



**ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 26 AUGUST 2020
COVID-19 REMOBILISATION PLAN
REPORT BY GAIL SMITH, INTERIM CHIEF OFFICER**

ABSTRACT

This report provides the IJB with an update on the Angus Health and Social Care Partnership's (AHSCP) Remobilisation plan in response to the COVID-19 Pandemic.

1. RECOMMENDATION

It is recommended that the Integration Joint Board:-

- (i) note the remobilisation plan for Angus Health and Social Care Partnership.

2. BACKGROUND

The NHS in Scotland remains on an emergency footing recognising that COVID-19 will be prevalent across all of our lives for a significant period of time. Over the past five months, AHSCP has mobilised to respond to the initial spike in coronavirus across communities, creating COVID capacity in our communities and developing new ways of delivering services across our health and social care system in Tayside.

There is now a decreasing trend of COVID-19 positive patients in our communities and hospitals and this is to be welcomed. This situation means that our professional teams can now progress plans which will see more activity in our hospitals and in our communities, to keep people safe and treat them in the most appropriate environments.

The Angus HSCP Remobilisation plan 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.

3. CURRENT POSITION

In response to COVID-19, the AHSCP has progressed key actions to mitigate the impact of this global pandemic's reach into communities, homes, services and care settings. This has been underpinned by the strong commitment and adaptability from all colleagues who have stepped up to work in different ways and in different roles to support our response.

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 5 months i.e. chronic disease management, reduced presentation of cancer.

4. PROPOSALS

Going forward in what remains a period of uncertainty the AHSCP will continue to work in partnership to embed positive changes in practices and learning from the pandemic to continue progress the identified priorities.

5. FINANCIAL IMPLICATIONS

In terms of impact in 2020/21, it is still difficult to determine the duration and depth of this. The background to how costs within the Partnership are affected is described in the attached and the separate August Finance report to the IJB but it is important to reiterate that the Partnership will work towards containing costs where possible.

Generally financial impacts are considered through the local COVID-19 leadership team and, if required, are escalated regionally or to the Scottish Government for approval. Looking forward, the COVID-19 financial impact will increasingly be seen as part of the overall financial planning of the Partnership as COVID-19 responses interact with overall strategic and operational management.

The HSCP continues to routinely assess this financial impact and shares this output with the Scottish Government and Partners alongside mobilisation plans. Most recent assessments suggest an additional cost of c£9.7m throughout 2020/21 (as described in August Finance report) , however this remains subject to significant local review. To date, the Government has confirmed £2.1m of funding to offset some of COVID-19 related impact within Social Care and General Practice. Angus HSCP has now received c£1.6m to offset Social Care costs. Along with ongoing local reviews, at a national level the Scottish Government are benchmarking and peer-reviewing projected costs and financial planning assumptions re COVID-19 across Scotland and this will further help refine both future financial planning and future funding support.

While all of the above makes determining the financial implications of COVID-19 at any point in time difficult, currently the major financial implications are with regard to Personal Protective Equipment, supporting the independent sector, assisting managing changes in activity levels within services, the expected impact on loss of income and a delay in the delivery of savings from planned interventions. Costs that are likely to develop going forward include those associated with Mental Health responses, organisational digital/IT responses and costs associated with a broader regional flu immunisation campaign. Separately AHSCP is also monitoring areas where costs may have reduced during the pandemic response as cost reductions or other forecast under spends will help offset the increased costs noted above.

In due course there will be further financial clarity as COVID-19 responses develop. There will be a clearer understanding of the short and longer term financial impact and increased clarity will emerge from ongoing discussions regarding Scottish Government financial support to help manage the financial impact of this. It is almost certain the IJB will have to amend its longer term financial plans to respond to COVID-19. Related to this, and still to be clarified, there may well be an impact on IJB financial reserves.

6. RISK ASSESSMENT

Risks are included as part of the Remobilisation Plan.

7. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

REPORT AUTHOR: **Jillian Galloway**
Head of Community Health & Care Services (North)(Interim)
Jillian.galloway@nhs.net

George Bowie
Head of Community Health & Care Services (South)
BowieGS@angus.gov.uk

EMAIL DETAILS:

List of Appendices:

Appendix 1 - Angus HSCP Remobilisation Plan