



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

**REPORT ON: IMPACT OF COVID-19 PANDEMIC ON STRATEGIC PLANNING ARRANGEMENTS**

**REPORT BY: CHIEF OFFICER**

**REPORT NO: DIJB19-2020**

**1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to outline the anticipated impact of the COVID-19 pandemic on strategic planning arrangements, including recovery planning its impact on delivery of the Partnership's Strategic and Commissioning Plan 2019-2022.

**2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of the report.
- 2.2 Instruct the Chief Finance Officer to reconvene the Partnership's Integrated Strategic Planning Group as a matter of urgency to progress recovery planning and assess the impact of the COVID-19 pandemic on the Partnership's ability to deliver the Strategic and Commissioning Plan 2019-22 (section 4.8).
- 2.3 Instruct the Chief Officer to provide a further report to the Integration Joint Board on the progress of recovery planning at its meeting of the 25<sup>th</sup> August 2020.

**3.0 FINANCIAL IMPLICATIONS**

3.1 The financial impact of the Covid-19 pandemic on the Integration Joint Board's budget is significant due to the disruption of existing service provision and additional costs incurred in responding to the challenges Covid-19 presents. The Scottish Government announced an initial funding allocation of £50m across Scotland to support Health and Social Care Partnerships in May 2020 of which Dundee will receive £1.429m. Further funding is anticipated based on the cost of mobilisation plans and the IJB will be regularly updated as to the financial position as part of its financial monitoring reporting process.

**4.0 MAIN TEXT**

4.1 In March 2019 the Integration Joint Board approved the Partnership's Strategic and Commissioning Plan 2019-2022 (Article VII of the minute of the meeting of the Integration Joint Board held on 29 March 2019 refers). The plan sets out an ambitious change programme, building on the achievements made since the establishment of the Integration Joint Board in 2016, with a focus on 4 key priorities: health inequalities; early intervention and prevention; localities and engaging with communities; and, models of support / pathways of care. In addition, the plan committed to ensuring that the role of carers remains integral to all that we do and to maintaining a focus on shifting the balance of care from hospitals to community-based care.

- 4.2 The Partnership's Annual Performance Report 2019-20 is currently being prepared. This will provide an overview of the progress made against the national health and wellbeing indicators and the priorities within the strategic and commissioning plan during its first year. The annual performance report will also reflect on the impact of two significant reports published during 2019-20; the final reports of the Dundee Drugs Commission (<https://www.dundee.gov.uk/sites/default/files/publications/part1reportfinal.pdf>) and the Independent Inquiry into Mental Health Services in Tayside (<https://independentinquiry.org/wp-content/uploads/2020/02/Final-Report-of-the-Independent-Inquiry-into-Mental-Health-Services-in-Tayside.pdf>). The recommendations made within these reports and subsequent response from Community Planning Partners, including the Partnership, have led to significant programmes of service redesign and associated changes to leadership and governance arrangements being initiated. Whilst the Strategic and Commissioning Plan 2019-22 anticipated the publication of these reports it could not, at the time of agreement, integrate our planned actions in response to them.
- 4.3 As the Partnership approaches the mid-point of the current strategic and commissioning plan we are also experiencing an unprecedented set of circumstances. The on-set of the COVID-19 pandemic during 2020 represents a significant material change in circumstances from those that were known or could reasonably have been predicted at the time that the strategic and commissioning plan was agreed. The Partnership's initial response to the pandemic has been directed through a range of response plans, most significantly the Partnership's mobilisation plan and plan for the provision of support to care homes. These plans were produced rapidly to support immediate changes to models of service provision, workforce planning and wellbeing and to secure additional resources required to mobilise the immediate response to the pandemic from the Scottish Government.
- 4.4 As we enter our third month since the World Health Organisation declared COVID-19 a pandemic, and with data (both local and national) beginning to indicate that we have passed the first peak of infection, attention must now turn to future planning. This has two critical elements; firstly, medium to long-term recovery planning over an estimated 18 to 24 month period; and, secondly, contingency planning in the event of any further surges in infection rates/numbers.
- 4.5 Effective and robust recovery planning will require to 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. This includes the immediate health impacts and subsequent demand for health and social care services as well as wider impacts on a range of aspects of people's lives, health and wellbeing (for example, the impact of the pandemic on the economy, employment and poverty). A range of work is ongoing at a local and national level in relation to modelling, with Public Health Scotland now taking a national lead in collating an overview of work and leading developmental workstreams in partnership with stakeholders. Much of the initial impact modelling work has focused on the acute sector, however over recent weeks there has been recognition that modelling is required across the whole integrated pathway and a number of developments are planned at a national level in response to this. Due to the restricted capacity within the Partnership's own Strategy and Performance Service it is imperative that we establish effective links to national workstreams and work being undertaken by NHS Tayside. At a local level the Partnership has initially prioritised modeling of demand for care at home services and is linking closely to NHS Tayside to access the most-up-to-date pandemic modelling for Tayside.
- 4.6 Recovery planning will also require the Partnership to review its learning from the early phases of the pandemic and changes made to services and supports. As well as presenting many challenges, the COVID-19 pandemic has also created a context for rapid change and innovation and has further enhanced collaboration and integration. It is important that as part of the recovery planning process that our workforce has the opportunity to consider what aspects of our initial response have worked well and could be further consolidated or developed as part of the recovery stage in partnership with key stakeholders, including staff-side representatives.
- 4.7 Recovery planning activity sits within the wider context on the Partnership's current strategic and commissioning plan. As our recovery plans emerge it will be necessary to consider their

impact on our ability to deliver the commitments set out in the strategic and commissioning plan at the pace and scale original envisioned. Throughout the remaining duration of the plan (that is until March 2022) it is likely that the Partnership will have to sustain a COVID-19 response alongside 'business as usual' activity and developments. Based on the information available to us at the present time and the style and content of the strategic and commissioning plan we do not believe that there will be a need to undertake an early full review of the plan. Indeed, this in itself would be extremely difficult until such times as a revised strategic needs assessment that accounts for the impact of the pandemic is available and this is unlikely to be the case before at least the end of the current financial year (2020/21). Our ability to undertake meaningful engagement and co-production with individuals and communities is also likely to be significantly restricted, including by social distancing regulations, for the foreseeable future. Whilst a full review of the plan is unlikely to be required it may be desirable for the Integration Joint Board to agree and publish a formal statement describing the impact of the pandemic on the delivery of the strategic and commissioning plan at an appropriate point in the future. Detailed recommendations will be made to the Integration Joint Board on this matter as recovery planning progresses.

4.8 The Partnership's Integrated Strategic Planning Group, chaired by the Chief Finance Officer, has an integral role in overseeing the delivery of the strategic and commissioning plan. The Integrated Strategic Planning Group draws its membership from across a range of stakeholders, as required by section 32 of the Public Bodies (Joint Working) (Scotland) Act 2014, including users and providers of health care services and social care services, carers, health care and social care professional, social housing providers and third sector bodies. The group is also well placed to provide leadership and oversight of recovery planning work, including assessing the impact of recovery plans on the strategic and commissioning plan. Prior to the pandemic actions were being progressed to reconvene and refocus the Integrated Strategic Planning Group and these will now be reinstated as a matter of urgency.

## 5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated Impact Assessment. There are no major issues.

## 6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

## 7.0 CONSULTATIONS

7.1 The Integrated Strategic Planning Group, Chief Finance Officer, Head of Service, Health and Community Care 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	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## 9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons  
Chief Officer

DATE: 12 June 2020

Kathryn Sharp  
Senior Manager, Strategy and Performance

## DUNDEE IJB SIGNING DOCUMENT

In view of the timescales involved this Report/Agenda Note was approved by the Chief Officer in consultation with the Chief Finance Officer, Clerk and Standards Officer, Chairperson, Vice Chairperson and all other voting members on the Integration Joint Board.

<i>Vicky Irons</i> ..... Chief Officer	22nd July 2020 ..... Date
<i>Dave Berry</i> ..... Chief Finance Officer	22nd July 2020 ..... Date
<i>Roger Mennie</i> ..... Clerk and Standards Officer	22nd July 2020 ..... Date
<i>Trudy McLeay</i> ..... Trudy McLeay, Chairperson	4th August 2020 ..... Date
<i>Ken Lynn</i> ..... Councillor Ken Lynn, Vice Chairperson	4th August 2020 ..... Date
<i>Helen Wright</i> ..... Baillie Helen Wright	4th August 2020 ..... Date
<i>Roisín Smith</i> ..... Councillor Roisín Smith	11th August 2020 ..... Date
<i>Jenny Alexander</i> ..... Jenny Alexander	11th August 2020 ..... Date
<i>Donald McPherson</i> ..... Donald McPherson	4th August 2020 ..... Date

