

EAST AYRSHIRE

Health & Social Care
Partnership

NHS

Ayrshire
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Remobilise, Recovery and Redesign

Integration Joint Board 26th August 2020

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Introduction

- Strategic Plan
- Workforce Plan
- Financial Plan
- Property & Asset Management Strategy

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- Individuals
- Families
- Communities
- Staff
- Partners

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Eddie Fraser

Erik Sutherland

Pam Milliken

Marion MacAulay

Nicola Taylor

Vicki Campbell

Speed Dating!

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Community Health and Care Locality Services

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Pre-COVID Journey

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Integration journey

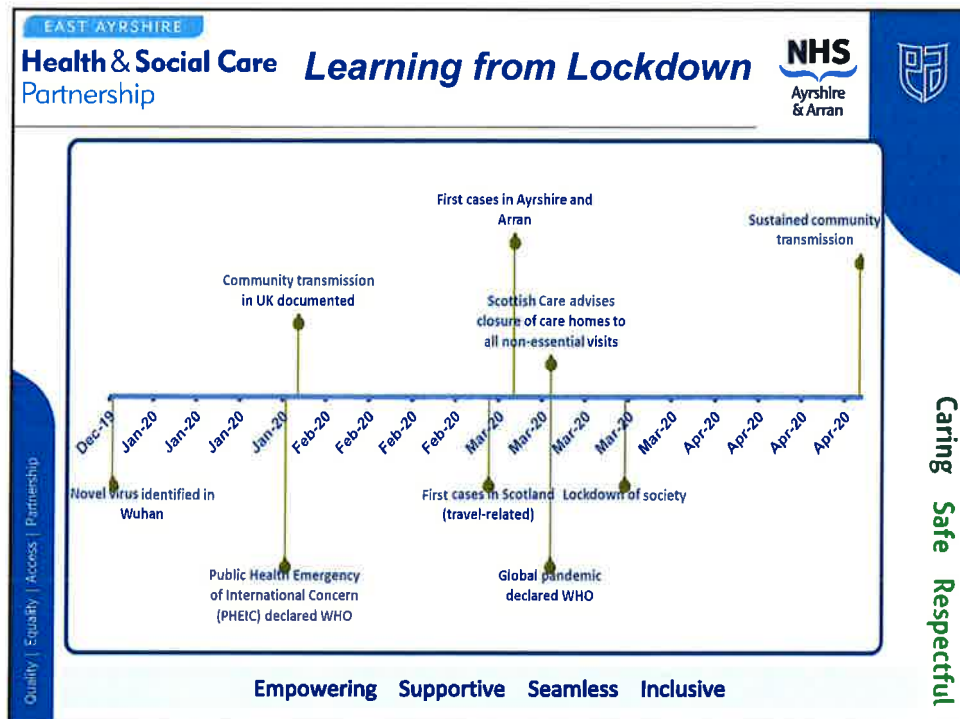
- Major strides - early 'go live'; governance; structure, delivery;
- Compelling vision - strong relationships, outcome-focus, positive performance.

Whole system challenges:

- Strategic challenges of ageing population, long-term conditions, multi-morbidity, workforce planning, changing expectations of choice and control;
- Operational challenges of increasing demand, waiting times, performance against target;
- Financial challenges of increasing cost pressures, financial constraint and single year budgets.

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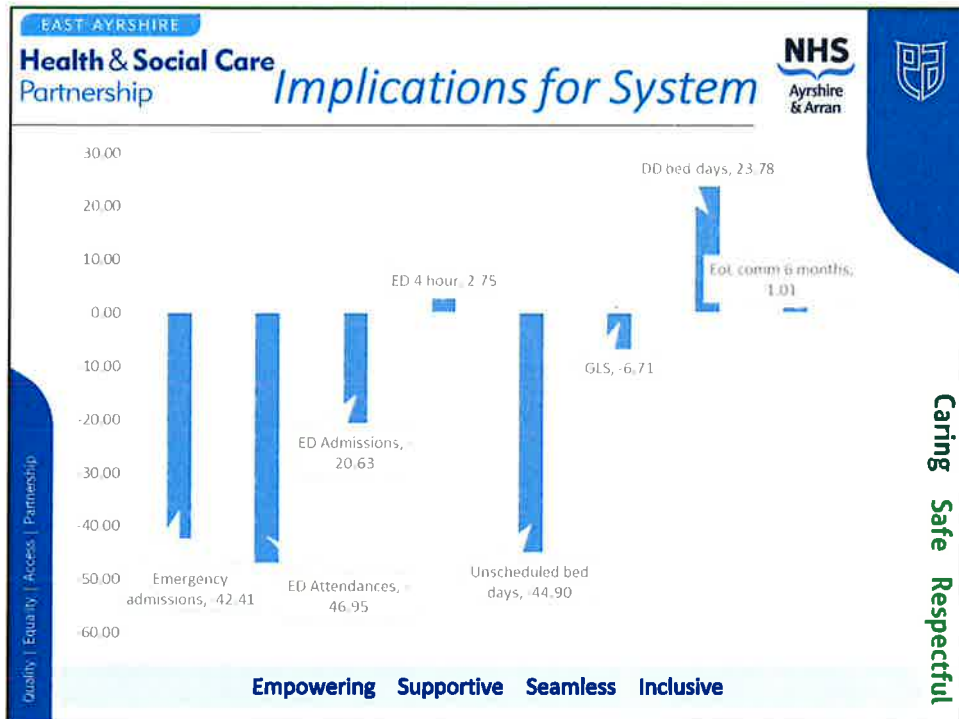
Health & Social Care Partnership *Learning from Lockdown* **NHS Ayrshire & Arran**

Remember what this meant:

- ban on all non-essential travel.
- severe restrictions on contact with individuals outside own home.
- closure of schools, entertainment and leisure venues, most businesses, amenities, places of worship.
- highlighted vulnerable groups and precautions, e.g., shielding.
- emergency legislation passed, including police powers to enforce.
- mass population compliance with 'stay home' advice.

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Health & Care Localities Challenges

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Where are we now?

- Preserved critical services in Care at Home, District Nursing, Adult Support and Protection, Care Homes, EACH etc.
- Older people's Day Care suspended
- Mixed model of practice: remote working, virtual assessment, telephone, check calls and reviews, conference calls.

Where do we want to be?

- Embracing new ways of working, scaling up the use of remote and digital consultation and assessment – maintain and further develop these.
- Deepening integration across health, social care and communities.
- Shift in delivery of health and care closer to home in line with people's expectations.
- Redesigned and shaped by the experiences of supported people

What will we cease doing?

- Unnecessary or unnecessarily long meetings – focus on purpose, business and governance.
- Processes where stages do not add value – streamline, benefits of new MIS
- Further opportunities for choice and control through Self Directed Support.

What could be the role of our communities

- Participation and engagement to shape future models of support
- Wellbeing roles and leadership
- Tackling inequalities – mobilization
- Positive outcomes through engagement plus demand management

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Successful

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Wellbeing and Recovery

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Overwhelming Response

From Individuals and Teams:

- Daily updates, what's app, remote working , MS TEAMS, teleconferencing for virtual meeting
- All services reviewing people's risk levels
- Weekly check in calls
- Continuing to take new referrals
- Teams rota system
- Introduced NHS Near Me / Attend Anywhere
- Low sickness absence
- All people shielding contacted
- Senior team frequent visits to teams

Learning Disabilities:

- Calls, home visits, walks and zoom calls
- Treat packs

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Overwhelming Response

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Mental Health:

- Essential supports to most vulnerable maintained throughout
- MH App to share resources for telephone appointments
- PCMH waiting times reduced
- Managing risk and visits to homes and wards using PPE

Addictions:

- Addictions reviewing everyone in a few days and changed all frequencies with naloxone posted to every person prescribed methadone/ORT
- Increased IEP opening times and mobile IEP provision to remote service users
- Maintaining essential face to face contacts e.g safetalk to prison release which includes prescription and naloxone provision
- Recover network provided support (telephone, zoom events, face book, food packages)

Supporting independent providers

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Issues

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- Participation and support for COG Protection arrangements
- 12 noon Pan Ayrshire MH Meetings
- Initial IT difficulties for staff supporting individuals from home
- LD day service – families and carers nervous
- Access to and getting used to PPE
- Purchase of uniforms.
- Medication (ORT) delivery to isolating/shielding patients
- Provision of Home Alcohol Detox intervention suspended as unable to achieve monitoring requirements
- Increased level of anxiety and emergency support required
- Re-opening safely, providing face to face contacts and groups

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RENEWAL

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Learning from COVID e.g. Attend Anywhere, self sufficiency of individuals, integrated and flexible working

EAC and HSCP Wellbeing agenda for staff and communities

Key service actions:

- Accessing and utilising community assets for LD day opportunities
- Drug Death Taskforce: Our Emergency Response 6 recommendations
- No Wrong Door - first point of contact for addictions
- Enable access to premises for addictions clinics
- Access to Injecting Equipment Provision
- Non fatal overdose liaison service
- Reduce waiting times for primary care MH, investing in MH Practitioners
- DBI and support for relatives of affected by suicide
- Implement learning from review of 50 suicides
- All suspected drug deaths and suicides reviewed for learning

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She couldn't thank me enough for the support I've given to K during covid and to have managed to provide him supports with EACS which were a hit (SWLD)

Individuals when we are delivering medication who are always telling us 'they're very thankful for our support and that we are doing a good job' (Addictions)

Praise from clients, with one client in particular contacting staff regularly on a Thursday to inform them they will be participating at 8pm in Clap for Nurses; this has been received warmly by staff (CLDT)

One of my patient stated he was out clapping for me and the team every Thursday as he was given a detox just before lockdown and during he is still doing great and now back working. (Addictions)

The home visits are great, they keep everyone's spirit up

I am grateful for the contact and I think this helps to reassure both the parent/carer and service user that you are here for us (Day opportunities)

Receiving the afternoon tea made us feel so special

Riverside always goes above and beyond and it's like one big family

How lovely and thoughtful it is to remember service user's birthday (Day opportunities)

I am enjoying the phone calls during lockdown (Day opportunities)

Activities at home supported by SAFC

Welfare bags to say we are thinking of you




Thank you from tenants at Andrew Nisbet Place




It's much appreciated!

THANK YOU VERY MUCH FROM TENANTS, STAFF & CAREERS FOR THE DELICIOUS SNACKS YOU MADE US. Thank - Riverside Quire

Riverside Treats



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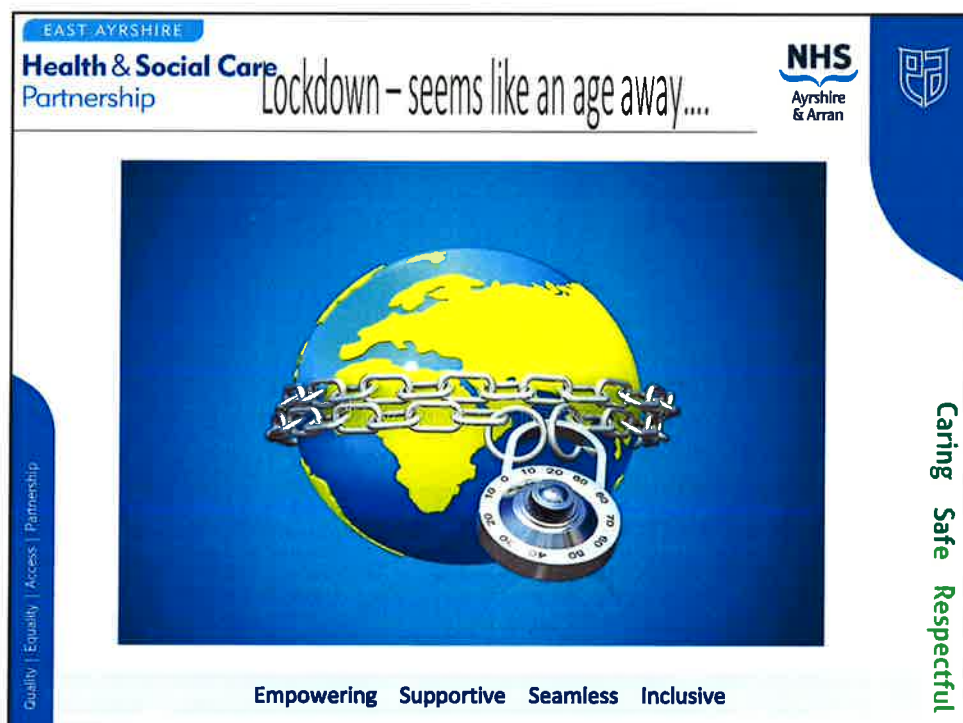
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What have we learned

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- Reinforces the importance of personal relationships – face to face contact is crucial
- People were and are scared
- Importance of maintaining critical services
- Communication with the teams was of crucial importance
- Kindness and compassion at the heart of decision making creates a positive supportive culture
- Importance of collaborative relationships and working together
- Seeing the strengths in families, not only areas of challenge
- We have an amazing workforce with a can do attitude
- We do not need to look too far for creativity
- Our young people are an inspiration and have been outstanding throughout the pandemic

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Where are we now?

- We have continued to deliver critical services in terms of protection risk and high vulnerability, frequently via face to face contact.
- We have developed new ways of working with people via telephone contact and teleconference - this does not replace face to face.
- Some families prefer teleconference and video conference options for difficult meetings - aids participation and removes intimidation of big meetings.

Where do we want to be?

- Take the positives of new ways of working and the mixed model that has developed - make it more balanced via increase in face to face interactions.
- More readily available video conferencing
- Increase unpaid work opportunities to support people successfully complete orders
- Take forward BVR and children's wellbeing model
- Implement the Care Review

What could be the role of our communities?

- notion of citizen leadership
- engagement and participation
- build on volunteering evidenced throughout lockdown
- sense of community leads to involvement and pride in the community

Are any works required to re-open?

- Justice services - service to the court as the court reopens
- unpaid work - legal requirement to get people through orders in defined times
- MAPPA - groupwork currently replaced by individual work
- home visits undertaken by two workers due to limited office based opportunities
- family time for children and families

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And Finally....

More often than not, it's just about having that worker who is on hand to help us through the difficult bits, i.e. when a relationship breaks down;

"Hi Jamie its amazing what sitting down and talking can do. Its much positive from the min u left I just wanted to squeeze him I tell him I loved him well I did do. And I do get a hug very often from him But we both just need to work hard cause am the only person he really has at the moment and apart from u as well but your doing a wonderful job to get people through these hard times but tonight me Lee and Shaniece will be out clapping for u tonight thank u for getting us back on track..."

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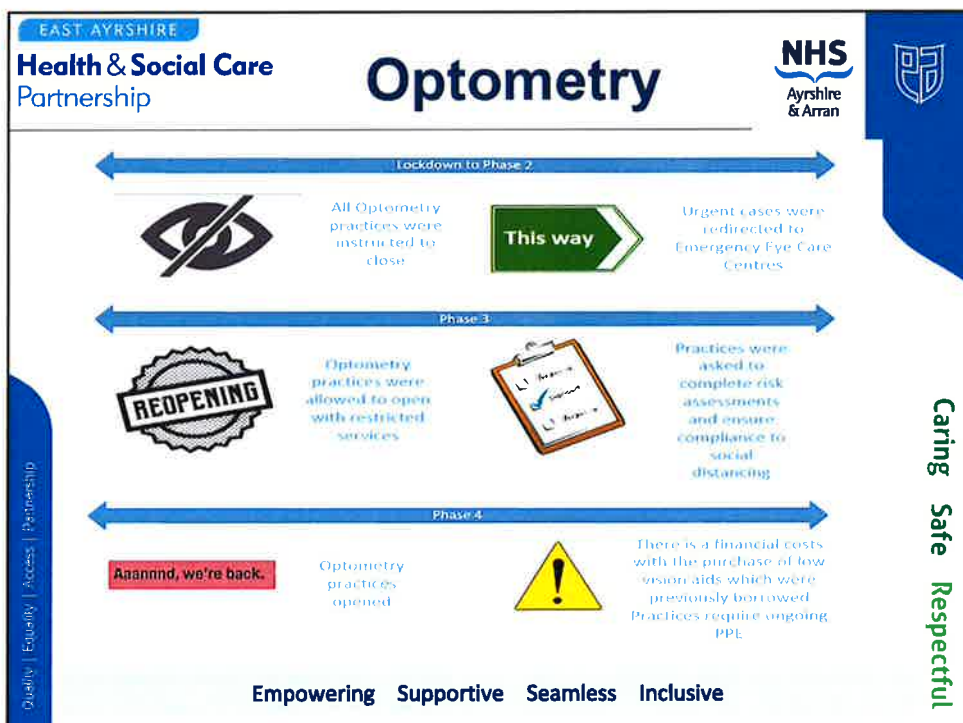
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Immediate Response



- ❖ Early March the service moved to a process of pre-screening all patients. Face to face presentations dropped significantly for all parts of the service.
- ❖ Directed by Scottish Government on 11 March to create an Ayrshire & Arran COVID-19 Clinical Hub and Assessment Centre by 23 March.
- ❖ Single COVID-19 Pathway created from NHS 24 as part of urgent care response to manage the anticipated demand.

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Opened 23 March 2020

Covid-19 Assessment Centre Now Open

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- ❖ Whole system approach to the design
- ❖ Integrated with AUCS
- ❖ Single point of access for:
 - NHS 24 GP Practices
 - Care Homes
 - Scottish Ambulance Service
- ❖ Critical care pathway to Combined Assessment Unit and Emergency Department
- ❖ Supported and staffed by all GP Practices

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