



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
20 APRIL 2022

REPORT ON: COVID-19 REMOBILISATION IMPLEMENTATION PLAN UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB21-2022

1.0 PURPOSE OF REPORT

1.1 To update the Integration Joint Board on progress achieved during 2021/22 in implementing priority actions identified with the Dundee Health and Social Care Partnership COVID-19 Remobilisation Implementation Plan.

2.0 RECOMMENDATIONS

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

- 2.1 Note the progress made in implementing identified remobilisation actions during 2021/22 (sections 4.2 and 4.3 and appendix 1).
- 2.2 Note the current national context in relation to remobilisation planning (section 4.4).
- 2.5 Approve the recommendation that the Partnership no longer maintain a separate COVID-19 remobilisation plan, but that remaining remobilisation priorities are reflected in the Partnership's strategic and commissioning plans (overarching and care group specific) and individual service plans (section 4.4).

3.0 FINANCIAL IMPLICATIONS

3.1 The Scottish Government continued to provide additional COVID-19 support funding throughout 2021/22 based on actual and estimated additional expenditure incurred within delegated services. It is anticipated that this additional expenditure will have reached £8.5m at the end of 2021/22.

4.0 MAIN TEXT

- 4.1 The Partnership's first COVID-19 recovery plan was approved by the Integration Joint Board in August 2020 (Article XVI of the minutes of the Dundee Integration Joint Board held on 25 August 2020 refers). This was further updated in early 2021 when the Scottish Government requested that all NHS Boards, Local Authorities and IJB submit remobilisation plans (also known as recovery plans) for the period until 31 March 2022. The remobilisation plan approved by the IJB in April 2021 (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 21 April 2021 refers) has supported the Partnership to maintain resilient health and social care service provision during 2021/22, including in the context of further surges in infection rates, as well as lead and contribute to a range of recovery focused activity.
- 4.2 Appendix 1 contains a full update of activity during 2021/22 against the Partnership's remobilisation implementation plan.
- 4.3 Over the course of 2021/22 Partnership services have continued to provide a pandemic response, particularly during periods of surge in infection rates, whilst also consolidating

adaptations to services and practice to become mainstream, long-term models of service provision. The enduring nature of the pandemic has meant that recovery activity in many aspects of the Partnership's work has been focused establishing a 'new normal' across integrated health and social care services and supports rather than returning to pre-pandemic ways of working. This is reflected in the status updates provided against actions within the remobilisation implementation plan (appendix 1) with the majority of actions either having been completed or being ongoing aspects of what have become embedded mainstream ways of working. The 2021/22 Annual Performance Report for the Partnership will provide a fuller overview of key developments during 2021/22 and the impact they have had on people who use health and social care services, unpaid carers and the workforce.

- 4.4 Moving into 2022/23 there is no requirement placed on NHS Boards, Local Authorities or IJBs by the Scottish Government to continue to maintain specific COVID-19 remobilisation plans. Public sector bodies are instead beginning to return to mainstream planning arrangements and cycles, incorporating any further specific remobilisation actions within this approach. It is therefore proposed that the Partnership should no longer maintain a separate COVID-19 remobilisation plan and that any remaining specific remobilisation actions be incorporated within either the Partnership's strategic and commissioning plans (overarching and care group specific) or individual service plans.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is insufficient priority given the remobilisation activity due to lack of distinct remobilisation plan.
Risk Category	Operational, Governance, Political
Inherent Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (which is a High risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Pandemic response and recovery has become business as usual activity due to the enduring nature of the pandemic. - Any specific remobilisation actions that remain will be incorporated into strategic and commissioning or service plans. - A range of governance and assurance arrangements are in place that will continue to receive information about service improvements, performance and impact, allowing any gaps in remobilisation activity to be identified and addressed. - Remobilisation planning can be recommenced should the pandemic context significantly change or national guidance be issued.
Residual Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low risk level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low risk level)
Approval recommendation	Given the low level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Heads of Service, Health and Community Care, members of the Partnership's COVID-19 Silver Command Group 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: 18 March 2022

Kathryn Sharp
Service Manager, Strategy and Performance

This page is intentionally left blank

Appendix 1

Remobilisation Implementation Plan

This page is intentionally left blank

DHSCP SILVER COMMAND
COVID-19 Re-mobilisation: Next Phase of Health and Social Care Response
Recovery and Renewal
Update as at 15.03.22

Objective/ Responsibility	Action	Lead	Deadline ¹	Actual Completion	Update/Status (as at 15.03.22)	Progress Summary (as at 15.03.22)
1. LEARNING FROM RESPONSE AND RECOVERY	1.1 Further learning review target toward: <ul style="list-style-type: none"> • 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	March 2022	Complete	Further feedback regarding learning from the pandemic period was captured as part of the stakeholder engagement activity undertaken to support the statutory review of the strategic and commissioning plan. This included representatives from partner organisations, people who use health and social care services and unpaid carers. Feedback has been considered and has informed the area of action planned for 2022/23. Some learning will also be considered further in planned engagement to support the production of a replacement strategic and commissioning plan for 2023/24 onwards.
2. CORE RECOVERY PRIORITIES (all operational services)	2.1 Recommence student placements and NGP placements.	All services	Ongoing in line with infection prevention and control requirements and national guidance and direction		Ongoing in line with infection prevention and control requirements and national guidance and direction	This continues to be progressed in-line with national guidance.
	2.2 Plan for re-commencement of internal volunteer contributions to service.					This continues to be progressed in-line with national guidance.
	2.3 Recommence full education and training programmes, including further expansion of virtual offer.					This continues to be progressed in-line with national guidance. Many services have significantly developed their virtual education and training offer which will be a feature of development activities for the long-term.
	2.4 Plan for and implement recommencement of face-to-face services and supports.					Face-to-face service provision has recommenced across services in-line with national guidance. Alternative methods of service delivery continue to be utilised alongside this building on positive feedback during the pandemic period regarding increased choice and accessibility for some groups.
	2.5 Embed and further expand digital innovations within service delivery plans and models.					All services continue to develop their digital infrastructure based on learning from the pandemic period. Innovations have been supported through

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.

						COVID remobilisation monies, including funding of IT equipment to address digital exclusion.
	2.6 Support expanded visiting arrangements (professional and loved ones).					This continues to be progressed in-line with national guidance.
	2.7 Continue to undertake testing (staff and patient / service user).					This continues to be progressed in-line with national guidance.
	2.8 Continue to review RAG rating/other prioritisation approaches to inform the prioritisation and management of support in response to assessed need.					Partnership services continue to review and utilise prioritisation approaches to support remobilisation of face-to-face and digital services. This has been particularly useful in managing pressures associated with surges in infection rates and staff absence.
	2.9 Monitor wellbeing of workforce – internal and external provider.					Staff wellbeing continues to be prioritised across all services. Additional investment in staff wellbeing services and resources has been utilised to enhance supports, work environments and contribute to improved physical and mental wellbeing.
	2.10 Continue to develop robust data systems to inform practice and measure improvements.					Individual services continue to consider performance information.
	2.11 Continue to gather patient / service user feedback and to use this to inform revised/future models of service delivery.					Individual services continue to gather feedback from service users, carers and wider family members as part of ongoing quality assurance arrangements.
	2.12 Re-commence elements of long-term improvement / development workstreams.					While some priority areas of long-term improvement activity have recommenced, many services continue to experience demand and staffing pressures that necessitate the prioritisation of immediate service delivery. This will continue to be a focus during 2022/23.
	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.					A range of regularly reported datasets are in place across Partnership services and are actively considered in management teams and strategic forums.
	2.14 Consider learning and recommendations from the Independent Review of Adult Social Care and its implications for service planning and delivery.					The Partnership is now engaged through professional networks in ongoing activity in relation to the proposed establishment of a National Care Service.
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	June 2021	Complete	See IJB report: https://www.dundee.gov.uk/minutes/report?rep_id=DIJB50-2021
	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		Ongoing	Re-opening of community centres and other community resources is continuing to progress under the direction of Dundee City Council.
	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	June 2021	Complete	Staff continue to utilise food distribution points to engage with vulnerable people. This approach to engagement is now a mainstream approach within the service.
	3.4 Continue to review availability of non-clinical outward referral pathways so that	Health Inequalities Service	October 2021		Ongoing	This is undertaken on an ongoing basis as part of the mainstream service arrangements.

	workforce in different teams can refer clients effectively.					
	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	March 2022	Complete	A wide range of services and organisations have opened up/ reduced restrictions and are accepting referrals for link worker patients; therefore self-care and management is not as necessary as at other points in the pandemic but a range of self-help resources have been developed by the link workers and are an option when working with patients, alongside referrals to organisations and community groups. As services have opened up the team can now utilise the Associate Practitioner role more fully to provide bridging support for patients that require it. The team is testing a new approach to allow practices to book patients directly into a link worker appointment on electronic diary systems. This should help avoid delays and increase referrals.
	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	March 2022	Complete	Referrals have increased steadily but remain lower than pre-pandemic levels. Statistics show that for the period April 2021 to Feb 2022 the number of patients referred to the link worker team total 733 compared to 431 in the previous year, meaning an increase in 70.1% in the same reporting period. Despite this, the service has not been overwhelmed by the increase aided by a blended approach to provision of consultations. Link workers are seeing an increase in patients affected by the cost of living and are managing these issues in tandem with a range of specialist services.
	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	March 2022	Complete	The nursing teams have resumed a range of interventions including face to face delivery of anticipatory care consultations covering both physical and mental health, holistic health checks and assessments, support for recovery, and group work programmes in localities focusing on mental wellbeing, recovery and self-management of anxiety. The nurses are incorporating learning from the COVID response into the review and evolution of the service. They are continuing to develop partnership working to help address unmet health and wellbeing needs with a particular focus on housing and homelessness.
	3.8 Re-commence social prescribing link worker presence in GP practices.	Social Prescribing Team/ Health Inequalities Service	From June 2021	June 2021	Ongoing	Social Prescribing Link Workers are operating within practices that have agreed to re-establish the service. Work is ongoing to further embed the link worker service into practice processes.
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.	Actions managed through Tayside wide primary care arrangements			Ongoing	Continued commitment to Tayside wide working and programmes of improvement where appropriate. Most recently, this has included transition of Primary Care Zooms covering operational updates to educational programme to mitigate reduced protected learning time. Work is ongoing with the Unscheduled Care Board to explore provision of urgent care across primary care strategy. Pilot of Remote Pulse Oximetry Digital Monitoring completed, this enables remote monitoring of those discharged following consultation for COVID-19 systems. Blood testing long-term conditions and 'blood panels' review completed and launch of Primary Care Demand Optimisation for blood testing

					platform to commence 1 April 2022. Transition of primary care response to infectious illness following closure of Community Assessment Centre.
	4.2 Establish a whole-system quality improvement approach for primary care which considers the multiple interfaces and co-dependencies.			Ongoing	Work has continued to develop and evaluate primary care accessible quality improvement coaching and teaching methods to further create capacity and capability across primary care teams. Links to and support from other clinical leads facilitated through clinical leads group; this has supported both Realistic Medicine and patient safety work. A quality management system approach to prescribing and sustainability is being developed on a Tayside wide basis.
	4.3 Continue to support COVID vaccinations in General Practice as required		July 2021	Complete	Ongoing discussion regarding involvement of GPs in longer-term arrangements for vaccination.
	4.4 Implement new ways of working enabled by digital technology to support triage, clinical signposting, case management and long-term condition care.			Ongoing	Most practices have now resumed some face-to-face appointments however telephone and video consultations continue to also be utilised to make best use of limited GP capacity. This has also enhanced patient access and choice. The change to consultation routes has had positive feedback overall, although it is acknowledged that access challenges remain for some groups.
	4.5 Increase the focus on appropriate self-management and prevention and digitally enabled care.			Ongoing	Testing of MedLink to support self-management to be tested in 2022/23.
	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.			Ongoing	Enhanced services re-started in January 2022. Different practices may be taking different approaches to resuming full service. CCT reviewing their ongoing role and remit.
	4.7 Continue to have a specific COVID-19 pathway via NHS 24 and local Clinical Hub and Assessment Centre.			Ongoing	CAC closed in February 2022. Practices now providing support directly. Number of premises issues require to be resolved to support continued provision of assessment for respiratory conditions.
	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.			Ongoing	Implementation of PCIP actions continue to be delayed by ongoing pressures in primary care. The last full update to the IJB can be accessed at: https://www.dundee.gov.uk/minutes/report?rep_id=DIJB40-2021 Availability of premises also continues to impact on delivery. 3 areas continue to be prioritised for completion: Community Treatment and Care, Pharmacotherapy and Care and Treatment Planning.
	4.9 Progress access for community optometry to Clinical Portal and Staffnet.			Ongoing	
	4.10 Support the innovation within Community Pharmacy including the interface with General Practice and the introduction of Pharmacy First.			Ongoing	Pharmacy First has expanded and is supporting a shift to use of Community Pharmacy.
	4.11 Work closely with General Dental Services to increase service delivery where possible and safe to do so.			Ongoing	General Dental Services have progressed remobilisation of services in-line with national guidance.
	4.12 Progress development working across both primary and secondary care to shift the			Ongoing	Pathway development continues on an ongoing basis in response to need and demand.

	balance of care towards communities through improved integrated pathways					
	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.				Ongoing	OOHS continue to experience high demand. In part this has been managed through development of ANP workforce.
	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				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.				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.				August 2022	Tayside GP post established for 6-month period to develop multi-disciplinary working around care homes. This action will be progressed as part of these arrangements
	4.17 Continue to review and develop the governance and quality improvement structures for Primary Care.				March 2023	This is to be considered as part of wider review of strategic planning groups and development of replacement strategic and commissioning plan within the Partnership.
	4.18 Review cluster models in partnership areas as required.				Ongoing	Quality improvement network has been established for clusters and capacity building undertaken on Tayside wide basis.
	4.19 Progress work to improve health inequalities and access to primary care.				Ongoing	See action 4.4.
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		Suspended	This has not been able to be progressed due to significant challenges in terms of recruitment and staff absence levels.
	5.2 Further testing of locality working in District Nursing Teams.	Community Nursing Managers	August 2021		Delayed – revised completion date August 2022	Proposals currently being discussed with HR and staff side representatives / trade unions.
	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	August 2021	Complete	
	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		Delayed – revised completion date June 2022	Service roll out near completion. Delays experienced due to development of IT e-Health systems. Two clinic locations have been secured in East and West, Pulmonary Rehabilitation service resumed in collaboration with Pulmonary Rehabilitation physiotherapy team. Service provision within GP practices has resumed at reduced capacity. Full roll out has been achieved for domiciliary patients. Ongoing interface pathway developments with secondary and primary care, including Scottish Ambulance Service pilot, underway (targeted to prevention of admission).

	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		Delayed – revised completion date October 2022	Service on track from completion of delivery by 31 March 2022 to all GP practices with exception of phlebotomy which will be fully implemented by October 2022 (currently 75% delivery). Identification of suitable premises remains challenging.
	5.6 Recommence the development of nurse-led Ear Clinic within the Community Care and Treatment Service.	Community Nursing Managers	August 2021		Delayed – revised completion date May 2022	Nurse-led ear clinic accessible to all GP practices by 31 March 2022 and to audiology by May 2022. Identification of suitable premises remains challenging.
	5.7 Recommence arrangements for ECS to receive all amber level referrals.	Community Nursing Managers	August 2021	August 2021	Complete	
	5.8 Recruitment to additional District Nursing posts 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	May 2021	Complete	
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		Ongoing	During 2021/22 the Tayside Unscheduled Care Programme Board has maintained a focus on the redesign of urgent care under 3 main workstreams: alternatives to admission; interface care; and, optimising discharge. The optimising discharge workstream has focused on enhanced discharge and community support including the Home First approach.
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	September 2021	Complete	Model developed to address earlier preventative working to avoid hospital admission and work earlier in pathway. Working with DECSA and ECS to form a multi-disciplinary team. Locality working with development of East and West teams for rehabilitation OT and physiotherapy. Integrated working with across all OTs within Partnership workforce and extending trusted assessor approach regarding prescribing of equipment and to prevent duplication of effort / best use of resource.
	7.2 Further embedding assessment through the Independent Living Review Team.	AHP managers	August 2021	August 2021	Complete	Independent Living Review Team develop. Referral system being refined through ongoing quality improvement work. There have been some recruitment challenges.
	7.3 Develop the falls service to address prevention and community pathways with third sector / SCRS.	AHP Managers	August 2021	August 2021	Complete	Falls Test of Change project for 5 months extended with temp funding to March 2022 and given permanent funding. Alarm system to screen and identify needs earlier in pathway and prevent unnecessary further falls and unnecessary hospital admission. Work initially with Scottish Ambulance Service (SAS) to reduce unnecessary conveying of person to hospital. SAS has withdrawn from project due to staff pressures.
	7.4 Improve community-based rehabilitation offer.	AHP Managers	August 2021		Ongoing	Development of East and West OT and Physiotherapy teams and with integrated working across all OTs within the Partnership. Shared access

						to Mosaic and shared working practices are being developed. Informal service review has been completed and a work plan has been produced to support ongoing implementation.	
		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	Ongoing	This has been delayed by COVID and is now to be included in work to be led by inpatient services regarding neuro outreach teams. Work ongoing to integrated pulmonary rehab with work of COPD nursing staff.	
8. Nutrition and Dietetics (hosted service)		8.1 Develop a specialist community dietetic service to support CARES service.	Nutrition & Dietetic Service Leads	June 2021	Delayed – revised completion date March 2022	Recruitment process is currently underway utilising COVID remobilisation finance.	
		8.2 Develop the work underway to support community-based approaches to address prevention and early intervention of food and nutrition related health issues, e.g. under nutrition, falls prevention, food insecurity.	Nutrition & Dietetic Service Leads	June 2021	March 2022	Complete	Plan revised as unable to recruit within timeframe. Commissioned seven short training videos for Partnership care at home staff to raise awareness, identify signs of malnutrition and provide first line advice. Supported four projects delivered by third sector organisations focusing on prevention of undernutrition in older people.
		8.3 Extend opportunities for people to access weight and diabetes interventions.	Nutrition & Dietetic Service Leads	June 2021	Complete	Additional financial resource has been secured to support signposting of people to online digital services.	
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	Delayed – revised completion date June 2022	Model presented to and supported by NHS Tayside Chief Executive (Surgery and Ortho QPR) group. Reference guide and online information and education tool being finalised.	
		9.2 Develop models to support re-introduction of elective surgery.	AHP Managers / Integrated Managers	September 2021	September 2021	Complete	Outpatient MSK model in place to support pre and post elective surgery rehabilitation. Appropriate rehabilitation gym space now available in community setting.
		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	Delayed – revised completion date June 2022	Recruitment challenges delaying progress.	
		9.4 Continue the recommencement of routine waiting list where clinically indicated.	AHP Managers	As Scottish Government guidance allows	September 2021	Complete	
		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	September 2021	Complete	
	10. Pulmonary Rehabilitation	10.1 Continue to explore digital solutions to deliver a safe and effective virtual PR class.	AHP Managers	June 2021	June 2021	Complete	
		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	Delayed – revised completion date July 2022	Recruitment challenges causing delay. All vacant posts have interview dates set. New completion date set.	
		10.3 Integrate PR and COPD nursing team to support prevention of admission and supported discharge pathways.	Service Leads	October 2021	Delayed – revised completion date August 2022	Delayed secondary to recruitment challenges. Pulmonary Rehabilitation and COPD nursing staff	

							groups now based at same location to plan service development.	
11. Palliative Care (hosted service)	11.1 Develop models to support re-introduction of elective infusion clinics.	Service Leads	October 2021		Complete		Infusion clinics have been re-established.	
	11.2 Support and resource virtual and face-to-face services for Parkinsons patients.	MFE Clinical Nurse Manager	As Scottish Government guidance allows	September 2021	Complete			
	11.3 Create a blended approach for Palliative care day care patients to access the service.	Service / Team Leaders	As Scottish Government guidance allows		Complete		All day services for Palliative Care have adopted a blended approach to enable access for patients	
	11.4 Build a patient and family resource library for patients to access virtually to support self-management strategies.	Team Leaders	In progress		Complete		Library created and managed by the team	
	11.5 Re-commence face-to-face clinics for symptom control, Lymphoedema and Homeopathy.	Service / Team Leaders	As Scottish Government guidance allows		Complete		Clinics re-established utilising in some cases a blended approach	
	11.6 Develop and resource pathways that address health inequalities as a consequence of COVID.	Service / Team Leaders	As Scottish Government guidance allows		Ongoing		This work is ongoing and with the aid of resourcing a hospice at home model would allow greater reduction in health inequalities	
In-Patients Services	12. Psychiatry of Old Age	12.1 Phased recommencement of discharge services.	Clinical Nurse Manager / Service Leads	As Scottish Government guidance allows		Complete		
	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	February 2021	Complete	In-line with national guidance face-to-face clinics have been operational at Royal Victoria Hospital since mid-February 2021.	
		13.2 Re-commence arrangements for families to join and participate in case conferences.	Service Leads	As Scottish Government guidance allows		Complete	Families are attending face-to-face case conferences where appropriate.	
	14. In-patient AHP Services	14.1 Planning for ongoing AHP weekend working across targeted areas.	AHP Managers	March 2022		Delayed – revised completion date March 2023		Targeted OT and physio weekend working implemented across key clinical areas to support patient flow, priority assessments and discharge planning. Clinical areas to date are acute medical, orthopaedics, stroke, surgical and respiratory on-call.
		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		Ongoing		OT and physio input into the Home First model of discharge without delay. Working across acute and community AHP services towards seamless care and supported transitions.
		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		Delayed – revised completion date March 2023		OT and physio teams have been working flexibly covering across acute, rehabilitation and community settings to support the transition which can be difficult for patients and carers. The same therapist working across these transitions has been beneficial to ensure continuity of care. AHP support worker staff are now in place to work across these transitions and positive feedback is being received from patient and carers where they are involved.
		14.4 Ensure patients admitted to hospital have an appropriate and timely	Integrated Managers	June 2021		Complete		

		multidisciplinary assessment, including their rehabilitation and ongoing needs, are offered person-centred care which is outcomes focussed and are followed up appropriately after discharge.				
		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	Ongoing	Ongoing work to support earlier discharge back into the community setting.
		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	Complete	
		14.7 Develop staff education online resources for the management of long-COVID (NES funding secured).	AHP Managers	August 2021	Complete	Resource has been finalised.
		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	Ongoing	CAPA work was completed in March 2020 and continues to be supported through clinical practice across teams and professions.
		14.9 Continue to develop prehabilitation AHP services where appropriate.	AHP Managers	March 2022	Delayed – revised completion date March 2023	This work has been delayed and is to be revisited during 2022/23.
		14.10 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	Delayed – revised completion date December 2022	Rehabilitation pathways are under review and will be finalised during 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	Ongoing	Modelling across the pathway continues with a test of change beginning in April for a neuro-rehab hub that includes third sector involvement.
		15.2 Consider a new medical model for the service.	Service / Medical / Team Leads	In progress	Ongoing	New ways of working continue to be explored with potential new medical staff being available later in the year
		15.3 Commence work to develop MDT formats.	Service Leads	June 2021	Ongoing	Quality improvement work has and continues to improve the MDT function with the whole team. The implementation of PDD has aided healthy conversations and has encouraged proactive discharge planning
		15.4 Re-establish home visits for patients who have planned discharge dates as required.	Service Leads	As Scottish Government guidance allows	Ongoing	This is being re-established
		15.5 Appoint Discharge Co-ordinator to facilitate discharge across the site.	Service Leads / Team Leaders	As Scottish Government guidance allows	Completed	Dedicated Discharge co-ordinator working with the team
		15.6 Establish an advisory line for supporting stroke recovery and discharge from hospital for brain injury patients.	Service / Team Leaders	Commence April 2021	Ongoing	This work is under review and ongoing
		16. Palliative Care	16.1 Consider the resource required to manage late onset disease with high symptom burden and short to medium	Service / Team Leaders	As Scottish Government	Ongoing

	prognosis as a consequence of late presentation.		guidance allows			resourcing being introduced to community teams to help manage this area of need
	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		Completed	As described above in section 11.3
	16.3 Re-commence complex lymphedema services through outpatient appointments.	Service Leads / CNS	As Scottish Government guidance allows		Completed	As described in section 11.5
	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		Completed	Education requirements for teams under constant review. Work re conserving critical medicines throughout the pandemic completed
	16.5 Progress setting specific pathways support models including Community Nursing and Care Homes.	Services Leads / CNS	As Scottish Government guidance allows		Suspended	Not achieved at this time
	16.6 Provide support to patients in community settings to set-up IT devices to enable virtual consultations.	Service Leads	Ongoing		Completed	This is completed within current workforce
	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		Suspended	Unable to recruit any RMN's as a result of challenges in the whole system recruitment of all RMN's
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	June 2021	Complete	
	17.2 Explore novel routes to restart currently paused services in medium risk groups, as capacity and restrictions allow.	Integrated Managers	August 2021	March 2022	Complete	Postal testing test of change commenced and Community Care and Treatment Service support of test of change in Montrose also commenced.
	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		Delayed – revised completion date March 2022	Increased joint working between The Corner and health outreach / homelessness services. This is broader than sexual health services and extends to holistic, mental wellbeing services and carers. Plans to have social worker based within the service moving forward.
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		Ongoing	This practice is embedded into culture and is an ongoing aspect, however further work is being carried out. While some priority areas of long-term improvement activity have recommenced, many services continue to experience demand and staffing pressures that necessitate the prioritisation of immediate service delivery. This will continue to be a focus during 2022
	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		Complete	Outreach provision from Oaklands has now ceased following expiration of temporary changes to Care Inspectorate registration that allowed operation of that service adaptation.

	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		Ongoing	Day support has recommenced at Oaklands but continues to operate with restricted numbers whilst new drivers are recruited (which has been challenging). Mackinnon Centre day service is under review but continues to operate 1 day per week supporting 10 service users each week.
	18.4 Review care packages that were adjusted due to COVID-19 impacts.	Integrated Managers / Team Managers	July 2021		Complete	<p>Any care package that was adjusted due to the COVID 19 response, such as family supporting individual, or certain parts stepped down, have all been restarted or adjusted back to normal parameters,. However, in times of staffing pressures RAG status is used to inform our service and non-essential visits or care that can be delivered more flexibly or in a different way is implemented. This is also determined by the Scottish Government guidance and in line with consultation from care inspectorate and Public Health Scotland.</p> <p>Individual services continue to gather feedback from service users, carers and wider family members as part of ongoing quality assurance arrangements.</p>
	18.5 Work with provider and care at 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		Complete	<p>Provider Recovery Plans are in place and are sufficient and robust</p> <p>Social Care Contracts Team and operational Contract Lead continue to work with individual providers and through collective provider forums to identify emerging risks and planning mitigating actions. Providers have shared learning through contract monitoring arrangements, informal feedback to the Social Care Contracts Team and through engagement sessions focused on the review of the strategic and commissioning plan.</p> <p>Any care package that was adjusted due to the COVID 19 response, such as family supporting individual, or certain parts stepped down , have all been restarted or adjusted back to normal parameters,. However, in times of staffing pressures RAG status is used to inform our service and non-essential visits or care that can be delivered more flexibly or in a different way is implemented. This is also determined by the Scottish Government guidance and in line with consultation from care inspectorate and Public Health Scotland.</p>
	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		Ongoing	This will remain ongoing for the foreseeable future.
	18.7 Continue to integrate all aspects of locality working, including integration of	Integrated Managers / Team Managers	August 2021		Ongoing	This is a much larger piece of work involving all community services. Initial phase of enhanced care

	care management teams by fully integrating an adult service in East and West localities and finalising plans to deliver an integrated duty system.					management duty system has been commenced. This is a long-term improvement project with wider scope than COVID remobilisation.
	18.8 Continue to develop closer liaison with other care management teams to support a service wide response.	Integrated Managers / Team Managers	December 2021		Ongoing	This has been embedded as part of mainstream approach to service development and delivery.
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		Delayed – revised completion date April 2022	Participation has been re-established using virtual methods. Return to face-to-face attendance will be progressed, however virtual attendance option will also remain available.
	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	August 2021	Complete	Pattern of referrals from Police remain high, with the majority not meeting the statutory threshold for adult support and protection. Work has been undertaken to strengthen screening processes. Further development is planned through the Transforming Public Protection 2 Programme.
	19.3 Progress the testing and adoption of revised approaches to chronologies, risk assessments and case file auditing.	Operational Management Team	March 2022		Ongoing	There has been limited progress in this area due to ongoing pressures of operational teams. Plans for implementation of this work are being revised as part of the establishment of the Transforming Public Protection 2 Programme.
	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	August 2021	Complete	Review is completed, learning has been disseminated through briefings for operational teams and the Partnership are contributing to the development of improvements actions via the Adult Support and Protection Committee.
	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	June 2021	Complete	Pathfinder for Housing First has concluded and new triage system and better screening within housing options has now been implemented. Learning from Housing First model was mainstreamed into new arrangements. Housing Options Social Worker now in post – this is a test of change to run through 2022/23.
	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	April 2021	Complete	Video-conferencing has supported ongoing operation of MARAC since 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		Ongoing	As part of £270K package of support to violence against women services, the Partnership and Dundee City Council has supported temporary enhanced capacity in third sector specialist services. This has directly impacted on reduced waiting lengths for access to services. Please see IJB report: https://www.dundee.gov.uk/reports/agendas/hsc151221ag.pdf item 8.
	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		Ongoing	Initial discussions have been held with DDARS, this service will be focus of implementation work over 2022.
	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	February 2021	Complete	Updated guidance and supporting briefings issued in early 2021.
	19.10 Support the implementation of the integrated strategic protecting people recovery plan.	Senior Management Team	In place		Ongoing	The Partnership continues to contribute to protecting people recovery arrangements through membership

						of the Chief Officers Group and Protecting People Committees / Partnerships.
	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	February 2022	Complete	Each protecting people committee/partnership is supporting a gradual transition from COVID focus to wider risk content. This will be an ongoing process over 2022/23. The risk register has now become an embedded feature of the work of each group, including in agenda setting and report content.
	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		Delayed – ongoing.	Plans for implementation of this work are being revised as part of the establishment of the Transforming Public Protection 2 Programme.
	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		Delayed – revised completion date June 2022	Preferred structure identified from initial stakeholder consultation. Full business benefits analysis being undertaken including further engagement with stakeholders.
	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		Ongoing	Range of work has progressed including test of change in operational services, leadership development, identification of senior trauma champions, training needs analysis and development of infrastructure to support lived experience contributions from the public and workforce. See most recent report to the IJB: https://www.dundee.gov.uk/reports/agendas/hsc151221ag.pdf item 10.
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		Ongoing	Minimum twice weekly multi-disciplinary safety huddles take place. Actions planned and escalation to oversight groups as necessary.
	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		Ongoing	Operational and oversight groups take place across Tayside to discuss supports and action plans.
	20.2 Review enhanced governance and support arrangements in line with national guidance	Integrated Managers / Care Home Oversight Group	Ongoing		Ongoing	Dundee representation at oversight groups to ensure governance and support to the sector.
	20.3 Release capacity of Care Home Team from quality assurance activity and recommencing planned improvement activities.	Integrated Managers	August 2021	August 2021	Complete	Care home team working on a range of improvement activities in addition to ongoing assurances and support activities.
	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	March 2022	Complete	Unit is now operational and contributing to the prevention of unnecessary mental health hospital admissions, and supporting better discharge journeys for people. New respite unit to open in April 2022 in partnership care home
21. Care at Home	21.1 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.	Integrated Managers	Ongoing		Ongoing	Team are fully established. Next phase of development is to more closely align to care at home services.
	21.2 Enhance our focus on implementation of eligibility criteria to support streamlined referral processes.	Integrated Managers	August 2021		Delayed – revised completion date April 2022	Eligibility Criteria has been updated with a view to finalise and sign this off by April 2022; this will then cascade out to all practitioners to implement.

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		Ongoing	There has been significant delay as a consequence of new developments not meeting target date. Updates are provided consistently through the Resource Allocation Meeting and actions taken to mitigate impact on individuals, their families and on the wider health and social care system. Despite mitigating actions a negative impact remains, exacerbated by staffing pressures within the care sector.
	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	September 2021	Complete	All internal staff can work across all internal services. External organisations developed their own remobilisation / contingency plans and these have been successfully implemented.
	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		Ongoing	This is now being progressed through business as usual service planning and budget setting processes.
	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		Ongoing	Adequate funding is in place, many organisations have benefitted from remobilisation funds, as well as accessing the Financial Assistance Scheme. Opportunities for longer-term redesign and improvement continue to be identified as pandemic response progresses and approach to post-pandemic living becomes clearer.
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	March 2021	Complete	Carers engagement activities reported to the IJB: https://www.dundee.gov.uk/minutes/report?rep_id=DIJB49-2021
	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	September 2021	Complete	Carers strategic needs assessment completed and approved: https://www.dundee.gov.uk/reports/agendas/hsc151221ag.pdf item 9.
	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		Ongoing	Both NHS Tayside and Dundee City Council continue to support staff who are unpaid carers through a range of HR policies and procedures.
	23.4 Recommence development work to fully implement and embed Adult Carer Support Plan (ACSP) and Young Carer Statement (YCS) 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		Ongoing	Two ACSP Improvement workshops have been delivered involving a wide range of practitioners who work with adult carers. Information from workshops to be analysed and shared with Carers Partnership. Young Carers Statement work lead through Children's Services, Dundee Carers Centre and Young Carers. Significant increase in YCS numbers and effectiveness. This area of work is included in A Caring Dundee 2.
	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		Ongoing	Carers Health Checks for adults continue to be made available by remote means areas where appropriate in local areas and Dundee Carers Centre. Opportunities for these are expected to increase as

						are requests as carers numbers have increased as have their roles and responsibilities. Carers Act implementation Funding utilised to deliver Young carer Health Checks Test of Change. This area of work is included in A Caring Dundee 2.
	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		Ongoing	Dundee Carers COVID Engagement information enhanced learning from Engage Dundee, increased understanding of Carers across Dundee Partnership and acknowledgement of intersectional issues, including health inequalities.
	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	September 2021	Complete	A Caring Dundee 2 has been approved by the IJB: https://www.dundee.gov.uk/minutes/report?rep_id=DIJB49-2021
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 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.	Integrated Managers	In place		Ongoing	A variety of short-break arrangements have been utilised in response to peoples' preferences and to manage a reduction in capacity at Fleuchar Street (breaks funded through the Financial Assistance Scheme). This area is currently being further explored to agree a long-term, sustainable approach.
	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		Ongoing	This has been incorporated into service plans. Progress has been challenging due to staffing pressures and ongoing demand for service Monday to Friday.
	24.3 Assess and address the impact of reduced day service provision on individuals, family carers and organisations.	Integrated Managers	In place		Ongoing	This continues to be monitored through RAG process. Day service provision is steadily increasing, with some areas returning to almost pre-pandemic levels. White Top Day Service is fully operational and providing support to people at pre-pandemic levels.
	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		Ongoing	Housing stock is available, however progress continue to be impacted by staffing pressures.
	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	June 2021	Complete	
	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	September 2021	Complete	
	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	Integrated Managers	In place		Ongoing	Penumbra continue to report where there is non-engagement as a consequence of charging, including notification to the referring agency. Where

	become apparent in other areas of provision.					possible this impacted is mitigated utilising the Peer Workers, which is not a chargeable service. Temporary remobilisation funding has been allocated to Haven, Wellbeing Works, Dramatherapy and Art Angel to accommodate additional referrals.
	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		Delayed – revised completion date October 2022	
	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		Delayed – revised completion date to be confirmed	This has not been possible to date following risk assessment.
	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	September 2021	Complete	
	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		Ongoing – incremental re-introduction	This continues to be incrementally reintroduced, however risk assessments have meant that progress has been limited to date.
	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	August 2021	Complete	
	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	September 2021	Complete	
	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		Ongoing	This continues to be challenging. Staffing levels have been increased due but use of bank nursing staff and one day Consultant time. However, significant increase in referral rate is also apparent. Clinical Lead exploring shifts in models of care to address acute pressures.
	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		Ongoing	There continues to be challenges recruiting psychology time. However, Band 6 nursing posts will be introduced with recruitment advancing when Agenda for Change approval is finalised.
	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		Delayed – revised completion date to be confirmed	Not further update available due to capacity pressures.
	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		Ongoing	Two additional posts currently being recruited to.
	24.17 Establish a Medication Concordance Framework of support around people with challenges arising from mental health or	Integrated Managers / Nurse Manager	July 2021	July 2021	Complete	

	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.					
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.	Service Leads	April 2021	April 2021	Complete	
	25.2 Expansion of post-diagnostic service to include on-line models of groupwork and support.	Lead Clinician	July 2021	July 2021	Complete	
26. Psychological Therapies (hosted service)	26.1 Expand internet enabled Cognitive Behavioural Therapy for Adult Psychological Therapies.	Lead Clinician	In place		Ongoing	Clinical Leadership sessions and administrative support for programmes continue to be in place. This allows close links with national programmes where we continue to maximise use of nationally available treatment interventions.
	26.2 Reinstate services that have temporarily ceased (e.g. psychological assessment for Bariatric Surgery and Exceptional Aesthetic Surgery).	Director of Psychology	June 2021	June 2021	Complete	All psychological services are being provided although with a new balance in the use of NearMe or telephone contact. Exceptional Aesthetic Surgery ceased during COVID and is still not being provided across Scotland. There are therefore no patients to assess from a psychological perspective. Bariatric surgery also remains paused but these patients are being assessed psychologically.
	26.3 Consider recruitment options to attract a greater number of suitable candidates.	Locality Manager / Director of Psychology / HR	April 2021		Complete	A national psychological therapies recruitment process is in place (first round in March / April 2022). Additionally, cohort interviewing for a number of posts using a single recruitment process has been used locally and will continue where appropriate.
	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		Delayed – revised completion date November 2022	Two rounds of recruitment have been unsuccessful. Posts will be remodelled to include a Consultant post to determine if increased support and leadership makes posts more attractive.
	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		Delayed – revised completion date June 2022	Pathway still to be established locally.
	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		Delayed – revised completion date May 2022	Tayside wide psychological therapies commissioning group to be established by May 2022. The structure of this framework has been outlined and consultation taken place within psychological therapies about staff representation.
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	April 2021	Complete	
	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		Ongoing	This is being continuously reviewed and progressed, however ability to re-opening direct access provision is impacted by ongoing staffing pressures within DDARS.

	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		Ongoing	Work is ongoing to develop the staffing capacity, clinical and social work, to increase assertive outreach provision.
	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		Ongoing	Through the Alcohol and Drug Partnership the Dundee Drug and Alcohol Recovery Service continues to participate in the development of a recovery orientated system of care.
	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)		Ongoing	Following publication of the Dundee Drug Commission 2 Report in March 2022 the ADP is reviewing both its strategic plan and action plan for change with a view to agreeing a single, prioritised strategic and commissioning plan. This will reflect a range of recent additional investments in drug and alcohol services from the Scottish Government and ongoing improvement activities.
	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		Complete	Rehabilitation pathway has been approved and funding application has been made to CORRA for additional staffing (to be commissioned from third sector). Other enhancements to pathway also being considered.
	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		Complete	Peer support groups now meeting on-line and in person. On-line groups have proved to be a valuable approach and will remain as part of ongoing service delivery.
	27.8 Implement medication assisted treatment standards.	Dundee Drug and Alcohol Recovery Service	In progress		Ongoing	Significant additional investment and support has been provided by the Scottish Government to support this area of work. The ADP has completed a self-assessment in relation to status against each standard and priority actions to progress full implementation.
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.	Actions managed through Tayside Winter Planning programme			Actions managed through Tayside Winter Planning programme	Winter planning arrangements for 2021/22 have been successfully implemented.
	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.					
	28.3 Expansion of the existing social care/community nursing assessment service developed in response to the COVID Hub model to support community triage.					
	28.4 Further development of ECS/DECSA to support Hospital at Home. Identified as pilot site for HIS Hospital@Home trial.					
	28.5 Focus on implementation of eligibility criteria to reduce reliance on scarce social care resource.					
	28.6 Strengthening of third sector interface to promote the use of alternative community supports as part of Home First strategic redesign work.					

	28.7 Development of a 7-day model of working across Partnership services.					
	28.8 Development of a community capacity situational awareness communication system to promote better whole system working across primary and secondary care.					
	28.9 Development of intermediate care provision for older people with mental health problems.					
	28.10 Remodelling of Integrated Discharge Hub to support improved patient flow.					
	28.11 Ongoing home care and deteriorating improvement work in the community.					
	28.12 Additional investment in the falls and community rehabilitation pathways through remobilisation monies.					
	28.13 Continued development of an amputee pathway to improve patient flow.					
	28.14 Expansion of the MFE Frailty model, into Surgical and Orthogeriatrics to improve patient experience.					
	28.15 Continued development of joint working arrangements across Tayside Partnerships to promote standardised models of working and simplified referral pathways for clinical staff.					
	28.16 Implementation of a flu campaign which covers patients over 50, vulnerable groups and staff.					
	28.17 Development of community diagnostic services - initially phlebotomy.					
	28.18 Further investment in social care to support early discharge over winter.					
	28.19 Refinement of stroke pathway to improve patient experience.					
	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.					
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		Ongoing	Social Care Contracts Team and operational Contract Lead continue to work with individual providers and through collective provider forums to identify emerging risks and planning mitigating actions.
	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		Ongoing	Contract monitoring and financial reconciliation continue to be adapted on a case-by-case basis to reflect the pressures, circumstances and risks in individual services and service sectors.
	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		Ongoing	Social Care Contracts Team and operational Contract Lead continue to work with individual providers and through collective provider forums to identify emerging risks and planning mitigating actions.
	29.4 Work with providers to support timely submission and processing of financial sustainability claims.	Social Care Contracts	In place		Ongoing	This has been sustained throughout the pandemic period.

	29.5 Review the frequency of provider communication updates in-line with the developing profile of the pandemic.	Social Care Contracts	Quarterly review		Ongoing	Updates continue to be issued as and when required and to be focused on COVID specific information.
	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		Ongoing	Providers have shared learning through contract monitoring arrangements, informal feedback to the Social Care Contracts Team and through engagement sessions focused on the review of the strategic and commissioning plan.
	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	December 2021	Complete	Social Care Contracts Team has considered this information and that included in the consultation for the National Care Service. Potential implications have also been discussed through national networks and professional organisations.
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		Ongoing	DCC Wellbeing Service continues to be promoted to individuals, teams and services as a key resource for supporting wellbeing.
	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	June 2021	Complete	
	30.3 Support 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.	Workforce Leads / Wellbeing Leads / Team Leads	October 2021		Delayed – revised completion date June 2022	Further guidance on hybrid working arrangements is awaited from DCC to allow integrated teams to plan for future working patterns and approaches. This action has also been impacted by ongoing property rationalisation programmes in both DCC and NHS Tayside.
	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		Ongoing	Range of work has progressed including test of change in operational services, leadership development, identification of senior trauma champions, training needs analysis and development of infrastructure to support lived experience contributions from the public and workforce. See most recent report to the IJB: https://www.dundee.gov.uk/reports/agendas/hsc151221ag.pdf item 10.
	30.5 Review DHSCP Workforce Plan as part of overall programme of work to review the DHSCP Strategic and Commissioning Plan and companion documents.	Workforce Leads / Strategy and Performance Service	March 2022		July 2022	Work has commenced to review the DHSCP Workforce Plan. A working group has been established and is meeting regularly to progress this work, chaired by Head of Service, Health and Community Care.
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.	CCPG Group	Ongoing throughout year		Ongoing	Maintained reporting through Performance and Audit Committee and Clinical Governance Committee throughout the pandemic period with all assurance reports providing moderate assurance. Groups have continued to meet throughout the pandemic and receive exception reports from the majority of services. Where gaps exist, conversations are initiated to ensure clinical, care and professional governance work is ongoing.
	31.2 Develop 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.	CCPG Group	April 2021	April 2021	Complete	
	31.3 Ensure changes implemented through COVID response period are reflected through exception reports at primary	CCPG Group	Ongoing throughout the year		Ongoing	COVID-19 is a standing agenda item for the Clinical, Care and Professional Governance Group. Exception reports are reflecting specific COVID-19 risks and

	governance groups and the clinical, care and professional group.					issues and the good work generated by teams, including digital development work.
	31.4 Ensure that short, medium and long-term impacts of COVID response period are built into governance reports alongside existing report parameters.	CCPG Group	Ongoing throughout the year		Ongoing	COVID-19 will continue to be a standing item on this agenda and will be reflected as required through the risk register. Workforce planning development will also support the impacts of COVID and our response.
	31.5 Maintain an overview and monitoring of care homes.	CCPG Group	Ongoing throughout the year		Ongoing	Robust structure in place for care home oversight across the Partnership and Tayside.
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.	Integrated Manager	Ongoing throughout the year		Ongoing	Changes to national guidance have continued to be adapted into the delivery model at the PPE Hub. Changes are communicated to providers and other relevant sectors via established provider communication routes. Significant changes over recent months have included the facilitation of routine LFD testing across the social care provider group.
	32.2 Maintain sustainable arrangements for continued provision of PPE, including the Hub arrangements and working towards appropriate exit plans.	Integrated Manager	March 2022		Ongoing	The Scottish Government has adapted and extended the Hub remit until September 2022. A MOU is being consulted on between national and local partners to support this. Redeployment of staff to sustain the hub is being progressed through HR processes. The Hub will relocate to an alternative site from 1 April 2022, co-locating with Dundee City Council.
	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.	Operational Managers	Ongoing throughout the year		Ongoing	Joint planning and working with NHS Tayside and Dundee City Council has continued, with contingency arrangements in place. Most recently this has supported the distribution of transparent masks within strict criteria set by the Scottish Government.
	32.4 Consider and respond to revised guidance for service delivery, in line with national guidelines.	All Services	Ongoing throughout the year		Ongoing	All guidelines shared whenever changes are made. Support to implement changes is provided by the Infection Prevention and Control Team and Health Protection Team depending on the area and situation.
	32.5 Embed COVID related Infection, Prevention and Control practice across all aspects of the workforce as business as usual.	All Services	Ongoing throughout the year		Ongoing	Six-weekly Infection, Prevention and Control Group is established within the Partnership providing support and assurance related to infection prevention and control. Day-to-day support available from the Infection Prevention and Control Team and Health Protection Team.
	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.	All Services	Ongoing throughout the year		Ongoing	Audit procedures and reporting are well established with inpatient areas and are gradually being adapted and adopted in other areas. This process is likely to continue over 2022/23 due to complexities of integration.
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.	All Services	Ongoing throughout the year		Ongoing	Testing continues to operate across all services in-line with current national guidance.
	33.2 Monitor local data to assess compliance with national guidance.	All Services	Ongoing throughout the year		Ongoing	National testing data is reviewed as part of overall arrangements for testing and staff support.

	33.3 Work with staff side representatives / trade unions to continue to support uptake of symptomatic and asymptomatic testing by the workforce.	All Services	Ongoing throughout the year		Ongoing	Staff side representatives / trade unions continue to support discussion where any concerns arise.
	33.4 Plan for integration of staff testing as part of business as usual living with COVID provisions.	All Services	Ongoing throughout the year		Complete	Staff testing has become routine part of service delivery in relevant areas.
34. Vaccination	34.1 Continue activity to support the completion of the health and social care staff COVID vaccination programme, supporting this on an ongoing basis if required.	Actions managed through Tayside wide vaccination programme			Initial and booster programme complete.	
	34.2 Continue leadership from Primary Care to progress the roll out the public COVID vaccination programme.				Initial programme input complete, booster programme contribution now ongoing.	
	34.3 Work with NHS Tayside to develop sustainable plans for longer-term delivery of COVID-19 vaccination, as this is known.				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.				Initial and booster programme complete.	
	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.				Complete	Flu vaccination programme for 2021/22 has been successfully completed.
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		Ongoing	Roll out of range of virtual platforms has continued across services. COVID remobilisation funds and additional investment in digital from Scottish Government has been utilised to reduce impact of digital exclusion.
	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		Ongoing	DCC and NHS Tayside continue to roll out implementation of Teams across all workforce groups, including provision of IT hardware.
	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		Ongoing	DCC digital learning centre has been developed to support the workforce to utilise full Teams functionality.
	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		Ongoing	DCC is currently progressing a programme of wifi upgrades across a number of sites. NHS Tayside has improved wifi hubs at Kings Cross Hospital to the benefit of physiotherapy outpatients. Plans are in place for the MacKinnon Centre to improve access for First Contact Physiotherapy and Care and Treatment Services.
	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		Ongoing	Corporate bodies are continuing to develop and provide digital support as news systems are introduced.

	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		Ongoing	NHS Tayside continue to implement plans, however there is a need to strengthen interfaces with the Partnership's IT Project Board to ensure joint working and alignment across the whole health and social care system.
	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	June 2021	Complete	
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		Ongoing	Public communications have been supported by DCC and NHS Tayside Communications Teams. This has been limited by pressures within these services and overall availability of capacity to support communications activities.
	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		Ongoing	
	36.3 Progress engagement activity associated with the review of the Partnership's Strategic and Commissioning Plan.	Strategy and Performance Service	October 2021	February 2022	Complete	Public survey and public consultation sessions have been run throughout late 2021 and early 2022 to contribute to the review of the plan.
	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	March 2022	Complete	This has been considered alongside other sources of information as part of the review of the strategic needs assessment and strategic and commissioning plan.
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		Ongoing	Incident response structure has continued to evolve during the last year with frequency of meetings stepped up and down according to circumstances.
	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		Ongoing	This is currently being considered as part of planning for return to offices following change in national guidance in early 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		Complete	Strategic needs assessment completed and approved: https://www.dundeecity.gov.uk/reports/agendas/hsc151221ag.pdf item 9.
	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	February 2022	Complete	Statutory review completed and IJB has agreed to extend the existing plan for a further one year period: https://www.dundeecity.gov.uk/reports/agendas/hsc230222ag.pdf item 12.
	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		Delayed – revised completion date June 2022	Work to revise the scheme continues between the partners. It is anticipated that a draft scheme will be available for public consultation in May 2022. Most recent update report to the IJB: https://www.dundeecity.gov.uk/reports/agendas/hsc230222ag.pdf item 14.
	37.6 Completion of the revision of the Dundee Carers Strategy.	Carers Partnership	October 2021		Ongoing	A Caring Dundee 2 has been approved by the IJB: https://www.dundeecity.gov.uk/minutes/report?rep_id=DIJB49-2021 .
	37.7 Revise operational and strategic risk registers for the recovery phase.	Senior Officer, Business Support / Operational Managers	Ongoing throughout year		Complete	Work continues to further develop risk registers as part of business as usual governance activity.

	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		Ongoing	The IJB has received reports on IRASAC and subsequently on the consultation on the establishment of a National Care Service. Further work will be undertaken once the Scottish Government has clarified plans for implementation of proposals.
38. FINANCE	38.1 Continue to ensure all additional COVID expenditure is identified and recorded appropriately.	Chief Finance Officer	Ongoing throughout year		Ongoing	COVID expenditure has continued to be recorded and reported in-line with national guidance.
	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, quarterly and ad hoc reporting		Ongoing	Financial monitoring reports have continued to include an overview of the impact of COVID on the Partnerships financial position.
	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		Ongoing	Finance Service has continued to work closely with operational teams to identify impacts of changes in service delivery and to plan for the effective use of COVID remobilisation funds.
	38.4 Ensure care providers sustainability payments are paid promptly following authorisation.	Chief Finance Officer	In place		Ongoing	Through the Social Care Contracts Team and Finance Service timely provider payments have been maintained throughout the pandemic period.