ITEM No …10…..…..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 APRIL 2021**

REPORT ON: **REVISED COVID-19 RECOVERY PLAN**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB18-2021**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present the Partnership's revised COVID-19 recovery plan to the Integration Joint Board for approval.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Note the content of this report.

2.2 Approve the revised recovery plan (attached as appendix 1), noting that it will remain a working document and will continue to evolve and develop over time (sections 4.3 and 4.4).

2.3 Note the submission of the revised recovery plan in draft to the Scottish Government, as part of the overall NHS Tayside remobilisation plan on 26 February 2021, alongside accompanying financial returns summarising anticipated COVID-19 recovery funding requirements for 2021/22 (section 4.4.3).

2.4 Remit to the Chief Officer to issue directions as set out in section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 The Scottish Government has made a commitment to provide additional funding for mobilisation plans developed by Health and Social Care Partnership's in response to the COVID-19 crisis. Estimated and actual funding requirements for 2020/21 were submitted to the Scottish Government regularly and included a number of assumptions around the scale of increasing costs, some of which have been agreed nationally. This includes estimated additional costs which care providers are anticipated to incur alongside in-house services in relation to issues such as increased staff absence levels, increased use and cost of PPE, under occupancy of care homes and loss of income. Providers can request reimbursement of these additional costs from Health and Social Care Partnerships.

3.2 The projected total cost of the 2020/21 Mobilisation Plan financial return submitted to the Scottish Government in January 2021 (Quarter 3 return) was £11.942m.

3.3 In late September 2020, the Scottish Government announced a total funding package to the value of £1.083 billion to cover NHS and Integration Authority additional costs anticipated to be incurred during 2020/21.

3.4 During November 2020 and January 2021, the Scottish Government released funding of £232m to cover Integration Authority additional costs of responding to the pandemic and the Dundee allocation of this fully funds the estimated cost of the mobilisation plan thereby removing any financial risk associated with Covid19 in 2020/21.

3.5 Based on the financial implications identified during 2020/21 and anticipated remobilisation and recovery financial plans for 2021/22, a provisional projected cost of £9.865m has been submitted to Scottish Government for 2021/22.

4.0 MAIN TEXT

4.1 In August 2021, the IJB considered and approved the Partnership's COVID-19 recovery plan (Article XVI of the minutes of the Dundee Integration Joint Board held on 25 August 2020 refers). At that time the Chief Officer was instructed to submit a revised plan and update on progress with recovery to the IJB meeting on 15 December 2020. The second wave of the COVID-19 pandemic and associated escalation of operational responses began in mid-October 2020 with a decisive shift from a focus on recovery to a short-term focus on response. It was therefore not appropriate, given the escalating pandemic, or possible, due to the prioritisation of all available resources to response activity to undertake a comprehensive review of the recovery plan for submission to the IJB in December 2020.

4.2 In January 2021 all NHS Boards, Local Authorities and IJBs received a request from the Scottish Government to revise their remobilisation plans (also known as recovery plans) for the period until 31 March 2022. A review of the Dundee recovery plan was progressed in response to this request, including integrating learning from the second wave response provided by the Partnership. The revised recovery plan, attached as appendix 1, is submitted to the IJB for approval.

4.3 **Recovery Planning Approach**

4.3.1 The overall approach to revising the recovery planning has remained consistent with that described in the original recovery plan. The revised recovery plan reflects the continued need to balance response, recovery and renewal over the next 12-month period and to continue to work with local resilience partners to achieve this balance across the whole system of health and social care and of community planning.

4.3.2 Effective and robust recovery planning should be informed by reliable modelling data both in relation to the predicted future progression of the pandemic itself and of its impact on individuals and communities. However, with the exception of care homes, it remains the case that much of the available modelling of impact, demand and capacity on health and social care has focused on the acute sector. Ongoing work to update the Partnership's Strategic Needs Assessment will provide further information regarding emerging evidence of the short-term impact of the pandemic on the local population's health and social care needs. It is anticipated that this will be available in draft by October 2021.

4.3.3 The revised recovery plan incorporates learning from the pandemic response thus far and changes made to services and supports over the last 12 months. The revised plan includes some adjustments to our recovery principles to reflect our up-to-date understanding of the wider context in which recovery will take place and current recovery priorities. For example, more emphasis has been given to post-lockdown rehabilitation needs (deconditioning and mental wellbeing) alongside post-COVID / long-COVID rehabilitation and to blended models of service delivery.

The revised principles that underpin our recovery planning approach are:

- People should only attend building-based services when it is safe to do so and alternative provision does not support them to achieve their outcomes in a better or equivalent way. Wherever possible and appropriate we will optimise our capacity for remote delivery of care and support. and work with individuals and carers to ascertain which type of service delivery best meets their needs and preferences.

- Plans will reflect the 6 principles of Realistic Medicine (https://www.realisticmedicine.scot/ for further information), Health and Social Care Five Essential Elements (https://hscscotland.scot/media/spotlight/statement-of-intent-future-collaborative-conversations-and-five-essential-elements.html for further information) and principles for safe and effective mobilisation within Re-mobilise, Recover and Re-design (https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/pages/4/ for further information).

- Plans will maximise the use of available resources to deliver prioritised care, services and supports to as much of the target population as possible; where necessary we will continue to separate care / service pathways into COVID and non-COVID and we will maintain a focus on pathway development, re-design and innovation where this contributes to long-term transformational goals.

- Plans will prioritise resources and activity to meet the post-lockdown rehabilitation needs of the population alongside post-COVID / long-COVID rehabilitation needs.

- Plans will support us to introduce, embed and mainstream innovation and learning, including digital approaches.

- Plans will act to mitigate and reduce the impact of health and social inequalities, including considering how best to mitigate and reduce impacts on carers.

- We will develop plans in partnership with our primary care and acute care partners, as well with wider community planning partners. Plans will reflect relevant regional and national strategic plans.

- Plans will be developed in partnership with our workforce and will take account of the views, priorities and preferences of the people who use our services and of carers.

- Plans will have a focus on workforce, service user and carer wellbeing and safety and risk management.

- Implementation of plans will be assessed and monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where required.

4.3.4 The revision process has also taken account of feedback from stakeholders regarding the format and accessibility of the recovery plan. The revised plan has been developed as a high-level narrative document with an accompanying implementation plan. This is in keeping with similar plans developed by the other health and social care partnerships in Tayside and with NHS Tayside. The revised recovery plan continues to be supported by recovery plans in each service area / team that set out in further detail planned actions and developments to support recovery. It is also supported by the Partnership's mobilisation plan that sets out contingency plans for response to any future surges. Further work is to be undertaken with communications colleagues following the approval of the revised plan to identify and communicate key messages regarding recovery to people who use services, carers and communities.

4.4 **Our Recovery Plan**

4.4.1 The Partnership's revised recovery plan (attached as appendix 1) continues to recognise that recovery may not be a linear process and may involve movement both forward and backwards through planned recovery phases and actions. The need for the recovery plan to be flexible, responsive and to continue to develop in an iterative way to new information, learning and wider contextual circumstances mean that the recovery plan must be a working, rather than static document. The Integration Joint Board are asked to approve the document at a point in time but to recognise that it will continue to evolve and develop overtime.

4.4.2 Our ability to successfully implement our revised recovery plan continues to rely on high levels of collaboration with NHS Tayside and Dundee City Council, particularly in relation to IT, property and workforce infrastructure. These infrastructure matters are not delegated functions and therefore the Partnership will be dependent on NHS Tayside and Dundee City Council corporate services providing a high level of support and response during the recovery period, particularly in the early stages of recovery.

4.4.3 In response to a request from the Scottish Government (see section 4.2) the draft revised recovery plan was submitted to the Scottish Government on 26 February 2021 as part of a wider remobilisation submission from NHS Tayside. This followed work across the three health and social care partnership in Tayside to further align the format of our recovery plans. Submissions to the Scottish Government via NHS Tayside were made with the caveat that all content remained in draft until such times as it is approved by the IJB.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated Impact Assessment. An Integrated Impact Assessment is attached.

6.0 RISK ASSESSMENT

Risk 1 Description	Insufficient resources made available to the IJB through Scottish Government and corporate bodies (financial, workforce, property and IT) to support full implementation of the recovery plan.
Risk Category	Financial, Workforce, Political, Technological
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions	• Scottish Government has provided additional monies to support implementation of mobilisation plans. • Workforce capacity continuously monitored and remedial actions taken as required. • Redeployment hubs operated by both corporate bodies and commitment to scale up if any further surges are experienced. • Workforce vaccination programme ongoing. • Measures to limit impact of contact tracing on workforce availability being incorporated into building re-opening / return to work plans. • Recommendation to IJB to issue direction to corporate bodies in relation to corporate support services, including IT, property and HR functions. • Ongoing work to align Partnership recovery plan with those of corporate bodies and wider Local Resilience Partnership / Dundee Community Planning Partnership.
Residual Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

Risk 2 Description	Planned recovery activities are not sufficient to fully address impacts of the pandemic on health and social care needs due to lack of available / accessible impact and community modelling data.
Risk Category	Political, Social, Operational
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions	• Public Health Scotland and Health and Social Care Scotland currently progressing community / whole systems modelling activities. • Partnership linking through Chief Officer, national Strategic Commissioning and Improvement Network and locally deployed Public Health Scotland staff to influence priorities for community modelling. • Partnership staff are linking to the corporate bodies to access any relevant data available to them. • Work is ongoing to revise the Partnership's strategic needs assessment. • Recovery plan is a working document and will be continuously reviewed to take account of new impact and community modelling data as this becomes available.
Residual Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Approval recommendation	While the inherent risk level is extreme, the impact of planned actions reduces the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service, Health and Community Care, NHS Tayside Executive Leadership Team, Dundee City Council Management Team and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Directions Required to Dundee City Council, NHS Tayside or Both	**Direction to:**	
	1. No Direction Required	
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	X

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 31 March 2021

Kathryn Sharp
Senior Manager, Strategy and Performance

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB18-2021
2	Date Direction issued by Integration Joint Board	21 April 2021
3	Date from which direction takes effect	21 April 2021
4	Direction to:	Dundee City Council and NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	All delegated services
7	Full text of direction	Dundee IJB directs Dundee City Council and the NHS Tayside Board to develop and align their services to support the full implementation of the COVID-19 Recovery Plan.
8	Budget allocated by Integration Joint Board to carry out direction	Additional funding to be allocated on a full cost recovery basis as received from the Scottish Government.
9	Performance monitoring arrangements	The implementation of the DHSCP COVID-19 Recovery Plan will be monitored by the Integrated Strategic Planning Group with regular submission of information to the IJB (including its Performance and Audit Committee) and respective Scrutiny Committees of Dundee City Council and NHS Tayside. Performance indicators that will support monitoring of implementation are currently being identified.
10	Date direction will be reviewed	31 March 2022

APPENDIX 1

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP

COVID-19 Recovery: Next Phase of Health and Social Care Recovery and Renewal

(April 2021 – March 2022)

Contents

1. Introduction

This document responds to the request from the Scottish Government Health and Social Care Directorate to prepare and submit a revised re-mobilisation plan for April 2021 to March 2022. It aims to represent the work being undertaken by the Dundee Health and Social Care Partnership, as part of the wider system integrated system of care. This integrated system of care is designed to optimise the delivery of prioritised care, services and supports to the greatest possible number of Dundee citizens with a view to protecting and enhancing their safety, health and wellbeing within available resources. It is based on a series of principles and key objectives detailed in the NHS Scotland document COVID-19 – Framework for Decision Making. Re-mobilise, Recover, Re-design: The Framework for NHS Scotland, published in May 2020, and builds on plans previously submitted. It includes summaries of our activities and future priorities for our primary care and community, social care and third sector partners and our citizens and their carers.

The plans outlined are key to progressing recovery in a safe manner. It remains the case that there is significant uncertainty about the impact of the pandemic on the health and social care needs of Dundee's population and its wider impact on social factors such as employment and poverty. Modelling of impact, demand and capacity on health and social care has continued to be focused on the acute sector and be provided at NHS Board (rather than Partnership and / or locality level); the importance of this data to supporting Partnerships to develop an approach that balances the need to live safely with COVID (including maintaining surge capacity), recover essential services to 'business as usual' levels and embed innovation during 2021/22 cannot be understated and time and focus will be required to review and analyse information when it does become available.

Our recovery plan aims to address three critical elements:

- scalable and sustainable plans for context where we are 'living with COVID', including further potential surges in COVID-19 cases and peaks of demand;
- medium-term recovery planning over the next 12-month period; and,
- re-setting our strategic vision and priorities post-COVID in partnership with people who use our services, their carers and our local communities.

This remobilisation plan is the latest iteration of our approach; detailing what we will do over the next 12 months, across a range of delegated services, to continue to provide safe and effective care in line with our strategic objectives. **It should be noted that this plan (and supporting documents) is a fluid document which will be adapted and modified as we move forward to ensure we continue to best meet the needs of the population in line with changing situations as a result of the global pandemic and in line with our strategic priorities.**

The Partnership's mobilisation plan, previously submitted to the Scottish Government, as well as its supporting documents will continue to guide our response to any further surges in the pandemic and other changes as a result of this. This plan is also supported by a range of more detailed service and team level recovery plans and interfaces with other Tayside recovery plans (including for hosted services).

2. Approach taken

The Partnership has adopted a clinical and social care focus to our remobilisation plan with involvement of services from across the health and social care and third and independent sectors. It has been developed in partnership with our workforce, staff side representatives, GP Sub-Committee and commissioned services in the third and independent sector.

Remobilisation activity sits within the wider context of the Partnership's current strategic and commissioning plan. It has therefore been necessary to consider the impact of the pandemic response

and recovery activity on our ability to deliver the commitments set out in the strategic and commissioning plan at the pace and scale original envisioned. Based on the information available at the present time the IJB has agreed that there is not a need to undertake an early full review of the plan at this time; work to complete the statutory review of the Strategic and Commissioning Plan by March 2022 will be progressed over the year.

This recovery plan has been developed to interface with and support the delivery of recovery / remobilisation plans for NHS Tayside, Dundee City Council, Dundee Community Planning Partnership and Tayside Local Resilience Partnership.

Our ability to successfully implement our recovery plan relies on high levels of collaboration with NHS Tayside and Dundee City Council, particularly in relation to IT, property and workforce infrastructure and continued communication with service users and carers. Recovery has a significant focus on consolidating and further developing remote models of working and service delivery which will require extensive and robust IT (equipment, systems and training / development) and workforce (deployment, terms and conditions and wellbeing) supports. Infection prevention and control measures and systems redesigns have placed exceptional pressures on the availability and use of property (office, clinical and community use); collaborative planning that recognises the needs of the Partnership to access the remaining property estate will be essential during the recovery period. These infrastructure matters are not delegated functions and therefore the Partnership will be dependent on NHS Tayside and Dundee City Council corporate services providing a high level of support and response during the recovery period.

2.1 Principles and Assumptions

The following principles underpin our recovery planning approach:

- People should only attend building-based services when it is safe to do so and alternative provision does not support them to achieve their outcomes in a better or equivalent way. Wherever possible and appropriate we will optimise our capacity for remote delivery of care and support. and work with individuals and carers to ascertain which type of service delivery best meets their needs and preferences.

- Plans will reflect the 6 principles of Realistic Medicine, Health and Social Care Five Essential Elements and principles for safe and effective mobilisation within Re-mobilise, Recover and Re-design.

- Plans will maximise the use of available resources to deliver prioritised care, services and supports to as much of the target population as possible; where necessary we will continue to separate care / service pathways into COVID and non-COVID and we will maintain a focus on pathway development, re-design and innovation where this contributes to long-term transformational goals.

- Plans will prioritise resources and activity to meet the post-lockdown rehabilitation needs of the population alongside post-COVID / long-COVID rehabilitation needs.

- Plans will support us to introduce, embed and mainstream innovation and learning, including digital approaches.

- Plans will act to mitigate and reduce the impact of health and social inequalities, including considering how best to mitigate and reduce impacts on carers.

- We will develop plans in partnership with our primary care and acute care partners, as well with wider community planning partners. Plans will reflect relevant regional and national strategic plans.

- Plans will be developed in partnership with our workforce and will take account of the views, priorities and preferences of the people who use our services and of carers.

- Plans will have a focus on workforce, service user and carer wellbeing and safety and risk management.

- Implementation of plans will be assessed and monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where required.

2.1.1 Post-COVID and Post-Lockdown Rehabilitation

The national Framework for Supporting People through Recovery and Rehabilitation (2020) recognises the potential need for a prolonged period of recovery that encompasses mental health, wellbeing and physical rehabilitation as a result of the coronavirus (COVID-19) pandemic. It acknowledges the challenges for those recovering from the virus as well as the impact of delay or service delivery changes for people with long-term health conditions across all ages, the frail, children and young people, the elderly and carers. Post-acute COVID appears to be a multi-system disease, sometimes occurring after a relatively mild acute illness. Management and support require a whole patient perspective. The long-term course of COVID-19 is unknown and may impact on a number of services including management of increased numbers of people with multiple co-morbidities, polypharmacy, mental health, social care, AHP services and other social and financial support; these must all be taken into account when considering remobilisation and renewal of services.

The rehabilitation of those people where emerging evidence points to a negative impact as a consequence of the lockdown restrictions (deconditioning) will also be a priority over the next 12 months. This includes people who have been 'shielding'; those not shielding but at risk; those with additional vulnerabilities and their carers; those with musculoskeletal issues due to deconditioning and a lack of physical activity; those with pre-existing and emergent mental health and wellbeing issues; potential exacerbation of specific conditions, such as Chronic Obstructive Pulmonary Disease and type 2 diabetes.

In both of these areas, integrated pathways and systems of working between health and social care, primary and secondary care will be critical to ensure a holistic, person centred approach is taken.

2.1.2 Adult Social Care Independent Review

The Adult Social Care Independent Review was published in February 2021 and included a number of recommendations. Whilst the Parliamentary process continues, these recommendations where appropriate will also be considered when reviewing services and agreeing future actions and priorities.

3. Assessment of Risk and Plans for Mitigation

As Dundee HSCP progresses with recovery planning, we have considered the circumstances which may adversely affect our ability to implement prioritised recovery. The Partnership has developed a COVID Risk Register. The key risks and constraints currently identified and a high-level summary of mitigation is set out below:

Risk/Constraint Description	Mitigation Summary
Continued implementation of PPE requirements across all services in line with national guidance and local agreements, including maintenance of supply chains	We will respond to national and local guidance timeously and monitor use of PPE from hubs for health and social care. We will respond to any issues in relation to demand/supply through local and national routes. We have reviewed the local infrastructure and staffing arrangements for our local hub to ensure they remain fit-for-purpose and sustainable for the duration of the recovery period.

Risk/Constraint Description	Mitigation Summary
Ensuring accurate understanding and awareness of frequently updated national and local guidance and policies relating to key issues such as PPE, testing and shielding.	Our incident management structure supports the consideration and dissemination of guidance and policies. Processes are in place to support dissemination of materials to external providers in third and independent sectors. Operational managers pro-actively consider guidance / policies within the context of their services and provide direct support for implementation. Direct support has been provided to external services to assist understanding and implementation of guidance / policies where this has been required.
A range of factors are expected to have a significant impact on workforce availability / capacity: • **Retraction of redeployed and volunteer workforce.** • **Limited availability of and capacity within public transport.** • **Requirement to manage travel demand through flexible working patterns.** • **Limited availability of childcare and school-based education.** • **Impact of existing and new caring responsibilities.** • **Impact of Test and Protect system.** • **Impact of guidance to shielded and high-risk populations.** • **Annual leave, including management of backlogs.** **These factors will impact on the delegated (employed) workforce and also on the workforce within external providers.**	Regular monitoring of staff absence within internal services and with external providers. Redeployment of staff internally and across organisational boundaries, supported by appropriate training and guidance. Continued operation of staff testing arrangements for all health and social care staff. Continued work with NHS Tayside and Dundee City Council in relation to deployment hub/team and management of retraction of deployed employees. Continued bespoke support to external providers to address staff shortages as required. Continued support for remote / home working for members of the workforce where this is required and / or possible within their job role. Development, revision and implementation of workforce guidance relating to matters such as remote working, flexible working and use of annual leave during pandemic period. Joint work with Children and Families Services to promote access to childcare for key workers.
Impact on workforce wellbeing, including impact of trauma over the long-term.	Establishment of Employee Wellbeing Service by Dundee City Council with resources available to the whole health and social care workforce. Range of practical measures established within services, including Rest, Recovery and Relaxation spaces. Promotion of on-learning regarding trauma for line managers. Development, revision and implementation of workforce guidance relating to matters such as remote working, flexible working and use of annual leave during pandemic period. Specific guidance and supports developed for staff who are shielding or who are in high-risk categories. Prioritisation of capacity within mental health services to address workforce trauma. A staff wellbeing framework has been developed which will provide matched care from prevention and practical support through to formal psychological treatment. The framework also has a focus on establishing a leadership culture that promotes employee wellbeing including the introduction of Wellbeing Champions.

Risk/Constraint Description	Mitigation Summary
Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish 'business as usual' activity may mean overall capacity within the health and social care system is exceeded.	See above for workforce capacity mitigation. Release of capacity in services through flexible working and consolidation of learning / improvement from the initial pandemic period. Continued blended approach to service provision utilising remote approaches to service delivery. Gradual phased recommencement of services across delegated functions to support transition and re-introduction of some business as usual activities whilst maintaining COVID response. Planned work to revise the Partnership's strategic needs assessment and strategic and commissioning plan. Similar work will be undertaking in relation to Dundee Community Planning Partnership's City Plan.
Maintaining public confidence and trust, including: • **Demand for reduced limitations on visiting in care homes and other settings.** • **Potential negative impacts on health and wellbeing outcomes generated through late presentation to services and reduced levels of service provision.** • **Waiting time management (including where service users and carers have a preference to wait longer for face-to-face service provision rather than utilise remote / digital services).** • **Management of unscheduled 'presenting in person' (i.e. spontaneous attendance at appointment only provision).** • **Access to / prioritisation decisions regarding vaccination programme and speed of implementation in community settings.** • **Marinating business critical systems and procedures alongside pandemic response.**	Implementation of revised guidance regarding visiting, including agreed approach to sign-off of individual visiting plans for services. Planning for the short, medium and long-term societal impacts and developing evidence-based responses to increased poverty and health inequalities. Collaboration with the third sector to reach the most vulnerable groups, building on the learning gained from Community Support Centres (operated during first lockdown). Assessing of the pandemic impact in the population and in population sub-groups. Review and possible realignment of strategic and commissioning plan. Increased access to and promotion of digital and on-line mental health and wellbeing support options e.g. beating the blues and pain association support. Regular monitoring of waiting times data / assessment timescales within delegated services. Guidance provided to services to support re-opening of public access areas post-lockdown (see below). Significant infrastructure developed to support vaccination programme in-line with JCVI and CMO guidance. Prioritisation of care homes and health and social care staff, as well as population based on age and vulnerability. Public reporting of vaccination programme outputs. Implementation of collapsible hierarchy to support maintenance of business-critical systems and procedures. Use of essential business procedures for governance groups.
Maintaining sufficient flexibility to respond to any further COVID-19 surge.	Release of capacity in services through flexible working and consolidation of learning / improvement from the initial pandemic period. Continued blended approach to service

Risk/Constraint Description	Mitigation Summary
	provision utilising remote approaches to service delivery. Partnership mobilisation plan remains in place to provide basis of any further surge response. Range of COVID specific responses available for step-up in even of further surge. Continued work with NHS Tayside to maintain / further reduce numbers of delayed discharges. Range of supports for carers remain in place, engagement activity has been undertaken to identify immediate needs and review of Carers' Strategy is ongoing. Prioritise unscheduled care development sensitive to community delivery focus. Learning from second wave will be captured following end of lockdown and inform further revisions of remobilisation plans.
Significant reduction in availability of office accommodation and linked requirement to maintain high levels of remote working. A range of factors will require to be considered: • **IT infrastructure – including access to adequate equipment and technical support.** • **Understanding and implementation of physical distancing requirements within office accommodation.** • **Prioritisation of available space to enable critical service provision (COVID and non-COVID).** • **Remote management and support of the workforce.** • **Maintaining clinical support / supervision requirements.** • **Maintaining access to learning and development opportunities.** • **Maintaining integrated working.** • **Impact of remote working on interpersonal communication.** • **Impact of the 'digital divide' on accessibility of alternative models of service provision.**	All services are considering NHS Tayside's and Dundee City Council Guidance on Applying Physical Distancing for Staff within the Workforce. Risk assessments have been completed across individual services / teams / buildings. Training and support to be provided to the workforce to support implementation where required. Teams have utilised IT packages to enable remote communication, supervision and integrated working. Recovery plan identifies further detailed actions to enhance availability of hardware and also access to appropriate IT packages to further enhance access and effectiveness of remote working across all workforce groups. Continued roll out of Microsoft Teams by NHS Tayside and Dundee City Council. Range of learning and development opportunities now being delivered via on-line platforms and further expansion of approaches planned.
Community access buildings remain closed / significant restrictions on their capacity.	All services are considering NHS Tayside's and Dundee City Council Guidance on Applying Physical Distancing for Staff within the Workforce. Risk assessments are currently being completed across individual services / teams / buildings. Training and support to be provided to the workforce to support implementation where required. Continued use and further expansion of remote means of service delivery across delegated services.
Lack of data and modelling specifically focused on community health and social	Utilisation of data that is available at a local level through interface with NHS Tayside Business

Risk/Constraint Description	Mitigation Summary
care needs and systems; including at Partnership and locality level.	Support Unit and Dundee City Council Corporate Services. Joint working with locally deployed LIST analysts to access available data from Public Health Scotland. We are continuing to advocate for a significantly enhanced focus on community modelling / data, at a Partnership / locality level and which is hosted on accessible platforms through national networks.
Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design.	Continue to collate and project costs and ensure consistency with mobilisation plans. Regular submission of financial information to Scottish Government and sharing with local management forums. 2021/22 budget setting process ongoing. Building-in reasonable cost containment measures to plans and revisiting HSCP's overall financial plan. Active participation in national groups relevant to financial matters. Agreement and implementation of policy to support external providers in-line with national guidance.
Remote service delivery not suitable for all circumstances. Including need to consider affordability / accessibility of digital based services across the population, particularly to people experience poverty and socioeconomic disadvantage.	Re-instatement of face-to-face services on a phased / prioritised basis is ongoing across delegated services. Reviews of caseloads to identify service users and carers who should be prioritised for face-to-face provision. Further actions are planned to capture learning from the initial pandemic period from the workforce, external providers and people using services / their carers. This will inform prioritisation of re-instatement of face-to-face services.
Continued spread of COVID with negative impact on morbidity and mortality due to low uptake of vaccination in some groups, including staff groups and age cohorts.	Development of local vaccination programme arrangements to ensure ease of access to each group as appropriate. Continued local communications activities, to support national campaigns, encouraging uptake across the local population and by workforce groups. Continued joint working with staff-side / trade unions to support workforce uptake and respond to concerns. Continued utilisation of infection prevention and control measures (including PPE, physical distancing and testing) across health and social care services to continue to minimise opportunity for spread of COVID-19.

4. Learning from Response and Recovery

As we move through the different phases of remobilisation it is important that we reflect on the learning that has come from the previous phases and build forward into this plan. DHSCP strives to be a learning organisation and has taken forward a range of activities that have drawn out learning that supports this plan and our work going forward.

In the summer of 2020, following the initial lockdown period, operational and strategic managers from across services, including support services, were asked to consider a set of stimulus questions regarding what they had done during the pandemic and what they had learned from this. They were also asked to identify areas that have potential for further consolidation and for innovation and to consider their post-pandemic long-term vision for health and social care.

This exercise identified 5 key areas in which changes with positive impacts had taken place:

- Providing day-to-day essentials and upholding the right to a healthy life.
- The use of technology for communication and business support.
- Developing, changing and adapting structures and systems.
- Working towards defining and refreshing existing priorities.
- Optimising deployment of human resources.

The exercise also identified key themes in relation to perceptions of areas that have potential for further consolidation and for innovation to contribute to the post-pandemic legacy for health and social care. This includes practical changes such as increased awareness of hand hygiene and infection control. A number of positive cultural changes were also identified such as enhanced recognition of the importance of workforce wellbeing, support for flexible working arrangements and collaboration between service areas and across organizational boundaries. A number of respondents also identified that the emergence of a unified approach and clear focus on achieving shared priorities and outcomes through whole systems thinking and a 'can-do' approach as being a significant positive legacy from the initial response period.

We recognise that this initial learning exercise focused on information gathered from a limited number of key individuals within the health and social care workforce. Although the Partnership has had feedback from the public, service users, patients and carers it tends to have been informal and not yet triangulated with other sources of information. As we move through the recovery phases we recognise the importance of planning and implementing further activities to capture feedback and learning from:

- A greater number of people within the health and social care workforce (including those who continue to work remotely);
- Third and independent sector providers of health and social care supports and services; and,
- People who use services, carers and wider communities.

5. Core Recovery Priorities

Across all operational services we will consider and develop setting specific approaches to the following core recovery priorities, at all times working in-line with infection prevention and control requirements and national guidance and direction:

- Recommencing student placements and NGP placements.
- Recommencing internal volunteer contributions to service.
- Recommencing full education and training programmes, including further expansion of virtual offer.
- Planning for and implementing recommencement of face-to-face services and supports.
- Embedding and further expanding digital innovations within service delivery plans and models.

- Supporting expanded visiting arrangements (professional and loved ones).
- Continuing to undertake testing (staff and patient / service user).
- Continuing to review RAG rating/other prioritisation approaches to inform the prioritisation and management of support in response to assessed need.
- Monitoring wellbeing of workforce – internal and external provider.
- Continuing to develop robust data systems to inform practice and measure improvements.
- Continuing to gather patient / service user feedback and to use this to inform revised/future models of service delivery.
- Re-commencing elements of long-term improvement / development workstreams.
- Monitoring the impact on services as a result of changing needs and increased demand, including potential surges in demand following periods of lockdown.
- Considering learning and recommendations from the Independent Review of Adult Social Care and its implications for service planning and delivery.

6. Health Inequalities

There is clear evidence that the negative impacts of lockdown, shielding and the burden of COVID-19 illness and death has been greatest on people from more deprived communities and people from black and minority ethnic backgrounds. The impact on other groups of people with protected characteristics is not yet well understood although evidence of the impact on older people is now available and there is emerging evidence that people with learning disabilities are significantly more likely to die following COVID than the general population.

Within partnerships across Scotland, there is emerging evidence of significant social and economic impact: financial concerns; unemployment; housing debt; poverty; digital exclusion; domestic abuse and sexual violence / exploitation; drug and alcohol use; social isolation; mental health problems. These determinants of health need to be addressed as part of wider partnership activities that focus on prevention and inequality. In line with national public health priorities, tackling these health determinants needs to be done in a place-based way through whole systems approaches co-ordinated through the Dundee Community Planning Partnership.

The Dundee Health and Social Care Partnership is committed to monitoring the implementation of recovery plans for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and taking mitigating actions where appropriate. We will also continue wider work to tackle health inequalities as one of our four strategic priorities within our current strategic and commissioning plan.

6.1 Community Health Inequalities

The Partnership's Health Inequalities Service has a specific focus on delivering activity that identifies and directly contributes to reducing health inequalities through approaches such as the Health and Homelessness Outreach Team, Keep Well Community Team, the Sources of Support social prescribing initiative and the Community Health Team which supports community development activity in areas of multiple deprivation. During the pandemic response period some of this work moved to delivery through remote means whilst other activity, such as nursing support to vulnerable populations, continued to take place face-to-face in the safest possible manner. The workforce within the service has provided significant support to wider Community Planning responses, such as the establishment and operation of Community Support Centres that have provided food and other basic needs for Dundee's most vulnerable communities as well as gathering information and analysing intelligence from people in our local communities.

Three local surveys were undertaken following the 2020 lockdown period by a range of partners to explore issues arising for people during the pandemic and assess experience of using services. The total sample size was 1535: Fairness Commission 452; Engage Dundee 892; Food Insecurity Network 192. The findings will help local decision makers, partnerships and service providers to understand more fully the impact of the pandemic, particularly on those who are most disenfranchised and find it hardest to be heard. The key themes emerging from the survey were: reduced access to services and support; the day-to-day challenges of being locked down including home schooling and home working; uncertainty and concerns about the ongoing nature of the pandemic including infection and future restrictions; mental health more broadly; social isolation, loneliness and separation from family and friends; and, financial and job insecurity and the likely effects on life circumstances. In common with a range of national surveys and research reports, the data from local surveys indicates inequalities in experience over the pandemic for certain age groups, for carers, people with long-term conditions or who have a disability, people who are unemployed and those on welfare benefits or who are living alone.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Completing the detailed analysis of public surveys, disseminate findings to a range of strategic and operational groups and identify specific actions across community planning partners arising in response to themes identified.
- Continuing and learning from utilising a blended approach to service delivery using platforms such as NearMe, including recommencing a fuller programme of face-to-face / group work within community centres and local buildings where this is supported by relevant guidance and risk assessments.
- Continuing to be part of the city's approach to emergency food provision and meeting the basic needs of vulnerable people during the pandemic.
- Continuing to review availability of non-clinical outward referral pathways so that workforce in different teams can refer clients effectively.
- Further testing of new approaches, such as support for self-care and management, for social prescribing clients and others where onward referral opportunities do not exist.
- Managing potential surge in link worker referrals from GPs/ Practices as more information becomes available about patients who present with socio-economic issues related to the pandemic.
- Re-commencing anticipatory care interventions within the nursing team and reviewing role of the team more broadly to incorporate learning and embed new ways of working into post-pandemic service delivery.
- Re-commencing social prescribing link worker presence in GP practices.

7. Clinical and Care Priorities

7.1 Primary Care (Angus HSCP, Dundee HSCP and Perth and Kinross HSCP)

Whilst continuing to deliver core services throughout the COVID-19 pandemic, Primary Care within Tayside concurrently reconfigured their operating models for their ongoing services and supported entirely novel approaches for COVID-19 care. Over 90% of all COVID-19 acute contacts and assessments in Tayside are managed completely by primary care.

At its core, good general practice care is recognised to be holistic, person-centred and relationship based – these fundamentals have not changed.

Throughout the COVID-19 pandemic, primary care continued to deliver 90%+ of all other health contacts as is the norm. This is important and helps affirm why Primary Care should continue to shape the care models for the wider healthcare system. A positive to emerge from COVID is the focus on improving the Primary Care input to the health of residents in care homes. Plans are in development for a refreshed approach to primary care which involves an extended multi-disciplinary team allowing GPs to fulfil the 'expert medical generalist role' as described within the new GMS contract.

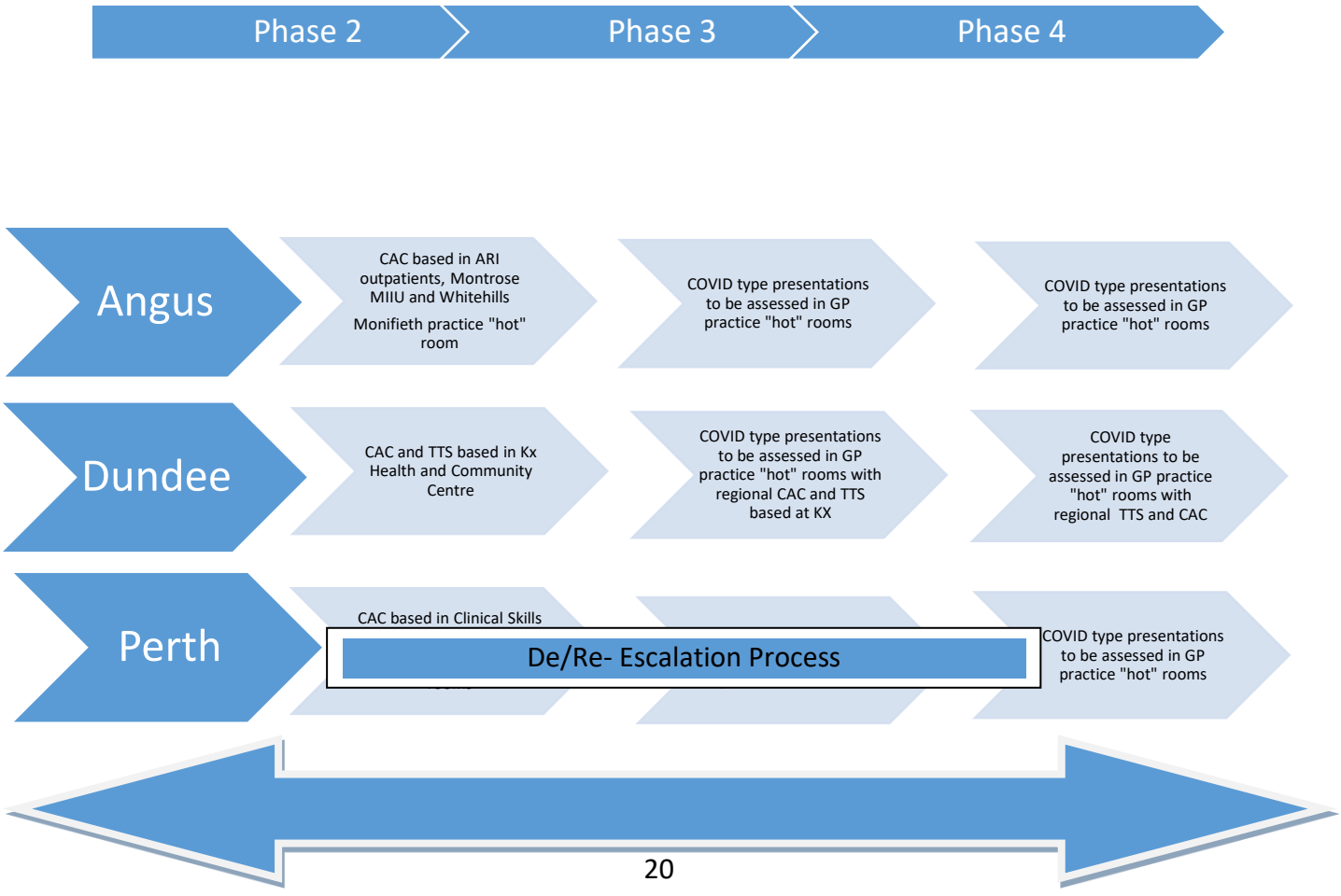
Although this plan details areas to progress over the next 12 months, priorities and actions may change based on circumstances.

7.1.1 Community Hubs and Assessment Centre

A pan-Tayside data modeling for primary care COVID-19 was created to work across all primary care settings. This continues to give us a confidence on the workload burden of COVID-19 and in line with our dynamic model we now seek to re-configure the Community Assessment Centres (CACs) working alongside Primary Care Services and GP Practices for the short and then medium term. Alongside this we will maintain the ability to rapidly upscale provision should there be further escalation of disease activity in the population. This position is supported by the Scottish Government and is the reasonable approach to both appropriately utilise resources, whilst leaving a 'placeholder' from which to rapidly escalate if required, allowing general practices to continue their other GMS work.

Scottish Government advise that NHS Boards continue to provide a Telephone Triage Service and CACs for as long as the "Call the coronavirus helpline if you have Coronavirus symptoms" message continues. GP practices have concurrently organised themselves and their localities to adapt premises and ways of working to facilitate seeing non COVID-19 patients in their localities but also those with COVID-like symptoms which would be better seen by their own GP (e.g. shortness of breath/hoarseness with weight loss for 3-4 weeks). This enables the service to monitor the impact as restrictions are lifted and we proceed along the SG route map to recovery. The proposed model below describes how the regional CAC would also support GP Practices who do not have the ability to provide "hot" rooms and will be available to support all areas.

Proposed models of care are described below based on the phases of the SG route-map:-



Whilst there is a desire to maintain COVID-19 free General Practice there is a need to ensure the provision of safe locations where patients with COVID-like symptoms can be seen and assessed, which in some cases will be more appropriately done by their own GP. At the same time, GPs are eager to maintain continuity of care for their patients, which are known to improve overall outcomes, with access to the normal investigation and referral pathways.

7.1.2. General Practice

General practice has continued to operate throughout the COVID-19 pandemic. Whilst it was safe and prudent to pause some elements, many other responsibilities took their place including support to shielding patients and managing the increase in work in those affected by bereavement, increased care home support, adverse circumstances impacting on health such as jobs losses, management of worsening conditions awaiting secondary care input, de-conditioning and loneliness. At the same time, the responsibilities of general practice which did need to continue required significant and rapid re-design to ensure safe system delivery. GPs also provided significant support to the delivery of community COVID-19 care within CACs, triage service and Out-Of-Hours (OOH).

General practice - similar to community nursing and many community allied health services, was never stood down. In some cases, ways of current working have been, and continue to be, redesigned by the entire primary care team in order to be dynamic to need. This is not only set by COVID restrictions, but also reflects many changes which were needed before the pandemic.

There is a drive to ensure that technical solutions are made available to staff and patients such as remote video consultation on Near Me or the use of TEAMS to support Multi-disciplinary team meetings. Practices initially received a small number of camera/headsets to introduce this in the Spring 2020. Two Tayside practices piloting work to inform the national guidance on Near Me had a high uptake of this technology, with equipment to support this available in every clinical room. Uptake is very variable across practices with some completing >100 consultations per month. The Primary Care Digital Improvement Fund is looking to provide equipment to every clinical room in practices across Tayside to ensure all clinicians can choose to access Near Me. This will allow wider engagement and breakdown barriers to enablement. The Public Engagement report with over 5000 respondents showed that the public value this method as an ongoing consultation choice however it has constraints associated with the time taken to consult with this method and concerns regarding equity of access to patient to digital infrastructure. The Tayside Primary Care OOH service is also supported to use of Near Me where appropriate.

Scottish Government's Remobilising General Practice - Resource Pack outlines the requirements to support practices in both remodelling, piloting and safely re-starting of GMS and enhanced services, which were on hold. This includes long-term condition monitoring, minor surgery, family planning device fitting/removals and cervical smears, as well as supporting national vaccination programmes. We are promoting innovation in approaches with local practices participating and leading national quality improvement work in several aspects of this. Learning is being shared proactively and across all areas in all the above areas to allow safe restarting of care which was on hold utilising remote and digital technologies where appropriate.

There continues to be a commitment to support General Practice as part of the re-mobilisation plans, recognising that capacity will be a significant issue for the majority of practices, in terms of both physical premises and workforce availability. Digital, workforce and premises infrastructure will be developed innovatively in conjunction with HSCPs and acute service to optimise pathways of care for long term conditions. This will allow more people to be cared for within their community with access to both generalist and specialist advice as needed**.** There may be additional costs of ensuring local General Practices can re-mobilise to deliver services in context of COVID-19 and costs such as additional staff costs, premises costs, clinical waste costs may require additional financial support over and above already identified GMS funding as per PCA(M)(2020)06.

7.1.3. Primary Care Implementation Plan (PCIP) 2020-2022

NHS Tayside and the three Health and Social Care Partnerships have worked collaboratively to develop the Tayside Primary Care Improvement Plan and define a model of care that links closely with wider locality teams to form a fully integrated health and care system. The programme for introduction of multi-disciplinary teams (MDT) working is complex and the scale of change required across professions whilst challenging, is recognised to be a unique opportunity to progress a longer-term strategy of transformational change to deliver the vision for Primary Care. COVID has impacted to varying degrees on the implementation of PCIP and maintenance of established PCIP services. There have been continued efforts during the pandemic to continue PCIP implementation, accelerating where possible elements that had potential to offer additional support at this challenging time, but this has been impacted by recruitment challenges and the availability of colleagues in other agencies, such as Scottish Ambulance Service. PCIP should be considered an enabler within a wider transformation of services including the need to develop pathways in line with improved models of care for patients and creating roles that attract the workforce of the future.

	Tayside Position
Pharmacotherapy	Nationally regulations to be amended so that NHS Boards are responsible for providing a Level One pharmacotherapy service for 2022-23. Practices not having access to such a service will be paid via a Transitionary Service basis until such time as a service is provided. Whilst good progress has been made to date within Tayside with regards development of pharmacotherapy services, the scale of the levels of services outlines in the initial 2018 GMS Scottish Contract, and workforce availability have impacted on implementation. Different skill mix and delivery models are being tested to inform future modelling.
Additional MDT Members	Nationally the need for early intervention to tackle the rising mental health problems across all practices was noted, particularly in light of the pandemic. Further work is planned with partners to determine the 'endpoint' for the additional professional roles commitment in the Contract Offer by the end of 2021 Within Tayside good progress has been made with regards the implementation of First Contact physiotherapy and increasing mental health support provision for general practices, with the COVID pandemic providing learning in relation to service modelling. This will be further refined in line with the above national directions.
Community Treatment and Care Services	Nationally regulations to be amended so that NHS Boards are responsible for providing a Community Treatment and Care Service for 2022-23, with a Transitionary Service payment made to practice who do not benefit from the service until such time as the service is provided. Regionally CTCS are currently at different stages of development with delivery impacted by the pandemic, which has also resulted in provision of secondary care phlebotomy services within primary care as per the initial CTCS guidance. Further work is required to refine the resourcing of a CTCS model equally accessible by primary and secondary care, with sufficient capacity to manage demand and will be prioritised over coming months.
Vaccination Transformation Programme	Nationally childhood vaccinations and travel immunisations to be removed from GMS Contract and PMS Agreement by 1st October 2021, with historic income from vaccinations transferring to the Global Sum 2022-23 including that from the five vaccination Directed Enhanced Services. Recognition that some practices may still be involved in the delivery of some vaccinations in 2022-23. Where this is necessary a new Transitionary Service agreement will be negotiated nationally, and payments made to practices providing these services from 2022-23. While the focus in Tayside has been on a blended model of both flu and COVID vaccinations, a huge amount of learning has been obtained that will inform future modelling of adult vaccinations

Urgent Care	Nationally legislation will be amended so that Boards are responsible for providing Urgent Care services to practices for 2023-24. Consideration will be given about how legislative change fits with the wider Redesigning of Urgent Care Work currently in progress. Regionally this has proven to be the most challenging area to progress during the pandemic, particularly as a result of the stepping down of the SAS developments which were proving successful. This programme will be reviewed and progressed in collaboration with the wider urgent care programme of work being introduced regionally and nationally.

7.1.4 Community Optometry

Tayside Opticians (Optometry Practices) has offered emergency and essential eye care throughout the pandemic. From April 2020, 9 community Emergency Eyecare Treatment Centres (EETCs) were supported by their colleague's referrals and triaging of patients. Routine eye examinations resumed from the 3rd August 2020 and optometry has since been operating approximately at 90% of its normal services.

There has also been delegation of glaucoma monitoring to community practices from secondary care. To date, 2500 secondary care patients with glaucoma have been offered review of their glaucoma in an optician of their choice. Optometry practices have seen 1600 of these patients and forwarded their findings to Ophthalmology. Funding for Glaucoma monitoring in the community is until March 2021 but patients will continue to be seen in the community for some time due to delays in availability of appointments. As this scheme has worked well, it is hoped that there will be continued funding at least until the pandemic ends. Looking to the future, NESGAT (NES Glaucoma Award Training), education and training in glaucoma management will be introduced by NES to Tayside in April. This qualification allows IP optometrists in Scotland to manage discharged patients in the community. Other educational work is planned by secondary care.

Since January 4th, Optometry practices have been encouraged to continue to see routine patients where it is safe to do so but defer asymptomatic low risk patients if they are at increased risk from COVID.
Emergency and essential should continue to be prioritised so that patients who have noticed sudden changes in their vision or eyes or who are having significant difficulties with their vision should phone their usual optometrist (where they last had an eye examination).

Emergency Care summary was rolled out to independent prescribing (IP) Optometrists during phase 1 of pandemic but since then all optometrists have been offered access to this.

7.1.5 General & Public Dental Services

Staff from general dental practices have in the main been deployed to support a number of services across the system however plans are in place for staff to return to practices where required.

It is anticipated that practices will be opening in late July however there will be little change to the activity of the GDPs as there will be no delivery of routine Aerosol Generating Procedures (AGP) and PPE remains restricted.

For Public Dental Services plans are progressing to agree what can be achieved with no AGPs over the coming weeks. Patient numbers will increase and can be accommodated because GDPs will be seeing their own emergencies, however space will be constrained by the need to offer a site for GDPs to carry out any emergency AGPs for their patients. AGPs for routine patients and in practices are deferred until Phase 4 and will await further information from the Chief Dental Officer.

General Dental services started to remobilise non-emergency activity from the 1st Nov 2020 and work is ongoing with Public Dental Services to deliver safe dental care both planned and emergency as safely as possible

Specific priorities across Tayside in the next phase of recovery for Primary Care are:

- Continuing to support a unified approach to Primary Care services to ensure consistency of standards and service provision across Tayside.
- Establishing a whole-system quality improvement approach for primary care which considers the multiple interfaces and co-dependencies.
- Continuing to support COVID vaccinations in General Practice as required
- Implementing new ways of working enabled by digital technology to support triage, clinical signposting, case management and long-term condition care.
- Increasing the focus on appropriate self-management and prevention and digitally enabled care.
- Through our joint arrangements of the Primary Care Command and Co-ordination Team working closely with GP Practices and provide support in their plans to resume to full service including new ways of working.
- Continuing to have a specific COVID-19 pathway via NHS 24 and local Clinical Hub and Assessment Centre.
- Progressing with the PCIP agreed actions and implementation timeframes as funding allowed with a particular focus on Community Treatment and Care to support stability in General Practice and delivery of the flu and COVID-19 Vaccination programme.
- Progressing access for community optometry to Clinical Portal and Staffnet.
- Supporting the innovation within Community Pharmacy including the interface with General Practice and the introduction of Pharmacy First.
- Working closely with General Dental Services to increase service delivery where possible and safe to do so.
- Progressing development working across both primary and secondary care to shift the balance of care towards communities through improved integrated pathways
- Primary Care Out of Hours Service (OOH) will continue work in the way that has been established to support COVID-19 activity throughout the past few months and which formed a strong natural base for the COVID Assessment Centre structure to rest upon longer term.
- Continuing with initial telephone consultation for all patients being assessed within the Primary Care OOH service to ensure patients receive the most clinically appropriate assessment
- Continuing to support direct access of care homes to the OOH service so that professional advice to a senior clinical decision maker will be directly available.
- Developing a new Frail Elderly LES for General Practice built on a set of principles for whole system multi-disciplinary working to support care homes.
- Continuing to review and develop the governance and quality improvement structures for Primary Care.
- Reviewing cluster models in partnership areas as required.
- Progressing work to improve health inequalities and access to primary care.

7.2 Community Nursing

The service has continued to provide care at home or a homely setting to a range of patients within priority band 1 and 2. For those individuals who have not been receiving direct care (those in priority band 3 and 4) there has been ongoing contact and support from the service through phone contact with both patients and their carers. Deployment of additional staff to support commencement of cohort nursing of COVID and non-COVID patients within the core Community Nursing Service in place during the initial wave of COVID infection has not been replicated in the recent surge, with available staff instead being deployed to support the vaccination programme and Test and Protect Team. Arrangements for the provision of services to COVID positive patients in the event of any further increase in cases will be a priority area of development for the service in partnership with the wider health and social care system. Interventions that had been delayed such as long-term condition reviews have not yet been recommenced due to ongoing staffing pressures within the service (both COVID and non-COVID reasons).

Moving forward there is a need to continue to work differently. Testing of a locality working approach has commenced with patients who require insulin injections. This has been supported by the development of a communication pathway strategy.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Developing and resourcing a sustainable approach to cohort nursing of COVID +/non-COVID patients within core District Nursing Teams in the event of a further increase in COVID positive cases.
- Further testing of locality working in District Nursing Teams.
- Maintaining all Priority Band 1 and 2 visits and phased recommencement Priority Band 3 and 4 visits, COPD clinics, routine home visits and Leg Ulcer Assessment Clinic.
- Expanding on COPD home visits for vulnerable patients to include clinic-based services for diagnosing new COPD patients.
- Working with GP practices to enable Community Care and Treatment Service (CCTS) to return to previous clinic space as soon as safely possible to further the return to core services. In addition, complete the roll out of CCTS to all GP practices in Dundee.
- Recommencing the development of nurse-led Ear Clinic within the Community Care and Treatment Service.
- Recommencement of arrangements for ECS to receive all amber level referrals.
- Recruitment to additional District Nursing pasts at Band 5 and 6 funded by Scottish Government to meet actual and anticipated increase in workload posts COVID-19 e.g. re-introduction of postponed elective surgical interventions and knock on impact of delayed diagnoses of palliative care.

7.3 Emergency and Urgent Care

The Health and Social Care Partnerships will continue to work with the Clinical Director for Urgent, Emergency and Integrated Care and the GP Clinical Lead for Urgent Care to ensure that we contribute to whole system approach to Redesign of Urgent Care to design pathways of care.

Taking the learning and experience both from the establishment and the way the CACs worked alongside that wider learning from acute and the HSCPs, discussions have already commenced via the Unscheduled Care and Planned Care Board how primary and secondary care could work differently in the future which include opportunities around having respiratory and paediatric support in the CACs to support both primary and secondary care. Planning for progressing integrated hubs is also being progressed which will support scheduling of unscheduled care as well as supporting the front door approach across NHS Tayside. This will be progressed in partnership with both primary and secondary care team and GP Sub.

Following wave 1 we have completed initial work through the Inpatient and Community Modelling Group as follows:

- Community – focus on consistent shared understanding of Home First Model of Care, co-ordinated whole systems delivery of resources and person-centred and accessible care.
- Inpatient - focus on consistent shared understanding of Home First Model of Care and delivery of the right care at the right time, including receiving care at home / in a homely setting at the earliest possible point in the care journey.
- Transitions / Front Door Services - focus on consistent shared understanding of Home First Model of Care and improving the way that frailty is co-ordinated at the front door of acute care through better alignment, co-ordination and targeting of health and social care systems.

Initial work has included establishing a core Home First multi-disciplinary team comprising of staff from hospital and community settings. Within this we have progressed daily MDT virtual meetings and focused the co-ordinator role to push the front door into the community. There has been an enhanced focus on AME, including a test of change to support earlier discharge from AME ward with wrap around care and interventions from the core team and ring-fenced assessment beds in AME for DECSA patients requiring urgent inpatient investigations (although this approach has been challenging to maintain during wave 2 due to increased admissions and bed pressures). Joint work with AHPs has also been progressed to develop a falls prevention approach to reduce unscheduled and unnecessary admissions by providing physiotherapy assessment with SAS and AHP Support Workers undertaking client screening at home in partnership with the Community Alarm Service and referring to community / third sector services.

Our priority now is to develop integrated locality and person focused community based multi-disciplinary services and supports which provide responsive and holistic urgent care to people living in Dundee to help maintain their independence, avoid unnecessary admission to hospital and support timely discharge from hospital and support the ethos of “Home First”.

Additional investment (£160k non-recurring) has been identified to support the development of our Hospital@Home model as part of the broader development of cluster focused locality teams. This resource will be used to help build capacity within Hospital@Home and improve pathways for patients requiring urgent care and support.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Developing Hospital@Home model as part of broader development of cluster focused locality teams.

7.3.1 Out of Hours

OOH will continue work in the way that has been established to support COVID-19 activity throughout the past few months and which formed a strong natural base for the CAC structure to rest upon longer term.

All patients receive an initial telephone consultation from a clinician, this enables us to ensure that only those that really do need a face-to-face assessment receive one, thus limiting potential exposure to both the patient, their family, careers and wider public. Although a necessary step during the pandemic, it has been positively welcomed by staff and patients. The service will continue to work in this way which is seen as a positive move to support patient-centred care whilst minimising risk to clinicians.

Contacts with OOH in Tayside remain at a reduced level, which likely reflects ongoing accessible care from daytime practice and a model which has access supported by senior clinical decision makers. This model is favoured and supported by patients who interact with the service and the clinicians and will therefore be further enhanced.

Despite this reduction, for every patient needing seen the time taken is almost double normal with PPE and physical distancing requirements as well as more rigorous infection control cleaning routines after each patient. Whilst this remains a requirement likely into 2021, we must continue to minimise footfall with the PCECs. A review of where OOH attendances can be seen will be undertaken to ensure all areas are fit for purpose in line with current recommendations.

OOH will continue to make better use of digitally enabled care. The ability to safely submit photographs will be brought into a unified system. The output from a national quality improvement programme which being supported by a local clinician on the use of NearMe in OOH will be used to inform the future service delivery options for OOH.

Direct access of care homes to the OOH service started during COVID will continue so that professional advice to a senior clinical decision maker will be directly available.

7.4 Planned Care

7.4.1 Community AHP services

The national Framework for Supporting People through Recovery and Rehabilitation (2020) recognises the potential need for a prolonged period of recovery that encompasses mental health, wellbeing and physical rehabilitation as a result of the coronavirus (COVID-19) pandemic. It acknowledges the challenges for those recovering from the virus as well as the impact of delay or service delivery changes for people with long-term health conditions across all ages, the frail, children and young people, the elderly and carers. The priority for Allied Health Professions (AHPs) is to ensure that anyone who requires diagnosis, assessment, rehabilitation, or support for recovery will have timely access to the right information and services in the right place to enable a return to functional independence, employment, education and leisure activities over the coming months, and years. AHP services have developed a detailed remobilisation plan based on the national framework, this can be provided on

request. This framework also details the specific contributions AHP services will make the remobilisation in Primary Care, Secondary Care, Community Care, Care Homes and dementia support, as well as the digital and workforce infrastructure required to support this contribution.

Priority Group 1 – post-COVID rehabilitation

In Tayside, demand has increased for the existing acute and community AHP rehabilitation services, now being delivered as remote access or face-to-face services as clinically indicated. The CARES service (COVID-Related Advice on Rehabilitation, Enablement and Support) has been a rapid development in direct response to emerging need. This remote access service offers direct access for anyone experiencing symptoms which are common after COVID-19. This limited service is currently delivered within existing resource by a small multi-disciplinary workforce. It has received 272 referrals including key workers and those seeking to remain in or return to employment (average age 49). Increasing demand with a finite resource has resulted in extended waiting times (average wait 21 weeks). A service redesign to a 3-tier model utilising digital resources and training as a first port of call aims to address this. Triage of the referrals directs the most vulnerable to the Community Listening Service whilst awaiting comprehensive assessment. It is predicted that this ongoing increased demand may require further investment and support.

Priority Group 2- post-lockdown rehabilitation

Various AHP services across child and adult services have developed or expanded direct access telephone advice lines. In line with the principles of recovery, this direct access, timely option links the public or those who support and care for them, to online resources, training videos and supports for self-management of their condition. AHPs in Mental Health are developing a digital radio-based model of communication and support in collaboration with a range of statutory and third sector partners.

Priority Group 3 – ongoing and intensive prehabilitation and rehabilitation (long-term conditions, co-morbidities and delayed diagnoses)

Where people require specialist rehabilitation services, these have remained available throughout the pandemic, offering remote access or face-to-face services as clinically indicated. In Tayside the AHP deployment plan and the AHP winter planning contingency plan enabled mutual professional prioritisation and deployment of staff, ensuring essential services, which reduce immediate risks to the patient were maintained. These plans ensured AHPs specialist skills were maximised and utilised appropriately in any deployment situation.

This includes the predicted increase in numbers of people presenting with 'suspicion of cancer'. AHPs, as part of the specialist cancer teams, and essential community services are well placed to continue to work effectively with partners to meet these populations' needs. Radiotherapy services have been maintained throughout the pandemic and applied continuity plans as required to enable this.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing the development of Community Rehabilitation models, including assessment regarding equipment and adaptations, to enhance preventative approaches, reduce falls and POCS and reflect long-term and intensive nature of COVID rehabilitation.
- Further embedding assessment through the Independent Living Review Team.
- Develop the falls service to address prevention and community pathways with third sector / SCRS.
- Improving community-based rehabilitation offer through:
    - Implementing a consistent approach to the assessment of need so that rehabilitation can be planned properly.
    - Developing and implementing a seamless pathway of rehabilitation and recovery for people with long-term conditions.
    - Establishing service standards for rehabilitation so that patients, carers and rehabilitation staff have certainty about what they can expect from services wherever they live.
    - Personalisation of services based on individual physical and mental health needs.
    - Developing diverse routes for people to access rehabilitation so that they can access support that is right for them.

    - Expanding multi-professional rehabilitation staffing (multi-disciplinary rehabilitation teams comprising all the relevant disciplines).
- Integrating hospital and community service with collaborative commissioning arrangements. Primary care teams should be supported by outreach activity from secondary services including primary care supported by cardiopulmonary rehabilitation, sports and exercise medicine, neurorehabilitation and neurological disability services.
- Developing collaborative working between critical care, acute medical and specialist rehabilitation teams to develop rehabilitation pathways for patients who are recovering following treatment in intensive care and high dependency care (whether for COVID-related illness or other critical conditions).

7.4.2 Nutrition and Dietetics

NDS is a service hosted in the Dundee HSCP. Throughout the pandemic the NDS has continued to focus on NHS Tayside nutrition priorities: prevention and management of undernutrition; good nutrition from an early age; prevention and management of obesity and Type II diabetes; and, transformation of therapeutic nutrition pathways. These priorities are delivered across Tayside within a public health community model and hospital services. In terms of COVID-19 response the management of underweight, overweight and diabetes are top priorities as there is unequivocal evidence regarding poorer outcomes in these groups.

Hospital Services

Acute Hospital admissions (including renal, oncology, paediatrics and stroke) have now returned to pre-COVID numbers and subsequently referral rates have now exceeded pre-COVID levels. The service is now seeing increased numbers of people who have been referred due to late presentation of cancer, haematological and neurological illness. Priority patients are those totally dependent on nutritional support (dysphagic or unable to take oral diet); critically ill with high/complex or rapidly changing nutritional requirements; children with critical nutritional; those with unstable renal function. The secondary care Diabetes team continue to work towards RAG prioritisation of referrals and to use remote working to deliver service as much as possible. There is significant urgency around review and close monitoring required. Priorities are education of people newly diagnosed with diabetes requiring treatment with injectables; education of women newly diagnosed with gestational diabetes and women with Type I or Type II diabetes who become pregnant.

Public Health Community Services

The service will focus on recovery and rehabilitation in line with current national drivers[1]. Essential community services including Care Homes will continue using digital solutions where appropriate. Waiting lists for community dietetics are within manageable levels at the moment. A RAG status triage system means Red referrals are prioritised. Community assessment and interventions to support timely discharges; maintain people at home and prevent admission e.g. adults or children on home enteral tube feeding are considered priorities. It is anticipated that referral rates and enhanced interventions will be required, particularly for nutritional support to support people experiencing the long-term effects of COVID-19.

The CARES (COVID -Related Advice on Rehabilitation and Enablement) service continues to receive referrals. NDS have identified a younger cohort of the population who are experiencing dietary deficiencies and will contribute to the recovery and rehabilitation of this population by undertaking a test of change to develop a service for an emerging, unknown, unmet demand.

The impact of COVID on the levels of overweight and obesity is recognised and prevention of COVID-19 complications as a result of overweight prioritised. Patients will continue to be directed to NHS 12-week online plan as indicated. Weight Management Service's waiting list remains significant and continues to increase because of changes to the model of practice, and the impact felt from ceasing services in first wave of the pandemic. At this point the service is unable to direct other resources to mitigate this waiting time risk. The service is coordinating access to a digital education programme for patients living with a new diagnosis of Type II diabetes and is testing a digital pre-diabetes programme as well as Counterweight Plus remission programme

The Public Health team within NDS focuses on the Malnutrition Pathway and is working with partners to contribute to the food insecurity agenda. To that end they have developed several successful

initiatives by working in partnership with third sector and the three council areas to support communities. These aim to improve access to food and nutritional advice.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Developing a specialist community dietetic service to support CARES service.
- Developing the work underway on the malnutrition pathway through continued partnership working and by embedding The Patient Association, 4 questions into care assessments and 'good conversations' in community settings.
- Extending opportunities for people to access weight management interventions.

7.4.3 Referral Pathways

Over the next phase of recovery there will be significant attention on the development of pathways within and across interfaces with primary care. Examples of ongoing work include pathways for surgical unscheduled care and referral pathways.

Plans are in place for the appointment of a General Practitioner (s) to undertake a 2-year fixed term post as a clinical referral advisor is currently being recruited to. This is an exciting opportunity for a practicing General Practitioner who is looking for a new opportunity, in addition to clinical practice, to act as a clinical interface between community and secondary care teams. The GP will be working as part of a multi professional team across NHS Tayside, linking with the Planned Care Board, to develop clinical pathways. Further work to progress the development of referral pathways within primary care will be commenced.

In addition, the GP will provide clinical leadership to the implementation and development of the Tayside Referral Guidance System. The referral guidance system is an innovative unified IT system for clinical pathways and referral advice. The GP will be influential in providing clinical advice into the development and deployment of this new system.

7.4.4 Community Outpatients

The focus for community out-patient services (i.e. Parkinsons, AHP, and continence) has been on managing urgent referrals and reviews, as per Scottish Government guidance. Referrals are triaged and telephone or near me consultations are undertaken where clinically appropriate and face to face consultations only occur when it is absolutely necessary.

Routine out-patient referrals continue to be received and these undergo triage and are assigned to appropriate pathways such as advice only, direct to test, telephone, NearMe or face-to-face consultation.

7.4.4.1 Physiotherapy MSK Services

Essential Physiotherapy MSK (Musculoskeletal) services (including First Contact Physiotherapy – FCP) have been maintained during the pandemic to minimise the negative impact on patients who are recovering from serious injury or illness or have an exacerbation of their long-term condition. A blended approach of virtual and face-to-face appointments is being delivered, following adoption of innovative IT solutions, for example, NearMe video consultations and utilisation of a federated appointment system in FCP. This has resulted in improved access for everyone to high quality assessment and rehabilitation from the right person at the right time.

There has been reduced capacity to deliver routine appointments during the second wave as approximately 30% of the physiotherapy workforce has been deployed to support in-patient AHP COVID activity. As the need in the acute sector diminishes, agile redirection of funding and redeployment of the workforce is anticipated to meet the rehabilitative needs of people recovering from COVID-19, for those where rehabilitation has been interrupted and whose condition has deteriorated due to the period of self-isolation and lock down. This is essential to halt the long-term deterioration in physical and mental health, maintain independence, and support patients to self-manage their conditions.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Developing sustainable workforce models and patient pathways across Tayside Orthopaedic/MSK service spanning primary and secondary care.
- Developing models to support re-introduction of elective surgery.
- Ensuring First Contact Physiotherapy capacity is sufficient to meet demand in line with the principles of the Primary Care Improvement Programme.
- Continuing the recommencement of routine waiting list and face-to-face services where clinically indicated.
- Recommencing face-to-face group sessions with a focus on community locations, increasing the role of support workers, sports and leisure professionals and colleagues from the third sector.

7.4.4.2 Pulmonary Rehabilitation

Many of the population living with long-term conditions and frailty have de-conditioned and deteriorated during the pandemic. With a tidal wave of community rehabilitation needs on the horizon restoration and expansion of services, such as Pulmonary Rehabilitation (PR), is an essential part of modernising and transforming care by supporting more people to regain function, mobility, and confidence in activity to live independent lives.

Dundee has a higher than national average incidence of Chronic Obstructive Pulmonary Disease (COPD) at 2.2% and is expected to grow. PR capacity in Dundee has not kept pace with demand, even before the impact of COVID-19 is considered. PR can transform a patient's life, it is the cornerstone of effective treatment for COPD and also reduces social care costs significantly and frees up GP appointments. Collaborative working amongst the Tayside PR teams and patients has resulted in exploratory virtual PR classes on different digital platforms, as well as the development of a new PR home exercise booklet and DVD. Unfortunately, progress has been limited to date for a number of reasons - access to IT equipment, patient confidence with technology and staff deployment to support the Community Rehabilitation Team with their COVID response. Patients have predominantly been supported by telephone consultations and home visits if deemed essential.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing to explore digital solutions to deliver a safe and effective virtual PR class.
- Increasing PR capacity required to support backlog of referrals and anticipated rehabilitative needs of people recovering from the direct and indirect impact of the COVID-19 pandemic.
- Integrating PR and COPD nursing team to support prevention of admission and supported discharge pathways.

7.4.4.3 Palliative Care

Biophosphonate infusion/blood transfusion clinics have been focussed on bringing in only patients that would prevent hospital admission. Macmillan Daycare services across the Partnership have established virtual day care groups including self-management strategies.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Developing models to support re-introduction of elective infusion clinics.
- Creating a blended approach for Palliative care day care patients to access the service.
- Building a patient and family resource library for patients to access virtually to support self-management strategies.
- Re-commencing face-to-face clinics for symptom control, Lymphoedema and Homeopathy.
- Develop and resource pathways that address health inequalities as a consequence of COVID.

7.4.5 In-Patients

Dundee Health and Social Care Partnership will continue to focus on maintaining and further improving good performance in relation to delayed discharge and appropriate prevention of admission. We have consolidated the changes to the integrated discharge hub to reduce the footfall within Ninewells Hospital wards by supporting assessment across Tayside. There has been further investment in social care in order to expand the 'Discharge to Assess' approach in line with our Home First strategy. The primary

focus of this resource is at the front door, assessment areas of the acute hospital (for both COVID and non-COVID pathways) in order to prevent admission wherever possible and promote early discharge. Medicine for the Elderly consultant input is now well established across the acute hospital with comprehensive geriatric assessment now available for frail older patients who present in other medical/surgical specialties.

In-patient services have continued to function well during COVID-19 across all areas within Dundee, with attention to infection prevention and control, patient placement, pathways for admission and discharge and person-centred care. COVID specific ward configuration has been continuously realigned to support the changing profile of the pandemic / patient needs. We will retain and review our mobilisation plans in readiness to support any shifts in pathways.

In-patients have followed Scottish Governance in enabling visiting through exceptionality to support compassionate visits and ease patient and relative/carer distress. All in-patient areas have introduced lateral flow testing for staff in-line with Scottish Government guidance. Psychiatry of Old Age wards have implemented weekly testing of asymptomatic staff, with the rollout of lateral flow testing being imminent.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Psychiatry of Old Age
    - Phased recommencement of discharge services.

- Medicine for the Elderly
    - Planning for re-commencement of some face-to-face outpatient clinics.
    - Re-commencing arrangements for families to join and participate in case conferences.

- In-patient AHP Services
    - Planning for ongoing AHP weekend working across targeted areas.
    - Continuing to develop the AHP hospital front door model to support more people being moved back into the community setting to receive their care.
    - Continuing to develop a flexible workforce to support patient's needs across the transitions from hospital into the community setting.
    - Ensuring patients admitted to hospital have an appropriate and timely multidisciplinary assessment, including their rehabilitation and ongoing needs, are offered person-centred care which is outcomes focussed and are followed up appropriately after discharge.
    - Continuing to develop models to support earlier discharge through outreach visits and improved overlap / joint working with community teams.
    - Continuing to develop the CARES service (COVID-Related Advice on Rehabilitation and Enablement Service) to support those affected by long-COVID.
    - Developing staff education online resources for the management of long-COVID (NES funding secured).
    - Continuing to develop the CAPA (Care about physical activity) training and education roll out across wards to promote increased activity and cognitive engagement.
    - Continuing to develop prehabilitation AHP services where appropriate.

- Centre of Brain Injury (CBIR) and Stroke Service
    - Commencing remodelling for the new Neuro rehabilitation pathway across Tayside
    - Considering a new medical model for the service.
    - Commencing work to develop MDT formats.
    - Re-establishing home visits for patients who have planned discharge dates as required.
    - Appointing a discharge co-ordinator to facilitate discharge across the site.
    - Establishing an advisory line for supporting stroke recovery and discharge from hospital for brain injury patients.

7.4.6 Palliative Care

Palliative care services re-designed their approach during the peak of COVID -19 to enable education, advice and support to be available for all areas working with end of life palliative care in all

environments 24 hours a day and 7 days a week, supporting our acute and community colleagues. It was also important to ensure those with COVID could continue to receive specialist palliative care and support, both as in-patients and in the community where that requirement was identified. Following a review of the use of these services we have reduced our COVID specific ward areas and are realigning ward configuration to support the current cohort of patients. We will retain and review our mobilisation plans in readiness to support any shifts in pathways.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Considering the resource required to manage late onset disease with high symptom burden and short to medium prognosis as a consequence of late presentation.
- Prioritising, developing and implementing virtual and digital options for Day Services to meet individual and group user needs safely and within service capacity.
- Re-commencing complex lymphedema services through outpatient appointments.
- Implementing virtual education programme.
- Progressing initial priority areas from Tayside Whole System Approach: Supporting End of Life Care & Conserving Critical Medicines during the COVID-19 Pandemic.
- Progressing setting specific pathways support models including Community Nursing and Care Homes.
- Provide support to patients in community settings to set-up IT devices to enable virtual consultations.
- Establishment of short-term contracts to support ongoing deficits in RMN workforce that cannot be mitigated using other disciplines.

7.4.7 Sexual and Reproductive Health Services

Colleagues from Sexual Health Services were instrumental in supporting the setting up and analysis of the testing of COVID patients and key worker staff in early phases of the pandemic. Some colleagues from the service were deployed to support other essential pathways with only critical interventions undertaken within Sexual Health Services. While most of the workforce has now returned to the service, there are still colleagues from TSRHS supporting the Test and Protect Service. Available services have been steadily increasing since August 2020 to reduce the public health impact of sexual and reproductive health needs not being met, compounded by pressure on GPs from the pandemic. During the next phase we will be aiming to maintain current services and explore novel pathways to redesign some services that currently remain closed.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Maintenance of current services offering LARC, PrEP and urgent and emergency care, as well as more routine care for people from vulnerable and high-risk populations. Patients attending services to be triaged or referred by other clinicians. Telephone or NearMe appointments prior to face-to-face appointments whenever possible.
- Exploring novel routes to restart currently paused services in medium risk groups, as capacity and restrictions allow.
- Seek to support more young people into services by reviewing way the service is delivered and potential novel routes, as capacity and restrictions allow.

7.5 Social Care

As we progress towards recovery, social care services will continue to work with and support those affected, both directly and indirectly, by the COVID pandemic whilst also modelling our responses to manage and support the re-introduction of planned and unplanned care pathways.

The re-introduction of community social care services will continue to be progressed in-line with Scottish Government guidance and we will take opportunities to review and embed new models of working, build-on and explore options for further digital, tele-health and tele-care solutions and prioritise our resources. Our focus on supporting those most in need has supported the development of much stronger relationships and partnership working with the third and independent sectors and we will maintain this engagement throughout our periods of redesign.

Across all social care services there will also be a need over the next 12 months to consider learning and recommendations from the Adult Social Care Review and its implications.

7.5.1 Social Work / Care Management

Social workers, care managers and support workers have continued to assess, support and review those people using our services. We have continued to respond to referrals, ensuring that service responses were implemented. This has ensured that we have continued to allocate resources to address need. While day services, respite and community activities were suspended in-line with government advice, we have worked with carers to offer advice, guidance and support for those who were under pressure during this period. Emergency respite care was provided where risk indicated this was required.

While colleagues have undertaken many of their duties remotely, with this workforce predominately working from home, risk management procedures have continued to be implemented, including direct contact with families and service users where this was required. We are experiencing an increase in the number of adult support and protection referrals, and we have ensured that case conferences, risk management planning meeting and large-scale investigations are continuing while adhering to the appropriate social distancing and use of PPE. We have worked closely with the Independent Living Review Team and will be working to ensure we review individuals as they re-commence services to ensure we have considered any changes in circumstances. We will continue to build on our Home First model of assessment.

Services for people with physical disabilities have generally been sustained during the pandemic, with the exception of planned respite, and Day Centres, which have been closed since early March, providing outreach support instead. Preparations are ongoing for the reopening, in a phased way, of these services, complete with risk assessments, PPE and social distancing informed by Scottish Government guidance. The impact of the loss of these services should not be underestimated; feedback from carers and care managers is that families are really struggling with the absence of provision and are under considerable strain. In some instances, recovery will involve a temporary increase in service provision simply to get back to the pre-COVID position.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Maintaining practices that promotes and provide bespoke, person-centred services and supports for individuals and their carers.
- Maintaining outreach provision as temporary replacement for day care services whilst planning for gradual reintroduction of day care provision.
- Developing and implementing models to support reintroduction of day support in-line with Scottish Government guidance and in consultation with Public Health Scotland and the Care Inspectorate.
- Reviewing care packages that were adjusted due to COVID-19 impacts.
- Working with provider and care home sector to monitor re-introduction of packages of care, assess impact on provider recovery plans and agree any relevant actions / supports.
- Monitoring the impact of increased assessment and subsequent allocation priority to those impacted by COVID-19, including considering short and long-term health, care and support needs and subsequent implications for practice (for example, possible requirements for enhanced level of multi-disciplinary assessments required).
- Continuing to integrate all aspects of locality working, including integration of care management teams by fully integrating an adult service in East and West localities and finalising plans to deliver an integrated duty system.
- Continuing to develop closer liaison with other care management teams to support a service wide response.

7.5.2 Protecting People

During the pandemic statutory protecting people functions have been maintained, although actions have been taken to ensure safe delivery of interventions and supports in-line with national guidance. This has included holding multi-agency activities such as adult protection initial referral discussions and

case conferences on digital platforms and utilising PPE for essential home visits. There has been an enhanced focus across all agencies on identifying and responding to hidden harm; including significant additional public awareness campaigns for child protection, adults at risk, domestic abuse and alcohol consumption and enhanced assertive outreach services, such as the Safe Zone Bus and virtual violence against women response team. Protection services have utilised a RAG approach to prioritise levels of contact with individuals and families and there has been enhanced joint working between adult and children's services in areas such as community drug and alcohol services.

Multi-agency oversight of protecting people arrangements has continued through the Chief Officers Group (COG), supported by the Protecting People Committees / Partnerships. A strategic risk register has been developed to support an enhanced focus on prioritised areas of risk, with the COG and Committees / Partnerships meeting more frequently when required to monitor and address risk levels, and to provide leadership support to operational services. In-line with national arrangements weekly data monitoring has been implemented across core areas of public protection activity. An integrated strategic protecting people recovery plan has been developed and is currently being updated.

Although no significant spike in demand for protection services was identified following the 2020 lockdown period we continue to plan for a possible spike following the conclusion of the 2021 lockdown, both internally and in commissioned third sector services. However, evidence has emerged of an increased demand for support for homeless people with a complexity of need and plans are being made to respond to this by embedding social worker practitioners within Dundee's Housing Options Service. These practitioners will provide enhanced support to people with a complexity of need who are presenting as homeless, as well as providing resilience to respond to anticipated increased demand when current emergency legislation preventing evictions / repossessions is withdraw.

There has also been significant investment in IT infrastructure to support the use of video-conferencing facilities for multi-agency operational processes, including testing approaches to facilitate the participation of people at risk and their carers / family.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

Adult support and protection responses:

- Planning for and implementing recommencement of face-to-face service user participation in multi-agency adult support and protection case conferences and other multi-agency processes.
- Better understanding patterns of referral of adults at risk during the pandemic and subsequent actions taken to ensure a robust response where people do not meet the three-point test for statutory intervention.
- Progressing the testing and adoption of revised approaches to chronologies, risk assessments and case file auditing.
- Contributing to the completion of a thematic review of adult protection cases and addressing areas for improvement arising.
- Enhancing capacity to respond effectively to people who are homeless and having a complexity of need and to anticipated increased demand following withdrawal of temporary legislation prevention evictions / repossessions.

Violence against women responses:

- Implementation of video-conferencing to support operation of MARAC (case conferencing for highest risk victims of domestic abuse) and reviewing virtual approach to inform long-term model of operation.
- Addressing underlying financial sustainability of specialist violence against women support services, including enhancing short-term capacity in support services to address waiting lists and post-lockdown surge in demand.
- Enhancing the work of the Gendered Services Group to support mainstreaming of gendered approaches across health and social care services.
- Developing pathways to support for women involved in commercial sexual exploitation of have health and social care needs.

Other public protection responses:

- Supporting the implementation of the integrated strategic protecting people recovery plan.
- Supporting the revision of the strategic risk register to shift from a focus on COVID specific risks to 'business as usual' content.
- Contributing to work to identify a future model for delivery of adult and child concern screening functions.
- Contributing to work to identify a future protecting people governance and strategic structure, building on learning from the pandemic period.
- Embedding trauma-informed practice across health and social care services, including developing trauma-informed organisational cultures and recognising the impact of trauma on and value of lived experience within the workforce.

7.5.3 Care Homes

There are 25 care homes in Dundee, comprising 3 operated by DHSCP (all residential), 2 by voluntary providers and 20 by private providers (5 residential and 17 nursing combined across voluntary and private sector). In total there are currently 1048 places available across all sectors (960 private and voluntary and 88 DHSCP). One of our care homes was closed in 2020; this work commenced prior to the onset of the pandemic. A further private care home closed in early 2021In addition, there are 3 respite centres.

Prior to the onset of the pandemic there were well established links between the care home sector and DHSCP; with particularly strong relationships having been built overtime as the DHSCP Care Home Team has grown and worked closely with care homes. This has provided a firm foundation from which to provide clinical care and social care support to care homes, while drawing on the wider clinical and professional supports for specific issues.

Collaborative working was also supported by regular formal contract meetings and three-monthly provider forums that are well attended by providers. The Partnership has two Integrated Managers who have a specific remit for care homes (one focused on supporting external care home and one on internal care homes), who are also supported by the dedicated Social Care Contracts Team in relation to commissioned services.

Since the COVID-19 pandemic Integrated Managers have maintained regular communication with managers across care home sector; providers forums increased in frequency and were held via digital platforms. This ensured that providers were kept up to date with local changes and that there were opportunities for providers to ask direct questions of those officers responding to national directives and implementing local changes. The forum also provides a platform for care home managers to interact with their professional peer group. This support, alongside that offered by public health services, has been crucial in ensuring those care homes affected by outbreaks were provided with a high level of support tailored to their particular circumstances. This was crucial given both the level of media scrutiny around the service and the increasing demands made of care home staff to manage the introduction and maintenance of a range of additional procedures including data reporting, testing of residents and symptomatic and asymptomatic staff and the engagement with COPFS investigations into care home deaths.

The Partnership has participated in the first round of supportive visits, and are engaged in a second round. Two staff members have now been employed by the Partnership to undertake care home assurance visits. These staff will work in partnership with Infection Prevention and Control Nurses to offer advice and support to all of Dundee's care homes. Written reports from each visit are shared with the safety huddle in order to agree any actions that require to be undertaken. Local care homes have engaged with the TURAS reporting system; the information collated through TURAS, combined with local knowledge, has informed and enabled the work of the daily huddle. A daily review of care homes and the Tayside Care Home Oversight Group are in place to assess and support homes appropriately, ensuring that safe care is provided and support applied when needed. DHSCP host the daily care home safety huddle twice per week; this is a minuted forum for a multi-disciplinary team to share information regarding Dundee's care homes. In addition, this forum provide intelligence, TURAS data to the Oversight Group, as well as making recommendations regarding actions that require escalation.

Over the next phase of the lockdown we will be working with care homes to assess and commence visiting, continuing to support any outbreaks and working with care homes to manage a move towards re-commencement of care admissions and the provision of respite care. We anticipate that this will be a slow process and that the stability will be influenced by the ongoing financial supports for the sector and the potential future demands for residential and nursing care.

We will continue to test residents prior to admission and to progress and support the use of anticipatory care plans.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Maintaining intensive support to all care homes as per care home plan submitted to Scottish Government.
- Working across Tayside to establish additional support for care homes including a flexible social care staff team, access to ancillary supports and management and leadership support.
- Reviewing enhanced governance and support arrangements in line with national guidance.
- Releasing capacity of Care Home Team from quality assurance activity and recommencing planned improvement activities.
- Reviewing models of care home-based services, including respite care and intermediate care for people living with mental health challenges (commenced prior to the pandemic but paused during lockdown).

7.5.4 Care at Home

We prioritised our social care services to support those who most required them, reducing our lower level supports (practical support) to focus on personal care. We are aware that a number of service users whose families were working from home chose not to utilise services during the pandemic period and that as lockdown eases there will requests for services to re-commence. We have recently introduced an Independent Living Review Team and will work with families and service users to assess any changes during the pandemic. As a result of these approaches, social care services have continued to receive and provide for new referrals and maintaining support for those being discharged from hospital. We were also able to increase support to those who required this or where carers required additional support. Overall the level of service provision has remained steady during the last three months.

As with the care home sector, we have maintained regular contact with our commissioned services supporting access to testing, financial support and relaxation of the payment process from actual to planned service delivery payments. This included support for the provision of PPE during the early days of the crisis and ongoing support through the development of the PPE distribution hub. Strategically we will continue to review our models of social care through our commissioning arrangements. We have not seen a rise in people accessing SDS options but will continue to explore this as we move towards recovery.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continued implementation of Independent Living Review Team to review the number of packages of care in the community, to work with community care workforce and contribute positively to support and enable earlier discharge for individuals from hospital, and to enable their independence in the home environment.
- Enhancing our focus on implementation of eligibility criteria to support streamlined referral processes.
- Increasing the emphasis on use of technology enabled care across the service.

7.5.5 Housing Support / Care at Home

Housing Support and Care at Home services have continued throughout COVID 19 to support individuals with a Learning Disability and/or Mental Health challenges in their own homes. Internal provision has continued across 10 sites, and external provision in region of 16500 hours per week have been delivered.

We are aware that a number of services have increased provision to mitigate the impact of reduced day service and enabling provision. As lockdown eases and we progress through the recovery all service users will be supported to have the same rights as the rest of the population there will requests for services to re-commence. To do this safely there is likely to a requirement to increase the workforce. It will also be necessary to ensure that the support provided incorporates changing needs which have occurred as a direct result of COVID-19, this applies to physical and emotional wellbeing.

We have maintained regular contact with our commissioned services, formal and informal reporting processes are in place to provide support in relation to staff testing, PPE, financial support and capacity issues. We have also provided an overview and regular updates regarding recovery planning.

Strategically we will continue to work in partnership with providers to ensure resources are deployed appropriately to meet any changing needs.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Considering the impact of the delay in new tenancies due to the pause in construction.
- Monitoring the wellbeing of the workforce in internal and external provision.
- Increasing leadership capacity in some areas (cross sector) to help meet the increased demands relating to COVID recovery and to support new ways of working.
- Continuing to work in partnership cross sector to ensure adequate funding through the recovery phase. Opportunities to review outcomes for people and establish future support models may lead to a need to disinvest in some areas and reinvest in others.

7.5.6 Carers

Carers make an essential, significant and valued contribution to the wellbeing of people in our communities. During the pandemic they have provided increased levels of support for those that they care for. Changes to how services are delivered and a strong impetus to minimise the levels of contact supported people have with others to protect them from COVID-19 has meant that some supported people and their carers chose to suspend all or some of their formal services.

The stepping down of planned respite and day care services has meant that many carers have not had a break from their caring responsibilities for significant periods of time. Dundee HSCP has increased flexibility in the use of SDS Option 1 resources by carers and has continued to support through emergency respite care. Respite Care in 24-hour alternative has been arranged for people when the situation has needed critical support. A limited amount of Day Centre provision has continued for some people with the most vulnerable circumstances and Day Care has also been available for some through 1-2-1 outreach support as an alternative to building based provision. Outreach support has, in some cases, been thought to be a more effective in improving or maintaining some people's outcomes and it is anticipated that as we remobilise we will be likely to develop and further expand this option. Recovery plans include the re-establishment of day care and planned respite care provision as soon as possible.

The workforce has continued to provide face-to-face contact when this has been assessed as essential for carers and supported people. In addition, alternative models of support have been implemented within a number of agencies who provide carers support services, for example the provision of 1:1 support via telephone and video call (using Attend Anywhere) and weekly Facebook Live virtual hubs by Dundee Carers Centre. Carer e-cards were developed for both young and adult carers to support them to continue to travel to carry out their caring role and to undertake activities such as shopping or collecting medication. Specific local arrangements were implemented to support unpaid carers to access PPE. All ages of carers across the city continued to be able to access the Short Break Brokerage Service at Dundee Carers Centre. This support meant that many carers explored and experienced ways of having a break and getting a rest that were not based on going away on holiday or Respite Care provision for the person they care for.

A range of creative and pro-active approaches were utilised to continue support for young carers, including continuation of short breaks and the provision of IT equipment and support to access the internet in order to maintain social connection to friends, family and professionals. Investment was also secured to develop and distributed wellbeing packs to young carers.

In addition, Dundee City Council and NHS Tayside implemented specific supports for members of their workforces who are carers, including specific human resources responses and signposting to relevant support services.

Following wave 1 we recognised the critical need to work with carers and their representatives to understand the impact of the pandemic on their needs and priorities. We will be progressing this work through our Carers Partnership who are also leading the revision of our local Carers Strategy prior to October 2021. A recent Carers Partnership engagement exercise is currently subject to more in-depth analysis by carers and agencies; preliminary analysis has identified a number of key themes regarding positive and negative impacts of the pandemic for carers including: enhanced pride in caring role and in wider contributions to community wellbeing; positive impact of home/flexible working on caring role; impact of increased caring on employment, physical, mental and social wellbeing; reduced accessibility of carer supports and wider social support networks; additional financial pressures; limitations of digital equipment and service delivery; and that there is more work needed to learn about and act on specific impacts for young carers and Black, Asian and minority ethnic carers. Findings from the engagement exercise will inform respite care service planning, the further development of targeted support to carers, workforce development activity aiming to enhance awareness, identification and support to carers, and support future partnership working to respond to the needs of carers.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing to work with local carers, carer's organisations, other agencies, local communities and other stakeholders to better understand the impacts of lockdown on their needs / priorities and develop enhanced responses, including to carer stress.
- Collating national research and data reflecting carer's circumstances and changed circumstances during pandemic in order to analyse what is needed for future strategy.
- Sustaining and further developing supports for members of the workforce who as well provide care and support to someone else in their own time.
- Recommencing development work to fully implement and embed Adult Carer Support Plan and Young Carer Statement work by summarising progress so far and co-ordinating with Personalisation Board to ensure whole family/caring situation is considered and supported.
- Consider how best health inequality developments can support further preventative and early intervention work for carers.
- Ensuring the work of Dundee Partnership fairness and social inequality activities take account of Carers matters including intersectionality of Carers, association with disabled people and those with protected characteristics including race and age.
- Progressing refresh of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and the Short Breaks Services Statement

7.6 Community Mental Health (including Drug and Alcohol Services)

Dundee will work as part of Tayside Mental Health Services to meet the mental health and wellbeing needs of its population while managing changing demand, need, priorities, and challenges due to COVID-19. Recovery and renewal plans have been co-ordinated, developed and shared through the Health and Social Care Partnership and Mental Health Command Structure, and this has informed a Tayside wide Whole System Recovery and Renewal Plan. We recognise the importance of delivering a high quality, responsive mental health service due to the direct relation with both physical health and also the potential to widen health inequalities when this is not in place.

As a whole health and social care system we anticipate an increase in demand for people with increased distress as well as mental health issues. National figures tell us:

- A higher proportion of people with long-term health conditions (59%), single parents (63%), those aged 25-34 (65%), and women (63%) reported having been anxious/worried compared to the overall adult population (54%). Higher proportions of young people age 18-24 (41%) and single parents (33%) report having been lonely in the previous two weeks than the adult population overall (26%).

- Higher proportions of young people age 18-24 (26%), age 25-34 (27%), and single parents (24%) report feeling hopeless in the previous two weeks than the overall adult population (17%)
- A higher proportion of people with a mental health diagnosis (27%), a long-term health condition (25%) and unemployed people (23%) are not coping well compared to the population overall (13%):

NHS Tayside Remobilise, Recover, Redesign Tayside Mental Health Plan (April 2021-March 2022) provides a full overview of the pandemic response within community mental health services (including community drug and alcohol services) and planned recovery actions. This has been supplemented below with further information about specific priorities within services delegated to and managed by DHSCP.

7.6.1 Community Mental Health and Learning Disability

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Further increasing capacity to provide a range of short breaks as an alternative to more traditional forms of respite, both to support lifestyle choices for people and to increase the level of support offered to carers. Mental Health and Learning Disability Teams have re-commenced their own short-break applications processes for breaks that can be arranged in accordance with the future easing of lockdown restrictions.
- Developing cross sector day supports that enable opportunities seven days per week and that provide increased respite for carers.
- Assessing and addressing the impact of reduced day service provision on individuals, family carers and organisations.
- Maintaining use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community. Including working proactively with landlords to enable quicker response times for use of housing stock.
- Exploring outings to access community facilitates where guidelines/ route map support this and risk assessments, safe working practices are met.
- Move to a more integrated model of health and social care assessment and care management.
- Continuing to monitor the effect of the Council's charging policy, particularly in circumstances where people deemed to be at risk do not engage with (chargeable) support and, as a result, pressures may become apparent in other areas of provision.
- Establishing a digital radio station to provide accessible information for people less likely to engage with conventional services and / or out-with current service hours.
- Opening of the hydrotherapy pool at White Top determined by both national and local guidance, risk assessments being in place and agreed systems and working arrangements.
- As a means of reintroducing face to face support, develop socially distanced 1:1 walking consultations with Nursing and Allied Health Professional staff utilising the abundant local green spaces.
- Gradually re-introducing of some elements of care and treatment in congregate settings if all environmental adjustments, training and workforce arrangements are in place. Priority will be given to supported people who live at home with family / carers.
- Fully embedding the Dundee Mental Health Discharge Hub within established team structures and address the priority to make this a seven-day service.
- Engaging in a whole-system approach to patient flow between adult mental health community and in-patient settings.
- Addressing the significant capacity issues within the Tayside Adult Autism Consultancy Team whilst leading a neuro-developmental pathway work-stream (as part of a Tayside wide Change Programme) to respond to both locally identified need and emergent national priorities.
- Expanding mental health resources delivered at GP Practice level to ensure provision across all practices.
- Collaborating with the Physical Health Co-Ordinator, within the Mental Health section of Public Health, to assist the initial scoping and further development of the `Bridging the Gap` project.

- Continuing to assess and plan Mental Health Officer staffing in line with increasing demand in relation to the statutory duties arising from both the Mental Health Act and Adults with Incapacity Act work, including the cumulative effect of the temporary suspension of Scottish Court processes.
- Establishing a Medication Concordance Framework of support around people with challenges arising from mental health or learning disabilities. This development will utilise the skills of nurses, AHPs and pharmacists with enhanced prescribing skills to improve both mental wellbeing and physical health.

7.6.2 Community Older People's Mental Health

COPMH services developed a risk matrix to manage assessment, support, contact and engagement with people who use the service, their families and their carers. While the service suspended out-patient clinics it has continued to respond to referrals. As with other areas, this service provides a high level of support to individuals and carers, through both direct contact and access to community supports, and through the post diagnostic support. Where these can be managed remotely the service has continued to be provided. In line with national tiers face-to-face support has been continuing where this can be delivered safely. There has been a range of options to provide support both remotely with the introduction of "Near Me" and in people's homes if assessed as required and safe.

Following wave 1 work was completed to recommence ward links with social workers attending multi-disciplinary teams at Kingsway Care Centre in order to support safe discharge planning. Ward visiting status was also reassessed and reduced allowing initial assessment visits and other required visits to take place supported by risk assessments.

This service also hosts the Care Home Team and we have recognised that for those service users in care homes who have cognitive impairment that this has been a particularly difficult time for them, their families and for staff. The care home team has continued to provide support to people in care homes both by remote means and face to face when appropriate and safe. Supporting people to remain at home safely will be a key focus for the service as we move through recovery. It is also anticipated that there will be an increase in referrals as other services recommence engagement and assessment of individual health needs.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Exploring further 'step-up / step-down' models of care for Psychiatry of Old Age to reduce inappropriate hospital and care home admissions.
- Expansion of post-diagnostic service to include on-line models of groupwork and support.

7.6.3 Psychological Therapies

There are two distinct elements to psychological therapy provision hosted within the Dundee Health and Social Care Partnership: the Multidisciplinary Adult Psychotherapy Service (MAPS) and the Tayside Psychological Therapies Service (PTS).

MAPS has detailed that during the pandemic, the number of sessions required to result in an effective treatment episode has increased from 40 to between 50 and 60. This has resulted in increased waiting times and an increase in the total number of people waiting (as referral numbers have remained constant). The implementation of the recently developed staffing strategy will create greater overall capacity within the service and reduce the level of additional resources required.

Specific priorities for Psychological Therapies in the next phase of recovery for are:

- Expanding internet enabled Cognitive Behavioural Therapy for Adult Psychological Therapies.
- Reinstating services that have temporarily ceased (e.g. psychological assessment for Bariatric Surgery and Exceptional Aesthetic Surgery).
- Considering recruitment options to attract a greater number of suitable candidates.
- Introduce dedicated In-Patient Adult Psychological Therapies Services for people who experience mental ill health and people with learning disabilities.
- Establish accelerated referral pathway for health and social care staff requiring psychological intervention as part of the overall staff wellbeing framework for Dundee Health and Social Care Partnership.

- Develop a commissioning framework for the provision of Psychological Therapies that will support the ongoing development of new and revised patient pathways.

7.6.4 Community Alcohol and Drug Services

The delivery of alcohol and drug services was seen as critical and as such all activity continued, albeit with the requirement to consider delivering this in different ways. During the emergency response to COVID-19 detailed action plans with priorities for community alcohol and drug services were implemented to ensure ongoing capacity for delivery of service pertaining to:

- Injecting equipment provision (IEP).
- Opioid substitution therapy (OST).
- Take home naloxone (THN).
- Maintenance of non-fatal overdose follow-up pathways (NFOD).
- Maintenance of the specialist harm reduction nursing service.
- Maintenance of community alcohol detoxification.
- Maintenance of assessment for drug and alcohol treatment.

The majority of ongoing contact with service users was made by telephone to ensure that people continued to receive ongoing support. NearMe was implemented but has had limited uptake by service users. Face-to-face consultation was provided according to service user needs and referrals continued to be accepted and acted on.

The initial step down of in-patient detoxification services at Kinclaven Murray Royal between March and June, had a knock-on effect for community-based services and a home detoxification alcohol service was provided for those at lower risk. The learning from this has been considered as community and inpatient alcohol and drug services remobilise. The opportunity to provide residential rehabilitation placements continues to be available during wave 2 for those people who require this. Some challenges have been experienced in relation to the provision of throughcare and reintegration services and supports following the end of placements due to limited availability of housing stock.

Alcohol and drug services are building on their plans to recommence pre-COVID level service, with continued use of remote technology where appropriate. This includes continued joint working with third sector services (commissioned and non-commissioned) to maintain the provision of direct supports in communities for people who use drugs and alcohol. In Dundee we have recommenced the programme to progress the implementation and monitoring of the Drug and Alcohol Action Plan for Change.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Reviewing plan for return to community pharmacy dispensing following changes to Scottish Government guidance for people who are shielding.
- Reviewing and implementing access pathways, including options for re-opening of direct access, taking account of social distancing requirements, physical environment and staffing capacity.
- Reviewing capacity to provide outreach services and respond to increasing demand from those people whose drug and alcohol use has started / escalated during lockdown.
- Reviewing and implementing the delivery model for psychosocial interventions considering whole system of care approach.
- Contributing to work across the Alcohol and Drugs Partnership to progress the implementation and monitoring of the Action Plan for Change. Specific focus on working with General Adult Psychiatry to implement NICE Guideline 58 through the work on the Whole System of Care test of change supported by the Drugs Death Taskforce Multiple and Complex Needs funding stream.
- Plan for local investment of additional funds announced by the Scottish Government for the enhancement of residential rehabilitation and community-based services.
- Contributing to work across the Dundee Alcohol and Drugs Partnership to review options for resuming peer support work, including SMART meetings and the work of the peer volunteers.
- Implementing medication assisted treatment standards.

8. Winter Planning

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The Winter Plan from NHS Tayside encompasses all Tayside partner organisations, including the relevant HSCPs, who have been integral the development of the plan. A focus on maintaining improved performance in relation to delayed discharge will continue in 2021/22. Alongside our partners, our aim is it to retain the current improvement with no more than 50 delayed discharges at each census point. For DHSCP this equates to no more than 5 acute delays and 20 delays in total.

The NHS Tayside Winter Plan prioritises front door assessment and alternatives to admission wherever possible. The plan develops services which support the front door response to presenting patients, capacity and flow through the hospital, a home first model of assessment and care, and prevention of influenza models. The plan builds on the learning from the previous year's winter planning and initiatives developed through the response to COVID-19, including digital solutions.

Key areas highlighted as part of the system wide winter planning in the Dundee Health and Social Care Partnership include:

- Re-investing intermediate care resource to further develop robust community rehabilitation model to support and promote earlier discharge home from hospital.
- Building on the Frailty at the Front Door model already successfully implemented in AME unit, by developing a community triage service for those frail patients who may be able to receive appropriate care and treatment in their own homes.
- Expanding the existing social care/community nursing assessment service developed in response to the COVID Hub model to support community triage.
- Further developing ECS/DECSA to support Hospital at Home. Identified as pilot site for HIS Hospital@Home trial.
- Focusing on implementation of eligibility criteria to reduce reliance on scarce social care resource.
- Strengthening of third sector interface to promote the use of alternative community supports as part of Home First strategic redesign work.
- Developing a 7-day model of working across Partnership services.
- Developing a community capacity situational awareness communication system to promote better whole system working across primary and secondary care.
- Developing intermediate care provision for older people with mental health problems.
- Remodelling of Integrated Discharge Hub to support improved patient flow.
- Ongoing home care and deteriorating improvement work in the community.
- Additional investment in the falls and community rehabilitation pathways through remobilisation monies.
- Continuing development of an amputee pathway to improve patient flow.
- Expanding the MFE Frailty model, into Surgical and Orthogeriatrics to improve patient experience.
- Continuing development of joint working arrangements across Tayside Partnerships to promote standardised models of working and simplified referral pathways for clinical staff.
- Implementing a flu campaign which covers patients over 55, vulnerable groups and staff.
- Developing community diagnostic services - initially phlebotomy.
- Further investing in social care to support early discharge over winter.
- Refining the stroke pathway to improve patient experience.
- Fully establishing the Mental Health Discharge Hub to extend transitional care to 6 days and support mental health in-patient stays that are as brief as possible whilst preserving safety.

9. Third and Independent Sector

9.1 Humanitarian Response

During the pandemic DHSCP has contribute to a range of activity co-ordinated across the wider Community Planning Partnership to address the basic needs of the most isolated, vulnerable and disadvantaged individuals and communities within Dundee. The contribution of third sector services to these activities has been significant, with Dundee Volunteer and Voluntary Action (DVVA) supporting and co-ordinating contributions from across a range of voluntary and community organisations. DVVA

also co-ordinated volunteering efforts across the city, including matching offers of volunteering from individuals to organisations seek additional capacity. Dundee City Council co-ordinated a helpline and range of supports for those people who are shielding and for general public enquiries.

9.2 Provider Support and Sustainability

DHSCP has strong and positive relationships with commissioned providers which has provided a foundation for enhanced partnership working during the pandemic. The Social Care Contracts Team, in partnership with operational services, has had a strong focus on provider support and sustainability throughout the pandemic.

A provider communications system was established in the early phases of response ensuring that all providers across health and social care (children and adults, commissioned or not) received collated up-to-date information about key developments in legislation and guidance as well as links to useful resources. Systems were also established to support all external health and social care providers to refer symptomatic staff and their household contacts for testing, playing a vital role in protecting capacity within the third and independent sector workforce. More recently arrangements have been put in place to ensure that members of the health and social care workforce employed in the third and independent sector have been able to access the seasonal flu and COVID vaccination programmes in-line with agreed national and local priorities. Support is also currently being provided in relation to the expansion of asymptomatic staff testing to care at home, day care and housing support.

Local guidance on financial sustainability matters has been developed in-line with national guidance and agreements. Commissioned providers are being supported to submit financial claims and systems have been established to process these in a timeous manner.

Contracts Leads from operational services have worked alongside Contracts Officers to maintain regular contact with commissioned providers by a range of virtual methods. Weekly provider reporting processes have been established across key service areas, with an overview of information received informing subsequent planning and decision making. Provider forums have continued to operate in service areas such as care homes and social care facilitated via virtual means. Specific additional briefings have been held where required, for example in relation to the COVID vaccination programme. Where it has been required bespoke support has been provided to specific providers, for example the provision of health and safety in relation to COVID-19 for providers with smaller numbers of employees. This is in addition to the advice and guidance available to third and independent sector providers through bodies such as DVVA and Scottish Care.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Supporting the recovery of commissioned capacity where this has been restricted as a result of the pandemic.
- Supporting the reinstatement of full contract monitoring reporting and financial reconciliation and developing and implementing associated processes / approaches.
- Working with providers to identify and address any areas of business risk and/or sustainability issues.
- Working with providers to support timely submission and processing of financial sustainability claims.
- Reviewing the frequency of provider communication updates in-line with the developing profile of the pandemic.
- Working with health and social care providers to identify learning from the pandemic response period and to incorporate learning into operational and strategic improvement plans activities as well as contractual frameworks.
- Considering learning and recommendations from the Adult Social Care Review and its implications for commissioning and procurement functions.

10. Workforce

The contribution of the health and social care workforce, including those employed by independent and third sector providers, has been a critical and invaluable enabler during the COVID-19 pandemic. Their commitment to maintaining services and to protecting the health and wellbeing of the people they care for has been demonstrated through their flexible approach in rapidly changing and very challenging circumstances.

Developments that recognise and respond to the impact of the experience of working through a pandemic on our workforce have been an important element of the Partnership's overall response. Dundee City Councils Workforce Wellbeing Service has been opened up to all of the health and social care workforce (regardless of employer), workforce wellbeing surveys have been undertaken, on-line resources signposting to supports and self-directed resources have been compiled, informal peer support, mentoring and coaching has been provided, capacity has been protected within mental health services to provide support to the workforce, learning and workforce development activities on trauma have been provided and trauma-informed responses developed and, Recovery Rest and Relaxation spaces have been identified across a range of services. In addition, individual managers have introduced a variety of creative ways to provide virtual and in-person support to their workforce, including the use of outdoor spaces with appropriate physical distancing. The priority placed on workforce health and wellbeing will continue to be high during the recovery period and for the foreseeable future.

We have also provided enhanced and individualised support to a number of colleagues who have been shielding or are in high-risk groups (or who live with people who are) to support their continued contribution to the workplace. This work has been particularly challenging given the need to co-ordinate across two-sets of organisational policies, procedures and guidance as they relate to staff employed by NHS Tayside and Dundee City Council.

A DHSCP Workforce Wellbeing Framework has been developed in full alignment with the Scottish Government's national framework to support and respond to psychosocial and wellbeing needs. This wellbeing framework considers both in-pandemic and post-pandemic workforce needs, protective factors and risks. In recognition of the cumulative impact of the pandemic on the workforce, from senior management to frontline workforce, the framework contains a series of targeted interventions and activities that directly respond to the ongoing wellbeing needs of the workforce. Key elements in include the development of a robust workforce communication and engagement plan, creation of virtual wellbeing rooms and opportunities for peer support, further development of responses to trauma and psychological distress, wellbeing surgeries for managers and formal psychological responses to individuals as required. We support and promote the NHS Tayside and constituent partnerships BAME group and will undertake any specific actions arising from this group.

We need to plan services and a workforce to work within this pandemic over many months and years. Our systems have been reconfigured to maintain safe delivery across all health and social care services and supports. We have supported staff to transition to blended models of working, including both office / community-based work and home working. We are continuing to work with Dundee City Council and NHS Tayside to manage the workforce deployment through their corporate processes. This has included agreeing ongoing temporary use of resources to support COVID specific services, such as the local PPE hub, with these arrangements continuing into 2021/22 in-line with national guidance. We will develop more detailed plans regarding these areas through the review of our DHSCP Workforce Plan as one of the companion documents to the DHSCP Strategic and Commissioning Plan.

We support and promote the NHS Tayside and constituent partnerships BAME group and will undertake any specific actions arising from this group. We are continuing to support staff to take leave, including any accrued leave built up in earlier stages of the pandemic. Support is being provided to members of the workforce employed by NHS Tayside as we approach the end of the annual leave year to enable staff to use leave balances wherever possible and to plan alternative arrangements in exceptional cases where this is not.

We will also continue to co-ordinate with their corporate workforce communications, supplementing this with direct messaging from the DHSCP Chief Officer and IJB Chair where appropriate.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing to develop and promote workforce Wellbeing Service (DCC) and opportunities for rest and recuperation.
- Finalise and implement the DHSCP Workforce Wellbeing Framework alongside approaches to monitor and evaluate impact.
- Supporting all services / teams to plan for long-term blended approach to service delivery (mix of building base and home-working). This will include reviewing long term working patterns and addressing the IT requirements for staff.
- Continued contribution to wider programme of work to develop trauma informed organisational cultures across Community Planning partners in Dundee and to recognise and value workforce lived experience.
- Review DHSCP Workforce Plan as part of overall programmes of work to review the DHSCP Strategic and Commissioning Plan and companion documents.

11. Clinical Care and Professional Governance

After being suspended at the beginning of the COVID period the formal Clinical, Care and Professional Governance Forums were reinstated at the end of the first wave.

Throughout the pandemic we have continued to prioritise activity to address the recommendations of Trust and Respect (Independent Inquiry into Mental Health Services in Tayside) and the Dundee Drug Commission. This has included the development of Living Life Well, a new Tayside strategy for mental health and wellbeing. We have recently had a recent inspection by HIS of our Medicine for the Elderly wards highlighted good practice in the care of our older patients.

As previously described we have supported Care Homes to manage the clinical and care needs of residents. Daily huddles were established and we are members of the Tayside Care Home Clinical and Care Oversight Group chaired by the Director of Nursing. We have undertaken supportive visits, supported the testing of symptomatic residents and staff and the introduction of weekly testing for asymptomatic staff. We will maintain the monitoring of care homes as ease of lock down progresses.

Exception reporting has continued since the reintroduction of clinical, care and professional governance forums with assurance provided through relevant governance committees. Weekly review of a range of governance information continues to ensure focused, frequent management of risk and developing concerns or issues.

Protecting people committees have continued to adapt their frequency of meeting to the emerging profile of the pandemic. A protecting people COVID-19 strategic risk register is now well embedded in the work of the committees and Chief Officers Group and provides the focus for strategic activity as well as operational responses.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Maintaining full remit of clinical, care and professional governance activities across all services utilising remote working solutions and / or face-to-face sessions as appropriate.
- Developing a governance facilitator post to enhance and embed local data systems to support managers decision making in relation to governance and performance through the post-COVID period.
- Ensuring changes implemented through COVID response period are reflected through exception reports at primary governance groups and the clinical, care and professional group.
- Ensuring that short, medium and long-term impacts of COVID response period are built into governance reports alongside existing report parameters.
- Maintaining an overview and monitoring of care homes.

11.1 Infection Prevention and Control

Infection prevention and control has been a critical aspect of maintaining safe service delivery, both within our internal services and for commissioned providers. Whilst all services and providers had infection prevention and control procedures and practices in place prior to the pandemic there was

necessarily an enhanced focus on all aspects of this work and a requirement to significantly scale-up provision of PPE.

A key focus for the DHSCP has been work with Dundee City Council, NHS Tayside and NSS to source and distributed PPE across the health and social care workforce. Through a co-ordinated approach three hubs were set-up across the city; one council, one health and one DHSCP. Partnership working across these hubs has enabled supply chains to be maintained and PPE to be distributed to services where it was needed, with each one supporting the others where supplies were compromised. Where risks to the supply chain were identified these were escalated through NHS Tayside Bronze Group, DCC Incident Management Team and national routes.

At the DHSCP hub the focus has been on distribution of nationally supplied PPE to the social care sector, including unpaid carers and personal assistants. Local processes have been developed, reviewed and are now embedded in practice. The hub is now also supporting the expansion of staff testing through the provision of LFT kits. It is anticipated that hubs will remain operational until at least the end of July 2021.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Reviewing functions of PPE Hub in-line with Scottish Government guidance and adapting processes and resourcing as required.
- Maintaining sustainable arrangements for continued provision of PPE, including the Hub arrangements and working towards appropriate exit plans.
- Implementing actions arising from Dundee / NHS Tayside risk assessments for PPE in community-based care services, including for personal assistants and unpaid carers.
- Considering and responding to revised guidance for service delivery, in line with national guidelines.
- Embedding COVID related Infection, Prevention and Control practice across all aspects of the workforce as business as usual.
- Further developing local audit and monitoring arrangements for Infection, Prevention and Control procedures and practice through the DH&SCP Infection, Prevention and Control Group.

11.2 Staff Testing

Throughout the pandemic period the DHSCP has made a significant contribution to arrangements for staff testing for the health and social care workforce. In the first wave of the pandemic the Partnership supported the establishment of the infrastructure for testing of symptomatic staff and their household contacts, including through the deployment of Partnership staff and the management of processes to enable the workforce employed through external providers to access testing.

In addition to testing for symptomatic staff members and their household contact the DHSCP has embedded process for asymptomatic staff testing in-line with national guidance. Work is ongoing to support the expansion of testing (LFT and PCR) to community and inpatients health staff, care at home, adult day care, sheltered housing and housing with multiple occupancies and personal assistants. This includes work to support external providers to implement asymptomatic staff testing as well as progressing arrangements for our own workforce.

Specific Priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Embedding expanded asymptomatic staff testing across health and social care services as described in national guidance. Including supporting the expansion of lateral flow device testing in-line with Scottish Government guidance via NSS distribution streams and through the Dundee PPE Hub.
- Monitoring local data to assess compliance with national guidance.
- Working with staff side representatives / trade unions to continue to support uptake of symptomatic and asymptomatic testing by the workforce.
- Planning for integration of staff testing as part of business as usual living with COVID provisions.

11.3 Vaccination

Since October 2020, DHSCP has supported the planning and implementation of the COVID-19 Vaccination Programme in-line with national guidance and in close collaboration with NHS Tayside's Public Health Department who lead Tayside's programme. This has included the deployment of staff to support the implementation of the programme and a range of actions to support the implementation of vaccination activity in care home settings and of health and social care staff who meet JCVI category 2 criteria. Additionally, staff out-with these criteria who are over 65 years of age and/or Clinically Extremely Vulnerable. Working alongside staff side representatives / trade unions we have supported access to vaccination for the health and social care workforce, both those who are part of the delegated Partnership workforce and the wider workforce employed in the third and independent sectors. A range of communications activities, including briefings for internal managers and external providers, have been utilised to support access to the programme for staff groups in-line with JCVI criteria / national guidance and to provide support and information to staff to encourage uptake of vaccination. Specific systems have been established to manage queries regarding eligibility for vaccination in a timely and efficient manner.

Across NHS Tayside we have built on the achievement of the blended model used for the flu programme and used a similar model for COVID-19 vaccination. This has achieved a high uptake and delivery rate for both programmes. The role of the general practice teams will continue alongside an increasing delivery through centralised venues as younger age groups are vaccinated. The wider partnership working is key to the success of the programme across a wide range of agencies, particularly supporting the community clinics.

As part of the Vaccination Transformation Programme developments around flu and other vaccinations will continue to develop across the year. There will be an increased transfer of work from general practice teams to HSCP delivery. Flu will be prioritised, but a model for other vaccines will be developed. There are a number of variables which will impact on this.

Specific Priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing activity to support the completion of the health and social care staff COVID vaccination programme, supporting this on an ongoing basis if required.
- Continuing leadership from Primary Care to progress the roll out the public COVID vaccination programme.
- Working with NHS Tayside to develop sustainable plans for longer-term delivery of COVID-19 vaccination, as this is known.
- Continuing communications activity, in partnership with Public Health and staff-side / trade unions representatives, to actively promote take-up of the COVID vaccine by the health and social care workforce and the general population.
- Continuing to develop a new model for flu delivery building on the learning across Tayside from the last year. The model will continue to transfer vaccine delivery from practice teams to a HSCP model of delivery.

12. Digital Working and Infrastructure

Digital interventions are now seen as of critical importance as part of the emergency COVID-19 response and to support our recovery. The rapid expansion of the use of platforms such as NearMe and Attend Anywhere to support continued delivery of services, as well as platforms such as Microsoft Teams to support workforce communication and remote working must now be consolidated. The further expansion of such approaches will be critical to supporting ongoing blended models of service delivery and working for a significant period of time. In some areas, feedback also suggests that these platforms have been positively received by people using services and have the potential to become a substantive model of service delivery beyond the end of the pandemic and complete removal of physical distancing measures. To support this approach, and to help inform the development of the next phase mobilisation plans, the Scottish Government is making new and flexible digital remote monitoring services available to all territorial Health Boards and Health and Social Care Partnerships. DHSCP will work with NHS

Tayside to further expand and develop this approach through NHS Tayside's Digital Remobilisation Plan and Digital Strategy.

There will also be a need to consider hybrid models of service delivery using digital and non-digital approaches to minimise the impact of digital poverty on our population and support access to services and supports regardless of individual's own digital status.

All GP practices in Dundee have been enabled to use and tested NearMe video consultation with almost 800 NearMe consultations between March and June, as well as GP OOH service is actively using this technology. In addition, a number of community services are exploring the use of NearMe. Initial feedback from staff and service users has been very positive and we intend to build on this.

The pandemic has highlighted significant inequality across our own workforce in relation to digital accessibility, with some sections of the workforce having very limited access to basic IT equipment and systems, such as smartphones, that would enable them to work more effectively and to remain connected to their team and manager.

While not yet developed we expect there to be additional local one-off costs of developing digital working further. There will also be significant challenges to overcome in managing the interface between the separate IT infrastructure and systems maintained by Dundee City Council and NHS Tayside.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing to expand scope of NearMe (Video Consultation) Project to support wide scale adoption of remote consultations (telephone and video), including for Primary Care, Mental Health and AHPs whilst (along with local partners) also considering how to reduce digital health inequalities.
- Continuing to build local capacity to fully utilise Microsoft Teams functions across NHS Tayside and Dundee City Council.
- Continuing to increase availability of IT hardware in order to fully utilise NearMe Tayside, Microsoft Teams and other digital platforms to sustain core business for those home working. e.g. provision of NHS and DCC IT equipment for all who require these.
- Continuing to develop Mobile WiFi hubs in identified locations to support laptop access to NearMe Tayside, Microsoft Teams and other digital platforms to provide essential links for clinical recording.
- Scoping workforce training and development needs to support increased emphasis on blended service delivery and identify appropriate responses.
- Working within NHS Tayside to implement their Digital Infrastructure and Innovation Mobilisation Plan, including elements supporting safe remote access to patient records and recording and safe remote patient monitoring and consultation.
- Working with Dundee City Council to engage with Using Your Own Device roll-out where appropriate in a work context.

13. Communications and Engagement

Dundee HSCP has worked closely with NHS Tayside and Dundee City Council Communications Teams to ensure information has been cascaded in a consistent, accurate and timely manner to the public and the workforce. Social media, websites, intranets and local media have all been utilised during the pandemic to share key information, including service closures and restrictions. Dedicated communication channels have been developed for Primary Care including zoom meetings and briefings. A series of radio adverts focusing on supports available across protecting people services was commissioned and complimentary information leaflets produced and distributed widely.

Voting members of the Dundee Integration Joint Board (IJB) have been briefed regularly by the Chief Office. Written briefing information has subsequently been shared with all IJB members and with elected members of Dundee City Council and NHS Tayside Board.

The Chief Officer and a range of other staff have actively participated in and contributed to national groups, including through Health and Care Scotland. Links have been maintained with national strategic

and scrutiny bodies such as Healthcare Improvement Scotland, the Care Inspectorate and SSSC. A direct link to the Tayside Local Resilience Partnership has been maintained through their Care for People Sub-Group which is chaired by the Head of Service for Health and Community Care.

Initial feedback has been collected from staff which provides a range of emerging themes, examples of innovative developments to be taken forward as well as some of the challenges our workforce are facing. It is recognised that there is a requirement to engage differently with the public and stakeholders about the changes that the COVID recovery plans will bring.

The Dundee Community Planning Partnership and Dundee Carers Partnership have undertaken public surveys in the final months of 2020 with a view to capturing public experiences of the impact that COVID-19 has had on health and social care needs. We are in the final stages on analysing the data from these surveys and will be incorporating relevant responses into local strategic and action plans.

We recognise that as we move out of wave 2 and continue to implement the COVID vaccination programme that there is growing public demand for forward looking information setting out the roadmap to the full reinstatement and recovery of services. We intend to work with the corporate communications teams to develop clear and consistent public messaging that addresses this issue.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing to communicate with service users and carers to keep them updated regarding service provision (general developments and individual specific matters), including developing specific messaging focused on the local roadmap to recovery of health and social care services and supports.
- Reviewing and utilising national communication plans and resources for remobilisation for local implementation / messaging.
- Progressing engagement activity associated with the review of the Partnership's Strategic and Commissioning Plan.
- Completing analysis of public surveys already undertaken and incorporating key priorities and actions within revisions of strategic and action plans.

14. Governance and Strategic Planning

Changes to operational arrangements have been overseen and supported by a rapidly established incident control structure. The Partnership's Silver Command has led internal response planning and implementation, supported by a range of subject / issues specific Bronze Groups. This has been supplemented by arrangements for senior management cover across weekends. The internal Partnership structure has been co-ordinated with those in place in NHS Tayside and Dundee City Council.

Following the utilisation of essential business procedures during the first wave of the pandemic full meetings of the IJB and associated committees were reinstated from August 2020. The IJB has considered an initial overview of the pandemic response from the Partnership, detailed analysis of the impact on the delivery of the current strategic and commissioning plan and the Partnership's recovery plan. The Partnership's Strategic Planning Advisory Group has also been reinstated and will have a central role in supporting the assessment of the impact of the pandemic on strategic plans over the next period of recovery. Quarterly performance report templates have been updated to include data that reflects the impact of COVID-19 activity on performance against the national health and wellbeing indicators and Measuring Performance Under Integration suite of indicators where data is available.

The DHSCP Strategic and Commissioning Plan is due to end on 31 March 2022. Under section 37 of the Public Bodies (Joint Working) (Scotland) Act 2014 the IJB must carry out a review of the effectiveness of its strategic plan prior to this date and decide whether or not to subsequently prepare a replacement strategic plan. The review must also consider the companion documents to the strategic and commissioning plan: Equality Outcomes and Equality Mainstreaming Framework; Housing Contribution Statement; Workforce and Organisational Development Strategy; Market Facilitation Strategy; and Participation and Engagement Strategy. The programme of work required to review the

strategic and commissioning plan is significant especially given that stakeholder engagement and consultation approaches will be fundamentally impacted by public health restrictions. Work has begun on the first phase of the review, the refresh of the Partnership's strategic needs assessment. Following this stakeholder engagement and consultation activity will commence. Whilst the work associated with reviewing the plan is significant it is also an important opportunity to reflect on the impact of the pandemic on the health and social care needs of the population.

The DHSCP is also working with the IJBs and corporate bodies across Tayside to complete the ongoing revision of the Dundee Health and Social Care Integration Scheme, following the completion of the statutory review of the scheme in 2020. Attention will also be given over the next recovery period to the recommendations within the Independent Review of Adult Social Care in Scotland and the implications for the Dundee IJB and DHSCP.

Alongside the review of the DHSCP Strategic and Commissioning Plan the Partnership has also begun work completed the statutory review of the local carers strategic plan and agreed that a revised strategy be developed. It is recognised that the pandemic has had a significant impact on the health and wellbeing of unpaid carers and on their needs and priorities. In addition to comprehensive engagement with carers throughout the lifetime of the current Carers Strategy, engagement activity has already been undertaken following the first wave of the pandemic and wider strategic needs assessment is being progressed before the end of 2020/21. A refreshed strategy is due to be considered by the IJB in early autumn 2021.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Reviewing incident response structure, including frequency of briefing of voting members of the IJB, and supporting phased return to business as usual management structures.
- Re-commencing face-to-face priority governance meetings, including the IJB and PAC (with continued option for remote participation for people who are shielding or in high risk groups).
- Progressing review of Partnership's Strategic Needs Assessment to incorporate data regarding impact of COVID-19 pandemic.
- Completion of statutory review of the Partnership's Strategic and Commissioning Plan (for completion March 2022 at the latest) and any subsequent work required to revise the strategy and companion documents.
- Completion of the revision of the Dundee Health and Social Care Integration Scheme in collaboration with IJBs and corporate body partners across Tayside.
- Completion of revision of the Dundee Carers Strategy.
- Revising operational and strategic risk registers for the recovery phase.
- Considering learning and recommendations from the Adult Social Care Review and its implications for Integration Joints Boards.

15. Brexit

We have continued to review our EU Exit Readiness Plan and take into consideration any concurrent risks arising from exit for the EU. These concurrent risks are regularly reviewed at both a regional, local and resilience partnership level. Where issues arise we will address these through the appropriate channels.

16. Finance

During 2020/21, Dundee HSCP COVID-19 financial plans reflected a range of financial implications which were submitted regularly to the Scottish Government to inform additional funding allocations. Additional costs have been incurred in areas such as PPE, supporting independent sector care providers, covering higher levels of staff absence, covering lost income from services not fully open over the period of the pandemic in addition to investment in new community rehabilitation and care services. It is anticipated that by the end of the financial year 2020/21, additional COVID-19 related

expenditure of £11.9m will have been incurred by Dundee HSCP with full funding provided by the Scottish Government.

A largely similar pattern of additional COVID-19 expenditure is expected to be reflected in 2021/22 however these are currently subject to a significant degree of uncertainty in terms of timescales of the response required during the year and impact on service delivery and Scottish Government direction on particular high cost issues such as provider sustainability. Therefore, the overall costs in 2021/22 will continue to be subject to refinement over the period of the pandemic.

In terms of our recovery plan we expect additional costs to emerge in the following areas:

- Infection prevention and control, including PPE.
- Increased demand on Community Nursing.
- Third sector mental health service capacity.
- Third and independent sector provider sustainability payments.
- Increased demand for care at home.
- Increasing capacity of community-based mental health and learning disability services.
- Provision of additional bed / community-based services capacity for potential further outbreaks / winter planning.
- Increased provision for rehabilitation services including AHP and social care support.
- Continued dedicated support to care homes.
- Supporting the National Services Scotland PPE “hub”.
- Increased cost / reduced capacity of the provision of day care.
- Influenza (staff and public) vaccination programme and campaign.
- Digital working and infrastructure including moves to mobile working.
- Review of accommodation requirements.
- COVID-19 protection measures will affect available capacities across all community–based services.
- Deferred annual leave.
- Remobilising General Practice.
- Loss of income for services which continue to be closed / working at reduced capacity.

At this stage of financial planning for 2021/22, it is anticipated that all COVID-19 additional costs incurred by the HSCP will be covered by additional Scottish Government funding given the position in the current financial year.

APPENDIX 1: Remobilisation and Renewal 2021/22 Implementation Plan

DHSCP SILVER COMMAND
COVID-19 Re-mobilisation: Next Phase of Health and Social Care Response
Recovery and Renewal
Implementation Plan

Objective/ Responsibility	Action	Lead	Deadline[1]	Actual Completion	Update/Status
1. LEARNING FROM RESPONSE AND RECOVERY	1.1 Further learning review target toward: • People within the health and social care workforce (including those who work remotely) • Third and Independent sector providers • People who use services, carers and wider communities	Strategy and Performance Service / Social Care Contracts Team / Health Inequalities Service / Carers Partnership	December 2021		
2. CORE RECOVERY PRIORITIES (all operational services)	2.1 Recommence student placements and NGP placements.	All services	Ongoing in line with infection		
	2.2 Plan for re-commencement of internal volunteer contributions to service.				

[1] Deadlines are based on understanding of the likely progression of the pandemic and associated restrictions / national guidance at the time of writing (23 February 2021) and are subject to review in-line with changing contextual / environmental factors.

	2.3 Recommence full education and training programmes, including further expansion of virtual offer.				
	2.4 Plan for and implement recommencement of face-to-face services and supports.				
	2.5 Embed and further expand digital innovations within service delivery plans and models.				
	2.6 Support expanded visiting arrangements (professional and loved ones).				
	2.7 Continue to undertake testing (staff and patient / service user).				
	2.8 Continue to review RAG rating/other prioritisation approaches to inform the prioritisation and management of support in response to assessed need.				
	2.9 Monitor wellbeing of workforce – internal and external provider.				
	2.10 Continue to develop robust data systems to inform practice and measure improvements.				
	2.11 Continue to gather patient / service user feedback and to use this to inform revised/future models of service delivery.				
	2.12 Re-commence elements of long-term improvement / development workstreams.				
	2.13 Monitor the impact on services as a result of changing needs and increased demand, including potential surges in demand following periods of lockdown.				
	2.14 Consider learning and recommendations from the Independent Review of Adult Social Care and its implications for service planning and delivery.				

3. HEALTH INEQUALITIES	3.1 Complete the detailed analysis of public surveys, disseminate findings to a range of strategic and operational groups and identify specific actions across community planning partners arising in response to themes identified.	Health Inequalities Service	June 2021		
	3.2 Continue and learn from utilising a blended approach to service delivery using platforms such as NearMe, including recommencing a fuller programme of face-to-face / group work within community centres and local buildings where this is supported by relevant guidance and risk assessments.	Health Inequalities Service	June 2021		
	3.3 Continue to be part of the city's approach to emergency food provision and meeting the basic needs of vulnerable people during the pandemic.	Community Health Team/ Health Inequalities Service	June 2021		
	3.4 Continue to review availability of non-clinical outward referral pathways so that workforce in different teams can refer clients effectively.	Health Inequalities Service	October 2021		
	3.5 Further testing of new approaches, such as support for self-care and management, for social prescribing clients and others where onward referral opportunities do not exist.	Social Prescribing Team/ Health Inequalities Service	December 2021		
	3.6 Manage potential surge in link worker referrals from GPs/ Practices as more information becomes available about patients who present with socio-economic issues related to the pandemic.	Social Prescribing Team/ Health Inequalities Service	December 2021		
	3.7 Re-commence anticipatory care interventions within the nursing team and reviewing role of the team more broadly to incorporate learning and embed new ways of working into post-pandemic service delivery.	Keep Well/ Health and Homeless Outreach Team/ Health Inequalities Service	December 2021		

	3.8 Re-commence social prescribing link worker presence in GP practices.	Social Prescribing Team/ Health Inequalities Service	From June 2021		
4. PRIMARY CARE (Tayside wide plan, hosted service – Angus)	4.1 Continue to support a unified approach to Primary Care services to ensure consistency of standards and service provision across Tayside.	Associate Medical Director	Ongoing		
	4.2 Establish a whole-system quality improvement approach for primary care which considers the multiple interfaces and co-dependencies.	Senior Manager - Primary Care	Ongoing		
	4.3 Continue to support COVID vaccinations in General Practice as required	Primary Care Programme Manager	Ongoing		
	4.4 Implement new ways of working enabled by digital technology to support triage, clinical signposting, case management and long-term condition care.	Senior Manager - Primary Care	Ongoing		
	4.5 Increase the focus on appropriate self-management and prevention and digitally enabled care.	Primary Care Programme Manager	Ongoing		
	4.6 Through our joint arrangements of the Primary Care Command and Co-ordination Team working closely with GP Practices and provide support in their plans to resume to full service including new ways of working.	Associate Medical Director	Ongoing		
	4.7 Continue to have a specific COVID-19 pathway via NHS 24 and local Clinical Hub and Assessment Centre.	Associate Medical Director	Ongoing		
	4.8 Progress with the PCIP agreed actions and implementation timeframes as funding allowed with a particular focus on Community Treatment and Care to support stability in General Practice and delivery of the flu and COVID-19 Vaccination programme.	Senior Manager - Primary Care	Ongoing		

	4.9 Progress access for community optometry to Clinical Portal and Staffnet.	Primary Care Service	Ongoing		
	4.10 Support the innovation within Community Pharmacy including the interface with General Practice and the introduction of Pharmacy First.	Senior Manager - Primary Care	Ongoing		
	4,11 Work closely with General Dental Services to increase service delivery where possible and safe to do so.	Primary Care Service	Ongoing		
	4.12 Progress development working across both primary and secondary care to shift the balance of care towards communities through improved integrated pathways	Senior Manager - Primary Care	Ongoing		
	4.13 Primary Care Out of Hours Service (OOH) will continue work in the way that has been established to support COVID-19 activity throughout the past few months and which formed a strong natural base for the COVID Assessment Centre structure to rest upon longer term.	Service Manager (Out of Hours – Primary Care)	Ongoing		
	4.14 Continue with initial telephone consultation for all patients being assessed within the Primary Care OOH service to ensure patients receive the most clinically appropriate assessment	Service Manager (Out of Hours – Primary Care)	Ongoing		
	4.15 Continue to support direct access of care homes to the OOH service so that professional advice to a senior clinical decision maker will be directly available.	Service Manager (Out of Hours – Primary Care)	Ongoing		
	4.16 Develop a new Frail Elderly LES for General Practice built on a set of principles for whole system multi-disciplinary working to support care homes.	Integrated Manager – Urgent Care	March 2022		
	4.17 Continue to review and develop the governance and quality improvement structures for Primary Care.	Associated Medical Director	March 2022		
	4.18 Review cluster models in partnership areas as required.	Senior Manager - Primary Care	March 2022		

	4.19 Progress work to improve health inequalities and access to primary care.	Senior Manager - Primary Care	Ongoing		
5. COMMUNITY NURSING	5.1 Develop and resource a sustainable approach to cohort nursing of COVID +/non-COVID patients within core District Nursing Teams in the event of a further increase in COVID positive cases.	Community Nursing Managers	August 2021		
	5.2 Further testing of locality working in District Nursing Teams.	Community Nursing Managers	August 2021		
	5.3 Maintain all Priority Band 1 and 2 visits and phased recommencement Priority Band 3 and 4 visits, COPD clinics, routine home visits and Leg Ulcer Assessment Clinic.	Community Nursing Managers	August 2021		
	5.4 Expand on COPD home visits for vulnerable patients to include clinic-based services for diagnosing new COPD patients.	Community Nursing Managers	August 2021		
	5.5 Work with GP practices to enable Community Care and Treatment Service (CCTS) to return to previous clinic space as soon as safely possible to further the return to core services. In addition, complete the roll out of CCTS to all GP practices in Dundee.	Community Nursing Managers	August 2021		
	5.6 Recommence the development of nurse-led Ear Clinic within the Community Care and Treatment Service.	Community Nursing Managers	August 2021		
	5.7 Recommence arrangements for ECS to receive all amber level referrals.	Community Nursing Managers	August 2021		
	5.8 Recruitment to additional District Nursing pasts at Band 5 and 6 funded by Scottish Government to meet actual and anticipated increase in workload posts COVID-19 e.g. re-introduction of postponed elective surgical interventions and knock on impact of delayed diagnoses of palliative care.	Community Nursing Managers	May 2021		

6.EMERGENCY AND URGENT CARE	6.1 Develop Hospital@Home model as part of broader development of cluster focused locality teams.	Service Lead	December 2021		
PLANNED CARE					
7. Community AHP Services	7.1 Continue the development of Community Rehabilitation models to enhance preventative approaches, reduce falls and POCS and reflect long-term and intensive nature of COVID rehabilitation.	Community AHP Managers	March 2022		
	7.2 Further embedding assessment through the Independent Living Review Team.	AHP managers	August 2021		
	7.3 Develop the falls service to address prevention and community pathways with third sector / SCRS.	AHP Managers	August 2021		
	7.4 Improve community-based rehabilitation offer.	AHP Managers	August 2021		
	7.5 Integrate hospital and community service with collaborative commissioning arrangements. Primary care teams should be supported by outreach activity from secondary services including primary care supported by cardiopulmonary rehabilitation, sports and exercise medicine, neurorehabilitation and neurological disability services	AHP Managers	March 2022		
	7.6 Develop collaborative working between critical care, acute medical and specialist rehabilitation teams to develop rehabilitation pathways for patients who are recovering following treatment in intensive care and high dependency care (whether for COVID-related illness or other critical conditions).	AHP Managers	August 2021		
8. Nutrition and Dietetics (hosted service)	8.1 Develop a specialist community dietetic service to support CARES service.	Nutrition & Dietetic Service Leads	June 2021		
	8.2 Develop the work underway on the malnutrition pathway through continued partnership working and by embedding The	Nutrition & Dietetic Service Leads	June 2021		

		Patient Association, 4 questions into care assessments and 'good conversations' in community settings.				
		8.3 Extend opportunities for people to access weight and diabetes interventions.	Nutrition & Dietetic Service Leads	June 2021		
Community Outpatient Services	**9.Physiotherapy MSK**	9.1 Develop sustainable workforce models and patient pathways across Tayside Orthopaedic/MSK service spanning primary and secondary care.	AHP Managers / Integrated Managers	March 2022		
		9.2 Develop models to support re-introduction of elective surgery.	AHP Managers / Integrated Managers	September 2021		
		9.3 Ensure First Contact Physiotherapy capacity is sufficient to meet demand in line with the principles of the Primary Care Improvement Programme.	AHP Managers	June 2021		
		9.4 Continue the recommencement of routine waiting list where clinically indicated.	AHP Managers	As Scottish Government guidance allows		
		9.5 Recommence face-to-face group sessions with a focus on community locations, increasing the role of support workers, sports and leisure professionals and colleagues from the third sector.	AHP Managers	As Scottish Government guidance allows		
	10. Pulmonary Rehabilitation	10.1 Continue to explore digital solutions to deliver a safe and effective virtual PR class.	AHP Managers	June 2021		
		10.2 Increase PR capacity required to support backlog of referrals and anticipated rehabilitative needs of people recovering from the direct and indirect impact of the COVID-19 pandemic.	AHP Managers	October 2021		
		10.3 Integrate PR and COPD nursing team to support prevention of admission and supported discharge pathways.	Service Leads	October 2021		
	11. Palliative Care	11.1 Develop models to support re-introduction of elective infusion clinics.	Service Leads	October 2021		

	(hosted service)	11.2 Support and resource virtual and face-to-face services for Parkinsons patients.	MFE Clinical Nurse Manager	As Scottish Government guidance allows		
		11.3 Create a blended approach for Palliative care day care patients to access the service.	Service / Team Leaders	As Scottish Government guidance allows		
		11.4 Build a patient and family resource library for patients to access virtually to support self-management strategies.	Team Leaders	In progress		
		11.5 Re-commence face-to-face clinics for symptom control, Lymphoedema and Homeopathy.	Service / Team Leaders	As Scottish Government guidance allows		
		11.6 Develop and resource pathways that address health inequalities as a consequence of COVID.	Service / Team Leaders	As Scottish Government guidance allows		
In-Patients Services	**12. Psychiatry of Old Age**	12.1 Phased recommencement of discharge services.	Team Leaders	Ongoing		
	13. Medicine for the Elderly	13.1 Plan for re-commencement of some face-to-face outpatient clinics.	Service Leads	As Scottish Government guidance allows		
		13.2 Re-commence arrangements for families to join and participate in case conferences.	Service Leads	As Scottish Government guidance allows		
	14. In-patient AHP Services	14.1 Planning for ongoing AHP weekend working across targeted areas.	AHP Managers	March 2022		
		14.2 Continue to develop the AHP hospital front door model to support more people being moved back into the community setting to receive their care.	AHP Managers	September 2022		

		14.3 Continue to develop a flexible workforce to support patient's needs across the transitions from hospital into the community setting.	Integrated Managers	March 2022		
		14.4 Ensure patients admitted to hospital have an appropriate and timely multidisciplinary assessment, including their rehabilitation and ongoing needs, are offered person-centred care which is outcomes focussed and are followed up appropriately after discharge.	Integrated Managers	June 2021		
		14.5 Continue to develop models to support earlier discharge through outreach visits and improved overlap / joint working with community teams.	Integrated Managers	August 2021		
		14.6 Continue to develop the CARES service (COVID-Related Advice on Rehabilitation and Enablement Service) to support those affected by long-COVID.	AHP Managers	August 2021		
		14.7 Develop staff education online resources for the management of long-COVID (NES funding secured).	AHP Managers	August 2021		
		14.8 Continue to develop the CAPA (Care about physical activity) training and education roll out across wards to promote increased activity and cognitive engagement.	AHP Managers	September 2021		
		14.9 Continue to develop prehabilitation AHP services where appropriate.	AHP Managers	March 2022		
	15, Centre for Brain Injury (CBIR) and Stroke Service (hosted service)	15.1 Commence remodelling for the new Neuro rehabilitation pathway across Tayside	Service / Team Leads	As Scottish Government guidance allows		
		15.2 Consider a new medical model for the service.	Service / Medical / Team Leads	In progress		
		15.3 Commence work to develop MDT formats.	Service Leads	June 2021		

		15.4 Re-establish home visits for patients who have planned discharge dates as required.	Service Leads	As Scottish Government guidance allows		
		15.5 Appoint Discharge Co-ordinator to facilitate discharge across the site.	Service Leads / Team Leaders	As Scottish Government guidance allows		
		15.6 Establish an advisory line for supporting stroke recovery and discharge from hospital for brain injury patients.	Service / Team Leaders	Commence April 2021		
16. Palliative Care		16.1 Consider the resource required to manage late onset disease with high symptom burden and short to medium prognosis as a consequence of late presentation.	Service / Team Leaders	As Scottish Government guidance allows		
		16.2 Prioritise, develop and implement virtual and digital options for Day Services to meet individual and group user needs safely and within service capacity.	Service / Team Leaders	In progress		
		16.3 Re-commence complex lymphedema services through outpatient appointments.	Service Leads / CNS	As Scottish Government guidance allows		
		16.4 Progress initial priority areas from Tayside Whole System Approach: Supporting End of Life Care & Conserving Critical Medicines during the COVID-19 Pandemic.	Service Leads / Principal Pharmacist / Education Teams	In progress		
		16.5 Progress setting specific pathways support models including Community Nursing and Care Homes.	Services Leads / CNS	As Scottish Government guidance allows		
		16.6 Provide support to patients in community settings to set-up IT devices to enable virtual consultations.	Service Leads	Ongoing		

	16.7 Establishment of short-term contracts to support ongoing deficits in RMN workforce that cannot be mitigated using other disciplines.	Service Leads	June 2021		
17. Sexual and Reproductive Health (hosted service)	17.1 Maintenance of current services offering LARC, PrEP and urgent and emergency care, as well as more routine care for people from vulnerable and high-risk populations. Patients attending services to be triaged or referred by other clinicians. Telephone or NearMe appointments prior to face-to-face appointments whenever possible.	Integrated Managers	June 2021		
	17.2 Explore novel routes to restart currently paused services in medium risk groups, as capacity and restrictions allow.	Integrated Managers	August 2021		
	17.3 Seek to support more young people into services by reviewing way the service is delivered and potential novel routes, as capacity and restrictions allow.	Integrated Managers	August 2021		
SOCIAL CARE					
18. Social Work / Care Management	18.1 Maintain practices that promote and provide bespoke, person-centred services and supports for individuals and their carers.	Integrated Managers	In place		
	18.2 Maintain outreach provision as temporary replacement for day care services whilst planning for gradual reintroduction of day care provision.	Registered Managers	In place		
	18.3 Develop and implement models to support reintroduction of day support in-line with Scottish Government guidance and in consultation with Public Health Scotland and the Care Inspectorate.	Registered Managers	June 2021		
	18.4 Review care packages that were adjusted due to COVID-19 impacts.	Integrated Managers / Team Managers	July 2021		

	18.5 Work with provider and care home sector to monitor re-introduction of packages of care, assess impact on provider recovery plans and agree any relevant actions / supports.	Integrated Managers / Team Managers	August 2021		
	18.6 Monitor the impact of increased assessment and subsequent allocation priority to those impacted by COVID-19, including considering short and long-term health, care and support needs and subsequent implications for practice (for example, possible requirements for enhanced level of multi-disciplinary assessments required).	Integrated Managers / Team Managers	Ongoing		
	18.7 Continue to integrate all aspects of locality working, including integration of care management teams by fully integrating an adult service in East and West localities and finalising plans to deliver an integrated duty system.	Integrated Managers / Team Managers	August 2021		
	18.8 Continue to develop closer liaison with other care management teams to support a service wide response.	Integrated Managers / Team Managers	December 2021		
19. Public Protection (Adult Protection, Violence Against Women, other issues)	19.1 Plan for and implementing recommencement of face-to-face service user participation in multi-agency adult support and protection case conferences and other multi-agency processes.	Adult Support and Protection Team	May 2021		
	19.2 Better understand patterns of referral of adults at risk during the pandemic and subsequent actions taken to ensure a robust response where people do not meet the three-point test for statutory intervention.	Adult Support and Protection Team supported by Adult Support and Protection Committee	June 2021		
	19.3 Progress the testing and adoption of revised approaches to chronologies, risk assessments and case file auditing.	Operational Management Team	March 2022		

	19.4 Contribute to the completion of a thematic review of adult protection cases and address areas for improvement arising.	Operational Management Team	May 2021		
	19.5 Enhancing capacity to respond effectively to people who are homeless and having a complexity of need and to anticipated increased demand following withdrawal of temporary legislation prevention evictions / repossessions.	Integrated Manager	June 2021		
	19.6 Implement of video-conferencing to support operation of MARAC (case conferencing for highest risk victims of domestic abuse) and reviewing virtual approach to inform long-term model of operation.	Police Scotland / PP Strategic Support Team	April 2021		
	19.7 Address underlying financial sustainability of specialist violence against women support services, including enhancing short-term capacity in support services to address waiting lists and post-lockdown surge in demand.	COG Sub-group	March 2022		
	19.8 Enhance the work of the Gendered Services Group to support mainstreaming of gendered approaches across health and social care services.	Gendered Services Working Group	Ongoing throughout year		
	19.9 Develop pathways to support for women involved in commercial sexual exploitation who have health and social care needs.	CSE Working Group	In progress		
	19.10 Support the implementation of the integrated strategic protecting people recovery plan.	Senior Management Team	In place		
	19.11 Support the revision of the strategic risk register to shift from a focus on COVID specific risks to 'business as usual' content.	Operational Management Team / PP Strategic Support Team	October 2021		

	19.12 Contribute to work to identify a future model for delivery of adult and child concern screening functions.	First Contact Team / PP Strategic Support Team	August 2021		
	19.13 Contribute to work to identify a future protecting people governance and strategic structure, building on learning from the pandemic period.	Senior Management Team / PP Strategic Support Team	August 2021		
	19.14 Embed trauma-informed practice across health and social care services, including developing trauma-informed organisational cultures and recognising the impact of trauma on and value of lived experience within the workforce.	Trauma Champions / Senior Management Team	March 2022		
20. Care Homes	20.1 Maintain intensive support to all care homes as per care home plan submitted to Scottish Government.	Integrated Managers / Care Home Oversight Group	Ongoing		
	20.2 Work across Tayside to establish additional support for care homes including a flexible social care staff team, access to ancillary supports and management and leadership support.	Integrated Managers / Care Home Oversight Group	Ongoing		
	20.2 Review enhanced governance and support arrangements in line with national guidance	Integrated Managers / Care Home Oversight Group	Ongoing		
	20.3 Release capacity of Care Home Team from quality assurance activity and recommencing planned improvement activities.	Integrated Managers	August 2021		
	20.4 Review models of care home-based services, including respite care and intermediate care for people living with mental health challenges (commenced prior to the pandemic but paused during lockdown).	Integrated Managers	December 2021		
21. Care at Home	21.1 Continued implementation of Independent Living Review Team to review the number of packages of care in the	Integrated Managers	Ongoing		

	community, to work with community care workforce and contribute positively to support and enable earlier discharge for individuals from hospital, and to enable their independence in the home environment.				
	21.2 Enhance our focus on implementation of eligibility criteria to support streamlined referral processes.	Integrated Managers	August 2021		
22. Housing Support / Care at Home	22.1 Considering the impact of the delay in new tenancies due to the pause in construction.	Integrated Managers / Social Care Contracts	In place		
	22.2 Supporting a cross sector workforce planning model that enables flexible staffing levels that aid mitigation of the impact of increased levels of absence and to maintain emotional wellbeing.	Integrated Managers / Social Care Contracts	Formalise current practice and further enhance by September 2021		
	22.3 Increasing leadership capacity in some areas (cross sector) to help meet the increased demands relating to COVID recovery and to support new ways of working.	Integrated Managers / Social Care Contracts	August 2021		
	22.4 Continuing to work in partnership cross sector to ensure adequate funding through the recovery phase. Opportunities to review outcomes for people and establish future support models may lead to a need to disinvest in some areas and reinvest in others.	Integrated Managers / Social Care Contracts / Finance	In place		
23. Carers	23.1 Continue to work with local carers, carer's organisations, other agencies, local communities and other stakeholders to better understand the impacts of lockdown on their needs / priorities and develop enhanced responses, including to carer stress.	Dundee Carers Partnership	April 2021		

	23.2 Collate national research and data reflecting carer's circumstances and changed circumstances during pandemic in order to analyse what is needed for future strategy.	Dundee Carers Partnership	June 2021		
	23.3 Sustain and further develop supports for members of the workforce who as well provide care and support to someone else in their own time.	Workforce Leads	Ongoing throughout year		
	23.4 Recommence development work to fully implement and embed Adult Carer Support Plan and Young Carer Statement work by summarising progress so far and co-ordinating with Personalisation Board to ensure whole family/caring situation is considered and supported.	Integrated Managers / Strategy and Performance Service / Carers Partnership	From April 2021		
	23.5 Consider how best health inequality developments can support further preventative and early intervention work for carers.	Carers Partnership / Health Inequalities Manager	October 2021		
	23.6 Ensure the work of Dundee Partnership fairness and social inequality activities take account of Carers matters including intersectionality of Carers, association with disabled people and those with protected characteristics including race and age.	Carers Partnership / Health Inequalities Manager	Ongoing		
	23.7 Progress refresh of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and the Short Breaks Services Statement	Dundee Carers Partnership	October 2021		
COMMUNITY MENTAL HEALTH (INCLUDING DRUG AND ALCOHOL SERVICES)					
24. Community Mental Health and Learning Disability	24.1 Further increase capacity to provide a range of short breaks as an alternative to more traditional forms of respite, both to support lifestyle choices for people and to increase the level of support offered to carers. Mental Health and Learning	Integrated Managers	In place		

	Disability Teams have re-commenced their own short-break applications processes for breaks that can be arranged in accordance with the future easing of lockdown restrictions.				
	24.2 Develop cross sector day supports that enable opportunities seven days per week and that provide increased respite for carers.	Integrated Managers / Social Care Contracts	December 2021		
	24.3 Assess and address the impact of reduced day service provision on individuals, family carers and organisations.	Integrated Managers	In place		
	24.4 Maintain use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community. Including working proactively with landlords to enable quicker response times for use of housing stock.	Integrated Managers / Social Care Contracts	In place		
	24.5 Explore outings to access community facilitates where guidelines/ route map support this and risk assessments, safe working practices are met.	Registered Managers	June 2021		
	24.5 Move to a more integrated model of health and social care assessment and care management.	Integrated Managers	Monitoring in place. Integrated model by December 2021		
	24.6 Continue to monitor the effect of the Council's charging policy, particularly in circumstances where people deemed to be at risk do not engage with (chargeable) support and, as a result, pressures may become apparent in other areas of provision.	Integrated Managers	In place		

	24.7 Establish a digital radio station to provide accessible information for people less likely to engage with conventional services and / or out-with current service hours.	Integrated Manager	October 2021		
	24.8 Opening of the hydrotherapy pool at White Top determined by both national and local guidance, risk assessments being in place and agreed systems and working arrangements.	Registered Manager	Summer 2021		
	24.9 As a means of reintroducing face to face support, develop socially distanced 1:1 walking consultations with Nursing and Allied Health Professional staff utilising the abundant local green spaces.	Team Leaders	In place		
	24.10 Gradually re-introduce of some elements of care and treatment in congregate settings if all environmental adjustments, training and workforce arrangements are in place. Priority will be given to supported people who live at home with family / carers.	Integrated Managers / Managers	June 2021		
	24.11 Fully embed the Dundee Mental Health Discharge Hub within established team structures and address the priority to make this a seven-day service.	Integrated Managers / Nurse Manager	August 2021		
	24.12 Engage in a whole-system approach to patient flow between adult mental health community and in-patient settings.	Integrated Managers / Nurse Manager	In progress		
	24.13 Address the significant capacity issues within the Tayside Adult Autism Consultancy Team whilst leading a neuro-developmental pathway work-stream (as part of a Tayside wide Change Programme) to respond to both locally identified need and emergent national priorities.	Integrated Manager	October 2021		

	24.14 Expand mental health resources delivered at GP Practice level to ensure provision across all practices.	Lead Clinician, Dundee Adult Psychological Therapies Service	Incremental increase scoped		
	24.15 Collaborate with the Physical Health Co-Ordinator, within the Mental Health section of Public Health, to assist the initial scoping and further development of the `Bridging the Gap` project.	Integrated Manager	May 2021		
	24.16 Continue to assess and plan Mental Health Officer staffing in line with increasing demand in relation to the statutory duties arising from both the Mental Health Act and Adults with Incapacity Act work, including the cumulative effect of the temporary suspension of Scottish Court processes.	Integrated Manager	In place		
	24.17 Establish a Medication Concordance Framework of support around people with challenges arising from mental health or learning disabilities. This development will utilise the skills of nurses, AHPs and pharmacists with enhanced prescribing skills to improve both mental wellbeing and physical health.	Integrated Managers / Nurse Manager	July 2021		
25. Community Older People's Mental Health	25.1 Explore further 'step-up / step-down' models of care for Psychiatry of Old Age to reduce inappropriate hospital and care home admissions.	Integrated Manager / Nurse Managers	December 2021		
	25.2 Expansion of post-diagnostic service to include on-line models of groupwork and support.	Lead Clinician	In place		
26. Psychological Therapies (hosted service)	26.1 Expand internet enabled Cognitive Behavioural Therapy for Adult Psychological Therapies.	Lead Clinician	In place		
	26.2 Reinstate services that have temporarily ceased (e.g. psychological assessment for Bariatric Surgery and Exceptional Aesthetic Surgery).	Director of Psychology	June 2021		

	26.3 Consider recruitment options to attract a greater number of suitable candidates.	Locality Manager / Director of Psychology / HR	April 2021		
	26.4 Introduce dedicated In-Patient Adult Psychological Therapies Services for people who experience mental ill health and people with learning disabilities.	Locality Manager / Director of Psychology	June 2021		
	26.5 Establish accelerated referral pathway for health and social care staff requiring psychological intervention as part of the overall staff wellbeing framework for Dundee Health and Social Care Partnership.	Locality Manager / Director of Psychology	April 2021		
	26.6 Develop a commissioning framework for the provision of Psychological Therapies that will support the ongoing development of new and revised patient pathways.	Locality Manager / Director of Psychology / Clinical Lead for MH/LD	September 2021		
27. Community Drug and Alcohol Services	27.1 Review plan for return to community pharmacy dispensing following changes to Scottish Government guidance for people who are shielding.	Dundee Drug and Alcohol Recovery Service	In-line with Scottish Government guidance		
	27.2 Review and implement access pathways, including options for re-opening of direct access, taking account of social distancing requirements, physical environment and staffing capacity.	Dundee Drug and Alcohol Recovery Service	In-line with Scottish Government guidance		
	27.3 Review capacity to provide outreach services and respond to increasing demand from those people whose drug and alcohol use has started / escalated during lockdown.	Dundee Drug and Alcohol Recovery Service	In progress		
	27.4 Review and implement the delivery model for psychosocial interventions considering whole system of care approach.	Dundee Drug and Alcohol Recovery Service	In progress		

	27.5 Contribute to work across the Alcohol and Drugs Partnership to progress the implementation and monitoring of the Action Plan for Change. Specific focus on working with General Adult Psychiatry to implement NICE Guideline 58 through the work on the Whole System of Care test of change supported by the Drugs Death Taskforce Multiple and Complex Needs funding stream.	Dundee Drug and Alcohol Recovery Service	From April 2021 (as set out in CORRA fund application)		
	27.6 Plan for local investment of additional funds announced by the Scottish Government for the enhancement of residential rehabilitation and community-based services.	Dundee Alcohol and Drugs Partnership	In-line with Scottish Government guidance		
	27.7 Contribute to work across the Dundee Alcohol and Drugs Partnership to review options for resuming peer support work, including SMART meetings and the work of the peer volunteers.	Dundee Drug and Alcohol Recovery Service	In-line with Scottish Government guidance		
	27.8 Implement medication assisted treatment standards.	Dundee Drug and Alcohol Recovery Service	In progress		
28. WINTER PLANNING (Tayside wide plan)	28.1 Reinvestment of intermediate care resource to further develop robust community rehabilitation model to support and promote earlier discharge home from hospital.	Associate Locality Manager - Acute and Urgent Care	In progress		
	28.2 Build on the Frailty at the Front Door model already successfully implemented in AME unit, by developing a community triage service for those frail patients who may be able to receive appropriate care and treatment in their own homes.	Associate Locality Manager - Acute and Urgent Care / Integrated Manager - Urgent Care / Clinicians - Acute Frailty/DECSA	In progress		
	28.3 Expansion of the existing social care/community nursing assessment	Associate Locality Manager – Community /	In progress		

	service developed in response to the COVID Hub model to support community triage.	Integrated Manager / Community Nurse Managers			
	28.4 Further development of ECS/DECSA to support Hospital at Home. Identified as pilot site for HIS Hospital@Home trial.	Integrated Manager - Urgent Care	In progress		
	28.5 Focus on implementation of eligibility criteria to reduce reliance on scarce social care resource.	Associate Locality Manager – Community / Integrated Managers	In progress		
	28.6 Strengthening of third sector interface to promote the use of alternative community supports as part of Home First strategic redesign work.	Integrated Managers – Care and Assessment and CRT / Contracts Officers	Partially completed		
	28.7 Development of a 7-day model of working across Partnership services.	Associate Locality Manager – Community / Integrated Manager / Community Nurse Managers	In progress		
	28.8 Development of a community capacity situational awareness communication system to promote better whole system working across primary and secondary care.	Associate Locality Managers / Integrated Managers	Partially completed		
	28.9 Development of intermediate care provision for older people with mental health problems.	Integrated Manager – Dundee Care Homes / Angus and Perth & Kinross Leads	Dundee element complete and pending review		
	28.10 Remodelling of Integrated Discharge Hub to support improved patient flow.	Associate Locality Manager - Acute and Urgent Care	In progress		
	28.11 Ongoing home care and deteriorating improvement work in the community.	Integrated Manager – Care at Home and CRT / Community Nurse Managers	Ongoing		

	28.12 Additional investment in the falls and community rehabilitation pathways through remobilisation monies.	Integrated Manager – CRT / SCRS / Third Sectors	Ongoing		
	28.13 Continued development of an amputee pathway to improve patient flow.	Associate Locality Managers / Integrated Manager - Inpatient AHP Services	In progress		
	28.14 Expansion of the MFE Frailty model, into Surgical and Orthogeriatrics to improve patient experience.	Associate Locality Manager - Acute and Urgent Care	In progress		
	28.15 Continued development of joint working arrangements across Tayside Partnerships to promote standardised models of working and simplified referral pathways for clinical staff.	Associate Locality Manager - Acute and Urgent Care	In progress		
	28.16 Implementation of a flu campaign which covers patients over 55, vulnerable groups and staff.	Primary Care and Community Nurse Managers	Ongoing		
	28.17 Development of community diagnostic services - initially phlebotomy.	TBC	TBC		
	28.18 Further investment in social care to support early discharge over winter.	Associate Locality Manager – Community / Integrated Manager – Care at Home	Ongoing		
	28.19 Refinement of stroke pathway to improve patient experience.	Associate Locality Managers / Integrated Manager - Inpatient AHP Services / CRT	In progress		
	28.20 Fully establish the Mental Health Discharge Hub to extend transitional care to 6 days and support mental health in-patient stays that are as brief as possible whilst preserving safety.	Locality Manager	December 2021		

29. THIRD AND INDEPENDENT SECTOR	29.1 Support the recovery of commissioned capacity where this has been restricted as a result of the pandemic.	Social Care Contracts / Operational Contract Leads	Ongoing throughout year		
	29.2 Support the reinstatement of full contract monitoring reporting and financial reconciliation and developing and implementing associated processes / approaches.	Social Care Contracts	March 2022		
	29.3 Work with providers to identify and address any areas of business risk and/or sustainability issues.	Social Care Contracts / Operational Contract Leads	Ongoing throughout year		
	29.4 Work with providers to support timely submission and processing of financial sustainability claims.	Social Care Contracts	In place		
	29.5 Review the frequency of provider communication updates in-line with the developing profile of the pandemic.	Social Care Contracts	Quarterly review		
	29.6 Work with health and social care providers to identify learning from the pandemic response period and to incorporate learning into operational and strategic improvement plans activities as well as contractual frameworks.	Social Care Contracts / Operational Contract Leads	Ongoing throughout year		
	29.7 Consider learning and recommendations from the Adult Social Care Review and its implications for commissioning and procurement functions.	Social Care Contracts / Senior Management Team	October 2021		
30. WORKFORCE	30.1 Continue to develop and promote workforce Wellbeing Service (DCC) and opportunities for rest and recuperation.	Wellbeing Leads / Senior Management Team	Ongoing throughout year		
	30.2 Finalise and implement the DHSCP Workforce Wellbeing Framework alongside approaches to monitor and evaluate impact.	Wellbeing Leads / Senior Management Team	From March 2021		
	30.3 Support all services / teams to plan for long-term blended approach to service delivery (mix of building base and home-	Workforce Leads / Well being Leads / Team Leads	October 2021		

	working). This will include reviewing long term working patterns and addressing the IT requirements for staff.				
	30.4 Continued contribution to wider programme of work to develop trauma informed organisational cultures across Community Planning partners in Dundee and to recognise and value workforce lived experience.	Wellbeing Leads	March 2022		
	30.5 Review DHSCP Workforce Plan as part of overall programmes of work to review the DHSCP Strategic and Commissioning Plan and companion documents.	Workforce Leads / Strategy and Performance Service	March 2022		
CLINICAL, CARE AND PROFESSIONAL GOVERNANCE					
31. Clinical, Care and Professional Governance	31.1 Maintain full remit of clinical, care and professional governance activities across all services utilising remote working solutions and / or face-to-face sessions as appropriate.	Head of Health and Community Care / Lead AHP	Ongoing		
	31.2 3Develop a governance facilitator post to enhance and embed local data systems to support managers decision making in relation to governance and performance through the post-COVID period.	Lead AHP	June 2021		
	31.3 Ensure changes implemented through COVID response period are reflected through exception reports at primary governance groups and the clinical, care and professional group.	Primary Governance Lead	Ongoing		
	31.4 Ensure that short, medium and long-term impacts of COVID response period are built into governance reports alongside existing report parameters.	Head of Health and Community Care / Lead AHP	Ongoing		
	31.5 Maintain an overview and monitoring of care homes.	Head of Service / Chief Social Work Officer	Ongoing		

32. Infection Prevention and Control	32.1 Review functions of PPE Hub in-line with Scottish Government guidance and adapting processes and resourcing as required.	Lead AHP / Integrated Managers	Ongoing		
	32.2 Maintain sustainable arrangements for continued provision of PPE, including the Hub arrangements and working towards appropriate exit plans.	Lead AHP / Integrated Managers	Ongoing		
	32.3 Implement actions arising from Dundee / NHS Tayside risk assessments for PPE in community-based care services, including for personal assistants and unpaid carers.	Lead AHP / Integrated Managers	Ongoing		
	32.4 Consider and respond to revised guidance for service delivery, in line with national guidelines.	Lead AHP / Integrated Managers	Ongoing		
	32.5 Embed COVID related Infection, Prevention and Control practice across all aspects of the workforce as business as usual.	Lead Nurse	Ongoing		
	32.6 Further develop local audit and monitoring arrangements for Infection, Prevention and Control procedures and practice through the DHSCP Infection, Prevention and Control Group.	Lead Nurse	Ongoing		
33. Staff Testing	33.1 Embed expanded asymptomatic staff testing across health and social care services as described in national guidance. Including supporting the expansion of lateral flow device testing in-line with Scottish Government guidance via NSS distribution streams and through the Dundee PPE Hub.	Head of Health and Community Care	Ongoing		
	33.2 Monitor local data to assess compliance with national guidance.	Head of Health and Community Care	Ongoing		
	33.3 Work with staff side representatives / trade unions to continue to support uptake	Head of Health and Community Care	Ongoing		

	of symptomatic and asymptomatic testing by the workforce.				
	33.4 Plan for integration of staff testing as part of business as usual living with COVID provisions.	Head of Health and Community Care	Ongoing		
34. Vaccination	34.1Continue activity to support the completion of the health and social care staff COVID vaccination programme, supporting this on an ongoing basis if required.	Strategic Operation Lead – Vaccinations / Senior Manager – Primary Care	Ongoing		
	34.2 Continue leadership from Primary Care to progress the roll out the public COVID vaccination programme.	Strategic Operation Lead – Vaccinations / Senior Manager – Primary Care	Ongoing		
	34.3 Work with NHS Tayside to develop sustainable plans for longer-term delivery of COVID-19 vaccination, as this is known.	Strategic Operation Lead – Vaccinations / Senior Manager – Primary Care	Ongoing		
	34.4 Continue communications activity, in partnership with Public Health and staff-side / trade unions representatives, to actively promote take-up of the COVID vaccine by the health and social care workforce and the general population.	Chief Officer	Ongoing		
	34.5 Continue to develop a new model for flu delivery building on the learning across Tayside from the last year. The model will continue to transfer vaccine delivery from practice teams to a HSCP model of delivery.	Senior Manager – Primary Care / Head of Health and Community Care	September 2021		
35. DIGITAL WORKING AND INFRASTRUCTURE	35.1 Continue to expand scope of NearMe (Video Consultation) Project to support wide scale adoption of remote consultations (telephone and video), including for Primary Care, Mental Health and AHPs whilst (along with local partners) also considering how to reduce digital health inequalities.	Team Leads	Ongoing		

	35.2 Continue to increase availability of IT hardware in order to fully utilise NearMe Tayside, Microsoft Teams and other digital platforms to sustain core business for those home working. e.g. provision of NHS and DCC IT equipment for all who require these.	Team Leads	Ongoing		
	35.3 Continue to build local capacity to fully utilise Microsoft Teams functions across NHS Tayside and Dundee City Council.	Workforce Leads / Digital Leads	Ongoing throughout year		
	35.4 Continue to develop Mobile WiFi hubs in identified locations to support laptop access to NearMe Tayside, Microsoft Teams and other digital platforms to provide essential links for clinical recording.	Digital Leads (NHS Tayside and Dundee City Council)	Tbc		
	35.5 Scope workforce training and development needs to support increased emphasis on blended service delivery and identify appropriate responses.	Workforce Leads / Digital Leads	In progress		
	35.6 Work within NHS Tayside to implement their Digital Infrastructure and Innovation Mobilisation Plan, including elements supporting safe remote access to patient records and recording and safe remote patient monitoring and consultation.	Digital Leads	Ongoing throughout year		
	35.7 Work with Dundee City Council to engage with Using Your Own Device roll-out where appropriate in a work context.	Team Leads	June 2021		
36. COMMUNICATIONS AND ENGAGEMENT	36.1 Continue to communicate with service users and carers to keep them updated regarding service provision (general developments and individual specific matters), including developing specific messaging focused on the local roadmap to recovery of health and social care services and supports.	Strategy and Performance Service / Communications Team (NHS Tayside and Dundee City Council)	June 2021		

	36.2 Review and utilise national communication plans and resources for remobilisation for local implementation / messaging.	Communications Team (NHS Tayside and Dundee City Council)	Ongoing throughout year		
	36.3 Progress engagement activity associated with the review of the Partnership's Strategic and Commissioning Plan.	Strategy and Performance Service	October 2021		
	36.4 Complete analysis of public surveys already undertaken and incorporating key priorities and actions within revisions of strategic and action plans.	Strategy and Performance Service	October 2021		
37. GOVERNANCE AND STRATEGIC PLANNING	37.1 Review incident response structure, including frequency of briefing of voting members of the IJB, and supporting phased return to business as usual management structures.	Senior Management Team	Monthly review		
	37.2 Re-commence face-to-face priority governance meetings, including the IJB and PAC (with continued option for remote participation for people who are shielding or in high risk groups).	Senior Management Team	March 2022		
	37.3 Progress review of Partnership's Strategic Needs Assessment to incorporate data regarding impact of COVID-19 pandemic.	Strategy and Performance Team	October 2021		
	37.4 Completion of statutory review of the Partnership's Strategic and Commissioning Plan (for completion March 2022 at the latest).	Strategy and Performance Team	March 2022		
	37.5 Completion of the revision of the Dundee Health and Social Care Integration Scheme in collaboration with IJBs and corporate body partners across Tayside.	Chief Finance Officer / Service Manager, Strategy and Performance	October 2021		
	37.6 Completion of the revision of the Dundee Carers Strategy.	Carers Partnership	October 2021		

	37.7 Revise operational and strategic risk registers for the recovery phase.	Senior Officer, Business Support / Operational Managers	Ongoing throughout year		
	37.8 Consider learning and recommendations from the Adult Social Care Review and its implications for Integration Joints Boards.	Extended Management Team	Ongoing throughout year		
38. FINANCE	38.1 Continue to ensure all additional COVID expenditure is identified and recorded appropriately.	Chief Finance Officer	Ongoing throughout year		
	38.2 Continue to produce financial monitoring projections outlining the impact of COVID on the HSCP financial position and subsequent reporting through the relevant governance structures including the Scottish Government.	Chief Finance Officer	Ongoing – monthly and ad hoc reporting		
	38.3 Work with operational managers to identify potential financial implications of changes to service delivery as a result of COVID-19.	Chief Finance Officer	Ongoing		
	38.4 Ensure care providers sustainability payments are paid promptly following authorisation.	Chief Finance Officer	In place		

Integrated Impact Assessment Report.

Committee Report No: DIJB18-2021

Document Title: Dundee Health and Social Care Partnership COVID-19 Recovery Plan

Document Type: Strategy

New/Existing: New

Period Covered: 01/04/2021 - 31/03/2022

Document Description:
The COVID-19 pandemic has been the biggest public health challenge facing society, including our health and social care system, in our lifetimes. The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. The scale and nature of the pandemic means that the response period will last for a significant period of time and affect everyone across society, it will be much longer and more wide ranging than anything we have experienced in recent times. During the recovery period the partnership, along with other local resilience partners, will be required to deal with response and recovery concurrently.

Our recovery plan aims to address three critical elements:

- scalable and sustainable plans for context where we are 'living with COVID', including further potential surges in COVID-19 cases and peaks of demand;
- medium-term recovery planning over the next 12-month period; and,
- re-setting our strategic vision and priorities post-COVID in partnership with people who use our services, their carers and our local communities.

Supported by more detailed recovery plans within each delegated service area / team, the recovery plan will guide the progression of our recovery from the pandemic period over the short and long-term. This will include recovery of suspended services, as well as the integration of learning and innovation from the pandemic period. The recovery plan provides a description of our own routemap to recovery set within the framework of the national routemap, ensuring our approach is shared with people who use our services, carers and families, providers of health and social care supports and services and wider organisational stakeholders.

Intended Outcome:
The overall intended outcome of the recovery plan is to support a safe and effective recovery from the COVID-19 pandemic across the whole health and social care system within the resources available to the Partnership.

In-line with they key principles outlined within the recovery plan it is intended that implementation of the recovery plan will also support the following outcomes:

- People should only attend building-based services when it is safe to do so and alternative provision does not support them to achieve their outcomes in a better or equivalent way. Wherever possible and appropriate we will optimise our capacity for

remote delivery of care and support. and work with individuals and carers to ascertain which type of service delivery best meets their needs and preferences.

- Delivery of prioritised care, services and supports to as much of the target population as possible; where necessary we will continue to separate care / service pathways into COVID and non-COVID and we will maintain a focus on pathway development, re-design and innovation where this contributes to long-term transformational goals.
- Embedding and mainstreaming innovation and learning, including digital approaches.
- Mitigation and reduction of health and social inequalities, including considering impacts on carers.
- Good co-ordination with primary care and acute care partners, as well with wider community planning partners. Plans will reflect relevant regional and national strategic plans.
- Partnership working with our workforce and with people who use our services and with carers.
- A high level of workforce, service user and carer wellbeing and safety.

How will the proposal be monitored?:
Implementation of the recovery plan will be monitored by the Partnership's Integrated Strategic Planning Group, with regular reports being provided to the Integration Joint Board. work is ongoing to identify specific, reportable indicators that may contribute to effective monitoring of recovery.

Author Responsible:

Name: Kathryn Sharp

Title: Senior Manager, Strategy and Performance

Department: Health and Social Care Partnership

E-Mail: kathryn.sharp@dundeecity.gov.uk

Telephone: 01382 433410

Address: kathryn.sharp@dundeecity.gov.uk

Director Responsible:

Name: Vicky Irons

Title: Chief Officer

Department: Health and Social Care Partnership

E-Mail: vicky.irons@dundeecity.gov.uk

Telephone: 01382 436310

Address: Dundee House, 50 North Lindsay Street, Dundee, DD1 1NF

A. Equality and Diversity Impacts:

Age:	Positive
Disability:	Positive
Gender Reassignment:	No Impact
Marriage and Civil Partnership:	No Impact
Pregnancy and Maternity:	No Impact
Race/Ethnicity:	Positive
Religion or Belief:	No Impact
Sex:	Positive
Sexual Orientation:	No Impact

Equality and diversity Implications:
As the plan relates to a range of health and social care services and supports it has implications for a range of people with protected characteristics. This is also the case as emerging evidence suggests that the pandemic has had a disproportionately negative impact (both directly and indirectly) on people with protected characteristics of age, disability, race/ethnicity and sex. Additionally, the plan impacts on both members of the public (receiving services, carers and wider family members) as well as the Partnership's workforce; both groups will include people with protected characteristics.

It is assessed that the actions contained within the recovery plan will have a positive impact of people with protected characteristics. The focus of the recovery plan is on the full reinstatement of services and supports, including to those that are accessed by people with protected characteristics. A continued approach to prioritisation of services through the recovery plan will direct available resources to the most vulnerable services users, including those with protected characteristics. Similarly workforce focused developments reflect a commitment to enhanced supports to people working within the Partnership, including specific supports to workforce members who have protected characteristics (such as risk assessment of people from minority ethnic communities and flexible working arrangements that will benefit female employees who carry the majority of family / community caring responsibilities).

Proposed Mitigating Actions:
The underpinning principles of the plan include:

- Plan will act to mitigate and reduce health and social inequalities, including considering impacts on carers; and,

- Implementation of plans will be monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where appropriate.

As implementation of the plan progress where there are actions that require changes to policy or practice these will be subject to a separate Integrated Impact Assessment that will further consider the specific impacts on people with protected characteristics.

Is the proposal subject to a full EQIA? : No

As the plan relates to a range of health and social care services and supports it has implications for a range of people with protected characteristics. This is also the case as emerging evidence suggests that the pandemic has had a disproportionately negative impact (both directly and indirectly) on people with protected characteristics of age, disability, race/ethnicity and sex. Additionally, the plan impacts on both members of the public (receiving services, carers and wider family members) as well as the Partnership's workforce; both groups will include people with protected characteristics.

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B. Fairness and Poverty Impacts:

Geography

Strathmartine (Ardler, St Mary's and Kirkton):	Positive
Lochee(Lochee/Beechwood, Charleston and Menzieshill):	Positive
Coldside(Hilltown, Fairmuir and Coldside):	Positive
Maryfield(Stobswell and City Centre):	Positive
North East(Whitfield, Fintry and Mill O' Mains):	Positive
East End(Mid Craigie, Linlathen and Douglas):	Positive
The Ferry:	Positive
West End:	Positive

Household Group

Lone Parent Families:	Positive
Greater Number of children and/or Young Children:	Positive
Pensioners - Single/Couple:	Positive
Single female households with children:	Positive
Unskilled workers or unemployed:	Positive
Serious and enduring mental health problems:	Positive
Homeless:	Positive
Drug and/or alcohol problems:	Positive
Offenders and Ex-offenders:	Positive
Looked after children and care leavers:	Positive
Carers:	Positive

Significant Impact

Employment:	Positive
Education and Skills:	Positive
Benefit Advice/Income Maximisation:	Positive
Childcare:	Positive
Affordability and Accessibility of services:	Positive

Fairness and Poverty Implications:
The recovery plan describes a range of measures that will begin to enhance the accessibility and range of services available as the pandemic progresses and lockdown restrictions ease. This is of potential benefit to all people living in Dundee and to all people deployed to work within the Health and Social Care Partnership. The plan reflects a continued approach to prioritisation of services to the most vulnerable services users, including those people who live in poverty and / or are impacted by other fairness matters.

There are specific elements of the plan focused on addressing the needs of carers, older people, people with poor mental health challenges, homeless people and people who us drugs and alcohol and to enhancing services provision to these groups as we move out of the lockdown period. The workforce focused aspects of the plan will enhance responses to the health and social care workforce with important positive benefits in relation to flexible working, childcare and other caring responsibilities.

Proposed Mitigating Actions:
The underpinning principles of the plan include:

- Plan will act to mitigate and reduce health and social inequalities, including considering impacts on carers; and,

- Implementation of plans will be monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where appropriate.

As implementation of the plan progress where there are actions that require changes to policy or practice these will be subject to a separate Integrated Impact Assessment that will further consider the specific impacts on people with protected characteristics.

C. Environmental Impacts

Climate Change

Mitigating greenhouse gases:	Positive
Adapting to the effects of climate change:	Positive

Resource Use

Energy efficiency and consumption:	Positive
Prevention, reduction, re-use, recovery or recycling waste:	Positive
Sustainable Procurement:	Not Known

Transport

Accessible transport provision:	No Impact
Sustainable modes of transport:	Positive

Natural Environment

Air, land and water quality:	Positive
Biodiversity:	Positive
Open and green spaces:	Positive

Built Environment

Built Heritage:	No Impact
Housing:	No Impact

Is the proposal subject to Strategic Environmental Assessment

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

Proposed Mitigating Actions:

None required.

Environmental Implications:

The recovery plan reflects a continued reduction in the use of centralised office spaces and enhanced home working (for an unknown period of time), as well as an intention to continue to utilise remote models of digital service provision (where appropriate). This shift has a range of positive environmental impacts as the health and social care workforce reduces travel and use of large office buildings.

D. Corporate Risk Impacts

Corporate Risk Implications:
There are significant risks associated with the subject matter of this report which incorporate a significant departure from the previous norm of Council activity. The report incorporates the potential for losses in excess of £250,000 should the downside risk materialise and there exists the potential for the Council's decision to be challenged and for significant public and press censure.

Corporate Risk Mitigating Actions:

The COVID-19 pandemic has been the biggest public health emergency of our lifetimes and as such represents a significant departure from 'business as usual' activity and risk. All public sector bodies are responding to an unprecedented set of circumstances which are subject of significant public and media scrutiny. Whilst the Scottish Government has made significant financial support available to public sector bodies to support the pandemic response and recovery, the full financial impact of the pandemic is as yet unknown and there are therefore significant financial risks associated with recovery planning. The Partnership continues to work with the Council, NHS Tayside, Scottish Government and other national bodies (such as COSLA and Health and Social Care Scotland) to understand the financial impact of the pandemic and associated risks.