ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP

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

Contents

1. Introduction

This document is the Angus Health and Social Care Partnership (HSCP) Remobilisation Plan, as requested by the Scottish Government Health and Social Care Directorates. It aims to represent the work being undertaken by the Angus Health and Care system to keep the protection of health and provision of care at appropriate levels for the residents of Angus. It is based on a series of principles and key objectives detailed in the NHS Scotland document COVID-19 – Framework for Decision Making. Re-mobilise, Recover, Re-design: The Framework for NHS Scotland, which was published in May 2020 and builds on previous plans submitted. It includes summaries of our activities in our primary care and community, social care and third sector partners.

The plans outlined are key to progressing remobilisation in a safe manner. It should be acknowledged that there is still a level of uncertainty around how the pandemic will develop and how responding to this will intersect with "traditional" winter planning over the coming months. We continue to work through the challenges presented to us by maintaining COVID-19 pathways and capacity whilst also managing the risk of nosocomial spread. Physical distancing helps mitigate this risk up to a point, however, in the absence of a vaccine, this should happen in addition to changes in working practices across health and social care.

What is included in this remobilisation plan is the latest iteration of our approach; detailing what we will do over the next 8 to 12 months, across a range of services, to continue to provide safe and effective care in line with our re-prioritised strategic objectives whilst remaining focussed on mitigating the spread of the disease across our population and a focus on minimising the unintended consequences that have potentially arisen over the past 4 months i.e. chronic disease management, reduced presentation of cancer.

It should be noted that this plan, which is supported with an implementation plan and financial plan, is a fluid document which will be adapted and modified as we move forward.

Approach taken

The partnership has adopted a clinical and social care focus to the plan with involvement of services from across the health & social care (H&SC) and voluntary sectors. It has been developed in partnership with H&SC professionals, staff side representatives and GP Sub-Committee. Where whole system principles have been identified/agreed, they have been/will be developed to ensure a coherent, prioritised recovery programme which recognises the needs of COVID-19 and non COVID-19 patients/service users alongside retaining flexible capacity to address potential future surges.

Principles and Assumptions

The past 4 months have been a significant challenge and we continue to work through these uncertain times. Recovery planning, acknowledging the need to provide safe and effective services for patients which maximise the health benefits for our population, is paramount, and in doing so, we will adopt the following principles.

- Remobilisation will be adaptable to respond to future potential COVID waves and seasonal flu
- Approach to remobilisation will be based on mitigation of risk and an understanding tht risk cant be eliminated
- Patient and staff safety and health & wellbeing remain a priority
- Social and physical distancing will remain integral in planning and delivering future services.
- Digital first approach where it is safe and effective to do so
- We will continue to work in partnership across the whole system taking forward learning from COVID-19 pandemic
- We will manage our resources effectively during the remobilisation phase to ensure, as best we can, the effective use of all resources in the short, medium and longer term

2. Assessment of Risk and Plans for Mitigation

As Angus HSCP progresses with recovery planning, we are starting to capture information on the circumstances which may adversely affect our ability to implement prioritised mobilisation. On this basis, a risk register will be maintained to provide a mechanism to evaluate risks and plan for additional actions to mitigate such risks. The key risks currently identified, and mitigation are set out below:-

Risk Description	Mitigation
There is a risk that a 2nd wave of COVID-19 will lead to significant delays to patient treatment for emergency, cancer, urgent / unscheduled and planned care.	Flexible, and new ways of working to continue to treat patients. Continue to use dedicated pathways for emergency patients. Continue to work in partnership with NHS Tayside and Angus Council to maintain reduced numbers of delayed discharges. Ensure that carers are supported in advance of any second wave and are able to respond. Prioritise hospital / community interface working and pathway development sensitive to community delivery focus.
There is a risk that staff absence due to isolation/shielding/sickness will lead to impact on delivery of patient care.	Continued monitoring of staff absence on SSTS and with partner care providers through daily or weekly survey; Ensure ease of access to guidance and support to staff regarding testing; health and wellbeing support; reassignment of staff in non-essential roles in line with agreed partnership approach. Continue to monitoring testing arrangements for care home staff to address potential outbreaks at the earliest stage; continue to provide access to NHST bank and AC redeployment opportunities to address any care home and care at home shortages. Continue to operate the virtual RAM and encourage care at home providers to work together to address staff shortages within the sector
There is a risk that our clinical and administrative spaces will be unable to provide the same level of accommodation due to the implementation of social distancing measures.	All services are considering NHS Tayside's and Angus Council Guidance on Applying Physical Distancing for Staff with the Workforce.

Risk Description	Mitigation
	Risk assessments are currently being completed with their outcomes considered through the HSCP Leadership Recovery Team.
There is a risk of widening health inequalities as a consequence of the pandemic	Planning for the short, medium and long-term societal impacts and developing evidence based responses to increased poverty and health inequalities; collaboration with the third sector to reach the most vulnerable groups, building on the learning gained from Humanitarian Assistance and Response Team (HAART); monitoring impact in the population and in population sub-groups; and making any necessary adjustments to the Strategic Plan.
Increased demand on adult protection and adults with incapacity	The level of sustained increase is hard to anticipate so we will follow the trend closely through monthly statistics to measure impact on capacity and methods of working. The continued closure of planned respite, older peoples' day care and the Learning Disability Day Centres has placed considerable strain on service users and carers at a time when monitoring and support have been less robust. Adult Support & Protection (ASP) referrals were at a high level for around a month in mid-pandemic but have settled somewhat. There may be a surge in ASP activity when greater access is gained to service users. The Courts have not been progressing Guardianship applications during the pandemic and there is a significant backlog of applications and reports to be undertaken when the Courts resume business. Some additionality has recently been made to the Mental Health Officer team. ASP will also be a standing item on the Clinical Care and Professional Governance (CCPG) agenda.
As a result of the short, medium and long term consequences of COVID-19 there are people who are at a greater risk of experiencing poor or deteriorating mental health. Existing services may not be able to manage changes in demand.	Working within the Angus Mental Health and Wellbeing Network which covers the whole age spectrum across statutory and third sector providers provides opportunities for joint planning and sharing of resources.

Risk Description	Mitigation
	More mental health and wellbeing support workers are being employed through services aligned to GP practices. There is whole system collaboration through the Tayside Mental Health Command structure. This promotes rapid development of group decision making, shared ownership of risks and issues and mitigating actions. This should be cross referenced with the Tayside Mental Health and Learning Disabilities – Whole System Recovery and Renewal Plans 2020. Address the learning from our public survey of peoples experiences of COVID-19 in Angus. Increased access to digital and on-line mental health and wellbeing support options e.g. Beating the Blues and pain association support. Also increased promotion of use of these solutions.
Significant new, increased, previously unplanned for and currently unfunded costs have been incurred and will continue to be incurred as a direct result of new new pressures on the system during and following COVID-19. COVID-19 protection measures will affect historic capacities across all community –based services.	Continue to collate and project costs and ensure consistency with mobilisation plans; submitting financial information to Scottish Government and sharing with local management forums, planning; building in reasonable cost containment measures to plans and revisiting HSCP's overall financial plan in due course.
Shortage of required PPE and inability to respond to requests	We will respond to national and local guidance timeously and monitor use of PPE from hubs for health & social care. We will respond to any issues in relation to demand/supply building resilience within the HSCP for the duration of the pandemic.
Increased requirement for timely response and close working between services to deal with increased emergency and urgent presentations to primary care services due to delay in patients seeking help with symptoms e.g. red flags	Share case studies across services to increase awareness. Report delays in pathway responses via Datix. Promote closer working and pathway development / adaptation to enable streamlined and responsive patient flow and management.

3. Health Inequalities

There is clear evidence that the burden of COVID-19 illness and death has been greatest on people from more deprived communities and people from black and minority ethnic backgrounds. Within partnerships, there is evidence of significant social and economic impact from lockdown: financial concerns; unemployment; housing debt; poverty; digital exclusion; domestic violence; social isolation; mental health problems. These determinants of health need to be addressed as part of wider partnership activities that focus on prevention and inequality. In line with national public health priorities, tackling these health determinants needs to be done in a place-based way. Public health partnership with Angus HSCPs and Community Planning Partnerships (CPP) is key.

4. Clinical Priorities

Primary Care & Community Care

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

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

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

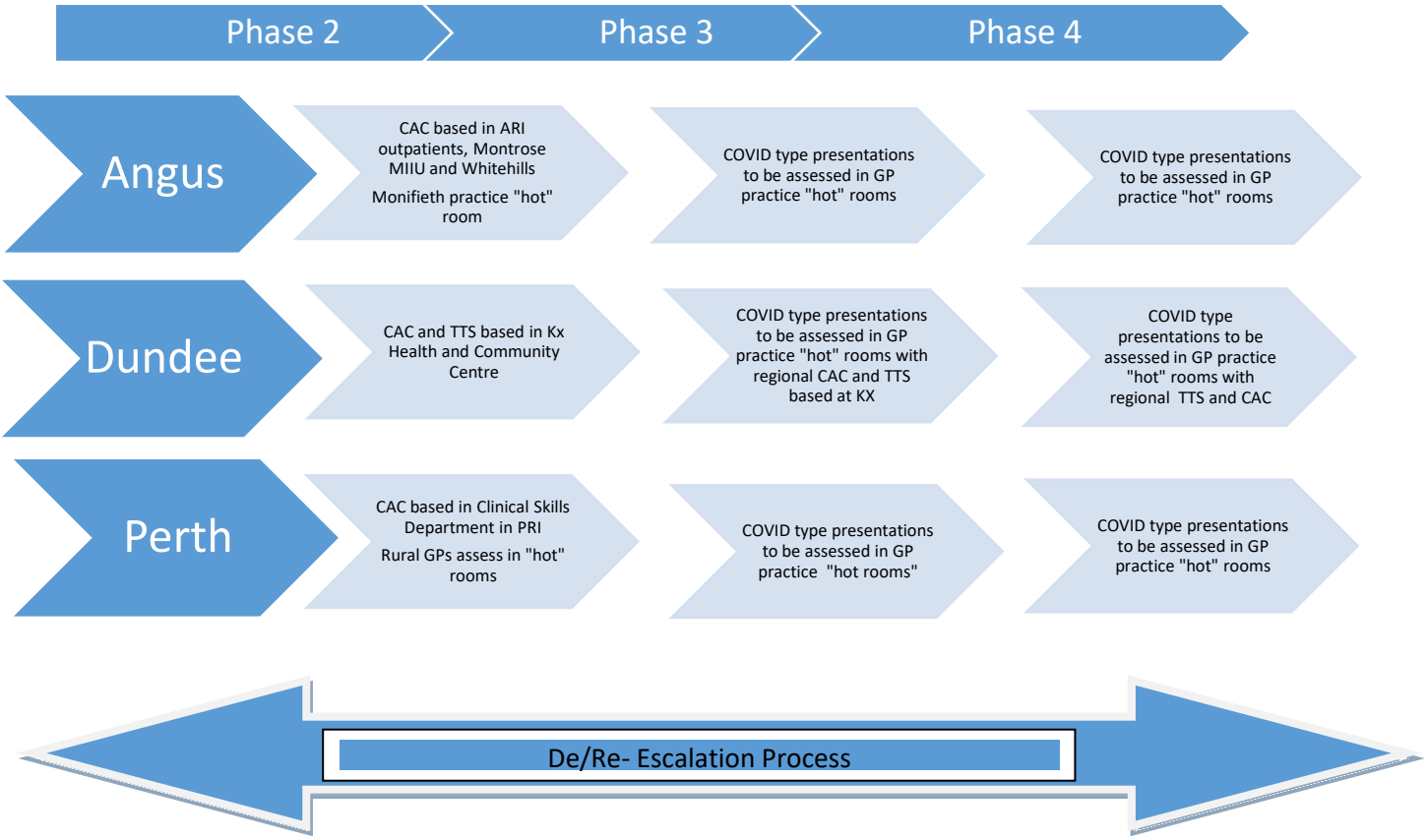
While the GMS 2018 contract presents significant opportunities moving forward post COVID, we are moving from a single service delivery model to a multi-modal format. Whilst this is welcome with broader resource availability, as we move forward it will be critical to ensure primary and community care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

Community Hubs and Assessment Centre

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

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

Proposed models of care are described below based on the phases of the SG route map:-



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

General Practice

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

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

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

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

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

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

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

One significant area of challenge will be the consideration for capacity to deliver seasonal influenza vaccination which will require significant resource from across the whole primary and community care services. The programme will be expanding on previous years e.g. include close contacts of immunocompromised individuals and potential wider age groups. Notwithstanding the constraints of PPE and physical distancing, having piloted an integrated vaccination programme in North West Angus in the 2019/20 programme, the challenges of an integrated vaccination programme delivery are well recognised. Planning, training and operational support to the Vaccination Transformation Programme remains critical to effective delivery.

Community Optometry

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

All practices have been provided with PPE and have put in place physical distancing arrangements and enhanced infection control processes.

Patients who have noticed sudden changes in their vision or eyes or who are having significant difficulties with their vision should phone their usual optometrist (where they last had an eye examination).

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

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

General & Public Dental Services

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

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

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

Community Pharmacy

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

Community Nursing

The service has continued to provide care at home or a homely setting to a range of patients. This includes providing Enhanced Community Support (ECS) assessments and care, end of life (EOL) care along with referrals from services who were not visiting. There has been less impact on staffing but moving forward there is a need to continue to work differently. Interventions that had been delayed, such as long term condition reviews etc, have now been started.

Emergency and Urgent Care

Angus HSCP will continue to work with the Clinical Director for Urgent, Emergency and Integrated Care and the GP Clinical Lead for Urgent Care to ensure that we contribute to whole system approach to redesigning the pathways of care.

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

In addition to the above, Out of Hours and Minor Injury and Illness are also included as part of the Angus plan.

Out Of Hours

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

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

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

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

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

Direct access of care homes to the OOH service started during COVID-19 will continue so that professional advice to a senior clinical decision maker will be directly available.

Angus Minor Injury and Illness Service

The Minor Injury and Illness Service has largely continued throughout the period of the Pandemic. Some adjustments to opening times have been made in order to continue to provide a comprehensive service across Angus with reduced staff numbers due to staff shielding and staff deployed to support the Integrated Overnight Nursing in Angus (IONA). Increasing capacity to the IONA service was critical as this service supports our frail elderly and palliative care patients, the cohorts of patients most likely to be most adversely impacted by the COVID-19 virus.

Accommodation is presenting some challenges and we are currently working through how we implement new ways of working in terms of access to buildings, waiting areas, workspace taking into consideration social distancing measures.

Plans are currently in place to look at how we continue to implement areas of good practice including the use of Near Me and learning identified over the past few months to ensure that services continue to be responsive to the needs of the local population as well as sustainable for the future.

Enhanced Community Support (ECS)

Angus HSCP will continue to provide ECS which provides multi-disciplinary team (MDT) support centred around GP practice populations. Regular MDT meetings take place, including with use of remote access using digital platforms for some members of the team, to discuss the management of frail patients These meetings are regularly attended by AHP, Community Nursing, Care

Management, General Practice, Medicine for the Elderly (MFE) and third sector staff. The value of utilising technology has been recognised and will inform the continued development of ECS in the coming months.

Planned Care

Community AHP services

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

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

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

Referrals in relation to the provision of equipment and adaptations have continued to be addressed throughout the pandemic by the Community Occupational Therapy Service. Staff have tested and implemented Near Me to support assessment. Where face to face assessment has been required staff have had access to appropriate PPE. More individuals have been routed to Independent Living Angus (ILA) as a means of self-assessment and access to appropriate equipment. The Equipment Store has continued to respond promptly to equipment requests and has continued to undertake deliveries direct to people's homes. Contractors who undertake adaptations had to stand down and this has led to a backlog of work.

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

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

The service expects to continue to the use of Near Me and promote the use of ILA.

Referral Pathways

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

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

Outpatients

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

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

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

A whole system review of clinical accommodation across Angus including hospital, Primary Care and third sector premises is currently ongoing.

In-Patients

Angus HSCP will continue to focus on maintaining an improved performance in relation to delayed discharge and appropriate prevention of admission. Angus HSCP will also be looking at re-profiling bed occupancy on a temporary basis and syncing this with next steps of our well established Angus Care Model Project In patients have continued to function well during COVID-19 across all areas within Angus, with attention to infection prevention and control, patient placement, pathways for admission and discharge and person centred care. Our community teams across Nursing, Mental health, Allied Health and Social Care have worked hard to provide alternatives to admission and support the people of Angus in their own homes where it has been safe to do so. Occupancy has been varied across areas with MfE showing lower rates of occupancy than expected and Psychiatry of Old Age (POA) showing much higher levels of occupancy – most probably due to the combined effects of lockdown ie social isolation, carer distress with long term or degenerative conditions.

The issues with the Court system suspension have caused delays for some patients as Guardianship hearings can not be progressed. We need as a matter of urgency to review locally our use of 13za to ensure safe, legal and effective discharge plans where possible. In patient units are now implementing a phased return to visiting and weekly testing of asymptomatic staff in areas where the patient population are within the scope set by the Scottish Government. We are also implementing measures to comply with requirements for test and protect contact monitoring.

Social Care

At the time of writing (July 2020) social care finds itself necessarily moving towards Recovery whilst at the same time still being intensely involved with managing the pandemic in residential care homes, dealing with the continuing closure of older peoples' day care, Disability Day Centres and planned respite care, whilst Governmental attention turns now to Care at Home and Supported Housing. The social care system is unquestionably under considerable strain but some positives about how we do our business have emerged from the pandemic, along with some learning points, and we will carry these forward into the next phase.

Care Management

Good social work practice is delivered through the arrangements we have in place for Care Management. These have continued to operate during the pandemic with staff moving to agile working very quickly. Referrals have continued to be acted on, assessments of supported people and carers undertaken and services allocated. Much of the business has been undertaken by telephone and video calling but where face to face interviews have been required staff have worked with appropriate PPE and physical distancing. Additional contact support has been put in place with carers who suspended services. Emergency respite has continued to be available, although planned respite was suspended and has not yet reopened, pending Scottish Government permission and guidance. Care managers are working with carers to re-establish care at home services as soon as carers feel comfortable with the level of risk. A RAG status has been developed to prioritise visits.

Adult protection has seen an increase in referrals in May and June at the same time as a lack of face to face engagement with supported people and their carers and families, but this appears now to be levelling off. Staff have ensured that people are discharged from hospital in a timely manner with appropriate services in place. The lack of operation of the court system has, however, led to Adults with Incapacity interventions not being progressed.

Care Homes

Prior to the outbreak of COVID-19, our Market Facilitation Plan included the objective of strengthening relationships between the independent care home sector and the broader Partnership. Whilst this was already in a positive place, the joined-up approach to managing the impact of the pandemic on care homes (a combination of emotional and practical support as well as scrutiny about quality) has created a favourable climate for further integrated working. In addition, the renewed national focus on care homes was welcomed and gives the Partnership promise of this being sustained into the future. The approach of joint assurance visiting between social work and district nursing will also strengthen the partnership approach and builds on the success of local models of ECS and the planned roll-out of Monifieth Integrated Care.

The current focus on clinical care of people living within care homes has led to a number of improvement activities to ensure that care home residents receive high standards of clinical care, with strengthened relationships with community nursing teams, locality pharmacists, GPs, AHPs and the wider partnership clinical services. Models of care will continue to be developed around person-centred holistic care planning moving away from task based approaches.

It is no exaggeration to say that the care home sector will be in shock after COVID-19. The demands on care homes during the pandemic have been severe: Government and media criticism;

the assuming an oversight role of care homes by public bodies which do not usually fulfil that role; the impact of lockdown on residents and staff; the stringency of the testing regime; the impact on staff morale (including knowing that you, as a staff member, may have infected those very residents that you try so had to look after); loss of income due to fewer admissions and increased staffing and PPE costs; police investigations in some instances; and finally, but perhaps most important, the impact of the death of residents. Staff and managers are only too keenly aware that the type of regime required to manage the outbreak in care homes, with mask-wearing and isolation, is at odds with a good aging process, which requires social interaction and activity; this will have been especially bewildering for people with dementia.

Angus HSCP has been working for some time with care homes to progress and improve the use of Anticipatory Care Plans (ACP's). Many were in place for the care home population before the pandemic. During the period of lockdown people have not experienced a good death surrounded by families and loved ones in line with the plans set out in our Palliative Care and End of Life improvement Plan, or in accordance with their individual ACP. It will take some time to rebuild morale, and for the independent sector to recover its resilience.

Keeping in mind the temporary provider support arrangements, Angus HSCP has commenced scenario planning and mitigation for a range of situations, including the possible loss of care homes in Angus, changes to the market profile, a sustained reduction in demand (which may impact on Care home viability) , consideration of changes in patterns of placements with neighbouring HSCPs and a radical change in the national Governmental approach.

Care at Home

Care at home has been less obviously affected by the pandemic than residential care, perhaps reflecting the resilience of our Help to Live at Home (HTLH) model and the local Fair Cost of Care funding model in place. (HTLH has benefited from the appointment of a dedicated Provider Relations Manager at the turn of the year.) Working closely with providers, and maintaining the strength of the in-house Enablement Response Team (ERT) service, capacity and delivery have remained strong; during COVID-19, the hours of planned care at home provision has risen from 10, 300 hours of personal care per week to c10,800; this reflects the reduction in demand for residential care but the fact is that we have been able, through careful planning and matching, to meet increased demand. We do not envisage significant change to this service as a result of the pandemic and there has been no need so far to depart from, or to amend, our strategic planning objectives. Increased provision of Home Care was already factored as a pressure into the HSCP's Strategic Financial Plan. By working closely with providers, Angus HSCP has able to prevent the need to prioritise or reduce services for supported people during the pandemic.

It should be added that the provision of PPE and financial support to providers, as well as to Option 1 Direct Payment carers, has been ongoing. The service developed specific guidance for staff and FAQs for carers to address the impact of COVID-19. The HSCP is also working to minimise any unused capacity within providers particularly those working with specific client groups.

Learning Disability /Physical Disability

Learning Disability and Physical Disability services are also consumers of residential care and care at home. Probably more than other services, they have a significant usage of higher level supported housing (tenancies with either on-site support or support "brought in" under Self Directed Support (SDS)). In mid-July 2020, the Care Inspectorate commenced a review of the

impact of COVID-19 on care at home and supported housing and the Angus HSCP will be participating.

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

The Disability Services have strong service Improvement Plans which are regularly updated and reported to the Integrated Joint Board (IJB). These plans are being scrutinised in the context of COVID-19 impact and response, and will be adjusted accordingly.

Carers

Carers make a very significant contribution to the wellbeing of people in our communities. During the pandemic they have increased levels of support for those that they care for; some have cancelled services to minimise the levels of contact with others in order to protect cared for people from COVID-19. The stepping down of planned respite and day care services have meant that many carers have not had a break from caring over the last 4 months.

Angus HSCP has increased the flexibility in the use of the use of SDS option 1 resources by carers and has continued to support emergency respite. Recovery plans include the re-establishment of day care and planned respite as soon as possible.

A Carers Strategy and the associated improvement plan continues to be progressed.

Community Mental Health

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

Key areas for focus in Angus include:

Supporting the safe delivery for patient access to mental health services

Only very limited community mental health and substance misuse services were stood down in March 2020, therefore it has been reasonably straightforward to bring services back to normal.

Within Substance Misuse Services there is a risk in relation to dispensing of Opioid Substitution Therapy (OST) (predominantly methadone). All patients were reviewed by mid-March and dispensing arrangements reviewed in relation to Clinical risk – level of illicit use/intoxication/underlying physical health issues/shielding notices. The majority of patient contact is via telephone although some is through Near Me. Clinic / Home visits do continue although this

is determined according to presenting need or risk. Enhanced partnership contact with community pharmacies is in place to ensure presentation assessments continue, and information sharing on concerns that may arise for people presenting on OST.

The service will continue monitoring of this situation as circumstances change e.g. social distancing in pharmacies, use of face coverings etc.

New ways of using technology. Angus have a high uptake of NearMe across Tayside's Mental Health Services. Small interview rooms are being redesignated as being suitable for this purpose where a maximum of one person is permitted.

North Angus Community Mental Health Team has been chosen as the Tayside Pilot Test set for improving the rollout take up of this facility including staff training, service user acceptability, improved clinical recording

Demand

We anticipate an increase in demand for people with increased distress as well as mental health issues. National figures tell us:

- A higher proportion of people with long-term health conditions (59%), single parents (63%), those aged 25-34 (65%), and women (63%) reported having been anxious/worried compared to the overall adult population (54%). Higher proportions of young people age 18-24 (41%) and single parents (33%) report having been lonely in the previous two weeks than the adult population overall (26%).
- Higher proportions of young people age 18-24 (26%), age 25-34 (27%), and single parents (24%) report feeling hopeless in the previous two weeks than the overall adult population (17%)

- A higher proportion of people with a mental health diagnosis (27%), a long-term health condition (25%) and unemployed people (23%) are not coping well compared to the population overall (13%):

Two additional social workers will be employed to work within the Community Mental Health Teams. This will increase the overall capacity of staff to manage increased demand.

Plans are in place to support our third sector providers by up to 10% increased funding to manage changes in demand for their services including managing substance misuse, counselling, suicide support, and early intervention and self management projects

Being Patient Centred

Patients can access services via either telephone, video or face to face appointments including home visits or clinics depending on the severity of their illness, ability to use and access new technology and ability to travel.

Safe working practices for face to face meetings, with safe physical distancing, appropriate advice sent out prior to appointments, and risk assessments of all clinical areas are in place.

Due to the suspension of the Wellbeing/ Recovery Cafes and relapse prevention groups, text / email groups have been set up to reduce social isolation. Socially distanced walking groups have also been organised weekly to address this need.

Wellbeing/ Recovery Cafes will be reintroduced to safeguard peoples' mental health and wellbeing

Post Diagnostic Dementia Services/Care Home Liaison

Dementia diagnosis and post diagnostic support are more difficult to provide virtually or by telephone and we are working with POA colleagues across Tayside to ensure a robust and evidence based approach to this. Care Home liaison team are actively involved in supporting our colleagues in care homes and responding to referrals using technology and a risk assessed based approach to face to face visiting.

Justice Healthcare Services

Forensic & Custody Healthcare has been delivering services as normal during the pandemic, albeit with enhanced PPE, plans for assessing, examining or treating people who display COVID-19 symptoms. The numbers of people being taken into Police Custody and those reporting and required forensic medical examinations fell to a very low level from March but have been steadily rising to the pre- COVID-19 levels. The introduction of Virtual Courts from Police Custody is having an impact on Custody as people are not being taken to Court in the morning but are remaining in Custody until their Court time. This can result in patients requiring medication which would not normally have been given. Current ways of working, including the workforce model are being reviewed to ensure that the demands can be met. This is being led by the Senior Nurse for Justice Healthcare. As Virtual Courts are being implemented to help cope with the backlog, it is likely that these will go on for some time. The number of sexual offence forensic medical examinations was also low around March, but is continuing to increase. Access to the service is either through Police reporting or self referral into the service with the support of Rape Crisis organisations. The numbers of people self referring to services is increasing year on year and once The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill currently under scrutiny through the Scottish Parliament, is passed, it is likely that there will be further increases. Work is ongoing to improve the services delivered to people who self refer as well as the Team supporting the development of documents to support the Bill once passed.

The service will start planning for winter, working with partners to ensure that adequate, appropriate isolation areas / processes are in place for people who are showing symptoms of coughs, colds or flu to help prevent spread. Staff flu vaccination programmes will be highlighted, with peer vaccination encouraged.

Third Sector

The immediate & flexible response was created through meaningful approaches in working authentically with communities that required barriers to be removed and supporting new forms of inter-disciplinary working between Voluntary Action Angus (VAA) and departments within Angus Council and Health and Social Care Partnership. VAA also quickly noticed that the wider third sector had to adapt their way of delivering services, it was essential that the third sector had a role within this multi disciplinary team. A new initiative - Angus Connect was started with the Third Sector and partner agencies this brings all organisations together in order to build the capacity of the third sector and actively promote the sector to show we are still here supporting the community even if the work is being carried out slightly differently. This allowed us to reach people most in need of support and ensure no one fell through the gaps. This work will continue with roughly 20

third sector organisations to provide the communities of Angus with services and support. The level of compassion shown by Angus communities in supporting each other has expedited our strategic aim of developing an Angus that Actively Cares more quickly than anticipated. This is one area where we want to ensure that ground is not lost and will require Angus HSCP to review how the resources it provides to VAA can continue to support this effort.

During this crisis we were working closer than ever to ensure no one in Angus fell through the gaps and everyone received the support they needed. As a partnership we were and still are delivering a range of services, but due to the current situation there are three main themes that are continuously arising. These are: food, prescription delivery and loneliness and isolation.

As the numbers of requests increased and Angus Council started to respond with their COVID-19 access line, the partnership was strengthened through members of the councils Justice team and most recently the council's Welfare Rights team joining the staff in front line delivery. This has enabled the team to enhance existing knowledge and experience already gained and compliments a personal and holistic approach that people need in order to cope in these challenging times.

As we continue through this new journey it is essential that local workers and managers continue to respect and build on their new and existing relationships with communities and with partners on issues as identified by the community.

When thinking about recovery and the way forward, it would be a real disservice to the communities of Angus to go back to "normal" what we have to concentrate on now is the new normal and what we can all do collectively. One example of this would be to continue with our multi disciplinary teams and use Angus Connect as the platform to keep these partnerships active. We need to come to together to look at how we can sustain this in the future.

We cannot take for granted that things won't be the same:

- People will be suffering from grief and irreplaceable loss.
- Vulnerable people will have been more isolated and lonely than ever before.
- 'Organizations' may struggle with re-engagement, financial pressures and maybe loss sense of purpose.
- Our understanding of partnership, will need to change towards further and more significant respect, solidarity and new ways of working.
- Silos will need to be dismantled as new forms of togetherness need to prevail through 'letting go'.
- Social prescribers are being rolled out across Angus which will help ease the burden on other services and provide much needed support for the population who need to navigate systems as a result of employment loss, distress or caring responsibilities.

Continuing to work together we will build on the progress already made to enhance and Angus that Cares.

5. Workforce

We need to plan services and a workforce to work within this pandemic over many months and years. Our systems are reconfiguring to establish robust services in a safe manner across all of health and social care. We are beginning a period of workforce recovery and dealing with the aftermath and impact of COVID-19. There are concerns about the additional demands which will be placed on all organisations and the significant increase in unemployment which inevitably will happen.

In the short term we expect an unusually low proportion of annual leave to have been taken by the end of July 2020 with proportionately more annual leave scheduled for the last 8 months of the financial year. This deferred annual leave may create a constraining workflow issues later in the year.

Staff can access a number of online supports, supported by both employers eg PAM Assist or Care first Lifestyle. In addition the The National Wellbeing Hub went live in May 2020. NHS Tayside Psychological Therapies Service are offering NHS Tayside staff the opportunity for brief 1-1 interventions (up to 4 sessions) with a psychologist. These are low intensity, informal but structured support sessions.

6. Digital Working and Infrastructure

Digital interventions are now seen as of critical importance as part of the emergency COVID-19 response and to support our recovery. Home Mobile Health Monitoring (HMHM) and the use of Florence has recently increased with new clinical areas testing protocols. We need to build on the positive achievements of HMHM and enable more people to receive their care at home or in the community. To support this approach, and to help inform the development of the next phase mobilisation plans, the Scottish Government are making new and flexible digital remote monitoring services available to all territorial Health Boards and Health and Social Care Partnerships. Angus HSCP will work with NHS Tayside to further expand and develop this approach.

All GP practices in Angus have been enabled to use Near Me video consultation and 14/16 practices as well as GP OOH service is actively using this technology. In addition a number of community services are exploring the use of Near Me. Initial feedback from staff and service users has been very positive and we intend to build on this.

We are testing a simple digital device, suitable for vulnerable adults who are not familiar with digital technology, to counteract the effects of social isolation during the COVID-19 outbreak. Initial feedback has been very positive and we are exploring funding opportunities to extend the trial.

While not yet developed we expect there to be some additional local one-off costs of developing digital working further.

7. Communications and Engagement

Angus HSCP has worked closely with NHS Tayside and Angus Council Communications Teams to ensure information has been cascaded in a consistent, accurate and timely manner. There have been daily staff briefings which provided COVID-19 related workforce, PPE and invaluable content to ensure health and wellbeing is being considered. These reduced to twice weekly and have recently been paused but will restart as mobilisation plans are confirmed. The Angus HSCP FaceBook and website pages have been continually updated providing information to as wide an audience as possible. Dedicated communication channels have been developed for Primary Care including zoom meetings and briefings.

The Angus Integration Joint Board (IJB) has continued to meet during the pandemic and has been kept informed of developments via briefings tabled by the Interim Chief Officer.

Feedback has been collected from staff which provides a range of emerging themes, examples of innovative developments to be taken forward as well as some of the challenges our workforce are facing.

A survey is to go out to capture feedback from people who have received care and support from Angus HSCP, and their un-paid carers, since the start of the COVID-19 pandemic. This will provide invaluable information from service users and inform how services are developed in the future.

It is recognised that there is a requirement to engage differently with the public and stakeholders about the changes that the COVID remobilisation plans will bring. We will continue to develop our digital and online engagement recognising that we must be cognisant of those unable to access information in this way. National communication plans and resources for remobilisation are being developed and our local messages, strap lines and actions will require to reviewed and updated to take account of these to ensure a consistent approach.

Aims

We will continue to work closely with NHS Tayside and Angus Council alongside HIS Community Engagement to:

- Manage expectations and remind people that while no one can say how long COVID-19 will be with us, we must face the fact that we need to change the way we work and measures to control further outbreaks will impact on our capacity and ways of working.
- Raise awareness of the plans to restart services and remind people of the many services which have continued to be delivered.
- Ensure people are aware of how to access services including any new arrangements which will continue to be in place for some time.
- Reinforce the importance of continuing to follow the national guidance to reduce transmission and prevent a second wave.

Key Messages

- A wide range of health and social care services have continued to be delivered across Angus throughout the pandemic.
- Where services have been stopped they will restart on phased basis to ensure they are delivered as safely as possible.

- We must continue to follow national guidance and protect themselves and others and help avoid a second surge of the virus.

Target Audiences:

- Our workforce, including unpaid carers, Third and Independent sector providers
- Patients and service users
- Local residents
- Local and national media
- IJB
- Community representatives, including local Councillors, MSPs and MPs

Channels of Communication

We will continue to aim to reach as wide an audience as possible using:

- The Angus HSCP website and FaceBook pages
- Staff briefings and updates
- Local media briefings co-ordinated via NHS Tayside and Angus Council
- Targeted messages from Angus HSCP Interim Chief Officer and Chair of the Angus Integration Joint Board Chair

8. Finance

To date the HSCP COVID-19 financial plans have reflected a range of financial implications in regular submission to the Scottish Government. New costs have been incurred in areas such as PPE, supporting independent sector providers and funding General Practices to be open on public holidays. Additional costs have been incurred in adapting services such as Out of Hours and in continuing to keep delayed discharges to a minimum. Some projected costs such as that of additional staff overtime have been partially contained by the wide redeployment of overall staff resources and some cost will emerge in the later stages COVID-19 responses (eg wrt Mental Health issues).

Beyond headline costs incurred there are other immediate financial impacts including the deferral of the delivery of planned interventions as set out in the IJB's Strategic Financial Plan and an impact on assumed levels of service user income.

The Partnership will work towards containing costs where possible through, for example, redeploying staff and capacity as required to respond to COVID-19 and by considering scenario planning for the Care Home sector. It is also possible in the medium we may see other historic costs fall slightly (e.g. travel costs) and factors such as this will be allowed for.

The impact on the Partnership's financial plan for 2020/21 will be significant as, to date, only a small part of the additional costs incurred have been funded by the Scottish Government. Depending on further Government funding clarifications, the COVID-19 related financial pressures would have an impact on Partnership Services in this and / or future years, and could have an impact on the financial positions of Partner bodies (NHS Tayside and Angus Council).

In terms of this remobilisation plan we expect additional costs to emerge in the following areas:-

- Third Sector Mental Health service capacity (c£100k).
- Influenza - Social Care Staff and Extended Public Vaccination Campaign (Interim Costs estimate £32k plus £259k).
- Digital Working & Infrastructure (costs tbc).
- Review of Accommodation Requirements (cost tbc).
- Covid-19 protection measures will effect available capacities across all community–based services (longer term cost tbc).
- Deferred Annual Leave (cost estimated at tbc).
- Remobilising General Practice (£48k, representing potential costs over and above funding detailed in PCA(M)(2020)06.