ITEM No …16……..

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

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

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB29-2020**

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report.

2.2 Approve the recovery plan attached as Appendix 1 to this report, noting that it will remain a working document and will continue to evolve and develop overtime (section 4.3.2).

2.3 Instruct the Chief Officer to complete a substantive review of the recovery plan in October 2020, prior to the onset of the Winter Period and to submit the revised plan and update on progress with recovery to the IJB meeting on 15 December 2020.

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

3.0 FINANCIAL IMPLICATIONS

3.1 The Scottish Government announced an initial funding allocation of £50m across Scotland to support Health and Social Care Partnerships in May 2020 of which Dundee has received £1.429m. A further announcement of an additional £50m of funding to be made available nationally was made in early August 2020, with £25m to be distributed immediately based on the same basis as the first tranche (Dundee receiving £715k) and the release of the remaining £25m to be made following receipt and assessment of a financial return submitted to the Scottish Government on the 14th August. Further funding is anticipated throughout the financial year to meet additional expenditure under the mobilisation and recovery plan.

3.2 Funding commitments set out as part of the recovery plan will only be made should this additional funding be forthcoming.

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 (DIJB22-2020) and the impact of the pandemic on strategic planning arrangements (DIJB19-2020). Both reports referenced the central role of recovery planning in supporting the Partnership, as part of the wider health and social care system, to transition from pandemic response to a new business as usual state over the next 18 to 24 months. The reports recognised that the recovery period presents a significant opportunity for learning and change

to support the delivery of the priorities in the Partnership's Strategic and Commissioning Plan. They also contained a commitment to provide a fuller report on recovery planning to the meeting of the IJB on 25 August 2020.

4.2 **Recovery Planning Approach**

4.2.1 The scale and nature of the pandemic means that the response period will last for a significant period of time and affect everyone across society, it will be much longer and more wide ranging than anything we have experienced in recent times. During the recovery period the Partnership, along with other local resilience partners, will be required to deal with response and recovery concurrently:

- **Response** –concentrating on essential service areas, protecting and keeping safe people who are most at risk and vulnerable, and working to respond to emergencies created by this crisis.

- **Recovery** - Resilience planning, overcoming difficulties created by the pandemic and making the most of any new or emerging opportunities. Getting back to a sense of normality, recognising that this is likely to be different from what went before.

- **Renewal** – the scale of the recovery phase and the way in which we have fundamentally changed our health and social care system to respond provides an unprecedented opportunity to change how we work with communities across Dundee. Co-production with our citizens and being bold and innovative in our approaches will help us to improve outcomes for people and transform our integrated health and social care system.

4.2.2 Consequently, our recovery plan must address three critical elements:

- scalable and sustainable plans for further potential surges in COVID-19 cases and peaks of demand;

- the ability to maintain COVID and non-COVID capacity and pathways across services and supports for a significant period of time; and,

- medium to long-term recovery planning over an estimated 18 to 24 month period.

4.2.3 Effective and robust recovery planning should be informed by reliable modelling data both in relation to the predicted future progression of the pandemic itself and of its impact on individuals and communities. Much of the initial modelling of impact, demand and capacity on health and social care has focused on the acute sector. Public Health Scotland are planning for and progressing some elements of community focused modelling but the timescale for delivery of these is, as yet, unclear. Modelling of the wider impact of the pandemic on the economy, employment, poverty and a range of other social factors is begin to emerge at a national level from a range of sources, including the Scottish Government, Westminster Government, Public Health Scotland, the Improvement Service and academic institutions. Further work is required to identify, review and analysis this information and it is hoped that some of this work can be progressed at a national by Public Health Scotland or through collaboration within Health and Social Care Scotland. It is apparent that a full update of the Partnership's Strategic Needs Assessment will be required to take account of the impact of the pandemic and to fully inform the next review of the Partnership's Strategic and Commissioning Plan (due to be completed by March 2022).

4.2.3 Recovery planning has also required the Partnership to review its learning from the early phases of the pandemic and changes made to services and supports. As well as presenting many challenges, the COVID-19 pandemic has created a context for rapid change and innovation and has further enhanced collaboration and integration. As part of the recovery planning process our workforce has had the opportunity to consider what aspects of our initial response have worked well and should be consolidated / further developed as part of the recovery stage in partnership with key stakeholders, including staff-side representatives. Report DIJB28-2020 describes the work that has taken place in their regard, the initial learning

themes emerging from the response period and planned next steps to gather further learning during the recovery period.

4.2.4 Our recovery planning work has been, and will continue to be, informed by the following principles:

- People should only attend building-based services if there is no other alternative; wherever possible and appropriate we will optimise our capacity for remote delivery of care and support.

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

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

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

- Plans will act to mitigate and reduce health and social inequalities.

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

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

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

4.2.5 Recovery planning activity sits within the wider context of the Partnership's current strategic and commissioning plan. As our recovery plan emerges it will be necessary to consider its impact on our ability to deliver the commitments set out in the strategic and commissioning plan at the pace and scale original envisioned. Our recovery plan has also been developed, and will be continuously reviewed, to interface and integrate with other national and local recovery plans including the Scottish Government COVID-19 – Framework for Decision Making. Scotland's route map through and out of the crisis (https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis/) and COVID-19 – Framework for Decision Making. Re-mobilise, Recover, Re-design: The Framework for NHS Scotland (https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/pages/2/); Tayside Local resilience Partnership Supporting our Communities to recover from COVID-19 (Recovery and Renewal Plan); NHS Tayside Operational Unit Mobilisation Plan and Timeline; and Dundee City Council Recovery Plan.

4.3 **Our Recovery Plan**

4.3.1 The Partnership's draft recovery plan (attached as appendix 1) has been set against the four phases within 'Scotland's route map through and out of the crisis'. As described in the national route map, the movement between phases will take place when the Scottish Government is satisfied that certain criteria have been met (R number, WHO criteria and transmission/ resurgence); there is therefore not set timescale for each phase and the recovery plan must accommodate uncertainty in this regard. The possibility of further surges means that the recovery plan must provide flexibility to respond as / when required; recovery is unlikely to be a linear process and may involve movement both forward and backwards through planned recovery phases and actions. It must allow the incorporation of further learning as we continue

to better understand the virus, its impact of individuals, carers and communities and the learning from our response so far.

4.3.2 The need for the recovery plan to be flexible, responsive and to continue to develop in an iterative way to new information, learning and wider contextual circumstances mean that the recovery plan must be a working, rather than static document. The Integration Joint Board are asked to approve the document at a point in time but to recognise that it will continue to evolve and develop overtime. The Partnership wide recovery plan is supported by detailed recovery plans in each service area / team that set out in further detail planned actions and developments to support recovery. It is also supported by the Partnership's mobilisation plan (attached as appendix 2) that sets out contingency plans for response to any future surges.

4.3.3 Following the earlier than anticipated move from phase 2 to phase 3 of the national routemap on 10 July a substantive review of the recovery plan has been completed. This review had a focus on developing detail in phases 3 and 4. A summary version of the recovery plan was also produced to form part of a submission to the Scottish Government from NHS Tayside in response to a request to NHS Chief Executives, IJB Chief Officers and Local Authority Chief Executives to submit the next iteration of health and social care re-mobilisation plans for their area for the period August 2020 to March 2021. This is attached at Appendix 2 for information.

4.3.4 Our ability to successfully implement our recovery plan relies on high levels of collaboration with NHS Tayside and Dundee City Council, particularly in relation to IT, property and workforce infrastructure. Recovery has a significant focus on consolidating and further developing remote models of working and service delivery which will require extensive and robust IT (equipment, systems and training / development) and workforce (deployment, terms and conditions and wellbeing) supports. Physical distancing requirements, the establishment of new teams and relocation of others to accommodate COVID specific responses and decisions by the corporate bodies to accelerate planned building closures have placed exceptional pressures on the availability and use of property (office, clinical and community use). Collaborative planning that recognises the needs of the Partnership to access the remaining property estate will be essential during the recovery period. These infrastructure matters are not delegated functions and therefore the Partnership will be dependent on NHS Tayside and Dundee City Council corporate services providing a high level of support and response during the recovery period, particularly in the early stages of recovery.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Insufficient resources made available to the IJB through Scottish Government and corporate bodies (financial, workforce, property and IT) to support full implementation of the recovery plan.
Risk Category	Financial, Workforce, Political, Technological
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions	• Scottish Government has provided additional monies to support implementation of mobilisation plans. • Workforce capacity continuously monitored and remedial actions taken as required. • Redeployment hubs operated by both corporate bodies and commitment to scale up if any further surges are experienced. • Workforce winter flu vaccination programme planning being progressed. • Measure to limit impact of contact tracing on workforce availability being incorporated into building re-opening / return to work plans.

	• Recommendation to IJB to issue direction to corporate bodies in relation to corporate support services, including IT, property and HR functions. • Ongoing work to align Partnership recovery plan with those of corporate bodies and wider Local Resilience Partnership / Dundee Community Planning Partnership.
Residual Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

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

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	X

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 15 July 2020

Kathryn Sharp
Senior Manager, Strategy and Performance

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB29-2020
2	Date Direction issued by Integration Joint Board	25 August 2020
3	Date from which direction takes effect	25 August 2020
4	Direction to:	Dundee City Council and NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	All delegated services
7	Full text of direction	Dundee IJB directs Dundee City Council and the NHS Tayside Board to develop and align their services to support the full implementation of the COVID-19 Recovery Plan.
8	Budget allocated by Integration Joint Board to carry out direction	To be confirmed once the budget has been agreed.
9	Performance monitoring arrangements	The implementation of the DHSCP COVID-19 Recovery Plan will be monitored by the Integrated Strategic Planning Group with regular submission of information to the IJB (including its Performance and Audit Committee) and respective Scrutiny Committees of Dundee City Council and NHS Tayside. Performance indicators that will support monitoring of implementation are currently being identified.
10	Date direction will be reviewed	31 March 2021

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Context

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 people in Wuhan City, Hubei Province, China. The first confirmed case in Scotland was identified on 1 March 2020 in the Tayside region 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 facing society, including our health and social care system, in our lifetimes. Daily life has been significantly restricted, particularly following the imposition of lockdown arrangements by the UK Government on 26 March 2020. On 17 March the Cabinet Secretary for Health placed NHS Scotland on emergency footing for a three-month period as a direct consequence of substantial and sustained transmission of COVID-19, with non-urgent elective operations and routine hospital care suspended.

Whilst recent data across Scotland demonstrates a sustained decline in new COVID-19 cases, hospital admissions, Intensive Care Unit admissions and deaths, the impact on the population's health and wellbeing has been significant. As at 26 May 2020 there had been 15,185 confirmed cases of COVID-19 in Scotland; 1,659 of which were in Tayside and 901 of which were in Dundee. As of 24 May 2020, there had been 149 deaths of Dundee residents recorded by the National Records of Scotland from a total of 924 deaths across Tayside (based on deaths where COVID-19 was mentioned on the death certificate).

The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. At the present time data and modeling information about the impact of the pandemic beyond acute hospital settings is limited and it will be a number of months before we more fully understand the medium to long-term impact of the pandemic. This will include understanding the direct impact of the pandemic, such as the exacerbation of underlying long-term conditions in COVID-19 positive people, but also the indirect impacts, such as the consequences of delayed help –seeking / treatment for other health condition and impact of reduced household incomes on health and wellbeing. The Scottish Government recognises that COVID-19 will be "…*endemic to society to varying levels for a significant period of time. It is anticipated that normal society will not return and levels of social distancing and lockdown measures will be in place for 12 months or more*." It is also clear that the medium to long-term impacts of the pandemic will persist for many years following this.

As the Dundee Health and Social Care Partnership (the Partnership) moves forward with recovery planning there is much to learn and build on from the initial response period. Rapid change and innovation provides a foundation for consolidation and further development and improvement. There are also opportunities for reflection and learning in relation to the Partnership's approach to strategic planning, leadership and governance. So, whilst the pandemic period has been the biggest challenging that we have faced since health and social care integration in 2016 it also present our biggest opportunity for learning and change as we move into the recovery period.

Recovery Planning

The scale and nature of the pandemic means that the response period will last for a significant period of time and affect everyone across society, it will be much longer and wider ranging than anything we have experienced in recent times. During the recovery period the partnership, along with other local resilience partners, will be required to deal with response and recovery concurrently:

- **Response** –concentrating on essential service areas, protecting and keeping people safe who are most at risk and vulnerable, and working to respond to emergencies created by this crisis.
- **Recovery** - Resilience planning, overcoming difficulties created by the pandemic and making the most of any new or emerging opportunities. Getting back to a sense of normality, recognising that this is likely to be different from what went before.
- **Renewal** – the scale of the recovery phase and the way in which we have fundamentally changed our health and social care system to respond provides an unprecedented opportunity to change how we work with communities across Dundee. Co-production with our citizens and being bold and innovative in our approaches will help us to improve outcomes for people and their carers and transform our integrated health and social care system.

Our recovery plan must address three critical elements:

- scalable and sustainable plans for further potential surges in COVID-19 cases and peaks of demand;
- the ability to maintain COVID and non-COVID capacity and pathways across services and supports for a significant period of time; and,
- medium to long-term recovery planning over an estimated 18 to 24-month period.

Effective and robust recovery planning should be informed by reliable modelling data both in relation to the predicted future progression of the pandemic itself and of its impact on individuals and communities. This includes the immediate health impacts and subsequent demand for health and social care services, including from carers and families, as well as wider impacts on a range of aspects of people's lives, health and wellbeing (for example, the impact of the pandemic on the economy, employment and poverty). A range of work is ongoing at a local and national level in relation to modelling, with Public Health Scotland now taking a national lead in collating an overview of work and leading developmental workstreams in partnership with stakeholders. Much of the initial impact modelling work has focused on the acute sector, however over recent weeks there has been recognition that modelling is required across the whole integrated pathway and a number of developments are planned at a national level in response to this. There is a restricted capacity within the Partnership's own Strategy and Performance Service meaning there is an increased imperative that we establish effective links to national workstreams and work being undertaken by NHS Tayside and Dundee City Council. At a local level the Partnership has initially prioritised modelling of demand for care at home services and is linking closely to NHS Tayside to access the most-up-to-date pandemic modelling for Tayside.

Recovery planning has also required the Partnership to review its learning from the early phases of the pandemic and changes made to services and supports. As well as presenting many challenges, the COVID-19 pandemic has created a context for rapid change and innovation and has further enhanced collaboration and integration. As part of the recovery planning process members of the delegated workforce have had the opportunity to consider what aspects of our initial response have worked well and should be consolidated / further developed as part of the recovery stage in partnership with key stakeholders, including staff-side representatives.

The following principles underpin our recovery planning approach:

- People should only attend building-based services if there is no other alternative; wherever possible and appropriate we will optimise our capacity for remote delivery of care and support.
- Plans will reflect the 6 principles of Realistic Medicine, Health and Social Care Five Essential Elements and principles for safe and effective mobilisation within Re-mobilise, Recover and Re-design.
- Plans will maximise the use of available resources to deliver prioritised care, services and supports to as much of the population as possible; where necessary we will continue to separate care / service pathways into COVID and non-COVID and we will maintain a focus on pathway development, re-design and innovation where this contributes to long-term transformational goals.
- Plans will support us to embed and mainstream innovation and learning, including digital approaches.
- Plans will act to mitigate and reduce health and social inequalities, including considering impacts on carers.
- We will develop plans in partnership with our primary care and acute care partners, as well with wider community planning partners. Plans will reflect relevant regional and national strategic plans.
- Plans will be developed in partnership with our workforce and will take account of the views, priorities and preferences of the people who use our services and of carers.
- Plans will have a focus on workforce, service user and carer wellbeing and safety.
- Implementation of plans will be monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where appropriate.

Recovery planning activity sits within the wider context of the Partnership's current strategic and commissioning plan. As our recovery plan is implemented and develops further it will be necessary to consider its impact on our ability to deliver the commitments set out in the strategic and commissioning plan at the pace and scale original envisioned. Our recovery plan must also interface and be integrated with other national and local recovery plans:

- COVID-19 – Framework for Decision Making. Scotland's route map through and out of the crisis – sets out the Scottish Government's framework for considering and deciding changes to restrictions and provides a route map indicating the order in which restrictions will be gradually lifted.

- COVID-19 – Framework for Decision Making. Re-mobilise, Recover, Re-design: The Framework for NHS Scotland – sets out Health Boards will safely and incrementally prioritise the resumption of some paused services, while maintain COVID-19 capacity and resilience.
- Tayside Local resilience Partnership Supporting our Communities to recover from COVID-19 (Recovery and Renewal Plan) – provides strategic and tactical managers from Category 1 and 2 Responder agencies with a framework within which to manage operational resources to support recovery from COVID-19 in our communities. The plan will support the co-ordinated and effective management of a series of individual and multi-agency recovery plans across the region.
- Dundee Community Planning Partnership – will manage the multi-agency recovery response through the community planning process with overall leadership resting with the Dundee Partnership and Executive Boards; this will include consideration of the need for a fundamental mid-term review and revision of the City Plan to ensure that the strategic focus, detailed outcomes and underpinning high level priority actions reflect the imperative of supporting recovery.
- NHS Tayside Operational Unit Mobilisation Plan and Timeline – describes how NHS Tayside intends to deliver emergency, urgent and cancer care whilst maintaining COVID-19 capacity, and safely and incrementally restoring routine and elective services that have been paused due to COVID-19. The plan sets out NHS Tayside's approach and mobilisation plan for firstly, the immediate period to the end of July and secondly the next phase of sustaining semi-routine activity in the community and re-introducing routine elective activity. It sets out a phased and structured approach that will deliver safe, clinically prioritised and risk-assessed patient pathways of care within the constraints of 'Living with COVID'. It provides an initial timeline/roadmap aligned to a planning methodology and framework that will support sustainable change and innovation.
- Dundee City Council – given that the Council's main purpose is to deliver high quality services that support the delivery of the City Plan outcomes it is their intention to consider the scope for further integration of the City and Council plans into one overarching strategic plan for Dundee, providing a simpler policy framework for the city. In the meantime, each Council Service has developed initial detailed plans to support recovery in the short and medium terms.

Impact, demand and capacity modelling

As indicated much of the initial modelling of impact, demand and capacity on health and social care has focused on the acute sector. Public Health Scotland are planning for and progressing some elements of community focused modelling but the timescale for delivery of these is, as yet, unclear. At the present time the Partnership is able to access:

- Scotland and Tayside level SEIR charts setting out short-term forecasts (two week) for the R number, new cases, cumulative positive tests, total number of inpatients (per day) and total number of patients in critical care (per day).
- Tayside level SEIR recovery modelling charts based on different scenarios for the R number following easing of lockdown restrictions.
- Initial outcomes from local project modelling the potential impact of rising COVID-19 related workforce absence on the provision of Care at Home services in Dundee (please note the initial outcomes are still being quality assured so are not yet reliable for planning purposes).
- Pathway and patient characteristics analysis for people who made first contact via GP out-of-hours, NHS 24, Scottish Ambulance Service, A&E and hospital (please note that pathway flow information is limited to

Modelling of the wider impact of the pandemic on the economy, employment, poverty and a range of other social factors is beginning to emerge at a national level from a range of sources, including the Scottish Government, Westminster Government, Public Health Scotland, the Improvement Service and academic institutions. Further work is required to identify, review and analysis this information and it is hoped that some of this work can be progressed at a national by Public Health Scotland or through collaboration within Health and Social Care Scotland.

It is apparent that a full update of the Partnership's Strategic Needs Assessment will be required to take account of the impact of the pandemic and to fully inform the next review of the Partnership's Strategic and Commissioning Plan (due to have been completed by March 2022).

What we have learned

As part of our recovery planning process we have reviewed learning from the first three months of the pandemic response. Our workforce has had the opportunity to consider within their service areas the key aspects of our initial response (what we have started to do / done more of and what we have stopped doing / done less of). They have also reflected of what has worked well and should be consolidated / further developed as part of the recovery stage in partnership with key stakeholders, including staff-side representatives, as well as what has been less effective. Finally, the workforce has considered what their vision for the post-COVID period is and the legacy that they hope the learning from the pandemic response will have in the long-term. A full summary of our initial learning will be made available as soon as possible. The following tables summarise some of the key changes we have made and learning we have identified from the initial pandemic response period:

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.

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.

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.

In addition, we have collated some themes that the workforce have identified they would want to be embedded into our long-term approach and form a positive legacy from the COVID-19 pandemic:

- Increased awareness and priority to infection control.
- Recognition of the importance of workforce wellbeing.
- Increased public awareness of / engagement in health promotion and self-care
- Whole system collaboration and approach to achieving outcomes and reducing inequality, including integrated working and big thinking.
- Greater appropriate use of digital technologies and cultural acceptance of shift to digital working.
- Recognition of the importance of community-based services and end of life care and need to resource them.
- Better business continuity / resilience arrangements and experience / skills to implement them, including alignment of regional and local arrangements.
- Greater acceptance and support of flexible working.
- Innovation and rapid change / improvement – positive, can do approach.

Surge Response

At an early stage of the pandemic the Partnership produced and submitted a mobilisation plan to the Scottish Government detailing a range of measures across individual service areas that were planned to maintain essential services and adapt pathways and practices to take account of factors such as enhanced infection control practices and social distancing restrictions. This plan also included the temporary suspension of some services, particularly non-urgent face-to-face services and congregate services; in most cases this was supported by alternative, remote models of service provision being put in place. In addition to the partnership wide mobilisation plan, a specific plan for support to care homes was developed and submitted to the Scottish Government. Each of these plans was underpinned by more detailed plans at service and team level that supported the workforce to implement our pandemic response on a day-to-day basis.

The Partnership's mobilisation plan, and supporting documents, will continue to guide our response to any further surges in the pandemic, especially where the scale of the surge results in reversion to full lockdown restrictions. The mobilisation plan is attached in appendix 1.

This recovery plan also recognises that recovery may not be a linear process and that there may be a requirement, in response to any changes in infection rates / moderate surges, to rollback our recovery timeline and actions. For example, if infection rates increase and the Scottish Government responds by reinstating elements of lockdown restrictions we will also consider reverting local arrangements to previous phases of our recovery plan.

Our Plan

Our recovery plan has been set against the four phases within 'Scotland's route map through and out of the crisis'. As described in the national route map, the movement between phases will take place when the Scottish Government is satisfied that certain criteria have been met (R number, WHO criteria and transmission / resurgence); there is therefore not set timescale for each phase and recovery plan must accommodate uncertainty in this regard. The possibility of further surges means that recovery plans must provide flexibility to respond as / when required; recovery is unlikely to be a linear process and may involve movement both forward and backwards through planned recovery phases and actions as well as longer or accelerated phases from those originally anticipated. It must allow the incorporation of further learning as we continue to better understand the virus, its impact of individuals, carers and communities and the learning from our response so far.

At this time, we have focused our detailed recovery planning on phases 1 and 2, which we estimate on the basis of information contained with the national route map will extend to the end of July / beginning of August 2020. We have also included some high-level plans for phases 3 and 4 but recognises that these plans may change as we move forward, receive new information and elicit new learning over the coming months. The links below will take your directly to the plan for each phase:

- Phase 1
- Phase 2
- Phase 3
- Phase 4

This Partnership wide recovery plan is supported by detailed recovery plans in each service area / team that sets out in further detail planned actions and developments to support recovery.

Our ability to successfully implement our recovery plan relies on high levels of collaboration with NHS Tayside and Dundee City Council, particularly in relation to IT, property and workforce infrastructure and continued communication with service users and carers. Recovery has a significant focus on consolidating and further developing remote models of working and service delivery which will require extensive and robust IT (equipment, systems and training / development) and workforce (deployment, terms and conditions and wellbeing) supports. Physical distancing requirements, the establishment of new teams and relocation of others to accommodate COVID specific responses and decisions by the corporate bodies to accelerate planned building closures have placed exceptional pressures on the availability and use of property (office, clinical and community use); collaborative planning that recognises the needs of the Partnership to access the remaining property estate will be essential during the recovery period. These infrastructure matters are not delegated functions and therefore the Partnership will be dependent on NHS Tayside and Dundee City Council corporate services providing a high level of support and response during the recovery period, particularly in the early stages of recovery.

HIGH LEVEL VISUAL SUMMARY TO BE DEVELOPED (COMMS SUPPORTED REQUIRED)

PHASE 1

National Route Map Phases	**Key constraints / risks**	**Service area**	**Key milestones / actions**
Phase 1: (from 28th May)	Continued implementation of PPE requirements across all services in line with national guidance and local agreements, including maintenance of supply chains. Ensuring accurate understanding and awareness of frequently updated national and local guidance and policies relating to key issues such as PPE, testing, adult screening programmes and shielding. A range of factors are expected to have a significant impact on workforce availability / capacity: • Retraction of redeployed and volunteer workforce. • Limited availability of and capacity within public transport. • Requirement to manage travel demand through flexible working patterns. • Ongoing impact of school / childcare closures. • Impact of availability of carers support services. • Impact of Test and Protect system. • Impact of guidance to shielded and high-risk populations. These factors will impact on the delegated (employed) workforce and also on the workforce within external providers. Impact on workforce wellbeing, including impact of trauma over the long-term. Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish 'business as usual' activity may mean overall capacity within the health and social care system is exceeded. Lack of data and modelling specifically focused on community health and social care needs and systems. Maintaining public confidence and trust, including: • Demand for reduced limitations on care home and hospital visiting. • Potential negative impacts on health and wellbeing outcomes generated through late presentation to services and reduced levels of service provision. • Waiting time management (including where service users have a preference to wait longer for face-to-face service provision rather than utilise remote / digital services).	Primary Care	Maintain Dundee Community Assessment Hub with gradually reducing workforce and footprint (Primary Care) and ability to flex capacity to respond to any further surge. Fully establish and implement Primary and Secondary Care Interface Group, including HSCP input. Work with GP clusters and GP sub to review aspects of care and treatment that can be resumed in practices as staffing base stabilises recognising the model for delivery may vary from in the past, linking with national guidance where it is available. Agree and begin implementation of NHS Tayside safe attendance within community facilities and general practice guidance. Continue work with NHS Tayside Digital team to expand use of NearMe within practices and the roll out of other digital projects that will support improved working and delivery of care. Continue work through the Primary Care Improvement Plan to develop care and treatment services and move work from GP practices. Continue to respond to practices where there are temporary challenges in relation to workforce capacity where feasible. Increase First Contact Physiotherapy Service (FCP) sessions to support all practices on an ongoing basis using alternative methods of contact where possible / clinically appropriate, to the level funded. Further develop First Contact Physiotherapy model, including developing flexibility to include telephone / NearMe appointments. Practices, in conjunction with cluster leads to plan for re-starting long-term conditions reviews, including arrangements for monitoring and to ensure anticipatory care plans and self-management plans and care are core. Continue to support practices to review patient pathways of care, including the use of digital resources as well as face-to-face consultations, including the role of signposting and referral at initial point of contact. Work with clusters / practices to assess how they can safely support people with COVID symptoms and those who are shielding, including associated premises work, to be able to safely see potential COVID patients in practice / cluster base longer-term. Consider pathways for referral from practices to secondary care and other parts of primary care, recognising the pressures across the system. Continue to develop and update anticipatory care plans. Explore options for future provision of care and treatment to the shielded population including exploring a move to a 'clean' and protected area in a cluster/locality model. Build on success of reception workforce assessing and signposting to other services and complete planning for development of signposting materials that support appropriate use of clinicians and teams, including information of Pharmacy First. Plan for reinstatement of development of urgent care home visiting arrangements and home visits with care home team and Scottish Ambulance Service in anticipation of Scottish Ambulance Service employees being released from full-time deployment in their substantive roles as part of the pandemic response. Explore options for long-term maintenance of patient transport arrangements that have the potential to support reduced demand for home visiting.
		District Nursing	Work to support additional workforce capacity within Community Nursing Adult Services (15 whole time equivalent registered nurses and 4 whole time equivalent Health Care Support Workers) to sustain three COVID-19 positive / suspected pathways, alongside maintenance of essential nursing care for patients unaffected by COVID-19. This includes community based palliative care for both COVID and non-COVID patients. Recommence departmental meetings including educational meetings – face to face with social distancing or remotely.

• Management of unscheduled 'presenting in person'. Maintaining sufficient flexibility to respond to any further COVID-19 surge. Significant reduction in availability of office accommodation and linked requirement to maintain high levels of remote working. A range of factors will require to be considered: • IT infrastructure – including access to adequate equipment, systems and technical support. • Understanding and implementation of physical distancing requirements within office accommodation. • Prioritisation of available space to enable critical service provision (COVID and non-COVID). • Remote management and support of the workforce. • Maintaining clinical support / supervision requirements. • Maintaining access to learning and development opportunities. • Maintaining integrated working. • Impact of remote working on interpersonal communication. Community access buildings remain closed / significant restrictions on their capacity. Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design. Practical constraints on service users accessing building based services, including: • Limited availability of and capacity within public transport. • Physical distancing requirements, including aspects such as adequate space for waiting areas. Affordability / accessibility of digital based services across the population, particularly for people experience poverty and socioeconomic disadvantage. Remote service delivery not suitable for all circumstances.		Recommence development of locality working in District Nursing Teams. Recommence COPD home visits for vulnerable patients. Maintain remote approaches to patient contact and reviews and to Multi-disciplinary Teams. Maintain all Priority Band 1 and 2 visits. Maintain collaborative working arrangements COPD/DECS-A/Enhanced Community Support/District Nursing/Community Care and Treatment Services, social work / Red Cross, Podiatry. Utilise workforce who are shielding / non- patient facing to support the SPR. Implement triage arrangements for patients prior to attending/their attendance at clinic for symptoms of COVID-19. Maintain increased capacity at Community Care and Treatment Service (CCTS) to cope with additional workload from GP Practices/Practice Nurses. Maintain increased Phlebotomy service to reach patients who are unable to attend clinics due to shielding. Maintain arrangements for senior nurse cover at weekends to support workforce. Maintain centralisation of T34 syringe drivers for ease of distribution to areas of need. Maintain cohort nursing of COVID +/non COVID patients. Maintain COVID-19 Community Response Team in COVID 19 Dundee Community Assessment Support at Home Service Pathway.
	Care at Home	Review of all services and recommencement of services where carers and family members are returning to work. 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. Consider outcomes of modelling of impact of COVID related workforce absence on service capacity.
	Physical Disabilities	Monitor emerging pressure areas as lockdown eases; review and respond as necessary. Review packages of support for high risks groups based on up-to-date assessment. Monitor external provider ability to increase provision is response to emerging demand.
	Psychiatry of Old Age – Community Services	Maintain delivery of home-based outreach provision.
	Drug and Alcohol	Maintain clinical activity. Maintain home delivery of OST and clinical interventions to those who are shielding / self-isolating and review assertive outreach model. Undertake Multi-disciplinary Team review of all people who currently require supervised dispensing arrangements to reduce the impact on community pharmacies. Maintain direct contact for those who are at high risk. Review access pathways, taking account of social distancing requirements. Maintain alternative assessment arrangements, including same-day prescribing.

		Enhance capacity to provide outreach services and respond to increasing demand from those people whose drug use has started / escalated during lockdown. Maintain pathways for non-fatal overdose. Review the provision of alcohol detox within the home environment. Implement robust risk management approaches to support prioritised contact with service users whilst lockdown / social distancing restrictions remain in place. Maintain alternatives to direct contact, including telephone support and NearMe. Contribute to Alcohol and Drug Partnership work to access additional national funding allocations for drug and alcohol services. Review service capacity required to maintain all service provision and establish routine bank and / or identify redeployed staff.
	Protecting People	Plan for recommencement of the Early Screening Group. Explore options for the use of video conferencing facilities to support enhanced participation of service users and carers within adult support and protection meetings / processes. Further develop our understanding of and response to hidden harm whilst lockdown restrictions and social distancing remain in place across a range of vulnerable groups (including adults at risk, women experiencing domestic abuse and carers). Implement revised Adult Support and Protection multi-agency procedures. Contribute to the development of multi-agency strategic Protecting People Recovery Plan. Plan for re-instatement of work associated with Dundee Drug Commission action plan for change, particularly whole system redesign. Contribute to maintenance of Protecting People COVID-19 Risk Register. Monitor SOLACE public protection dataset, including national benchmarking.
	Mental Health / Learning Disabilities	Complete initial needs assessment of IT requirements to support enhanced use of digital technologies, including NearMe and MS Teams, by operational teams (including Community Mental Health Team and Mental Health Officers). Undertake strategic planning and commissioning activities to support increased population demands for mild-moderate anxiety and disorders and mood disorders. Undertake work to address increase in waiting times as those currently in treatment are likely to require longer-than-expected treatment episodes causing reduced throughput. Support the development of responses to mental health treatment needs of workforce across acute, community and care home settings who have been adversely affected by COVID-19 pandemic in workplace context. Assess resource requirements to increase capacity to provide tailored support to people who face barriers to employment for next 18-24 month period. Review existing caseloads and categorise on the basis of clinical need to transition back to face-to-face care (against 4 defined categories). Begin gradual transition to increased face-to-face contact across clinical settings. Maintain service delivery through digital approaches where clinically appropriate and acceptable to service users. Maintain respite provision supported by revised operating procedures and contingency arrangements (ref detailed plan). Maintain use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community.

	MAPS and V1P Tayside	Maintain electronic / telephone referral pathways and provision of assessment, interventions and psychotherapy treatment via telephone and NearMe within MAPS and V1P Tayside.
	Community Mental Health / Mental Health Officers	Plan for response to backlog of Adults with Incapacity activity arising from current restrictions.
	Community Health Inequalities	Continue to provide telephone/ remote support to clients. Different platforms such as NearMe will be explored. Review telephone support within service and wider system to ensure that people access the right level of support at the right time. Develop contingency for Associate Practitioner/ Support Worker roles to fit better with new ways of accessing services. Review referral routes, targeted outreach and engagement methods and develop new pathways into the different teams. Continue to work towards a more integrated nursing team. Consider approaches to support the continued provision of services to those who are self-isolating or shielded in communities. Work with partners to develop mechanisms to ensure an inequalities perspective and local/ service user voice in recovery planning and implementation.
	Assessment and Care Management	Plan for response to increased demand from people recovering from COVID and their carers who have experienced significant broader impacts on their physical and mental health, for example exacerbation of pre-existing long-term conditions. Move towards reinstatement of full assessment for all service users by care management teams. Gradual increase in number of face-to-face contacts, working towards reinstatement of all non-urgent visits across all teams / services by phase 4.
	Discharge Management	Develop models to support re-introduction of elective surgery. Review discharge pathways to support new inpatient COVID / non-COVID model in Acute and Community sites (unscheduled, scheduled, COVID, discharge hubs, stepdown, palliative and community assessment). Embed extended remit of discharge hub as business as usual activity.
	Intermediate Care	Consider and agree future model of service delivery taking into account learning and changes in demand / use from COVID response period.
	Community Independent Living Services	Develop and implement post-COVID rehabilitation model. Continue development of Community Rehabilitation model to enhance preventative approaches, reduce falls and POCS. Develop models to support re-introduction of elective surgery.
	Inpatient OT / PT	Revert inpatient AHP service to unscheduled care to business as usual.
	Outpatient OT / PT	Continue remote consultations first approach (telephone / NearMe), supported by limited face-to-face consultations where there is clinical need and appropriate safeguards are in place. Begin gradually reintroduction of routine waiting list and others services.

	Care Homes	Maintain intensive support to all care homes as per care home plan submitted to Scottish Government. Maintain care home testing pathways (including enhanced outbreak testing) and support care homes to participate in weekly testing arrangements. Complete enhanced oversight visits within all care homes in Dundee. Follow up visits will be undertaken as required in line with national guidance and in particular if there are further outbreaks. Maintain a single point of contact for support and advice as required, including a process to ensure PPE supplies are maintained and staffing support to individual care homes as required. Support care homes to undertake the necessary preparation work and risk assessment to support visiting in-line with national guidance.
	Psychiatry of Old Age - Inpatient	Develop and implement COVID business as usual model.
	Medicine for the Elderly - Inpatient	Recommence patient case conferences using video conferencing. Recommence departmental meetings including educational meetings Further development of NearMe for outpatient work and referrals. Develop COVID business as usual model, including post-COVID ward plans.
	CBIR / Stroke Liaison	Recommence patient case conferences using video conferencing. Recommence departmental meetings including educational meetings. Further development of NearMe for outpatient work and referrals.
	Palliative Care	Develop models of care that continue to link into COVID pathways across community and acute care settings. Recommence model for in-patient end of life care and management of condition support for those with non-COVID conditions. Maintain a number of COVID+ beds for those with COVID-19 and for those who have non-COVID end of life conditions, but showing symptoms of positive for COVID-19. Identify process to establish future provision of ongoing day care models. Respond to potential surge of cancer related presentations due to delayed diagnosis and advancing disease. ACPU re-opened in new ward (W23a).
	Sexual and Reproductive Health	Prioritise interventions with largest public health impact: LARC and HIV PrEP for patients who do not have symptoms and are not self-isolating at risk of COVID. Continue to see very urgent care and vulnerable individuals. Develop model to support response to patients with increased risk of COVID if they have emergency needs and care cannot be delivered without seeing patient or delayed. Continue phone consultations for all history and minimise face-to-face clinic time. Whenever possible the same clinician who speaks to patient on phone should see patient in clinic. Explore ways to reduce time for consultations (eg. minimum dataset for consultations) to maximise the number of patients who can be seen while appointments are taken in 2 phases.

		Explore options for grab bags/postal testing kits/other no- or low-contact solutions as interim measure for lower risk patients who wish STI testing. Explore and make use of technological solutions to facilitate virtual/telephone clinics where appropriate (eg. WABA for photos of skin lesions). Work with virology and microbiology labs to ensure that planned increases in testing are within their capacity. Explore alternative options for delivering services (eg. postal testing kits, self-taken samples). Continue to work with national group towards national solution for STI screening including HIV and syphilis testing without face-to-face contact with services. Explore options for e-prescriptions or delivery of medications to patients with pharmacy and alternative providers.
	The Corner	Continue to deliver daily virtual Drop In's and 1:1 support using NearMe. Continue to support delivery of medication and contraceptive supplies using Royal Mail recorded delivery or collection at drop-in / Community Support Centres. This includes amendment of Practice Group Directive to enable remote larger supply of contraception Develop virtual outreach approaches with partner agencies to engage with vulnerable groups, including Health and Wellbeing Workers support to young people via Community Support Centres. Self service area created in drop in for BP/BMI readings where necessary. Work collaboratively with Tayside Sexual and Reproductive Health Service to meet needs of symptomatic or complex young people. Increased presence on social media to disseminate health information with young people and partner agencies. Implement self-referral for termination of pregnancy.
	Carers	Recommence meetings of Dundee Carers Partnership. Work with carer's organisation to better understand the impacts of lockdown on carers needs / priorities and develop enhanced responses, including to carer stress. Consider options for acknowledgement / celebration of contributions of unpaid carers during the COVID response period. Sustain and further develop supports for people in the workforce who are also carers.
	Service user / family communication	Develop information for families/carers in relation to new ways of working.
	Clinical, Care and Professional Governance	Across all services maintain clinical and service governance, including line management, and clinical supervision, utilising technology to support this. Recommence Clinical, Care and Professional Governance Group for critical reports and exceptions via remote working solutions. Maintain remote support and monitoring of adverse events on a weekly basis by Governance Huddle. Trial new format of quality and performance review document across services to support key governance functions. Continue to provide reports to and attendance at Clinical quality Forum.
	Infection Control Infrastructure (including PPE)	Continue to work with PPE hubs at Royal Victoria Hospital, West District Housing Office and the procurement teams in DCC and NHS Tayside to ensure PPE supplied across Dundee. Plan for reversion of NHS service PPR provision to transfer to corporate procurement services as business as usual' function.

		All services to develop safe systems of work / risk assessments for the environment and transport and identify possible additional PPE stock requirements based on latest guidance. All services to review limitation on visitors to the building and implement agreed safe systems of working for visitors and contractors attending the service. Consider approaches to support the continued provision of social care services to those who are COVID positive and are shielding, including provision of PPE. Develop an early identification system for possible symptomatic individuals and identify how this will be managed once building based resources start to resume.
	Community Testing (workforce and public)	Maintain workforce testing referral infrastructure across all HSCP and external providers. Maintain pre-admission testing for patients in acute hospital and unscheduled care. Maintain care home testing protocol in-line with national guidance, including testing to support outbreak management. Contribute to the development and implementation of Test and Protect approach, including planning for the potential impact on the health and social care workforce. Identify long-term base for the Community Testing Team and facilitate re-location of service.
	IT Infrastructure	Increase number of available remote working connections to NHS Tayside systems. Complete technical implementation of Microsoft Teams within NHS Tayside. 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. Distribute DCC workforce guidance on use of digital platforms. Increase availability of IT hardware in order to fully utilise NearMe Tayside, Micorsoft 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. 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.
	Workforce Infrastructure (deployment, wellbeing, communication)	All services to consider and start to develop plans in regard to the allocation of any workforce resources in a way that mitigates risk but provides a level of continuity for those using our services. All services to start to develop induction plan for workforce returning to services/workplaces to ensure they are clear about guidance, protocols and changes to work arrangements. Maintain Workforce Deployment Centre (NHST) and Deployment Team (DCC). Expand delivery of resilience training by Psychological Therapies Services from acute settings across mental health settings. Develop refreshed workforce guidance for shielded / at risk workforce (DCC). All services to identify shielders/ those living with shielders and establish work tasks can be delegated to these categories. Develop refreshed workforce guidance to support flexible / remote working (DCC). Assess workforce status in relation to longer-term remote working. Continue to develop and promote workforce Wellbeing Service (DCC). All services to further consider the implementation of Rest, Recovery and Relaxation areas/time in order to support the wellbeing of workforce.

		Maintain co-ordination of workforce communications with NHS and DCC. Consider options for acknowledgement / celebration of contributions of the workforce during the COVID response period.
	Property	Assess available building capacity. Assess and prioritise demand for utilisation of available office capacity, including relocation of services created for / displaced by COVID-19 response. Support all services to actively review best use of their premises and prioritise service delivery, including identifying pressures and gaps, recognising the needs of linked teams to be co-located and the paramount importance of workforce and public safety.
	Governance and business support	Maintain incident response structure, including weekly briefing of voting members of the IJB. Agree appropriate arrangements for re-commencement of full IJB meetings and PAC using digital approaches. Re-convene the Integrated Strategic Planning Group using digital approaches. Re-convene Unscheduled Care Board. Progress completion of statutory information returns, annual accounts and annual performance report. Recommence priority governance and strategic planning meetings using digital approaches. Establish Winter Planning Working Group to develop Winter Plan 2020/21. Plan for response to potential increase in complaints activity. Continue to support operational data reporting requirements (local and national).
	Provider support / sustainability	Revise Provider Support Policy to take account of national guidance / agreements regarding sick pay and issue to providers. Maintain provider communication infrastructure, including regular provider updates. Implement internal process to support timely response to provider requests for financial support. Consider options for acknowledgement / celebration of contributions of external providers during the COVID response period.

PHASE 2

National Route Map Phases	**Key constraints / risks**	**Service area**	**Key milestones / actions**
Phase 2: (From 19th June)	Continued implementation of PPE requirements across all services in line with national guidance and local agreements, including maintenance of supply chains Ensuring accurate understanding and awareness of frequently updated national and local guidance and policies relating to key issues such as PPE, testing and shielding.	Primary Care	Maintain Dundee Community Assessment Hub with gradually reducing workforce and footprint (Primary Care), with ability to flex capacity to respond to any further surge, while progressing plans for movement of work to a cluster practice model, if agreed. Continue work with NHS Tayside Digital team to expand use of NearMe within practices and the roll out of other digital projects that will support improved working and delivery of care. Increase First Contact Physiotherapy Service (FCP) sessions to support all practices on an ongoing basis using alternative methods of contact where possible / clinically appropriate, to the level funded. Further develop FCP model, including developing flexibility to include telephone / NearMe appointments.

A range of factors are expected to have a significant impact on workforce availability / capacity: • Retraction of redeployed and volunteer workforce • Limited availability of and capacity within public transport • Requirement to manage travel demand through flexible working patterns • Ongoing impact of school / childcare closures • Impact of Test and Protect system • Impact of guidance to shielded and high risk populations • Annual leave, including management of backlogs These factors will impact on the delegated (employed) workforce and also on the workforce within external providers. Impact on workforce wellbeing, including impact of trauma over the long-term. Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish 'business as usual' activity may mean overall capacity within the health and social care system is exceeded. Maintaining public confidence and trust, including: • Demand for reduced limitations on visiting • Potential negative impacts on health and wellbeing outcomes generated through late presentation to services and reduced levels of service provision • Waiting time management (including where service users have a preference to wat longer for face-to-face service provision rather than utilise remote / digital services) • Management of unscheduled 'presenting in person' Maintaining sufficient flexibility to respond to any further COVID-19 surge. Significant reduction in availability of office accommodation and linked requirement to maintain high levels of remote working. A range of factors will require to be considered: • IT infrastructure – including access to adequate equipment and technical support • Understanding and implementation of physical distancing requirements within office accommodation • Prioritisation of available space to enable critical service provision (COVID and non-COVID) • remote management and support of the workforce		Continue to support practices to review patient pathways of care, including the use of digital resources as well as face-to-face consultations, including the role of signposting and referral at initial point of contact. Work with clusters / practices to assess how they can safely support people with COVID symptoms and those who are shielding, including associated premises work, to be able to safely see potential COVID patients in practice / cluster base longer-term. Consider pathways for referral from practices to secondary care and other parts of primary care, recognising the pressures across the system. Continue to develop and update anticipatory care plans. Explore options for future provision of care and treatment to the shielded population including exploring a move to a 'clean' and protected area in a cluster/locality model. Pharmacy Team to support practices and patients to continue to implement more efficient and effective systems for prescription management, including increasing the number of people who have a registered/preferred pharmacy and an increase in serial prescriptions. Plan for reinstatement of development of urgent care home visiting arrangements and home visits with care home team and Scottish Ambulance Service in anticipation of Scottish Ambulance Service employees being released from full-time deployment in their substantive roles as part of the pandemic response. Explore options for long-term maintenance of patient transport arrangements that have the potential to support reduced demand for home visiting. Progress review of premises requirements to assess key pressures and priorities for any new investment required to support key delivery. Plan for increased level of long-term conditions reviews for those people in lower priority groups. Review frequency of non-urgent interventions and plan for an increase to nearer normal levels if workforce capacity allows. Ensure flu vaccination planning is progressing, recognising the demands that COVID will place and that normal models of flu delivery are not achievable with social distancing.
	District Nursing	Support return of additional deployed workforce out of community nursing back to substantive posts and continue to utilise bank workforce to support workload levels. Complete stand-down of COVID-19 Community Response Team in COVID 19 Dundee Community Assessment Support at Home Service Pathway and transfer remaining workload to core District Nursing Teams. Transfer cohort nursing of COVID +/non COVID patients to individual District Nursing Teams. Continue to develop locality working in District Nursing Teams. Maintain remote approaches to patient contact and reviews and to Multi-disciplinary Teams. Maintain all Priority Band 1 and 2 visits. Continue to utilise workforce who are shielding / non- patient facing to support the single point of referral and patient triage. Maintain triage arrangements for patients prior to attending/their attendance at clinic for symptoms of COVID-19. Support phased return of deployed workforce in Community Care and Treatment Service (CCTS) as they return to substantive posts Transition care at home for mobile shielded patients from Community Care and Treatment Service to dedicated clinic provision. Maintain centralisation of T34 syringe drivers for ease of distribution to areas of need.

• maintaining clinical support / supervision requirements • maintaining access to learning and development opportunities • maintaining integrated working • impact of remote working on interpersonal communication Community access buildings remain closed / significant restrictions on their capacity. Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design Lack of data and modelling specifically focused on community health and social care needs and systems. Practical constraints on service users accessing building-based services, including: • Limited availability of and capacity within public transport • Physical distancing requirements, including aspects such as adequate space for waiting areas Affordability / accessibility of digital based services cross the population, particularly to people experience poverty and socioeconomic disadvantage Remote service delivery not suitable for all circumstances.		Recommence COPD home visits for vulnerable patients; mainly palliative and discharge service patients. Recommence departmental meetings including educational meetings; face-to-face with social distancing or remotely.
	Care at Home	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. Consider outcomes of modelling of impact of COVID related workforce absence on service capacity. .
	Physical Disabilities	Continue to review RAG rating to identify high risk service users and risk of carer breakdown and manage support in response to assessed need. Monitor impact of increase of assessment/review due to COVID-19 related needs. Move towards reinstatement of full assessment for all service users and adult carer support plans by care management teams. Maintain support in place while preparing for increase in demand for reviews; plan in place to ensure all reviews are up to date with aim to focus on potential increase in reviews/package size. Progress communication with provider and care home sector to develop re-introduction of packages of care. Gradual increase in number of face-to-face contacts, working towards re-instatement of all non-urgent visits by phase 4 Review of technology available to support practitioners. Review of duty worker system to inform future model of provision with potential fr combined duty system with older people care management teams. Develop closer liaison with other care management teams to support a service wide response.
	Psychiatry of Old Age – Community Services	Maintain delivery of home-based outreach provision.
	Drug and Alcohol Services	Maintain home delivery of OST and clinical interventions to those who are shielding / self-isolating and review assertive outreach model. Undertake Multi-disciplinary Team review of all people who currently require supervised dispensing arrangements to reduce the impact on community pharmacies. Maintain direct contact for those who are at high risk. Review access pathways, taking account of social distancing requirements. Maintain alternative assessment arrangements, including same-day prescribing. Enhance capacity to provide outreach services and respond to increasing demand from those people whose drug use has started / escalated during lockdown. Maintain pathways for non-fatal overdose. Review the provision of alcohol detox within the home environment. Implement robust risk management approaches to support prioritised contact with service users whilst lockdown / social distancing restrictions remain in place. Maintain alternatives to direct contact, including telephone support and NearMe. Review service capacity required to maintain all service provision and establish routine bank and / or identify redeployed staff.

	Protecting People	Recommence the Early Screening Group. Explore and test options for the use of video conferencing facilities to support enhanced participation of service users and carers within adult support and protection meetings / processes. Contribute to the implementation of multi-agency strategic Protecting People Recovery Plan. Plan for re-instatement of work associated with Dundee Drug Commission action plan for change, particularly whole system redesign. Monitor SOLACE public protection dataset, including national benchmarking. Recommence strategic review of multi-agency screening arrangements for people of all ages.
	Mental Health / Learning Disabilities	Maintain and develop the Mental Health Discharge Hub to ensure robust communication between in-patient specialist areas and community mental health supports. This will be essential during restrictions to admission in Carseview e.g. Ward 2 and any further reduction in beds. Develop and agree a structured Discharge Planning Process with pictorial information to assist adherence and awareness. Maintain and further develop essential clinics such as Clozapine, Lithium and Depot for all patients. Maintain the delivery of essential medication to all patients. Engage experienced MH Nurses with Prescribing certification on short term contracts to support the developing model of Mental Health and Learning Disability Consultant Psychiatry workforce. Consider the Introduction of a second Duty Worker in Community Mental Health Team East and West to cope with demand. Maintain and develop the Saturday Clinic facility to support urgent clinical assessments across both Community Mental Health Teams and ART. As indicated by clinical assessment of need, continue the gradual reintroduction of face to face appointments and home visits. Continue to provide a range of online education, information and support for patients, carers and their families to maintain connectivity and engagement in a range of physically and cognitively stimulating activities. Establish an enhanced Employment pathway in Community Mental Health Team East as a test of change, which may be rolled out to Community Mental Health Team West if successful outcomes are achieved. Maintain use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community. Start to review the allocation of day and overnight respite and identify priorities based on risk in preparation for mobilising of service further ahead in the route map. Continuation and development of outreach support and virtual programmes of activities where this is deemed necessary and has a positive impact. Review the role of Nurse and AHP's in service to identify future ways of working/ provision of therapeutic activities. Maintain respite provision supported by revised operating procedures and contingency arrangements.
	MAPS and V1P Tayside	Plan for recommencement of face-to-face contact within MAPS and V1P Tayside, including determining approach to prioritisation of patients (clinical criteria and patient's wishes). Develop guidance to support safe and supportive discharge from MAPS and V1P Tayside during COVID-19 recovery phases.

	Community Mental Health / Mental Health Officers	Identify all Mental Health Officer's capacity to undertake some AW reports, balancing the responsibilities of their substantive posts (excludes MHO team) to address the backlog once Court's agree to receive this work. Maintain current practice of providing assessments and supports to clients directed by their level of risk and need, encompassing home visits when necessary. Continue to allocate new referrals and provide as full an assessment as the client's circumstances and guidelines will allow. This includes the introduction of care packages in collaboration with care providers' capacity.
	Psychological Therapies	Expand scope of NearMe and telephone consultation to support wide scale adoption of remote working. Investigate the use of digital platforms to support group work. Introduce internet enabled Cognitive Behavioural Therapy for Adult Psychological Therapies across Tayside. Facilitate roll out of Silvercloud computerised Cognitive Behavioural Therapy packages for long-term conditions to GP practices and other referrers. Reinstate services that were temporarily suspended e.g. Neuropsychological cognitive assessment.
	Community Health Inequalities	All teams will reintroduce face to face work with vulnerable individuals where necessary and possible. Articulation of amended service provision to reflect learning from and limitations to new practice. Continue to work towards a more integrated nursing team. Promotion of service to wide range of partners in effort to engage with vulnerable/ at risk Individuals. Opening out of new referral pathways. Review expectations in relation to the Keep Well Health Checks and other pre-COVID commitments. Involvement of clients and communities, particularly those who are disadvantaged, in shaping recovery plans. Negotiate space for link workers in GPs/ practices. Continue to review availability of non-clinical outward referral pathways so that workforce in different teams can refer clients effectively. Consider approaches to support the continued provision of services to those who are self-isolating or shielded in communities. Work with partners to develop mechanisms to ensure an inequalities perspective and local/ service user voice in recovery planning and implementation.
	Assessment and Care Management	Plan for response to increased demand from people recovering from COVID and their carers who have experienced significant broader impacts on their physical and mental health, for example exacerbation of pre-existing long-term conditions. Move towards reinstatement of full assessment for all service users and adult carer support plans by care management teams. Maintain outreach provision as temporary replacement for day care services whilst planning for gradual reintroduction of day care provision Develop models to support reintroduction of day support taking into account social distancing requirements. Gradual increase in number of face-to-face contacts, working towards reinstatement of all non-urgent visits by phase 4
	Discharge Management	Develop models to support re-introduction of elective surgery. Embed extended remit of discharge hub as business as usual' activity.

	Intermediate Care	Consider and agree future model of service delivery taking into account learning and changes in demand / use from COVID response period.
	Community Independent Living Services	Develop and implement post-COVID rehabilitation model. Continue development of Community Rehabilitation model to enhance preventative approaches, reduce falls and POCS. Develop models to support re-introduction of elective surgery. Develop model of preventing unnecessary admission to acute hospitals with acute Allied Health Professional services.
	Outpatient OT / PT	Develop models to support re-introduction of elective surgery. Continue remote consultations first approach (telephone / NearMe), supported by limited face-to-face consultations where there is clinical need and appropriate safeguards are in place. Continue gradually reintroduction of routine waiting list and others services. Recommence group sessions via remote means e.g. fatigue class and pulmonary rehab.
	Care Homes	Maintain intensive support to all care homes as per care home plan submitted to Scottish Government. Maintain care home testing pathways (including enhanced outbreak testing) and support care homes to participate in weekly testing arrangements. Maintain enhanced governance and support arrangements, including Tayside Oversight Group, daily huddle and daily assurance returns from care homes. Complete programme of support visits to individual care homes. Maintain process for additional PPE and staffing support to individual care homes as required, including single point of access to supports. Ease visitor restrictions in-line with national guidance and assessed risk.
	Psychiatry of Old Age - Inpatient	Implement COVID business as usual model.
	Medicine for the Elderly - Inpatient	Further development / maintenance of all phase 1 activities. Implement COVID business as usual model, including post-COVID ward plans.
	CBIR / Stroke Liaison	Further development / maintenance of all phase 1 activities.
	Palliative Care	Ensure surge capacity and capability is maintained within in-patient and community services for both COVID and non-COVID palliative and end of life care. Complete Tayside Specialist Palliative Care Services leadership and development structure review: whole system specialist group to plan, lead and develop service models and contingencies response to learning phase 1 in phase II and future planning. Continue to test NearMe for community/ out-patient reviews. Progress initial priority areas from Tayside Whole System Approach: Supporting End of Life Care & Conserving Critical Medicines during the COVID-19 Pandemic. Lead and contribute to pan-Tayside workforce capability through education utilising technology

	Sexual and Reproductive Health Services	Continue to see patients by virtual or telephone appointment where possible. Urgent care and care to priority groups should continue as above. Recommence face-to-face services for symptomatic individuals with chronic care needs (eg. chronic genital symptoms, menopausal symptoms, sexual problem clinic) who cannot be managed solely by phone or virtual appointment. Consider restarting training for procedures to specific in-house workforce to better provide LARC to patients given that workforce may intermittently need to self-isolate. Explore options for seeing shielding patients with urgent care needs. Maintain clinic appointments in 2 phases – telephone consultation for history followed by attendance in clinic after this. Discuss with other HIV team members from ID team when they may be able to restart providing care to HIV service users. Enable GPs and other non-specialist workforce to access support and advice from TSRHS instead of making referrals where appropriate. Work with the Corner and other LARC inserters (e.g. GPs in community) to increase LARC appointments across Tayside area rather than only opening specialist services. Continue to work with labs on alternative solutions for testing.
	The Corner	Maintenance of all phase 1 activities. Continue remote consultations via telephone/near me supported by limited face to face consultations where clinical need identified and appropriate safeguards are in place. Continue to support ISMS service delivery and Safe Zone Bus where required. Develop models of service delivery to support the reintroduction of routine services.
	Carers	Work with carer's organisation to better understand the impacts of lockdown on carers needs / priorities and develop enhanced responses, including to carer stress: • Identify information gathered during phase 1 and 2 response about carers' views and record and note engagement with carers over the pandemic period. • Recommence engagement and co-production processes with carers. • Consider potential for mitigating the impact of pandemic response on carers and take appropriate actions. Sustain and further develop supports for workforce members who are also carers. Report to IJB regarding review of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and short breaks services statement and update and present Carers Performance Report 2017-2019.
	Service user / family communication	Further develop information for families/carers in relation to new ways of working, including provision of accessible formats. Identify opportunities to gather feedback from service users and families.
	Clinical, Care and Professional Governance	Recommence primary governance groups using remote working solutions. Recommence Clinical, Care and Professional Governance Forum via remote working solutions. Develop Clinical, Care and Professional Governance Group to undertake full scope of remit of group (building on critical and exception reporting). Continue to support Clinical Quality Forum via remote working solutions.

	Infection Control Infrastructure (including PPE)	Review requirement for all PPE hubs to remain operational and amend arrangements as system required. Continue to link DHSCP with NHS Tayside Bronze PPE Group to ensure timely escalation of risks. Plan for reversion of NHS service PPR provision to transfer to corporate procurement services as 'business as usual' function. Develop an early identification system for possible symptomatic individuals and identify how this will be managed once building based resources start to resume. All services to continue to develop safe systems of work / risk assessments for the environment and transport and identify possible additional PPE stock requirements based on latest guidance. All services to review limitation on visitors to the building and implement agreed safe systems of working for visitors and contractors attending the service. Consider approaches to support the continued provision of social care services to those who are COVID positive and are shielding, including provision of PPE.
	Community Testing (workforce and public)	Maintain workforce testing referral infrastructure across all Health and Social Care Partnership and external providers. Maintain pre-admission testing for patients in acute hospital and unscheduled care. Maintain care home testing protocol in-line with national guidance, including testing to support outbreak management.
	IT Infrastructure	Increase number of available remote working connections to NHS Tayside systems. Build local capacity to fully utilise Microsoft Teams functions across NHS Tayside and Dundee City Council. 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. 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. 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.
	Workforce Infrastructure	Maintain Workforce Deployment Centre (NHST) and Deployment Team (DCC). Continue to develop and promote workforce Wellbeing Service (DCC). All services to give further consideration to the implementation of Rest, Recovery and Relaxation areas/time in order to support the wellbeing of workforce. Maintain co-ordination of workforce communications with NHS and DCC. All services to continue to develop plans in regard to the allocation of any workforce resources in a way that mitigates risk but provides a level of continuity for those using our services. All services to continue to identify colleagues who have been advised to shield / live with people who have been advised to shield and establish work tasks can be delegated to these people. All services to continue to develop induction plan for workforce returning to services/workplaces to ensure they are clear about guidance, protocols and changes to work arrangements.
	Property	Each team to review office space and implement measures to reduce the number of people working at any one time. Review all workplaces to ensure that all adaptations and adjustments in order to maintain COVID-19 guidelines are put in place, including sourcing and application of appropriate signage and screening.

		Identify training and communication needs to accommodate for social distancing measures, for both workforce and service users.
	Governance and business support	Maintain incident response structure, including reviewing and potentially reducing frequency of weekly briefing of voting members of the IJB. Implement arrangements for re-commencement of full IJB meetings and PAC using digital approaches. Progress completion of statutory information returns and annual accounts. Recommence priority governance and strategic planning meetings using digital approaches. Progress development of Winter Plan 2020/21. Continue to support operational data reporting requirements (local and national).
	Provider support / sustainability	Work in partnership to identify additional resources required by external organisations to meet current and future demand.

PHASE 3

National Route Map Phases	**Key constraints / risks**	**Service area**	**Key milestones / actions**
Phase 3: (From 10th July)	Continued implementation of PPE requirements across all services in line with national guidance and local agreements, including maintenance of supply chains Ensuring accurate understanding and awareness of frequently updated national and local guidance and policies relating to key issues such as PPE, testing and shielding. A range of factors are expected to have a significant impact on workforce availability / capacity: • Retraction of redeployed and volunteer workforce. • Limited availability of and capacity within public transport. • Requirement to manage travel demand through flexible working patterns. • Limited availability of childcare and school opening. • Impact of existing and new caring responsibilities. • Impact of Test and Protect system. • Impact of guidance to shielded and high-risk populations. • Annual leave, including management of backlogs. These factors will impact on the delegated (employed) workforce and also on the workforce within external providers. Impact on workforce wellbeing, including impact of trauma over the long-term.	Primary Care	Work with Tayside partners to re-configure Community Assessment Centre retaining flexibility to rapidly upscale provision in the event of further escalation of the pandemic. Support transition of COVID type presentation assessment work to clusters / practices, including associated premises work. Support practices to undertake phased remodelling, piloting and safe recommencement of GMS and enhanced services in-line with national phased schedule. Embed and further expand quality improvement project support provided to Primary Care sector during pandemic period. Link to national developments regarding long-term condition monitoring. Participate in planning for integrated seasonal influenza vaccination programme. Review arrangements for OOH attendances to ensure all areas are fit for purpose in-line with current guidance. Continue to embed and expand use of digitally enabled care in OOH, including implementing a unified approach to safe submission of photographs. Continue arrangements for direct access to OOH by care homes for provision of senior clinical decision making. Continue to support practices to review patient pathways of care, including the use of digital resources as well as face-to-face consultations. Review pathways for referral from practices to secondary and other parts of primary care. Continue to develop and update anticipatory care plans. Pharmacy Team to support practices and patients to continue to implement more efficient and effective systems for prescription management, including increasing the number of people who have a registered/preferred pharmacy and an increase in serial prescriptions. Explore options for long-term maintenance of patient transport arrangements that have the potential to support reduced demand for home visiting.

Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish 'business as usual' activity may mean overall capacity within the health and social care system is exceeded. Maintaining public confidence and trust, including: • Demand for reduced limitations visiting got care homes and in other settings. • Potential negative impacts on health and wellbeing outcomes generated through late presentation to services and reduced levels of service provision. • Waiting time management (including where service users and carers have a preference to wait longer for face-to-face service provision rather than utilise remote / digital services). • Management of unscheduled 'presenting in person' (i.e. spontaneous attendance at appointment only provision). Maintaining sufficient flexibility to respond to any further COVID-19 surge. Significant reduction in availability of office accommodation and linked requirement to maintain high levels of remote working. A range of factors will require to be considered: • IT infrastructure – including access to adequate equipment and technical support. • Understanding and implementation of physical distancing requirements within office accommodation. • Prioritisation of available space to enable critical service provision (COVID and non-COVID). • Remote management and support of the workforce. • Maintaining clinical support / supervision requirements. • Maintaining access to learning and development opportunities. • Maintaining integrated working. • Impact of remote working on interpersonal communication. Community access buildings remain closed / significant restrictions on their capacity. Lack of data and modelling specifically focused on community health and social care needs and systems; including at Partnership and locality level. Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design.	Community Optometry	Continue to embed use of telephone / vide (NearMe) triage prior to consultation. Expand range of emergency and essential eyecare services available within Tayside Opticians (including those awaiting examination and with spectacles / contact lenses which are broken / need replaced).
	General and Public dental Services	Support return of deployed dental staff to general dental practices. Support reopening of practices (late July), maintaining restricted activity (no Aerosol Generating Procedures). Continue to plan for provision of Public Dental Services whilst no AGPs can be undertaken.
	Pharmacy (Community and Locality)	Continue work to analyse longer-term impact of COVID-19 on GP prescribing and agree appropriate actions. Review arrangements for delivery of medications for those people who are shielded and move to a more targeted support model. Work with the drug and alcohol services to support changes in approaches to provision of medically assisted treatment (MAT).
	District Nursing	Continue to utilise nurse bank workforce to support additional COVID-19 workload as needed. Continue to provide a COVID-19 Community Response via core District Nursing Teams. Continue to with cohort nursing of COVID +/non-COVID patients within core District Nursing Teams. Continue to develop locality working in District Nursing Teams and begin to test the implementation of a locality working model. Maintain remote approaches to patient contact and reviews and to Multi-disciplinary Teams. Maintain all Priority Band 1 and 2 visits. Scope capacity to commence Priority Band 3 and 4 visits. Reassess utilisation of workforce who are shielding / non- patient facing to support the SPR and patient triage to take account of current Scottish Government guidance. Maintain triage arrangements for patients prior to attending/their attendance at clinic for symptoms of COVID-19. Community Care and Treatment Service (CCTS) to work with GP practice to return to previous clinic space as soon as safely possible to further the return to core services. Community Care and Treatment Service to restart development of nurse-led Ear Clinic. Maintain centralisation of T34 syringe drivers for ease of distribution to areas of need. Expand on COPD home visits for vulnerable patients to include clinic-based services for diagnosing new COPD patients.
	Care at Home	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. Enhance focus on implementation of eligibility criteria to support streamlined referral processes. Implement COSLA guidance in relation to deployed staff. Increase emphasis on use of technology enabled care across the service. Develop improved approaches to communication with front line staff around email systems.

Practical constraints on service users accessing building-based services, including: • Limited availability of and capacity within public transport. • Physical distancing requirements, including aspects such as adequate space for waiting areas. Remote service delivery not suitable for all circumstances. Including need to consider affordability / accessibility of digital based services across the population, particularly to people experience poverty and socioeconomic disadvantage.	Housing Support / Care at Home	Consider the impact of the delay in availability of new tenancies due to pause in construction works. Monitor the impact on services of changing support needs within the population and subsequent demand for services.
	Physical Disabilities	Review all phase 1 and 2 actions and update in-line with Scottish government guidance. Plan for implementation of locality working model including integration of care management teams (phase 1 physical disabilities and older people services). Continue to support of packages of care, including communication with service users and their carers regarding care packages that were adjusted due to COVID. Continue communication with provider and care home sector to develop re-introduction of packages of care. Review of technology available to support practitioners. Re-commence elements of long-term improvement / development workstreams. Gradual increase in number of face-to-face contacts, working towards reinstatement of all non-urgent visits by phase 4. Continue to review RAG rating to identify high risk service users and risk of carer breakdown and manage support in response to assessed need. Continue to review duty worker system to inform future model of provision with potential for combined duty system with older people care management teams. Continue to develop closer liaison with other care management teams to support a service wide response.
	Psychiatry of Old Age – Community Services	Ongoing prioritisation of work in-line with operational procedures. Maintain weekly Multi-disciplinary Teams and duty work system. Recommence ward links with social workers attending Multi-disciplinary Teams at Kingsway Care Centre. Lower RAG visiting status to 'amber' level: • Initial assessment visits recommenced where supported by risk assessment; and, • Introduce use of NearMe. Recommence face-to-face outpatient clinics as appropriate based on individual patient risk assessment. Maintain remote access for nursing staff. Explore further 'step-up / step-down' models of care for Psychiatry of Old Age. Plan for recommencement of remote cognitive testing to support dementia diagnosis through remote means. Contribute to the development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).
	Drug and Alcohol Services	Maintain clinical activity. Maintain home delivery of OST and clinical interventions to those who are shielding / self-isolating and review assertive outreach model. Review plan for return to community pharmacy dispensing following changes to Scottish Government guidance for people who are shielding. Maintain direct contact for those who are at high risk. Plan for re-commencement of direct contact for routine contacts.

		Review access pathways, including options for re-opening of direct access, taking account of social distancing requirements, physical environment and staffing capacity. Maintain alternative assessment arrangements, including same-day prescribing. Enhance capacity to provide outreach services and respond to increasing demand from those people whose drug and alcohol use has started / escalated during lockdown. Maintain pathways for non-fatal overdose. Evaluate the provision of alcohol detox within the home environment. Review delivery model for community alcohol detox considering whole system of care approach. Implement robust risk management approaches to support prioritised contact with service users whilst lockdown / social distancing restrictions remain in place. Maintain alternatives to direct contact, including telephone support and NearMe. Review service capacity required to maintain all service provision and establish routine bank and / or identify redeployed staff. Contribute to work across the Alcohol and Drugs Partnership to progress the implementation and monitoring of the Drug Deaths Action Plan for Change. Specific focus on progressing with the work on the Whole System of Care – learning from the review process led by Healthcare Improvement Scotland should be available and form the base of a plan to progress the whole system change. Contribute to work across the Alcohol and Drugs Partnership to review options for resuming peer support work, including SMART meetings and the work of the peer volunteers. Contribute to the review of the Alcohol and Drug Partnership strategic plan.
	Protecting People	Implement the use of video conferencing facilities to support enhanced participation of service users and carers within adult support and protection meetings / processes. Plan for recommencement of face-to-face service user participation in multi-agency adult support and protection case conferences. Contribute to the review of multi-agency adult support and protection procedures. Contribute to the review of the Adult Support and Protection Committee delivery plan to take account of learning from COVID response. Participate in test of change focused on single agency / operational assurance reporting to ASPC based on best practice materials from Safeguarding Adult Boards. Develop virtual outreach team to support response to any post-COVID spike in demand for specialist violence against women services. Maintain virtual operation of MARAC (case conferencing for highest risk victims of domestic abuse). Pilot virtual violence against women learning and development sessions. Contribute to the implementation of multi-agency strategic Protecting People Recovery Plan. Contribute to transition of Protecting People Strategic Risk Register from COVID to business as usual focus. Participate in multi-agency work, supported by the Care Inspectorate, to capture further learning from the pandemic period through a staff survey, case file audits and committee / COG survey. Contribute to work through the Lived Experience Group to capture feedback from service users, carers and communities regarding their experience of the pandemic response / impact on them. Identify any key strategic themes arising from these activities. Monitor SOLACE public protection dataset, including national benchmarking.

		Contribute to work to review the viability of actions in previous delivery plans around case file audit / quality assurance activity and plan for shift to virtual methodologies. Contribute to the scoping of a strategic needs assessment for protecting people, linking to ongoing health needs assessment for drugs and alcohol.
	Mental Health / Learning Disabilities	Assess and address the impact of reduced day service provision on individuals, family carers and organisations. Continue to develop bespoke person-centred support for those who require it. Consider increasing operational capacity at external respite provision from 1 person per night to 2 persons per night supported by revised operating procedures and contingency arrangements. Increase short break provision to provide respite to families, including recommencing short-breaks application process for breaks that can be authorised in accordance with easing of lockdown restrictions (e.g. caravan parks, hotels and spa treatments). Maintain use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community. Work proactively with landlords to enable quicker response times for use of housing stock. Continuation and development of virtual programme of activities were deemed necessary. Continue to support all areas of service to review their working practices and determine which technologically supported clinical consultations should be retained as core clinical practice. Especially relevant for smaller AHP services with pan Tayside community remits. Consider the re-introduction of safe group work e.g. within TAACT team where group Autism education sessions are planned. Further develop plans between the Community Mental Health Teams and Psychology to enhance and develop the STEPPs and Survive and Thrive groups. Implement risk enablement approach to enable supported persons to access facilities in-line with the rest of population. Implement visits to internal services from families and others in-line with Scottish Government guidance (or where specific guidance not available informed by robust risk management processes). Monitor demand for advocacy services and increase capacity for provision as required. Consider anticipated post-lockdown increased demand for social care services and potential responses. Implement detailed Mental Health/Learning Disability/Psychological Therapy Services phased return from COVID guidance, including clinical risk framework to support the gradual increase of face to face support, care and treatment, across all teams within the service. Contribute to the development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).
	Psychological Therapies Service	Maintain NearMe and telephone consultation systems. Continue to have regular contact with patients who wish to wait for face-to-face consultation. Expand the use of digital platforms for group work. Expand internet enable Cognitive Behavioural Therapy for Adult Psychological Therapies. Reinstate services that have temporarily ceased (e.g. psychological assessment for Bariatric Surgery and Exceptional Aesthetic Surgery). Review models of treatment provision.

		Contribute to the development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).
	MAPS and V1P Tayside	All staff to review caseloads and identify patients to continue to receive services via remote means (telephone / NearMe), through home visit or who are suitable to be prioritised in gradual recommencement of face-to-face clinical attendance.
	Community Mental Health / Mental Health Officers	Review of assessments undertaken in phase 1 and earlier to ensure full up-to-date assessment is in place to inform service provision, alongside assessment of impact of reducing restrictions on ability to deliver services to meet needs. Continue to monitor Mental Health Officer service capacity to undertake Mental Health Act statutory duties as court processes are reintroduced e.g. to address the backlog of Adults with Incapacity work.
	Community Health Inequalities	Fuller programme of face to face/ group work in place within community centres and local buildings. Blended approach to service delivery in place including use of platforms such as NearMe. Continue to review availability of non-clinical outward referral pathways so that workforce in different teams can refer clients effectively. Link clients with opportunities for social interaction relevant to easing of restrictions. Manage potential surge in link worker referrals from GPs/ Practices as more patients return and present with socio-economic issues related to the pandemic. Support approaches for the continued provision of services to those who are self-isolating or shielded in communities. Work with partners to ensure an inequalities perspective and local/ service user voice in recovery planning and implementation.
	Assessment and Care Management	Maintain outreach provision as temporary replacement for day care services whilst planning for gradual reintroduction of day care provision. Develop models to support reintroduction of day support taking into account social distancing requirements. Gradual increase in number of face-to-face contacts, working towards reinstatement of all non-urgent visits by phase 4.
	Unscheduled Care (including discharge management)	Through the Unscheduled Care Board consider how learning from the pandemic can inform future models in primary and secondary including, for example inclusion of respiratory and paediatric support in Community Assessment Centres over the winter period. Through the Inpatient and Community Modelling Group progress workstreams: • Community – focus on consistent shared understanding of Home First Model of Care, co-ordinated whole systems delivery of resources and person-centred and accessible care. • Inpatient - focus on consistent shared understanding of Home First Model of Care and delivery of the right care at the right time, including receiving care at home / in a homely setting at the earliest possible point in the care journey. • Transitions / Front Door Services - focus on consistent shared understanding of Home First Model of Care and improving the way that frailty is co-ordinated at the front door of acute care through better alignment, co-ordination and targeting of health and social care systems. Continue work through Unscheduled Care Board for progression of integrated hubs to support scheduling of unscheduled care.
	Intermediate Care	Review models of care with focus on shifting balance of care to community-based models.
	Community Independent Living Service	Continue development of Community Rehabilitation model to enhance preventative approaches, reduce falls and POCS and reflect long-term and intensive nature of COVID rehabilitation. Develop models to support re-introduction of elective surgery.
	Outpatient OT / PT	Continue reintroduction of routine waiting list and face-to-face services.

	Nutrition and Dietetics	Continued phased recommencement of all essential community services, including Care Homes, and non-urgent care
	Care Homes	Maintain intensive support to all care homes as per care home plan submitted to Scottish Government. Maintain care home testing pathways in line with national guidance. Review enhanced governance and support arrangements in line with national guidance. Ease visitor restrictions in-line with national guidance and assessed risk. Release capacity of Care Home Team from quality assurance activity and recommence planned work.
	Psychiatry of Old Age - Inpatient	Recommence visiting at Kingsway in-line with Scottish Government guidance. Recommence Social Work visits to wards. Phased recommencement of discharge services, for example Turriff. Enhance availability of IT facilities for workforce and in-patients, for example increased numbers of tablets and expanded access to systems such as NearMe. Implement staff testing protocols form 17th July 2020. Maintain patient COVID-19 testing prior to admission and during in-patient stay in-line with Scottish Government guidance. Contribute to the development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).
	Medicine for the Elderly - Inpatient	Possible reintroduction of patient home visits, and weekend passes. Possible reintroduction of some face to face outpatient clinics. Possible reintroduction of internal volunteer activities.
	CBIR / Stroke Liaison	Reintroduction of patient home visits, and weekend passes, subject to individual risk assessment. Reintroduction of some face to face outpatient clinics. Reintroduction of internal volunteer activities.
	Palliative Care	Further enablement of face-to-face service provision, including progressing the use and evaluation of NearMe technology. Engage with NHST Digital Remobilisation Plan and draft Digital strategy regarding digital options as basis for Specialist Palliative Care Services remobilisation plan. Explore options for digital systems/ platforms for safe clinical spaces (particularly for groups) and options for remote patient monitoring in line with and contributing to NHST Digital Mobilisation and Response Strategy. Prioritise, develop and implement virtual and digital options for Day Services to meet individual and group user needs safely and within service capacity. Commencement of complex lymphodeama services through outpatient appointments. Implement virtual education programme. Retain inpatient COVID competent unit. Progress initial priority areas from Tayside Whole System Approach: Supporting End of Life Care & Conserving Critical Medicines during the COVID-19 Pandemic.

	Sexual and Reproductive Health Services	Services to reopen but should continue clinical appointments with telephone phase followed by face-to-face phase. All patients to be triaged. Prioritise patients who have been shielding for some time with ongoing symptoms to be seen in clinics safely.
	The Corner	Maintain all phase 1 and 2 activities. Implement plans to offer STI tests to young people via collect/drop off STI kits and tests.
	Carers	Continue to work with carer's organisation to better understand the impacts of lockdown on their needs / priorities and develop enhanced responses, including to carer stress. Collate research and data reflecting carer's circumstances and changed circumstances during pandemic in order to analyse what is needed for future strategy. Sustain and further develop supports for workforce members who are also carers. Schedule regular meetings of Dundee Carers Partnership in 2020 (initially remote). Recommence development work to fully implement and embed Adult Carer Support Plan and Young Carer Statement work by summarising progress so far and co-ordinating with Personalisation Board to ensure whole family/caring situation is considered and supported. Carers Performance Report 2017-2019 to be published and shared and Performance Report April 2019-2021 to be developed. Revise timeline for refresh of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and short breaks services statement to take account of IJB agreed postponement of deadline until October 2021 at the latest. Prepare short summary of IJB report to share with carers and stakeholders; share when main report shared publicly or as soon after as possible. Consider current framework for commissioning and finances related to Carers held by HSCP. Consider how and when face-to-face provision can safely resume and how best to mitigate risks for workforce and carers.
	Winter Planning	Revise DHSCP mobilisation plan to ensure that it remains fit for purpose in event of any further surge. Review and prepare for a robust social care response to winter pressures. Revise EU exit plans across all DHSCP functions.
	Service user / family communication	All services / teams to continue to communicate with service users and carers to keep them updated regarding service provision (general developments and individual specific matters). Review and utilise national communication plans and resources for remobilisation for local implementation / messaging. Review Healthcare Improvement Scotland 'engaging differently' resources and consider opportunities for local implementation. Contribute to targeted campaign to promote to EU Resettlement Scheme, including through care homes, long-stay hospitals, prisons and supported housing providers.
	Clinical, Care and Professional Governance	Recommence full remit of clinical, care and professional governance activities across all services utilising remote working solutions and / or face-to-face sessions as appropriate. Ensure implemented changes through COVID response period are reflected through exception reports at primary governance groups and clinical, care and professional group / forums. Establish internal process for approval of individual service visiting plans.

	Infection Control Infrastructure (including PPE)	Review requirement for all PPE hubs to remain operational and amend arrangements as system requires. Continue to link DHSCP with NHS Tayside Bronze PPE Group to ensure timely escalation of risks. Revert NHS service PPR provision to transfer to corporate procurement services as 'business as usual' function Consider reverting deployed workforce supporting hubs back to substantive roles and confirm sustainable staffing arrangements for continued provision. Across all services consider revised guidance for people who are shielding / at high risk and required response / adaptations to service provision arrangements. Clarify, and subsequently implement, workforce face covering guidance with NHS Tayside and Dundee City Council.
	Community Testing (workforce and public)	Maintain pre-admission testing for patients in acute hospital and unscheduled care. Maintain care home testing protocol in-line with national guidance, including testing to support outbreak management. Review Partnership processes for processing of staff testing referrals to identify sustainable long-term arrangements. Transition to sustainable workforce and management arrangements for Community Testing Team.
	IT Infrastructure	Engage with NHST Digital Remobilisation plan and draft Digital strategy. 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 Continue to build local capacity to fully utilise Microsoft Teams functions across NHS Tayside and Dundee City Council. 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. 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. Scope workforce training and development needs to support increased emphasis on blended service delivery and identify appropriate responses. 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.
	Workforce Infrastructure	Maintain Workforce Deployment Centre (NHST) and Deployment Team (DCC). Continue to develop and promote workforce Wellbeing Service (DCC). Maintain co-ordination of workforce communications with NHS and DCC. Implement NHS Scotland / Scottish Government interim guidance for staff on risk assessment for people from Black, Asian and Minority Ethnic backgrounds. Across all services provide support to members of the workforce who are shielded or at high-risk (or are living with people who are shielded or at high-risk) who are returning to work in-line with changes in Scottish Government guidance. Support all services / teams to plan for long-term blended approach to service delivery (mix of building base and home-working). Plan for impact of deferred annual leave and potential increased scheduling of leave over second half of financial year.
	Property	Agree phased property utilisation plan and begin implementation.

		Each team to continue review office space and implement measures to reduce the number of people working at any one time. Review all workplaces to ensure that all adaptations and adjustments in order to maintain COVID-19 guidelines are put in place, including sourcing and application of appropriate signage and screening. Utilise 'phased return from COVID guidance'. Continue to identify training and communication needs to accommodate for social distancing measures, for both workforce and service users.
	Governance and business support	Review incident response structure, including frequency of briefing of voting members of the IJB. Explore options for re-commencement of 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). Publish summary statutory annual performance report. Reconvene Integrated Strategic Planning Group and commence initial review of impact of COVID-19 pandemic and recovery plan on implementation of Partnership's Strategic and Commissioning Plan 2019-2022. Progress development of Winter Plan 2020/21. Amend quarterly performance reporting template to reflect impact of COVID-19 on reportable national health and wellbeing indicators. Test with Performance and Audit Committee and further revise / amend as required. Continue to support operational data reporting requirements (local and national). Plan and implement further activities focused on identifying feedback and learning from the response and early recovery phases from the workforce, service users and carers, providers and other relevant stakeholders. Support services / teams to plan for incorporation of learning into improvement / service plans and maintain focus on consolidating and further expanding new ways of working. Revise operational and strategic risk registers for the recovery phase.
	Provider support / sustainability	Consider models to support reinstatement of full contract monitoring reporting and financial reconciliation and develop associated processes / approaches. Issue 2020/21 funding letters and accompanying contractual documentation. Work with providers to support timely submission and processing of financial sustainability claims. Review frequency of provider communication updates. Review functions of and staffing support for single point of contact e-mail address (hscproviders@dundeecity.gov.uk) As necessary, provide health and safety support and guidance in relation to COVID 19 to organisations with less than 50 employees who are commissioned to provide support.

PHASE 4

National Route Map Phases	**Key constraints / risks**	**Service area**	**Key milestones / actions**
Phase 4:	Continued implementation of PPE requirements across all services in line with national guidance and local agreements	Primary Care	Work with Tayside partners to re-configure Community Assessment Centre retaining flexibility to rapidly upscale provision in the event of further escalation of the pandemic.

(Anticipated after 31st July)	Ensuring accurate understanding and awareness of updated national and local guidance and policies relating to key issues such as PPE, testing and shielding. A range of factors are expected to have an impact on workforce availability / capacity: • Limited availability of childcare and school opening. • Impact of Test and Protect system. • Impact of guidance to shielded and high-risk populations. • Annual leave, including management of backlogs. These factors will impact on the delegated (employed) workforce and also on the workforce within external providers. Impact on workforce wellbeing, including impact of trauma over the long-term Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish 'business as usual' activity may mean overall capacity within the health and social care system is exceeded. Maintaining public confidence and trust, including: • Potential negative impacts on health and wellbeing outcomes generated through late presentation to services and reduced levels of service provision. • Waiting time management. Reduction in availability of office accommodation and linked requirement to maintain remote working. A range of factors will require to be considered: • IT infrastructure – including access to adequate equipment and technical support. • Understanding and implementation of physical distancing requirements within office accommodation. • Prioritisation of available space. • Remote management and support of the workforce. • Maintaining clinical support / supervision requirements. • Maintaining access to learning and development opportunities. • Maintaining integrated working. • Impact of remote working on interpersonal communication. Community access buildings have significant restrictions on their capacity.		Support transition of COVID type presentation assessment work to clusters / practices, including associated premises work. Support practices to undertake phased remodelling, piloting and safe recommencement of GMS and enhanced services in-line with national phased schedule. Embed and further expand quality improvement project support provided to Primary Care sector during pandemic period. Review consultation models for long-term condition care, including considering self-management, integrated management, shared management, remote management and face-to-face management options. Participate in planning/delivery for integrated seasonal influenza vaccination programme. Continue to embed and expand use of digitally enabled care in OOH, including implementing a unified approach to safe submission of photographs. Continue to support practices to review patient pathways of care, including the use of digital resources as well as face-to-face consultations. Review pathways for referral from practices to secondary and other parts of primary care.
		Community Optometry	Continue to embed use of telephone / vide (NearMe) triage prior to consultation. Continue to expand range of emergency and essential eyecare services available within Tayside Opticians.
		General and Public dental Services	Plan for recommencement of Aerosol Generating Procedures in general dental practices and Public Dental Services in-line with Scottish Government guidance.
		Community Pharmacy	
		District Nursing	Further development / maintenance of all phase 1, 2 and 3 activities. Recommence educational activities in department form external educators. Recommence all Priority Band 4 District Nurse visits, COPD clinics and routine home visits. Recommence student nurse placements. Recommence non-essential meetings, non-mandatory training and HR meetings. Recommence Leg Ulcer Assessment Clinic.
		Care at Home	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. Enhance focus on implementation of eligibility criteria to support streamlined referral processes. Implement COSLA guidance in relation to deployed staff. Increase emphasis on use of technology enabled care across the service. Develop improved approaches to communication with front line staff around email systems.
		Housing Support / Care at Home	Consider the impact of the delay in availability of new tenancies due to pause in construction works. Monitor the impact on services of changing support needs within the population and subsequent demand for services.

Lack of data and modelling specifically focused on community health and social care needs and systems; including at Partnership and locality level. Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design. Additional pressures associated with Winter planning and EU Exit.		
	Physical Disabilities	Review all phase 1, 2 and 3 actions and update in-line with Scottish government guidance. Implement locality working model. Complete robust review of care packages that were adjusted due to COVID-19 issues. Monitor impact of increased assessment and subsequent allocation priority to those impacted by COVID-19 this includes considering short and long-term health and care and support needs and subsequent implications for practice (for example, possible requirements for enhanced level of multi-disciplinary assessments required). Work with provider and care home sector to monitor re-introduction of packages of care, assess impact on provider recovery plans and agree any relevant actions / supports. Continue to re-commence elements of long-term improvement / development workstreams. Reinstatement of all non-urgent visits. Continue to review RAG rating to identify high risk service users and risk of carer breakdown and manage support in response to assessed need. Complete and implement actions from review of duty worker system. Continue to develop closer liaison with other care management teams to support a service wide response.
	Psychiatry of Old Age – Community Services	Recommence face-to-face outpatient clinics as appropriate based on individual patient risk assessment. Contribute to the further development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).
	Drug and Alcohol Services	Review service re-designs based on learning from COVID response period. Implement model for community alcohol detox considering whole systems approach, and review impact / effectiveness. Implement direct access model. Complete full return to locality base and clinical areas.
	Protecting People	Recommence face-to-face multi-agency adult support and protection case conferences, and associated meetings, including service user participation. Continue to monitor data for post-lockdown spike in demand for protection interventions and services and identify appropriate reponses where required. Review virtual operation of MARAC and agree longer-term model of operation based on learning from the pandemic period. Roll-out virtual violence against women learning and development sessions. Contribute to further multi-agency work, supported by the Care Inspectorate, to capture learning from the pandemic period through workforce survey, case file audits and COG / Committee survey. Consider retraction of COVID specific amendments to multi-agency adult protection procedures. Contribute to the implementation of multi-agency strategic Protecting People Recovery Plan. Contribute to work to address underlying financial sustainability of specialist violence against women services. Contribute to development of integrated Protecting People strategic plan.

		Monitor SOLACE public protection dataset, including national benchmarking.
	Mental Health / Learning Disabilities	Maintain use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community. Opening of the hydrotherapy pool at White Top would be determined by both national and local guidance, risk assessments being in place and agreed systems and working arrangements. Explore outings to access community facilitates where guidelines/ route map support this and risk assessments, safe working practices are met. Engage Newly Graduated Practitioners (NGPs) into community Mental Health and Learning Disability nursing placements. Continue to engage Registered Mental Health Nurses, who have returned to practice following a period of retirement and have registered with the Nurse Bank. Continue to use NearMe Tayside and telephone consultations for those who prefer this method of engagement. Consider options for the provision of IT resources in the local community e.g. libraries / GP surgeries in areas of highest deprivation where patients can safely and with privacy, access IT equipment for NearMe consultations. 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. Continue to provide extended Psychiatric Clinics on Saturdays to support urgent face to face and telephone appointments. Continue with the extended essential Nurse and Medic led clinics e.g. Clozapine, Lithium and Depot and explore the potential for a non-medical prescriber to support these clinics to release Medical time. Further develop the Mental Health Discharge Hub and strengthen the communication between in-patient specialist areas and community mental health supports via nominated Senior Community Nursing representatives attending the Capacity and Flow In-Patient meetings. This will continue to be essential during reduced availability of In-Patient beds and the increased complexity of those being discharged. Recommence nursing and Allied Health Professional students. Gradual re-introduction 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. Contribute to the further development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).
	Psychological Therapies Service	Continue to use NearMe / telephone consultation. Continue the use of digital platform for group work. Expand internet enabled Cognitive Behavioural Therapy beyond Adult Psychological Therapies. Review the appropriateness of face-to-face contact for relevant treatment groups. Review use of all waiting room areas for gradual return of face to face service delivery and in keeping with social distancing requirements. Review use of potential office space and clinic space for gradual introduction of face to face reinstated appointments. All staff to review caseloads and match whether patients remain on telephone contact, NearMe, home visit or suitable for gradual uptake of face to face clinic attendance. Contribute to the further development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).

	MAPS and V1P Tayside	All staff to continue to review caseloads and identify patients to continue to receive services via remote means (telephone / NearMe), through home visit or who are suitable to be prioritised in gradual recommencement of face-to-face clinical attendance.
	Community Mental Health / Mental Health Officers	Continue review of assessments undertaken in phase 1 and earlier to ensure full up-to-date assessment is in place to inform service provision, alongside assessment of impact of reducing restrictions on ability to deliver services to meet needs.
	Community Health Inequalities	Reinstate anticipatory care interventions of nursing team. Reinstate link worker presence in GP practices. Manage potential surge in link worker referrals from GPs/ Practices as more patients return and present with socio-economic issues related to the pandemic. Continue to review availability of non-clinical outward referral pathways so that workforce in various teams can refer clients effectively. New blended programme is in place based on learning. Support approaches for the continued provision of services to those who are self-isolating or shielded in communities. Work with partners to ensure an inequalities perspective and local/ service user voice in recovery planning and implementation.
	Assessment and Care Management	Recommence day care services. Recommence all face-to-face contacts.
	Unscheduled Care (including discharge management)	Through the Unscheduled Care Board consider how learning from the pandemic can inform future models in primary and secondary including, for example inclusion of respiratory and paediatric support in Community Assessment Centres over the winter period. Through the Inpatient and Community Modelling Group progress workstreams: • Community – focus on consistent shared understanding of Home First Model of Care, co-ordinated whole systems delivery of resources and person-centred and accessible care. • Inpatient - focus on consistent shared understanding of Home First Model of Care and delivery of the right care at the right time, including receiving care at home / in a homely setting at the earliest possible point in the care journey. • Transitions / Front Door Services - focus on consistent shared understanding of Home First Model of Care and improving the way that frailty is co-ordinated at the front door of acute care through better alignment, co-ordination and targeting of health and social care systems. Continue work through Unscheduled Care Board for progression if integrated hubs to support scheduling of unscheduled care.
	Intermediate Care	Complete review of models of care and progress implementation.
	Community Independent Living Service	Continue development of Community Rehabilitation model to enhance preventative approaches, reduce falls and POCS and reflect long-term and intensive nature of COVID rehabilitation.
	Outpatient OT / PT	Continue reintroduction of routine waiting list and face-to-face services. Recommence face-to-face group sessions.
	Nutrition and Dietetics	Re-instatement of all essential community services, including Care Homes, and non-urgent care. Development and delivery of digital training, including to care homes. Focus on management of Weight Management Service waiting list. Continue RAG prioritisation of referrals and remote working in Diabetes Team.

		Prepare for anticipate increased in post-COVID/lockdown diabetes referrals, including education of newly diagnosed people. Support the embedding of centralised assessment of community referrals and RAG status tool as standardised approach across the service, monitoring and evaluation their impact.
	Care Homes	Review models of care home-based services, including respite care and intermediate care. Release capacity of Care Home Team from quality assurance activity and recommence planned work.
	Psychiatry of Old Age - Inpatient	Contribute to the further development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).
	Medicine for the Elderly - Inpatient	Recommence families joining case conferences. Recommence medical, nursing and AHP students. Recommence educational activities in department form external educators.
	CBIR / Stroke Liaison	Recommence families joining case conferences. Recommence medical, nursing and AHP students. Recommence educational activities in department form external educators.
	Palliative Care	Recommence day care services utilising a blended approach to provision. Re-establishment of risk assessed volunteer workforce contribution. Further expansion of visiting, supported by appropriate policies and risk assessment. Explore options for virtual community engagement supported by Design Team, V&A Continuously review pan-Tayside educational provision and test new virtual programme format. Review and expand ECHO. Progress setting specific pathways support models including Community Nursing and Care Homes. Review Tayside MCN structure and sub-groups: plan for remobilisation to support generalist services. Continue operationalisation of initial priority areas from Tayside Whole System Approach: Supporting End of Life Care and Conserving Critical Medicines during the COVID-19 Pandemic and consider timescales for actions not initially identified as a priority.
	Sexual and Reproductive Health Services	Reopen all services to patients with unrestricted face-to-face appointments where necessary. Review changes that have been made and continue newly adopted approaches that have been successful (eg. NearMe and telephone appointments where these have been acceptable to patients). Ideally by this time there will be national front-end to attach to NaSH for postal testing for STIs.
	The Corner	Further development / maintenance of phase 1, 2 and 3 activities. Phased approach to reintroduction of face to face services. Recommence non-essential meetings and training.
	Winter Planning	Prioritise and support vaccination of health and social care workforce as part of integrated seasonal influenza vaccination programme. Support and deliver the seasonal influenza vaccination programme for vulnerable groups, including care homes Support the ongoing monitoring and escalation of the Winter Plan.

		Revise EU exit plans across all DHSCP functions.
	Carers	Sustain and further develop supports for workforce members who are also carers. Report to IJB regarding progress made toward refreshing carers strategy, with proposed timeline for refresh of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and short breaks services statement. Produce and disseminate short summary to share with carers and stakeholders. Progress development work to fully implement and embed Adult Carer Support Plan and Young Carer Statement work by summarising progress so far and co-ordinating with Personalisation Board to ensure whole Family/Caring Situation is considered and supported. Finalise, publish and disseminate Performance Report with information from April 2019-2020, including short accessible version. Continue to collate research and data reflecting carer's circumstances and changed circumstances during Pandemic and analyse what may be needed for future strategy. Review progress with recommencement of face-to-face provision of carers support.
	Service user / family communication	All services / teams to continue to communicate with service users and carers to keep them updated regarding service provision (general developments and individual specific matters). Review and utilise national communication plans and resources for remobilisation for local implementation / messaging. Contribute to targeted campaign to promote to EU Resettlement Scheme, including through care homes, long-stay hospitals, prisons and supported housing providers.
	Clinical, Care and Professional Governance	Continue to embed all aspects of clinical, care and professional governance activities across all services. Ensure that short, medium and long term impacts of COVID response period are built into governance reports alongside existing report parameters.
	Infection Control Infrastructure (including PPE)	Support return to business as usual procurement for PPE across all systems. Consider continuation of local hubs for distribution as required and confirm long-term sustainable staffing arrangements. Across all services consider revised guidance for people who are shielding / at high risk and required response / adaptations to service provision arrangements.
	Community Testing (workforce and public)	
	IT Infrastructure	Engage with NHST Digital Remobilisation plan and draft Digital strategy. Implement Microsoft Teams within DCC. 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 Continue to build local capacity to fully utilise Microsoft Teams functions across NHS Tayside and Dundee City Council. 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. 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. Scope workforce training and development needs to support increased emphasis on blended service delivery and identify appropriate responses.

		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.
	Workforce Infrastructure	Continue to develop and promote workforce Wellbeing Service (DCC) Maintain co-ordination of workforce communications with NHS and DCC. Across all services / teams review long term working patterns and address the IT requirements for staff in order to sustain social distanced practice in the workplace. Support all services / teams to plan for long-term blended approach to service delivery (mix of building base and home-working).
	Property	Continue implementation of phased property utilisation plan. Further consultation and consideration should be given to future use and capacity of the building to determine longer term planning and future service delivery. Continue to utilise 'phased return from COVID guidance'. Continue to identify training and communication needs to accommodate for social distancing measures, for both workforce and service users.
	Governance and business support	Consider withdrawal of separate incident management structure and revert to progression through business as usual structures. Recommence 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). Complete statutory information returns and complete and publish annual accounts. Begin review of Partnership's Strategic Needs Assessment to incorporate data regarding impact of COVID-19 pandemic. Progress full revision of Partnership's Strategic and Commissioning Plan (for completion March 2022 at the latest). Complete development of Winter Plan 2020/21. Continue to support operational data reporting requirements (local and national). Plan and implement further activities focused on identifying feedback and learning from the response and recovery phases from the workforce, service users and carers, providers and other relevant stakeholders. Support services / teams to plan for incorporation of learning into improvement / service plans and maintain focus on consolidating and further expanding new ways of working. Revise operational and strategic risk registers for the recovery phase.
	Provider support / sustainability	Implement models to support reinstatement of full contract monitoring reporting and financial reconciliation. Cease issuing COVID-19 provider communication updates. Work with health and social care providers to identify learning from the pandemic response period and incorporate this into operational and strategic improvement plans and activities. As necessary, provide health and safety support and guidance in relation to COVID 19 to organisations with less than 50 employees who are commissioned to provide support.

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
Work towards zero delayed discharge position through Community First approach. At point of any future surge the following information will be reassessed: • Current number and reasons for delays. • Number of community hospital beds required to be made available for covid-19 patients from total number of 99 beds across 6 wards. • Estimated increase in demand to support a zero delay position for: o Care at Home services o Intermediate care supported living at home o Additional care home beds from internal provision o Additional care home beds from commissioned services Planning assumptions and estimates from wave 1 of covid-19 (March 2020 onwards) are available as baseline for re-assessment)				
Reducing the level of delayed discharges of patients in acute and community hospital.	Daily monitoring of admission / discharge to hospital, including reporting to the Scottish Government.	-	-	Integrated Manager (Discharge Management)
	Re-modelling of in-patient sites to support discharge from acute pathway and end of life care through 4 phase approach: • Phase 1 – maximise existing bed base (43 additional beds). • Phase 2 – open Ward 3 (further 28 beds). • Phase 3 – Mackinnon Centre (further 10 beds). • Phase 4 - Ward 5 and Ward RVH and Ward. Kingsway (est further 35 beds). •	Phase 1 £146k (£438k) Phase 2 -4 £1,162k (£3,487k)	Phase 1 CBIR 13 Roxburgh 24 RVH (cover for gaps) Phase 2 33 staff Phase 3 33 staff Phase 4 33 staff	Locality Managers
	Remodelling of Kingsway Care Site to re-open Ward 2 .	£413k (£1,240k)	33	Locality Manager
	Remodelling of Integrated discharge team to support pathways across the system. *Overtime to allow 7 days working* *(enhancement for all social work staff in the hub - 9 qualified social workers plus 6 support workers.)*	£38k (£115k)	2 Social Workers	Integrated Manager (Discharge Management)

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Identify all voids in Learning Disability and Mental Health services that could be utilised to support as an alternative to hospital or care home placement.		-	Integrated Manager
	Link with registered social landlords via Neighbourhood Services to determine any existing capacity from current housing stock.		-	Integrated Manager (Discharge Management)
	Specialist AHPs within Mental Health and Learning Disability services will assist discharge processes and utilise enhanced skills where appropriate.		-	Integrated Manager
	Enhanced discharge support for all learning disabled adults will be provided from a condensed Community Learning Disability Nursing Team.		-	Nurse Manager
	Creation of a Dundee Mental Health discharge hub for all Dundee Mental Health inpatient discharges from Carseview and Murray Royal offering daily contact up to 6 days a week.	tbc	Locum Psychiatrists currently procured via P&K MH In-Patient manager. 5 Days of this service comes from existing resources	Nurse Manager / Integrated Managers
	Support pharmacy response through approach to creation of a Dundee mental health discharge hub, enhanced community learning disability nurse discharge supports and new models of psychiatry input.			Nurse Manager / Integration Managers
Enhanced use of intermediate care provision (either in a care home or at	Implement phased approach to expansion of intermediate care capacity: • Phase 1 – Mackinnon Centre • Phase 2 – Craigie House	Phase 1 £106k (£318k) Phase 2 £74k	Additional Social Care Staff	Locality Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
home) to enable discharge for those at high risk.	• Phase 3 – Turiff House	(£222k) Phase 3 £106k (£318k)		
	Commission additional supported intermediate care supported living packages.	Included under Note 2	-	Locality Manager
Enhance Housing Support and Care at Home provision to meet additional demands.	Enhance capacity to support more people at home with palliative care needs.	Nursing - £259k (£777k) Commissioned sevrices (after 3 weeks – 45 staff) £417k (£1,250k)	SPCS Dundee & Angus 20 nursing staff Week 1- Commissioned services 15 staff Week 2 – Commissioned services 30 staff Week 3 – Commissioned services 45 staff	Locality Manager
	Utilise DECSA Enhanced Community Support Service.		None additional	Locality Manager
	Develop expanded Community Rehab Team model, including 7 day working across all AHP Services.	£820k (£2,460k)	Physio: 22 Qualified staff, 12 support worker staff OT: 19 Qualified staff, 17 support staff Royal Victoria Hospital – 1 Qualified OT	Lead AHP

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Managed deployment of existing remaining workforce to deliver and oversee safe intimate personal care provision, supplemented by deployment of additional qualified staff.			
	Non-intimate personal care (meal prep and medication prompts) and non-personal care tasks in existing caseloads to be maintained by further deployment of other staff groups, including non-front line social work staff Co-ordination of input to be achieved by existing homecare organisers, supplemented by deployment of other council personnel.			
	Creation and utilisation of capacity within commissioned services beyond current contractual commitments (including through deployment of existing staff, recruitment of temporary additional staff and utilisation of property).	See Note 1	Yes, from third and independent sector	Social Care Contracts Teams / Integrated Managers
	Discussion with family members and carers regarding their enhanced support for non-personal care tasks.	-	-	DCC Communications
	Maintain internal and external respite facilities to accommodate any need / demand for building based respite.			Integrated Manager
	All clinical facing Mental Health and Learning Disability staff will provide enhanced supports for those living at home. This will include prioritised tasks such as depot injections, medication assistance, telephone contact and enteral nutrition provision.	-	-	Nurse Manager / Integrated Managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	A co-ordinated approach with specialist providers in Mental Health and Learning Disability to ensure that essential support is provided by appropriately trained and skilled staff. This would include the essential use of transport to mitigate any behaviours of distress.	-	-	Nurse Manager / Integrated Managers
Manage expected increase in demand for Care Home places	Utilise additional capacity in commissioned services – additional 28 beds.	£269k (£1,077k)	N/A	Integrated Manager
Maintain essential services Expected 30% reduction in existing workforce across all providers resulting in us requiring to stratify need and amend subsequent input.				
Sustain current levels of housing support and care at home provision	Daily monitoring of workforce capacity through RAG system. Assumed increase in additional hours/supplementary staffing.	£344k (£782k)		Integrated Managers
	Continuation of intimate personal care by remaining registered workforce, supplemented where required by deployment of additional qualified staff.	£233k (£700k)	Community nursing – 18 nursing staff	Integrated Managers
	Continuation of non-intimate personal care and non-personal care tasks in existing caseloads to be maintained deployment of other staff groups, including non-front line social work staff.			Integrated Managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Creation and utilisation of capacity within commissioned services beyond current contractual commitments (including through deployment of existing staff and recruitment of temporary additional staff).	See Note 1&2	Yes from third and independent sector	Social Care Contracts Team / Integrated Managers
	Discussion with family members and carers regarding their enhanced support for non-personal care tasks.	-	-	DCC Communications
	Weekly monitoring and analysis of workforce in commissioned services through RAG system.	-	-	Social Care Contracts Team / Integrated Managers
	RAG system to inform services requiring support from agency, sessional and casual workforce.	-	Redeployment of resources	Integrated Managers
	Revised methods of support from Mental Health and Learning Disability staff implemented eg home contact, use of “Near Me” is in progress. All clinical tasks are prioritised.	-	-	Nurse Manager / Integrated Managers
Care Homes	Daily monitoring of occupancy, admissions and suspected / confirmed cases, including reporting to Scottish Government (weekly basis).	-	-	Integrated Managers / Social Care Contracts
	Daily monitoring of workforce capacity through RAG system.			Integrated Managers
	Facilitate access to testing for suspected cases amongst residents to support continued admissions.		-	Integrated Managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Deployment of staff, including non-frontline social work staff, to support registered staff (for example, catering, cleaning and social support for residents).		Yes	DCC Deployment Team
	Creation and utilisation of capacity within commissioned services beyond current contractual commitments (including through deployment of existing staff, recruitment of temporary additional staff and utilisation of property).	See note 1&2	Yes	Social Care Contracts / Integrated Managers
	Enhance capacity for physio support within Learning Disability housing support and care at home workforce.	Tbc	3 physios	Integrated Managers
Sustain Protecting People responses (adult support and protection and contribution to MAPPA, violence against women and child protection)	Multi-agency protection processes to continue remotely via tele / video conferencing, including case conferences.	-	-	Integrated Manager (Locality Team 4) / MAPPA Co-ordinator / MARAC Co-ordinator
	Implement triage arrangements to support First Contact Team functions, including response to Adult Concern Reports.	-	Deployment of 3 FTE staff from HSCP support services	Integrated Manager (Locality Team 4)
	RAG rating of all protection cases to inform: • prioritised maintenance of face-to-face contact with highest risk cases. • provision of alternative remote supports and services to medium and low risk cases.	-	-	MAPPA Co-ordinator / Service Manager, DCC Children and Families / Integrated Manager (Locality Team 4)
	Implement agreed operational contingency plan for violence against women services.	Increased support for third sector services Tbc	Support requested from DCC	Lead Officer, Protecting People
	Revise and implement risk register for all PP areas and utilise to support strategic oversight through COG and Committees.	-	-	Senior Manager, Strategy and Performance

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Weekly liaison through Dundee Violence Against Women Partnership regarding needs related to domestic abuse and women involved in prostitution.	Increased support for third sector services - Tbc	Support requested from DCC	Lead Officer, Protecting People
Sustain support for people who are homeless / rough sleeping (including young people) and also Gypsy Travellers	Implement Neighbourhood Services contingency planning, including: • creation of additional temporary accommodation (internal, third sector and private sector). • weekly provider conference call addressing risk and sustainability. • deployment of third sector workforce to support essential services. • co-ordination with DVVA and Health and Homeless Outreach Team weekly to target resources to rough sleepers / street beggars. • Partnership with Positive Steps to continue outreach support and placement for people being released from prison.	Tbc		Service Manager, Neighbourhood Services
	Continue to deliver full housing options service to both temporary accommodation and homeless applicants.		-	Service Manager, Neighbourhood Services
	Continuation of outreach element of Housing First Service.		-	Service Manager, Neighbourhood Services
	Suspension of evictions from temporary accommodation.	Tbc	-	Service Manager, Neighbourhood Services
	Application of legislative changes in relation to people with no recourse to public funds (particularly within hostels).	Tbc	-	Service Manager, Neighbourhood Services

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Implement protocol to support Opiate Substitute Therapy (OST) for people self-isolating in hostel accommodation.	-	-	Service Manager, Neighbourhood Services
	Implementation of additional supports for Gypsy Travellers in relation to site provisions and welfare support.	Tbc	-	Service Manager, Neighbourhood Services
Sustain support for people who use drugs and alcohol	Deployment of existing nursing and social work resource and partner agencies to support the delivering of Opiate Substitute Therapy (including for people who are self-isolating) through locality based approach.	£65k (£195k)	Integrated Substance Misuse Service – 5 nursing staff	Integrated Manager (Locality Team 4) / Service Manager (East)
	Prioritised contact with existing services users based on clinical risk through duty telephone line utilising capacity within contracted third sector services, recognising that there may be a requirement to see an individual where significant risks are present.	tbc	Third sector redeployment	Integrated Manager (Locality Team 4) / Service Manager (East)
	Suspend new assessments to allow deployment of staff to manage risk within existing caseloads. Consider high risk individuals who require telephone assessment.	-	-	Integrated Manager (Locality Team 4) / Service Manager (East)
	Maintain daily virtual Non-Fatal Overdose meetings supported by virtual assertive outreach supports (including assessment for OST, access to Naloxone and harm reductions services).	-	-	Lead Pharmacist, Sergeant Police Scotland Lochee Hub
	Agree and implement contingency plan for OST provision, including alternative sites for daily supervision to reduce pressures on Community Pharmacy.	-	Yes – to be confirmed	Lead Pharmacist / Service Manager (East)
	Maintain work of the non-fatal overdose pathway.	£30k (£120k)	2 nurses, 2 Support workers, admin support	Integrated Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Strengthen 3rd sector to support more people in the community who use drugs and alcohol.	£30k (£100k)	Third sector	Integrated Manager
	Strengthen assertive outreach model to support people self- isolating.	£40k (£75k)		Integrated Manager
	Liaision with Children and Families to maintain targeted support to high risk families (in line with RAG rating). Child and family nurses to continue to review cases where there are high risks identified.		-	Integrated Manager (Locality Team 4) / Service Manager, DCC Children and Families
	Develop and implement pathways for safe liberation of people leaving prison.		-	Integrated Manager (Locality Team 4) / Service Manager (East), Scottish Prison Service
Sustain Provision of Sexual Health Services (adults and young people)	Utilise technology enabled care within The Corner to maintain core services to young people.			Team Leader, The Corner
	Maintain remote prescribing for young people through Community Support Centres.			Team Leader, The Corner
	Triage Service established within Sexual Health Service.			Integrated Manager
Sustain the capacity of Primary Care	Maintain core and urgent services within GP practices through deployment of staff across GP clusters.		Yes	Clinical Director, Cluster Leads
	Develop and implement nursing model (building on care and treatment service plans), including managing workloads through deployment of staff across GP clusters.		Yes, but no specific numbers	Team Leader Community Care and Treatment Services, Senior Manager Service Development and Primary Care
	Utilise nursing model to provide support to shielded patients who cannot attend practices.		-	Team Leader Community Care and Treatment Services,

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
				Senior Manager Service Development and Primary Care
	Utilise Community Assessment Centre to provide contingency cover where a GP practice is unable to safely deliver medical services.		-	Telephone triage – GP Lead Home Visiting Service - Cluster Leads, GP Lead
	Identify staff from across health and social care systems that can work additional hours in primary and community care to support sustainability of GP practices.		-	Senior Manager Service Development and Primary Care / Service Manager Urgent and Unscheduled Care
	Deploy staff to support prescription delivery from GP Practices to Community Pharmacy.		Yes – redeployment of existing resources	Lead Pharmacist
	Maintain support for GP prescribing of mental health medications and medication review for people with severe and enduring mental health conditions.			Nurse Manager / Integrated Manager
	Creation of palliative care pathways into end of life care, creation of 24/7 advisory specialist palliative support team and community palliative service.	Already included previously	Already included previously	Locality Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
Sustain Community Pharmacy provision	Establish process to support the delivery of prescriptions and medications for people who are self-isolating or shielded or who contact Community Support Centres.	- -	Yes – voluntary sector	Lead Pharmacist
	Maintain core Sexual and Reproductive Health and GUM services and prescribing via postal services.			Locality Manager
Provide a responsive Palliative Care pathway	Implement 4 pathway model of provision: • admission to allow symptom control and supportive treatment, patients would then follow the recognised MFE pathways already in existence. • Return or remain at home with palliative care support and symptom control medication in place. • Transfer to community facility for appopriate supportive care with end of life support available. • where immediate palliative care needs are identified this should be supported on site with dedicated space to support symptom control and dignity.	1) Realignment of existing Community Hospital capacity - this would be supported via redeployed resource with little net financial impact. 2) Additional Community Hospital capacity (e.g. opening up beds/wards previously closed) - this would have an additional resource/financial implication. The full cost of "additional" capacity might be c£1400 per week per bed, but if we assume an element of redeployment into	Some of this resource may be redeployed (e.g. Community Nurse, GPs, Palliative Care medical/nursing staff) but, depending on capacity in this pathway, additional resources may be required. Other resources (including potentially AHPs could be trained up to assist families in advance of this additional support being required. All capacity in this option would require to be support with relevant equipment/supplies	Locality Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
		the additional capacity (noting that element of redeployment is unknown), we could assume the cost of "additional" capacity of this type would be c£1000 per bed per week. There may be start up costs associated with developing this type of capacity. 3) Realignment of existing Care Home capacity (e.g. most likely whole wings of Nursing Homes, or possibly whole smaller homes) - this would be redeployment of existing capacity but with premium costs to providers (e.g. due to staffing issues, turnover of patients, etc.)and so it would be reasonable to assume a premium	(e.g. syringe drivers).	

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
		commissioning cost on top of existing nursing home contract costs. This would require to be agreed locally, regionally or nationally and could be c£200 per bed per week on top of cost of cost of existing capacity (c£700 per week per bed). It is assumed Nursing Home beds would be more suitable than residential home beds due to staffing levels and that any additional peripatetic support provided by NHS staff would be from deployed resources. 4) Additional Care Home capacity. The opportunities for this will be limited and staffing up any additional capacity would be challenging.		

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
		However capacity could come from opening up previously closed wings of homes or running a care home in an alternative setting. Assuming staff are supplied by the provider, then costs might bec£900 per bed per week. There may be start up costs associated with developing this type of capacity.		
Allied Health Professionals	Implementation of full contingency plan, including: • deployment of staff to support critical care and rehabilitation supported by appropriate training and orientation. • COVID+ and COVID- pathways.		30/40 additional physios required – through redeployment - NHS workforce deployment group	AHP Lead
Reduction in non-essential services				
Closure or substitution of non-essential services in response to absence levels and to support staff	Agree list of essential services.	-	-	Head of Health and Community Care
	Current closures / retractions: • Wellgate Day Centre • White Top Day Centre and Respite	Loss of Income: £480k (£1,080k)	-	Head of Health and Community Care

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
deployment to essential services.	• MacKinnon Centre • Oaklands • Practical support services • Meals service (to once per day) • The Corner (2 days per week) • Outpatient clinics across range of functions • Dundonald Day function – has closed for face to face activities. Staff and environment will be utilised for discharge hub creation.			
	AHPs - Retraction of all non-essential services and move to technology enabled care as alternative mode of service provision.			AHP Lead
	Implement arrangements for replacement of direct / face-to-face service provision with remote forms of low level support where appropriate.			Locality Managers / Integrated Managers
	Collation and analysis of information from commissioned and wider partnership services regarding service closures and retractions.	-	-	Social Care Contracts / Integrated Managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
Reduction in administrative activities.	Suspend all face-to-face and non-essential meetings and utilise tele/video conferencing.	-	-	All managers
	Implement provisions for approval of urgent decisions by the Integration Joint Board.	-	-	Chief Finance Officer
	Implement process for continued scrutiny of performance and audit issues.	-		Chief Finance Officer
	Implement contingency plans within support services to allow release of staff for deployment.	-	-	Chief Finance Officer
Staff are safe, supported and protected				
Support workforce health, wellbeing and absence reporting.	Implement DCC and NHST guidance for self-isolation and absence reporting.			
	Monitor impact on internal workforce across teams and service areas through daily RAG report.		-	Integrated Managers
	Maintain arrangements in place for Community Assessment Centre.	tbc	tbc	Clinical Director
	Review current workforce and identify staff with health complications and/or personal circumstances who are high risk from and identify alternative working arrangements.		-	All managers
	Establish and utilise local process for staff testing to allow staff to return to work (across internal and external workforce).	Costs being collated by NHST	Testing team staffed by existing staff through redeployment and additional hours	Integrated Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Support home working where possible in line with DCC and NHST guidance.	£111k (£111k)	-	All managers
	Ensure appropriate access to childcare arrangements for key workers as per national guidance.			DCC, Children and Families Service
	Ensure appropriate access to childcare arrangements for key workers as per national guidance.	-	-	DCC, Children and Families Service All managers
	Utilise nationally procured online staff support packages: health anxiety; stress; and, sleep.			Locality Manager linking to all managers
	Develop accessible workforce supports to address health and wellbeing impacts during and post COVID-19 incident.	tbc		DCC Learning and Organisational Development Service
	Review current status in relation to infection control training Implement training for work force in line with risk and to include: • Ward staff impacted by opening of surge beds. • Community staff. • Deployed staff from non-HSCP services.			All managers
Ensure adherence to infection control procedures and availability of PPE.	Promotion of basic hygiene, including hand washing, including through easy read guidance.	-	-	All managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Establish and implement systems for ongoing monitoring of Personal Protective Equipment stock and escalate shortages (internal and external providers).	-	-	AHP Lead
	Establish systems to co-ordinate delivery, storage, security and distribution of PPE based on a prioritised approach (against current national guidance): • From national sources (NSS). • From local supply chains (NHS and Council procurement).	£28k (£28k)	Staff being deployed from DCC to support	AHP Lead / DCC Procurement
	Regularly issue national infection control guidance and local Public Health advice to workforce (internal and external), including via staff intranet.	-	-	AHP Lead / Senior Manager, Strategy and Performance
Work with NHS Tayside and Dundee City Council to deploy staff to sustain essential services and support enhanced service provision.	Implement contingency plans within support services to allow release of staff for deployment.	-	-	Chief Finance Officer
	Monitor impact on internal workforce across teams and service areas through daily RAG report and escalate deployment requests into DCC and NHST processes.	-	-	Integrated Managers / Locality Managers
	Establish links to DCC and NHST deployment processes, which will cover • Training issues. • Volunteers, returning staff, retired employees.	-	-	Senior Manager, DCC LOD / NHST HR

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Work with Trade Unions/Staff Partnership to develop local arrangements for: • Staff training (including specific training for MH and LD AHPs). • Workforce deployment and redeployment. • Accurate and timely communication.		-	Head of Health and Community Care
Implement regular workforce communications.	Staff side membership on DHSCP Silver Group.	-	-	Area Partnership Forum Staffside Secretary
	Regular DHSCP updates from Chief Officer and IJB Chair.	-	-	Chief Officer
	Co-ordinate with DCC and NHST regarding corporate workforce communications.	-	-	Head of Health and Community Care
	Clinical guidance and information for staff is established, updated and distributed regularly.	-	-	Locality Managers
	Refresh vulnerable service user information.	-	-	Protecting People, Lead Officers / DCC Communications
Service User / Carer Communications	Co-ordinate with DCC Communications regarding service closures / retractions.	-	-	Head of Health and Community Care
	Implement early contact with service users, families and carers regarding utilisation of community and family support networks.	-	-	Integrated Managers
	Integrate specific response to carers within Triage arrangements for First Contact Team.	-	Yes – staff member deployed internally	Integrated Manager (Locality Team 4)
	Provide easy read COVID information and guidance to service users and carers.	-	-	Integrated Managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
Work in partnership with commissioned services to maintain business continuity				
Work in partnership with commissioned services to maintain business continuity.	Third sector representation within LRP Care for People Group.			
	Implement systems for regular communications with external providers, including • Regular e-briefings. • Maintenance of function specific provider networks.	-	-	Senior Manager, Strategy and Performance / Social Care Contracts
	Implement systems for submission of requests from external providers in relation to: • Care Inspectorate notification requirements • PPE • Staff testing • Financial / contractual matters or concerns • Business Continuity Plans	-	-	Social Care Contracts
	Develop COVID-19 Business Support Policy.	See Note 1	-	Social Care Contracts
	Implement Coronavirus Business Support Fund arrangements.	Costs included under DCC	-	DCC Corporate Finance
	Publicise UK and Scottish Government grants and supports available to impacted businesses via DCC website.	-	-	DCC Corporate Finance
	Support to Direct Payment Recipients (SDS Option 1)	tbc	-	Integrated Manager
Mitigation of isolation and provision of other low level community based support to	Contribute to Shielding arrangements led by DCC, including through: • building on existing Community support Centre arrangements.	-	Yes	Community Health Inequalities Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
vulnerable households in local communities	• developing processes for safe delivery of medication.			
	Contribute to Community Support Centre arrangements led by DCC, including though: • deployment of staff. • co-ordinating with support available through Social Prescribing services. • developing guidance for staff dealing with people in distress. • developing support pathways and resource directories to support deployed staff providing advice.	Costs included under DCC	Yes	Community Health Inequalities Manager
	Support DVVA to establish safe systems for volunteering and community based supports, including through: • co-ordinating third sector involvement in Community Support Centres and Shielding arrangements. • supporting arrangements for food deliveries.	-		Community Health Inequalities Manager
	Produce COVID-19 Equality Impact Assessment to identify additional supports / actions required in relation to protected groups.	Might be costs associated with provision of identified safeguards - tbc	-	Senior Manager, Strategy and Performance
	TOTAL ANTICIPATED EXPENDITURE 4 MONTHS (fye where appropriate)	**£5,171k (£14,893)**		
Additional Identified Expenditure as Submitted to Scottish Government through weekly financial				

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
returns not included in the above: Note 1	Additional 3rd Sector Expenditure to support additional staffing, additional hours and overtime, business continuity and support and living wage – based on 25% additional cost to current commissioned services	£5,338k (£14,805k)		
Note 2	Additional expenditure to support reduction in delayed discharge patients	£224k (£663k)		
	Potential Purchase of Various Equipment	£20k (£25k)		
	Additional Prescribing Costs (bulk of spend in 19/20)	£642k (£168k)		
	Expected Underachievement of Savings	£293k (£1,172k)		
	TOTAL ANTICIPATED ADDITIONAL EXPENDITURE	**£11,688** **(£31,726k)**		

Appendix 2

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP

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

Contents

1. Introduction

This document is a summary of Dundee Health and Social Care Partnership (HSCP) COVID-19 Recovery Plan intended to form part of the overall response to the request from the Scottish Government Health and Social Care Directorates to NHS Tayside to prepare and submit a re-mobilisation plan for July 2020 to March 2021. It aims to represent the work being undertaken by the Dundee Health and Social Care Partnership, as part of the wider system integrated system of care, maximise the delivery of prioritised care, services and supports to the greatest number of Dundee citizens possible within available resources with a view to protecting and enhancing their safety, health and wellbeing. It is based on a series of principles and key objectives detailed in the NHS Scotland document COVID-19 – Framework for Decision Making. Re-mobilise, Recover, Re-design: The Framework for NHS Scotland, which was published in May 2020 and builds on previous plans submitted. It includes summaries of our activities in our primary care and community, social care and third sector partners.

The plans outlined are key to progressing recovery in a safe manner. It should be acknowledged that there is still a level of uncertainty around how the pandemic will develop and how responding to this will intersect with "traditional" winter planning over the coming months. There is also significant uncertainty about the impact of the pandemic on the health and social care needs of Dundee's population and its wider impact on social factors such as employment and poverty. Modelling of impact, demand and capacity on health and social care to date has focused on the acute sector and has been provided at Board (rather than Partnership and / or locality level), and once data does become available time will be required to review and analyse this information.

Our recovery plan aims address three critical elements:

- scalable and sustainable plans for further potential surges in COVID-19 cases and peaks of demand;
- the ability to maintain COVID and non-COVID capacity and pathways across services and supports for a significant period of time; and,
- medium to long-term recovery planning over an estimated 18 to 24-month period.

What is included in this remobilisation plan is the latest iteration of our approach; detailing what we will do over the next 8 to 12 months, across a range of delegated services, to continue to provide safe and effective care in line with our agreed strategic objectives.

The Partnership's mobilisation plan, and supporting documents, will continue to guide our response to any further surges in the pandemic, especially where the scale of the surge results in reversion to full lockdown restrictions. This plan has previously been submitted to the Scottish Government.

It should be noted that this summary is underpinned by a detailed recovery plan for all delegated services which will continue to be adapted and modified as we move forward, receive new information and elicit new learning. Our detailed Partnership recovery plan can be provided on request.

2. Approach taken

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

Recovery planning activity sits within the wider context of the Partnership's current strategic and commissioning plan. As our recovery plan is implemented and develops further it will be necessary to consider its impact on our ability to deliver the commitments set out in the strategic and

commissioning plan at the pace and scale original envisioned. Our recovery plan has also been developed to interface with and support the delivery of recovery / mobilisation plans for NHS Tayside, Dundee City Council, Dundee Community Planning Partnership and Tayside Local Resilience Partnership.

Our ability to successfully implement our recovery plan relies on high levels of collaboration with NHS Tayside and Dundee City Council, particularly in relation to IT, property and workforce infrastructure and continued communication with service users and carers. Recovery has a significant focus on consolidating and further developing remote models of working and service delivery which will require extensive and robust IT (equipment, systems and training / development) and workforce (deployment, terms and conditions and wellbeing) supports. Physical distancing requirements, the establishment of new teams and relocation of others to accommodate COVID specific responses and decisions by the corporate bodies to accelerate planned building closures have placed exceptional pressures on the availability and use of property (office, clinical and community use); collaborative planning that recognises the needs of the Partnership to access the remaining property estate will be essential during the recovery period. These infrastructure matters are not delegated functions and therefore the Partnership will be dependent on NHS Tayside and Dundee City Council corporate services providing a high level of support and response during the recovery period, particularly in the early stages of recovery.

2.1 Principles and Assumptions

The following principles underpin our recovery planning approach:

- People should only attend building-based services if there is no other alternative; wherever possible and appropriate we will optimise our capacity for remote delivery of care and support.

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

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

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

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

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

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

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

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

3. Assessment of Risk and Plans for Mitigation

As Dundee HSCP progresses with recovery planning, we have considered the circumstances which may adversely affect our ability to implement prioritised recovery. Operational and strategic risk registers are currently being reviewed to reflect identified risks and planned mitigating actions. The key risks and constraints currently identified and a high-level summary of mitigation is set out below (further detailed is contained within our full recovery plan):

Risk/Constraint Description	Mitigation Summary
Continued implementation of PPE requirements across all services in line with national guidance and local agreements, including maintenance of supply chains	We will respond to national and local guidance timeously and monitor use of PPE from hubs for health and social care. We will respond to any issues in relation to demand/supply through local and national routes. We are currently reviewing the local infrastructure and staffing arrangements for our local hub to ensure they remain fit-for-purpose and sustainable for the duration of the recovery period.
Ensuring accurate understanding and awareness of frequently updated national and local guidance and policies relating to key issues such as PPE, testing and shielding.	Our incident management structure supports the consideration and dissemination of guidance and policies. Processes are in place to support dissemination of materials to external providers in third and independent sectors. Operational managers pro-actively consider guidance / policies within the context of their services and provide direct support for implementation. Direct support has been provided to external services to assist understanding and implementation of guidance / policies where this has been required.
A range of factors are expected to have a significant impact on workforce availability / capacity: • Retraction of redeployed and volunteer workforce. • Limited availability of and capacity within public transport. • Requirement to manage travel demand through flexible working patterns. • Limited availability of childcare and school opening. • Impact of existing and new caring responsibilities. • Impact of Test and Protect system. • Impact of guidance to shielded and high-risk populations. • Annual leave, including management of backlogs. These factors will impact on the delegated (employed) workforce and also on the workforce within external providers.	Regular monitoring of staff absence within internal services and with external providers. Redeployment of staff internally and across organisational boundaries, supported by appropriate training and guidance. Continued operation of staff testing arrangements for all health and social care staff. Continued work with NHS Tayside and Dundee City Council in relation to deployment hub/team and management of retraction of deployed employees. Continued bespoke support to external providers to address staff shortages as required. Continued support for remote / home working for members of the workforce where this is required and / or possible within their job role. Development, revision and implementation of workforce guidance relating to matters such as remote working, flexible working and use of annual leave during pandemic period. Joint work with Children and families Services to promote access to childcare for key workers.

Impact on workforce wellbeing, including impact of trauma over the long-term.	Establishment of Employee Wellbeing Service by Dundee City Council with resources available to the whole health and social care workforce. Range of practical measures established within services, including Rest, Recovery and Relaxation spaces. Promotion of on-learning regarding trauma for line managers. Development, revision and implementation of workforce guidance relating to matters such as remote working, flexible working and use of annual leave during pandemic period. Specific guidance and supports developed for staff who are shielding or who are in high-risk categories. Prioritisation of capacity within mental health services to address workforce trauma.
Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish 'business as usual' activity may mean overall capacity within the health and social care system is exceeded.	See above for workforce capacity mitigation. Release of capacity in services through flexible working and consolidation of learning / improvement from the initial pandemic period. Continued blended approach to service provision utilising remote approaches to service delivery. Gradual phased recommencement of services across delegated functions to support transition and re-introduction of some business as usual activities whilst maintaining COVID response. As we move through the recovery period work will be undertaking to understanding the impact of the pandemic on our ability to deliver the strategic priorities at the scale and pace original envisaged and to re-align plans accordingly. Similar work will be undertaking in relating to Dundee Community Planning Partnership's City Plan.
Maintaining public confidence and trust, including: • Demand for reduced limitations visiting got care homes and in other settings. • Potential negative impacts on health and wellbeing outcomes generated through late presentation to services and reduced levels of service provision. • Waiting time management (including where service users and carers have a preference to wait longer for face-to-face service provision rather than utilise remote / digital services). • Management of unscheduled 'presenting in person' (i.e. spontaneous	Implementation of revised guidance regarding visiting, including agreed approach to sign-off of individual visiting plans for services. Planning for the short, medium and long-term societal impacts and developing evidence-based responses to increased poverty and health inequalities. Collaboration with the third sector to reach the most vulnerable groups, building on the learning gained from Community Support Centres. Assessing of the pandemic impact in the population and in population sub-groups. Review and possible realignment of strategic and commissioning plan. Increased access to and promotion of digital and on-line mental health and wellbeing support options

attendance at appointment only provision).	e.g. beating the blues and pain association support. Regular monitoring of waiting times data / assessment timescales within delegated services. Guidance provided to services to support re-opening of public access areas (see below).
Maintaining sufficient flexibility to respond to any further COVID-19 surge.	Release of capacity in services through flexible working and consolidation of learning / improvement from the initial pandemic period. Continued blended approach to service provision utilising remote approaches to service delivery. Partnership mobilisation plan has been revised and will provide basis of any further surge response. Range of COVID specific responses that have now been stepped down are available for step-up in even of further surge. Continued work with NHS Tayside to maintain / further reduce numbers of delayed discharges. Ensure that carers are supported in advance of any second wave and are supported to respond. Prioritise unscheduled care development sensitive to community delivery focus. Further actions are planned to capture learning from the initial pandemic period from the workforce, external providers and people using services / their carers. This learning will inform our response to any future surges.
Significant reduction in availability of office accommodation and linked requirement to maintain high levels of remote working. A range of factors will require to be considered: • IT infrastructure – including access to adequate equipment and technical support. • Understanding and implementation of physical distancing requirements within office accommodation. • Prioritisation of available space to enable critical service provision (COVID and non-COVID). • Remote management and support of the workforce. • Maintaining clinical support / supervision requirements. • Maintaining access to learning and development opportunities.	All services are considering NHS Tayside's and Dundee City Council Guidance on Applying Physical Distancing for Staff within the Workforce. Risk assessments are currently being completed across individual services / teams / buildings. Phased property utilisation plan is currently being developed taking account of this information. Training and support to be provided to the workforce to support implementation where required. Teams have utilised IT packages to enable remote communication, supervision and integrated working. Recovery plan identifies further detailed actions to enhance available of hardware and also access to appropriate IT packages to further enhance access and effectiveness of remote working across all workforce groups. Continued roll out of

• Maintaining integrated working. • Impact of remote working on interpersonal communication.	Microsoft Teams by NHS Tayside and Dundee City Council. Range of learning and development opportunities now being delivered via on-line platforms and further expansion of approaches planned, for example palliative care e-learning programme.
Community access buildings remain closed / significant restrictions on their capacity.	All services are considering NHS Tayside's and Dundee City Council Guidance on Applying Physical Distancing for Staff within the Workforce. Risk assessments are currently being completed across individual services / teams / buildings. Phased property utilisation plan is currently being developed taking account of this information. Training and support to be provided to the workforce to support implementation where required. Continued use and further expansion of remote means of service delivery across delegated services.
Lack of data and modelling specifically focused on community health and social care needs and systems; including at Partnership and locality level.	Utilisation of data that is available at a local level through interface with NHS Tayside Business Support Unit and Dundee City Council Corporate Services. Joint working with locally deployed LIST analysts to access available data from Public Health Scotland. We are continuing to advocate for a significantly enhanced focus on community modelling / data, at a Partnership / locality level and which is hosted on accessible platforms through national networks.
Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design.	Continue to collate and project costs and ensure consistency with mobilisation plans. Regular submission of financial information to Scottish Government and sharing with local management forums. Building-in reasonable cost containment measures to plans and revisiting HSCP's overall financial plan in due course. Active participation in national groups relevant to financial matters. Agreement and implementation of policy to support external providers in-line with national guidance.
Remote service delivery not suitable for all circumstances. Including need to consider affordability / accessibility of digital based services across the population, particularly to	Re-instatement of face-to-face services on a phased / prioritised basis is ongoing across delegated services. Reviews of caseloads to

people experience poverty and socioeconomic disadvantage.	identify service users and carers who should be prioritised for face-to-face provision. Further actions are planned to capture learning from the initial pandemic period from the workforce, external providers and people using services / their carers. This will inform prioritisation of re-instatement of face-to-face services.

4. Health Inequalities

There is clear evidence that the burden of COVID-19 illness and death has been greatest on people from more deprived communities and people from black and minority ethnic backgrounds. The impact on other groups of people with protected characteristics is not yet well understood.

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

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

4.1 Community Health Inequalities

The Partnership's Health Inequalities Team has a specific focus on delivering services that identify and directly contribute to reducing health inequalities through approaches such as health and homeless outreach, Keep Well and the Sources of Support social prescribing initiative. During the pandemic response period a significant proportion of this work has moved to delivery through remote means and the workforce within the service has provided significant support to wider Community Planning responses, such as the establishment and operation of Community Support Centres that have provided food and other basic needs for Dundee's most vulnerable communities.

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

- Continuing a blended approach to service delivery using platforms such as NearMe, including recommencing a fuller programme of face-to-face / group work within community centres and local buildings where this is supported by relevant guidance and risk assessments.
- Continuing to review availability of non-clinical outward referral pathways so that workforce in different teams can refer clients effectively.
- Linking clients with opportunities for social interaction relevant to easing of restrictions.
- Managing potential surge in link worker referrals from GPs/ Practices as more patients return and present with socio-economic issues related to the pandemic.
- Re-commencing anticipatory care interventions within the nursing team.
- Re-commencing social prescribing link worker presence in GP practices.

5. Clinical and Care Priorities

5.1 Primary Care & Community Care

Whilst continuing to deliver core services throughout the COVID-19 pandemic, primary care concurrently reconfigured their operating models for their ongoing services and supported entirely novel approaches for COVID-19 care. Overall 93% of all COVID-19 acute contacts and assessments in Tayside were managed completely by primary care.

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

Throughout the COVID-19 pandemic, primary care continued to deliver 90%+ of all health contacts as is the norm. This is important and helps affirm why Primary Care should continue to shape the care models for the wider healthcare system.

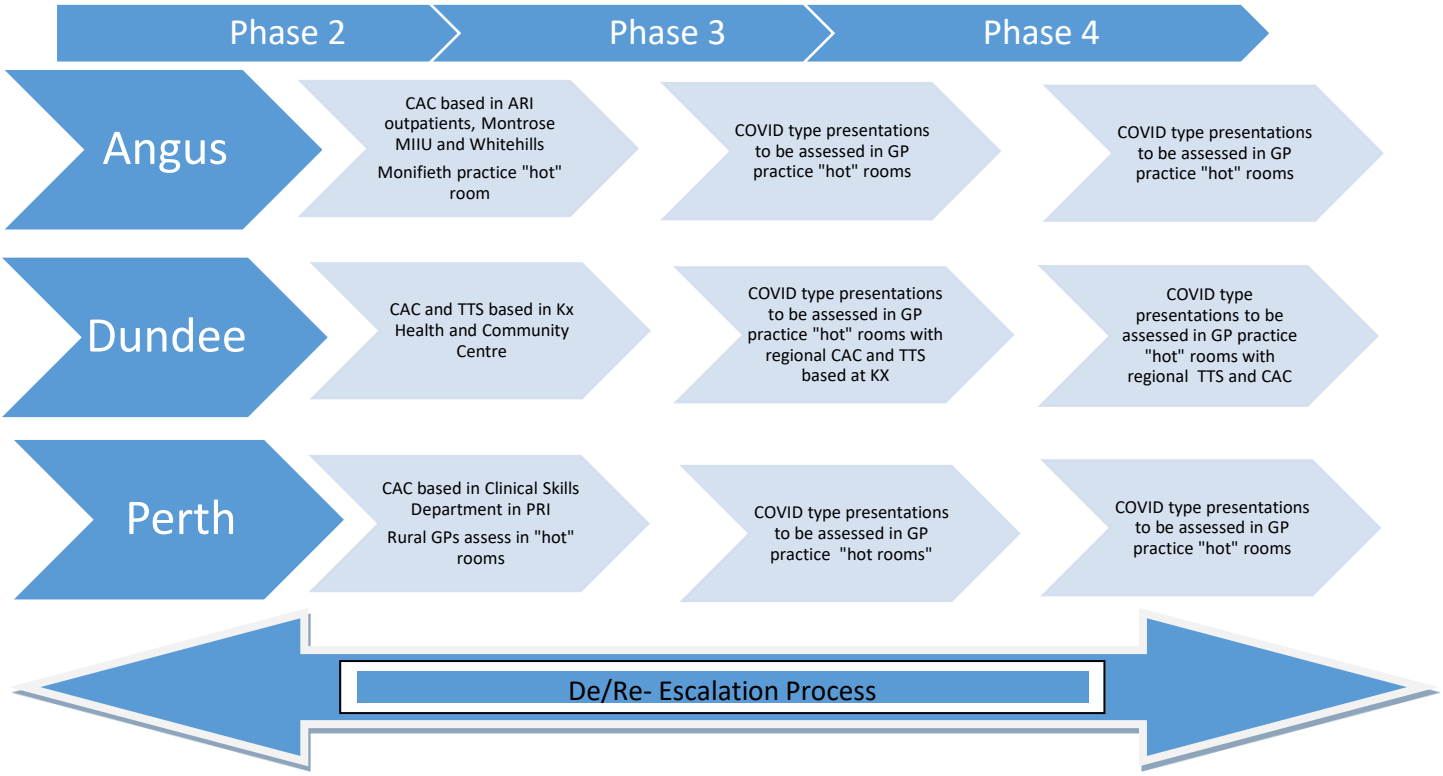
While the GMS 2018 contract presents significant opportunities moving forward post COVID, we are moving from a single service delivery model to a multi-modal format. Whilst this is welcome with broader resource availability, as we move forward it will be critical to ensure primary and community care remains strongly aligned to a unified strategy and is not divided up; we have seen the value and opportunities across primary care throughout COVID-19 in such an approach.

5.1.1 Community Hubs and Assessment Centre

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

Scottish Government advise that NHS Boards continue to provide a Telephone Triage Service and CACs for the next 3-6 months or as long as the “Call the coronavirus helpline if you have Coronavirus symptoms” message continues. GP practices have concurrently organised themselves and their localities to adapt premises and ways of working to facilitate seeing non COVID-19 patients in their localities but also those with COVID-like symptoms which would be better seen by their own GP (e.g. hoarseness and weight loss for 3-4 weeks). This enables the service to monitor the impact as restrictions are lifted and we proceed along the Scottish Government route map to recovery. The proposed model below describes how the regional CAC would also support GP Practices who do not have the ability to provide “hot” rooms and will be available to support all areas.

Proposed models of care are described below based on the phases of the Scottish Government route map:



Whilst there is a desire to maintain COVID-19 free General Practice, now the background rate of COVID-19 is much lower, there is a need to ensure the provision of safe locations where patients with COVID-like symptoms can be seen and assessed. At the same time, GPs are eager to maintain continuity of care for their patients, which are known to improve overall outcomes, with access to the normal investigation and referral pathways.

5.1.2. General Practice

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

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

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

To restart such a large scope of work involving significant numbers of patients is complex and will be phased and aligned to the national phased schedule. There continues to be a commitment to support General Practice as part of the re-mobilisation plans, recognising that capacity will be a significant issue for the majority of practices, in terms of both physical premises and workforce availability. There may be additional costs of ensuring local General Practices can re-mobilise to deliver services in context of COVID-19 and costs such as additional staff costs, premises costs, clinical waste costs may require additional financial support over and above already identified GMS funding (as per PCA(M)(2020)06).

In the delivery of the new GMS 2018 contract we are moving responsibilities, historically delivered under a single GP service, to multiple lines of operation and strategic responsibility but linked through a multi-disciplinary team structure. In re-mobilisation, we will continue to grow the strength of a more unified approach to ensure that as new services are moved away from direct GP responsibility, they still remain under a unified primary care strategic vision to maximise quality of care and efficiency.

Although clinically led and managerially supported structures remain at the heart of NHS Tayside ethos, we need to prioritise and value the support we cultured during the COVID-19 pandemic in primary care-based quality improvement project support. Within pathways, premises, quality improvement clinical activity or governance, addressing the lack of bespoke primary care project support across Tayside would significantly help us to support better care. This would go beyond the cluster-based model for quality improvement we currently utilise. Although this model has value, it looks intrinsically at quality improvement at the practice and cluster level and does not focus extrinsically across primary care and its wider linkages.

Long-term condition monitoring is rapidly attaining more interest at a national level with is also being prioritised at local level with input from local clinicians to help ensure what is required is evidence based. Beyond this we will need to examine not only, what is done at long-term condition review, but also how it is done. In a similar manner to how consultation models have changed for routine care, this will be mirrored with long-term condition care. This needs a considered, whole-system quality improvement approach including secondary care. New ways of working will be enabled by digital technology to support both triage, clinical signposting, case management and also long-term condition care. This might support self-management, integrated management, shared management, remote management and management which occurs face-to-face. There will be an increased focus on appropriate self-management and prevention and which is increasingly important in times of COVID to support social distancing, reduce demand on premises and support healthcare sustainability.

One significant area of challenge will be the consideration for capacity to deliver seasonal influenza vaccination which will require significant resource from across the whole primary and community care services. The programme will be expanding on previous years e.g. include close contacts of immunocompromised individuals and potential wider age groups. Planning, training and operational support to the Vaccination Transformation Programme remains critical to effective delivery.

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

- Continuing to support practices to review patient pathways of care, including the use of digital resources as well as face-to-face consultations.
- Reviewing pathways for referral from practices to secondary and other parts of primary care.
- Continuing to develop and update anticipatory care plans.

- Exploring options for long-term maintenance of patient transport arrangements that have the potential to support reduced demand for home visiting.

5.1.3 Community Optometry

The 9 community Emergency Eye Care Treatment Centres (EETCs) across Tayside are now closed and all Tayside Opticians (Optometry Practices) are from 29 June 2020 available for face to face consultations for emergency and essential NHS Eye Care services.

All practices have been provided with personal protective equipment and have put in place physical distancing arrangements and enhanced infection control processes.
Patients who have noticed sudden changes in their vision or eyes or who are having significant difficulties with their vision should phone their usual optometrist (where they last had an eye examination).

Telephone or video (NHS NearMe) triage is now standard before a consultation and patients should not attend without an appointment. The optometrist will use their professional judgement who requires review based on patient needs, symptoms and the practice's ability to support face-to-face appointments safely.

From 13th July 2020 opticians can provide more emergency and essential Eye Care services which include those who are awaiting an examination and those with optometry requirements for spectacles/contact lenses which are broken/need replaced.

5.1.4 General & Public Dental Services

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

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

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

5.1.5 Community Pharmacy

While patterns of prescribing were very dynamic in March-May period, the Health and Social Care Partnerships are now working towards developing a better understanding of the longer-term impact of COVID-19 on GP Prescribing. This may include some changes in therapeutic switches, responses reflecting the way patient activity changes and around serial prescribing, but may also still require responses to changes in drug pricing or availability.

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

- Utilising the Pharmacy Team to support practices and patients to continue to implement more efficient and effective systems for prescription management, including increasing the number of people who have a registered/preferred pharmacy and an increase in serial prescriptions.
- Supporting a shift from delivery of medications for those people who are shielded to a more targeted support model.

- Working with the drug and alcohol services to support changes in approaches to provision of medically assisted treatment (AT).

5.1.6 Community Nursing

The service has continued to provide care at home or a homely setting to a range of patients. For those who have been receiving direct care there has been ongoing contact and support from the service through phone contact with both patients and their carers. Moving forward there is a need to continue to work differently. Interventions that had been delayed such as long-term condition reviews etc have now recommenced.

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

- Maintaining cohort nursing of COVID +/non-COVID patients within core District Nursing Teams.
- Continuing to develop locality working in District Nursing Teams, including beginning to test the implementation of a locality working model.
- Maintaining all Priority Band 1 and 2 visits and phased recommencement Priority Band 3 and 4 visits, COPD clinics, routine home visits and Leg Ulcer Assessment Clinic.
- Expanding on COPD home visits for vulnerable patients to include clinic-based services for diagnosing new COPD patients.
- 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.
- Recommencing the development of nurse-led Ear Clinic within the Community Care and Treatment Service.
- Recommencing student nurse placements and educational activities from external educators.

5.2 Emergency and Urgent Care

Taking the learning and experience from the establishment and operation of CACs, alongside wider learning from acute and community settings across the Tayside Partnerships, discussions have already commenced via the Unscheduled Care and Planned Care Boards regarding how primary and secondary care could work differently in the future. This includes, for example, opportunities around having respiratory and paediatric support in the CACs in particular over the winter period to support both primary and secondary care. Planning for progressing integrated hubs is also being developed which will support scheduling of unscheduled care as well as supporting the front doors across NHS Tayside. This will be progressed in partnership with both primary and secondary care team and GP Sub.

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

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

5.2.1 Out of Hours

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

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

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

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

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

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

5.3 Planned Care

5.3.1 Community AHP services

Community AHP services will continue to run similar to out-patient services with screening and triage in place to determine whether a telephone, Near Me or face to face contact is required. There is a greater requirement to see these patients face to face with appropriate PPE as near me and telephone consultations can prove more challenging with this older patient group, although some have responded well to this method of intervention.

At present all classes are suspended (e.g. Better Balance for Falls Prevention) with this activity being undertaken on a one to one basis rather group session. IT solutions are being explored to deliver at least the educational part of class programmes to groups remotely when possible.

Working with patient's family, carers and third sector services to support remote working, particularly in using new methods of technology has been very beneficial.

Referrals in relation to the provision of equipment and adaptations have continued to be addressed throughout the pandemic by the Community Occupational Therapy Service. Staff have tested and implemented NearMe to support assessment. Where face to face assessment has been required staff have had access to appropriate PPE. The Equipment Store has continued to respond promptly

to equipment requests and has continued to undertake deliveries direct to people's homes. Contractors who undertake adaptations had to stand down and this has led to a backlog of work.

In preparation for the move to phase 4 in the Scottish Governments route map, OT's have been working with contractors to undertake risk assessments and develop methods of working so that adaptation work can be restarted as soon as possible. Information for service users has been developed to ensure that they can support contractors appropriately with physical distancing while adaptations are undertaken. The backlog of adaptations has been prioritised by need and circumstances.

Caledonia Care and Repair have also now been contracted to support adaptation arrangements in the owner occupier sector.

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

- Continuing the development of Community Rehabilitation models to enhance preventative approaches, reduce falls and POCS and reflect long-term and intensive nature of COVID rehabilitation.
- Further embedding assessment through the Independent Living Review Team.

5.3.2 Referral Pathways

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

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

5.3.3 Outpatients

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

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

Within the Physiotherapy MSK service, there is currently reduced capacity to triage routine referrals as capacity has been transferred from MSK to fast track the full implementation of the First Contact Physiotherapy (FCP) service to support General Practice during the COVID 19 response. FCP posts have now been recruited to and when the additional staff are in place this imbalance will be redressed and the mainstream MSK service will become integrated with the FCP service, with FCP becoming the main source of referral to mainstream MSK services.

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

- Developing models to support re-introduction of elective surgery.
- Continuing the recommencement of routine waiting list and face-to-face services.
- Recommencing face-to-face group sessions.

5.3.4 In-Patients

Dundee Health and Social Care Partnership will continue to focus on maintaining and further improving good performance in relation to delayed discharge and appropriate prevention of admission. We have consolidated the changes to the integrated discharge hub to reduce the footfall within Ninewells Hospital wards by supporting assessment across Tayside.

In-patient services have continued to function well during COVID-19 across all areas within Dundee, with attention to infection prevention and control, patient placement, pathways for admission and discharge and person-centred care. We have suspended or reduced our COVID specific ward areas and are realigning ward configuration to support the current cohort of patients. We will retain and review our mobilisation plans in readiness to support any shifts in pathways.

In-patient units are now implementing a phased return to visiting. Psychiatry of Old Age wards have implemented weekly testing of asymptomatic staff.

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

- Psychiatry of Old Age
    - Recommencing visiting at Kingsway Care Centre in-line with Scottish Government guidance.
    - Recommencing Social Work visits to wards.
    - Phased recommencement of discharge services.
    - Implementation of staff testing protocols and maintenance of patient COVID-19 testing prior to admission and during in-patient stay in-line with Scottish Government guidance.

- Medicine for the Elderly
    - Planning for re-commencement of patient home visits and weekend passes.
    - Planning for rec-commencement of some face-to-face outpatient clinics.
    - Planning for re-commencement of internal volunteer contributions to service delivery.
    - Re-commencing arrangements for families to join and participate in case conferences.
    - Re-commencing medical, nursing and AHP student placements within the service and educational activities from external educators.

5.3.5 Palliative Care

Palliative care services re-designed their approach during the peak of COVID -19 to enable education, advice and support to be available for all areas working with end of life palliative care in all environments 24 hours a day and 7 days a week, supporting our acute and community colleagues. It was also important to ensure those with COVID could continue to receive specialist palliative care and support, both as in-patients and in the community where that requirement was identified. Following a review of the use of these services we have reduced our COVID specific

ward areas and are realigning ward configuration to support the current cohort of patients. We will retain and review our mobilisation plans in readiness to support any shifts in pathways.

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

- Further enablement of face-to-face service provision, including progressing the use and evaluation of NearMe technology.
- Exploring options for digital systems/ platforms for safe clinical spaces (particularly for groups) and options for remote patient monitoring in line with and contributing to NHST Digital Mobilisation and Response Strategy.
- Prioritising, developing and implementing virtual and digital options for Day Services to meet individual and group user needs safely and within service capacity.
- Re-commencing complex lymphedema services through outpatient appointments.
- Implementing virtual education programme.
- Progressing initial priority areas from Tayside Whole System Approach: Supporting End of Life Care & Conserving Critical Medicines during the COVID-19 Pandemic.
- Re-establishing risk assessed volunteer workforce contribution.
- Further expansion of visiting, supported by appropriate policies and risk assessment.
- Progressing setting specific pathways support models including Community Nursing and Care Homes.

5.3.6 Sexual and Reproductive Health Services

Staff from Sexual Health Services have been instrumental in supporting the setting up and analysis of the testing of Covid patients and key worker staff. Staff from the service were dispensed to support other essential pathways with only critical interventions undertaken. During the next phase we will be moving to re-establish the service and re commence clinical assessments and interventions.

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

- Re-commencement of paused services within clinical appointments supported by telephone phase followed by face-to-face phase. All patients to be triaged. Working towards unrestricted face-to-face appointments across all services where these are required.
- Prioritising patients who have been shielding for some time with ongoing symptoms to be seen in clinics safely.
- Through The Corner young persons' service, implementing plans to offer STI tests to young people via collect/drop off STI kits and tests.
- Reviewing changes that have been made during the pandemic period and continuing newly adopted approaches that have been successful (e.g. NearMe and telephone appointments where these have been acceptable to patients).

5.4 Social Care

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

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

5.4.1 Social Work / Care Management

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

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

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

- All social care and social work services
    - Maintaining practices that promote and provide bespoke, person-centred services and supports for individuals and their carers.
    - Maintaining outreach provision as temporary replacement for day care services whilst planning for gradual reintroduction of day care provision.
    - Developing and implementing models to support reintroduction of day support taking into account relevant Scottish Government guidance and in consultation with Public Health Scotland and the Care Inspectorate.
    - Gradually increasing the number of face-to-face contacts, working towards reinstatement of all non-urgent visit.

5.4.2 Protecting People

During the pandemic statutory protecting people functions have been maintained, although actions have been taken to ensure safe delivery of interventions and supports in-line with national guidance. This has included holding multi-agency activities such as adult protection initial referral discussions and case conferences on digital platforms and utilising PPE for essential home visits. There has been an enhanced focus across all agencies on identifying and responding to hidden harm; including significant additional public awareness campaigns for child protection, adults at risk, domestic abuse and alcohol consumption and enhanced assertive outreach services, such as the Safe Zone Bus. Protection services have utilised a RAG approach to prioritise levels of contact with individuals and families and there has been enhanced joint working between adult and children's services in areas such as community drug and alcohol services.

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

As we move out of lockdown and data indicates referral levels are returning to pre-COVID levels we anticipate a possible spike in demand, both internally and in commissioned third sector services. Work is underway to plan appropriate multi-agency responses, including learning from experience in other countries who are at a later stage of progression of the pandemic.

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

Adult support and protection responses

- Implementing the use of video conferencing facilities to support enhanced participation of service users and carers within adult support and protection meetings / processes.
- Planning for recommencement of face-to-face service user participation in multi-agency adult support and protection case conferences.
- Better understanding patterns of referral of adults at risk during the pandemic and subsequent actions taken to ensure a robust response where people do not meet the three-point test for statutory intervention.
- Contributing to the review of multi-agency adult support and protection procedures, including temporary provisions introduced in response to national COVID-19 guidance for adult protection.

Violence against women responses

- Developing contingency arrangements, through the establishment of a virtual outreach team, to respond to any post-lockdown spike in demand for services.
- Maintaining virtual operation of MARAC (case conferencing for highest risk victims of domestic abuse) and reviewing virtual approach to inform long-term model of operation.
- Testing and subsequent roll-out of virtual approaches to workforce learning and development.
- Addressing underlying financial sustainability of specialist violence against women support services.

Other public protection responses

- Supporting the implementation of the integrated strategic protecting people recovery plan.
- Supporting the revision of the strategic risk register to shift from a focus on COVID specific risks to ‘business as usual’ content.
- Contributing to further multi-agency work, supported by the Care Inspectorate, to capture learning from the pandemic period through workforce survey, case file audits and COG / Committee survey.

5.4.3 Care Homes

There are 27 care homes in Dundee, comprising 4 operated by DHSCP (all residential), 2 by voluntary providers and 21 by private providers (5 residential and 18 nursing combined across voluntary and private sector). In total there are currently 1069 places available across all sectors

(981 private and voluntary and 88 DHSCP). We are in the process of finalising the closure of one of our care homes; this work commenced prior to the onset of the pandemic.

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

Collaborative working was also supported by regular formal contract meetings and three-monthly provider forums that are well attended by providers. The Partnership has two Integrated Managers who have a specific remit for care homes (one focused on supporting external care home and one on internal care homes), who are also supported by the dedicated Social Care Contracts Team in relation to commissioned services. Since the COVID-19 pandemic Integrated Managers have maintained regular communication with managers across care home sector; providers forums increased in frequency and were held via digital platforms. This ensured that providers were kept up to date with local changes and that there were opportunities for providers to ask direct questions of those officers responding to national directives and implementing local changes. This support, alongside that offered by public health services, has been crucial in ensuring those care homes affected by outbreaks were provided with a high level of support tailored to their particular circumstances. This was crucial given both the level of media scrutiny around the service and the increasing demands made of care home staff to manage the introduction and maintenance of a range of additional procedures including data reporting, testing of residents and symptomatic and asymptomatic staff and the engagement with COPFS investigations into care home deaths.

The Partnership has participated in the supportive visits, daily review of care homes and the Tayside Care Home Oversight Group. Over the next phase of the lockdown we will be working with care homes to assess and commence visiting, continuing to support any outbreaks and working with care homes to manage a move towards re-commencement of care admissions and the provision of respite care. We anticipate that this will be a slow process and that the stability will be influenced by the ongoing financial supports for the sector and the potential future demands for residential and nursing care.

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

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

- Maintaining intensive support to all care homes as per care home plan submitted to Scottish Government.
- Maintaining care home testing pathways in-line with national guidance.
- Reviewing enhanced governance and support arrangements in line with national guidance.
- Easing visitor restrictions in-line with national guidance and assessed risk.
- Releasing capacity of Care Home Team from quality assurance activity and recommencing planned improvement activities.
- Reviewing models of care home-based services, including respite care and intermediate care.

5.4.4 Care at Home

We prioritised our social care services to support those who most required them, reducing our lower level supports (practical support) to focus on personal care. We are aware that a number of service users whose families were working from home chose not to utilise services during the pandemic

period and that as lockdown eases there will requests for services to re-commence. We have recently introduced an Independent Living Review Team and will work with families and service users to assess any changes during the pandemic. As a result of these approaches, social care services have continued to receive and provide for new referrals and maintaining support for those being discharged from hospital. We were also able to increase support to those who required this or where carers required additional support. Overall the level of service provision has remained steady during the last three months.

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

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

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

5.4.5 Housing Support / Care at Home

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

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

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

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

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

- Monitor the impact on services as a result of changing needs and increased demand
- Consider the impact of the delay in new tenancies due to the pause in construction
- Monitor the wellbeing of the workforce in internal and external provision

5.4.6 Physical Disability

Physical Disability services are also consumers of residential care and care at home. Probably more than other services, they have a significant usage of higher-level supported housing (tenancies with either on-site support or support “brought in” under SDS).

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

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

- Continuing to review RAG rating to identify high risk service users and risk of carer breakdown and manage support in response to assessed need.
- Reviewing care packages that were adjusted due to COVID-19 impacts.
- Working with provider and care home sector to monitor re-introduction of packages of care, assess impact on provider recovery plans and agree any relevant actions / supports.
- Monitoring the impact of increased assessment and subsequent allocation priority to those impacted by COVID-19, including considering short and long-term health, care and support needs and subsequent implications for practice (for example, possible requirements for enhanced level of multi-disciplinary assessments required).
- Gradually increasing number of face-to-face contacts, working towards reinstatement of all non-urgent visits by phase 4.
- Planning for and implementing locality working model, including integration of care management teams (phase 1 physical disabilities and older people services).
- Re-commencing elements of long-term improvement / development work streams.
- Continuing to review duty worker system to inform future model of provision with potential for combined duty system with older people care management teams and beginning implementation of agreed model.
- Continuing to develop closer liaison with other care management teams to support a service wide response.

5.4.7 Carers

Carers make a very significant contribution to the wellbeing of people in our communities. During the pandemic they have increased levels of support for those that they care for; some have cancelled services to minimise the levels of contact with others in order to protect cared for people from COVID-19. The stepping down of planned respite and day care services have meant that many carers have not had a break from caring over the last 4 months. Dundee HSCP has increased the flexibility in the use of SDS option 1 resources by carers and has continued to support emergency respite. Recovery plans include the re-establishment of day care and planned respite as soon as possible.

Alternative models of support have been implemented within carers support services, for example the provision of 1:1 support via telephone and video call (using Attend Anywhere) and weekly Facebook Live virtual hubs by Dundee Carers Centre. Carer e-cards were developed for both young and adult carers to support them to continue to travel to carry out their caring role and to undertake activities such as shopping or collecting medication. Specific local arrangements were implemented

to support unpaid carers to access PPE. A range of creative and pro-active approaches were utilised to continue support for young carers, including continuation of short breaks and the provision of IT equipment and support to access the internet in order to maintain social connection to friends, family and professionals. In addition, Dundee City Council and NHS Tayside implemented specific supports for members of their workforces who are carers, including specific human resources responses and signposting to relevant support services.

We have recognised the critical need to work with carers and their representatives to understand the impact of the pandemic of their needs and priorities. We will be progressing this work through our Carers Partnership who are also leading the revision of our local Carers strategy.

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

- Considering how and when face-to-face provision can safely resume and how best to mitigate risks for workforce and carers.
- Continuing to work with carer's organisation to better understand the impacts of lockdown on their needs / priorities and develop enhanced responses, including to carer stress.
- Collating research and data reflecting carer's circumstances and changed circumstances during pandemic in order to analyse what is needed for future strategy.
- Sustaining and further developing supports for workforce members who are also carers.
- Recommencing development work to fully implement and embed Adult Carer Support Plan and Young Carer Statement work by summarising progress so far and co-ordinating with Personalisation Board to ensure whole family/caring situation is considered and supported.
- Progressing refresh of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and short breaks services statement

5.5 Community Mental Health (including Drug and Alcohol Services)

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

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

- A higher proportion of people with long-term health conditions (59%), single parents (63%), those aged 25-34 (65%), and women (63%) reported having been anxious/worried compared to the overall adult population (54%). Higher proportions of young people age 18-24 (41%) and single parents (33%) report having been lonely in the previous two weeks than the adult population overall (26%).
- Higher proportions of young people age 18-24 (26%), age 25-34 (27%), and single parents (24%) report feeling hopeless in the previous two weeks than the overall adult population (17%)
- A higher proportion of people with a mental health diagnosis (27%), a long-term health condition (25%) and unemployed people (23%) are not coping well compared to the population overall (13%):

NHS Tayside Remobilise, Recover, Redesign Tayside Mental Health Plan (July 2020-March 2021) provides a full overview of the pandemic response within community mental health services

(including community drug and alcohol services) and planned recovery actions. This has been supplemented below with further information about specific priorities within services delegated to and managed by DHSCP.

5.5.1 Community Mental Health and Learning Disability

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

- Assessing and addressing the impact of reduced day service provision on individuals, family carers and organisations.
- Considering increasing operational capacity at external respite provision from 1 person per night to 2 persons per night supported by revised operating procedures and contingency arrangements.
- Increasing short break provision to provide respite to families. Mental Health and Learning Disability Teams have re-commenced their own short-break applications processes for breaks that are now able to be authorised in accordance with the easing of lockdown restrictions, for example caravan parks, hotels and spa treatments.
- Maintaining use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community. Including working proactively with landlords to enable quicker response times for use of housing stock.
- Continuation and development of virtual programme of activities were deemed necessary.
- Exploring outings to access community facilitates where guidelines/ route map support this and risk assessments, safe working practices are met.
- Continuing to support all areas of service to review their working practices and determine which technologically supported clinical consultations should be retained as core clinical practice. Especially relevant for smaller AHP services with pan-Tayside community remits.
- Continue to use NearMe Tayside and telephone consultations for those who prefer this method of engagement. Consider options for the provision of IT resources in the local community e.g. libraries / GP surgeries in areas of highest deprivation where patients can safely and with privacy, access IT equipment for NearMe consultations.
- Opening of the hydrotherapy pool at White Top would be determined by both national and local guidance, risk assessments being in place and agreed systems and working arrangements.
- As a means of reintroducing face to face support, develop socially distanced 1:1 walking consultations with Nursing and Allied Health Professional staff utilising the abundant local green spaces.
- Gradually re-introducing of some elements of care and treatment in congregate settings if all environmental adjustments, training and workforce arrangements are in place. Priority will be given to supported people who live at home with family / carers.
- Further developing plans between the Community Mental Health Teams and Psychology to enhance and develop the STEPPs and Survive and Thrive groups.
- Further developing the Mental Health Discharge Hub and strengthening the communication between in-patient specialist areas and community mental health supports via nominated Senior Community Nursing representatives attending the Capacity and Flow In-Patient meetings. This will continue to be essential during reduced availability of In-Patient beds and the increased complexity of those being discharged.
- Continuing to monitor Mental Health Officer service capacity to undertake Mental Health Act statutory duties as court processes are reintroduced e.g. to address the backlog of Adults with Incapacity work.
- Implementing risk enablement approach to enable supported persons to access facilities in-line with the rest of population.
- Implementing visits to internal services from families and others in-line with Scottish Government guidance (or where specific guidance not available informed by robust risk management processes).

- Monitoring demand for advocacy services and increasing capacity for provision as required.
- Considering anticipated post-lockdown increased demand for social care services and potential responses.
- Engaging Newly Graduated Practitioners (NGPs) into community Mental Health and Learning Disability nursing placements and recommencing other nursing and AHP student placements.[1]

5.5.2 Community Older People's Mental Health

COPMH services developed a risk matrix to manage assessment, support, contact and engagement with people who use the service, their families and their carers. While the service suspended out-patient clinics it has continued to respond to referrals. As with other areas, this service provides a high level of support to individuals and carers, through both direct contact and access to community supports, and through the post diagnostic support. Where these can be managed remotely the service has continued to provide, with face-to-face support continuing where this can be delivered safely. The service contributes to the Care Home Team and we have recognised that for those service users in care home who have cognitive impairment that this has been a particularly difficult time for them, their families and for staff. Supporting people to remain at home safely will be a key focus for the service as we move through recovery. It is also anticipated that there will be an increase in referrals as other services recommence engagement and assessment of individual health needs.

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

- Recommencing ward links with social workers attending Multi-disciplinary Teams at Kingsway Care Centre.
- Lowering RAG visiting status to 'amber' level:
    - Initial assessment visits recommenced where supported by risk assessment; and,
    - Introducing use of NearMe.
- Recommencing face-to-face outpatient clinics as appropriate based on individual patient risk assessment.
- Exploring further 'step-up / step-down' models of care for Psychiatry of Old Age.
- Manging increase in demand for assessment, treatment and support.

5.5.3 Psychological Therapies

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

- Maintaining NearMe and telephone consultation systems whilst also expanding the use of digital platforms for group work.
- Expanding internet enable Cognitive Behavioural Therapy for Adult Psychological Therapies.
- Reinstating services that have temporarily ceased (e.g. psychological assessment for Bariatric Surgery and Exceptional Aesthetic Surgery).
- Reviewing models of treatment provision, including the appropriateness of face-to-face contact for relevant treatment groups.
- Reviewing use of all waiting room areas, clinical areas and office space for gradual return of face to face service delivery and in keeping with social distancing requirements.

[1] NGPs within the Community Mental Health and Community Learning Disability Nursing Teams would be considered to be employed at Band 3 of 4 for the period of finishing their training to their registration being complete. This will allows them to complete a period of comprehensive induction and a fully supported transition from being a student nurse to becoming qualified.

- Reviewing caseloads and matching whether patients remain on telephone contact, NearMe, home visit or suitable for gradual uptake of face to face clinic attendance.

5.5.4 Community Alcohol and Drug Services

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

- Injecting equipment provision (IEP).
- Opioid substitution therapy (OST).
- Take home naloxone (THN).
- Maintenance of Non-fatal overdose follow-up pathways (NFOD).
- Maintenance of the specialist harm reduction nursing service.

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

The initial step down of in-patient detoxification services at Kinclaven Murray Royal between March and June, had a knock-on effect for community-based services and a home detoxification alcohol service was provided for those at lower risk. The learning from this will be considered as community and inpatient alcohol and drug services remobilise. In the initial phase of COVID-19 reflective of other services performance against the 21-day access standard fell.

Alcohol and drug services are building on their plans to recommence pre-COVID level service, with continued use of remote technology where appropriate. In Dundee we have recommenced the programme to progress the implementation and monitoring of the Drug Deaths Action Plan for Change.

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

- Reviewing plan for return to community pharmacy dispensing following changes to Scottish Government guidance for people who are shielding.
- Planning for re-commencement of direct contact for routine contacts.
- Reviewing and implementing access pathways, including options for re-opening of direct access, taking account of social distancing requirements, physical environment and staffing capacity.
- Enhancing capacity to provide outreach services and respond to increasing demand from those people whose drug and alcohol use has started / escalated during lockdown.
- Reviewing and implementing the delivery model for community alcohol detox considering whole system of care approach.
- Supporting teams to complete a full return to locality office bases and clinical areas.
- Contributing to work across the Alcohol and Drugs Partnership to progress the implementation and monitoring of the Drug Deaths Action Plan for Change. Specific focus on progressing with the work on the Whole System of Care – learning from the review process led by Healthcare Improvement Scotland should be available and form the base of a plan to progress the whole system change.

- Contributing to work across the Dundee Alcohol and Drugs Partnership to review options for resuming peer support work, including SMART meetings and the work of the peer volunteers.
- Contributing to the review of the Dundee Alcohol and Drug Partnership strategic plan.

6. Winter Planning

Over the past four months, NHS Tayside has seen a 49% reduction in delayed discharges in comparison to previous levels. A focus on maintaining the improved performance in relation to delayed discharge will continue. Alongside our partners, our aim is it to retain the current improvement with no more than 50 delayed discharges at each census point. For DHSCP this equates to no more than 5 acute delays and 20 in total.

DHSCP is currently engaged in the development of the NHS Tayside Winter Plan. The NHS Tayside Winter Plan will focus on front door assessment and alternatives to admission, wherever possible. Additional staffing resources in Hospital to Home (H2H) and Discharge to Assess (D2A) and other services are already costed in the NHS Tayside mobilisation plan. The plan will build on the learning from the previous year's winter planning and initiatives developed through the response to COVID-19. The NHS Tayside Winter Plan will focus on front door assessment and alternatives to admission, wherever possible.

The plan will prioritise and develop services which support the front door response to presenting patients, capacity and flow through the hospital, a home first model of assessment and care, and prevention of influenza models. It will build on digital solutions tested during the pandemic.

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

- Progressing the in-patient and community modelling work-streams (as described in the Emergency and Unplanned Care section).
- Reviewing and preparing for a robust social care response to winter pressures.
- Supporting the development of Integrated Community Care Hub Models.
- Reviewing and maintaining the Community Assessment Centre in Dundee.
- Prioritising and supporting vaccination of health and social care workforce as part of integrated seasonal influenza vaccination programme.
- Supporting and delivering the seasonal influenza vaccination programme for vulnerable groups, including care homes
- Supporting the ongoing monitoring and escalation of the Winter Plan and participating in operational 'huddles' to ensure same day actions.
- Identifying and supporting measures and pathways to support alternatives to acute hospital admission where appropriate.
- Reviewing and implementing resilience and business continuity plans to take into account:
    - Adverse Weather.
    - Out-of-Hours.
    - Mental Health.
    - Workforce Planning including festive rotas across primary and secondary care, in and out-of-hours.
- Exploring and further developing digital solutions to support quicker access and continuation of key services.

7. Third and Independent Sector

7.1 Humanitarian Response

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

Dundee City Council established a number of Community Support Centres across the city as well as helplines for those people who are shielding and for general public enquiries. Community Support Centres acted as a hub for the provision of childcare to key workers as well as for the co-ordination of food and medication deliveries and other humanitarian activities. A range of Council staff were deployed to support the Community Support Centres and they were joined by a range of paid third sector employees as well as volunteers.

A significant programme of activity was undertaken to pro-actively contact and offer support to people who were shielding. DHSCP contacted all people who are known to social care and / or social work services to offer support, advice and referral for additional services, including delivery of food parcels and medication. This was in addition to ongoing contact many people who are shielding would have had with the health and social care workforce.

7.2 Provider Support and Sustainability

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

A provider communications system was established in the early phases of response ensuring that all providers across health and social care (children and adults, commissioned or not) received collated up-to-date information about key developments in legislation and guidance as well as links to useful resources. Systems were also established to support all external health and social care providers to refer symptomatic staff and their household contacts for testing, playing a vital role in protecting capacity within the third and independent sector workforce.

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

Contracts Leads form operational services have worked alongside Contracts Officers to maintain regular contact with commissioned providers by teleconference. A range of weekly provider reporting processes have been established across key service areas, with an overview of information received informing subsequent planning and decision making. Provider forums have continued to operate in service areas such as care homes and social care facilitated via virtual means. Where it has been required bespoke support has been provided to specific providers, for example the provision of health and safety in relation to COVID-19 for providers with smaller numbers of employees. This is

in addition to the advice and guidance available to third and independent sector providers through bodies such as DVVA and Scottish Care.

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

- Considering models to support reinstatement of full contract monitoring reporting and financial reconciliation and develop and implementing associated processes / approaches.
- Working with providers to support timely submission and processing of financial sustainability claims.
- Reviewing the frequency of provider communication updates.
- Working with health and social care providers to identify learning from the pandemic response period and incorporate this into operational and strategic improvement plans and activities.

8. Workforce

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

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

We need to plan services and a workforce to work within this pandemic over many months and years. Our systems are reconfiguring to establish robust services in a safe manner across all of health and social care services and supports. We are beginning a period of workforce recovery and dealing with the impact of COVID-19 on workforce health and wellbeing. We continue to support staff to transition to blended models of working, including both office / community-based work and home working. In the short-term we also anticipate supporting a number of colleagues who have been shielding or are in high-risk groups (or who live with people who are) back into the workplace. This work will be particularly challenging given the need to co-ordinate across two-sets of organisational policies, procedures and guidance as they relate to staff employed by NHS Tayside and Dundee City Council.

In the short term we expect an unusually low proportion of annual leave to have been taken by the end of July 2020 with proportionately more annual leave scheduled for the last 8 months of the financial year. This deferred annual leave may create a constraining workflow issues later in the year.
We will continue to work with Dundee City Council and NHS Tayside to manage the workforce deployment through their corporate centre/hub. We will also continue to co-ordinate with their corporate workforce communications, supplementing this with direct messaging from the DHSCO Chief Officer and IJB Chair where appropriate.

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

- Continuing to develop and promote workforce Wellbeing Service (DCC).
- Implementing NHS Scotland / Scottish Government interim guidance for staff on risk assessment for people from Black, Asian and Minority Ethnic backgrounds.
- Continuing to provide support to members of the workforce who are shielded or at high-risk (or are living with people who are shielded or at high-risk) who are returning to work in-line with changes in Scottish Government guidance.
- Supporting all services / teams to plan for long-term blended approach to service delivery (mix of building base and home-working). This will include reviewing long term working patterns and addressing the IT requirements for staff in order to sustain social distanced practice in the workplace.
- Planning for impact of deferred annual leave and potential increased scheduling of leave over second half of financial year.

9. Physical Distancing

Requirements for physical distancing have been in place throughout the pandemic. This has necessitated a range of partnership work with property and health and safety colleagues within Dundee City Council and NHS Tayside to ensure full implementation of national guidance to support the safe delivery of services for both the workforce and people receiving services.

As we begin to re-opening office, clinical and community access buildings detailed planning is being undertaking to ensure that physical distancing is maintained by the workforce, people receiving services and visitors. Our Community Mental Health Service has developed a 'phased return from COVID' guidance document that guides teams and services through a step-by-step process for re-commencement of services, including face-to-face service provision and building-based provision

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

- Finalising and implementing a DHSCP phased property utilisation plan.
- Continuously reviewing all workplaces to ensure that all adaptations and adjustments in order to maintain COVID-19 guidelines are put in place, including sourcing and application of appropriate signage and screening.
- Continuing to identify training and communication needs to accommodate for social distancing measures, for both workforce and service users.
- Undertaking further consultation regarding future use and capacity of office buildings to determine longer term planning and future service delivery.

10. Clinical Care and Professional Governance

The formal Clinical, Care and Professional Governance Forums were suspended at the beginning of the COVID period with all governance issues managed through the Gold and Silver Command processes. This ensured that we managed the changes to clinical and care policies and procedures in real time. Over the last month we have re-introduced our more formal processes and reporting arrangements.

During this period we have received a range of governance reports including Trust and Respect, review of mental health services and the HIS Inspection of Community Mental Health Services. We will work to implement the agreed action plan and will recommence the work to implement the action plan in response to the Drugs Commission. We have recently had a recent inspection by HIS of our Medicine for the Elderly wards highlighted good practice in the care of our older patients.

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

Protecting people committees increased the frequency of their meeting to weekly/two weekly to address the issues arising during the pandemic and comprehensive risk assessment were introduced and reviewed frequently.

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

- Re-commencing full remit of clinical, care and professional governance activities across all services utilising remote working solutions and / or face-to-face sessions as appropriate.
- Establishing internal process for approval of individual service visiting plans.
- Ensuring changes implemented through COVID response period are reflected through exception reports at primary governance groups and clinical, care and professional group / forums.
- Ensure that short, medium and long-term impacts of COVID response period are built into governance reports alongside existing report parameters.
- Maintain an overview and monitoring of care homes.

10.1 Infection Prevention and Control

Infection prevention and control has been a critical aspect of maintain safe service delivery, both within our internal services and for commissioned providers. Whilst all services and providers had infection prevention and control procedures and practices in place prior to the pandemic there was necessarily an enhanced focus on all aspects of this work and a requirement to significantly scale-up provision of PPE.

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

At the DHSCP hub the focus has been on distribution of nationally supplied PPE to the social care sector, including unpaid carers and personal assistants. Local processes have been developed, reviewed and are now embedded in practice. It is anticipated that hubs will remain operational for at least the next 6 months and future planning to identify a sustainable supporting workforce is being progressed.

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

- Reviewing requirement for PPE hubs to remain operational and amend arrangements as system requires.
- Supporting return of deployed workforce supporting social care hub back to substantive roles and confirming sustainable staffing arrangements for continued provision.
- Considering revised guidance for people who are shielding / at high risk and required response / adaptations to service provision arrangements.
- Clarifying, and subsequently implement, workforce face covering guidance with NHS Tayside and Dundee City Council.

11. Digital Working and Infrastructure

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

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

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

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

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

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

12. Communications and Engagement

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

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

The Chief Officer and a range of other staff have actively participated in and contributed to national groups, including through Health and Care Scotland. Links have been maintained with national strategic and scrutiny bodies such as Healthcare Improvement Scotland, the Care Inspectorate and SSSC. Direct links to the Tayside Local Resilience Partnership have been maintained through their Care for People Sub-Group which is chaired by the Head of Service for Health and Community Care.

Initial feedback has been collected from staff which provides a range of emerging themes, examples of innovative developments to be taken forward as well as some of the challenges our workforce are facing. It is recognised that there is a requirement to engage differently with the public and stakeholders about the changes that the COVID recovery plans will bring. We will continue to develop our digital and online engagement recognising that we must be cognisant of those unable to access information in this way. National communication plans and resources for remobilisation are being developed and our local messages, strap lines and actions will require to reviewed and updated to take account of these to ensure a consistent approach.

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

- Continuing to communicate with service users and carers to keep them updated regarding service provision (general developments and individual specific matters).
- Reviewing and utilising national communication plans and resources for remobilisation for local implementation / messaging.
- Reviewing Healthcare Improvement Scotland ‘engaging differently’ resources and consider opportunities for local implementation.
- Contributing to targeted campaign to promote to EU Resettlement Scheme, including through care homes, long-stay hospitals, prisons and supported housing providers.

13. Governance and Strategic Planning

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

During the pandemic essential business procedures, supported by an IJB discussion session, have been utilised to deal with urgent governance matters. This has included the IJB considering an initial overview of the pandemic response from the Partnership and high-level analysis of the impact on the delivery of the current strategic and commissioning plan.

Recovery planning activity sits within the wider context on the Partnership's current strategic and commissioning plan. It will be necessary to consider the impact of our recovery plan on our ability to deliver the commitments set out in the strategic and commissioning plan at the pace and scale original envisioned. Throughout the remaining duration of the plan (that is until March 2022) it is likely that the Partnership will have to sustain a COVID-19 response alongside 'business as usual' activity and developments. The Partnership's Integrated Strategic Planning Group, chaired by the Chief Finance Officer, will have an integral role in analysing the impact of the pandemic plan, as well as commencing work on a full revision of the Partnership's strategic needs assessment as the first step in the production of the next strategic and commissioning plan (for April 2022 onwards). This work will enable a focus on renewal including public engagement regarding the future vision for health and social care, embedding innovation, digital and enhanced integration develop during the pandemic period and further focusing on reducing health inequalities.

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

- Reviewing incident response structure, including frequency of briefing of voting members of the IJB, and supporting phased return to business as usual management structures.
- Re-commencing face-to-face priority governance meetings, including the IJB and PAC (with continued option for remote participation for people who are shielding or in high risk groups).
- Reconvening the Integrated Strategic Planning Group and commencing initial review of impact of COVID-19 pandemic and recovery plan on implementation of Partnership's Strategic and Commissioning Plan 2019-2022.
- Progressing review of Partnership's Strategic Needs Assessment to incorporate data regarding impact of COVID-19 pandemic and full revision of Partnership's Strategic and Commissioning Plan (for completion March 2022 at the latest).
- Amending quarterly performance reporting template to reflect impact of COVID-19 on reportable national health and wellbeing indicators. Test with Performance and Audit Committee and further revise / amend as required.
- Planning and implementing further activities focused on identifying feedback and learning from the response and early recovery phases from the workforce, service users and carers, providers and other relevant stakeholders.
- Revising operational and strategic risk registers for the recovery phase.

14. Finance

To date the HSCP COVID-19 financial plans have reflected a range of financial implications which have been submitted regularly to the Scottish Government. New costs have been incurred in areas such as PPE, supporting independent sector providers and funding General Practices to be open on public holidays. Additional costs have been incurred in covering higher levels of staff absence and in continuing to keep delayed discharges to a minimum. Some projected costs such as additional staff overtime have been partially contained by the redeployment of overall staff resources while some cost pressures will emerge in the later stages of the COVID-19 response. It is anticipated that the allocation of £1.429 million made to DHSCP by the Scottish Government from their additional £50m national interim funding will be fully spent by the end of August 2020.

Beyond headline costs incurred there are other immediate financial impacts including the deferral of the delivery of planned transformation activity and an impact on assumed levels of service user charging income.

The Partnership will continue to work towards containing costs where possible through, staff redeployment opportunities, reviewing service capacity and re-starting services only when safe to do so. It is also possible in the medium-term that other costs fall slightly (e.g. travel costs) which can be off-set against additional costs in other areas.

The most recent financial summary of the mobilisation plan (to be submitted to Scottish Government on 14 August 2020) identified a projected mobilisation cost of £16.029 million (£3.69 million in NHS budgets and £12.339 million in Council budgets). Funding for additional NHS expenditure is to be provided by the Scottish Government through NHS Boards to HSCPs, however at this stage there is no confirmation that the anticipated commitments will be fully funded through this mechanism. Funding for additional Council expenditure will be through the separate health and social care funding announcement by the Scottish Government; as yet there has been no confirmation that the full additional social care costs will be met by funding releases subsequent to the initial £50 million national allocation.

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

- Increasing capacity of community-based mental health services.
- Provision of additional bed / community-based services capacity for potential further outbreaks / winter planning.
- Supporting the National Services Scotland PPE “hub”.
- Increased cost / reduced capacity of the provision of day care.
- Influenza (staff and public) vaccination campaign.
- Digital working and infrastructure including moves to mobile working.
- Review of accommodation requirements.
- COVID-19 protection measures will effect available capacities across all community–based services.
- Deferred annual leave.
- Remobilising General Practice.
- Continued support to social care providers (e.g. additional costs of PPE).

There are potentially significant financial risks to the Partnership’s financial plan for 2020/21 should additional funding support received from the Scottish Government be insufficient. While additional funding has been provided to date to cover additional Covid-19 related expenditure, the projected cost of the full mobilisation plan including provider sustainability payments will be considerably in excess of the confirmed initial tranche of funding. Should further funding be inadequate there would be implications for the level of service delivery in year through the implementation of a financial recovery plan. Dundee Integration Joint Board has no uncommitted reserves to support funding shortfalls and currently sits with a balance of committed reserves of £492k. DHSCP is already

operating within a challenging financial position with a net overspend incurred in 2019/20 of £4m and a range of interventions already being taken to balance the underlying budget position for 2020/21. While additional COVID-19 expenditure is controlled and monitored by DHSCP, the potential cost of decisions made nationally to support care providers will result in a commitment which can only be partly controlled by DHSCP and will be difficult to reduce. However, should additional funding not be sufficient, DHSCP will only have a limited opportunity to implement an effective financial recovery plan and will not be able to commit further mobilisation plan expenditure. This exposes both Dundee City Council and NHS Tayside to financial risk given, under the terms of the Integration Scheme any financial shortfall at the year-end is shared proportionately by the two partner organisations.

Committee Report No: DIJB29-2020

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

Document Type: Strategy

New/Existing: New

Period Covered: 01/06/2020 - 31/03/2021

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

Our recovery plan addresses three critical elements:

- scalable and sustainable plans for further potential surges in COVID-19 cases and peaks of demand;
- the ability to maintain COVID and non-COVID capacity and pathways across services and supports for a significant period of time; and,
- medium to long-term recovery planning over an estimated 18 to 24 month period.

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

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

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

- Enhanced capacity for remote delivery of care and support, within building based service provision being used only where this is essential.

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

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

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A. Equality and Diversity Impacts:

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

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

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

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

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

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

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

Is the proposal subject to a full EQIA? : No

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

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B. Fairness and Poverty Impacts:

Geography

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

Household Group

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

Significant Impact

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

Fairness and Poverty Implications:

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

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

Proposed Mitigating Actions:

The underpinning principles of the plan include:

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

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

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

C. Environmental Impacts

Climate Change

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

Resource Use

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

Transport

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

Natural Environment

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

Built Environment

Built Heritage:	No Impact
Housing:	No Impact

Is the proposal subject to Strategic Environmental Assessment

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

Proposed Mitigating Actions:

None required.

Environmental Implications:

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

D. Corporate Risk Impacts

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

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