

**2021/22 ANNUAL DELIVERY PLAN****Perth and Kinross Health and Social Care Partnership****COVID-19 Re-mobilisation: Next Phase of Health and Social Care Response Recovery and Renewal**

Portfolio	Action	1. Working together with Communities	2. Prevention and Early Intervention	3. Person-centred health, care and support	4. Reducing Inequalities and unequal health outcomes and promoting healthy living	5. Making best use of available facilities, people and other resources
Workforce: Wellbeing, Resilience & Development	We will continue our work to produce our 3 Year Workforce Development Plan in line with the Scottish Government deadline of 31st March 2022.					✓
	We will work with statutory partners to develop a local staff wellbeing approach which builds on the wider support for wellbeing that they are planning.					✓
	Through robust workforce management we will to continue to respond to pandemic pressures on a dynamic basis ensuring staffing for essential services and supporting the vaccination programme roll out:				✓	✓
Infection Control and Safer Working	Continued implementation of a Perth & Kinross HSCP Infection, Prevention and Control Committee (IPCC), to ensure local compliance with national standards on Healthcare Associated Infection Prevention and Control and implement the Infection Prevention and Control Annual Work Plan across the HSCP.					✓
	Continued implementation of PKHSCP Clinical and Care Professional Oversight Group to assess and determine the levels of support, guidance and expertise to care homes to manage the extreme challenges presented by Covid-19.					✓
	In collaboration with NHST IPCC undertake a care home assurance support visit to all 43 P&K Care Homes.				✓	✓

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Infection Control and Safer Working (cont)	Facilitate smooth rollout of Lateral Flow Testing for patient facing staff.					✓
	Continue the monitoring of risk assessments, bearing in mind the appropriate, risk assessment guidance in relation to working environments/ arrangements in response to Covid 19 across all HSCP service areas. This should also incorporate safer Infection Control and Safer Working assessments for staff working at home.					✓
	Ensure a sustainable approach to changing PPE requirements.		✓		✓	
	By ensuring appropriate linkages with the Scottish Prison Service ensure Infection, Prevention and Control measures and Covid-19 vaccinations are implemented for the population and staff equitable to Community Services.		✓			
Safe Delivery of Social Care - Care Homes	Implementation of the Enhanced Care Home Support Team to provide a proactive care centred on the needs of individual residents, their families and staff.	✓				✓
Safe Delivery of Social Care - Care at Home	Complete review of how best to improve, deliver or commission Care at Home to those parts of rural Perthshire where recruitment challenges limit service provision.			✓	✓	✓
Safe Delivery of Social Care -Day Services	Having established enhanced outreach and a newly developed virtual service, plan to re-open building based services later in 2021.	✓	✓	✓	✓	✓
Safe Delivery of Social Care -Third Sector Sustainability & Collaboration	As part of the annual review process for providers, 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				✓	✓
	Collaborate with targeted providers to consider services that will support people who are experiencing Long Covid, and will complement statutory services			✓	✓	
	Negotiation of a new Care at Home contract taking a more localised, community based approach			✓	✓	✓
	Implementation of the Market Facilitation Plan which will take into consideration the impact of Covid and consequent priorities	✓				

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Hospital and Community Care	Enhance the Locality Integrated Care Service (LInCS) to test additional capacity in the DN evening service for rapid triage, assessment and support for deteriorating patients to prevent admissions OOHrs where appropriate.		✓	✓		✓
	Within LInCS model develop Clinical/Rehab/Frailty pathways and the educational framework to support this.		✓	✓		✓
	Implement the community geriatrician model to support care homes, community hospitals and complex assessment and rehabilitation.			✓		
	Scope potential to implement Hospital at Home model		✓	✓		✓
	Review Frailty model in line with Urgent Care and LInCs		✓	✓		✓
	Continue implementation of an integrated discharge hub (including statutory services - POA), within Perth and Kinross		✓	✓		✓
	Review of AHP Services (inpatients and Community) to facilitate adaptation in delivery and approach, timeframes, intensity and preparedness for physical impacts which may present in relation to covid19 rehabilitation and reablement.		✓	✓	✓	✓
	Implementation of the new Stroke rehab model within PRI		✓	✓		
	Review of Rehab Beds					
Primary Care	Ensure sustainable vaccinations programme delivery (including COVID and Flu)		✓			
	We will take forward the integration of Primary and Secondary Care treatment rooms via Community Care and Treatment Service for CDM and seek possible expansion of wider services within, and beyond, PCIP.			✓		✓
	Produce an Primary Care premises sustainability strategy for Perth and Kinross				✓	✓
	Support Clinical Quality Leads and wider Locality Teams to improved practice across Multi-disciplinary Teams and Community based services.	✓	✓	✓	✓	✓
	Bring forward a plan for managing patients reporting symptoms of Long COVID. This will include the use of existing rehab services.		✓	✓		✓

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Primary Care (cont)	GPs and Nursing Homes: Conduct test of change using shared (across general practices) ANP resource as first point of contact for Care Home visit requests			✓		✓
	Create a GP/Primary Care resilience Team to provide support to GP practices across Perth and Kinross.					✓
	Restart our Quality, Safety and Efficiency in Prescribing Programme			✓		✓
	Improve approach to Chronic Disease Management across Primary and Secondary Care Pathways, including patient self management		✓	✓	✓	✓
Urgent Care	Continue to develop our Urgent Care pathway linking to Locality Integrated Care Service, Advanced Nurse Practitioners and the Minor Injuries Services.		✓	✓		✓
Mental Health and Wellbeing	Enhance the service provision around crisis and distress and people's accessibility to services		✓	✓		
	Enhance suicide awareness, prevention, co-ordination and service delivery		✓			
	Recruitment of a Mental Health link GP to develop strong links between GPs and Mental Health Services		✓		✓	✓
	Explore the possibility of having a Single Point of Contact for access to Mental Health Services		✓	✓	✓	
	Consideration of supports for Long Covid, across Mental Health, Learning Disabilities and Substance Misuse	✓			✓	
	Take forward various programmes of work in collaboration with colleagues in Health, Education & Children's Services, ADP and Communities	✓	✓		✓	
	Consider the establishment of a Mental Health and Wellbeing Hub to focus on all aspects of health and well-being.		✓	✓	✓	✓
	Input into a number of pathway redesigns being led by NHS Tayside including Learning Disability Pathway, Emotionally Unstable Personality Disorder Pathway and Inpatient service redesign.		✓	✓	✓	✓

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Older People's Mental Health	Older People Mental Health Teams will further develop and strengthen their approach to support in-patient services through the LiNCs model to ensure enhanced, integrated and co-ordinated services are delivered.	✓	✓	✓	✓	✓
	For In-patient areas maintain enhanced staffing levels to ensure meaningful activity and reduced stress and distress caused by the pandemic.		✓	✓		✓
	Extend the tenure of our newly recruited Band 6 Transitions Nurse post to support longstanding complex patients in being offered a placement a more homely setting.			✓	✓	
	Finalise review of the Care Home Liaison function of the community mental health teams to enhance support to care homes.	✓		✓	✓	
	Work with partners in Tayside to review the future needs of patients in the in-patient setting and support the delivery of Specialist Dementia inpatient facilities.			✓	✓	
	Improve the uptake and use of the COVID-19 Dementia Anticipatory Care Plan in the community teams and settings.	✓		✓		
	Carry out a review and redesign of access to Post Diagnostic Support, to ensure consistency and high quality of delivery.			✓		
	A short life working group to be established in Tayside supported by the Life Changes Trust to promote dementia enabled communities, providing support to people with dementia and their carers to reduce social isolation and loneliness.			✓	✓	
Drug and Alcohol Services	Continued implementation of the Recovery Orientated System of Care (ROSC)			✓		
	Development of a non fatal overdose pathway			✓		
	Enhanced use of TEC					✓
	Enhance the medical prescribing provision within the service to ensure people have access to the appropriate medicines at the right time		✓	✓		✓
	We will consider ways to support people who have increased their alcohol intake due to lockdown restrictions		✓	✓		

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Drug and Alcohol Services (cont)	Plans will be developed to utilise additional funding received from the Scottish Government to reduce Drug Deaths.		✓	✓		
Digital Innovation	Continue roll out the use of Near Me, Just Checking, Florence and Brain in Hand amongst other digital solutions to our patients and service users.		✓	✓	✓	
	Ensure our workforce have access to the technological tools and services they will need to increase their resilience in challenging environments and enable new and more efficient and effective ways of joint working across health and social care.					✓
Carer Support	Collaborate with providers and carers to further develop new alternative services to support Carers during Covid response period and beyond	✓				
	Ensure carers are involved in the development of TEC Strategy and further promote the use of TEC support for the cared-for person					✓
	Participation in the review of the Hospital Discharge process to ensure Carers involvement in discharge planning and that their perspective is taken into account		✓	✓		
	In conjunction with Unpaid Carers and the Strategy Group review and enhance the resource that supports Carers through the Hospital Discharge process					✓
	Development of Carers to be empowered and actively involved in all strategies across the Partnership	✓		✓		
	Continue to creatively support young carers to achieve their life potential by helping to reduce the attainment gap and support them to access normal life experiences		✓	✓		
	We will review and update the processes we have in place to ensure that we are fully compliant with new Carers Act regulations					
Complex Care/Community Living Charge Fund	Implementation of multi-disciplinary SCOPE Team to support people with LD and/or Autism who have complex needs			✓	✓	
	Enhanced use of TEC including the Responder Service					✓

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Complex Care/Community Living Charge Fund (cont)	Work in collaboration with Tayside colleagues to implement the Positive Behavioural Support model		✓	✓		✓
	Review and redesign of Day Services and Respite Facilities					✓
	In collaboration with Health and Education & Children's Services colleagues undertake a review of the Transitions process			✓		✓
	We will consider how best to utilise the recently announced Community Living Charge Fund monies across the Complex Care programme of work					✓
Public Protection / Adult Support & Protection	Review and enhance referral routes to be able to respond to vulnerable people referrals more effectively.				✓	
	Seek opportunities to strengthen the governance and improvement agenda in Public Protection.				✓	✓
	Improve approach to continued and sustained awareness of the Public Protection agenda.				✓	✓
	Seek opportunities to increase Third Sector involvement within Public Protection to benefit from their skills and knowledge and for mutual learning opportunities to be taken.				✓	✓
Inequalities	We will work with community planning partners to ensure that a human rights-based approach is developed. We will invest in the necessary leadership to coordinate a response that ensures that we prioritise work within communities to promote equalities, health and wellbeing.	✓	✓	✓	✓	
	We will develop an Integrated Resource Framework (IRF) to enable us to understand health and social care inequalities across each locality and enable informed strategic decision making.	✓	✓	✓	✓	
Communities	Develop an appropriate governance structure and adequate resources around the Strategic Planning Group to deliver on the Health and Social Care priorities within Communities	✓	✓	✓	✓	
	Broaden and diversify the Strategic Planning Group membership and develop a new communications and engagement plan for the Communities	✓	✓	✓	✓	

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Communities (cont)	Roll out consistent and holistic approach to coordinating volunteering across Perth and Kinross	✓	✓	✓	✓	
	Initiate Outcome Focussed/Community led activities to build the resilience within communities and enable our people to stay at home safely and for longer before entering Statutory Services	✓	✓	✓	✓	
Hosted Services - Public Dental Services	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.		✓			✓
Hosted Services - Podiatry	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.					
	Restore collaboration with third sector organisations to support their progress in providing personal foot care in line with government guidelines as well as providing further governance for safe practice when these local community services are ready to re-open.					
Hosted Services - Prison Healthcare	Further develop ANP roles for physiotherapy and OT.		✓	✓	✓	
	Review/Redesign clinical psychology services as appropriate.		✓	✓	✓	
	Explore alternative models of GP cover.			✓		✓



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Hosted Services - Prison Healthcare (cont)	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.	✓	✓	✓	✓	✓