

Head of Service Report: Partnership Services

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General Summary

As the remobilisation of services continues, the Partnership Services Senior Management Team has been leading on the reinstatement of services and the updating of service risk assessments and business continuity plans for consideration by the appropriate governance process. This continues to involve contributing to the Professional Oversight Team, Short Life Working Groups, Resilience planning forums and the Covid 19/Brexit Group. The Services have made significant contributions to the formation of the Winter Plan, reflecting the status of services and the contribution to whole system resilience planning. An analysis of the areas of common interest and trigger points in relation to business continuity has been undertaken and this will feed into further work relating to the resilience planning across the health and social care system. A second meeting with the Strategic Planning group has been facilitated to agree a way forward for the reinstatement of scheduled meetings of the Locality Planning Groups. Work is planned individually with the five Chairs and then as a collective during mid January to agree formats for meetings and resource requirements. The Planning Group has also been sighted on local and national documentation in relation to community responsiveness during the pandemic. This information and any further feedback from local organisations will help the Locality Groups reflect on the priority areas for development within their communities.

During this period there has also been a continued focus on the delivery of the strategic commitments. Staff have sustained their contribution to projects such as St Brendan's Hub, participating in the Design Sprint exercise to further refine the project ahead of the current consultation exercise. Lewis Residential Care activity is accelerating in relation to the planning of transitioning to the new services and a workstream is looking at placement options for service users currently supported locally and through mainland based services. Contributions are also being made to major reform forums such as the Primary Care Improvement Board. National guidance and the various updates and iterations continue to be addressed across the services, with testing and vaccination being the current focus for internal and external care homes. The Service continues to maintain effective information sharing with the national Chief Officers network to ensure matters of interest are dealt with appropriately across all areas of delegated services, ahead of the Chief Officer starting in post mid January. Contributions to the engagement activity in relation to the Review of Adult Social Care have been made in person and in written form through the Service to profile the issues pertinent to island and rural communities. With more national forums beginning to reconvene virtually, attendance is being delegated and shared where possible to ensure local perspectives are included and understood.

A common theme across all services is the challenge of managing service capacity to meet service demand. Often the only feasible solution is for service management to undertake more clinical and professional activity to address workload priorities. Factors contributing to the situation include recruitment challenges, staff absences as well as increased demand due to remobilisation of services or escalating clinical and care needs.

In summary the status of each service area is as follows:

Occupational Therapy:

Services are fully mobilised. Children's, Rheumatology, Hand Therapy and Mental Health services are utilising a blend of Attend Anywhere and face to face appointments dependent on the clinical presentation. There have been particular benefits in relation to Children's service access for patients in the Uists and Barra. In general, clinicians are finding that people tend to prefer telephone contact rather than Attend Anywhere. Digital access issues relating to mobile phones or internet access have been raised as an issue. There is significant pressure on waiting lists both urgent and routine for the ART team due to vacancies and sickness absence - cross cover from other areas and management to support clinical work is in place in the short term, but in the event that the situation persists alternatives will require to be considered. The backlog of patients waiting for the NHS Highland Wheelchair Service has been addressed and Attend Anywhere appointments are being offered as an interim or alternative option ahead of scheduled visits resuming next year. The OT in Primary Care job description has been approved and is now awaiting the matching panel decision – ahead of being released. This investment is on a pilot basis to measure the outcomes to be derived from this enhancement to multi-disciplinary team working.

Speech and Language:

The service has participated in a Balanced System Review and the feedback has been positive. Services being delivered are relatively well balanced across the three levels; specialist, targeted and universal Interim arrangements continue ahead of recruitment to the adult services therapist post. Staff are seizing the opportunity to undertake the wealth of additional learning opportunities being cascaded through professional networks. Standard operating procedures have been implemented and revised where necessary to enable community and school based settings to be utilised for clinical assessments when required. The success of the ways in which staff have adapted their own clinical skills and the service resources to operate virtually have been the subject of national interest. The Service Head has participated in a workshop with senior students from Newcastle University and through connections with other Boards to share the experiences and strategies being effectively deployed.

Podiatry:

The Podiatry service continues to operate through providing emergency and urgent care, with the focus for clinical activity being the treatment of ulceration and infection. Clinics operate on a Red, Amber and Green basis supported by domiciliary clinics. The capacity for 'Green' non-urgent activity is being included in clinic time as capacity allows but is significantly limited with all clinics operating at capacity. Appointments continue to be centralised to the 3 hospital sites, with high risk patients supported through appointments and self-care advice with the option of a Patient Initiated Review (PIR). Recruitment processes are underway to address a vacant post. Given the nature of the service clinics are held in person, however, staff capacity across the islands is fully utilised to support telephone triage of new referrals and pre op triage of nail surgery patients as capacity allows.

Nutrition and Dietetics:

Although the mode of delivery has changed, with the "Digital First" approach of video and telephone consultations for outpatients and community patients embedded in practice, the Nutrition and Dietetic service is running as normal. As clinically required, patients are seen face to face and visits to care homes and schools have been undertaken. Inpatients care continues as normal. Some new developments over the past few months have included the delivery of online patient education

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sessions and universal services which have worked well and will be incorporated into future plans as this improves equity of access across the whole of the Western Isles. A new paediatric allergy service was established and is an example of the service innovating to improve on-island service capacity. The public health agenda will be further enhanced in the new year due to developments in relations to health weight management. The service continues to sustain a significant level of external funding to enhance the core service.

Physiotherapy:

Physiotherapy continues to operate on a blended model of in person clinics and Attend Anywhere appointments. During October 2020 67% of all Physiotherapy appointments were via VC or telephone call. Physiotherapy will continue to re-establish face to face consultations, in keeping with the local Mobilisation Plan and reflecting professional guidance.

Significant staffing challenges are being experienced within the Lewis and Harris Physiotherapy team, with a number of vacancies impacting on service capacity. Work is on-going to address the challenges utilising the skills across the staff teams. Recruitment remains a challenge, a recent advert for the START Physiotherapy post was unsuccessful.

There is continued discussion regarding a First Contact Practitioner post for Primary Care, with agreement reached with the GP Sub group on the preferred model of care. Recruitment approval processes are underway. The rise in new referrals evidences the increasing demand for the service at a time when capacity is limited.

Social Work, Justice and Recovery Services:

The workload and service demand remains challenging within adult services, with service delivery and supports remaining limited due to guidance regarding the pandemic. Services to help sustain family carers as well as decision making relating to day care are reviewed through assessment and reassessments as urgent and emergency provision, with a restricted resource to offer. The capacity of long term care remains challenging with demand remaining at a high level and ensuring that prioritisation is given to those most in critical need of support. Whilst most staff remain working from home and continue to make contact in some areas of work remotely, there has been a steady increase in face to face contact for complex assessment and urgent work under public health guidance.

The Scottish Court system has begun to address the backlog of cases which has seen a dramatic rise in referrals and Court business for the Justice Social Work service. With a national backlog in cases numbering into the tens of thousands, although the local percentage of that number is relative, the capacity of the service to deal with an anticipated 38% rise in community orders and business over the coming year is expected to prove challenging within existing resources.

Recovery services have retained service delivery and contact with support of individuals delivered remotely throughout lockdown. Recently the service has begun to accommodate face to face contact in line with national Recovery service direction, whilst continuing to assess and risk assess. This is seen as beneficial in maintaining therapeutic relationships with people and a more effective approach in maintaining recovery for service users.

Commissioning and Partnership Services:

This Service continues to provide key resources to support the on-going Care for People agenda and the remobilisation of commissioned services. Risk assessments and service plans are being reviewed with corporate colleague support and are considered through the appropriate governance process. Scotland Excel are working through the submissions from local providers via the national care portal. Service improvement and policy work has featured the conclusion of the Respite Policy for

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consideration as a concurrent agenda item for this meeting. This team is also leading on the transitional planning for the Goathill campus as well as shaping a revised commissioning strategy associated with exceptional care packages. This will be worked through with the Exceptional Care Board in the first instance. Unlike other service areas, turnover in the administrative services team has resulted in positive interest in relation to recruitment. The new appointments will help assist in the implementation of the Eclipse system. This system is the substantive recording and reporting system for social work and social care services. Eclipse offers new opportunities for the expansion of its use and improved access to performance information. Administration staff continue to operate on a rotational basis to provide a balance of office and home working to ensure the public communication arrangements are robust and proactive when dealing with enquiries.

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