APPENDIX 1

COVID-19 Re-Mobilisation: Next Phase of Health and Social Care Response (2021/22)

1. INTRODUCTION

This report sets out the Perth and Kinross Health and Social Care Partnership (PKHSCP) 2021/22 Remobilisation Plan, as requested by the Scottish Government. It describes how PKHSCP is responding to Covid-19's impact across health and social care and how it will further remobilise services in light of Scottish Government guidance. This is a dynamic situation and the shape and scale of our plans will be kept under constant review to ensure the best outcomes for people.

Given the step up in emergency response required in December following the emergence of a more transmissible strain of COVID 19 and a steep rise in infection rates, many of the activities set out in the Phase 2 Remobilisation Plan (August 2020 – March 2021) were unable to be fully advanced. This has been fully acknowledged by the Scottish Government and their request for a one-year 2021/22 Remobilisation Plan asks for an update and further iteration following of the Phase 2 Plan (August 2020 - March 2021) and not the development of a new Plan.

Further guidance in relation to 2021/22 priorities for remobilisation have been set out by the Scottish Government as follows:-

- Supporting staff wellbeing, and embedding sustainability into the workforce;
- Living with COVID (assuming greatest impact until at least July 2021 and to include vaccinations, supporting Care Homes and Adult Social Care more generally);
- Delivering Essential Services (including expanding role of primary/community based care, and embedding whole system approach to Mental Health & Wellbeing);
- Addressing inequalities
- Embedding innovation;
- Demonstrating value for money and affordability

The deadline for submission of PKHSCP's 2021/22 Remobilisation Plan to NHS Tayside by 12th February 2021 for consolidation ahead of submission to the Scottish Government by 28th February 2021 has precluded consideration of the PKHSCP 2021/22 Remobilisation Plan by Perth and Kinross IJB Members. It is the intention to submit as draft thereby enabling it to be brought forward to the April IJB Meeting for endorsement.

2 APPROACH

The PKHSCP 2021/22 Remobilisation Plan sets out many of the planned activities set out in the Phase 2 Remobilisation Plan. However portfolio leads within PKHSCP have given close consideration to the further service developments that are required building on the experience of the last 6 months and in light of the refreshed Scottish Government priorities, reflecting that the challenges from Covid-19 and the necessary response will continue throughout 2021

The Plan is consistent with the Scottish Government Re-mobilise, Recover, Re-design Framework

Our plans are contingent on certain assumptions on Covid-19 infection levels and that plans may have to change locally or nationally depending on developments. To that end the planning process to March 2022 will be an iterative process, and acknowledging that we remain on an emergency footing.

The plan remains draft and between March and April we will be engaging with IJB Members in order that they can consider the proposals in the context of the IJB's Strategic Commissioning Plan aims and objectives.

3. PRINCIPLES

At the heart of our planning are the following key principles:

- the necessity of enabling more people to have more of their care in a person centred manner, at home or in the community;
- ensuring quality and safety in all that we do;
- engaging and communicating with all key stakeholders
- embedding innovation, digital approaches and further integration;
- ensuring the health and social care support system is focused on reducing health inequalities.

These principles are fully aligned to PKIJB's 2020-2025 Strategic Commissioning Plan.

4. REMOBILISATION AND RECOVERY 2021/22 PRIORITIES WORKFORCE:

WELLBEING, RESILIENCE AND DEVELOPMENT

Our staff are our greatest asset and the hard work, dedication and flexibility that has been demonstrated over the last 12 months cannot be overstated. During our early pandemic response, with our key focus on maintaining support to the most essential services, staff responded unequivocally and at pace with many being deployed to unfamiliar settings where their skills were used to the greatest benefit of patients and service users. The need to continue to respond to pandemic pressures has continued and is dynamic in nature. This can be seen with attention having turned to the delivery of the COVID-19 mass vaccination programme and the expansion of testing. The continued requirement to support this critical programme as well as flex and respond to other varying pressures for example, responding to outbreaks, providing support to Care Homes and Care at Home, and the anticipated pressures of Long COVID on staff and patients is likely to continue throughout 2021/22.

To ensure that we are well placed to continue to meet the complex challenges faced we will continue our work to produce our 3 Year Workforce Development Plan in line with the Scottish Government deadline of 31st March 2022.

This strategy will set out the nature of our current services and the workforce that delivers them. It will consider the projections in respect to population growth, changes in service demand as well as new models which are being developed and implemented. Bearing this in mind the strategy will help us to understand the needs of our workforce for the future, including training and development of existing staff and the creative workforce solutions required to current and emerging recruitment challenges.

To support our workforce and ensure their resilience is maintained PKHSCP will work with NHS Tayside and Perth and Kinross Council to develop a Wellbeing Plan which will underpin our Workforce Plan. This will build on the considerable work done in collaboration with statutory partners throughout the pandemic to support our staff. Our wellbeing plan will include the identification of service-based wellbeing champions and identify the necessary resources to support the physical, mental health and wellbeing of our staff. This will help us to promote appropriate rest and recuperation so that they are well placed to continue to undertake their duties effectively. This plan will also consider the application of attendance at work policies with compassion, particularly in respect to those experiencing symptoms of Long COVID.

Further to this we recognise that the pandemic has impacted on waiting times for planned care services and we will seek to identify the necessary resources to support reductions in waiting times to the extent that this is possible. Similarly recognising the need to better understand the nature of emerging health and social inequalities as a consequence of the pandemic we will investigate where these exist and identify how we will reduce their impact.

INFECTION CONTROL AND SAFER WORKING

We are working hard to ensure that we continue to deliver our services in an environment which is safe and protects our staff and service users from infection, which is all the more important given the continuing impact of Covid-19.
We have taken measures to ensure that staff can continue to work safely, the people who use our services are protected from the risk of infections and that we can ensure that our environments are within infection prevention and control guidance and standards.

We established a Perth & Kinross HSCP Infection, Prevention and Control Committee (IPCC), which continues to ensure local compliance with national standards on Healthcare Associated Infection Prevention and Control and the implementation of the Infection Prevention and Control Annual Work Plan across the HSCP. This Committee is not COVID-19 specific and considers and seeks assurances on data related to Infection, Prevention and Control in its widest sense and national hand hygiene measures monitored through this group. The Committee maintains and provides assurance against infection prevention and control priorities within their defined area of responsibility.

Infection prevention and control in Care Homes has been a major focus for the Partnership over this period. We established a PKHSCP Care Home Clinical Oversight Group (inclusive of Partnership, Health Protection, Scottish Care and the

Care Inspectorate representatives) who continue to meet daily and who facilitate decision making to support the care homes and coordination of most appropriate support teams.

In collaboration with NHS Tayside we will be undertaking care assurance visits to all 43 care homes in the Perth and Kinross area. Care homes will be supported to ensure that they can meet any improvement actions identified.

Infection Control and Safer Working in relation to healthcare within HMP Perth will also form a focus of attention for PKHSCP as we move forward in 2021/22. As part of this focus we will work the Scottish Prison Service to ensure that equitable measures are in place for the prison population and staff in relation to Covid vaccinations, as would be in the community.

COVID-19 has brought a focus on ensuring that risk assessments relating to infection, prevention and control and health and safety are completed within work environments for our staff. This has concluded that, in our work environments, safe physical distancing can be adhered to, that PPE is appropriately utilised and that buildings are therefore appropriate to allow safe working to continue. For all HSCP Teams there is now an up to date risk assessment in place. Staff who are working from home have also been requested to undertake a Display Screen Equipment assessment to ensure that they can continue to work safely.

The HSCP will work with our partners to ensure a smooth rollout of lateral flow asymptomatic testing for our entire patient facing staff population, including in our commissioned services. This will contribute to the wellbeing and safety of our working environments.

SAFE DELIVERY OF SOCIAL CARE

Care Homes

Covid 19 has had an enormous impact on the Care Home sector; it has caused a range of complex issues for homes and meant that they have been under sustained and considerable levels of stress. Covid 19 is highly contagious and as such has meant staff on the whole have had to rapidly upskill and continue to adapt to changing policy and instruction both locally and nationally.

The experience of the last 11 months as led us to further enhance the support we routinely provide to Care Home by creating an Enhanced Care Home Support Team. This will seek to move away from traditional reactive models of care delivery towards proactive care that is centred on the needs of individual residents, their families and care home staff. Such care can only be achieved through a whole-system, collaborative approach. This team will be dedicated to Care Homes and whist we navigate our way through this pandemic will respond with urgency to outbreaks within the sector, longer term they will contribute to wider strategic improvement within older people services, they will be a point of contact and represent a pivotal role in the improvements required in relation to flow and overall management of older people’s health and wellbeing within Perth and Kinross.

Care at Home

A review of Care at Home is currently being undertaken and is addressing how we can better deliver services and what we can do to ensure the focus is on the impact of the support and care provided to a person, allowing the service users to focus on goals and priorities within their life and what they would want to achieve, an outcome-focused and asset-based approach.

We will work with people in local communities to develop this new approach to providing care at home which is about improving lives, working creatively with communities and other interested groups to understand needs, shaping responses and meeting aspirations for what care and support in local communities could look like.

The new model and delivery of care will be crucial to supplement the wraparound support provided to unpaid carers, alleviating pressure and avoiding crisis situations.

Recognising that Care at Home provision in the rural localities is more difficult to resource, we are looking at how best to build an approach on community assets that will work in tandem with Care at Home providers in these localities. The review aims to ensure service provision is equitable in all areas of Perth and Kinross with all SDS options being available in all localities. We are keen to relinquish some of the control we hold and allow providers to ‘own’ the hours allocated and use these in response to the changing need or desires of individuals receiving a service. We want to address the risk that time and task interventions. Therefore, we will be working with providers to promote skills within their workforce, to enable them to work in a more community-led way, to ask them to make contact with other local resources, to ensure they make contact with local community groups, or lunch clubs or third sector/charitable organisations that can further enhance/support the individual’s life.

Day Services

Our Learning Disabilities and Older People registered day services had to step down on the 20th of March 2020 due Covid-19. Initially we were able to provide minimal outreach during this time to those who were most in need of this. We maintained contact by carrying out weekly telephone calls to check in with individuals / parents / carers / guardians whilst lockdown continued. As it became clear that it was not yet safe to re- open a building-based service, we moved towards an enhanced outreach model which is in place now.

We have been providing a new, virtual service since May. We now have over 30 individuals on the register for this service and we run on average 17 sessions per week. The virtual service consists of various activities such as meditation, quizzes, crosswords, journeys around the world, baking at home.

Instead of moving forward with our plans to re-open the building based services in October, we moved into an enhanced outreach model due to the Covid alert level being raised to 4 and cases increasing rapidly across Scotland.

The enhanced outreach meant most individuals are receiving 1 or 2 sessions per week, but this is assessed on an individual basis in terms of risk stratification. By utilising this approach, we have been able to provide a service to more individuals, than if we had been building based given the restrictions on capacity and enhanced cleaning regimes.

Looking forward we hope to reintroduce building-based services later this year. This will be dependent on current local restrictions being eased. This is across three Learning Disability and two Older People services.

The development of a Day Care/Day Opportunities Forum has also been beneficial to internal and external services. This has supported joint working, shared practice, and has been effective in ensuring that all Covid, Health & Safety, and Legal Guidance is adhered to by internal and commissioned services.

Our approach continues to be in line with Scottish Government guidance that has been in place throughout the pandemic.

Third Sector Sustainability and Collaboration

Our partners within the Third Sector have continued to provide a range of essential support services. We have supported some of these through individual contacts and Provider Forums which have been ongoing throughout the pandemic. Providers have been flexible and adaptable, adopting new ways of working, embracing digital solutions where possible although there remain some areas where no alternatives are available. Providers have risk assessed and prioritised those most in need, ensuring that the most vulnerable people are getting the support they require.

Over the course of the pandemic and in line with Scottish Government guidance we have made payments to third sector providers to offset the additional and extraordinary cost of Covid-19 and ensure ongoing financial sustainability. It is anticipated that such costs will be incurred at least into the first quarter of 2021/22.

In response to the pandemic, PKHSCP services have had to radically change their delivery model and to ensure we prioritise those most in need and this would have been impossible without our Third Sector partners.

It is vital that we work with providers as partners to shape the market, particularly now as we transition out of a context where Covid 19 was prevalent and driving the decision making around service delivery. As part of the annual review process for providers, we will reflect on the year past and consider what their delivery model will look like for the next year and into the future, working with them to consider possible decommissioning or redesign of services.

In order for us to function in a truly integrated way within the HSCP we need to make full use of all available resources to improve the wellbeing of people who use health and social care services, we need to promote partnership working at all levels whether it is:

- Local place-based/community collaborations
- Local and national organisations working together around a theme
- Third sector organisations working with the public or private sector

To facilitate the above we have merged the Provider forum and Supported Living forum to create the Third Sector Strategic Commissioning Group, the intention is to further expand this group by inviting the Third Sector forum membership involved along with our local Third Sector Interface.

HOSPITAL AND COMMUNITY CARE

Across Hospital and Community Care we are working to ensure that person-centred care and early intervention and prevention are at the heart of our service delivery and any further developments.

AHP services have developed a detailed Remobilisation Plan based on the national Recovery and Rehabilitation Framework. The Plan details the specific contributions AHP services will make to remobilisation in Primary Care, Secondary Care, Community Care, Care Homes and dementia support, as well as the digital and workforce infrastructure required to support this contribution.

Our Locality Integrated Care Service (LInCS) which consists of Nursing, AHPs, Older People's Mental Health, Social Care and Third Sector support provides increased alternatives to hospital admission and early discharge. As the service continues to embed we recognise that further enhancements to this service will be required. To ensure a robust 24/7 approach we will develop the model to cater for overnight support via District Nursing to support deteriorating patients and will introduce Social Care to support discharge of patients with complex needs.

Additional enhancement within the LInCS model are planned in respect to the development of Clinical, Rehabilitation and Frailty pathways as well as the educational framework required to support this. This work is closely linked to the redesign of Urgent Care, our planned review of our Frailty model and the scoping of the potential for a "Hospital at Home" model of care.

Recognising that patients' rehabilitation journeys may be different, as we learn more about the effect of the pandemic, we have commenced a review of our Allied Health Professional services (inpatients and community) taking cognisance of individual Professional Bodies, COVID19 Rehab Standards and guidance, alongside the Scottish Government "Framework for Supporting People through Recovery and Rehabilitation during and after the Covid-19 Pandemic". These all indicate that AHPs and traditional rehabilitation approaches need to adapt in delivery and approach, timeframes, intensity and also preparedness for what physical impacts may present in the coming months ahead.

We have further strengthened community services by creating a Specialist Community Respiratory Service. This new service will continue in its development and effectiveness by linking directly to via our LInCs model to other services and professionals to provide management, education and self-management skills to patients with chronic respiratory conditions in their own homes.

Prior to the COVID-19 pandemic our Medicine for the Elderly (MFE) consultants, alongside a multi-disciplinary team, provided outpatient clinics from a central Day Hospital in PRI. We are now exploring how best to implement a community-based model that provides comprehensive assessment within a patient's own home, facilitated by Near Me technology during a home visit by, for example, an Advanced Nurse Practitioner.

Following assessment, patients could be referred onto the LInCs Service for ongoing support and care. This will reduce the need for the patients to travel, reduce the footfall into hospital and reduce the number of emergency admissions.

We are continuing to implement an Integrated Discharge Hub across Perth and Kinross to manage increasingly complex discharges in addition to the impacts of the pandemic and create robust links with HART and the quality monitoring of care at home. The implementation of the Hub will ensure equity of service provision across all inpatient areas in Perth and Kinross and maintain capacity and flow across the whole system.

We will continue to progress our review of inpatient rehabilitation beds to ensure that the delivery of intermediate and rehabilitation care complements the significant increases in support for patients in their own home and within communities.

Our plans will continue to be informed by clinical prioritisation of services, following national and local guidance and policy frameworks including those relating to safe distancing, Test and Protect and PPE to safeguard patients and staff alike. The overall goal with all developments is to improve outcomes by ensuring that people see the right professional in the right setting at the right time, thus reducing the need for unplanned admissions and supporting people to receive care in their own home where possible.

We will work with NHS Tayside colleagues in respect of the Implementation of the new Stroke rehab model within PRI.

We continue to focus our performance in relation to the National and Ministerial Strategic Group Indicators, and in particular maintaining reduced levels of delayed discharges and unscheduled care admissions to hospital and long term care.

PRIMARY CARE

Primary Care continues to respond to significant demands that the COVID-19 pandemic presents. Of particular importance and focus currently is the COVID-19 vaccination programme which is being supported across Perth and Kinross by GPs, Health and Social Care staff, colleagues from statutory partners, as well as volunteers. As we consider future service delivery and our plans for 2021/22

sustaining this programme, and future winter flu vaccinations programmes, in the longer term will be of primary importance and hence a key focus across our Primary Care services.

In respect to our Primary Care Improvement Plan, all work streams continue to be progressed and we will consolidate each of the services to ensure their sustainability and to maximise their benefit to patients. In particular, further work is planned for the integration of Primary and Secondary Care treatment rooms as part of the Community Care and Treatment Service for chronic disease monitoring/management as well as the possible expansion of the delivery of wider services, these may include: AHP services beyond “first contact physiotherapy” for example: podiatry, vascular, dietetics, IBS and Mental Health Occupational Therapy. With reference to First Contact Physiotherapy, to establish this model more extensively in ALL GP practices would require further investment as demand is exceeding capacity within the current model.

In recognition of the critical role that GPs play as expert medical generalists in the delivery of holistic primary care services we will develop a primary care resilience team that will bolster the HSPC workforce to respond to issues which may impact on the sustainability of General Practices. This new team, as well as Primary Care and General Practice more generally, will be further supported by the production of our primary care premises sustainability strategy for Perth and Kinross and will add resilience to our Quality, Safety and Efficiency in Prescribing Programme. This will help us better understand where we need to work with NHS Tayside to develop the premises infrastructure to better enable patients to access the right services in the right location.

The pandemic has challenged all services to respond in ways that may not have previously been envisaged. This has presented shared learning opportunities and using the existing GP cluster arrangements which are in place we will seek to improve information sharing and GP engagement across clusters. This work will focus on supporting Clinical Quality Leads and wider Localities to lead to improved practice across Multi-disciplinary Teams and Community based services.

Further focussing on improved practice, we will conduct a test of change which will see community-based Advanced Nurse Practitioners respond as first points of contact for Care Home based requests for visits. This will reduce to a large extent the need for multiple GPs, often from a varied number of practices, visiting the same care home within quick succession, or simultaneously, as can be the case currently.

As the pandemic continues and patients recover from illness, the effects of Long COVID are starting to be seen. As learning continues around the complex and varied symptoms of this emerging condition further plans to help manage and treat the condition will require to be developed. This work will capitalise on existing rehabilitation services, our review of AHP services, GP cluster arrangements and wider community-based services such as LInCS. This will be complemented by planned improvements in the approach taken to Chronic Disease Management across Primary and Secondary Care Pathways, including patient self management. This work may take into scope new learning is relation to developing and investing in the Tayside CARES service more locally, investing further in AHP roles in Chronic

Pain service/ Post Traumatic Stress Disorder (PTSD) in relation to the impact of Covid experience and the delivery of low level psychological supports delivered by AHPs, for example cCBT.

We will develop new models of collaborative working e.g. working with Liveactive leisure partners, to promote a rehabilitation and recovery approach.

We will Support Podiatry to provide timely identification, intervention and escalation of vascular and cardiovascular problems (reflecting the close correlation of peripheral arterial disease and cardiovascular incidence)

URGENT CARE

Urgent Care is defined by the need to provide services for illnesses and injuries which require immediate attention and treatment but are not a threat to life and limb. The Scottish Government's redesign of Urgent Care is progressing across Tayside with the launch of our "Flow Navigation Centre" to assist, via NHS 24, with navigating patients to the most appropriate service delivered locally. This new approach creates a focus on ensuring that patients are able to access "the Right Care in the Right Place at the Right Time".

Locally, in-line with Scottish Government direction we are developing our Urgent Care pathway, which defines how patients can best access service within Perth and Kinross. This work builds on the work of our Locality Integrated Care Service, our community based Advanced Nurse Practitioners and our MIUs (Minor Injury Units).

With particular reference to our MIUs (delivered via Pitlochry, Blairgowrie and Crieff Community Hospital sites) it has been historically challenging to maintain the desired service coverage due to workforce shortages, including difficulties in recruiting and replacing the specialist skilled staff that operate these Units. During the pandemic, these staff have been essential in providing support to other critical service areas.

Considering the implications of the redesign of Urgent Care, the development of our Care and Treatment Services and the difficulties experienced in maintaining our existing MIUs, we will bring forward further plans to develop our future model for Minor Injury Services.

MENTAL HEALTH AND WELLBEING

Mental health and wellbeing remains a priority area for PKHSCP as we continue to respond to the pandemic. Additional funding was provided to a wide range of statutory and third sector providers to enhance service provision. A move to alternative digital service provision led to an increased provision and uptake of Computerised Cognitive Behavioural Therapies (cCBT); this is now being rolled out widely. In collaboration with Dundee University we delivered suicide prevention webinars to people within the public and voluntary sectors, including community groups and organisations. We continue to consider ways to enhance suicide awareness and prevention.

We have been working with other agencies to consider the establishment of a Mental Health and Wellbeing Hub. This community resource would focus on all aspects of health and well-being. We had hoped that this would have been operational by now, however the provider has not been able to secure the necessary funding. We are working with them to consider how the project can be progressed over the coming year.

In collaboration with colleagues across Tayside, we are developing a redesigned Crisis Service. This would include the implementation of a Distress Brief Intervention Service allowing individuals to access crisis services quickly. This would be locally based, enabling individuals to rapidly access crisis support services within a localised setting as they need them.

PKHSCP continue to provide significant input into a number of pathway redesigns being led by NHS Tayside. This includes Learning Disability Pathway, Emotionally Unstable Personality Disorder Pathway and Inpatient service redesign.

A further priority will be the recruitment of a Mental Health link GP to develop strong links between GP's across Perth & Kinross and all available Mental Health Services. This post will be a key contributor to the exploration of a Single Point of contact for access to mental health services across Perth & Kinross to reduce the number of referrals required and make service more accessible.

The challenges being faced in continuing to provide services, particularly in different ways given the ongoing and changing COVID restrictions, has led us to enhance our programme management capacity in the short term. The additional resource will take forward several initiatives including the consideration of supports for Long COVID across Mental Health, Learning Disabilities and Substance Misuse.

We will take forward several programmes of work across services areas in collaboration with colleagues in Health, Education and Children's Services, ADP and Communities. This will include work to reduce the stigma and discrimination towards mental health, substance misuse problems and suicide awareness; explore wider environmental and social impacts; encourage people to respect mental health issues, talk to each other and to seek support from a young age.

OLDER PEOPLES MENTAL HEALTH

The Older People Mental Health In-patient wards in Murray Royal Hospital have remained COVID free since April 2020. This has been achieved through methodical use of PPE, routine surveillance testing for patients over 70 and the implementation of Asymptomatic testing for staff where there has been excellent compliance.

The Older Peoples Mental Health Teams have supported in-patient services throughout the waves of the pandemic and have worked closely with other health and social care colleagues through the HSCP's LInCs model to provide an enhanced, integrated and co- ordinated approach for not only people with a physical health need but also for people with dementia and cognitive impairment and their carers in their own home and community. We will look to strengthen this approach in line with commitment 6 of the Dementia and Covid 19 Action plan.

Commitment 10 of the Dementia and Covid 19 Action Plan supports addressing digital exclusion for people with dementia and their carers. We have supported local staff to become Digital Champions to provide assistance to service users and carers to tackle the ability to support consultation and healthcare delivery as well as also to tackling isolation and loneliness that the pandemic has exacerbated. We hope to be able to provide increased virtual visiting when connectivity supports this and to re-introduce face to face visiting in line with government guidance.

Older Peoples Mental Health In-patient areas were supported by remobilisation to increase their staffing compliment to support Covid related events in the wards, such as one to one support on admission whilst awaiting negative confirmation of Covid testing to ensure that meaningful activity could be undertaken and reduce stress and distress caused by the isolation period. It is anticipated that this increased staffing will continue in 2021/22

The In-patient area has significant challenges in delayed discharge given patients' complex health and care needs. There is significant challenge around capacity across the Tayside POA In-patient estate and through remobilisation PKHSCP have supported with a 6 month Band 6 Transition Nurse post to work alongside the in-patient, care homes and care home liaison teams across Perth and Kinross and this has successfully supported patients with complex care needs to be offered a placement a more homely setting. It is anticipated that this increased staffing will continue in 2021/22.

PKHSCP is currently developing its Action Plan in response to the Dementia and Covid- 19 – National Action Plan to Continue to Support Recovery for People with Dementia and their Carers.

A review of the Care Home Liaison function of the community mental health teams is being undertaken, working with all disciplines to enhance support to care homes and in accordance with Commitment 14 of the Dementia and Covid 19 Action Plan.

We are working with partners in Tayside to review the future needs of patients in the in- patient setting to identify not only the need for IPCU access for older people but the future plan for the delivery of Specialist Dementia In-patient facilities.

In the inpatient area we robustly utilise the COVID-19 Dementia Anticipatory Care Plan and are working to improve its uptake and use in the community teams and settings. Commitment 18 in the Dementia and Covid 19 Action Plan will support the use of this by implementing a group to help people living with dementia and their carers.

The delivery of Post Diagnostic Support in localities is a priority for community teams and Commitments 4 and 5 of the Dementia and Covid 19 Action Plan outlines a national commitment to support access to this service but also to support Primary Care and health and wider services to increase the referral to this service. The partnership will look to support this through review and redesign to ensure consistency and high quality of delivery.

A short life working group has commenced in Tayside supported by the Life Changes Trust to offer a conference to promote dementia enabled communities, involving HSCP's, the third sector, community groups, local business, NHS Tayside and people with dementia and their carers to reduce social isolation and loneliness and strengthen resilience. This will be offered in April 2021 and support Commitment 11 of the Dementia and Covid 19 Action Plan.

DRUG AND ALCOHOL SERVICES

The Scottish Government along with Drink Wise Age Well have been developing support specifically for people who are over the age of 50, one of the groups identified as being of concern. We are supporting the campaign signposting to the support and help that is available to people both locally and nationally. This includes the We Are With You dedicated support number, online support and survey tools to help people assess their alcohol consumption. We have also been actively promoting the Dry January app, which has seen an increase of 2.6 million people across Britain taking part this year.

Other groups are now being highlighted for significant increases in alcohol intake such as people working from home during the current lockdown restrictions. We will be giving further consideration to how to support these groups.

In order to ensure that people have access to the services they need at the time that they need them; we will continue to implement the Recovery Orientated System of Care, develop a non-fatal overdose pathway and enhance the medical prescribing provision.

Alongside these service enhancements we will further promote the use of Technology Enhanced Care where appropriate and also review and redesign the adverse events procedure to ensure that learning points are taken on board wherever possible.

On 5th February 2021, the Scottish Government announced £55m additional funding to reduce Drug Deaths in Scotland. For 2020/21, £3m has being allocated to ADP's based on the number of drug deaths in each local authority area. The Perth & Kinross ADP share of this initial funding allocation is £67k and plans are already being developed in line with national priorities:-

- fast and appropriate access to treatment;
- access to residential rehabilitation;
- increased capacity of front-line, often third sector, organisations;
- a more joined-up approach providing proactive support following a non-fatal overdose; and
- overcoming the barriers to introducing overdose prevention facilities.

Further plans will be developed when the Scottish Government's future year funding commitments are announced.

WORKING WITH COMMUNITIES

During the next 6 months we will broaden and diversify the Strategic Planning Group membership to enable it to deliver on the Health and Social Care priorities for Communities. To ensure the robust delivery of these priorities and ownership by the community, we will develop a new communications and engagement plan for all stakeholders that will support us, amongst other things but in the first instance, to initiate outcome focussed community led activities. This will enable us to build resilience within our communities and enable our people to stay safely at home or in homely settings for longer before they enter statutory services. The initial key priority will be the roll out during 2021 of a consistent and holistic approach to co-ordinating volunteering to support our activities within all communities in managing and living with COVID

DIGITAL INNOVATION

The Digital Agenda continues to mature with the full governance and reporting structure now in place and with alignment to Tayside Digital Transformation Partnership.

Our work during 2020/21 to enable service users to have access to customer facing digital solutions continues to roll out the use of Near me, Just Checking, Florence, and Brain in hand amongst other digital solutions to our patients and service users.

Collaboration with NHS Tayside has just commenced on the roll out of the essential NHST COVID-19 Remote Health Monitoring where we will be able to monitor the oxygen levels and progress of patients and service users at home and intervene early when their symptoms deteriorate.

Ensuring our workforce is equipped with the digital tools they need is critical to build the resilience into our workforce. Developing a digital skills and learning programme for the workforce will create greater resilience when faced with challenging environments and will enable us to develop the new digital pathways throughout the next 12 months.

CARER SUPPORT

Covid has impacted significantly on unpaid carers, in many cases exacerbating their feelings of isolation and vulnerability. Many services that were available such as day services and opportunities, respite and complementary therapies have stopped due to the Covid restrictions. Other alternative supports, such as the telephone befriending service where calls are made regularly to carers to help them cope have been found to be beneficial for people and have been extended.

A Carer Sitting Service was established as a response to Covid for those facing crisis in their caring role. A small team of re-tasked staff provided support to carers and the people they cared for, for a 6-week period complementing the support that commissioned services provided. This was a reactive approach however the model is being used as the springboard for a volunteer-based carers' befriending scheme, making use of the groundswell of community support experienced as a result of the pandemic.

It is essential that carers are involved in the development of all strategies across the partnership and it is our intention to empower and develop carers to be actively involved and ensure that their voice is heard.

Hospital Discharge is one of the critical areas that impacts on carers. We will ensure that carers participate in the review of the process to enable them to be involved in discharge planning. There is already dedicated resource that supports carers through this process however this could be improved so we will work with carers and the Strategy Group to review the available resources and consider whether further resources is required.

We will also continue to creatively support young carers to achieve their life potential by helping them to reduce the attainment gap and support them to access normal life experiences.

In July 2021 further regulations of the Carers Act will come into effect around caring for people with terminal illness; these are around the identification of urgent outcomes and needs for support, the timescales to identify these and also timescales around support planning. We will review and update the processes we have in place to ensure that we are fully compliant with these new requirements.

COMPLEX CARE/COMMUNITY LIVING CHARGE FUND

The transformation programme for Complex Care is in its early stages, having been approved in February 2020. There are several workstreams covering areas such as Transitions, Independent Living, Behavioural Support, TEC etc. The changes in service models are anticipated to drive significant efficiency as well as transform people's lives.

For the purposes of this programme, the term 'complex needs' is used to refer to people with a learning disability and/or autism and/or mental health issues and/or a physical disability who also have one or more of the following:

- Severe challenging behaviour (it is noted that this may include behaviour which is not severe in itself but becomes severe due to its high frequency)
- Forensic support needs
- Profound and multiple disabilities
- Needs that require community-based packages of care that cost more than the amount of a standard Care Home placement
- Needs that require 1-1 support in addition to the core support offered by a Care Home

Whilst work is progressing in most of the areas, Covid has impacted progress in areas such as the development of the Core and Cluster model with building work unfortunately being delayed. It is anticipated that these will not be available for use until 2021/22.

Services such as day care and respite have also been impacted; digital solutions have been put in place as an alternative with day care being provided virtually as well as exercise classes. We intend to review and redesign both day services and respite facilities over the coming year.

We will develop a specialist multidisciplinary team, SCOPE, to support people who have Autism and/or a Learning Disability and complex needs aged 14 years and over. This will help ensure people receive appropriate support at the right time and reduce reliance on acute services, large packages of social care and institutional care.

The Positive Behavioural Support (PBS) approach is being reviewed as part of the Tayside Mental Health and Wellbeing Strategy, however it is available within Perth & Kinross, but resources are finite and there can be issues accessing it at the right time. Funding has been obtained for consultation to develop and provide appropriate PBS training for staff in Perth & Kinross.

We intend to enable people to be more independent by enhancing the use of Technology Enabled Care (TEC) for an Overnight Responder Service for people who have previously received overnight support, usually on a 1-1 basis. This service will be transitioned in and only once risk assessments have been completed and the level of risk deemed to be acceptable.

In collaboration with Health and Education & Children's Service colleagues we will review the Transitions process for young people moving into adulthood. A 'Transitions Flat' is being developed which will provide accommodation for two young people at a time where they will receive intensive support from carers and SCOPE to maximise their independence before moving to tenancies of their own.

On 5th February 2021, the Scottish Government announced £20m funding for IJB's for a Community Living Change Fund. This is to be held for a period of up to three years to deliver a redesign of services for people with complex needs including intellectual disabilities and autism, or who have enduring mental health problems. This includes the discharge of those that have encountered lengthy hospital stays or who might have been placed outside of Scotland and who could now more appropriately be supported closer to home. It will be vital that going forward, assessment and treatment beds are used only for that purpose and that people do not endure long, unnecessary stays in hospital. This will require disinvestment in institutional care as more individuals with complex needs are supported in the community. The utilisation of PKHSCP's share (£0.5m) will be carefully considered in the context of existing and further plans in respect of Complex Care.

HOSTED SERVICES

Public Dental Services

Public Dental Services (PDS) continue to support emergency and urgent care for unregistered patients with emergency sessions operating on a daily basis including weekends. We have also resumed services to the same level as in primary care dentistry in HMP Perth and Castle Huntly but have elected not to reopen student

outreach until clinical teaching resumes in the Dental Hospital. Dentists and Dental Care Professionals have signed up to be Covid vaccinators and are currently working on days off and out of hours across Tayside.

For 2021-22 we will:

- Progress the return of outreach but with fewer students and a reduced throughput because of the constraints on supervising Aerosol Generating Procedures.
- We will improve General Anaesthetic access and therefore ensure waiting lists and backlog is reduced.
- Collaborate with NHS Tayside and Estates Department to improve physical infrastructure in relation to ventilation issues across Tayside Dental premises to reduce fallow time and allow more treatments to take place.

Podiatry

Since the start of the COVID 19 period, the Tayside Podiatry service has continued to provide urgent and critical care to those people with foot wounds or acute pain and at risk of tissue breakdown. This has helped ensure delivery of timely care and support to those most at need. For all other foot problems, the Podiatry service increased the availability of telephone and video consultations to provide foot health information and advice, to enable people to manage their own foot health as far as possible.

In the first COVID 19 wave many of the podiatry team were redeployed to community nursing services across Tayside, making best use of transferable skills to support all types of wound care and also learning new skills including palliative care and venepuncture.

Members of staff assisted in the flu vaccination programme and are now supporting the COVID-19 vaccination roll out. Whilst podiatry care continues to be delivered, the service remains vigilant to assist community nursing again should the need arise.

The impact of COVID 19 prevented Tayside Podiatry from accessing care homes and people in their own homes unless they required essential wound care. In recognition of the need to minimise the risk of unintended harm, the Podiatry service has been delivering fortnightly foot health education webinars to which all care homes and multi- agency carers in Tayside are invited.

In recognition of the role of the podiatrist in alternative approaches to hospital admission and early discharge, Podiatry will support hospital based nursing teams in their provision of wound management and other foot problems arising from deconditioning.

The pandemic has meant that some people have been impacted by a delay in access to interventions by Podiatry Services following their General Practitioner diagnosis. A key priority moving forward will be to provide support to these individuals and to ensure that they have access to appropriate treatment.

In 2021-22 we will also restore collaboration with third sector organisations to support their progress in providing personal foot care in line with government guidelines. We will also provide further governance for safe practice when these local community services are ready to re-open.

Prison Healthcare

Prison Healthcare has been delivering services as near to normal as possible during the pandemic. All teams have implemented telephone consultations where appropriate but face to face consultations are also carried out with the appropriate PPE worn. Both telephone and Near Me consultations have been utilised for outpatient appointments. It is likely that these will continue once the pandemic has subsided. Further, innovative ways to increase the number of telephone consultations are being tested.

For 2021/22 we will:

- Further develop ANP roles for physiotherapy and OT.
- Review/Redesign clinical psychology services as appropriate.
- Explore alternative models of GP cover
- Develop multi disciplinary / multi agency Person of Concern daily.
- Roll out telephone appointment line/telephone consultations
- Explore potential for multi disciplinary mental health meetings with Scottish Prison Service (SPS).
- Review medicines administration across HMP Perth in partnership with SPS.
- Recruitment of Clinical Pharmacist to support Pain Association Scotland pain management classes.
- Work with partners to develop the healthcare model for the female Community Custody Unit currently under construction in Dundee, due for completion in spring 2022.

PUBLIC PROTECTION / ADULT SUPPORT & PROTECTION

A number of actions are being taken to strengthen Public Protection and Adult Support & Protection as we move forward in 2021-22.

An integrated tiered accreditation programme is being developed which will ensure relevant staff remain appropriately qualified. We will also be developing integrated online training.

The appointment of an independent Chair for Protection and Mental Health case conferences is proposed. This will enable independent communication with Adults and Carers about their concerns and experiences of the process and will contribute to reducing inequalities.

A Perth & Kinross Protecting People meeting has also been established to provide a multi-agency approach to protecting people, to facilitate quicker and more efficient outcomes for people and to allow practitioners to present and discuss complex cases which can impact on the community.

We are seeking to increase opportunities for Third Sector involvement in Public Protection. The benefits of this will be potential increased engagement with more vulnerable people who may not currently be involved with statutory partners.

Consideration is being given to how best respond to the significant increase of Vulnerable Person Reports (VPRs) being received during the pandemic. A lot of these VPRs relate to Mental Health or Substance Use issues and do not necessarily meet the criteria for Adult Support and Prevention. However, many are concerning and could lead to crisis admissions to hospital or as an Adult Support and Protection issue. Therefore early intervention is crucial.

5. LIVING WITH COVID

The National Framework for Supporting People through Recovery and Rehabilitation (2020) recognises the potential need for a prolonged period of recovery that encompasses mental health, wellbeing and physical rehabilitation as a result of COVID-19.

It acknowledges the challenges for those recovering from the virus as well as the impact of delay or service delivery changes for people with long-term health conditions across all ages, the frail, children and young people, the elderly and carers.

Across the PKHSCP Care Pathways we have considered the essential service development now necessary to support those living with the health and care implications of Covid-19 and the impacts of wider service delay. We will:

- Consider the support required in relation to for Long Covid across Mental Health, Learning Disabilities and Substance Misuse Services.
- Collaborate with providers to consider how to support people who are experiencing prolonged symptoms of COVID and how this will complement the statutory care and support that they receive.
- Across GP Practices and Primary Care establish a plan for managing patients reporting symptoms of Long COVID. This will include the use of existing rehabilitation services.
- The priority for Allied Health Professions (AHPs) is to ensure that anyone who requires diagnosis, assessment, rehabilitation, or support for recovery will have timely access to the right information and services in the right place to enable a return to functional independence, employment, education and leisure activities over the coming months, and years. We will deliver a review of AHP Services (Inpatients and Community) to facilitate adaptation in delivery and approach, timeframes, intensity and preparedness for physical impacts which may present.
- Many of our plans across hospital and community services will support those living with COVID. All of the work of this portfolio will have to consider the manner in which services need to respond to cater for complex condition management including Long COVID.
- As part of our wellbeing plan we will consider the support required by staff members who are experiencing Long COVID.

6. INEQUALITIES

To reduce health inequalities across Perth & Kinross we must do all we can to ensure that our urban and rural communities are not disadvantaged by age, access to services, rurality, mobility, and deprivation.

It is clear that many groups have been disproportionately affected by Covid-19 and its impact on communities. We are committed to develop a targeted approach to those groups that have been affected to ensure they have information and access to appropriate support, care and treatment. Unemployment and economic factors will have a significant impact on many people across Perth and Kinross:-

- Disability Groups – reduced social care providers such as day care and respite, people have new or increased caring responsibilities, disabled people were more likely to struggle to access to food and medicine, Social distancing and isolation were extremely challenging and disabled people with and without pre-existing mental health conditions are finding everyday life under lock-down extremely stressful.
- Gender – issues such as home schooling, types of frontline roles; jobs affected; economic impact; home working; domestic abuse have all affected particular gender groups.
- Minority Ethnic communities - have been disproportionately impacted in certain job sectors where there is a higher prevalence of migrant workers.
- Age – issues such as social isolation, lack of access to groups/schools/activities, not seeing friendship groups have impacted people more significantly at either end of the age spectrum.

We will work with community planning partners to ensure that a human rights-based approach is developed. Immediate action is needed to provide the necessary leadership and investment within the HSCP to coordinate a response that ensures that we prioritise the work that has been undertaken with communities and promotes equalities to promote health and wellbeing for all in Perth and Kinross.

Further we consider that delivering on this requires development of an Integrated Resource Framework (IRF). The IRF data comprises of the costed activity of each individual and exists at a postcode level. The costed activity measures the effort and resources we expended in supporting a patient and or service user at the individual level and comprises of both their consumption of Health Service as well as their consumption of Social Care Services. By comparing how individuals consume our services across different SIMD levels, age groups, and geographies enables us to understand who is over-consuming our resources and who is under-consuming our resources.
Understanding that will enable us to target our efforts at those who most need it and allow us to make strategic investment and disinvestment decisions.

7. STAKEHOLDER ENGAGEMENT/JOINT WORKING

As we move through the Re-mobilisation phase of our COVID-19 recovery it is important that we continue to engage broadly with stakeholders so that we can learn from what has worked well and what needs to be further developed.

The development of this draft plan has been done in partnership with staff, professional leads, and partner bodies. Further engagement will now take place with wider stakeholders through strategy groups. It is critical that we work collaboratively with carers, service users and those with lived experience as we seek to understand the longer term sustained change required to services in a Covid new normal.

8. PATIENT/SERVICE USER EXPERIENCE

In seeking to understand patient and service user experience we have historically gathered feedback from patient's and service users at service level and have supplemented the output of this process with outputs of the biennial national Health and Care Experience survey and our annual survey of Adult Social Care. Much of this activity has necessarily been halted throughout the COVID-19 pandemic as resources have been refocused on delivering core essential services.

As we consider our further remobilisation we are progressing work to produce a systemic Health and Social Care partnership approach to patient and service user experience which is linked strongly to our strategic objectives, national care standards and the National Health and Wellbeing Outcomes. This approach will help us gather information from patients and services users in respect to their experience across Health and Social Care pathways rather than at individual service level and taken together with appropriate performance measures will create a more comprehensive basis on which to measure performance.

9. IMPLEMENTATION PLANS

A detailed Annual Delivery Plan in respect of the 2021/22 Remobilisation Plan is attached at Appendix 2

10. 2021/22 FINANCIAL IMPLICATIONS OF COVID-19 REMOBILISATION

2020/21 HSCP COVID-19 LMP Financial Forecasts regularly submitted to the Scottish Government reflected a range of financial implications. Emergency costs have been incurred across a number of areas such as PPE, supporting independent sector providers and funding General Practices to be open on public holidays. Additional costs have been incurred in adapting services such as Out of Hours and in continuing to keep delayed discharges to a minimum. Some costs such as that of additional staff overtime have been partially contained by the wide redeployment of overall staff resources.

Additional support for Mental Health has also lead to increased costs. PKHSCP worked well towards containing costs where possible through, for example, redeploying staff and capacity as required responding to COVID-19.

However the level of expenditure incurred over and above that planned for in the PKHSCP approve 2020/21 Budget has been significant. Overall Covid Costs including slippage on undelivered savings are estimated to reach £8.8m by the year end. These costs have been covered in full by additional funding provided by the Scottish Government.

Looking ahead to 2021/22, it is difficult to forecast COVID costs with certainty. However a first draft estimate has been undertaken. This is based on a detailed review of costs incurred in 2020/21, consideration of the further service change recently agreed in response to the second surge in infection including increased support to Care Homes.

The following key assumptions have been made:

- Continuation of Provider Sustainability Funding (50% of 2020 projected cost)
- Continued loss of income for chargeable services until July 2021
- Equivalent PPE costs to that incurred in 2020/21
- Continuation of commissioned Mental Health support at similar level to 2020/21
- Additional FHS payments (50% of costs incurred for 2020/21)
- Continued Enhanced Support to Care Homes for 12 months
- Additional Staff costs, management support capacity and IT at proportion of level experienced in 2020/21

Further discussion will take place with Service Leads in March to understand additional cost implications of the further local and Scottish Government priorities for 2021/22 outlined in this draft plan. However this will be an iterative process throughout the year.

All HSCP's have been asked to make a 2021/22 Financial Plan Submission to the Scottish Government by the 26th February 2021 and this will include the initial estimate of additional COVID expenditure for 2021/22. This initial estimate is included in the Draft 2021/22 Financial Plan and associated 2021/22 Budget being considered by the IJB in March 2021.

The Scottish Government 2021/22 Budget Announcement sets out £869m earmarked funding for COVID expenditure across NHS Boards and HSCP's. The allocation of this across NHS Boards and HSPC's will be agreed after submission and review of all 2021/22 Remobilisation Plans. The Scottish Government have indicated that further funding is anticipated in relation to COVID costs when the UK Government makes its Budget Announcement in March 2020.

11. ASSESSMENT OF RISK & PLANS FOR MITIGATION

PKHSCP's operational risks are held by our statutory partners. However the risks which may impact on the delivery of the IJB's Strategic Objectives and the controls in place to mitigate those risks are held by PKHSCP and considered by the Perth & Kinross IJB's Audit and Performance Committee on a quarterly basis.

The implications of ongoing COVID-19 Response on delivery of Strategic Objectives have been considered and are included in the Strategic Risk Register. The IJB Strategic Risk Register is a cornerstone of effective governance and the Audit and Performance Committee has a key role in escalating to the IJB, areas of concern in relation to delivery of strategic objectives.

PKHSCP continue to identify and implement key improvements to the control environment and these will be captured in an overall Strategic Risk Improvement Plan moving forward to enable the IJBs Audit and Performance Committee to have effective oversight of progress.

12. MEASURING PERFORMANCE

Over and above monitoring of our 22021/22 Remobilisation Implementation Plan (Appendix 2) and regular reporting thereon both internally, to the IJB and to the Scottish Government as part of our standard quarterly performance reporting, we will continue to measure performance against our strategic ambitions through our quarterly performance reporting against the Health and Social Care National Indicators and those which relate to Ministerial Steering Group. These core indicators form the foundation of our performance framework and we have built on these to better understand relative performance within our Localities as well as across Perth and Kinross as a whole.

13. LONG TERM PLANNING

The Draft 2021/22 Remobilisation Plan has been developed with Service Teams who continue to face unprecedented operational demands. This 2021/22 Remobilisation Plan is therefore a 1-Year Draft Plan at this stage. There are many uncertainties around the challenges that we may continue to face in delivering safe services in the months ahead.

The plans set out will be reviewed and updated on an iterative basis to take into account ongoing reality of Covid -19 response as well as further guidance which may be issued by the Scottish Government.

We must hope and anticipate that operational demands will reduce in the months ahead and we will develop a planning road map for consideration of the longer term sustained change required and the implications for investment and disinvestment in the longer term. Engaging widely with stakeholders including carers, service users and those with lived experience will be vital.

The IJB Strategic Planning Group and the IJB itself will have a key role in overseeing the development of longer term plans to ensure strong fit with the aims and ambitions set out in the 2020-2025 Strategic Commissioning Plan.

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