ITEM No …15……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2020**

REPORT ON: **INITIAL LEARNING FROM DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP COVID-19 PHASE 1 RESPONSE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB28-2020**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide Integration Joint Board members with an overview of initial learning from Dundee Health and Social Care Partnership's COVID-19 phase 1 response.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and the Initial Learning from Dundee Health and Social Care Partnership COVID-19 Phase 1 Response report (attached as appendix 1).

2.2 Instruct the Chief Officer to continue work to review learning from the COVID-19 response period, including engaging with the third and independent sectors and with people who use services and carers (as outlined in section 4.5).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The membership of the Integration Joint Board, acting under the essential business procedure, has recently considered reports in relation to the Partnerships response to the COVID-19 pandemic (Overview of DHSCP Response to COVID-19 Pandemic - DIJB22-2020) and the Impact of the Pandemic on Strategic Planning Arrangements (DIJB19-2020). These reports provided an overview of how the Partnership has worked since March 2020 to respond to the COVID-19 pandemic and reflected the need to review learning from the phase 1 response period.

4.2 During the phase 1 response (from the onset of the pandemic in March until the easing of lockdown restrictions and a move to phase 2 of the national routemap on 19 June 2020) Partnership services have not only supported efforts to rapidly increase the availability of beds in the acute sector to respond to COVID-19 positive patients requiring hospital admission, but have also been integral to providing responses to COVID-19 positive people in the community, both within their own homes and within residential settings such as care homes. As well as working to establish new COVID-19 pathways and responses, a range of services and supports have been the subject of rapid re-design to enable continued operation in the context of social distancing regulations and public health advice. A range of essential, non-Covid services have also continued to be delivered, including face-to-face contact on a risk assessed basis. In addition, the Partnership has made a significant contribution to wider Dundee Community

Planning Partnership efforts to respond to community support needs, such as responses to shielded people, food distribution and a range of public protection responses.

4.3 Rapid change and innovation in operational services provides a foundation for consolidation and further development and improvement. It is important that as part of the recovery planning process that our workforce has the opportunity to consider what aspects of our initial response have worked well and could be further consolidated or developed as part of the recovery stage in partnership with key stakeholders, including staff-side representatives. There are also opportunities for reflection and learning in relation to the Partnership's approach to strategic planning, leadership and governance.

4.4 **Initial Learning Review**

4.4.1 As part of the recovery planning process operational and strategic managers from across services, including support services, were asked to consider a set of stimulus questions regarding what they had done during the pandemic and what they had learned from this. They were also asked to identify areas that have potential for further consolidation and for innovation and to consider their post-pandemic long-term vision for health and social care. A summary of the key themes from this exercise has been collated into an initial learning review (attached as appendix 1).

4.4.2 The learning review describes the initial learning, development and future planning reported by key colleagues and managers who held lead operational and strategic responsibilities in the phase 1 COVID-19 response. We know that many of these managers consulted with their wider teams / services to inform their response. The report takes into account circumstances and activity until end of May 2020 and has a focus on changes that are perceived to have had identifiable positive impacts. It is important to acknowledge that the achievements and learning identified within the report will not, at this stage, be a comprehensive overview and that further learning will emerge as we move through the recovery period.

4.4.3 The report identifies 5 key areas in which changes with positive impacts have been identified:

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

4.4.4 The report also identifies key themes in relation to perceptions of areas that have potential for further consolidation and for innovation to contribute to the post-pandemic legacy for health and social care. This includes practical changes such as increased awareness of hand hygiene and infection control. A number of positive cultural changes were also identified such as enhanced recognition of the importance of workforce wellbeing, support for flexible working arrangements and collaboration between service areas and across organizational boundaries. A number of respondents also identified that the emergence of a unified approach and clear focus on achieving shared priorities and outcomes through whole systems thinking and a 'can-do' approach as being a significant positive legacy for the phase 1 response period.

4.5 **Further Learning Focused Activity**

4.5.1 The initial learning review has focused on information gathered from a limited number of key individuals within the health and social care workforce. During lockdown there have been severe and serious limitations to our ability to co-produce and engage with service-users, carers and communities. Although the Partnership has had feedback from the public, service users, patients and carers it tends to have been informal and not yet triangulated with other sources of information.

4.5.2 As we move through the recovery phases we recognise the importance of planning and implementing further activities to capture feedback and learning from:

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

4.6 Incorporating Learning into Practice

4.6.1 The Partnership must apply learning from pandemic period into future strategic and operational developments. Since the integration of health and social care services in 2016 our strategic planning processes have been developed in line with four stages of the strategic commissioning cycle: analyse; plan; do; and, review. During the pandemic the analyse and plan stages of the cycle have been significantly restricted due to the necessity to respond rapidly to urgent needs. However, during the recovery process the Partnership's strategic and service planning groups will reinstate the full commissioning cycle and utilise the learning from this period within the analyse and plan stages.

4.6.2 Our Strategic and Commissioning Plan 2019-2021, including the four existing strategic priorities, provides a framework for considering learning from the pandemic. Analysing our learning alongside other sources of evidence about the impact of the pandemic on health and social care needs and demands will support effective planning to achieve our Partnership vision for health and social care.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 20 July 2020

Joyce Barclay
Senior Officer, Strategy and Performance

Kathryn Sharp
Senior Manager, Strategy and Performance

APPENDIX 1

Initial Learning from the Dundee Health and Social Care Partnership COVID-19 Phase 1

Learning Review Report: June 2020

Contents

Key Messages 7
Overview of Dundee Health and Social Care Partnership Phase 1 Response and Learning 8
Introduction 11
Context and Background 11
Method 12
What Changed? 13
Outcomes 16
What have we achieved? 18
Providing day-to-day essentials and upheld right to healthy life 18
Technology for communication and organisation 19
Developing, changing and adapting structures and systems 21
Defining and refreshing existing priorities 21
Optimised deployment of human resources 23
What have we learned? 25
Provided day-to-day essentials and upheld right to healthy life 26
Technology for communication and organisation. 28
Developing, changing and adapting structures and systems 29
Defining and refreshing existing priorities 30
Optimised deployment of human resources 32
Planning for the “new normal” 33
Partnership Strategic Priorities 34
The Legacy Potential 36

Key Messages

The 2020 COVID-19 pandemic has been the biggest public health challenge in our lifetimes; it has presented both challenges and opportunities for growth and learning in our local and national health and social care system. The impact in Dundee, and across Scotland on the population's health and wellbeing has been significant.

This report highlights the Phase One direct activity of Dundee Health and Social Care Partnership along with partner agencies across the city in responding to the impact of the pandemic.

As the Partnership recovery planning and associated activity progress we will apply our learning and build on positive developments from the initial response period.

We acknowledge that this report and the planning activity has been undertaken during a time of severe and serious limitations to co-production and the involvement of people who use services, carers and their representatives.

Our learning will support progress in Phase 2 and beyond to reinstate supports and to continue service innovation. Existing planning structures will support the progress of improvement planning through using the Strategic Commissioning Cycle (Analyse, Plan, Do, Review).

This report sets out what we know about what we have achieved in Phase One and what we think we have learned from it. This has been grouped under five headings: providing day-to-day essential and upheld right to healthy life; technology for communication and organisation; developing, changing and adapting structures and systems; defining and refreshing existing priorities; and, optimised deployment of human resources.

We are proud that many members of our workforce, volunteers, carers and services users have developed and led innovations. In particular we have been able to identify some of the leadership qualities that we believe have had a positive impact on our ability to respond and keep people safe and well.

We anticipate that our colleagues and our communities will have their own lived experience from the workplace and personal life in a number of key areas and that this has a potential to inform progress in particular areas including: crisis response; working through change; bereavement; co-working, mutual understanding and respect; balancing work and home life; mental wellbeing; social isolation; supporting people with reduced and limited household budgets; and, remote learning and use of technology.

Our Partnership Strategic and Commissioning Plan 2019-2022 will support our progress during the recovery period and the vision within this will continue to be actively pursued: "*Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.*"

Planning for the future beyond this pandemic will be supported by the application of the values of Social Work, Social Care and Health Care Professionals and by a mainstreaming approach to promoting human rights and considering the impacts of the pandemic on individuals and communities who have protected characteristics.

Overview of Dundee Health and Social Care Partnership Phase 1 Response and Learning

Changes that have had identifiable positive impacts	Learning identified
Provided day-to-day essentials and upheld right to healthy life	
• Delivered essential supports and services in a compassionate, caring way. • Directly contacted shielded people to offer additional supports. • Undertook regular welfare checks with the most vulnerable people. • Improvisation, creativity and realignment of budgets to enable this. • Contributed across the city to arrangements for food distribution, medication and equipment deliveries.	• Excellent leadership qualities are essential across all levels of the organisation. • Major contribution of strong networks with co-workers and colleagues. • Clear lines of communication strengthen our responses. • Importance of having and sharing service criteria and clear referral pathways.
Applying technology for communication and organisation	
• Increased use of technology for communication within and across the workforce that enabled effective communication and planning. • Remote working/working from home increased with introduction of new IT workflows to enable this. • Used a range of digital platforms to support service users and carers. • Facilitated access to peer support through online forums. • Used online and printed media to communicate with and inform the public.	• Communication hindered by no “All Staff” email facility for the deployed health and social care workforce. • Varying access to IT hardware/remote working across services / teams. • Increased screen time can cause fatigue for workforce members. • Operating separate IT systems for health and social services remains a challenge. • Face-to-face contacts are still needed for some work.
Developing, changing and adapting structures and systems	

• New and revised processes developed and agreed. • Redeployed and re-tasked support services to prioritise operational developments, including redeploying staff. • New systems and services to enable workforce and patient testing. • Upscaling of our processes to ensure effective use of Personal Protective Equipment. • Practical service delivery changed locations and introduced physical distancing. • Increased overall capacity in range of services and supports. • Introduced new pathways, teams and wards. • Re-designed existing services, including expanded hours of operation and enhanced out-of-hours provision. • New systems introduced for triage of service users and to enable self-referral.	• There are generally solutions to most logistical problems. • New developments require to be monitored and reviewed to inform further evolution. • We are open to hearing and learning from feedback about what could have been better. • Learn from process changes can quickly inform further redesign services.
Defining and refreshing existing priorities	
• Prioritised our service delivery and resources. • Maintained essential services including face-to-face contact with service users / patients. • Creatively introduced new types of outreach services and supports across the city. • Enabled collaboration across the whole system. • Facilitated safe discharge from hospital. • Provided support to external health and social care providers. • Worked to tackle social isolation and meet basic needs. • Reduced some of the administrative requirements on front-line services.	• Learning to be gained from the management processes and pace at which change was able to be implemented. • A common goal to maintain essential services helped us to optimise the use of resources. • Co-operation and collaboration is essential to secure the best possible outcomes. • Providers benefited from enhanced opportunity be responsive and to work / communicate flexibly with us.
Optimised deployment of human resources	
• Welcomed a new workforce, including students, volunteers and returning staff members. • Released colleagues to support the Acute Sector and Community Testing arrangements. • Upskilled and intensively trained staff to support redeployment and service developments.	• Volunteers and temporary deployed members have valuable insights to share from their experience of working in our services. • We need further opportunities to learn from workforce lived experience.

• Considering our own and colleagues wellbeing. Promoted workforce wellbeing and provided a range of wellbeing supports. • Took time to acknowledge the efforts and achievements of team members, co-workers. • Used creative approaches to provide the workforce with virtual training. • Constantly adapted and responded to changing guidance and legislative requirements. • Monitored pressure on carers and responded to their wellbeing needs.	• We have the capacity to quickly provide a crisis response and working through change in action.

Introduction

This report contains information about Dundee Health and Social Care Partnership, the 'Partnership', and their response to the COVID-9 pandemic in the early part of 2020. It highlights the direct activity of the Partnership, which is supported by many partner agencies across the city. During the pandemic we have continued to work with partners in the independent sector, the third sector, NHS Tayside, Dundee City Council, as well the public, service users, patients and carers.

Throughout this challenging time we have also continued to optimise opporutnities to realise our Partnership vision for health and social care that "Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life." https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_plan_2019-2022.pdf

Context and Background

On the 12 January 2020 the World Health Organisation (WHO) confirmed that a novel coronavirus (later to become known as COVID-19) was the cause of respiratory illness in a cluster of individuals in Wuhan City, Hubei Province, China. The first confirmed case in the Tayside region was identified on 1 March 2020 and 10 days later, on 11 March 2020, the WHO declared a global pandemic.

The COVID-19 pandemic has been the biggest public health challenge in our lifetimes and has presented both challenges and opportunities for growth and learning in our local and national health and social care system.

The COVID-19 pandemic has had a substantial and wide ranging impact across the World. In Dundee the Partnership has recognised and sought to meet, mitigate and respond to the impact in a variety of critical areas including: the health and social care needs of the local population; how we deliver supports and services; potential health inequalities; and, the health and wellbeing of our workforce and of (unpaid) carers. We have used available data and modelling information to shape our ongoing response; however at the present time data and modeling information about the impact of the pandemic beyond acute hospital settings is limited. It will be a number of months before we more fully understand the medium to long-term impact of the pandemic.

As the Partnership progresses with recovery planning and associated activity we will apply our learning and build on positive developments from the initial response period. This period of rapid change has introduced innovation and development which will be consolidated to provide a foundation for future service improvement. In addition to this there are opportunities for reflection and learning in relation to the Partnership's approach to strategic planning, leadership and governance. The experiences during this pandemic have presented the biggest challenges that the Partnership has faced since health and social care integration in 2016. The Partnership recognise that, as an outcome of these challenges, we now have our biggest opportunity for learning, development and change as we move into the recovery period.

The Partnership's COVID-19 Recovery Plan sets out how our health and care services rapidly adapted to the challenges of the COVID-19 pandemic and are working through each phase of the national recovery routemap. We recognise that our experience during the initial response period will inform our movement into Phase 2 and beyond when all services will be reinstated against the backdrop of continued potential COVID-19 infection risks. To support the continued need for service innovation in Phase 2 and beyond, it will be important that all learning from the Partnerships COVID-19 response to date is identified, analysed and applied to future plans.

This report explores the initial learning, development and future planning reported by key colleagues and managers who held lead responsibilities in the Phase 1 COVID-19 response. This report takes into account circumstances and activity until end of May 2020. We have grouped changes with positive impacts under 5 headings:

- Providing day-to-day essentials and upheld right to healthy life
- Technology for communication and organisation
- Developing, changing and adapting structures and systems
- Defining and refreshing existing priorities
- Optimised deployment of human resources

These heading will also be used in later sections to consider the initial learning that we can apply now and in the future.

During lockdown there are severe and serious limitations to co-production and the involvement of service-users and although we have had feedback from the public, service users, patients and carers it tends to have been informal and not triangulated by other sources.

We recognise that for future growth and development it is vital that we take time to reflect with disabled people, people living with long term conditions, older people, people with mental health challenges or who use drugs and alcohol, carers and a range of other stakeholders about what changes to service provision they have found most useful and wish to continue post-lockdown. This will require reasonable time frames for people to respond and should be available in accessible formats, as well as ensuring that people without easy access to digital resources are consulted.

2.1
2.2 Method

This report gives insight to activity and initial learning as identified by key colleagues and managers within the Partnership. As part of the recovery planning process operational and strategic managers from across services, including support services, were asked to consider a set of stimulus questions regarding what they had done during the pandemic and what they had learned from this. They were also asked to identify areas that have potential for further consolidation and for innovation and to consider their post-pandemic vision for health and social care.

We have highlighted changes that have had identifiable positive impacts as these are the ones that we will seek to continue to implement and learn from. There have been some

changes that we recognise have had less positive impacts that we have discontinued or mitigated.

Going forward it is important to acknowledge and remember that these are achievements we have identified to date but fully recognise there will be others which will emerge as we move through the recovery period. We will continue to listen to people's experiences and learning. Whilst we will endeavour to capture as much learning as possible, there will inevitably be examples of colleagues and others who just got on with what needed to be done, which was highly valued by those who they supported, but that are never formally identified as learning opportunities. We recognise that everyone needs time for further reflection at a time when the pace of change is not so fierce.

It is important to recognise that the changes that have occurred have been solution focussed and informed by the professional and lived experience and knowledge of those who have implemented them. There has been very limited co-production and we will not always have been able to know who has been missed out or what hasn't worked for some specific individuals, families and carers. It is possible that the full and open opinion of people who are dependent on our support cannot be captured at this time.

This report has been based on the information we have been able to gather at this time and the perceptions of those who utilised precious time to contribute. There are significant limitations to the approach and we acknowledge that we need to do more to capture a range of information about learning. Specifically we want to consider and learn more from:

- The whole workforce (including those working remotely).
- Third and independent sector providers.
- People who access supports and services and their carers.

What Changed?

The Partnership has been able to increase capacity across a range of services and supports, develop new pathways, establish new teams and wards and re-design existing services in order to meet refreshed priorities. The following information shows just some of the changes that were delivered promptly efficiently and professionally.

New Processes 	Increased capacity at Community Care and Treatment Service. COVID-19 symptoms triage arrangements for individuals prior to attending/their attendance at clinics. Development of a COVID-19 Unit within ward at RVH to care for older people with COVID. Centralisation of T34 syringe drivers for ease of distribution to areas of need. Increased at home Phlebotomy service to reach patients who are unable to attend clinics due to shielding. Development of COVID-19 Dundee Community Assessment Support at Home Service Pathway. Development of COVID-19 Senior Manager Response team to review care and practice within Care Home settings. Working with partners to develop efficient models for achievement of desired outcomes with least physical contact required, for example Palliative Care Support Services as part of virtual teams Evaluated current and new work to ensure most vulnerable people receive supports and services. For example, Psychiatry of Old Age use of Red Amber Green (RAG) rated caseload management system to prioritise most vulnerable people using services. Development of system to support colleagues within Care Home settings involving urgent care visits, duty worker system, remote assessment and support by Care Home Team.
Optimising Workforce Resources 	Deploying colleagues who are shielding / non- patient facing to support services. Named manager on-call cover at weekends. Use of PPE as recommended within national guidance. Workforce and household members testing when symptomatic Identification of skill set and development of core training to up-skill staff members to provide essential services. Phone support being given to colleagues working from home. Extra student nurses working across services. Development of a new Tayside wide MSK (Physio & Podiatry) service to support health and social care staff to stay in work during the COVID-19 period. Promoting workforce wellbeing and mental health. For example, in Medicine for Elderly psychology and spiritual team support. Increased locality working, minimising unnecessary travel.
Developed Working Relationships	Cross Tayside collaboration. For example, contribution to COVID-19 related advice on Rehabilitation, Enablement and Support Service. Multi-disciplinary co-operation.

	Cross Partnership collaboration, including third sector and independent sector partners. For example, Community Nursing/Social Care/Red Cross joint working to enhance supports for people in the community with COVID-19. Strengthened relationships within existing services. For example, Home Care Workers working in a collaborative team with Housing with Care provides a more structured package to individuals and a better feeling of team work.
Using Alternative Working Methods for the Same or Better Outcomes 	Establishment of 'Near Me' technology for remote consultations across wide range of services, Telephoning patients, service users and carers to keep in touch, evaluate circumstances and review. Development of activity packs for people using our services. More focus on safe discharge home to support earlier discharge when demand for hospital beds was high. New pilot of HIV self-testing. Medication, contraception, pregnancy tests and other medical items sent by postal services. Existing Care at Home service users, carers and families were contacted to ask what support they planned to give if able. This created capacity to take on new work when needed. GPs visiting care homes and anticipatory care planning promotion across every care home Communications skills co-learning enabled frontline teams to provide effective support, conduct realistic anticipatory care planning and build team resilience in coping with loss, death and bereavement. Refreshed Safe Zone (bus) Community Outreach- co working and different areas and times of operation. Increased requests for family to attend when services (e.g. social care response/ community alarm) demand for urgent response was oversubscribed. Services and supports optimised triage systems, publicised criteria and developed new referral pathways. Additional/assertive outreach and welfare checks, applying a harm reduction approach, to support the most vulnerable service users. Strengthened communications processes amongst GP and with OOHS working the same pathways.
Changes in Work Practice	Remote working and working from home. On-line training e learning and support. Use of IT for participating in meetings, including use of Microsoft Teams where available. Established remote access to IT systems across Health and Social services.

	Where appropriate communicate electronically with service users and carers, their representatives and care providers. Office spaces restructured and development of meeting rooms to support physical distancing. Responded to new guidance from Health Protection Scotland, senior managers within DHSCP etc. and communicated to relevant colleagues updating as required (e.g. PPE, hygiene, social distancing). Created Central store, system and process for PPE ordering / collection. Ensured safe distancing in all premises including ward areas; created COVID and non-COVID areas. Increased workforce, service and team communication during times of rapid change. Systems less bureaucratic with virtual record keeping and signing rather than papers.

2.3 Outcomes

Changes that have had identifiable positive impacts
Provided day-to-day essentials and upheld right to healthy life
Delivered essential supports and services in a compassionate, caring way.
Directly contacted shielded people to offer additional supports.
Undertook regular welfare checks with the most vulnerable people.
Improvisation, creativity and realignment of budgets to enable this.
Contributed across the city to arrangements for food distribution, medication and equipment deliveries.
Applying technology for communication and organisations
Increased use of technology for communication within and across the workforce that enabled effective communication and planning.
Remote working/working from home increased with introduction of new IT workflows to enable this.
Used a range of digital platforms to support service users and carers.
Facilitated access to peer support through online forums.
Used online and printed media to communicate with and inform the public.
Increased use of technology for communication within and across the workforce that enabled effective communication and planning.
Developing, changing and adapting structures and systems
New and revised processes developed and agreed.

Redeployed and re-tasked support services to prioritise operational developments, including redeploying staff.
New systems and services to enable workforce and patient testing.
Upscaling of our processes to ensure effective use of Personal Protective Equipment.
Practical service delivery changed locations and introduced physical distancing.
Increased overall capacity in range of services and supports.
Introduced new pathways, teams and wards.
Re-designed existing services, including expanded hours of operation and enhanced out-of-hours provision.
New systems introduced for triage of service users and to enable self-referral.
Defining and refreshing existing priorities
Prioritised our service delivery and resources.
Maintained essential services including face-to-face contact with service users / patients.
Creatively introduced new types of outreach services and supports across the city.
Enabled collaboration across the whole system.
Facilitated safe discharge from hospital.
Provided support to external health and social care providers.
Worked to tackle social isolation and meet basic needs.
Reduced some of the administrative requirements on front-line services.
Optimised deployment of human resources
Welcomed a new workforce, including students, volunteers and returning staff members.
Released colleagues to support the Acute Sector and Community Testing arrangements.
Upskilled and intensively trained staff to support redeployment and service developments.
Considering our own and colleagues wellbeing. Promoted workforce wellbeing and provided a range of wellbeing supports.
Took time to acknowledge the efforts and achievements of team members, co-workers.
Welcomed a new workforce, including students, volunteers and returning staff members.
Released colleagues to support the Acute Sector and Community Testing arrangements.
Upskilled and intensively trained staff to support redeployment and service developments.
Considering our own and colleagues wellbeing. Promoted workforce wellbeing and provided a range of wellbeing supports.

What have we achieved?

2.4 Providing day-to-day essentials and upheld right to healthy life

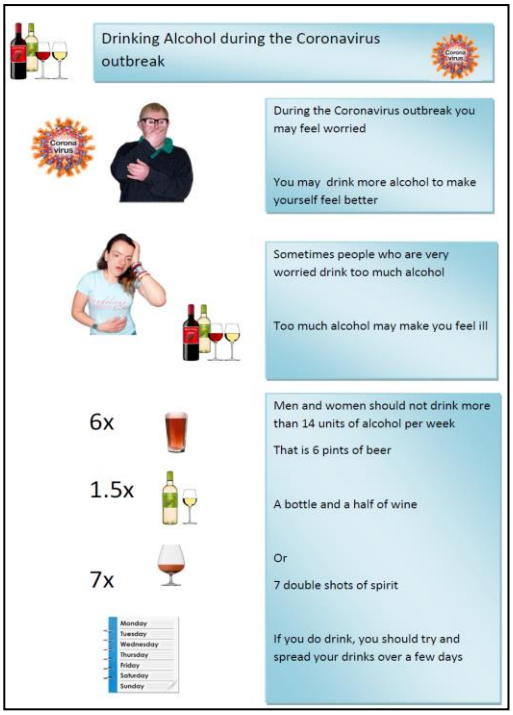
Since the outbreak of the pandemic Dundee Health and Social Care Partnership has made an immeasurable contribution to the lives of people in Dundee City and across Tayside. The compassionate, caring and willing response meant that we quickly addressed needs and rapidly changed systems to create contribution that we are immensely proud of. We have worked with partners, stakeholders, agencies, groups, individuals and carers across the city to give the best response we possibly can in rapidly changing and very challenging circumstances.

We have made direct contributions to health care and social care at home, in hospitals, in care settings to individuals who are COVID-19-free, have been confirmed as having COVID-19 and many people who were awaiting diagnosis.

Community Nursing Services developed the local COVID-19 Dundee Community Assessment Support at Home Service Pathway and contributed to the development of COVID-19 Community Response team. This Team included Social Care/ Red Cross support to care for people with COVID-19 who remained or returned to their own home. This enabled a significant number of individuals to remain at home in last days of life who would otherwise not have been able to. As a result of the health and social care provided, care services had increased opportunity to deliver care at home to people without a COVID diagnosis.

As part of the response in the city the Partnership pro-actively contacted shielded people known to us and offered them additional supports, advice and care. Our workforce continue to undertake welfare checks with individuals and families who had been identified as most vulnerable. Additional efforts were co-ordinated to keep the public alert and to encourage reporting, including self-reporting, concerns related to Protecting People issues like adult support and protection, child protection, domestic abuse and alcohol and substance misuse. Information was widely promoted by ourselves and our partners, in particular NHS Tayside and Dundee City Council.

This information was produced in a in a more accessible format and distributed widely across agencies working with members of the public.



There were some life preserving practical actions that made sure those who could be identified as most impacted were given the basics in life. The responses made involved realigning and rebalancing budgets as well as creative and improvised approaches where appropriate. Our workforce contributed to large -scale arrangements for food distribution in the city and delivered medication and other clinical equipment, sometimes through direct doorstep delivery sometimes via postal services.

We supported Dundee City Council Services to implement single points of access across local communities and assisted with triage arrangements in a number of ways including contributing human resources.

2.5 Technology for communication and organisation

Large numbers of colleagues across the Partnership have been supported to work remotely, with IT support, reducing overall infection risks and specifically supporting colleagues with chronic health conditions and family child care and caring responsibilities. We built new workflows within our IT systems to support new pathways / ways of working in order to support colleagues to provide the most effective services and support.

At an early stage it was clear that effective, efficient communication would be key to how the Partnership would best manage their response to the pandemic. With restrictions limiting the opportunities for face-to-face discussions and meetings we realised that key Individuals should be identified at each level of the organisation to ensure a cascade of information was achieved, and that it was transparent which manager/specialist was responsible for what actions/area in order to optimise effort and avoid duplication and cross purposes.

Changes to operational arrangements have been overseen and supported by a rapidly established incident control structure. The Partnership's Silver Command has led internal response planning and implementation, supported by a range of subject / issues specific

Bronze Groups. This has been supplemented by arrangements for senior management cover across weekends. The internal Partnership structure is co-ordinated with those in place in NHS Tayside and Dundee City Council. There are also direct links to the Tayside Local Resilience Partnership through their Care for People Sub-Group which is chaired by the Head of Service for Health and Community Care. The Chief Officer, Chief Finance Officer and Head of Service for Health and Community Care are active participants in a number of national groups / meetings, both within Health and Social Care Scotland and with the Scottish Government.

The various incident management groups were scheduled into the working day/week and individuals either attended or used conference call video or audio facilities. This system led the way for digital technology to support our internal communications, and has included a shift of many of our internal and external meetings to digital platforms. Many colleagues have been supported to use applications for video meetings with each other, other agencies and the public.

We have been able to utilise on-line and printed media to communicate with and inform and support the public, stakeholders, service users, patients, carers and colleagues. This has included supporting access to peer support through online forums, virtual learning and sharing sessions and activities.

Our contracted providers have continued to deliver support on behalf of the Partnership. Dundee Carers Centre started a virtual hub on a weekly basis via Facebook. The Hub has so far united carers in sessions on mental wellbeing, Social Security Scotland, and home schooling for children with additional support needs. The hub features carers stories and art work and has highlighted carers involvement in their local communities. Some of the weekly topics have had over 1000 participants.

Increased use of technology has enabled the Partnership to deliver essential support and services to patients, service users and carers that previously relied on face-to-face opportunities. We have been able to apply a range of digital platforms, such as 'Near Me', to provide services to patients / service users and carers who remained at home for consultations, assessments, reviews, managing care and receiving information and advice. Services have been able to provide remote fixed appointments as well as remote "drop-in" support.

Social Media, direct phone contact and email were utilised by Partnership Learning Disability Services to advertise support through a film clip promoting their Rainbow Olympics Event on 15th May. The film featured 6 professions, Speech and Language Therapy, Dietetics, Community Learning Disability Nurses , Occupational Therapy , Physiotherapy and Music Therapy giving details of a socially distanced event to promote health, well-being and social connectedness, through creative and active tasks using the Rainbow as the logo and focus.

2.6 Developing, changing and adapting structures and systems

The range of development changes and adaptions to health and social care supports and services made during the pandemic is set out in the table on page 10.

The Partnership were in a position to rapidly and significantly upscale our processes for obtaining and distributing Personal Protective Equipment, including taking forward new responsibilities to support PPE supply to external providers, personal assistants and unpaid carers.

Across the Partnership a number of practical service delivery changes were introduced including implementing physical distancing in our offices, clinical environments and other buildings, as well as changing workforce behaviours within and out with these spaces.

During the lockdown period the Keep Well/Health and Homeless Outreach Team has been working with the same target clients groups as they usually would support but adapting their practice and engagement as required relevant to the opportunities available. This has involved rapidly assessing, responding and reacting, as well as interpreting guidance around what is and isn't permitted. Their work has been critical in developing and directly supporting some innovative responses and interventions such as working on the Safe zone Bus, supporting people at their accommodation a local Hotel which has been utilised as a placement for Roofless /Homeless people. Their work has involved telephone follow up/ referrals/ communication with other services to facilitate appropriate care and support.

Some services have been relocated to release office/clinical space for the most essential service delivery and expanded hours of operation were introduced as well as enhanced arrangements for out-of-hours provision. The Sources of Support Service (part of the Community Health Inequalities Resource) has extended the service to all GP practices and had to research and establish new relationships with services/ organisations available in new geographical areas including in Angus and Perth and Kinross in order to support patients in Muirhead and Invergowrie practices.

A number of services have introduced triage system for service users prior to face-to-face contact as well as enabling self-referral.

2.7 Defining and refreshing existing priorities

The Partnership workforce has made concerted efforts to rapidly adapt and to maintain essential services, including providing health and social care support with face-to-face contact. This support has been delivered in the safest possible way for service users/patients, carers and the workforce. There has been effective collaboration across the whole health and social care system and beyond, including with external providers in third and independent sector, with volunteers and the voluntary sector as well as partners in community work, housing, and other agencies. We have significantly increased levels of outreach services and supports across Dundee

The Partnership has prioritised service delivery and resources using approaches such as risk management frameworks, RAG (Red Amber Green) ratings, caseload reviews and changes to admissions / service criteria. In addition to this there has been some intensive support provided to external providers, in particular with colleagues in care homes.

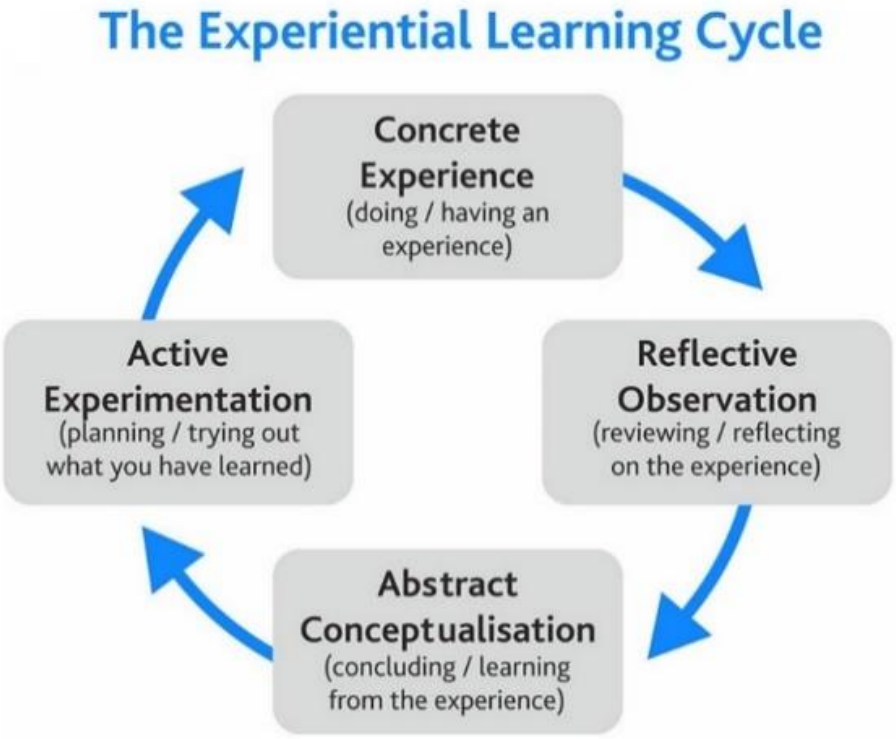
There has been a focus on safe discharge from hospital and appropriate return to home or a homely setting with support when needed.

The Discharge Hub extended their role to co-ordinate and support inpatients towards a safe and suitable return home as soon as practical. The developments included enhanced joint working across Medicine for the Elderly, palliative care and neuro rehabilitation support and all practitioners put more focus on safe discharge home goals. Prolonged stays in hospital were avoided and delayed discharge was kept to a minimum.

Our workforce and contracted providers, along with other partners, have continued to work to tackle social isolation and meet basic needs by facilitating family contact, providing activity/ comfort packs, providing information and emotional support. The workforce has sought creative dynamic and inclusive ways to keep people connected with others and consider what particular individuals might need to continue to feel included and involved.

Partnership Learning Disability Services have provided alternative support via 'You-Tube' producing 'Movement and Music With Fin, Emma And Jeff' featuring colleagues who are already known and recognisable to individuals and carers and providing a lasting repeatable resource for local adults and children with disabilities. This was widely shared with the target audience.

The following learning cycle demonstrates the way some individuals in the workforce have acquired and developed learning and skills needed for new or refreshed roles and responsibilities (https://www.skillshub.com/what-are-kolbs-learning-styles/)



The Partnership has matched the skill and potential of individuals in the workforce to the demands / priorities of service delivery, deploying our workforce more flexibly across the Partnership. This has included making best use of the available skill sets and knowledge of how shielded and at-risk staff could contribute when working remotely from home. This has included deploying staff members with operational experience from non-operational roles to enhance our capacity to continue to provide frontline services. Health and safety

colleagues, trade unions and professional bodies have been involved in and have advised encouraged and supported positive change.

A weekly forum formed for Allied Health Professionals (AHP) leaders from NHS Tayside and three Health and Social Care Partnerships. This encouraged and ensured optimum use of the Allied Health Professionals and related workforce resources across the region. The Forum discussions facilitated sharing and discussion of challenges and solutions and of specific concerns and successes among AHP's**.**

2.8

2.9 Optimised deployment of human resources

Human resources across Health and Social Care Partnership involve not only our integrated health and social care workforce employed by NHS Tayside and Dundee City Council but our colleagues and co-workers in the third sector, the independent sector, personal assistants employed through Direct Payments, our volunteers and (unpaid) carers.

During this crisis the energy and synergy created by all these individuals working together with common goals and shared values has delivered valued, valuable and immeasurable support to those who have needed it in the city. The workforce as a whole, with support, has constantly adapted and responded to changing circumstances, refreshed guidance and legislative requirements.

The Partnership has welcomed new people into our workforce in the form of newly recruited employees and colleagues deployed from other services, students, volunteers and returning staff members. The Partnerships achievements would have been diminished without this valuable support.

Kara was deployed from her usual job at Leisure & Culture Dundee to work as a Social Care Officer in a local Care Home. '*I feel it is very valuable experience....I was made to feel like part of the team from the minute I walked in the door …. So far, I have done medication training and am waiting to do my manual handling training. I am really enjoying it*.'

In addition to new colleagues joining our service we released some of our workforce to support the response in the Acute Sector and Community Testing arrangements. Some new and revised processes needed to be introduced as a direct result of the new and changing circumstances. Colleagues in the Partnership were instrumental in implementing new systems and services to enable workforce and patient testing at a response level that has been identified at a national level as exemplary practice.

Partnership staff from Tayside Sexual and Reproductive Health Services and Health and Work Support were redeployed to set-up, manage and staff the Community Testing Team. The Partnership made a significant contribution to resourcing the service which was critical in enabling staff testing, getting staff back to work as soon as possible and therefore supporting essential and safe service delivery.

We have taken opportunities to apply creative approaches to provide the workforce with virtual training and e-learning. We have implemented safe ways to upskill and intensively train the relevant workforce to be safe and competent to meet their responsibilities including colleagues accepting redeployment and affected by new service developments.

As well as considering the needs of service users and patients relevant practitioners in the workforce have monitored pressure on carers and responded to their wellbeing needs and

where appropriate have looked into alternative or additional care arrangements and signposting or referring the carer to carer support services.

Across the workforce colleagues have expressed the significance of being mindful of our own and each other's wellbeing. They have recognised that they need to take time to acknowledge the efforts and achievements of team members and co-workers as well as identifying and recognising their own contributions and achievements. Managers in the Partnership, along with Human Resource colleagues, have made concerted efforts to promote workforce wellbeing and provided a range of wellbeing supports electronically and in virtual contacts. Line Mangers have been diligent in providing one-to-one support for the workforce as required and in enabling virtual team meetings and peer support.

As far as possible we have reduced administrative requirements for colleagues in front-line services for example services and supports have been introduced dynamically during the process of assessment with the minimum of paperwork being expected before services commenced.

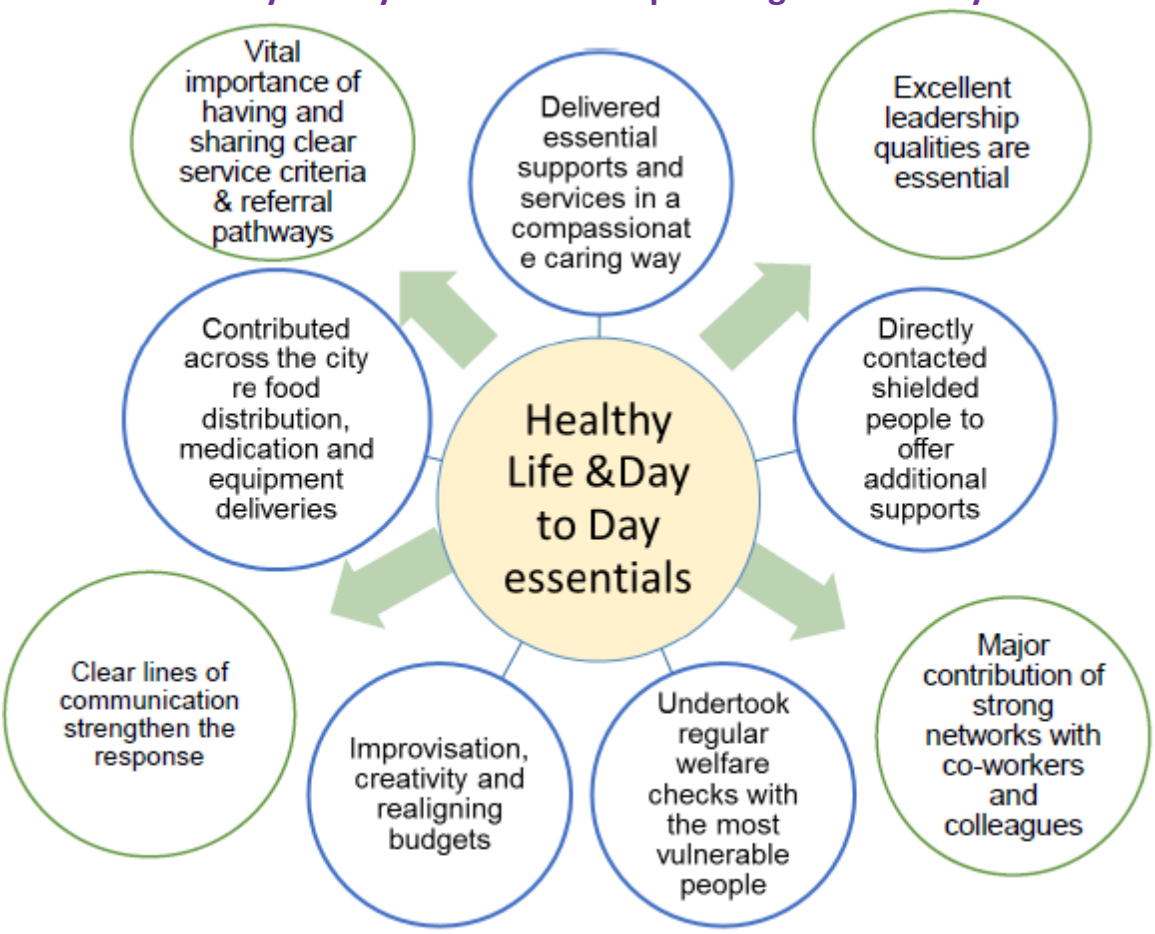
What have we learned?

Learning identified
Provided day-to-day essentials and upheld right to healthy life
Excellent leadership qualities are essential across all levels of the organisation.
Major contribution of strong networks with co-workers and colleagues.
Clear lines of communication strengthen our responses.
Importance of having and sharing service criteria and clear referral pathways.
Applying technology for communication and organisation
Communication hindered by no “All Staff” email facility for the deployed health and social care workforce.
Varying access to IT hardware/remote working across services / teams.
Increased screen time can cause fatigue for workforce members.
Operating separate IT systems for health and social services remains a challenge.
Face-to-face contacts are still needed for some work.
Developing, changing and adapting structures and systems
There are generally solutions to most logistical problems.
New developments require to be monitored and reviewed to inform further evolution.
We are open to hearing and learning from feedback about what could have been better.
Learn from process changes can quickly inform further redesign services.
Defining and refreshing existing priorities
Learning to be gained from the management processes and pace at which change was able to be implemented.
A common goal to maintain essential services helped us to optimise the use of resources.
Co-operation and collaboration is essential to secure the best possible outcomes.
Providers benefited from enhanced opportunity be responsive and to work / communicate flexibly with us.
Optimised deployment of human resources

Volunteers and temporary deployed members have valuable insights to share from their experience of working in our services.
We need further opportunities to learn from workforce lived experience.
We have the capacity to quickly provide a crisis response and working through change in action.
Volunteers and temporary deployed members have valuable insights to share from their experience of working in our services.
We need further opportunities to learn from workforce lived experience.

2.10

2.11 Provided day-to-day essentials and upheld right to healthy life

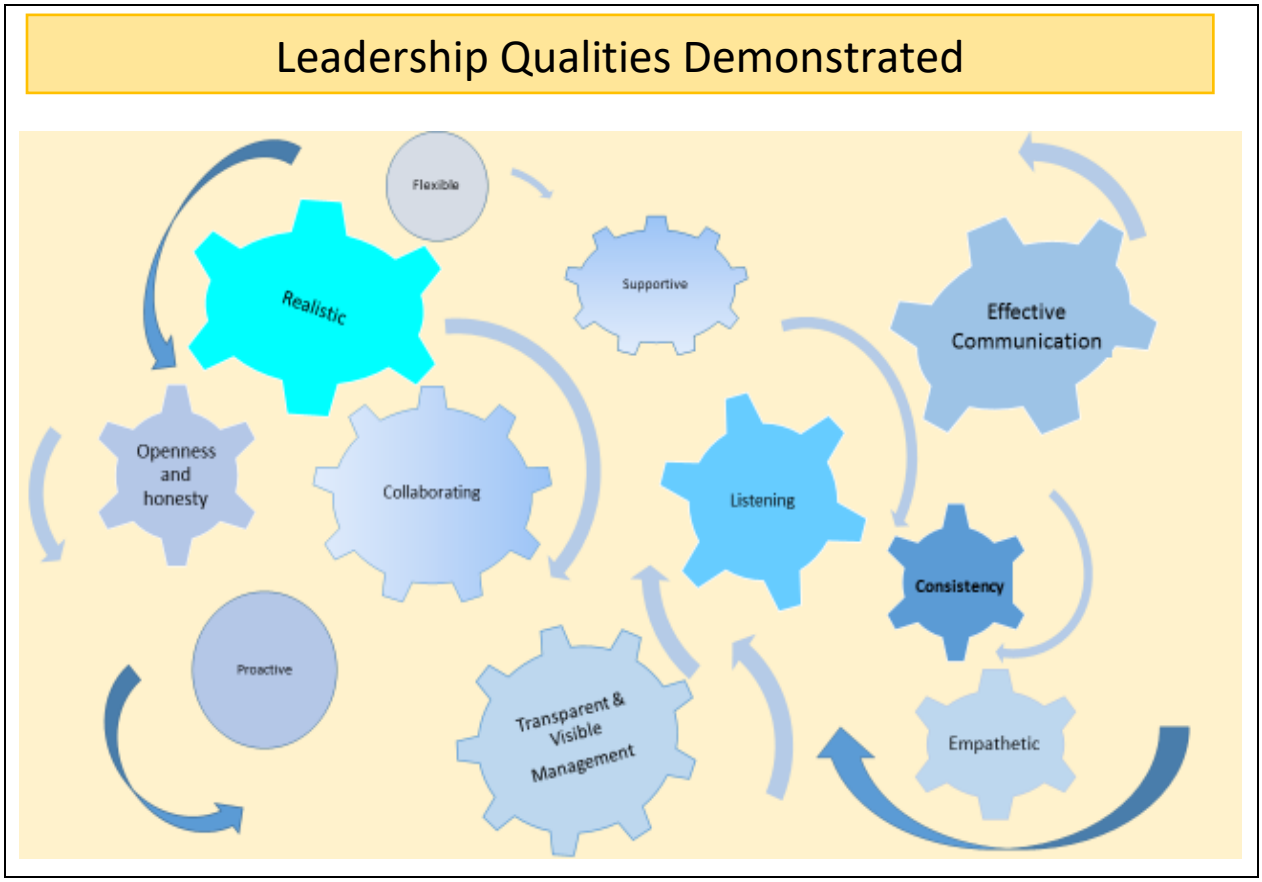


The Partnership has experienced real time demonstrations of the best leadership qualities curing the pandemic response. The following have been identified as qualities shown that have been critical to success: visibility of managers, collaboration, listening, communicating consistently and effectively, challenging positively, being realistic, empathetic, supportive, decisive, open and honest, flexible, realistic and proactive.

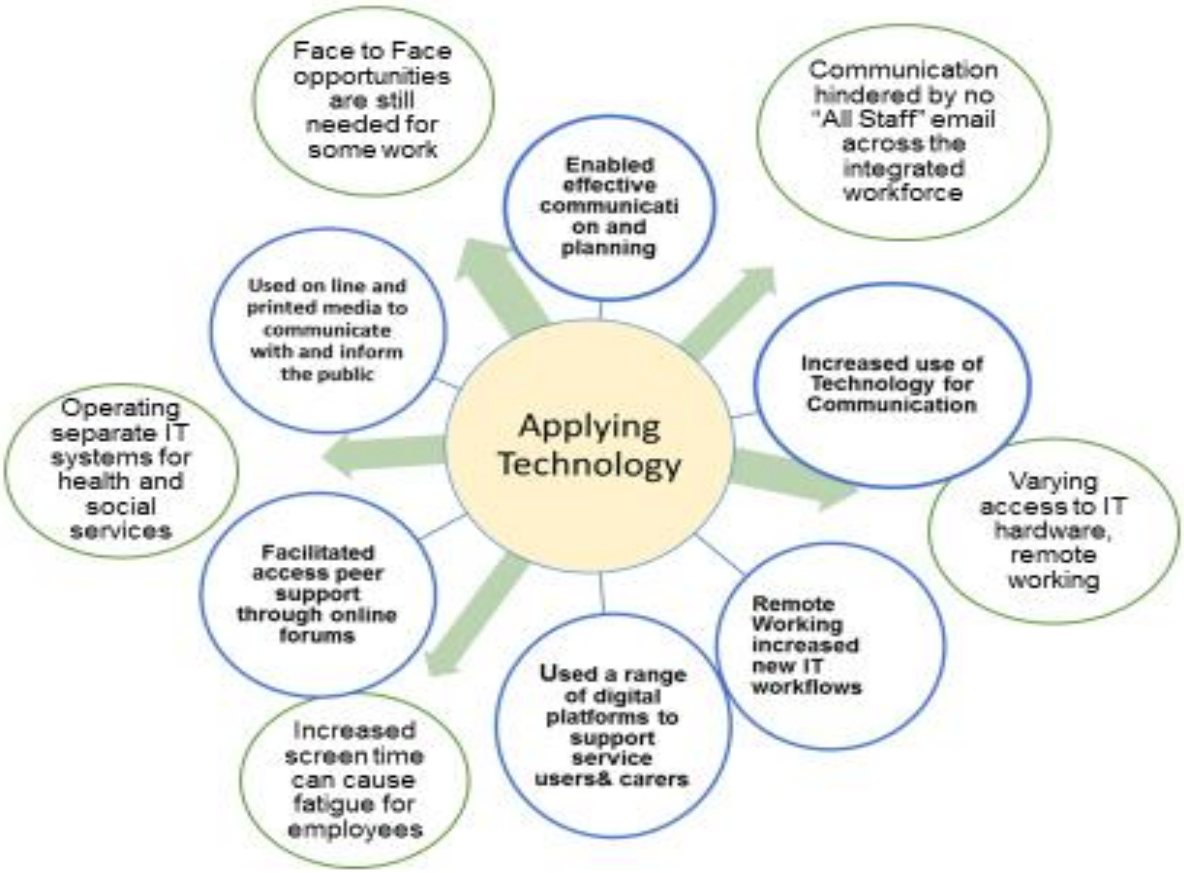
Our service delivery has benefited from existing and newly developed strong networks between co-workers and colleagues working together from various backgrounds, disciplines teams and agencies. Clear lines of communication strengthen the response, help avoid

misunderstanding, duplication and prevent frustration between co-workers and with service users, patients, and carers.

Many services have recognised the importance of having and sharing service criteria and being clear when this has changed as well as having clear referral pathways which allow for a personalised but fair response and service.



Technology for communication and organisation.



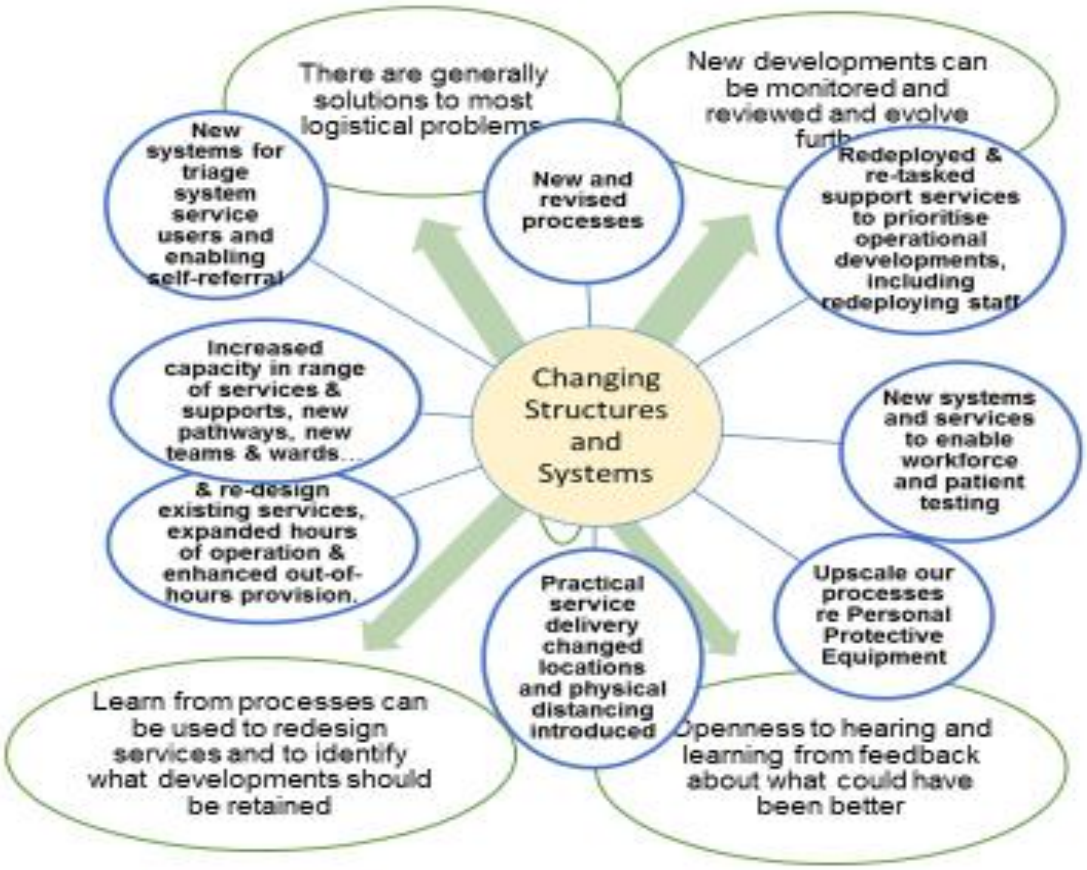
Technology, in particular IT has been widely used and has greatly enhanced the service and support that can be provided. In general the workforce has welcomed the use of IT solutions to support them to carry out their responsibilities. This has meant that disparities between services/ colleagues about type and availability of equipment has brought frustration and limited some of the opportunities for its application e.g. some community nurses have limited opportunity for remote working and needed to be present at Primary Care bases. Some other colleagues found the equipment they had provided limited capacity and that they could have benefitted from more up-to-date systems and applications.

Those who utilised remote working from home experienced a fatigue in particular those who had limited “home office” space and equipment.

Some colleagues experienced increased frustration at this busy time, that there are two different IT systems - one for health and one for social services and that these are not interactive. There were also frustrations that there is not a method of contacting all Partnership employees by an ‘All staff’ email system and that some front line staff seem not to be directly connected to e-mail.

Practitioners concluded that some reviews and other work can be completed over the telephone/ video links but more complex circumstances require face to face contacts.

2.12 Developing, changing and adapting structures and systems



One manager summed up the positive experience of many within our Partnership '*There are generally solutions to most logistical problems, just requires a bit of thought, effective consultation/communication and agreed practices*.' This attitude is one that we have experienced in action and anticipate will be learning that everyone takes forward to support and sustain future development.

Overall our experience is that although there has been curtailment of some services and supports we have been able to increase capacity in essential priority services. We have developed an alternative range of services and supports, new pathways, new teams and wards, re-designed existing services, expanded hours of operation and enhanced out-of-hours provision. For example we have supported the development of system to support colleagues within care home settings involving urgent care visits, a duty worker system, remote assessment and support by the specialist Care Home Team. This example will be monitored and reviewed and in particular we anticipate that the current model will evolve to meet continuing needs of the sector.

We are aware and open to hearing feedback about what could have been better during this time and expect that we will learn more about these situations in due course, in particular when we have greater opportunity for face-to-face feedback in more "anonymous" settings, through our existing involvement groups and other methods.

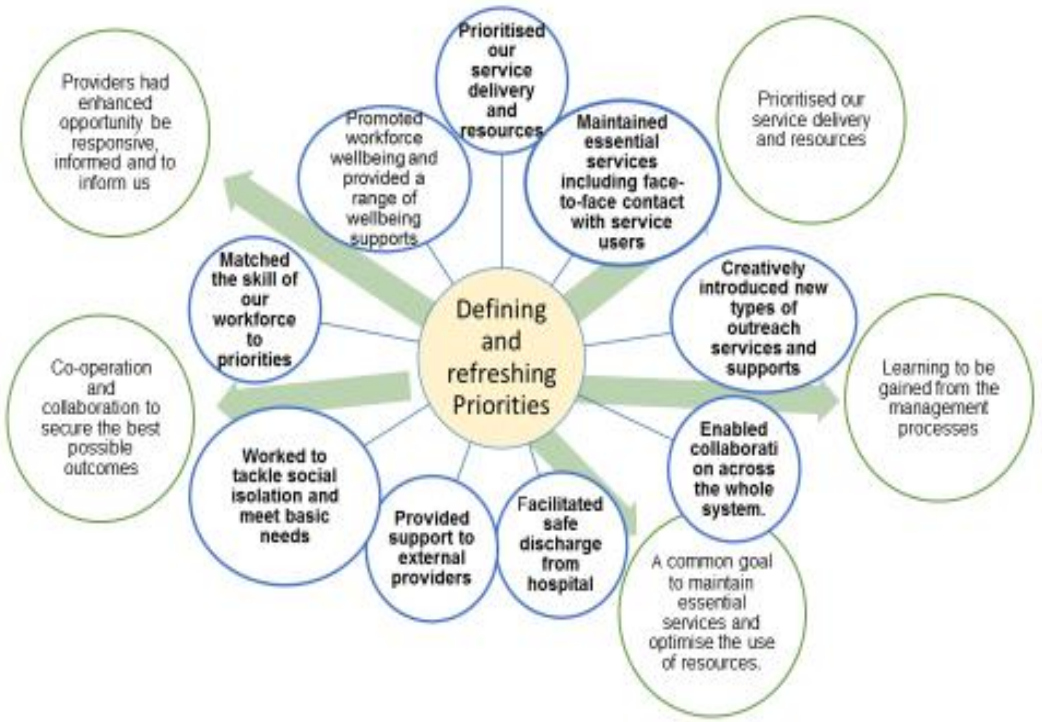
Colleagues have already been in a position to report some the less positive outcomes that we will want to learn from in future, these include:

- The referral rate at Social Care Response Service (Community Alarm) and Meals Service increased significantly. Resources have limitations and the service had to be pragmatic in assessing who they were able to support and not, causing some staff to feel frustrated.
- There have been some readmissions to secondary care (Chronic Obstructive Pulmonary Disease related) which may have been preventable.

The design processes applied to our structures and services will provide learning for the future, we could benefit from further exploring processes that involved considerable change including:

- Changed locations for practical service delivery.
- Introduction of physical distancing and change of physical spaces.
- Development of new systems and services to enable workforce and patient testing.
- Increased capacity in range of services and supports, new pathways, new teams and wards, re-design existing services, expanded hours of operation and enhanced out-of-hours provision.
- Redesign of services that were traditionally through face to face contact.
- The upscale of our processes re Personal Protective Equipment.
- Some of the new systems for triage of service users and enabling self-referral.

2.13 Defining and refreshing existing priorities



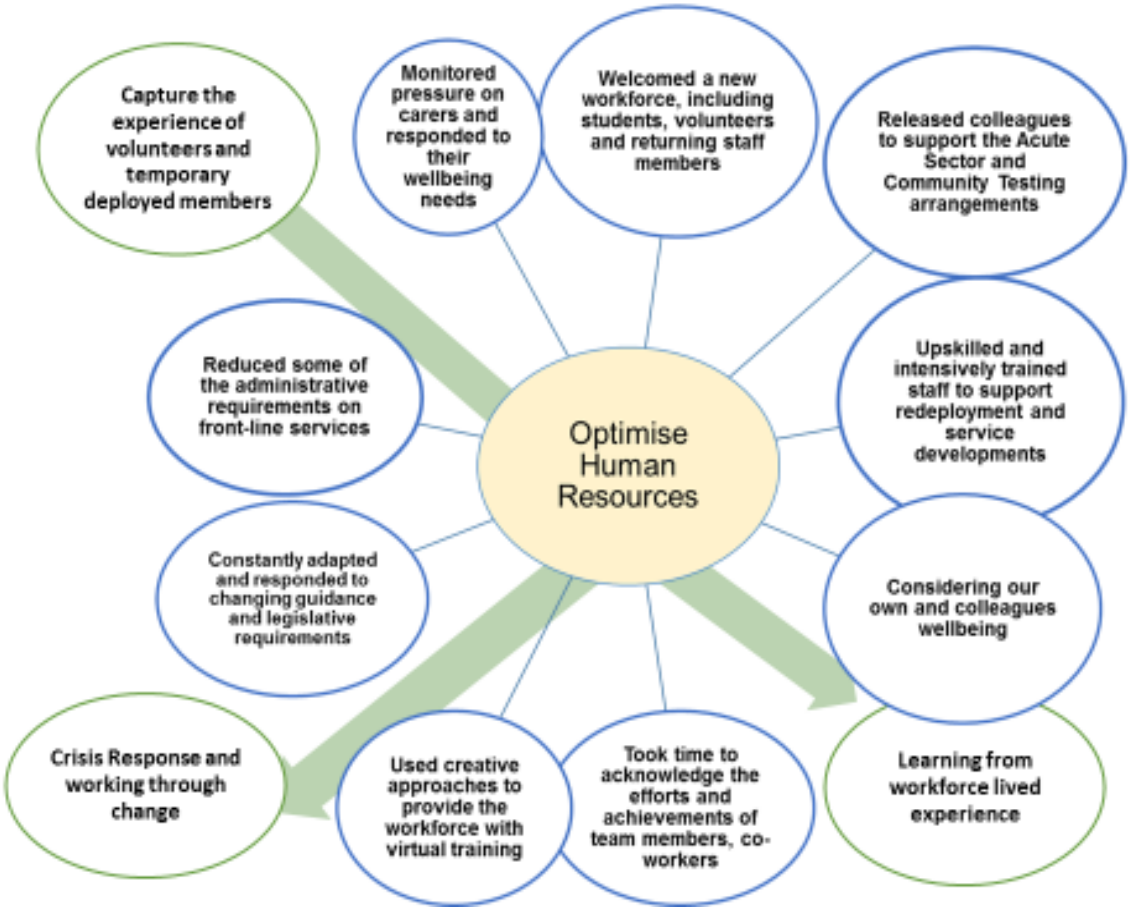
The experience across the Partnership is that we have enabled collaboration across the whole system**.** Our workforce has been united in working towards a common goal to maintain essential services and optimise the use of resources. There have been challenges to overcome where co-workers have a different set of protocols, rules, working practices from different employers but the workforce have risen to the challenge and co-operated and collaborated to secure the best possible outcomes. We are keen to harness, enhance and further develop this high level of collaboration and recognise that colleagues who have experienced this directly will have insight to share as well as being unlikely to want a return to former ways of working.

We will continue to learn from the management processes which have evolved in order to redefine and refresh priorities. There have been exemplars of innovative and collaborative management ensuring that we had clarity about who would take key roles and responsibilities within the Partnership.

The Partnership further strengthened existing links with external providers and a communication system that ensures providers have opportunity be responsive, to be informed and to inform the Partnership in a more comprehensive way. This has built and been strengthened by the previous strong partnership of providers with commissiners and it is thought that the strengthened relationships and structures will be a genuine advantage as we progress toward broader locality working in future.

Managers report that across the city there has been a remarkable increase in willingness to share ways of working and clarity about profession-specific roles and responsibilities. As a result we have creatively introduced new types of outreach services and supports across the city and provided support to external providers as well as internal colleagues. We will want to ensure that the benefits of this work goes beyond the individual relationships developed during this time and will have broken down barriers in a lasting way to achieve the best outcome for our service users, patients, carers, families and communities.

2.14 Optimised deployment of human resources



We have taken opportunities to match the skill and potential of our workforce to the current priorities and the processes and learning from this can provide a template for future workforce recruitment and retention. We recognise that we should capture the experience, positive and negative, of volunteers and those who have been temporary deployed in unfamiliar roles and may have come from other parts of NHS or Council. We know that some of our new workforce may consider career changes as the crisis subsides. We will also seek to learn more from returning colleagues released to support the Acute Sector and Community Testing arrangements; we expect them to have a wealth of information, skills and knowledge to share.

Our workforce has told us that they have learned the importance of supporting the team and each member of it during lockdown. It has been emotionally tiring for those who are physically in the workplace and there have been different levels of anxieties about the infection risks during this period.

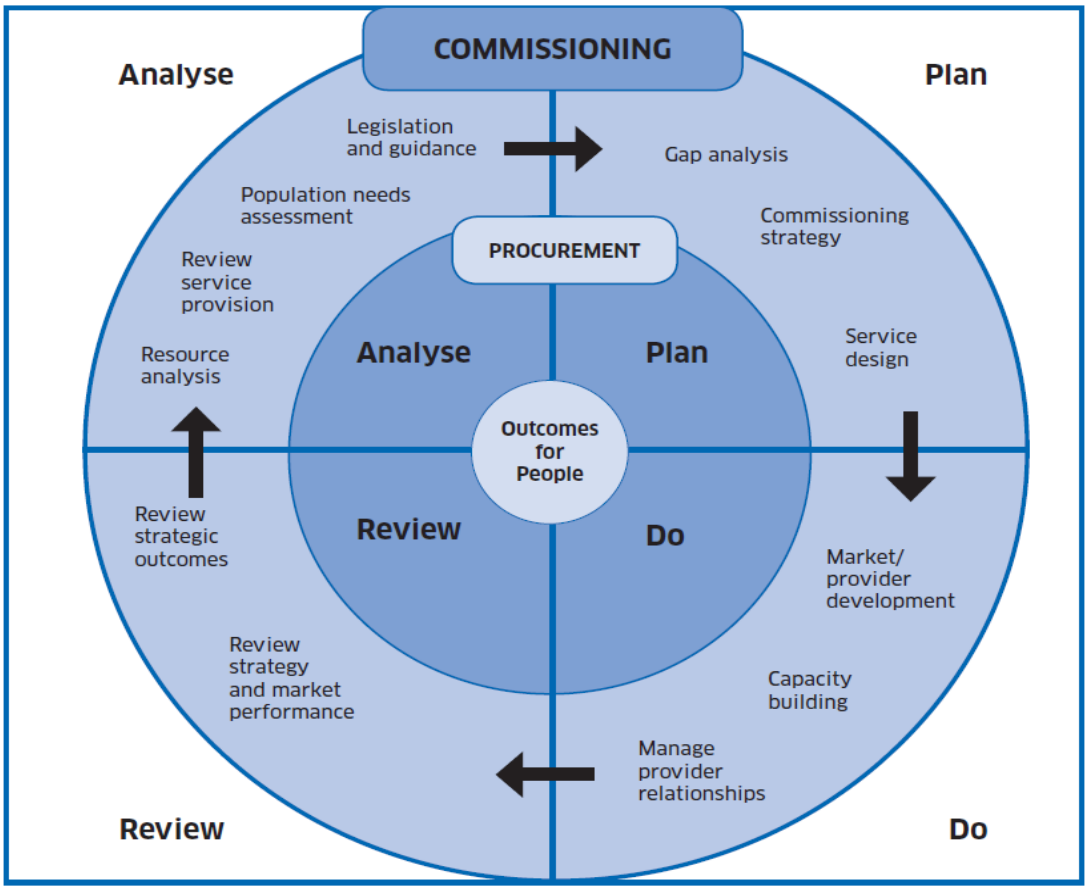
This period has also highlighted and underlined the different roles and working practices of the various teams in the Partnership. One example comes from the Community Health Inequalities Service where most NHS staff were expected to be in work and carrying out face-to-face work whereas most of their DCC employees were not. This service identified learning that can be shared in future planning of Human Resources in the Partnership - that it is important that the different working practices and roles are acknowledged moving forwards as these affect the service's (and the Partnership's) ability to work in an integrated manner.

In the longer-term we anticipate that colleagues will have their own lived experience from the workplace and personal life that has a potential to inform their own work and that of their colleagues including:

- Crisis response
- Co-working, mutual understanding and respect
- Working through change
- Bereavement
- Balancing work and home, including caring
- Mental wellbeing
- Social isolation
- Reduced household budget
- Remote learning

Planning for the "new normal"

The Partnership will apply the learning from this period to future developments. Since (and in advance of) the integration of health and social care services in 2016 in our strategic planning processes have been developed in line with a Commissioning Cycle of Analyse, Plan, Do, Review.



https://www.gov.scot/publications/guidance-procurement-care-support-services-2016-best-practice/pages/5/

Throughout the crisis period some of Analyse and Plan processes were condensed out of necessity in order to "Do" what was needed. The Review and Analyse phases will utilise the learning from this period to plan future outcomes. The Partnership has an extensive history of using a "Test of Change" approach which will enhance the opportunity for feedback, learning and analysis. We have valued the responsiveness of our workforce, the public, service users and patients, carers and community members to support these changes and let us know of any and all risks and impacts in order to support a "roll out" of practice when these opportunities have had positive outcomes

Comments from managers across the Partnership have included "*We won't go back to doing things just because it's how we've always done it / how we've been commissioned*." We believe that this has been a time of innovation.

"Test of Change" is a 'cycle which involves four elements of testing; planning the test, trying it out on a small scale, analysing the results, and then acting on what is learned.'
https://www.nhs24.scot/data/uploads/PDF/NHS_board/Plans/corporate/Strategy%20_2017_2022.pdf

For example the Dundee Health and Social Care Partnership Strategic Plan states that 'It is by investing in tests of change, that we have been able to develop a multi-professional model of care within the community (the Enhanced Community Support model) and start to move resources to support the roll out of this model across the city.'
https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_plan_2019-2022.pdf

2.15 Partnership Strategic Priorities

Our Integrated Strategic Plan will be key to effective future planning. The four existing priorities will form a framework for the future, taking into account the impact and learning from the pandemic as well as new information relating to how individual, carers, families and communities outcomes in the city need to redefined and reprioritised. Analysing new information within the framework of our existing priorities will support effective planning to achieve our Partnership vision for health and social care that:

"Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life."

The Strategic Priorities within the Plan are highlighted in the image below:

The Strategic Plan is accompanied by an Equality Outcomes and Mainstreaming Framework. This framework will continue to support the Partnership to continue to work towards our citizens and their carers have the highest possible attainable health and wellbeing.https://www.dundeehscp.com/sites/default/files/publications/mainsteam_report_and_equality_outcomes-_2019-2022.pdf

Throughout the crisis the Partnership has sought to protect human rights and promote equality. This is supported by mainstreaming our equality duty and through our workforce applying their professional values to all of their work activity.
The Partnership is aware that COVID-19 has not have the same impact on everyone and it is already disproportionately affecting some individuals and groups within society – including people with learning disabilities, women, and carers as well as those who live in areas of multiple deprivation. An analysis in June 2020, by National Records of Scotland identified that the poorest twice as likely to die from virus. From the figures from March, April and May, NRS found the COVID-19 death rate in the wealthiest areas of Scotland was 58 per 100,000; this more than doubled to 119 in every 100,000 in the poorest postcodes. *https://healthandcare.scot/default.asp?page=story&story=1842.* This information about people from most deprived areas also relevant for Scotland's ethnic minorities, who remain more likely to be in poverty than the majority white population, especially those members of ethnic minority groups who are new migrants.
In addition to this many people, in particular those who are shielding and carers, report that the current arrangements have led them to feel as if they have lost all control over their lives, with increased loneliness, uncertainty, and mental health pressures
Planning for the future beyond this pandemic will be supported by the application of core social work, social care and health care values held by decision makers, managers and the workforce that promote human rights and consider the impacts on individuals and communities who have protected characteristics and who are impacted by socio-economic deprivation and health inequalities. Through this learning review exercise colleagues from across the Partnership have identified ways in which the differential impact of the pandemic might be addressed in the recovery period:

- Focus on ensuring a health inequalities perspective in policies, plans and practice strengthened by findings about disproportionate impact of COVID-19.
- Support community sustainability.
- Provision of support for community social action research and development programs.
- Review current locality networks with a view to developing a virtual model linking to local and strategic planning processes.
- Encourage continued provision and development of telephone/ on-line support for groups and individuals in particular linking to the development of a social prescribing framework for the city.
- Review training program moving on-line where possible but consider some face to face learning for priority groups, in particular responding to inequalities issues emerging from Covid-19.

We are acutely aware of our need to gather more intelligence from our internal and external partners and from service users/patients and carers. We anticipate that other agencies and organisations will have information to share from a management perspective, a workforce perspective and from what service users and carers have told them. We believe that existing structures that we support within the third sector will be of particular value in this as we progress out of lockdown.
There is growing evidence that there is likely to be a less positive legacy from the Pandemic. Among other impacts we must consider:

- the impact of bereavement for the workforce, carers and people who use services.
- how individual citizens mental wellbeing has been affected.
- how loneliness and isolation has impacted individuals.
- potential exacerbation and escalation of drug and alcohol use, domestic abuse, sexual violence/exploitation and associated harms.
- increased disability and poor health both as a direct outcome of having COVID-19 and perhaps not seeking medical attention in a timely manner due to lockdown restrictions.
- the potential for increased inequality and health inequalities; poverty and effects on employment opportunities.

The Legacy Potential

Those who took part in the process of learning were asked to identify areas that have potential for further consolidation and for innovation and to consider their post-pandemic long-term vision for health and social care. The responses were wide ranging, some were more practical reflections about how we might change practice in future, others were about holding on to things that have had positive impacts and some were about more systemic change.

Practical Changes

- Increased awareness of importance of basic hand hygiene and infection control measures.
- Importance of promoting staff well-being/ mental health.
- Production of a clear defined guideline for all managers to follow across the integrated workforce.

Positive changes

- Collaboration with other partners/ services Improved collaboration between services.
- Flexible working.

For some parts of the service (particularly specialists):

- Cohesive single regional partnered executive approach that allows a Tayside response to occur whilst balancing local needs.
- Use of whole system capacity to ensure best outcomes for all across Tayside.

Changing our approaches

- Stronger integrated working.
- A more unified approach to achieving outcomes.
- Better big thinking across services and departments to collaborate on projects and patient/service user and carer outcomes.
- Multi-agency teams, working from the one base.
- Crisis management based on present experience, learning and knowledge/skills..
- Greater importance is placed on community-based services and the need to resource appropriately.
- An appreciation that too much emphasis placed on one part of the system (health/social care) will have an adverse effect on the other.
- Increased public awareness and engagement in health promotion and self-care.
- Practitioners see the benefits to adapting services and can overcome challenges and barriers to improve the outcomes of our service users.
- Services can continuously be delivered in an innovative way and that any proposals to service change are viewed with a 'can do' approach.
- Greater use of appropriate electronic technology. A culture and support to embrace new technological solutions for clinical and non-clinical problems.
- Medical innovation/learning.

The response from palliative care services included the statement:

'Valuing of human mortality by the health and social care system in a way that attends to end of life care, reducing suffering and wider domains of care overtly, purposefully and with aligned resources.'

With adjustment we can, perhaps, sum up the hopes of many of the Health and Social Care Partnership workforce for the future:

“Valuing human life and human mortality by the health and social care system in a way that attends to promoting positive outcomes for individuals and their carers, reducing suffering and distress in all domains of care overtly, purposefully and with aligned resources. In order that each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.”