



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
15 DECEMBER 2020

**REPORT ON:** IMPACT OF COVID-19 PANDEMIC ON DELIVERY OF THE STRATEGIC  
AND COMMISSIONING PLAN

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB50-2020

**1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to: outline the anticipated high-level impact of the COVID-19 pandemic on the Partnership's ability to deliver the Strategic and Commissioning Plan 2019-2022; provide an update regarding discussion at the Strategic Planning Advisory Group regarding the full assessment of this impact and communication with stakeholders regarding that impact; and, inform the Integration Joint Board of early planning for the revision of the current Strategic and Commissioning Plan.

**2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of the report and Appendix 1.
- 2.2 Instruct the Chief Finance Officer, working in collaboration with the Strategic Planning Advisory Group, to draft a statement summarising the impact of the pandemic on their ability to deliver the strategic plan to the scale originally envisaged (as described in section 4.8) and submit this to the Integration Joint Board for approval.
- 2.3 Instruct the Chief Finance Officer, working in collaboration with the Strategic Planning Advisory Group, to produce a detailed workplan to support the revision of the Strategic and Commissioning Plan 2019-22 (as described at section 4.12), to implement this workplan and to provide a further update to the Integration Joint Board no later than 30 April 2021.
- 2.4 Note the priority that has been given to work to revise the Strategic Needs Assessment and the planned approach and timescale for completion of this work (as described in sections 4.13 to 4.17).

**3.0 FINANCIAL IMPLICATIONS**

3.1 None.

**4.0 MAIN TEXT**

**Background**

4.1 In March 2019 the Integration Joint Board approved the Partnership's Strategic and Commissioning Plan 2019-2022 (Article VII of the minute of the meeting of the Integration Joint Board held on 29 March 2019 refers). The plan sets out an ambitious change programme, building on the achievements made since the establishment of the Integration Joint Board in 2016, with a focus on 4 key priorities: health inequalities; early intervention and

prevention; localities and engaging with communities; and, models of support / pathways of care. In addition, the plan committed to ensuring that the role of carers remains integral to all that we do and to maintaining a focus on shifting the balance of care from hospitals to community-based care.

- 4.2 In August 2020 the Integration Joint Board approved a report outlining the anticipated impact of the COVID-19 pandemic on strategic planning arrangements, including response and recovery planning and their impact on delivery of the Partnership's Strategic and Commissioning Plan 2019-2022 (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 25 August 2020 refers). At this time the IJB instructed the Chief Finance Officer to lead further work to more fully assess this impact.

#### **Pandemic Impact of Delivery of the Strategic and Commissioning Plan 2019-22**

- 4.3 Ongoing pandemic response and recovery activity sits within the wider context of the Partnership's current strategic and commissioning plan. It has therefore been necessary to consider their impact on our ability to deliver the commitments set out in the strategic and commissioning plan at the pace and scale original envisioned. Throughout the remaining duration of the plan (that is until March 2022) it is likely that the Partnership will have to sustain a COVID-19 response alongside 'business as usual' activity and developments, this will be particularly pronounced in the period until the end of the 2020/21 financial year.
- 4.4 The style and content of the strategic and commissioning plan was adjusted at the last substantive review to focus on providing a high-level statement of strategic intention, accompanied by a smaller number of high-level action points / areas; the previous strategic and commissioning plan had contained more detailed action plan content. Appendix 1 contains a list of the specific actions points identified under each strategic priority and an initial assessment of the risk to business as usual delivery arising from the pandemic, additional comments are also included where appropriate. In summary, Appendix 1 outlines that 25 actions have either been positively impacted by the pandemic context or there has been no effect on planned delivery, 30 actions have been adversely impacted to some extent and 9 have been significantly adversely impacted. Positive impacts have general been experienced where: there has been an enhanced focus on an area of work during the pandemic due to additional national requirements and / or resources; digital developments have been accelerated due to urgent necessity and the provision of enhanced IT infrastructure; work had already progressed to a relatively advanced stage pre-pandemic; and, where the focus of the action was on a very high priority of work across all Community Planning partners (for example, drug deaths) or was specifically focused on shifting the balance of care from acute to community settings. Adverse impacts on delivery have resulted from: challenges relating to reduced workforce capacity including the impact of deployment of staff to support critical service delivery; pausing of linked strategic programmes by other partner organisations; de-prioritisation of planned improvement work, including tests of change, to enable prioritisation of COVID response; unanticipated changes in profiles of need and demand arising from the impact of the pandemic; challenges regarding continued delivery of learning and organisational development activity and community engagement / co-production in the context of social distancing requirements; additional activity required to redesign services to accommodate a shift to digital delivery and unsuitability of some services for digital / remote delivery; restrictions on the accessibility of property due to public health guidance; and / or, delays associated with capital works (particularly disruption to construction activity).
- 4.5 In addition to the four strategic priorities identified in the plan there is also a commitment to mainstreaming work to support carers and embed personalisation. The strategic and commissioning plan does not contain specific actions relating to these areas of work. For carers, detailed actions are contained within the Carers Strategic Plan which is currently subject to review. The process of reviewing the Carers Strategic Plan will include significant consultation and engagement activity and a refreshed carers needs assessment, therefore there is an immediate opportunity to take account of the impact of the pandemic and to reflect this in the commitments made in the revised plan. A detailed action plan for personalisation also exists under the leadership of the Personalisation Board. This plan is continuously

reviewed by the responsible Integration Manager, supported by the wider Personalisation Board membership.

- 4.6 The overarching strategic and commissioning plan is also supported by strategic plans/ commissioning statements developed by a range of Strategic Planning groups. There are a wide range of groups and each has plans at different stages of development / life-cycle, with most focusing on a specific care group area or service pathway. Some Strategic Planning Groups have reconvened following easing of lockdown restrictions, however business as usual activity has not yet returned across the whole system (and is unlikely to do so fully within the next 6 months). The Strategic Planning Advisory Group has requested that Strategic Planning Group Chairs provide a short summary of their current level of activity and any progress made in assessing the impact of the pandemic on delivery of their strategic plan / work programme.
- 4.7 Based on the information available at the present time and the style and content of the strategic and commissioning plan it is recommended that there is not a need to undertake an early full review of the plan. Indeed, this in itself would be extremely difficult until such times as a revised strategic needs assessment that accounts for the impact of the pandemic is available and this is unlikely to be the case before at least the end of the current financial year (2020/21). Our ability to undertake meaningful engagement and co-production with individuals and communities is also likely to be significantly restricted, including by social distancing regulations, for the foreseeable future. It is recommended that the full review and revision of the strategic plan is undertaken as planned in line with statutory timescales, i.e. by 31<sup>st</sup> March 2022. Please see section 4.9 onwards for further details.
- 4.8 Instead, it is recommended that the IJB publishes a statement summarising the impact of the pandemic on their ability to deliver the strategic plan to the scale originally envisaged, including a focus on any specific actions where progress is likely to be significantly restricted or must now be replaced with an alternative approach / focus. This statement would act as a communication tool with stakeholders, including the public, but remain within the framework of the existing strategic and commissioning plan. The statement could also contain information about areas where deliver has been accelerated by the circumstances arising from the pandemic and any new actions that now require to be added. The overall focus of the statement being on pace and scale of delivery / impact rather than any fundamental change in priorities or areas of focus within these.

#### **Full review of the Strategic and Commissioning Plan**

- 4.9 The current strategic and commissioning plan is due to end on 31<sup>st</sup> March 2022. Under section 37 of the Public Bodies (Joint Working) (Scotland) Act 2014 the IJB must carry out a review of the effectiveness of its strategic plan prior to this date; this review must have regard to the views of the Strategic Planning Advisory Group and to the integration delivery principles and national health and wellbeing outcomes. Having completed the statutory review the IJB may decide to subsequently prepare a replacement strategic plan. No timescale is set in the legislation for the preparation of a replacement strategic plan, but given the expiry date of Dundee's current plan provision would have to be made to either extend the current plan or replace it by 31<sup>st</sup> March 2022.
- 4.10 A broad timeline is set out below to support the statutory review requirement, and to make allowance for the possibility of preparation of a replacement plan by the deadline date. The leadership and active contribution of the Strategic Planning Advisory Group and supporting Strategic Planning Groups will be critical to the implementation of this work; it will be necessary for each stage of this process to be a significant focus of the Strategic Planning Advisory Group agenda / work for the next 18 months.

#### Revision of strategic needs assessment (October 2020 - March 2021)

- Review of the Partnership's high level strategic needs assessment and supporting locality needs assessment. This will include taking account of any emerging evidence regarding the impact of the pandemic on the short, medium and long-term health and social care needs of the population. Detailed planning for this work has commenced. Some elements may overlap with the stakeholder engagement and consultation stage as the needs assessment reflects both quantitative and qualitative information.

#### Stakeholder engagement and consultation (April 2021 - September 2021)

- Significant planning will be required for this activity to take account of the need to develop effective remote / virtual means for consultation. Depending on public health guidance at the time there may be some scope for more traditional face-to-face consultation and engagement activities. This stage will involve interaction with people who use services, carers, communities and organisational stakeholders (local, regional and national).
- At the end of this stage there will be a need to analyse information and for the Strategic Planning Advisory Group to support the IJB to complete the formal statutory review of the current plan and make a final decisions regarding the need to replace the plan.

#### Preparation of replacement plan (as required) (October 2021 - March 2022)

- If the IJB concludes that a replacement plan is required this stage will focus on the production of that plan based on information generated in earlier stages. The preparation of a draft plan will be followed by further consultation and engagement activity prior to the plan being presented for approval.

4.11 As well as the main strategic and commissioning plan there will also be a need to consider the status of the companion documents to the plan as follows:

- Equality Outcomes and Equality Mainstreaming Framework – this is subject to separate statutory requirement (Equality Act 2010) of substantive review at least every 4 years. The IJB set equality outcomes in March 2019 for the period until 31<sup>st</sup> March 2022 to align to the strategic and commissioning plan cycle (with a mainstreaming progress report required under the same legislation in March 2021). Whilst the statutory review of the framework is not required for a further year, it is recommended that the mainstreaming framework and Equality Outcomes are revised by March 2022 to align to any revised strategic and commissioning plan. In addition to the benefits of aligning this with the strategic and commissioning plan this also gives the Partnership the opportunity to set equality outcomes that are able to take account of those due to be published by Dundee City Council and NHS Tayside in March 2021.
- Housing Contribution Statement – this was last updated in February 2020 following the agreement of Dundee's Local Housing Strategy at the end of 2019. The next Local Housing Strategy will be due to be produced in 5 years (2024), it is therefore anticipated that the current contribution statement can be refreshed (rather than fully revised) prior to March 2022 to align to any revised strategic and commissioning plan.
- Workforce and Organisational Development Strategy – the production of a revised Workforce and Organisational Development Strategy is a priority; the current strategy has not been revised since its creation in 2016. A full review and replacement will therefore be required to align to any revised strategic and commissioning plan.

- Market Facilitation Strategy - the production of a revised Market Facilitation Strategy is a priority; the current strategy has not been revised since its creation in 2017 and is due to expire in 2021. A full review and replacement will therefore be required prior to align to any revised strategic and commissioning plan.
- Participation and Engagement Strategy – this was last updated in December 2019, it is therefore anticipated that the current strategy can be refreshed (rather than fully revised) prior to March 2022 to align to any revised strategic and commissioning plan.

4.12 The programme of work required to review the strategic and commissioning plan and companion documents is significant; this is especially so given that the Partnership is likely to continue to face additional pressures related to the pandemic and restrictions on working methods for much of the next 18 months. It is therefore intended that a workplan that sets out leads for different areas and a more detailed timeline of activity is developed and agreed by the Strategic Planning Advisory Group as soon as possible.

### **Review of the Strategic Needs Assessment**

4.13 The Strategic Needs Assessment is a companion document of the Strategic and Commissioning Plan and was last fully refreshed in 2018. Since then available resources have been focused on the production of supporting locality needs assessments. The current version of the Strategic Needs Assessment can be viewed in the publications section of the Partnership's website ([https://www.dundeehscp.com/sites/default/files/publications/strategic\\_needs\\_assessment\\_version\\_2\\_final.pdf](https://www.dundeehscp.com/sites/default/files/publications/strategic_needs_assessment_version_2_final.pdf)). The locality profiles are also available in the publications section of the Partnership's website ([https://www.dundeehscp.com/publications/all?field\\_publication\\_type\\_tid%5B0%5D=20](https://www.dundeehscp.com/publications/all?field_publication_type_tid%5B0%5D=20)).

4.14 The 2018 refresh informed the revision of Dundee's Strategic and Commissioning Plan in 2019. There is now a need to prioritise the review of the current Strategic Needs Assessment to ensure that the needs of the population are fully assessed against the current strategic priorities and, alongside other sources of information, inform the statutory review of the Strategic and Commissioning Plan. The understanding gained from Strategic Needs Assessment is used to help make decisions about how to prioritise allocation of resources to meet the needs that have been identified. This requires an understanding of the health and wellbeing needs of the population in order to support improvement through health and care services and other initiatives including self-care. The Strategic Needs Assessment should also take into account wider health determinants such as deprivation, employment, housing and environment.

4.15 The development of the Strategic Needs Assessment involves three stages:

1. assessing the level of need for health and social care services;
2. describing the current pattern and level of supply of these services; and,
3. identifying the extent of the gap between need and supply.

Strategic Needs Assessment is one component of the larger process of Joint Strategic Commissioning. Information contained within the Strategic Needs Assessment will support later stages of the strategic commissioning cycle, including agreeing desired outcomes and linking investment to these.

4.16 The Strategy and Performance Team of the Health and Social Care Partnership will lead activity to revise the Strategic Needs Assessment by March 2021. This will include close joint working with relevant colleagues from Public Health Scotland, Dundee City Council and NHS Tayside in relation to the gathering and analysis of relevant data and information. In addition to providing Partnership level information, there will be a continued focus on locality and neighbourhood levels (where available), as well as benchmarking against Scotland and other Partnerships. Attention will also be given to the Integration Joint Board's statutory duties under the Equality Act 2010 and information will be included in relation to protected groups where this is available. The Strategic Planning Advisory Group will have a key role in overseeing and supporting this work on behalf of the Integration Joint Board.

4.17 Since the publication of the Strategic and Commissioning Plan 2019-22 and the 2018 refresh of the Strategic Needs Assessment the COVID-19 pandemic has created additional health and care needs of the population. An investigation of available intelligence will be completed and included in the Strategic Needs Assessment where appropriate and available. However, it should be noted that within the timescale set out for the review available information will likely focus on short-term impacts and will not reflect medium to long-term consequences of the pandemic and associated response on the local population.

**5.0 POLICY IMPLICATIONS**

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

**6.0 RISK ASSESSMENT**

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

**7.0 CONSULTATIONS**

7.1 The Chief Finance Officer, Head of Service – Health and Community Care, members of the Integrated Strategic Planning Group and the Clerk were 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.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	<b>x</b>
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

**9.0 BACKGROUND PAPERS**

9.1 None.

Vicky Irons  
Chief Officer

DATE: 2 November 2020

Kathryn Sharp  
Service Manager, Strategy and Performance

## Strategic Priority 1 – Health Inequalities

**\*Key**

	Significant adverse impact on scale, pace or nature of activity, significant risk that action will not be delivered as originally intended by March 2022.
	Adverse impact on delivery scale or pace, some risk that action will not be delivered as originally intended by March 2022.
	Positive impact or no impact from the pandemic on planned delivery.

25 actions have either been positively impacted by the pandemic context or there has been no effect on planned delivery, 30 actions have been adversely impacted to some extent and 9 have been significantly adversely impacted.

Action Point	Level of Risk to Delivery (Red / Amber / Green)*	Comments
1.1 Seeking opportunities to bring a range of assessment and treatment services closer to local communities.		Work is underway with NHS Tayside re development of Community based diagnostic and treatment hubs, with DHSCP support secondary care has established a community-based phlebotomy clinic. Roll out of Community Care and Treatment services has been delayed due to a shift in clinical priorities during the COVID period (e.g. supporting shielding patients). Plans are being developed to align urgent care services on a locality basis and to develop a single point of contact for these. In some areas COVID is proving to be a catalyst to shift services from secondary care to community.
1.2 Continuing to provide training and support across all sectors to reduce the stigma of poverty		The dedicated training post within the Health Inequalities Service remains vacant and is under review. This impacts on the service's ability to provide training as do the COVID restrictions that do not allow for delivery of face to face training. Focus has shifted to incorporation of materials into e-learning modules through work with national and local partners.

<p>1.3 Developing a city wide approach to social prescribing and enhancing the skills of GPs who use social prescribing approaches in their practice.</p>		<p>The Transforming Tayside programme which was earmarked potentially to help fund a scaled up social prescribing infrastructure across the region has been paused due to COVID. Locally, workforce development support is required to build skills for service providers more broadly to become social prescribers. The Health Inequalities Service has been able to provide some support to practice staff but does not have the capacity to support the workforce in all 24 practices in the city. A test of change working with one practice to upskill reception staff has been suspended due to COVID. In the interim, information on available support services has been compiled by the link worker team and made available to all practices.</p>
<p>1.4 Further developing the availability of health checks, including health checks for carers.</p>		<p>Arrangements established pre-COVID but operational delivery has been impacted by COVID restrictions.</p>
<p>1.5 Making better use of community resources such as community centres and community pharmacies to promote health and wellbeing, improve accessibility and tailor services to community need.</p>		<p>Community centres and many other local facilities have been closed for the duration of lockdown. Community centres have started to open with very limited programmes with a focus on promoting resilience and recovery and supporting people most affected by the pandemic to protect their health and wellbeing.</p>
<p>1.6 Continuing to embed gender-based responses to domestic abuse and other forms of violence against women, including the introduction of the Caledonian Programme and strengthening of the Safe and Together model and Multi-Agency Risk Assessment Case Conferencing.</p>		<p>A range of development work is progressing, including recent appointment of gendered services lead to work with mainstream services.</p>
<p>1.7 Changing the approach to employment support to increase employment particularly across marginalised groups.</p>		<p>Work is ongoing in Dundee but COVID will have significant impact on employment issues and potential increase in demand for support.</p>
<p>1.8 Developing the way in which we measure and report differences between service use and outcomes for people who experience health inequalities and in the general population of Dundee.</p>		<p>This has not progressed due to general capacity pressures within the Strategy and Performance Service. Planned for focus over the next 6 months prior to statutory mainstreaming progress report following some initial work in late 2019/early 2020.</p>

## Strategic Priority 2 – Early Intervention and Prevention

Action Point	Level of Risk to Delivery (Red / Amber / Green)*	Comments
<b>Asset building</b>		
2.1 Making sure people have opportunities to contribute to their families, their community and to the city.		Despite the physical distancing requirements associated with the pandemic it has necessitated / supported many people making a significantly enhanced contribution to their family, community and the city through enhanced provision of unpaid care and through volunteering. There are emerging concerns about the maintenance of this level of contribution over the medium to long-term.
2.2 Supporting individuals to maximise their financial situation through work, access to learning and access to the benefits they are entitled to.		Economic impact of the pandemic will be a significant risk to delivery but equally will necessitate an increased focus on this area of work.
2.3 Working collaboratively with Children and Families Service and Community Justice Services to support families to understand and build on their strengths.		This will be accelerated by the new flexible family support developments being led by Children and Families Service.
2.4 Building capacity within the third sector to identify and meet needs in our communities that support people to live full and healthy lives.		Pandemic has seen enhanced focus on provider support and sustainability. Third sector remain central to the Partnership's strategic commissioning activities. Ongoing focus on third sector sustainability will be required in the post-pandemic period.
2.5 Building on current engagement methods to identify community need and initiatives and further develop community capacity.		There are significant challenges to redesign engagement approaches due to physical distancing requirements arising from the pandemic. However, new approaches are being utilised and tested such as the range of surveys completed or underway to explore the impact of the pandemic on Dundee's e.g. Engage Dundee, Fairness Commission, Food Insecurity Network, Carers etc.

<b>Promote health and wellbeing</b>		
2.6 Working with community health networks to promote and support positive health changes.		Networks unable to meet due to physical distancing requirements but shift to electronic distribution of information and virtual meetings to be tested before end of 2020.
2.7 Engaging people around health and wellbeing, to increase self-care, and avoid longer term ill health through a range of models at an individual level and community level.		Outreach/ community routes to engaging with more vulnerable people have been compromised during the pandemic although our teams have used food distribution pints and hostels. Many community buildings and facilities have been closed and are likely to remain so. Face to face groups/ activities have not been possible.
2.8 Developing services and supports to reduce isolation and loneliness by connecting individuals to others and supporting positive mental and physical health.		The pandemic and associated social distancing requirements have contributed to higher levels of need associated with isolation and loneliness. However, these circumstances have also contributed to an enhanced focus on mental health and wellbeing services and supports, including delivery through remote means. Commissioned services have provided lots of online opportunities to ensure some sort of social/ supportive contact.
2.9 Developing approaches that support lifestyle changes to improve health and address our key priorities of tackling obesity, improving mental health and wellbeing and reducing reliance on substances.		The work of the Healthy weight Partnership has been paused during the pandemic with strategic activity due to resume in late 2020. Work to deliver the Alcohol and Drug Partnership's Action Plan for Change has continued, however the pace of delivery has been impacted and a full review of the current action plan is being completed for submission to the Dundee Partnership in early 2021. Work has also continued to develop strategic plans for mental health and wellbeing, with the Tayside wide action plan currently being consulted on.
<b>Service redesign</b>		
2.10 Developing community health resources within neighbourhoods in line with developments across primary care services.		As reflected in actions 1.1, 1.3 to 1.5 and 2.6 to 2.7 the pandemic has impacted on the planned progression of areas of work, however it has also

		provided opportunities for identifying new ways of working (including remote service delivery).
2.11 Developing community rehabilitation and enablement approaches which integrate pathways and further develop access to services by communities.		Significant progress made pre-pandemic but focus has now changed within ongoing programme of redesign to take into account COVID rehabilitation needs.
2.12 Expanding the Enhanced Community Support Multidisciplinary Team for each G.P. cluster in line with Reshaping Non Acute Care Programme, to ensure individuals receive the appropriate health support at the right time.		Complete
2.13 Testing a mental health Patient Assessment Liaison and Management Service (PALMS) to support access to mental health specialists within a GP setting.		The PALMS model is now operational across half of the city, covering 2 GP cluster areas. Challenges have been experienced securing appropriate staffing to support continued expansion.
2.14 Supporting health and social care employees to be part of the wider social prescribing workforce by identifying community resources and signposting/supporting individuals to access these resources.		Pandemic has accelerated work to establish web-based directory of available services. This was promoted widely and is being updated regularly. The resource includes self-help and online resources.
2.15 Ensuring care pathways, including in GP practices, are person focused not condition focused.		A range of pathways are being delivered across health and social care services. This work has continued during the pandemic.
2.16 Redesigning chronic pain pathways, including developing quality prescribing for chronic pain.		Pain pathways have been agreed. Work is ongoing to support these, including a number of prescribing incentive schemes within general practices.
2.17 Redesigning sexual and reproductive health service delivery.		Progress has been significantly impacted by the deployment of the workforce from this service to the Community Testing Team and to support critical testing activity during the pandemic.
2.18 Commissioning services with Children and Families Service, particularly in relation to substance misuse, mental health, obesity and parenting support.		This has been limited but not specifically related to impact of the pandemic.
2.19 Working collaboratively with neighbourhood services, third sector and key partners to deliver joint approaches to preventing homelessness.		During the course of the pandemic there was an increase in homeless applications and the need for temporary accommodation. Statutory and contracted providers, voluntary agencies are working together to support people affected by homelessness, by addressing their holistic needs.

<p>2.20 Working with our public protection partners to re-design how we respond in an integrated way to concerns about people at risk.</p>		<p>Some delays to testing of new models of practice have arisen from the pandemic. All workstreams are now beginning to progress once again and it is anticipated that unless there are further periods of extended lockdown that key actions can be completed by March 2022.</p>
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### Strategic Priority 3 – Locality Working and Engaging with Communities

Action Point	Level of Risk to Delivery (Red / Amber / Green)*	Comments
<b>Realigning service delivery to community need</b>		
3.1 Continue to realign our services to the four service delivery areas in order to ensure people can access services where they are needed most. This also means increasing the level and range of services delivered in local communities, in line with the Tayside Primary Care Improvement Plan.		Pre-pandemic work had progressed to review the locality delivery model and where appropriate operational services have been realigned to the four service delivery areas. However, it has also been identified that for some services an interim step of moving to an East / West alignment is better suited to delivery safe and effective services. Further progress has been limited during the pandemic period, however learning has been gained through service redesign within the pandemic response regarding the most appropriate future alignment of services.
3.2 Work with Children and Families Service to align our services to similar service delivery areas.		Very limited progress but this is not due to pandemic impact.
3.3 Further develop our carers locality support model to enable implementation across all localities of Dundee.		Significant progress had been made pre-pandemic.
3.4 Work with commissioned and third sector services to realign service delivery to community need.		Engagement with commissioned and third sector partners has continued throughout the pandemic albeit in a more virtual way. Despite the challenges the creative and flexible approaches to providing essential support has allowed these crucial services to be maintained either in totality or in a reduced or alternative format. As remobilisation discussions continue, it is planned to capture the impact of the pandemic, the learning, what worked and what should be implemented and/or changed going forward.

3.5 Develop a property strategy for the Partnership, in collaboration with NHS Tayside and Dundee City Council, that supports the realignment of services.		The pandemic has had a significant impact on property issues, including availability of office accommodation and acceleration of building closure programme within Dundee City Council.
<b>Maintaining community engagement</b>		
3.6 Continue to be involved in the development and delivery of Local Community Plans, making sure that communication initiatives resonate across all care groups, young and old.		The Health and Social Care Partnership and Public Health are key partners in the current Engage Dundee survey which will help to refresh the local community plans and identify key local actions.
3.7 Share data with communities to enable citizens to continue to inform the Partnership on what success should like from a citizen perspective.		This has been impacted by both capacity issues within the strategy and performance team and also now by physical distancing requirements meaning that a new approach to deliver will have to be developed.
3.8 Refresh the Partnership's Participation and Engagement Strategy to ensure an integrated approach with wider Community Planning Partners, particularly Community Learning and Development.		Framework was agreed in 2019. Further work will be required to produce complimentary toolkit that was agreed by the Integration Joint Board.

#### Strategic Priority 4 – Models of Support, Pathways of Care

Action Point	Level of Risk to Delivery (Red / Amber / Green)*	Comments
<b>Cross-cutting</b>		
4.1 Sustain and continue to review training, learning and development programmes for our workforce, to embed person centred practice.		Both capacity for and methods of delivery of learning and development have been directly impacted by the pandemic and associated physical distancing requirements. Focus will shift to meeting minimum requirements, developing safe models of delivery, shared approaches across Tayside and digital and remote learning.
4.2 Simplify our processes and systems to make access to care and support easier.		<p>A single point of success is to be tested to Urgent Community Care Services – linking to the development of Community Assessment Centres and the future development of flow navigation hubs. This has been escalated due to the pandemic.</p> <p>A programme of work is being implemented to streamline assessments documents and processes and ensure a consistency of approach and alignment with the Self Directed Support (Scotland) Act 2013. A four stage process is being developed: triage assessment, personal outcome assessment, personal outcome plan and review. The draft process is currently being quality assured and relevant workflows, policies, procedures and public information will subsequently be reviewed.</p>
4.3 Further develop systems and processes to ensure standards of quality and safety and best outcomes for individuals are achieved in the provision of services.		Clinical, care and professional governance activities have continued during the pandemic period. The Tayside wide Getting it Right for Everyone Group has continued to meet and

		progress workplans, with representation and contribution from the Partnership. Improvements have been implemented in relation to strengthening the Clinical Care and Professional Governance Forum and the interface and onward reporting to NHS Tayside clinical, care and professional governance groups. The infrastructure for Primary Governance Groups within the Partnership has been developed and is in the early stages of implementation.
4.4 Invest further in the workforce to develop integrated roles, improve quality and increase capacity.		Significant progress had been made pre-pandemic in relation to establishing an integrated operational management structure and integrated operational teams across some service areas. The pandemic has accelerated the identification of further opportunities for progressing integrated roles and re-design of some supports and services as part of the pandemic response has also allowed testing of new models of integrated working.
4.5 Commission internal and external services on a locality basis.		Locality commissioning continues to be progressed as required.
4.6 Increase the balance of care towards care at home services over the period of the plan.		This has been accelerated by the pandemic response.
4.7 Ensure that service developments are co-produced with people accessing the services and carers, addressing the needs and outcomes of both carers and the person they care for.		This remains a core commitment but will require adjustment of approaches to reflect physical distancing requirements. Range of pressures on people using services and their carers may mean they do not wish to prioritise contribution to co-production at this time.
<b>Service specific</b>		
4.8 Primary Care Transformation and Improvement Plan – modernise primary care services, with a specific focus on general practice and the introduction of the new GP contract and the development of a multidisciplinary approach to primary care.		The Primary Care Improvement Plan is a key part of improving services to people, and the development of wider teams is a core part of that, so that people are supported to receive care from the professional with the right skills to do so. Some aspects of the plan were behind pre-COVID and have been delayed further, including urgent care and pharmacotherapy. Other areas, such as

		<p>First Contact Physio, were rolled out more quickly to provide support to practice teams to focus on other care during the pandemic period. The plan will not be fully in place for March 2021.</p> <p>Recruitment and premises availability were both impacting pre-pandemic and continue to be pressures due to the pandemic context. The deployment of staff undertake priority tasks during the pandemic has further impacted on progress with implementation.</p>
<p>4.9 Community Health Services – review the model of health interventions in the community to develop locality models that include Health and Community Care Centres, community-based clinics; integrated community health and care roles and a modernised community nursing service.</p>		<p>As reflected in actions 1.1, 1.3 to 1.5, 2.6 to 2.7, 2.10 to 2.12 and 2.14 the pandemic has impacted on the planned progression of areas of work, however it has also provided opportunities for identifying new ways of working (including remote service delivery).</p> <p>Pre-pandemic work had progressed to implement the requirements of the national review of community nursing, including applying the national workforce/workloads tool. The pandemic has delayed further progress as the community nursing workforce has focused on responding to additional demands arising from the pandemic.</p>
<p>4.10 Community Independent Living Services - remodel services to deliver an integrated model which supports early intervention, active and independent living and improved outcomes for people accessing the services and their carers.</p>		<p>Remodelling underway but pace slowed due to significant increase (approximately 30%) across community rehab referrals relating to earlier discharge from hospital and reduction in MFE hospital beds. There has also been significant unintended consequences of lockdown on deconditioning/ frailty in elderly.</p>
<p>4.11 Care at Home Services – remodel the in-house service to ensure it is person centred, efficient and responsive to the increasing needs of people accessing the service and their carers.</p>		<p>Work had been progressed in the pre-pandemic to support initial discussions regarding future models for delivery, however have not been progressed further in the pandemic period. Discussion with staff side representative / trade unions are planned to recommence before the end of 2020.</p>
<p>4.12 Substance Misuse – redesign integrated services for adults who use substances</p>		<p>The impact of the pandemic on implementation of</p>

<p>to improve access to recovery orientated treatment services and supports to improve outcomes for people and their families. Implement actions to support the prevention of drug related deaths, taking into account the findings of the Dundee Drug Commission.</p>		<p>the Drug Death Action Plan for Change is currently being fully assessed by the Alcohol and Drug Partnership and reported to the Dundee Partnership. Long-term strategic redesign of services has been delayed by the need to focus on critical service delivery, however this has resulted in some innovative practice that will inform future developments.</p>
<p>4.13 Mental Health and Wellbeing – remodel community services by developing early intervention services and crisis care models, including services delivered from GP practice and ‘peer navigation’ services within acute hospital and accident and emergency settings.</p>		<p>Increased availability of services and supports has been achieved through digital working. Peer Navigators are now fully established within the emergency Department at Ninewells. A range of support worker posts have been introduced within voluntary sector and are planned for introduction with the Mental Health Officer Team (delayed from initial timescale). The Distress Brief Interventions model is being introduced and is anticipated to be fully operational by February 2021.</p>
<p>4.14 Homelessness and Complex Needs – implement a lead professional model and undertake a redesign of temporary accommodation and rapid rehousing to improve access and coordination of support and outcomes for people who have a complex needs.</p>		<p>This has not been fully implemented on a consistent basis across the partnership, however examples of good practice by specific workers / services continue.</p>
<p>4.15 Sexual and Reproductive Health - redesign sexual health and reproductive services to maximise efficiency and a focus on outcomes while maintaining access to adults and young people with specialist sexual and reproductive health needs.</p>		<p>Progress has been significantly impacted by the deployment of the workforce from this service to the Community Testing Team and to support critical testing activity during the pandemic.</p>
<p>4.16 Learning Disability – increase the provision of community health supports and opportunities for adults with a learning disability and/ or autism to receive more personalised support in leisure, recreational and social activities, including in the evening and at weekends.</p>		<p>During the pandemic support for people and carers has in the main been limited to online and outside activities, as well as support within people’s homes. There have been challenges progressing service and strategic planning due to the impact of the pandemic and technological limitations.</p>
<p>4.17 Carers – implement the Carers Strategic Plan and through this increase the identification and support to carers.</p>		<p>Implementation of the existing plan has continued however there have been delays to its revision due to the pandemic conditions. It is recognised that a full refresh is required due to the significant impact of the pandemic on the health and care</p>

		needs of carers,
4.18 Palliative Care – remodel specialist services and develop pathways with people accessing services and their carers, to enable more people to live at home when they want to do so.		The pandemic response has accelerated work to remodel and enhance community-based palliative care links and strengthen links between the community and acute sectors. Additional investment has been made by the Unscheduled Care Board to further enhance integrated working between the acute sector and specialist services.
4.19 Transitions – work with Children and Families Service and other partners to enhance arrangements for transitions between child and adult services, including within public protection services.		Transitions Group has been established but progression of work has been delayed by the pandemic. Currently considering participation in a national pilot programme that would include additional improvement support capacity.
4.20 Protecting People – actively lead and contribute to the implementation of the Transforming Public Protection Programme.		Some delays to testing of new models of practice have arisen from the pandemic. All workstreams are now beginning to progress once again and it is anticipated that unless there are further periods of extended lockdown that key actions can be completed by March 2022.
4.21 Suicide Prevention – develop a plan that reflects the national priorities and reduces the number of suicides within the city.		Draft plan has been developed and is currently being revised in light of pandemic impact.
4.22 Community Justice – work with the Scottish Prison Service and other partners to support the planning and delivery of the Women’s Custody Unit and enhance transitions from custody and resettlement for both male and female prisoners.		Work is ongoing. Although the pandemic may ultimately impact on the final delivery / opening date for the Community Custody Unit (due to delays in construction activity) the HSCP contribution to planning will continue.



### Other actions contained within the plan

Action Point	Level of Risk to Delivery (RAG)	Comments
<b>Information Technology</b>		
5.1 The implementation of modern, secure, compatible, email systems.		Both NHS Tayside and Dundee City Council now working with Outlook mail systems.
5.2 The introduction of secure interfaces between recording systems to allow for streamlined systems, improved access to information and reduced duplication of data entry.		Secure interfaces are operational with several systems. However, a key area for development is the interface between NHS and Social care recording systems. This will be developed once the suitable NHS system has been chosen. Delays not directly related to COVID-19 pandemic.
5.3 Supporting our workforce with technology for mobile and flexible working.		The pandemic has necessitated an enhanced focus on this issue and in many ways has accelerated the move to remote working (both home working and remote means of service delivery). However, this has also exposed a range of risks regarding the availability and finance of suitable IT equipment.
<b>Property</b>		
5.4 Rationalising our centralised office based property through better use of flexible working arrangements and information technology. This will include supporting Dundee City Council and NHS Tayside to deliver their property rationalisation plans and managing the property implications of our Reshaping Non-Acute Care Programme.		The pandemic has necessitated an enhanced focus on this issue and in many ways has accelerated the move to remote working (both home working and remote means of service delivery). However, this has also exposed a range of risks regarding the availability and finance of suitable IT equipment and other supports for remote working.
5.5 Shifting the balance of service delivery from large centralised, office based accommodation to localised, shared accommodation. This will include considering how we move towards a property estate that supports co-location of general practice with other health and social care professionals in order to improve integrated care.		The pandemic has had a significant impact on the availability of office accommodation, including closure of a range of properties utilised by the partnership or changes to patterns of use. Due to the urgent need to respond this activity has not

		always been supported by a planned strategic approach. There will be a need to fundamentally reassess the availability of property post pandemic and to reconsider our strategic approach, both internally to the Partnership and with the corporate bodies.
5.6 Developing a range of accommodation for individuals with health and social care needs. Priorities within this include taking account of those people transitioning from young adult services to adult services, those people currently placed out-with the city in specialist services, and those people currently or likely to stay in hospital unless individually designed accommodation and support is available.		There has continued to be positive progress in terms of the Housing Contribution Statement and commitments within the Strategic Housing Investment Plan. In recent years the number of units (houses) introduced for the provision of Care at Home / Housing Support has exceeded the target set for particular needs housing. This is however offset to some extent by delays in building developments due to the pandemic.

Potential new actions required:

- Strategic Priority 2
  - Develop approaches and supports that respond directly to the anticipated impact that COVID-19 will have in the short, medium and longer term to the HSCP workforce, and that will be required to sustain optimum service delivery with a healthy workforce.
  - Further development of the Safe Zone Bus provision building on progress made during pandemic response.