East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 25 June 2020

BY: Chief Officer

SUBJECT: COVID-related HSCP Service Changes

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1   PURPOSE

1.1   To update the East Lothian Integration Joint Board on the temporary changes made across HSCP managed and commissioned services resulting from COVID-19 and those changes that may apply in the longer term.

2   RECOMMENDATIONS

The IJB is asked to:

2.1   Accept the attached summary (appendix 1) of the many actions taken across all HSCP services over the last three months (some arising from centrally delivered service changes and UK and Scottish Government Policy) to respond to restrictions arising from COVID-19.

2.2   Note that guidance and policy has changed regularly. This has required managers to continue to adapt their service delivery offer to patients and clients. Flexibility in planning and delivery of HSCP services is likely to be required for many months yet.

2.3   Note that enforced changes to services have allowed for exploration of different ways of working, including increased utilisation of video and other technologies in patient assessment and care and for service management.

2.4   Note the development themes below that are common across the service summaries. Further work is needed to review these and to take action where indicated:

- Continue the rollout of technologies
- Redesign premises
- Consolidate new ways of working
- Extend partnership/joint working
- Address 'digital exclusion' and vulnerability.

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3   BACKGROUND

3.1   In January 2020, the World Health Organisation (WHO) announced that a new respiratory illness in Wuhan, China was associated with a novel (new) coronavirus called COVID-19.

3.2   As the virus spread around the world and reached Europe, it became clear that mortality varied across age groups with the elderly appearing to be at particular risks as were those with certain health conditions. This has since been confirmed through case presentations and mortality figures and is reflected in UK and Scottish Government policy.

3.3   Scotland confirmed its first case in early March 2020. By mid-March the Scottish Government took steps to reduce virus transmission, advising against all non-essential travel, asking those who could work from home to do so and further advising that certain groups of people (pregnant women, the over 70s, and those with certain health conditions) should self-isolate, along with those displaying symptoms.

3.4   Towards the end of March, the Scottish Government ordered the closure of schools, restaurants, pubs and other areas people might gather in numbers.

3.5   By the end of March, the UK moved into a 'lockdown' phase with all people advised to stay at home, unless they had a key role (which included many NHS and Social Care staff) or for essential purposes, such as shopping. Legislation allowed for enforcement and fines for non-compliance. The lockdown asked people to observe social distancing and to adopt strict hand washing. There are recent gradual relaxations of restrictions on the general public, which will continue in coming weeks and some divergence between the arrangements in Scotland and the other three countries of the UK.

3.6   In East Lothian, non-clinical/non key worker staff from the HSCP were asked to work from home, utilising IT systems to continue working and to maintain contact across management and administrative teams. These arrangements continue in the main. Although there has been some limited reopening of offices, the continuing social distance rules severely restrict the number of staff able to occupy the HSCP's building.

3.7   The restrictions have had considerable impacts on the delivery of all HSCP services for the last 3 months. Managers and clinical staff have developed innovative approaches to maintain key services for patients and to sustain supplies of Personal Protective Equipment (PPE) across all clinical settings. The action taken across the HSCP functions and future plans are summarised in appendix 1 (Actions Arising from COVID-19 and Continuing Changes to Service Delivery in East Lothian). It is likely that service delivery restrictions will continue for some time.

3.8 As noted elsewhere, the longer-term impacts of COVID have implications for the delivery of the HSCP's services while maintaining social distancing. Changes will also be required to NHS Lothian's outpatient, diagnostic, surgical and treatment services which East Lothian residents access. This has increased waits for diagnostics and treatment.

4 ENGAGEMENT

4.1 All opportunities for engagement will be taken as services begin to be reintroduced and where longer-term changes are required to how services are delivered to maintain compliance with COVID-related restrictions and Government and local policy.

5 POLICY IMPLICATIONS

5.1 An assessment will be carried out on all service changes to understand any policy implications.

6 INTEGRATED IMPACT ASSESSMENT

6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

7 DIRECTIONS

7.1 The implications for Directions are unknown at this time, but will become clearer as services re-establish.

8 RESOURCE IMPLICATIONS

8.1 Financial – A record is being kept of all COVID-related costs. These will be reported on in detail at a future IJB meeting.

8.2 Personnel – As above, personnel costs are being monitored and will be reported to the IJB at an appropriate time.

8.3 Other – None

9   BACKGROUND PAPERS

9.1   None.

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Appendix 1 - Actions Arising from COVID-19 and Continuing Changes to Service Delivery in East Lothian

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Service area and service lead	Community Learning Disability Team (CLDT) Gillian Neil – Interim General Manager - gneil@eastlothian.gov.uk
Actions taken and outcomes	• All patients/carers/families were sent a letter from the CLDT to advise how to contact the team during COVID-19. The letter also included accessible information and details of how the team would respond given current restrictions. • A vulnerable client list was produced to highlight risk in the absence of key team members • Essential visits were maintained to support high risk patients, to monitor bloods, administer depot medication and prevent hospital admission due to a deterioration of mental health • Staff have kept in touch on a regular basis with patients/carers/families allocated to them • Video calls have been used if appropriate.
Guidance/policy directing actions	• Scottish Government • Public Health Scotland • Learning Disability Managed Clinical Network guidance
Activity/outcome monitoring and governance arrangements	• Daily Hospital Huddle to report and manage staffing across all teams • Daily task sheet for all clinicians within the clinical area • Weekly Team meeting held via Microsoft Teams • Monitoring all of all allocated cases • Monthly clinical governance report • Daily Duty system in place • Learning Disability Lothian-wide meeting held via Microsoft Teams
Current service delivery status	• Telephone Triage system in place and assessments, if appropriate, are being conducted over the telephone • Face-to face-visits are conducted based on risk assessment and essential criteria
Timetable and plans to re-establish services Likely ongoing impacts on delivery of HSCP services/ commissioned	• Work is underway to put plans in place which reflect the Scottish Government Route Map • Due to social distancing rules and Test and Protect strategy, staff are working at home or in office with appropriate desk placement. • CLDT will continue to offer a service and increased face-to-face contact will progress for more routine cases as lockdown measures are relaxed. • In addition to essential visits, high risk clients are offered visits within the garden area of their homes and walking

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services	within the community.
Challenges and opportunities arising from changes to service delivery	Challenges • Lack of continuity for patient group • Lack of structure, routine and predictability for patients • Patient isolation and understanding of COVID -19 restrictions Opportunities • Increased use of technology • To progress work to fully integrate Social Work and the Community Learning Disability Team to form an enhanced Learning Disability Service.

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Service area and service lead	Intensive Home Treatment Team (IHTT - Adult Mental Health) Colin Baptie - Colin.Baptie@nhslothian.scot.nhs.uk
Actions taken and outcomes	• IHTT has continued to provide face to face contact with patients, but all patients are COVID risk assessed prior to a home visit taking place. This has been ongoing since lockdown commenced. • Patients have all been advised that staff will be wearing PPE during any face to face contact. • Staff workstations are now separated to ensure social distancing, and other rooms in OPD 2 have been utilised to support this.
Guidance/policy directing actions	• Speed Reads are communicated to all staff when they are released • The COVID-19 Situation in NHS Lothian Summary • Scotland's Route Map through and out of the crisis • National benchmarking – what other IHTT/Crisis services are doing, Senior Managements guidance • PPE Policy • East Lothian Community Hospital Huddle every morning • Test and protect stakeholders' toolkit.
Activity/outcome monitoring and governance arrangements	• IHTT staff complete a daily safety brief. This highlights patients on the IHTT caseload, and indicates risk using the RAG system. Any concerns re: COVID are highlighted. Daily activity is also logged on this form (triage, assessment, referral, acute inpatients, any delayed discharges A&E presentations, Distress Brief Intervention and Mental Health Collaborative Working for Integrated Care (CWIC) activity etc). This information is then collated by the Mental Health Services Manager to the CSOG. • Clinical Governance Committee - bi-monthly • Health and Safety - quarterly • Team Managers Meeting – Monthly • Mental Health remobilisation – Royal Edinburgh and Associated Services (REAS) – Scottish government • 1:1 with service manager - service priorities reported on monthly.
Current service delivery status	• IHTT continue to operate as it did pre COVID due to the critical nature of the service. • All guidance has been implemented in relation to PPE, social distancing, staff utilising individual rooms – only 2 staff in main office at any one time if more, mask coverings to be worn, staff travelling to home visits do so individually as all

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	• IHTT visits must be conducted by 2 members of staff. • Due to COVID, IHTT have taken over the role of providing Lothian Unscheduled Care Service (LUCS) mental health assessments for East Lothian patients to allow GPs to focus on physical health issues.
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services**	• Due to track & trace, IHTT will continue to function, but with more stringent social distancing measures in place for staff members. • Staff will continue to support patients as per operational policy, but with an emphasis on remote consultations where risk assessment allows. • Patients are being introduced to Near Me as a facility to maintain virtual face-to-face contact.
Challenges and opportunities arising from changes to service delivery	• There may be service delivery issues concerning maintenance of 2 x staff visits, or transportation of patients to the REH. PPE will be worn by staff and all patients will be asked to wear a mask. • Increase access to medical staff • All staff now have Smartphones - allowing them to access emails etc. remotely • Investment in Near Me • Investment in IT • Improved standardisation of clinical documentation • Improved collection of data to reflect service activity • Improved communication with access to Microsoft Teams • Working remotely allowing managerial time • Working in collaboration with the Mental Health CWIC service • Working in collaboration with recently launched Distress Brief Intervention project.

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Service area and service lead	Psychiatry of Old Age (Community Mental Health Team, East Lothian Care Home Assessment, Support and Education (ELCHASE)) Janice Flockhart, Hannah Wallace, and Suzanne Walker 01620642741/01620642742
Actions taken and outcomes	**Staff** • Contingency plans in place for all areas • Daily 'Speed Read' available for staff • Daily team 'Huddles' to disseminate information to staff. Those staff working from home are called to keep up to date with any changes. Allocations of referrals to service are also discussed with the Multi-disciplinary Team (MDT) at these meetings • Staggering staff numbers in the office between working from home to ensure social distancing • Essential visits only with risk assessment for COVID before visits. Uniforms now worn on visits with PPE • Hand gels and wipes available in office and on visits • Encourage peer support using teams • PPE training • Installed Microsoft teams for communication • Laptops ordered - still waiting • Smartphones received for all staff to assist with remote working. **Patients** **Older Adult service** • Services identified patients at most risk • All patients are currently given telephone support on a regular basis, including any routine referrals • Urgent referrals- Triaging by telephone, grading urgency, liaising with GP, social work and other agencies involved. Home visits carried out where appropriate following risk assessment. Staff wear uniform and full PPE. • Liaising with family as appropriate • Risk assessments.

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	East Lothian Care Home Assessment, Support and Education ELCHASE Staff As above **Patients/Clinical** As above and : • Telephone triaging and assessments, with carers from home liaising with Care Home staff • Psychology Lead has distributed 3 information packs to all homes in the sector (supporting people with dementia during COVID, staff well-being, and difficult conversations about death and dying). Psychology Lead also has extended remit to provide psychological first aid for Care Home staff and managers • All training currently on hold (1 day Essentials and 2 day Psychological Interventions) • Currently conducting urgent visits only. Leads are seeking advice from senior management with regards to recommencing some routine visits (i.e. for observations of behaviour, initial assessments and medication monitoring) • Leads looking into setting up using Near Me or Microsoft Teams to limit the number of routine visits required.
Guidance/policy directing actions	• Senior Management guidance • PPE Policy • Scottish government guidance (route map) • Health Protection Scotland
Activity/outcome monitoring and governance arrangements	• Daily report re nursing staff ,sickness ,COVID-related absences, issues etc • Monthly team meetings staff and team leads • Emails with updates.
Current service delivery status	As described above.
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned**	**Face-to-face visits** • Assessing risk at the moment but plan to start reduced routine visits from Phase2 • Memory Clinic has already restarted via telephone assessment • Discuss all possible face-to-face visits with managers and RA • CMHT routine alternating visits with telephone support • Triaging urgent cases.

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services	**East Lothian Care Home Assessment, Support and Education** • Meeting with Care Home Team to share information on patients that are jointly supported • To maintain social distancing and reduce footfall, triage/assessment over the phone continues, making use of electric equipment ie scanning for results of completed tools • Visit when urgent only at the moment i.e. prevention of admission to hospital • Looking at criteria for visiting (waiting on further guidance) • When visiting, only one Care Home a day, reducing footfall, wearing PPE • Re-establish previous meetings with relevant agencies and MDT meetings etc. • All possible use of Near Me but has its challenges i.e. people don't have appropriate equipment and software at home, cognitive ability of the patient and sensory impairment. **Memory Clinic** • Recommenced assessments by telephone. Set up for Near Me, but very little patient uptake on this option **Post Diagnostic Support Link Workers - Alzheimer's Scotland** • Continuing to work from home and support by telephone. However a very small number of patients are willing to try 'Near Me '
Challenges and opportunities arising from changes to service delivery	**Challenges** • Patients in vulnerable category because of age (65yrs +) and co-morbidities • Staff feeling isolated when working from home • Lack of IT equipment to allow working from home effectively i.e. laptops • Care Homes again vulnerable - risk of carrying infection into homes, difficulty assessing over the phone as relying on information given by carers as people have different tolerance/thresholds and perspectives of situations • Most work is based on observation of interactions with the patient to reduce distress. Near Me not always appropriate due to patient group and possible cognitive impairment • Potential for team to fragment due to working from home. Potential for patients to be missed due to reduced communication if the team is split into smaller teams for social distancing • Link Workers don't have access to NHS systems for referrals. Looking at Global Desktop or NHS laptops • Difficulties linking in with other services and providing additional support • Memory Clinics - delay in reopening in OPD2 (ELCH) due to patient shielding and risk of cross infection

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	• Getting patient information to Dementia Link Worker as they have no access to NHS systems. **Opportunities** • Remote working for staff, reducing the need to return to the office therefore reducing mileage claims • More use of electronic equipment when available for meetings etc • Microsoft Teams for improved communication when staff aren't in the office • Look at making some service changes permanent • Working in collaboration with Care Home Team and Advanced Nurse Practitioners • Working in collaboration with wider stakeholders from Care Homes across ELHSCP • More efficient/effective ways of utilising IT.
Challenges and opportunities arising from changes to service delivery	• Opportunity to invest in mobile technology enabling practitioners to work flexibly reducing footfall in premises and reduce time travelling • Reduced ability to robustly assess Child/Family which may impact on the ability for early intervention and prevention interventions.

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Service area and service lead	Health Visiting East Lothian Lorraine Cowan, Chief Nurse – Lorraine.cowan@nhslothian.scot.nhs.uk Jill Irwin, Clinical Nurse Manager - Jill.irwin@nhslothian.scot.nhs.uk
Actions taken and outcomes	26/03/20 • NHS Lothian and Scottish Government Guidance disseminated to staff and discussed in full • All non-essential face to face contacts suspended substituted with telephone contact • Individual caseload holder responsible for communicating changes to service provision to clients • Social distancing measures in place in all Health Visitor office areas – a blended model of working is in place • Guidance minutes produced following regular teleconferences for Health Visitors.
Guidance/policy directing actions	• National Clinical Guidance for Nursing and AHP Community Health Staff during COVID-19 Pandemic • COVID-19 Interim PRACTICE GUIDANCE FOR CHILD PROTECTION – East Lothian and Midlothian
Activity/outcome monitoring and governance arrangements	• Continued delivery of Health Visiting Universal Pathway as per Scottish Government guidance • Weekly reporting via Local Authority to Scottish Government • Community Children's Nursing and AHP services, Pan Lothian COVID-19 Resilience Plan held by Child Health Commissioner.
Current service delivery status	• As per Scottish Government Guidance.
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services**	• Await Scottish Government guidance. • Limited home visiting.

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Service area and service lead	Shared Lives East Lothian Gillian Neil - Interim General Manager, Adult Community - gneil@eastlothian.gov.uk
Actions taken and outcomes	• The service has continued to operate but without face-to-face contact. Staff have been working from home and maintaining contact with Shared Lives Carers and supported people by phone on a regular basis • Staff have provided ongoing support and guidance to carers on managing behaviour, risks, infection control, PPE and testing. • Staff have made use of a range of resources including 'easy read' publications provided by Scottish Commission for Learning Disability. • The flexibility shown by carers has been remarkable, with carers adapting to provide 24 hour support quickly when day services and day opportunities were closed. The Shared Lives model has been beneficial because of the requirement to lockdown within a household. • The service stopped providing Short Breaks and Day Support. This affected 1 person in a long term arrangement who would have stayed for breaks with one of our Short Break carers, another person who would have received short breaks and someone who would have received fortnightly day support.
Guidance/policy directing actions	• Relevant guidance (from the Care Inspectorate and Health Protection Scotland and updated documents from the Scottish Government on the decision-making framework) was circulated via Planning and Performance and actions implemented as required • Shared Lives Plus, the national umbrella network have also provided useful guidance and advice.
Activity/outcome monitoring and governance arrangements	• Regular 1:1 staff supervision has continued to ensure quality of practice • Regular support to carers and supported people has been provided • Monthly meetings held with Interim General Manager and Planning and Performance Team • Liaison with the Care Inspectorate.
Current service delivery status	• The service is being delivered remotely • For the more challenging situations some 1:1 support from Fisherrow staff has been invaluable, as has availability of respite at Potters Path. • Preparation for Shared Lives carers week of 15th June is in the final stages.

	• There is some concern about the mental wellbeing of service users confined to the house and missing the social contact provided by day services/activities.
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services**	• Staff are able to work from home more regularly. However, homeworking is having a big impact on processes in terms of reviewing Support Profiles and Carer Reviews. It also means that we are not able to collect, check and return financial records and review medication records. A review is required on how to fulfil these functions in a different way • IT use has to expand and be better utilised with carers, some of whom have no, or very limited, IT skills or do not have broadband or smartphones • Business Support has experienced increased demand on its service • There is uncertainty over how face-to-face services can restart, particularly regarding short breaks and recruitment of new carers. Support from Shared Lives Plus and Planning and Performance will help to establish a realistic timeline and a framework for this • The development of the service and recruitment of carers is 3-6 months behind the original schedule.
Challenges and opportunities arising from changes to service delivery	**Opportunities** • Being able to contribute to work in cluster settings, having Cluster catch ups and being part of a bigger team rather than just the 2 Shared Lives Coordinators • The commitment and the dedication of the Carers has kept the service going and this can be built on • There is a need to revisit the recruitment process to consider how more use of technology and social media can support this – this is being supported by the Communications and Engagement Manager • In the medium to long term Shared Lives model could potentially provide additional day opportunities for people who previously used day centres. Links have been made with the community transformation project for adults with complex needs. **Challenges** • Finance - enhanced payments are required for carers to reflect the additional work undertaken • Not being able to see people in person has been a very difficult barrier. This impacts on the support offered, the inability to assess potential carers, or conduct meaningful reviews. • Organisational policies preventing use of certain technologies (e.g. Zoom, WhatsApp) has prevented more flexible and accessible support being provided • Need for technology training • Need for a clearer framework for digital governance in relation to digital communication with service users and carers • Concern about how carers will be able to sustain providing care 24/7 without the respite provided by day services.

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Service area and service lead	**Commissioned Services: Older People's Day Centres** Christine Johnston, Planning and Performance Manager - Cjohnston5@eastlothian.gov.uk
Actions taken and outcomes	• At the start of the pandemic all centres provided a RAG rating of services users, a business continuity plan and a detailed closure plan. The RAG rating assisted colleagues in social work to identify priorities for additional care and support in the community • Staff have been working from home and maintaining contact with service users and supporting people by phone on a regular basis • Access to each centre was limited to a core number of management staff where necessary. Local authority colleagues from Engineering and Building standards were updated regarding buildings which were mothballed.
Guidance/policy directing actions	• Relevant guidance (including from the Care Inspectorate, Health Protection Scotland and updated documents from the Scottish Government on the decision making framework) was circulated via Planning and Performance and actions implemented as required.
Activity/outcome monitoring and governance arrangements	• Daily situation reporting has now moved to weekly with exception reporting on people or areas of concern. Areas covered include resource shortfall, PPE, staffing issues, service availability, and the risk assessment of services overall • Individual risks are escalated via adult social work.
Current service delivery status	• All centres are closed and are providing a variety of outreach services in the local community working with local resilience groups, Connected Communities and other third sector groups. Examples include: daily contact by phone, going out for a walk, one to one small bus run (with PPE/risk assessment), social distance home visiting outside, delivering meals, shopping, and wider community working.
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned**	• All centres are actively engaged with the Partnership and have provided detailed feedback on how their services have responded to the pandemic and what the challenges would be in resuming core services. • Further discussion is required to help reshape the service provision given the constraints regarding infection control and social distancing. Each centre has a different challenge due to varying space configurations and some are for shared use. Initial assessment indicates an average of 50% reduction in capacity if social distancing requirements are sustained

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services	• In considering redesign, links with Connected Communities are key and broader thinking needs to take place about how centres could continue to provide services in the community, how they could dovetail with Care at Home provision, and develop recent links with other work streams, such as the Community Transformation programme and Council Food Poverty group. The aim is to identify dependences, risk and challenges and work across the partnership and local authority to identify proposals and ensure some level of community engagement in doing so • Benchmarking with other Partnerships and liaison with relevant national bodies is taking place. The aim is to have draft plan by late July.
Challenges and opportunities arising from changes to service delivery	**Challenges:** • Supporting people living with dementia when they do not understand what is happening and need social contact • Too many community contacts for vulnerable individuals who often did not know who they were speaking to or having contact with – made even more difficult due to people wearing essential PPE making recognition difficult • Meeting the needs of people with sensory impairment • Impact of school closures and part time return on staffing • Hygiene and infection control requirements • Transport logistics • PPE supply and training • Lack of appropriate digital equipment • Cost of keeping underutilised buildings open • Carer stress. **Opportunities:** • Reshape services with a stronger community base.

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Service area and service lead	Primary Care Jamie Hetherington - Jamie.hetherington@nhslothian.scot.nhs.uk
Actions taken and outcomes	- A link was rapidly made with GP representatives through their identified COVID-related representative (Dr Andy Forder). - Services were paused and re purposed as a COVID Community Assessment Centre. This was based on SG guidance issued on 18 March 2020 via NHS Lothian - The CWIC (Collaborative Working for Integrated Care) service was paused on 27 March 2020 and COVID Community Assessment Centre in Musselburgh Primary Care Centre (MPCC) opened on 31 March 2020 - The COVID Community Assessment Centre was part of a NHS Lothian-wide response and this was communicated to all parties as part of the launch of the services. The COVID Community Assessment Centre in MPCC was available to patients from across Lothian, not just East Lothian - A new 'East Lothian Primary Care Access Service' was set up to directly support General Practice in the event of unexpected Practice closure. Due to the success of ELHSCP initiated work with GP Practices to set up 'buddying' arrangements (to allow neighbouring practices to share resources (premises, staff, equipment etc) in the event that they couldn't provide services) and the rapid response of GP Practices to amend access models, this service has not so far been required, other than minimal activity in its first few days, so has been paused - The Community Treatment and Care Service (CTACS) which was due to open on 01 April 2020 was also paused. - The CWIC Mental Health Occupational Therapy service was combined with Action 15 funded Mental Health Nurses to form a new county wide Integrated CWIC Mental Health pathway, to provide a more resilient service, enabling patients to access same day Mental Health support with a specialist practitioner via one telephone number with no referral. A communication strategy was developed after engagement with GPs and the number has been widely advertised via social media - A system for supporting additional medicine deliveries supported by ELC re-allocated staff was developed to support shielding and vulnerable patients - A service for ensuring Opiate Substitution Therapy (OPT) delivery for vulnerable and shielding patients has been agreed with MELD in collaboration with pharmacy and MELDAP colleagues, which can also offer additional harm reduction intervention and support.
Guidance/policy directing actions	- Guidance to support medicine delivery for shielding and vulnerable patients was developed in collaboration with Pharmacotherapy and East Lothian colleagues - Guidance and policy from the Lothian Primary Care Tactical Group.

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Activity/outcome monitoring and governance arrangements	• Activity/governance of COVID Community Assessment Centre was monitored at a NHS Lothian level. This involved visits from the leads of the service • Daily, then weekly calls on the COVID Community Assessment Centre pathway strategy were also held across all sites hosting a COVID Community Assessment Centre • Activity information was published on a NHS Lothian dashboard which was updated on a daily basis • Activity for the CWIC MH service is being monitored on a weekly basis by an internal Implementation group. Wider evaluation, feedback and Quality Improvement work is ongoing with a joint QI group involving GP stakeholders • The Community Link Worker sub-group has been re-established.
Current service delivery status	• Following Lothian-wide review, the East Lothian COVID Community Assessment Centre was mothballed on 22 May 2020 as part of Lothian-wide reduction of COVID Community Assessment Centres due to lower than expected presentations of patients. It can be re-established if COVID numbers increase • CWIC service not yet able to restart due to requirement to maintain ability to provide COVID Community Assessment Centre restart and the loss of key components of the prior model, including withdrawal of NHS24. Current CWIC staff undertaking training to work to non-face-to-face care model, with the service also providing temporary staffing support to other primary care functions, including Care Home nursing team • CTAC service is planned to open on 15 June 2020 at ELCH covering the three Haddington Practices initially • Mental Health pathway established on 28/04/2020 for 5 practices and rolled out county-wide on 05/05/20 which provides same day Mental Health support. Service provision is ongoing and due to be reviewed in mid-July.
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of H&SCP services/ commissioned services**	• Timelines for the re-establishment of CWIC is dependent on Scottish Government guidance around Primary Care service remobilisation but will be accelerated when possible. • GP practices most directly impacted by suspension of CWIC are being routinely engaged with to ensure their awareness of the current CWIC position • The Community Link Worker (CLW) procurement was paused due to COVID. The CLW sub-group is reviewing the service specification to ensure future services can adapt to changes, ensure safe ways of working and take into account changes in third sector capacity • CLW services have been identified as priority for procurement with a target of September 2020. • The planned commissioning process has had to be amended to take into account the reality of COVID and the need to maintain services on an interim basis whilst work is taken forward to reinstate planned commissioning programmes • Opportunities will be taken to expand use of Near Me and other online platforms for patient consultations

	• Patient Participation Groups will be important in gathering wider feedback regarding different ways of working?
Challenges and opportunities arising from changes to service delivery	• There has been a significant change in the way communities are accessing Primary Care Services. Previous models of delivery have relied heavily on the assumption that face-to-face assessment is the most likely requirement of a contact. Within a matter of days, there has been a shift to a position where face-to-face is only expected or offered when there is no reasonable alternative. These new arrangements are proving popular with many patients. • This affords the opportunity to rapidly implement new technology, including video consultations and internet-based access pathways and consultations. Consistent with any change management process, independent contractors in primary care are at various stages of readiness in terms of adopting new technology and ways of working and will require various levels of support. • The HSCP's managed Primary Care services have expanded and developed their operations in response to patient and community need, and taking into account changes in the wider landscape. There is an ongoing challenge to implement consistent county-wide strategic direction while balancing the views and priorities of a range of independent contractors in Primary Care. • Efforts will continue to be made as much as possible to consult and engage with stakeholders on specific areas of change, however under remobilisation the need to rapidly adjust services to ensure ongoing access to services, wider resilience, and safe ways of working present tighter timescales for service change • The overall impact of COVID in Primary Care is likely to present longer-term challenges, including increased health inequalities, additional support required for those who have experienced delays in treatment and diagnosis, longer term rehabilitation needs and an increase in individuals requiring support for their mental health and well-being. • Future opportunities will include continued emphasis on multi-disciplinary teams in Primary Care, further adoption of digital solutions, and work with HSCP and East Lothian Council colleagues to tackle wider health inequalities, and ongoing improvement of services informed by patient and stakeholder feedback.

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Service area and service lead	Commissioned Services: Community Supports for Adults under 65 with Complex Needs Christine Johnston, Planning & Performance Manager - cjohnston@eastlothian.gov.uk
Actions taken and outcomes	• At the start of the pandemic all providers provided a RAG rating of services users, a business continuity plan and a detailed action/closure plan. The RAG rating assisted colleagues in social work to identify priorities for additional care and support in the community.
Guidance/policy directing actions	• Relevant guidance (including from the Care Inspectorate, Health Protection Scotland and updated documents from the Scottish Government on the decision making framework) has been circulated via Planning and Performance and actions implemented as required • Social Work Scotland (Learning Disability subgroup) is working with the Scottish Government to draft agreed principles/framework for access to community support. East Lothian HSCP is represented at these discussions.
Activity/outcome monitoring and governance arrangements	• Daily situation reporting has now moved to weekly with exception reporting on people or areas of concern, these include resource shortfall, PPE, staffing issues, service availability, and the risk assessment of services overall. Individual risks are escalated via adult social work.
Current service delivery status	• At this stage, external community provision has consisted of outreach support from peoples' homes for those with identified critical needs. The providers have looked at alternative ways of providing support e.g. Zoom calls • Weekly telephone calls are also in place to offer support and monitor any changes in need • Relevant PPE is being supplied and risk assessments are in place.
Timetable and plans to re-establish services Likely ongoing impacts on delivery of HSCP services/ commissioned services	• It is hoped that there will be a gradual increase in community provision by the 11th August in line with schools reopening. These services are in scope of the Community Transformation programme. • The programme is currently being re-scoped in relation to constraints imposed by COVID-19 and revised recommendations and priorities will be presented in due course. In the meantime, it is hoped that an interim procurement framework for the community support providers will be completed by July 2020. • All community support providers have now been asked to complete a spreadsheet to identify all service users and to set out agreed criteria to identify their need for provision in line with a RAG system. • Providers have also been asked to identify the types of service they will offer in the future e.g. community versus centre based arrangements and possible capacity. This will allow mapping of need across all provision and will include

	Social Work assessments to inform service delivery and options. • Further discussion is required to help reshape service provision given the constraints regarding infection control and social distancing. This gradual easing is in line with Phase 1 of the Scottish Government route map • In considering redesign, links with Connected Communities are key as well as links with other work streams, such as the Community Transformation programme. The aim is to identify dependences, risk and challenges and work across the partnership and local authority to identify proposals and ensure some level of community engagement in doing so • Benchmarking with other Partnerships and liaison with relevant national bodies is taking place. The aim is to have draft plan by late July.
Challenges and opportunities arising from changes to service delivery	**Challenges** • Managing the demand for services against availability as services will be operating on a much smaller scale due to social distancing requirements • Transport logistics and costs • Need for extensive training for third sector on use of PPE • Need for digital governance framework for third sector providers • Staff capacity for wider community and service user engagement. **Opportunities** • Develop community hubs to counteract the challenges noted above. This would mean smaller groups across a number of locations and require the change of use of some facilities (but could result in additional costs for using community spaces) • Rapid change and effective community responses can be built on • Work with care at home providers to explore further how their services could provide additional support to people during the day, specifically those who have significant care at home packages.

Appendix 1 - Actions Arising from COVID-19 and Continuing Changes to Service Delivery in East Lothian

Service area and service lead	Commissioned Services: Mental Health - Community services, Care at home and Rehabilitation services Christine Chambers - cchambers@eastlothian.gov.uk
Actions taken and outcomes	• A RAG rating was completed at beginning of COVID pandemic. Providers will be asked to review and reassess risk for individual clients and the RAG rating of their overall service. This will highlight vulnerable service provision and those individuals who need additional supports, facilitating quick response • Feedback from providers has been invited on what has worked well/challenges throughout the pandemic and will inform how services are re-established and where risks are. Awaiting responses • Coordinated weekly Mental Health 3rd Sector and Partners Forum to provide platform to share supportive information and challenges and has improved communication between providers and statutory services • Mental Health 3rd Sector Forum was used to cascade Infection Control and PPE training to providers • Participation with development of pathway to CWIC Mental Health team established in response to COVID-19 - 3rd Sector providers can now access the team for professional support/discussions through a direct phone line • Frequent direct contact with providers as required and support in relation to challenging issues is needed. • Distribution of information/guidance etc to providers as required.
Guidance/policy directing actions	• National Guidance
Activity/outcome monitoring and governance arrangements	• Situation Reports - daily response initially though now weekly • Routine reporting of activity
Current service delivery status	• Service provision has been ongoing, in keeping with national guidelines and directions • Community services have managed their support through phone and video contacts where possible • Individual assessment have resulted in care at home support being managed through phone and video contacts where possible, with housing support or face to face support being provided only where necessary • Rehabilitation in residential setting (Cameron Cottage) is ongoing.

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Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services**	• Service provision has been ongoing but face-to-face contact/reintroduction of group support will be introduced as informed by national guidance • Is it anticipated that demands on Mental Health services will increase as the impact of the COVID-19 pandemic is realised. Continuing the co-ordinated and flexible response across the statutory and 3rd Sector providers will be essential.
Challenges and opportunities arising from changes to service delivery	Challenges: • Inequalities of access to IT for clients and staff working from home • Further isolation of a population who is already marginalised and already identifies isolation as a key issue • Staff isolation • When National direction allows - Access to sufficient safe spaces which would enable small group meetings and safe face to face meetings. Existing office space/meeting spaces do not allow safe distancing. Opportunities: • Reaching clients through use of IT who, because of their mental health, would not have previously engaged with services • Improved partnership working.

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Service area and service lead	Carers Services Trish Carlyle
Actions taken and outcomes	The Scottish Government announced on the 23rd March that due to the spread of Coronavirus, the UK would be entering a stricter period of social distancing, with people only allowed to leave their homes for limited purposes, including travel to and from work, and only where that work could not be carried out at home. As a result, East Lothian Carers Organisations were required to make significant changes in the way they are operating their services. **Carers of East Lothian** • Cancelled home visits and face to face contact with carers, other than in exceptional cases • The majority of staff are homeworking. The office at the East Lothian Community Hospital is only being used as and when needed. • Focus on telephone contact • Development of alternative ways of offering support **Bridges** • Service is unable to conduct fact-to-face appointments, staff continue to support young people on a 1:1 basis through other means including email, text, phone calls, FaceTime, social media and Zoom • Bridges also planned to start conducting online group work sessions using Zoom and other social media platforms • Virtual / phone contact ongoing, but plans also underway in relation to re-establishing face to face contact when guidance allows, including outdoor meetings, using larger rooms online, using different entrances / toilets, etc. **East Lothian Young Carers** • Young carers clubs ceased to run in accordance with the social distancing guidelines

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	- During the first two weeks, all young carers and their families were contacted to gather the following information: - Whether someone in the family was in the vulnerable/shielding group - Whether support was required with shopping/picking up prescriptions - Whether young carers were accessing free school meals - Whether they wished to put in place an emergency plan - Ensure up to date contact information - Families are now being called weekly for a check in and to determine if further support required. - Young carers' club support has now been moved to an online service. - Opening hours have changed and ELYC are now open seven days a week and also remained open Easter weekend. - Young carers statements will need to be completed by phone or online - Murray Davies has designed a young carers app and ELYC are currently learning how to use this at the moment.
Guidance/policy directing actions	- Scottish Government - Public Health Scotland
Activity/outcome monitoring and governance arrangements	Monthly meetings held with providers to support the provision of service delivery and identify any gaps and challenges
Current service delivery status	As described above
Timetable and plans to re-establish services	Work is underway to put plans in place which reflect the Scottish Government Route Map
Likely ongoing impacts on delivery of HSCP services/ commissioned	Due to social distancing rules and Test and Protect strategy, staff are working at home or in office with appropriate desk placement.

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services	

Challenges and opportunities arising from changes to service delivery	Challenges
	• Providing face to face support to carers in distress/ at risk of breakdown of care support
	• Developing a performance framework for current service provision
	• Procurement process suspended
	
	Opportunities
	    • Increased use of technology
	    • Increased opportunities to work in partnership across the organisations
	    • Innovation in delivery of support

Appendix 1 - Actions Arising from COVID-19 and Continuing Changes to Service Delivery in East Lothian

Service area and service lead	Management of PPE across Health and Social Care providers
	Chris King – Chris.King@nhslothian.scot.nhs.uk
	Shannon Leslie - sleslie@eastlothian.gov.uk
Actions taken and outcomes	• The PPE hub has been operational at ELCH since 9th April 2020 and provides PPE for all health and social care provision, Personal Assistant (PA) employers and unpaid families/carers • There has been regular communication to all stakeholders about the process and how to access PPE. A robust process has been established for ordering of PPE, with requests possible via email or telephone.
Guidance/policy directing actions	• HPS guidance • Scottish Government & National Carer Organisations - Advice sheet for: local PPE Hubs, Health and Social Care Partnerships, and local carers' centres
Activity/outcome monitoring and governance arrangements	• All requests and orders are logged at the Hub to support tracking and monitoring • East Lothian Care Homes continue to receive PPE deliveries once a week direct to the home • Care at home providers are also receiving deliveries or can collect from the Hub • PA employers and unpaid families/carers have the option to collect from the Hub or to have it delivered to their home
Current service delivery status	• The hub is operational 7 days a week. When Hub staff are not present PPE can be accessed using the ELCH bleep system • Staff are present Monday to Friday 9 – 5 and Saturday 1 – 5. This decision was made in line with demand over a number of weeks • There continues to be sufficient stock of PPE in the Hub to meet local requirements.

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Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services**	• The hub continues to provide an invaluable resource to all stakeholders to ensure the correct PPE is available to reduce the risk of infection across a number of settings.
Challenges and opportunities arising from changes to service delivery	• There continues to be ongoing challenges for providers and individuals to access PPE from their normal routes due to a global shortage and the significant increase in cost. There is an opportunity to look at the Hub providing PPE to providers at cost given that some of the cost would be part of their financial model. • Deliveries of PPE to Care Homes are provided by Criminal Justice staff – when they resume normal duties alterative arrangements will need to be put in place • Further infection control training is required for HSCP staff and commissioned services.

Appendix 1 - Actions Arising from COVID-19 and Continuing Changes to Service Delivery in East Lothian

Service area and service lead	Care Homes Lorraine Cowan – Chief Nurse - Lorraine.cowan@nhslothian.scot.nhs.uk
Actions taken and outcomes	- Established regular supply of PPE for Care Home providers, initially through the central NHS Triage Line (20th March), followed by the subsequent development of local hubs at Randall House (now moved to East Lothian Community Hospital) - Care home providers largely ceased reporting issues with access to PPE by early May - Consistent access to PPE has helped reduce the severity and frequency of outbreaks reported - Daily reporting from Care Home providers was established just prior to lockdown on 23rd March. Daily situation reports enabled Care Home managers to report on a range of issues including access to PPE, staff isolating due to COVID related issues, suspected and confirmed COVID cases among residents, deaths due to COVID and a RAG-rated assessment by the Care Home manager on the service's ability to manage with the issues reported - As of 9th June, Care Homes have begun using the Scottish Government Safety Huddle Template. This acted as an early warning system for the tactical team and support to Care Homes was then offered on a targeted basis - Ability to track the development of COVID across East Lothian homes - Daily support available to Care Homes via the East Lothian HSCP Care Home Team. This has included clinical support, training and advice around use of PPE and application of Health Protection Scotland Guidance, resident testing for COVID. This has been available from the start of the pandemic and has continued throughout and ensured consistent application of HPS guidance among all Care Homes - Clinical support and testing of residents off their baseline (regardless of whether they have COVID symptoms) has meant the outbreaks reported, and the severity of these, have decreased over time. As of 10th June, East Lothian has no current COVID positive residents in Care Homes, although testing of symptomatic residents continues in line with guidance - Social Work staff in the Review Team have continued to focus on Adult Support and Protection issues and urgent reviews (carried out by Skype and by phone). Contact has been maintained with managers to allow them to highlight any concerns in relation to specific resident's needs - Established supplementary staffing support to Care Homes through the use of the NHS Staff Bank service (12th May). Care Home managers who had concerns about loss of staff through increased staff testing for COVID have thus received support when needed. This has ensured that appropriate staffing levels are maintained within homes for resident care. We are continuing to access support from the NHS Staff Bank as further testing is rolled out across all homes in East Lothian

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	• Leuchie House altered its function from a respite service to a temporary Care Home service as of 6th April. The aim was to offer temporary Care Home accommodation to clients in the community whose providers were experiencing staffing issues due to the pandemic and also to continue to facilitate hospital discharges. 12 beds were initially contracted. This has reduced to 6 as demand for the service has not been as high as expected • Attendance at Problem Assessment Group (PAG) meetings, led by the Health Protection Team, to assess and advise on testing in Care Homes with an active outbreak in line with new guidance from the Scottish Government to increase testing. Testing was initially targeted at homes with a recent/newly identified outbreak but is now being increased to all homes regardless of whether there is a COVID positive case in the home. PAG meetings resulted in full testing of residents and staff at two East Lothian homes. • A variation to the role of the Executive Nursing Director has placed additional responsibilities on Health and Social Care Partnerships to undertake a daily Care Home huddle and to conduct physical audits of all East Lothian Care Homes whatever their management arrangements. Audits will review care standards and have a particular focus on infection control practice. The huddles began on 25th May and continue to be held daily • Attendance at a daily pan-Lothian oversight group to develop a Lothian wide audit tool, escalate concerns to the Care Inspectorate and Scottish Care and share Lothian-wide testing data • Financial sustainability payments to Care Home providers are being reviewed in line with COSLA guidance and work is underway to review occupancy data pre-pandemic with current levels to determine appropriate levels of financial support.
Guidance/policy directing actions	• Current Health Protection Scotland Guidance • Guidance on testing in Care Homes • Financial sustainability guidance
Activity/outcome monitoring and governance arrangements	• Daily reporting from Care Homes, initially using our own Sitrep report, now using the Scottish Government Safety Huddle Template • Daily Care Home huddle meetings to review any issues flagged by providers, development of the audit tool and planning of visits across East Lothian homes • Review of planned testing in Care Homes and monitoring in case additional staffing support is required. Meeting is attended by the Chief Nurse, ELHSCP management, Policy and Performance, Care Home Link Officer, members of the NHS Care Home Team
Current service delivery status	• All Care Homes are continuing to operate as normal with the exception of Leuchie House which continues to offer a temporary Care Home service. Physical distancing measures are in place and any symptomatic residents are isolated

	for 14 days as a precaution • In homes where significant outbreaks occurred barrier nursing was in place for all residents.
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services**	• Care homes are continuing to admit residents from hospital and the community in line with HPS guidance. • Restrictions are currently in place on visiting although the majority of Care Homes have put in place a number of creative ways in which to maintain residents contact with family members and next of kin (Zoom calls, face time, visits through the windows). • Homes are also able to continue to provide residents with daily activities with some providers organising singers/entertainment/art work in their gardens as well as through normal daily activities provided by care staff. • Few homes have reported increases in stress and distress behaviour and those experiencing this have been referred to East Lothian Care Home Assessment, Support and Education for support.
Challenges and opportunities arising from changes to service delivery	• The challenge of managing outbreaks within Care Homes has highlighted the value of the East Lothian HSCP Care Home team which has been in key in supporting Care Home managers and staff to understand the frequent changes in HPS guidance, and reassurance that they are complying. • Strong compliance with the use of PPE and prompt testing of residents has contributed to the significant reduction in COVID positive residents in East Lothian homes. • The Care Home Team is currently being expanded.

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Service area and service lead	Commissioned Services - Care at Home Carol Jenner cjenner@eastlothian.gov.uk 07714 140365
Actions taken and outcomes	• 13/03/20 - Commissioned Care at Home providers were asked to update their Business Continuity Plans; RAG (Red, Amber, Green) their clients and email information to us. Data was collated on master spreadsheet and shared with operational colleagues. Outcome was that we were able to work with all stakeholders to ensure appropriate delivery of care. • 13/03/20 - CAH providers were asked to submit a daily situation report on status of their critical activities and critical resources, including PPE. Provider responses are collated onto a Master Spreadsheet for overview appropriate action by Partnership Tactical Team. Outcome is that the Partnership has oversight of delivery of critical CAH services. • 28/4/20 - P&P Manager - worked with ELC HR Department to promote SSSC Recruitment Portal, to help commissioned services fill vacancies in Care Homes and Care at Home services. Outcome: commissioned services were supported by Partnership. • 15/4/20 - we began sharing with commissioned services the names and addresses of their service users who have been identified by NHS National Services Scotland as requiring 'Shielding'. Outcome: commissioned services are aware of shielded people and can ensure that staff take appropriate action i.e. ensure that your staff wear PPE in compliance with HPS Guidance at all times. • 16/03/20 - we began to develop Partnership processes to make Social Care Provider Sustainability payments, to all commissioned social care services (if eligible), in line with COSLA guidance. Outcome will (hopefully) be sustainability of service provision in East Lothian. • 10/4/20 - we began to support CAH providers with regard to PPE – this included sharing Health Protection Scotland and Scottish Government guidance on PPE; supporting providers to access NHS Triage emergency PPE supplies; supporting providers to access emergency PPE Hub at Randall House; NHS training on correct use of PPE; ordering supplies of PPE; and so on. Outcome: commissioned CAH providers were able to deliver services safely. • 5/6/20 - commenced support to Partnership regarding Test, Trace, Isolate and Support (Test and Protect) Strategy. • Since mid-March - sharing information with CAH providers: e.g. information from Care Inspectorate, SSSC, Scottish Government, COSLA, Partnership guidance, and so on. • In mid-March all commissioned Care at Home work was reprioritised to focus on Covid-19 related matters. Some exceptions to this include continuing the close monitoring of a CAH provider, dealing with complaints, FOI enquiries, etc.

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Guidance/ policy directing actions	Health Protection Scotland: https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiPxuegpvfpAhUMHcA KHe-uDnwQFjAAegQIFBAD&url=https%3A%2F%2Fwww.hps.scot.nhs.uk%2F&usg=AOvVaw0xrR6TusbcZecS2pQR3s4Z COSLA: https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiouO24pvfpAhVFZcA KHc5lC3gQFjAAegQIFhAD&url=https%3A%2F%2Fwww.cosla.gov.uk%2F&usg=AOvVaw2OxlrB4s4QfxihuFVeJypW
Activity /outcome monitoring and governance arrangements	Initially daily (now twice weekly) CAH service delivery monitoring via Sitrep Reports Twice weekly master reports to Tactical Team Weekly Community Capacity Report to Scottish Government There will likely be reporting requirements to do with sustainability payments to providers, but we do not know the requirements yet.
Current service delivery status	Current status of Care at Home service delivery is RAG = Green
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services / commissioned services**	 The impact of Covid-19 on CAH service delivery going forward is uncertain. The East Lothian market is stable at present but the medium and long term impacts are not yet known. Much will depend on whether a second wave of the pandemic can be avoided and on the financial climate.
Challenges and opportunities arising from changes to service delivery	Challenges: • initially very challenging due to uncertainty about PPE guidance; PPE supplies; • difficult to deliver services when staffing levels are impacted; • Financial challenges for providers and Partnership.

	Opportunities: Closer working with providers and opportunity to improve working relationship.

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Service area and service lead	School Nursing East and Mid Lothian Lorraine Cowan, Chief Nurse Jill Irwin, Clinical Nurse Manager : Jill.irwin@nhslothian.scot.nhs.uk
Actions taken and outcomes	26/03/20 - NHSL and Scottish Government Guidance disseminated to staff and discussed in full.
Guidance/policy directing actions	National Clinical Guidance for Nursing and AHP Community Health Staff during COVID-19 Pandemic COVID-19 Interim Practice Guidance for Child Protection East Lothian & Midlothian Public Protection
Activity/outcome monitoring and governance arrangements	Continued contact with active caseload and liaison with Education. Weekly reporting via Local Authority to Scottish Government. Community Children's Nursing and AHP services, Pan Lothian Covid 19 Resilience Plan held by Sally Egan.
Current service delivery status	As per Scottish Government Guidance.
Timetable and plans to re-establish services Likely ongoing impacts on delivery of HSCP services/ commissioned services	Await Scottish Government guidance. Increased waiting list for LIAM programme.
Challenges and opportunities arising from changes to service delivery	Opportunity to invest in mobile technology enabling practitioners to work flexibly reducing footfall in premises and reduce time travelling. Reduced ability to robustly assess Child/Family which may impact on the ability for early intervention and prevention interventions.

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Service area and service lead	**Adult Resource Centres – Internal Services – Fisherrow Hub, Port Seton and Tynebank** Gillian Neil – Interim General Manager
Actions taken and outcomes	On 23/03 the Adult Resource Centres were temporarily closed to all services users and a letter was sent prior to this to advise all service users and their carers. All service users were RAG rated and only those who were identified at the highest risk (home/family situation at risk of breakdown, carer stress, care at home provider unable to provide a service) were offered a service within Port Seton Community Centre or Tynebank. Fisherrow Trust closed the building. Outreach care has also been provided at home for those again identified at the highest risk. Day Service staff have contacted service users and family/carers/providers on a daily basis to monitor the situation at home and all calls have been recorded.
Guidance/policy directing actions	Guidance from Scottish Government and Health Protection Scotland Social Work Scotland Learning Disability and Autism Sub group – sub group formed to jointly work on eligibility criteria and framework for delivering day services post Covid.
Activity/outcome monitoring and governance arrangements	Care Inspectorate call each Adult Resource Manager on a weekly basis to review situation and a CI variation has been completed to reflect the different type of service provided. Weekly meeting between Adult Resource Managers and Interim General Manager Monthly clinical care governance reports.
Current service delivery status	Port Seton and Tynebank resource centres currently supporting those service users identified at the highest level of risk with centres. Some outreach support being provided in service user homes. Weekly contact made with all service users, families/carers and providers.
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services**	This work is currently underway and no definite timescales have been identified at present. Will be unable to provide the same level of service due to social distancing and test and protect strategy. Currently reviewing RAG rating of all service users, weekly updates and those young people due to transition as other options/opportunities will need to be explored. Likely impact on internal transport as due to social distancing , very limited number of service users could be accommodated. Potential to increased transport costs or to internal service as it is likely that alternative modes of transport will need to be considered. All service users and families/carers and providers have been contacted weekly and only once we have confirmed what service

	we can realistically deliver, will we communicate with service users etc. There could be a risk of raising expectations on if communicate too early.
Challenges and opportunities arising from changes to service delivery	Challenges: • Not being able to meet level of demand • Cost • Inability to support planned and gradual transitions Opportunities: • Development of day service model as outlined in Transformation Project. • Increased use of technology

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Service area and service lead	**Commissioned Services - Advocacy** Individual and collective advocacy for adults with a learning disability, Mental Health Issues and older people/people with dementia. Christine Chambers – cchambers@eastlothian.gov.uk
Actions taken and outcomes	• Feedback from providers sharing what has worked well/challenges throughout pandemic and will inform how we move forward and where risks are. Awaiting responses. • Coordinated fortnightly meetings with advocacy providers to facilitate communication and share information/challenges. • Frequent direct contact with providers as required and support in relation to challenging issues is needed. • Distribution of information/guidance etc to providers as required
Guidance/policy directing actions	National Guidance
Activity/outcome monitoring and governance arrangements	• Routine reporting of activity
Current service delivery status	• Independent advocacy has been provided in keeping with national guidelines and directions – no face to face support has been provided • Individual advocacy have not been providing face to face support – all support has been provided by phone or an appropriate video communication. • Support has mainly been provided in relation to statutory responsibilities – hospital detentions.
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services**	• Service provision has been ongoing but face to face contact will be introduced as informed by National Guidance. • Ensuring representation and attendance at Children's Hearings and Mental Health Tribunals will be determined by National Guidance • Individual providers are considering their plans to resume fuller service provision and how this will be facilitated/supported

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Challenges and opportunities arising from changes to service delivery	Challenges: • Individual not getting access to statutory right - Individual Advocacy - through detention process • Inequalities of access to IT for clients and staff working from home • Reliance on use of IT for communication with groups who do not have physical access to IT or challenges in relation to communication, lack of support or cognitive impairment. • Staff isolation • When National direction allows - access to sufficient safe spaces which would enable small group meetings and safe face to face meetings to support collective advocacy. • Accessing PPE for organisations who have limited requirement for PPE Opportunities: • Positive feedback about use of WhatsApp when client is in a ward setting – feedback about ward staff support is very positive. • NearMe technology and ability to accommodate 3rd Party representation (advocacy) has been very positive • Improved partnership working

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Service area and service lead	Justice Social Work Trish Carlyle
Actions taken and outcomes	At point of lockdown (23/03/2020): • All staff sent home with full connectivity – laptops and smart phones. • All service users RAG-rated with focus on risk of causing serious harm and personal vulnerabilities. Only those whose ROSH was such that it could only be managed with face-to-face contact were required to be seen – no such cases identified in East Lothian. • All contacts moved to telephone – RAG basis for weekly (RED), fortnightly (AMBER) and monthly (GREEN) contact in line with risk and need • Additional telephone contacts were made to all perpetrators of domestic abuse offences (where they were in a relationship and/or living with a partner) – this related to those subject to unpaid work only as well. • All unpaid work/other activity Community Payback Orders service users have been advised of 12-month extension to their current Orders and all work (group, placements) put into abeyance • Multi-agency and partnership risk management and business meetings continued using teleconferencing and SKYPE (MAPPA, EMPPO) • City of Edinburgh JSW closed all group work, Court social work unit, Prison social work unit, DTTO social work provision – these services are provided to East Lothian service users by city of Edinburgh employees – we did not receive any official communication from City of Edinburgh JSW confirming the status of these services. • Followed guidance and decisions of key partners – Scottish Prison Services, Scottish Courts & Tribunal Services/COPFS, NHS, Parole Board for Scotland etc.
Guidance/policy directing actions	Wide range of guidance / policy has guided work (e.g. Scottish Government, Social Work Scotland) – including: • Justice Board Coronavirus (COVID-19) Sub Group • Coronavirus (Scotland) Bill • Justice Directorate & Children & Families Directorate correspondence re Business Continuity • Scottish Government correspondence re Early Release from Prisons • SWS correspondence re Parole Board arrangements; Courts & Tribunal Service; Diversion from Prosecution; and Fiscal Work Orders

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Activity/outcome monitoring and governance arrangements	Provision of initially daily and then weekly updates as follows: • Health & Social Care Partnership • CSWO – Impact Log • CSWO - MAPPA Reassurance • Risk Register (now stopped) • Business Continuity Plan (now stopped)
Current service delivery status	• Unpaid work/other activity is not being delivered • Supervision (Throughcare and Community Payback Orders) - being delivered via telephone contacts • CONNECT group in abeyance • Additional funds and Foodbank provided to all prisoners being released • Bail Supervision – being delivered via telephone contacts (no new service users as reports completed by City of Edinburgh Council partners based within Edinburgh Sheriff Court and there is little current Court business) • Criminal Justice Social Work Reports, Diversion Reports – being completed via telephone interviews • Throughcare activities (custodial setting) – being facilitated via email a prisoner, virtual attendance at ICM, Home Background Reports, Home Detention Curfew Assessments being completed via telephone interviews. There has been some face-to-face contact with prisoners – assessed on an individual basis, depending on safe interviewing facilities • Drug Treatment & Testing Orders – facilitated by City of Edinburgh Council partners and no current delivery • Group Work (Caledonian and Moving Forward: Making Changes) – facilitated by City of Edinburgh Council partners and no current delivery
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services**	This will be based on: • Scottish Government Route Map – Phase 3 identifies an increase in provision and specifically mentions Justice Social Work, although it is noted that 'at risk' individuals noted for prioritising in phase 1 should include JSW service users • Social Work Scotland Justice Committee – Covid-19 Exit Strategy (report pending) • Likely 30-40% capacity for current building spaces – awaiting guidance from CMT • Likely unable to return to previous unpaid work provision – group pick-ups and use of vans does not support social distancing. The service will need fully reconsidered and individual or 1:2 provision put in place • Increase in contact with service users based on previous RAG-rating – there will be continued use of virtual and telephone contact for the foreseeable future, but as we progress to Phase 3 we will undertake face-to-face meetings with RED-rated individuals before progressing to AMBER and GREEN

	• Move to all report interviews being completed via telephone but from the office (not home), with an aim of reintroducing face-to-face report interviews in September 2020 • Attendance at multi-agency meetings moving to face-to-face for those where the focus is on risk management strategies (RMCCs, CPCCs, MAPPA, MARAC, MATAC), but maintain virtual for others (EMPPO, Delivery Groups). This is likely from phase 3 onwards • We will await decisions from City of Edinburgh JSW relating to Caledonian, Moving Forward: Making Changes, Court & Prison Social Work Units, DTTO, Bail Supervision
Challenges and opportunities arising from changes to service delivery	**Opportunities:** • Review provision of unpaid work activities to increase the use of other activity and be more creative/innovative in group and/or 1:1 or 1:2 provision • Practitioners have evidenced their commitment to working from home and maintaining positive, working relationships with service users. We will be able to review our working arrangements and allow for greater flexibility – this should promote improved work/life balance across the team • The Management team have begun to consider digital platforms for accessing focused work interventions for service user • Consideration is being given to developing a bespoke component to the JSW website that could support e-learning (modular format) for interventions that address service user risk and need and compliance with additional CPO or Licence requirements • Improved national communication and data sharing between JSW and SPS – this related to Early Release and the signing of the Data Sharing agreement by all Local Authorities and the possible continuation of the Multi-Agency Release Panning Group • Collation of good quality data relating to JSW service users – spreadsheets have been developed that are updated weekly and allow for immediate access to key information • Looking at developing the JSW Diversion Service – time available to consider expectations and processes • Seek service user feedback process – specific to Covid-19 JSW response as well as longer term for annual reporting and service improvement **Challenges:** • Recognition that in several areas of our work we have to await decisions and action from partners out with East Lothian

	JSW notably, City of Edinburgh Council JSW and the Scottish Prison Service • Lack of an accepted digital platform for cross-service communications – it is vital that all Councils, H&SCPs and Statutory partners (Police Scotland, NHS, SPS, SCTS etc.) agree on ONE single platform. Currently although access can be gained to different ones their full use and application cannot be guaranteed for all attendees. • Awareness of practitioners undertaking inappropriate work form their homes – no breaches of confidentiality or poor performance/behaviour, but this relates to the type of work people have had to take home. This should be stopped ASAP with a return to the office environment for such activities – staff wellbeing is paramount • CONNECT Women's Group – finding a forum to re-start this group (lead worker due to leave in July 2020)

Appendix 1 - Actions Arising from COVID-19 and Continuing Changes to Service Delivery in East Lothian

Service area and service lead	East Lothian Substance Use Service Team Manager: Stuart Ferrier stuart.ferrier@nhslothian.scot.nhs.uk 0131 446 4853
Actions taken and outcomes	1. 23/3/2020: All non-essential face to face patient contact stopped, drop in clinics & planned appointments cancelled, telephone review initiated as standard. All prescriptions delivered to pharmacies to reduce need for patient travel, home delivery of prescriptions for patients self-isolating or shielding. Patients contacted by telephone to advise. Social distancing practices limiting numbers to be in rooms at any time, re-enforcing 2m rule employed within the workplace. Advice issued re use of anti-bacterial wipes & hand gel/sanitisers. Information leaflets (mental health support, access to agencies, foodbanks/fuel poverty, benefits advice lines) stapled to prescriptions distributed to pharmacies. MELD (3rd sector partners) take over all East Lothian Gateway to Recovery assessment clinics offering telephone assessment & triage. Information segment (25 minutes duration) broadcast on local radio. Single use PPE (face masks, gloves & aprons) & social distancing employed at all clinical contacts. For essential contacts all patients directed to hand washing / anti-bacterial gel facilities upon entry to premises. 30/3/20: Clinical staff group split into A & B teams with teams home working / base working alternately to reduce risk of Covid-19 related illness spreading throughout service 2. 6/4/2020: A & B Team initiative abandoned due to difficulties accessing NHS systems from home & concerns over confidentiality over the recording patient information & transporting to base for upload to TRAK. Social distancing practices reapplied 3. 29/5/20: Stricter application of social distancing within the workplace, max 3 staff in largest office with specific distanced desks being employed, remaining staff employing single offices with rigid "wipe down" procedures – computer keypad, desk surfaces, chair arms, telephones, door handles being employed at commencement & end of working day & between patients if seen. Record of all visitor attendances to Esk commenced with trace details recorded.
Guidance/policy directing actions	• 22/3/2020: Scotland's First Minister + UK PM announce lockdown "people should only go outside to buy food, to exercise once a day or to go to work if they absolutely cannot work from home" • 28/5/2020: Test, trace, isolate & support rolled out in Scotland • NHS Lothian Speed-reads • Scottish Government Route Map for moving out of lockdown

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	• NHS Lothian infection control information / guidance
Activity/outcome monitoring and governance arrangements	• Weekly staffing reports forwarded to EL IJB • Weekly Covid-19 impact assessment & contingency planning forwarded to Management Team • Daily waiting list reports inform SMS of any patients awaiting assessment/treatment • Daily EL Hospital admission reports inform SMS of any patients admitted to hospital, circumstances of admission & alert to possible unmet need. • Daily Huddle – sharing of information / local developments / anticipated issues • Weekly Team Meeting – strategic development / challenges to be addressed, clinical planning to address challenges
Current service delivery status	Service continues to function effectively, all staff remain well, one PT OT shielding. No drop in or face to face clinics
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services**	1. Re-establish Primary Care Nursing service in consultation/negotiation with individual GP practices: potentially mid July 2020 First consultative meetings with GP practices arranged to take place from 15/6/2020 2. Re-establish drop in service with restricted numbers: July/Aug 2020 Liaise with stakeholders regarding structure & processes required to be considered (admin, clinical & 3rd sector staff, control of infection, fire officer) to allow for initiation, discussions to begin w/com 14/6/20 3. Collaborative discussion with 3rd sector partners regarding developing of online relapse prevention / coping skills training – innovative approaches to development of small groups to encourage engagement of patients: potentially July/Aug 2020
Challenges and opportunities arising from changes to service delivery	Challenges 1. Reduced face to face contact with patient group, reduction in supervision capacity of pharmacies 2. Inadequate IT equipment, staff unfamiliar with efficient /effective use 3. 3rd sector partners working entirely from home, increased potential for communication issues Opportunities 1. Staff proactive in attempting to maintain service – increased morale / bonding in face of adversity 2. Greater employment of IT reducing need for travel (time & costs) developing innovation – necessity is the mother of

	invention
	3. Some innovations in practice have proved effective & led to increased efficiency – not all will be given up once restrictions are lifted

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Service area and service lead	**Community Mental Health and Therapy Team** Jamie Morris, Team Manager 01620 642 761 Jamie.morris@nhslothian.scot.nhs.uk
Actions taken and outcomes	CMHT has continued to see patients when necessary. We carry out a telephone risk assessment before each visit and confirm this again once we get to the patient. PPE is worn during all visits; the patient is made aware that this will happen during the initial phone call. Where possible we are now encouraging patients to go out for a walk with clinicians rather than sitting in the patient's home. We are going to patients where possible rather than asking them to travel, especially by public transport. Psychological Therapy staff are mainly working from home. Some staff don't have access to NHS systems at home so they come into the office one day/week.
Guidance/policy directing actions	• Speed reads have been communicated to all staff when they are released. • The COVID-19 Situation in NHS Lothian Summary • Scotland's route map through and out of the crisis • National benchmarking – what other IHTT / Crisis services are doing Senior Managements guidance • PPE Policy • ELCH – huddle every morning • Test and protect stakeholders toolkit • The COVID-19 Situation in NHS Lothian Summary
Activity/outcome monitoring and governance arrangements	• Risk is managed using the RAG system. Any concerns re: COVID are highlighted and updated on a day to day basis. Patients not receiving face to face visits are telephoned on a regular basis and outcomes recorded on Trak as usual. • Patients on depot medication are highlighted and planning for depots is done on a whole team basis rather that being the responsibility of individual keyworker. This is updated weekly. • Psychological Therapies staff are continuing therapy but over the phone, we have a RAG system open to allow reporting of particular concerns. Communication is open across both teams who are able to help each other deal with quickly changing demand if necessary. • Clinical Governance Committee – bimonthly • Health & safety - quarterly

	• Team managers meeting – Monthly • MH remobilisation – REAS – Scottish government • 1:1 with service manager – service priorities reported on monthly
Current service delivery status	CMHT continue to visit patients if face to face contact is necessary doe to medication needs or if patient is deemed to be at risk. All other support is done over the phone or using Near Me. PTS have switched to phone/Near Me based therapy. Otherwise they continue to work as normal but mainly from home. We have had to pause group work across services.
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services**	The work of teams continues as usual with a shift to telephone/Near Me. The only work that has stopped is Group based interventions. We are investigating the possibility of using online tools to replace group work in the shorter time but will start some degree of in person group work as soon as possible. Probably Phase 3. If we are not able to offer some form of group work, this will add capacity pressure to both the CMHT and PTS teams. In particular, this is likely to impact on the A12 Psychological Therapy waiting list. We are in regular contact with our patient group and communicate directly with them if there are changes to the way the team is operating.
Challenges and opportunities arising from changes to service delivery	There may be service delivery issues concerning 2xstaff visits, or transportation of patients to the REH. PPE will be worn by staff and patient will be asked to wear a mask. • All staff now have smart phones – access emails etc remotely • Use of Near Me is likely to be a benefit we can continue to use post COVID • Investment in IT and equipping staff with suitable equipment will allow mobile staff to stay mobile instead of having to return to base to write notes etc. • Improved standardisation of clinical documentation • Improved collection of data to reflect service activity • Improved communication with access to TEAMS • Working remotely increases flexibility of workforce

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Service area and service lead	Acute and Ongoing Care Lorrain Cowan, General Manager and Interim Chief Nurse
Actions taken and outcomes	7 day working of patient flow and social work established. - Very clear communication and team working between the patient flow team at ELCH, and the Royal Infirmary - Social work team and patient flow working across 7 days to ensure communication with patients and families were at a premium, and that discharge planning was commenced on admission. 8am safety huddle extended to include primary care staff and community staff (alongside hospital staff) - To enable good communication with all sites, administration staff manned the telephones on the wards to ensure that these were answered quickly - this also allowed the nursing staff to concentrate on patient care. - Nursing staff worked together across the hospital to ensure that all areas were fully supported. - Opening of ward 5 to support Lothian wide patients. - Hospital to home and home care working more closely together. - Purchase of additional bed capacity in Leuchie house and Haddington Care Home. - PPE hub set up in ELCH supplying NHS and social care services, opened 7 days per week manned by administrative staff. Staff from other areas of social work also joined the team, making delivery of PPE possible. - General Practice and Dentistry PPE distribution has also been incorporated into the HUBs remit - The care home team provided training, education and support to care homes within the community to ensure the wellbeing of residents. The care home team have been invaluable in ensure support to the care homes along with providing support and guidance, they provided practical training. - A programme was set up to provide training to the independent care providers this was well received. - Soft furnishings cleared from main foyer to ensure 2 metres between people, home working / new working patterns tried for those who were not essential to be onsite. - Gel stations at key points. - Suspended visiting to wards and introduced laundry collection using the front of house admin team - Introduction onto wards of Tablets/Ipads to enable communication between patients and families. - Use of tablets for 'skype' type calls between patients who are looking for a care home and the management team at the care home with the option of virtual tours.
Guidance/policy directing actions	Scottish Government, NHS and Public Health Scotland guidance (e.g. Scotland Route Map-through and out of the crisis, Re-mobilise, Recover, Re-design: The Framework for NHS Scotland, NHS Lothian Covid-19 Remobilisation Plan (May 25th 2020)

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Activity/outcome monitoring and governance arrangements	• Daily 8am Safety Huddle that covers all inpatient beds, and hospital based services such as AHP, H@H,H2H , has been expanded to incorporate all services . These include the Community Vaccination team, Health Visiting, School Nursing, District Nursing, Palliative Care, Care Home Team, Mental Health - as well as the Days Services on the ELCH.
Current service delivery status	• Inpatients Wards across ELCH, Belhaven and Edington have and continue to maintain normal services - • Community based nursing services are being maintained – services such as the Care Home Team and Community Vaccination team are being offered and given additional support. • Day services at both ELCH and MPCC are very much reduced, urgent referrals only (e.g. suspicion of Cancer—Bowl screening) and telephone consultations where appropriate. The days services nursing staff are redeployed to support the inpatient areas
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services**	• NHS Lothian Covid-19 Remobilisation Plan (25th May 2020) sets out the '*problem-solving approach being applied to a range of services whilst remaining focussed on mitigating the spread of the disease across the population'*. • Scotland's Route map through and out of the crisis –Scottish Government May 2020 • Re-mobilise, recover, Re-design: The Framework for NHS Scotland Scottish Government May 2020 Consideration will be given to maintaining and developing some of the new arrangements set up to respond to COVID – including: • Streamlining that took place of the process between social care and health to improve discharge planning • 7 day working of patient flow and social work • More rotation of staff around the hospital where appropriate • Home working and changing work patterns
Challenges and opportunities arising from changes to service delivery	Opportunities: • Learning from changes made; and the opportunity to continue those changes that proved effective Challenges • Maintaining moral and support for front line staff – be that nursing staff in the community or on the wards—Care Home staff – • Ensuring all areas of the Partnership are aware and informed of evolving and changing practices on managing the epidemic- to reduce duplication of workloads- allowing staff to focus efforts as efficiently as possible.

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Service area and service lead	**Mental Health Officer** (duties, as governed by the Adults with Incapacity Act and Mental Health Act) Trish Carlyle – Group Service Manager Statutory Services Rod Mackenzie – Service Manager Shirley Hopper- Lead Mental Health Officer
Actions taken and outcomes	Some of the actions we have taken to adapt to the COVID restrictions; • MHOs are limiting face to face visits to urgent/ essential visits only e.g. MHO assessments under Mental Health Act for Short Term Detentions and assessments, new interim (urgent) guardianship applications and applications for warrants under Mental Health Act • Any non urgent guardianship applications have been placed on hold. Only urgent cases of high risk/ significant restrictions in place are being brought to the court at present • Guardianship reviews and CTO reviews via Skype, Microsoft Teams and over the phone where possible • Mental Health Tribunals are being held via teleconference • Court hearings for AWI applications are being held remotely • AWI reports are being electronically signed • Named person acceptance forms do not require to be witnessed during the pandemic • Guardianship renewal applications are on hold under 'stop the clock' provisions under new Coronavirus Act • We have developed and distributed 'guardianship information packs' and a 'guardianship referral process flowchart' so colleagues can access info online/ in the shared drive as face to face consultations on hold • Guardianship case discussions have been suspended, however we have developed a new referral form for local authority guardianship applications to maximise effective info sharing and screening to enable to proceed with most urgent cases • Established an activity tracker to reflect activity
Guidance/policy directing actions	• Coronavirus (Scotland) Act 2020 • Coronavirus (Scotland)(No.2) Act 2020 Guidance documents include (but not limited to): • Mental Welfare Commission- COVID-19 FAQs for practitioners. Advice Notes. March 2020.

	- Coronavirus (Scotland) Bill 2020 Explanatory Note - Mental Health Directorate Update on Coronavirus Act 2020 as it relates to Scottish Mental Health legislation - Coronavirus (COVID-19): Social Work - safe and ethical practice during the pandemic - SHERIFFDOM OF LOTHIAN AND BORDERS COVID-19 GUIDANCE IN RESPECT OF CIVIL BUSINESS - NOTICE FOR COURT USERS DURING COVID 19 OUTBREAK - Health Protection Scotland Core COVID-19 Information and Guidance for General (Non-Healthcare) Settings
Activity/outcome monitoring and governance arrangements	- Regular one to one supervision - Daily emails to Shirley to register in the mornings - Weekly team meeting via Skype - Daily buddy system for peer support and consultation re legal issues, practice issues, good practice etc - Activity tracker reviewed and exceptions reported to GSM/ CSWO
Current service delivery status	Reduction of face to face contacts, but statutory duties continue to be met- face to face for essential/ most urgent work and remotely for less urgent/ essential work and Suspension of some non-MHO related tasks, particularly when another worker is involved e.g. social worker or CPN
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services**	The measures under the new Act will automatically expire six months after they come into force. The Scottish Parliament may extend these measures for two further periods of six months, giving the measures in the measures a maximum duration of 18 months. Where a measure is no longer considered necessary, Scottish Ministers can bring it to an end earlier than on this six-monthly schedule Scottish Ministers are required by the Bill to report on the continued need for the measures, and on the use of powers in the Bill, every two months. Due to guardianship renewal applications being placed on hold and only urgent guardianship cases being progressed at this time, there is likely to be a significant back-log of guardianship applications to be made following the pandemic. There will also be a back log of guardianship reviews and other MHO related tasks following the pandemic. It is planned that Guardianship Case Discussions will resume via Skype as soon as possible.
Challenges and opportunities arising	Challenges include, but are not limited to: Challenges engaging with acutely unwell clients over the phone/ virtually or while wearing PPE and/ or socially

from changes to service delivery	distancing e.g. clients experiencing psychosis, paranoia, hallucinations and older clients e.g. with hearing impairment, cognitive impairment and communication
	• Challenges keeping up to date with your legal duties/ responsibilities in a constantly evolving climate including in relation to changes in policies, guidance and legislation, in absence of peer support
	• Additional layer of risk when weighing up benefits of intervening against the risks of intervening due to the risk of spreading the virus to vulnerable people (many clients, particularly AWI clients fall into higher risk groups e.g. older people or people with underlying conditions)
	• Loss of peer support re daily ethical dilemmas arising from balancing the rights of individuals via risks, issues relating to incapacity etc.
	• Pandemic has necessitated sharing of urgent info via email, which is less secure
	• Contact issues in LA guardianship cases where ELC has powers re associations which arose during lockdown
	Opportunities:
	• Development of more streamlined/ effective processes e.g. new guardianship referral processes
	• Re-evaluation of core/ essential versus non-essential tasks or tasks not specifically related to MHO duties
	• More formal peer support, albeit remotely

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Service area and service lead	**Adult Social Work** (includes Duty, Assessment Teams, Review Team, Care Home Assessment and Review Team for all adults 16+)
Actions taken and outcomes	March 10th – 19th: all service users in receipt of a package of care "rag rated", i.e. identified as red, amber, green, in relation to risk should the care not be available. This was intended to enable us to inform allocation of rationed care should the workforce be lost. We did not need to enact this rationalisation of care. All respite for 65+ in residential care homes cancelled – unless emergency admission was required. This continues and has recently been extended until September 2020. W/B 8 June - ASW beginning telephone assessment of all families impacted to ensure wellbeing/ identify those who require immediate alternatives All respite in learning disability services cancelled; apart from those identified as "red". April/ May – all transition plans for young people with disability leaving school and moving to adult social care services have been delayed. ASW contacted all families affected to ensure wellbeing. Where the families have identified stress/ vulnerability of resilience etc. alternative arrangements are being made to deliver care at home/ interim arrangements until day services resume in their new model. Adult Protection/ Council Officer function continued throughout, all be it assessments, unless otherwise indicated by risk assessment, moved to telephone/ Skype based interventions.
Guidance/policy directing actions	- Coronavirus (Scotland) Act 2020 - Coronavirus (Scotland)(No.2) Act 2020 - Coronavirus (COVID 19) Changes to Social Care Assessments ; Statutory Guidance Sections 16 and 17 of the Coronavirus Act 2020 - HPS – Guidance for Social or Community Care and Residential Settings - HPS – Guidance for Care at Home, Housing Support and Sheltered Housing - HPS – Information and Guidance for Care Homes - NHS Lothian – PPE – Final Guidance 09.04.2020

	• Coronavirus – Additional National Adult Support and Protection Guidance for Chief Officers and Adult Protection Committees • COVID 19 – Ethical Framework for Adult Social Care • EMPCC - ASP Practice Guidance • MWC – COVID 19 Advice Notes
Activity/outcome monitoring and governance arrangements	A daily check in with Team Managers Senior Practitioners from every team has been established. This provides us with a safe and well check of all staff, including monitoring all any issues, COVID related or otherwise. A daily 2.30pm Skype meeting was established with all Team Managers, initially to provide feedback from the Management Tactical Meetings. As the Tactical meetings were reduced, we followed, maintain a pattern of 3 2.30 management updates per week, on a Tuesday Wednesday and Thursday. In addition to the above, we established daily Care R.A.G meetings to monitor and hold the oversight of care allocation. The anticipated pressures through lack of availability of workforce did not materialise, so these meeting shave also been reduced and now operate on a Monday, Wednesday and Friday. In terms of financial governance – we have re-established Complex Care meetings, 3 weekly. Any case where the Package of Care is in excess of £35,000 per annum must come to this meeting for analysis prior to consideration of authorisation. Also, any situation where the circumstances/ need is complex and out of the ordinary is directed to this meeting for peer consideration and input to identify options for resolution. I have established weekly Skype Staff Briefings for Adult Social Work – we have not put any restrictions on access, therefore colleagues form Justice Services etc. now participate. This allows us to maintain wellbeing checks/ ensure key information gets out to the full workforce, and provides opportunity to maintain a sense of belonging to the service.
Current service delivery status	Social work practice, in terms of the range of activity/ case loads etc. is returning to normal, all be it predominantly telephone based assessment unless circumstances/ presenting risks require a physical presence. All statutory duties continue to be delivered.

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Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services**	Phase 1 indicated an expectation that social work practice would begin to resume more face to face practice. Plans are underway to arrange safe work places to hold interviews with members of the public. All access to offices for personnel or public that are not based there will be on an appointment only basis. • Need to enhance the "Front Door" Community Access Team responses as they will bear the weight of an increasing number of calls as the first point of contact; given all other offices will be close to people presenting with enquiries. Planning in underway – with intention of conclusion of first phase of changes by 8th July 2020. • Face to face physical assessments whether in the client's home or at an office base will continue to be informed by professional risk assessment of the presenting need, enhanced by COVID assessment. • Requirement to enhance our use of tech/ software to enable informed conversations with service users and their guardians/ family.
Challenges and opportunities arising from changes to service delivery	Challenges include, but are not limited to: • Ensuring key messages reach the workforce in its entirety • Implementation of safe and well and lone working policy across ASW teams, given many of the workforce will be permanently home based. • Managing short notice need for double up ASW visits where risk assessment indicates 2 workers are required, and workers are home based. • Managing the workload to ensure all crisis/ emergency interventions do not fall to those staff who are office based7 • Managing the sense of belonging for staff in this virtual world • Challenges engaging clients over the phone/ virtually or while wearing PPE and/ or socially distancing e.g with hearing impairment, cognitive impairment and communication • Challenges keeping up to date with your legal duties/ responsibilities in a constantly evolving climate including in relation to changes in policies, guidance and legislation, in absence of peer support • Additional layer of risk when weighing up benefits of intervening against the risks of intervening due to the risk of spreading the virus to vulnerable people (many clients, particularly AWI clients fall into higher risk groups e.g older people or people with underlying conditions) • Loss of peer support re daily professional decisions e.g. balancing least restrictive approaches with responsibilities to ensure the wellbeing of clients.

	Opportunities: • Development and delivery of more frequent, planned, team development sessions, in a socially distanced manner, to facilitate staff wellbeing and continuity of professional offer • Development of agreed quality/ performance monitoring in a virtual manner so support professional decision making/ service standards • Development of a paper lite approach • Development of IT application across social work. • More formal peer support, albeit remotely

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Service area and service lead (please include contact details)	East Lothian Integrated Rehabilitation Service (ELIRS) Lesley Berry, East Lothian General Manager & AHP Lead Lesley.Berry@nhslothian.scot.nhs.uk 01620 642 860
Actions taken and outcomes (please include dates and describe communication approaches with affected services/providers and patients/ clients/carers etc)	• Twice daily update with all managers within the service (VC and MS Teams), with an action plan formulated to reflect all work carried out by ELIRS. This included all services MSK, Domi, Inpatient PT OT, Domi PT OT, Community OT, TEC, MHPT. • A weekly action plan formulated for ward areas including training of redeployed staff and specific management of Covid team. • TEC team have developed an action plan which is regularly reviewed • Weekly meeting and action plans for cluster development • Development of Digital Learning log • Creation of staff wellbeing plan • Draft version of Annual Report • Action plans available for review on request.
Guidance/policy directing actions (please include a link to documents if possible)	Home visit checklist Telecare Service continuity COVID-19 https://tec.scot/wp-content/uploads/2020/03/COVID-19-Telecare-Service-Continuity-20-March-2020.pdf https://tec.scot/covid-19-telecare-service-continuity/ Mental Welfare commission COVID-19 https://www.mwcscot.org.uk/news/covid-19-mental-welfare-commission-advice-note-version-9-27-may-2020 Digital Health and Care Strategy: https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/04/scotlands-digital-health-care-strategy-enabling-connecting-empowering/documents/00534657-pdf/00534657-pdf/govscot%3Adocument/00534657.pdf Rehabilitation in the wake of Covid 19 – A phoenix from the ashes. British Society of Rehabilitation Medicine: https://www.bsrm.org.uk/downloads/covid-19bsrmissue1-published-27-4-2020.pdf CSP rehabilitation COVID 19 CSP policy statement: https://www.csp.org.uk/system/files/publication_files/001739_Rehabilitation%20%26%20Covid-19%20-%20CSP%20Policy%20Statement_MOB1st_V4%20%281%29.pdf OT Guide for people recovering from COVID 19: https://www.rcot.co.uk/sites/default/files/Quick%20guide%20for%20OTs%20People%20recovering%20from%20COVID-19.pdf

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	Health Protection Scotland PPE guidance: https://www.hps.scot.nhs.uk/guidance/ NHS Lothian and ELC working from home guidance: http://intranet.lothian.scot.nhs.uk/COVID-19/Workforce%20docs/Working%20from%20Home%20Guidance%20-%20COVID-19%20(5).pdf
Activity/outcome monitoring and governance arrangements (please include reporting frequency)	• COVID speed read- sent out daily to all members of ELIRS – all were numbered and stored electronically in a shared drive. • Alison's blog updates sent out to all staff. • All policies such as patient H+S related sent out to staff. • Staffing spreadsheet created recording details of dependents and shielding, and daily attendance. Initially daily reports to HSCP, latterly weekly. • Folder within shared drive where all information pertaining to COVID 19 was kept. • Financial COVID 19 spending tracker. • All staff engaged in clinical contact provided with uniform across H&SC. • Standard Operating Procedure (SOP) for use of PPE, auditing use and provision. • Home working templates used by all staff working from home, and reviewed by managers. • Completed monthly managers governance reports. • General Manager's reports completed. • AHPD Governance reporting maintained. • Fortnightly whole Service staff information meetings with General Manager using VC and remote viewing where possible, NB social distancing. • Score card for all services detailing face to face contacts, phone and digital contacts so that non face to face were counted across the service. • Monthly AHPD meeting held over MS Teams. • Professionals' forums for Physiotherapy and Occupational Therapy maintained. • Staff encouraged to continue with TURAs and other forms of CPD / PDP despite option to suspend formal appraisals. • Staff side meetings continued monthly with Senior Manager. • Each rehab specialism maintained team regular team meetings with clinicians. • Learning log created to monitor and support staff competencies.

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Current service delivery status (please include links to any service reports)	**TEC team**: For business continuity purposes the TEC team started working /based from home from 16 March as a small team working closely together therefore a significant risk of not being able to provide service. TEC are continuing a reactive service both remotely and face to face. Provision criteria reviewed to respond urgent referrals, to facilitate hospital discharges, prevent hospital admissions and to people who live alone. For those who don't meet the critical criteria the TEC team have developed an option for people to "Self-install " a basic community alarm with written guidance and remote support from the technicians. The same option has also been opened to H&SC staff with SOP. The team are telephoning all service users in replacement of face to face routine visits, to check wellbeing, test equipment, update information and signpost where necessary. A RAG rating system was created to highlight the most vulnerable service users. To date the team have contacted more than half active service users. Face to face TEC awareness sessions have currently ceased however TEC team have created & recorded a "Virtual TEC awareness Session " for H&SCP staff. Smart TEC – outcome focused OT clinic appointments and home visits have stopped due to COVID. **Mental Health Physiotherapy:** Routine 1:1's will not be dealt with face to face, and exercise therapy groupwork is not operating at present. Routine referrals with a MSK component are streamed toward our MSK advice line where a telephone consultation / video consultation can be made if the patient wishes. All existing patients and new referrals for exercise therapy are being regularly contacted via telephone to make 'wellbeing checks'. Where appropriate 'exercise patients' have been sent new routines / progressions and remotely supported to maintain physical activity – this has been well received by our patients. Any 1:1 referrals triaged by Physiotherapy as urgent will be seen. **D2A:** Referrals continue to be accepted with initial face to face assessment undertaken. Ongoing rehab provided remotely as able. Prevention of admission work direct from GPs has been prioritised. **Community Physiotherapy:** All patient on the waiting list have been contacted and provided with advice and sign posting. Urgent patients seen if deemed necessary. **In Patient OT/PT rehab:** no change in service in focusing on rehab and discharge planning although have not been delivering rehab in groups. Additional staffing redeployed from Community (ELC) staff, MSK and Mental Health Staff. **Neuro Out-Patients**: no face to face service. Patients on waiting list contacted to reassure and signpost.

	Steady on Groups: suspended. **Community OT:** Community Occupational Therapists moved into Clusters to support D2A, and ward work whilst also responding to urgent and crisis work in the community e.g. breakdown of care arrangements, carer stress, moving and handling, breakdown of equipment, adult protection and Nursing Home interventions. **MSK**: All routine care postponed until further notice. Continued delivery of care for urgent cases via telephone/Near me with a high threshold for face to face appointments. MSK request for assistance service initiated using Near Me technology where appropriate – report including statistics and GP numbers, and pt feedback available. **PACE:** All group work suspended. Small numbers of 1:1 exercise therapy delivered where urgent. Telephone checks with patients initiated. Well attended staff wellbeing groups led throughout Covid; midday sessions and end of day sessions.
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services** patients/clients/carers etc)	Working in line with Lothian requirement to re-establish services with approval from 'Gold group' with Risk assessment and SBAR, a spreadsheet detailing our response and including a gant chart to show and plan phased progress. Work around MSK for this. An AHP phased plan for return to services was submitted on 6 May and can be shared on request. TEC: continues to provide a service to existing service users (approx 2300 clients) and prioritised those with highest level of need requiring a service to support hospital discharge or prevention of admission and for those who live alone. For routine referrals – initially not accepted however self install procedure was developed to ensure they receive a service (includes programme and setup)
Challenges and opportunities arising from changes to service delivery	**Opportunities:** - Integrated geographical clusters, with our processes for taking and processing referrals now electronic to support this. Response to referrals is co-ordinated as an HSCP.

	• Use of Technology Enabled Care to contribute to OT assessment of a person's home environment pre d/c: Kindles and smart phones to complete environmental assessment with a relative. A high percentage of ELIRS staff have access to smart phones and laptops with 100% community staff having access. • Use of Lifestyle monitoring to prevent admission and facilitate discharge. • Telecare; alarm self-installation. Offering self-installation to facilitate hospital discharge and prevent hospital admission by enabling staff the ability to install where already visiting person to reduce any unnecessary contact. • Shared in house training for redeployed staff has enabled better understanding of services and improved flexibility of staff deployment. • Virtual / remote meetings to identify capacity. • In-reach to acute settings is now completed virtually. • SLWG established to produce a digital rehab pack. • Service is developing video exercises for use now and in future. • Investment in IT and telecoms across health and social care to enable easier sharing of information and integration. • It is an imperative that strategic decisions around ehealth platforms are made jointly between Health and Social care, NB use of MS Teams versus Skype. • Staff able to access TRAK training more quickly • Ability to improve staff wellbeing by being able to deliver exercise sessions remotely • Further development of our integrated geographical model across all service areas to enable services to be delivered to people closer to home – with rehabilitation at the core. • Staff wellbeing was prioritised – especially the physical health; evidenced through provision of exercise in outdoor spaces; and shared with staff working from home virtually. Staff MSK clinic developed. • Provision of Staff Physiotherapy advice service for redeployed staff • MSK Phone triage advice line in place of drop in clinics • Implementation of Near me review consultations for current active case load • To develop staff skill sets in screening referrals to determine urgency across the wider MSK team • Updating of MSK Competencies • Intensive MSK training for new rotational staff Many of the above changes have improved staff working relationships and the sense of 'team'. **Challenges:**

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	- A percentage of the staff have found dealing with the pandemic professionally and personally very challenging for their mental health. - Significant repetition of information – overload and at times contradictory information from different employers - Rapid speed of change- due to high level and speed of change management, normal timescales and consultations did not apply therefore this had a negative impact on staff morale - Speed read hyperlinks not available for ELC staff to open. - Creation of shared action plans from start of COVID- management team, TEC, clusters and inpatient. This enabled sustainability and was reviewed daily. - Different systems between NHS and ELC have created huge challenges for establishing integrated cluster bases and integrated work flow. These differences in IT networks, IT, telecoms and even policy around use of platforms such as MS Teams, have exacerbated the challenges of integration. - Keeping staff up to date regarding new processes due to speed of change. - Technicians visiting people who have received a virtual assessment from another professional

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Service area and service lead	**Alcohol and drugs (Midlothian and East Lothian Drugs and Alcohol Partnership)** Martin Bonnar (mbonnar@eastlothian.gov.uk)
Actions taken and outcomes	All service managers involved in the delivery of alcohol and drug services for adults were contacted at the start of the lock down and are contacted on a regular sometimes weekly basis to share progress and identify potential challenges. The managers of Substance Misuse service (SMS) based at the Esk Centre, Mid and East Lothian Drugs (MELD) and Edinburgh and Lothian Council on Alcohol (ELCA) are the managers most frequently involved. Each was asked to describe the measures they had put in place or planned to start to support clients with particular emphasis given to reducing the potential risks to the most vulnerable clients. Managers and staff have responded quickly and effectively to ensure that key services such as medically assisted treatment (MAT), Injecting Equipment provision (IEP) and access to an assessment for treatment, advice and support are continued. Service managers have provided information for reports to groups such as CSOG. All MELDAP services were asked to provide information on the steps they were taking to keep people informed as to what support was available (25th March 2020). Most of the communication between MELDAP and services managers has been via Skype, Zoom or MS Teams. Contact with adult treatment services is on a weekly basis or more frequently when required. The MELDAP Team Manager and the Public Protection Office interim manager share regular updates via Skype. From the outset of Covid-19 all service managers have been encouraged to be pro-active and to report changes in people's alcohol or drug use, for example, drug availability, type of drugs used and possible emerging trends. Updates are provided by Police Scotland and partner services including services for young people.
Guidance/policy directing actions	In terms of support for the most at risk group, that is those at risk of a drug related death, the partnership has been working with key partners to implement the recommendations of the national Drug Related Deaths Taskforce (please see appendix one) in its paper Evidence- Based Strategies for Preventing Drug Related Deaths in Scotland: Our Emergency Response and confirmed in a letter to Integration Chief Officers and ADP Leads of 30th January 2020 from the minister. The taskforce's recommendations were linked to the national strategy (please request a copy if required) Rights, Respect Recovery (2019) and Staying Alive in Scotland (2019) (please request a copy if required). The areas to be addressed: 1. Targeted distribution of naloxone; 2. Having an immediate-response pathway for non-fatal overdose; 3. Optimising medication-assisted treatment (MAT);

	4. Targeting people most at risk; 5. Optimising public health surveillance; and 6. Ensuring equivalence of support for people in the criminal justice system. MELDAP had made good progress prior to Covid-19 in addressing these areas. (see attached document) MELDAP and adult treatment services now receive from NHS Lothian Analytical Services a weekly comprehensive set of Harm Reduction Indicators. This allows the partnership to identify any emerging trends where a possible action may be required. A comprehensive quarterly report is provided by the Drug Related Deaths Oversight Group (DHOG). The last report covered the period to 31st March 2020. The purpose of these reports is to: *'provide a summary of Lothian specific data relating to substance use, harm reduction and blood borne viruses. It has been produced by the Combined Health Intelligence Node (CHIN) and will be updated quarterly as a source of intelligence to help identify trends, inform change and contribute to planning, service improvement and evaluation of practice'.*
Activity/outcome monitoring and governance arrangements	Medication Assisted Treatment (MAT), mostly methadone is still being provided through pharmacies and for those clients unable to attend an outreach service has been provided. Clients are able to collect and return IEP through normal routes with those unable to do so able to have IE delivered to a place of their choosing. Staff are making home deliveries to those needing to self-isolate and follow clear guidance and procedures set out in a document "Delivery of controlled medication for substance misuse". People requiring immediate support continue to be supported with home visits/assessments conducted and rapid access to MAT. People who are isolated with no access to a phone or who are struggling to meet the cost of additional data usage have been supported. MELD has co-ordinated this support from all partners to ensure those most at risk do not remain isolated. As of 4.6.2020 MELDAP has provided funding to MELD in order to support some 86 individuals. Other services are providing on-line support, advice and guidance or telephone contact with clients. This includes support for young people, families and carers. Services have continued to support staff through weekly check ins and training opportunities are offered through webinars from organisations such as the Scottish Drugs Forum (SDF) and Alcohol Focus Scotland (AFS). On the week starting 8 June all staff using Outcomes Star will have access to online training on updates to the recent system changes. The MELDAP Strategic Group met via digital platforms on 5th May 2020 to discuss specific COVID 19 related issues.

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	MELDAP continues to provide quarterly data for the East and Midlothian Public Protection Quality Performance Indicators. The last meeting (Skype) of the EMPPC Performance and Quality Improvement sub-group was held on 13th May.
Current service delivery status	The MELDAP Team Manager provides written and verbal reports to the Strategic Group and the COG as required. These reports provide a comprehensive description of service activity.
Timetable and plans to re-establish services **Likely ongoing impacts on delivery of HSCP services/ commissioned services**	The full re-establishment of MELDAP's service provision will be guided by national government policy and staff guidance from partners such as NHS Lothian East Lothian Council and third sector partners. At present services are following advice from these bodies. MELDAP has requested that all services provide a "recovery plan" setting out what their service will deliver. These plans will also take cognisance governmental and organisational guidance. We are anticipating a possible spike in the number of people wanting to access services once Covid-19 restrictions are lifted. Evidence indicates that home alcohol consumption has increased and isolation increases the chance of lapse. Restricted access to certain drugs my mean that people are switching or using different combinations of drugs which increases the level of risk. Initial discussions have taken place with relevant service managers re capacity to deal with any possible surge in people needing support.
Challenges and opportunities arising from changes to service delivery	MELDAP was in the process of refreshing its Commissioning Plan (CP) to complement its three year Delivery Plan (2020-23). The draft CP proposes a post Covid-19 review of all services to examine what aspects of practice should be retained and how this will be reflected in new Service Level Agreements. Areas such as digital platforms, out-of-hours services, home visits/deliveries, addressing health and IT inequalities are in scope. This proposed review reflects the guidance in the Scottish Government document Covid-19 – Framework for Decision Making, *Re-mobilise, Recover, Re-design: The Framework for NHS Scotland* (May 2020) with particular reference to the part of the framework entitled Renew to a better health and care system.