support and education.

Balance of Care

Admissions and discharges have continued as normal, at the beginning of the pandemic response we saw a decrease in the number of admissions as well as an increase in severity of illness of those who were admitted to hospital. The interface between inpatient and community services remains largely unchanged, however, discharge pathways have been affected for a number of reasons, including challenges with housing and tenancy agreements being stopped or delayed, and 3rd sector services reducing or stopped. These services need to be fully operational allowing discharge pathways to be re-established.

The bed capacity at the Royal Edinburgh Hospital and St John's hospital has remained largely unchanged throughout the Covid-19 response. The Ritson Clinic at the REH had been diverted to provide Covid-19 response, but has now resumed taking patients for substance detoxification. There were also previously fluctuations in the availability of older people's beds as there were patients with Covid-19 receiving care within the wards. One of the older people's wards at the REH is now the 'red' ward for Covid-19 patients, which means a reduced capacity of 15 beds for older people's mental health. REAS is currently exploring the best option for bed usage across the site, as some wards in the new hospital provide greater flexibility in terms of sectioning off parts of wards.

Clinical Priorities until July 2020 Dependencies

Although we have continued to see the highest risk patients face to face throughout the pandemic response, our priorities from now until July will largely revolve around re-starting more face to face consultations for those with a lower level of risk, but that do not wish to use Near Me or telephone consultations. Currently our actions include:

1. Participating in a Lothian wide group for Physical Distancing rules and implementing actions to comply with requirements in staff and outpatient spaces
2. Rolling out Near Me and using this method of consultation with patients as much as possible
3. Gaining support for our Digital Mental Health Strategy Initial Agreement
4. Taking forward initial actions to enable remote and paper lite working for more clinicians such as working with the TRAK team to create online forms
5. Exploring alternative ways to provide advocacy for our patients in hospital
6. Exploring spaces and scoping how we deliver reduced sized groups while complying with physical distancing rules
7. Work to re-instate missed parts of assessments such as some parts of ASD assessments and cognitive assessments within the learning disabilities service

The dependencies associated with the actions described are largely the availability of suitable space and the availability of hardware to deliver remote working and digital consultations.

However, the level of patients seen face to face, for example, will be dependent on the advice we receive from Scottish Government on what it is safe to proceed with.

<u>Baseline for Current Mental Health Provision</u>
The Scottish Government Mental Health Programme Team issued a template to mental health services on 4 June 2020 to capture baseline details of mental health provision across Scotland. The completed template is available in Appendix 4.

3. Primary Care

Feedback on the primary care elements of the initial remobilisation plan has been taken back to the primary care groups established to support remobilisation plans. Good progress is being made with development of plans, it is anticipated a draft plan for each area within primary care will be available week beginning 15 June 2020 which will feed into further updates of NHS Lothian's remobilisation plan.

- Vaccination Programme – the programme was discussed in detail at the Corporate Management Team meeting on 8 June 2020 where it was agreed to have a final plan developed by 26 June 2020 including allowance for an increase in uptake of vaccinations. Further information from Chief Medical Officer (CMO) is awaited to provide further clarification of some issues.

- Chronic Disease Management – this will be discussed and developed at the General Medical Services (GMS) remobilisation group which is scheduled to meet on 16 June 2020. Recent updated guidance on 'shielding' has been received which will be helpful in the development of plans.

- Digital Health and Care – a business case for investment in primary care will be developed as part of a Lothian wide strategy.

4. Anticipated Mobilisation Trajectories

Updates to the anticipated mobilisation trajectories template issued by the Scottish Government is outlined in Appendix 5.

5. Physical Distancing Risk Assessment

A Physical Spacing Group has been established supported by a Programme Director. Risk assessment guidance and associated template has been developed (Appendix 6 and 7) to support evaluation of the balance of risk in meeting 2 metre distancing requirements and patient access including optimising any mitigating actions such as screens and PPE. The risk assessment guidance and template will be cascaded through senior managers within each department / facility required to complete the template and report back through management structures for internal review. A log of issues will be undertaken where additional guidance and decisions are required.

6. Finance

The finance team are developing methodologies associated with the different elements of the remobilisation plan which will be reflected in the finance monthly submission on 22 June 2020 and will be further progressed with the Quarter 1 2020 financial review.