Agenda Item
13

NHS Shetland

Meeting:	NHS Shetland Board
Date:	14 December 2021
Report Title:	Re-Mobilisation Plan #4
Reference Number:	Board Paper 2021/22/51
Author / Executive Lead/ Job Title:	Elizabeth Robinson: Public Health and Planning Principal

Decisions / Action required:
The Board is asked to note the content and direction of travel described within the fourth iteration of the Remobilisation Plan.
High Level Summary:
This plan sets out progress to date on Remobilisation since April 2021, and follows on from Remobilisation Plans 1, 2 and 3. It covers public health, acute and community elements of services. It will be subject to further discussion with Scottish Government colleagues over the next few weeks.
Corporate Priorities and Strategic Aims:
The Remobilisation Plan was required to focus on the public health agenda, safety, delivery and financial sustainability as the core pillars of the re-mobilisation process and was developed in line with Remobilise, Recover, Redesign: the framework for NHS Scotland.
Key Issues:
Building the capacity to fully re-mobilise services while at the same time retaining capacity to respond to the continuing threat of COVID-19 is challenging. This effort requires financial and human resources, which we have tried to describe within this submission. Great effort has been made to build on the positive changes that took place during the Pandemic, for example, increased use of Near Me technology and blurring of boundaries between acute and community services.

Implications : Identify any issues or aspects of the report that have implications under the following headings	
Service Users, Patients and Communities:	The Remobilisation Plan is designed to meet the needs of service users, patients and the Shetland community while maintaining safety and financial stability.
Human Resources and Organisational Development:	The level of recruitment and staff relations issues will have significant issues on Human Resources; this has been recognised and allowance has been made for additional staffing.
Equality, Diversity and Human Rights:	Equality, diversity and human rights are critical issues to be considered as we re-mobilise.
Partnership Working	Implementation of the Remobilisation plans relies on integrated working with the IJB and community health and social care partnership.
Legal:	There are no legal implications.
Finance:	The financial implications of the plan form a separate submission to government.
Assets and Property:	Allowances for fixed assets or property costs were made within the financial submission.
Environmental:	At present there are few environmental impacts from this plan; however, it is likely that staff continuing to work from home where possible and use of remote consultations where possible will contribute to meeting environmental targets.
Risk Management:	The operational Remobilisation Delivery Plan contains risks and mitigations

Policy and Delegated Authority:	No decisions required.	
Previously considered by:	List the committees / working groups or other fora that have considered the matters covered by the report.	Provide dates of the meetings

"Exempt / private" item	NA

NHS Shetland Remobilisation Plan #4 Narrative Overview

Introduction

This plan sets out progress to date on Remobilisation since April 2021, and follows on from Remobilisation Plans 1, 2 and 3.

Board Objectives

- To continue to improve and protect the health of the people of Shetland
- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient
- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service
- To provide best value for resources and deliver financial balance
- To ensure sufficient organisational capacity and resilience

Shetland's Health and Care Vision is that by 2025 everyone will be supported in their community to live longer, healthier lives and we will have reduced health inequalities.

Performance in first half of the year

The COVID-19 pandemic has inevitably impacted on delivery of services; a great deal of progress has been made in several areas either in maintaining delivery or in ‘catching up’. However, it is clear that there has been delayed or hidden need that is now revealing itself, and this will continue to represent challenges over the coming months.

Generally speaking, the Board has maintained and, in some cases, improved performance during the first half of the year. We recognise that improvements are required in other areas, where COVID has led to a reduction in level of service (e.g. colonoscopy). Many services continue to struggle to recruit (e.g. sonographers to deliver obstetric ultrasound scans), or are reliant on locums. The requirement to maintain green and amber pathways impacts on the number of patients that can be seen in some areas of the service.

Some performance indicators and issues which are worth noting are listed below: The Physiotherapy service has seen increased waiting times, mainly due to COVID. Several environmental changes were required, and the subsequent capacity (for staff and face to face patients) is reduced. A programme to encourage self-management in the first instance, rather than referral to the physio service is underway at the moment; this will support including looking at improving the information which is available. Interestingly the redesign and relaunch of our Healthy Shetland ‘Quit Your Way’ programme, combined with online/telephone support, has increased the numbers of successful quits (measured at 3 months post quit date). The proposed Shetland Health Profile will help us set an accurate target for achieving a smoke free Shetland. It should be noted that some measures are based on very small numbers, for example, a tiny increase in Staphylococcus aureus bacteraemia infections (including MRSA) means that we can miss our target.

Progress re whole system mobilisation

Our progress on whole system remobilisation has been good, but it does need to be recognised that our service delivery relies on partnership working between NHS Shetland and other Boards especially NHS Grampian, the Scottish Ambulance Service, other specialist Health Boards, Shetland Islands Council, and local voluntary sector providers.

As previously reported, GPs (General practitioners) and community pharmacies remained open throughout the pandemic and the five adult screening programmes all restarted in Autumn 2020.

We have been supported by strong communications and engagement with our community in Shetland.

Cancer treatment which can be delivered in Shetland, continues to meet targets.

Long term condition checks have recommenced, with call and re-call systems in place.

Ask My GP is now available in 3 practices in Shetland.

The Intermediate Care Team continued to work throughout the pandemic.

Uncertainty, key risks, and opportunities

Staffing and workforce remain key risks for us, including:

- Availability of visiting specialists
- Capacity of staff to engage in training, development and new ways of working remains a risk.
- We are in the process of developing proposals to counteract some of the workforce challenges we are seeing. Potential developments include consideration of international recruitment, modern apprenticeships, postgraduate shortened programmes, and role development. These schemes need to be costed in order to include them in our business planning cycle and order to understand affordability.
- We continue to see increased demands on services – for example, Speech and Language Therapy, ASD assessments, mental health support for children and adults, and Occupational therapy equipment, aids and adaptations. We are balancing these demands with the need to continue doing preventative work.

Although we are managing to meet the majority of our targets, we are, for example, currently employing five locum CPNs until the end of March 22 in order to enable our 24/7 mental health nursing service. We are aware of the significant additional costs required to meet demand, and it is not clear that we will continue to meet our targets and the needs of our population without this additional capacity in the medium term.

We have significant challenges around housing, staff and office accommodation for staff moving to live and work in Shetland, and are addressing this with our colleagues in the local community planning partnership, and through our involvement in the development of the Local Housing Strategy for Shetland.

Development of overnight awake service in order to be able to decrease the number of GPs on call and maintain patients in the community has not progressed due to recruitment challenges.

Stress Control is on hold nationally; we will roll out the training as soon as it becomes available. And our capacity to review our local Suicide Prevention Strategy and deliver training in line with the new national Suicide Prevention Strategy has been limited by capacity and short term funding

Significant developments

The Clinical and Care Strategy for Shetland has been completed and published. The key areas of focus from this strategy are:

- The need to work more closely with our communities and people who access health and care support – there is clear evidence that supporting people early has the greatest benefit and often non statutory organisations or communities themselves are often best placed to offer early intervention and are already in communities and neighbourhoods.
- The need to place more emphasis and resources into prevention will help people to have healthy lives (not just longer lives). We need to move away from being seen as 'fixing' health conditions to supporting and enabling people to 'live well' and this requires political and societal change to create the pre-conditions for good health. This is a very complex premise, but over time we hope to see evidence of how working in partnership with people will shift everyone's thinking on the role that health and care organisations play in the wellness of people in the community. This is a central principle in the concept of realistic medicine and realistic care.
- We need to continue to prioritise joined up working and reduce duplication. This was a common theme described by patients and professionals – we need to think about where there are opportunities to work together more closely, stop doing things that do not add value and build relationships. This will improve access to the right type of help and support that people need.
- Use digital solutions, where they are appropriate to improve access and bring care closer to home. The way in which technology can support the delivery of health and care in Shetland is a strong theme. This does not mean that all services should be provided in this way and we also need to continue to consider how we address digital poverty and digital literacy in Shetland. But tele-health and tele-care access has been accelerated as a result of the pandemic and we want to continue to build on the benefits that increased access through technology have brought us.
- Recognising that we need to develop new roles and models for training to support our generalist workforce. Much of our strength comes from our ability to work in collaboration and we need to focus on how we can develop the networks that exist, and future networks, to support professional/ clinical supervision, opportunities for skills development and working alongside specialist teams. This may mean more hub and spoke models in the future where practitioners based in Shetland are accessing advice from colleagues in other parts of Scotland; or practitioners in Shetland are providing expertise to support patients who do not live in Shetland. Again, technology plays a significant role in this, but so too does our relationship with academic partners in schools and universities as well as our ability to work with other Health Boards to develop regional or intra-Board alliances that help to strengthen the resilience of the workforce and the delivery of care to our population.

Other developments include:

- exciting new developments such as the introduction of HEPMA and electronic medicines reconciliation systems.
- Progress re Primary Care transformation
- Community Hub approaches and continued roll out of Community Led Support
- Community Consultant Paediatrician was appointed in earlier in the year – he is currently supporting a review of provision of clinical care and managing a community based caseload.

- Increased Naloxone availability, in line with Scottish Drugs Death Taskforce recommendations.
- Vanguard Operating theatre – in line with plan to meet the commitment to remobilise elective care by 110%

Pandemic response

Flu and COVID vaccination programmes

This year we are delivering both an extended flu vaccination programme and a COVID vaccination programme including COVID boosters and 1st, 2nd and 3rd doses. The delivery of the national extended national seasonal flu immunisation programme for 21-22 started in mid September and includes offer of flu vaccine to all those aged over 50, people in clinical risk groups, all NHS staff, all care staff who provide personal care, all unpaid carers, all pregnant women, all pre-school children and school pupils, and school staff. Rates of uptake across all groups last year increased, and we anticipate rates will remain high this season.

The COVID vaccination programme includes boosters for all those aged over 50, people aged 16 and over in clinical risk groups, unpaid carers, people who live with those who are immunosuppressed; and all health and care staff who provide frontline services. In addition we are still vaccinating children aged 12-15 and people aged 16 and over who have not yet completed their vaccination course.

The flu vaccine has been offered to all care home residents and all housebound individuals by the community nursing team, who are now delivering the COVID vaccine to these groups. And who will also provide the service to the non-doctor islands, where all residents are being offered flu vaccine. People aged 80 and over have been vaccinated at their own GP practice. Most other people on mainland Shetland are being invited to the Vaccination Centre at Gilbertson Park which runs clinics most days, including some weekends and evenings. The smaller and island practices are also delivering vaccination services. Occupational Health is running several clinics a week for health and care staff. Nearly all those in these groups who are eligible for flu and COVID vaccine are being offered them together.

Pregnant women are offered the flu vaccine by their midwife, and pre-school children are seen in their own practice. The Child Health Service has run flu vaccination clinics for all the secondary aged pupils and will be running clinics in primary schools from the end of October. People aged over 50, unpaid carers, those in clinical risk groups and health and social care staff are being offered flu vaccination alongside their COVID booster.

There is a dedicated team of staff administering the programme and scheduling appointments at the Gilbertson Park clinic. We have a temporary, dedicated team of vaccinators led by community nursing and supported by colleagues from acute services, community nursing and primary care. The programme is also supported by significant staffing capacity from Public Health, Pharmacy, Occupational Health, Child Health and Estates & Facilities. Staff training has been facilitated by staff development and public health and clinical team leaders, utilising the national training resources on Turas. All COVID vaccinations and all adult flu vaccinations (other than pregnant women) are recorded on the Vaccination Management Tool which feeds into EMIS. Uptake is monitored through the daily updated national dashboards, the flu portal and locally collected data.

There has been considerable local public communications for both the COVID and flu vaccination programmes, led by the communications team with Public Health and Health Improvement, including a dedicated COVID website. This will continue through social media and local press.

Test and Protect

There is continuing local publicity to encourage the public to take precautions to prevent the spread of COVID primarily, but also flu and norovirus.

There is a universal offer of Lateral Flow Device Testing for anyone over the age of 12. LFDs are readily accessible from the Test & Protect base, the testing pod, pharmacies and on line.

All health and care staff are encouraged to take a LFT twice a week. Certain staff take regular weekly PCR tests. Visiting staff may also be required to take PCR tests.

The Test and Protect team co-ordinates requests for PCR testing from symptomatic individuals and contacts of cases, utilising both local lab capacity and Lighthouse lab capacity on the mainland and has a surge capacity plan.

Our contact tracing team provides rapid identification of contacts, allowing early isolation and testing, and has support for the National Contact Tracing Centre for surge capacity.

The Public Health Team works closely with Environmental Health in the identification and management of outbreaks, especially through Port Health. The Team also has a weekly meeting with Education staff to manage any issues in schools that may escalate.

The public health effort is only possible through continued additional for public health. The ending of this fund would present significant risk to our ability to maintain the health protection function of the organization.

Other local plans include:

- A local Pandemic Influenza Plan (working document) modelled on, and updated in the light of national guidance
- A local COVID outbreak plan covering all sectors, currently being updated and based on national guidance and plans.
- A local Public Health Outbreak and Incident Plan
- A Hospital Outbreak Plan
- Business continuity planning (both for NHS Shetland and other Community Planning partners) which includes consideration of staffing in the event of high absences
- Communication and media handling
- Surge capacity agreements

Winter Planning

NHS Shetland, along with its statutory agency partners in Shetland, coped well during the winter of 2020-21 but there were significant challenges as a result of the second wave of the pandemic and the impact across the whole system. Winter 2021-22 has the potential to also challenging as we continue to manage the impact of COVID 19 and the increasing demand for emergency care and delays to planned care.

This winter plan for 2021-22 has been developed from critically appraising what went well and what lessons were learnt from previous winters, both from within the organisation and from debriefing with other health boards as part of the Scottish Government Health

Directorate's winter planning programme for the NHS, which also includes representation from local authorities. This year, we have also taken learning from our response to the COVID 19 pandemic and the remobilisation of services following the second wave early in 2021.

NHS Shetland will be testing out its Winter Planning emergency response over the next few weeks.

Mental Health & wellbeing

We recognise the impact that the COVID-19 pandemic has had and will continue to have on population level mental health. At present patients using our mental health service have a choice of Attend Anywhere, telephone or face to face for all therapy appointments. We currently have the shortest wait for a routine assessment by a CPN in Scotland, with people being seen routinely within 3 weeks. Emergencies are seen within 24 hours, 7 days a week.

The CMHT is able to operate daily within-hours providing clinical/therapeutic/support services to address routine/urgent/unplanned situations. The Psychiatric Service is currently providing an out of hours service for emergency presentations, but it is fragile as currently reliant on. The Dementia Assessment Service is delivering a mixture of remote and face to face assessments, depending on level of cognitive function. An appropriate cognitively functioning family member will be included in any remote assessments. Medication reviews/blood tests/urine screening and planned depots are ongoing. Staff attend homes/care homes to see patients if all other options of addressing the issue have been explored.

The success of this programme continues to be based on our ability to recruit to new posts.

The Substance Misuse Recovery Service continues to facilitate group work i.e Mutual Aid Partnership (MAP), and is in the process of implementing:

- Medication Assisted Treatment Standards (including buprenorphine long acting injection)
- Whole Family Approach
- Support for children affected by parental substance use
- Near fatal overdose pathways
- Alcohol specific death audits
- Development of an IEP service, ongoing development of the Recovery Hub and Community Network and conducting drug related death reviews.

Mental Health & wellbeing of staff

Staff wellbeing and welfare is critical to the ability of the NHS to remobilise and recover. We are looking to consolidate and embed systems of physical and psychological support for staff in the longer term, as part of our development of a corporate staff wellbeing plan. This is being developed in conjunction with the Area Partnership Forum, Area Clinical Forum, Employee Director and our Workforce Wellbeing Champion, and is led and monitored through the Staff Governance Committee of the Board.

Digital

The key is thinking about technology to bring people together, join up services, to enhance interaction and improve coordination of care. We also need to ensure that as technology becomes a growing part of how we support health and care services, we also need to think about how we prepare and train staff to incorporate digital skills into everyday practice. We also need to ensure that staff can access technology to support learning.

Digital health and technology have the potential to offer solutions that can strengthen health and care systems by bringing specialist services to rural communities. These solutions include remote consultation with a health professional, remote monitoring and self management, the sharing of patient information, remote decision making support between local practitioners and specialists and training opportunities e.g. simulations.

Digital innovation was at the centre of our response to the pandemic, and continues to be a priority. We continue to work with community learning and development colleagues to ensure access and availability of devices, recognising that digital inclusion and digital literacy are so important to our ability to progress this area.

Digital and the use of data are closely linked, and we will develop our own digital strategy in line with the newly published Digital Health and Care Strategy and the North of Scotland regional strategy.