| PERTH & KINROSS HEALTH & SOCIAL CARE PARTNERSHIP REMOBILISATION PLAN |
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| PRIORITY | OBJECTIVE | 1. Working together with Communities | 2. Prevention and Early ntervention | 3. Person-centred health, care and support | Reducing Inequalities and unequal health outcomes and p promoting healthy living4 | 5. Making best use of available facilities, people and other resources | UPDATE SEPT 2020 |
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| <u>Mental Health &</u> <u>Wellbeing</u> | We are implementing plans to extend community mental health services including establishment of a Mental Health Community Hub, increasing PC Mental Health Nursing Teams and introduction of a DBI intervention approach. | √ | ~ | ₩ 0 | ~ | | In addition to progressing the recruitment of additional Community Mental Health nurses, we have successfully commissioned additional third sector support to enhance community mental health service provision. In parallel we are accelerating the specification for commissioning a Community Mental Health Hub. We continue to work with our Tayside partners to implement the Distress Behavioural Intervention Model. |
| <u>Communities</u> | We have seen how social cohesion reduces the negative impacts of COVID-19, and we will build on community strengths, e.g. volunteering, neighbourhood support and peer support to deliver an integrated, flexible model of service delivery with a focus on enabling supportive and inclusive communities. | ✓ | 1 | 4 | * | 1 | We are working Community Planning Partners to improve the health and well being of communities and in doing to promote equalities. We are progressing this work via five Locality based Stronger Communities Teams which provided support to community groups and organisations during the pandemic. The PKC Volunteer scheme provided 1000 volunteers to undertake supportive work across our communities. This included supporting our service users with, for example, deliveries of food and prescriptions. The success of the collaborative approach has now led to the retention of a number of volunteers which we are now deploy to support carers, people returning from hospital and upcoming Flu vaccinations programme. We continue to support work being taken forward within the Community Planning Partnership to produce a range of volunteer support mechanisms. This extends to assist Service Users and Carer Organisations to share their experiences of the pandemic. |
| Whole System Capacity and Flow | In order to ensure sufficient capacity to respond to winter pressures and a potential second wave of COVID19, we will continue to focus on maintaining reduced levels of delayed discharges and unscheduled care admissions to hospital and long term care. We recognise the necessity of enabling more people to have more of their care at home or in the community whilst also ensuring quality and safety in all that we do. | ✓ | ~ | ~ | ~ | | We are working with statutory partners to enhance the capacity of our model for delivering unscheduled care services; the "PRI Front Door Model". This will see, where appropriate, a rapid turnaround of patients to locality settings where their health and care needs will be assessed by a Multi-disciplinary Team. This works in tandem with our approach to discharge planning which considers the whole system with dedicated Medical, Nursing, Allied Health Professional and Social Care support. Nonetheless, recognising the unique pressures of COVID-19, combined with those associated with winter, we have planned for the creation of additional bed capacity within PRI. |
| | We will continue to implement our Primary Care Improvement Plan and in doing so will meet the requirements of the new General Medical Services Contract for General Practice. The challenges of the COVID-19 pandemic sharply focussed attention on those most in need of urgent and ongoing support and the success of this approach and the new ways of working adopted across General Practice, and more broadly in Primary Care, creates opportunities to now refocus on delivering against the aspirations of our PCIP. In particular to ensure that patients see the right health care professional at the right time in the right setting. | ~ | | * | | | Primary Care remains in a state of preparedness for any resurgence of Covid 19. We are working with GP Cluster Leads continuously to establish protocols for the safe restarting of services which were suspended during the early phase of our pandemic response. We are continuing to work with all GP Practices across Perth and Kinross to implement our Primary Care Improvement Plan. In-line with both our response to the COVID-19 pandemic and with the PCIP, our key focus is currently on the Flu vaccinations programme which will see approximately 60,000 Flu vaccinations delivered in partnership with General Practice. We have also continued to broaden the availability of our First Contact Physiotherapy Service which provides specialist physiotherapy services to patients via their GP practice. Work to increase this further to support all GP clusters in Perth and Kinross will be taken forward over the coming months. Our Community Link Workers now provide support to every GP practice and we will refine the model of service delivery to ensure sustainability in this regard. In developing our COVID response and continuing to implement our Primary Care Improvement Programme we are ensuring that patients see the seen by the most appropriate person at the most appropriate time to achieve the best possible clinical outcomes. |
| and Safer | We will protect employees and service users which will allow a safe, effective and efficient remobilisation of services to take place. We will ensure that the operational requirements are in place as they relate to workforce, buildings, work location, health and safety , wellbeing and equipment. We will link with both partner bodies to provide mutual reassurance that policies are being supported. | | | | | 4 | We worked with partner bodies to implement Safer Working, and Physical Distancing guidance for services and staff. This included full risk assessment of our working environments and of every member of staff to ensure safe working. |
| | The pandemic has highlighted how much we relied on traditional methods of service delivery and client contact. This approach was not safely possible during the pandemic so digital opportunities for service provision were taken when possible. To build on this and for future proofing we will, in partnership, seek to optimise and embed our use of technology to deliver more services more efficiently and effectively. The use of Technology Enabled Care (TEC) will be assessed against our population needs to ensure this is fully mainstream and an integral part of our service delivery and service resilience moving forward. | V | | <u> </u> | * | ¥ | We have now formed PKHSCP TEC/Digital Board and TEC Steering Group. Supported by a dedicated TEC Programme Manager we have a strong infrastructure in place now to successfully implement new ways of working based on the experiences learned during the COVID- 19 pandemic. Our prioritised work plan will reflect; the learning from our workforce during the pandemic; the feedback from the Digital Maturity survey carried out last year; and the result of analysis of our current but limited use of Technology Enabled Care. To ensure alignment with other digital strategies across Tayside, several members of the HSCP TEC/Digital Board are also members of the new Tayside Digital Transformation Partnership hosted by NHS Tayside. |

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| Third Sector | During the COVID19 pandemic the Third Sector have worked flexibly and continued to provide a range of essential support services. They will continue to play an essential role as we move further out of lockdown by working with our communities helping them recover from impact of the pandemic. We will therefore ensure that the Third Sector is appropriately involved in strategic planning, service development and service delivery across all client groups and care pathways. We will provide support to the Third Sector to assist them to offer appropriate alternatives where services have had no option but to cease. | * | ~ | * | | | We have engaged regularly with all Commissioned Third and Independent sector organisations throughout the Covid 19 pandemic and are now work within them to look at effective methods of delivery, based on the presenting needs of each locality. Day centres are currently in the process of re-opening and we are being creative in finding alternatives, recognising the increased pressure on carers. We will ensure the entire Third Sector are represented and integral to how we forward plan by implementing our Third Sector Strategic Commissioning Group, this will be independently chaired and ensure 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. We have continued to support providers via the Social Care Sustainability Payment scheme and are mindful that as we transition beyond the pandemic that we must continue to ensure the social care sector remains sustainable. |
| <u>Alcohol Services</u> <u>and Support</u> | We will address the concerns regarding evidence of increased levels of alcohol consumption and the subsequent harm during the pandemic and that public habits may have changed during this period. Substance misuse services will continue to effectively operate and should be easily accessible. | | | ¥ | * | | In August, through the Perth and Kinross Alcohol and Drug Partnership, we carried out a public information campaign in conjunction with key partners including NHS Tayside, Police Scotland and a range of Third Sector organisations. This focussed on the dangers of drinking excessively and how to seek help if people are concerned about their drinking or about someone they know. Our statutory substance use services have recently resumed routine visits so face to face support is now available not just for those in crisis. This is targeted at those that cannot be supported virtually. We also continue to work with Third Sector substance use services to provide coordinated support to people across Perth and Kinross including multi-agency assessment clinics and triage. For people who have been affected by the pandemic we are providing additional support, for example with assistance to collect prescriptions for those self-isolating. |
| <u>Workforce</u> <u>Resilience and</u> <u>Development</u> | The resilience, mental health and wellbeing of our workforce will be maintained through and beyond the pandemic by putting in place action plans following staff consultation to understand better the issues and concerns. This work will be directly supported by out statutory partners and will include signposting to existing services and developing new resources when required. The learning and development needs of our staff will be examined through the design of an integrated learning and practice development team. | ¥ | ¥ | ~ | | ¥ | Plans are now in place to continue to support staff to retain new skills and experience acquired during Covid response in order to maintain the flexibility and adaptability across our workforce. Access to a variety of health and wellbeing supports were put in place using national and local platforms such as the National Wellbeing Hub, Chaplaincy Listening service and access to staff wellbeing services giving access to physiotherapy, podiatry and Speech and Language Therapists. For staff returning to the workplace who have been shielding or working from home, risk assessments have been completed in order to make any work adjustments required to support them. HSCP Wellbeing links have been nominated alongside Wellbeing Champions. Planning is well underway to develop an integrated Perth and Kinross learning platform that seeks do build on the creative ways in which we supported staff during the Covid response and develop sustainable infrastructure for learning. We continue to ensure the systems and processes are in place to ensure an immediate response to any workforce planning and resilience issues in the event of any further local COVID outbreaks. |