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# ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP

# COVID-19 Re-mobilisation:

# Next Phase of Health and Social Care Response

# Recovery and Renewal

# April 2021 – March 2022

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## Contents

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## 1. Introduction

This document aims to represent the work being undertaken by the Angus Health and Care system to keep the protection of adult 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 and renewal in a safe manner. We continue to work through the challenges presented to us by maintaining COVID-19 pathways and capacity whilst also managing the risk of nomosocomial spread and dealing with traditional winter season including adverse weather.

Included in this remobilisation plan is the latest iteration of our approach; detailing what we will do between April 2021 and March 2022 and build on previous plans, 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 year 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 to ensure we continue to best meet the needs of the population in line with changing situations as a result of the global pandemic and in line with Angus Health and Social Care strategic priorities.**

## Approach taken

The partnership has adopted a clinical and social care focus to the plan with involvement of services from across the adult 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.

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## Principles and Assumptions

The past year has been a significant challenge and we continue to work through these uncertain times. Recovery and renewal 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:-

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

These principles are fully aligned to Angus Health and Social Care Partnership's (AHSCP) 2019-2022 Strategic Commissioning Plan priorities:-

- Improving health, wellbeing and Independence.
- Supporting Care Needs at Home.
- Integrated & Enhanced Primary Care and Community Responses.
- Integrated Pathways With Acute & Specialist Providers for Priorities in Care.

Additional principles have been identified to support remobilisation:-

- Remobilisation will be adaptable to respond to future potential COVID waves, COVID/influenza vaccination programme and winter/flu planning for 2021/22
- 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

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## 2. Assessment of Risk and Plans for Mitigation

As Angus HSCP progresses with their response to the 2nd/3rd wave of the COVID-19 pandemic we continue to plan remobilisation and recovery. We have been and will continue to capture information on the circumstances which may adversely affect our ability to implement prioritised remobilisation and recovery. 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 the 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, including the use of technology where appropriate.<br><br>Continue to use dedicated pathways for emergency patients.<br><br>Continue to work in partnership with NHS Tayside, Angus Council and Independent Providers to maintain reduced numbers of delayed discharges.<br><br>Ensure that unpaid carers continue to be supported and are able to respond.<br><br>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.<br><br>Continue to monitoring testing arrangements for care home staff to address potential outbreaks at the earliest stage; continue to provide access to NHS Tayside bank and Angus Council redeployment opportunities to address any care home and care at home shortages.<br><br>Continue to operate the virtual Resource Allocation Meetings and encourage care at home providers to work together to address staff shortages within the sector |

| Risk Description | Mitigation |
|---|---|
| | |
| 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.<br><br>Risk assessments have been completed with their outcomes considered through the AHSCP Leadership Recovery Team and actions as required implemented. |
| 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.<br><br>Identification of key priorities in clinical care, including mental health, to target resource (particularly our scarce workforce) where it will have most benefit for the most vulnerable. |
| 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.<br><br>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.<br><br>ASP will also be a standing item on the Clinical Care and Professional Governance (CCPG) agenda.<br><br>Courts have resumed normal business and the backlog of Adults with Incapacity (AWI) cases has been considered with all cases progressing through Guardianship processes appropriately. Some additional capacity has been committed |

| Risk Description | Mitigation |
|---|---|
| | to the system, for example with new Mental Health Officer (MHO) posts being recruited into the Mental Health Officer Team.<br><br>The AHSCP has reviewed the capacity in the ASP Unit and will increase the team by one new Senior Practitioner post.<br>During the autumn of 2020, the AHSCP carried out an audit of 96 ASP cases in the care management teams. A number of areas of strength were identified, some areas for improvement, and an improvement action plan is being progressed. Feedback has been provided to the Chief Officer Group (COG) and the Angus Adult Protection Committee (AAPC). |
| 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.<br><br>More mental health and wellbeing support workers are being employed through services aligned to GP practices.<br><br>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.<br><br>This should be cross referenced with the Tayside Mental Health and Learning Disabilities – Whole System Recovery and Renewal Plans 2020.<br><br>Address the learning from our public survey of people's experiences of COVID-19 in Angus.<br><br>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 pressures on | 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 |

| Risk Description | Mitigation |
|---|---|
| the system during and following COVID-19. COVID-19 protection measures will affect historic capacities across all community –based services. | containment measures to plans and revisiting AHSCP's overall financial plan as required. |
| 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.<br><br>Report delays in pathway responses via Datix.<br><br>Promote closer working and pathway development / adaptation to enable streamlined and responsive patient flow and management. |

## 3. Key Learning from Remobilisation 1 & 2

As we move through the different phases of re-mobilisation it is important that we reflect on the learning that has come from the previous phases and build forward into this plan. Angus HSCP strives to be a learning organisation and has taken forward a range of activities that have drawn out learning that supports this plan and our work going forward.

In August 2020, all AHSCP staff (approximately 1,400) were invited to complete an online survey to enhance our learning about how teams have been evolving and adapting their working practices as we navigate through the new COVID-19 era. 142 responses were received which equates to a 10% response rate.

Staff told us that they felt supported by their managers and colleagues and noted strong visible leadership. Staff felt pride in the way we have worked together within AHSCP and with our partner organisations to seek innovative solutions to a range of issues, with a noticeable 'can-do' attitude leading to and removal of bureaucracy to enable faster decision making. Staff have recognised the essential role of digital technology and wish to see this become embedded in care pathways.

What have we learned?

Our work thus far has drawn out a number of areas that we are taking forward. Key to this plan are:

- Continued development of digital technology as an enabler of reform in support of clinical care and patient and staff access and communication.
- Enhancing staff wellbeing and wellness work through a network of wellbeing facilities.
- Teams have the authority and power to act; and embed new ways of working where they have brought benefit to patient care.

We are continuing to seek learning through our teams and as part of the development of this plan we have asked for clarity on

- What we should retain and progress?
- What we should stop? and
- What further reform would add benefit?

In summary we will:-

- Continue to engage with staff over this phase on remobilisation.
- Continue to encourage and support learning and development.

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## 4. Remobilisation and Recovery Priorities 21/22

### Living with COVID-19

Post acute COVID appears to be a multi-system disease, sometimes occurring after a relatively mild acute illness. Management and support requires a whole patient perspective. The long term course of COVID-19 is unknown and may impact on a number of services including management of increased numbers of people with multiple co-morbidities, polypharmacy, mental health, social care, AHP services and other social & financial support; these must all be taken into account when considering remobilisation and renewal of services. Integrated pathways and systems of working between health and social care, primary and secondary care is critical to ensure a holistic, person centred approach is taken.

### Adult Social Care Independent Review

The Adult Social Care independent review was published on the 3rd February 2021 which includes a number of recommendations. Whilst the parliamentary process continues we will maintain a watching brief on the progress of the recommendations to determine how these might influence future priorities and service delivery.

## 5. 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.

In summary we will:-

- Utilise public health leadership, influence and expertise to ensure a focus on addressing Health and Social Inequalities is embedded across all services within Angus which is based on best evidence. Ensure the voices of Angus people are heard.
- Provide a mechanism to work with communities and individuals to offer a Trauma Informed approach to health and social care and the overarching support offered to our citizens and to our staff.
- Work to address poverty and inequality through income, housing, education and employment programmes as part of Community Planning.
- Deliver a health promotion approach to support people living with Long Term Conditions.
- Support the Staff Wellbeing Programme, including plans for the mainstreaming of Staff Wellbeing Services.

## 6. Adult Support and Protection

The Angus HSCP is an active partner the Angus Adult Protection Committee and is represented at the local authority Chief Officer Groups (COG). These have continued to meet virtually during the pandemic and have combined progressing ordinary business with specific responses to COVID-19-related risks. (A weekly COVID-19 ASP meeting has taken place throughout the pandemic.) Weekly performance information is submitted to the Scottish Government. There is also growing recognition, as we move out of lockdown, of the potential impact on connected services such as Sexual Health and Addiction Services. These are referenced in the relevant parts of this plan. Our health teams continue to work closely on an interagency basis with social work and police colleagues during this time and are sighted on the anticipated increase in activity post lockdown from August 2020. Implementation of the HIS Rape & Sexual Assault Standards (2017) has continued and our local operational group has now reconvened.

In summary we will:-

- Continue to take a lead role in ASP work, reflecting its legal duties and powers in this regard, and working in partnership with other agencies in public protection operational delivery, oversight, planning and activity monitoring.
- Continue to respond to increased demand for services and to the improvement actions identified in recent SCRs/ICRs and the Large Scale Audit. Increased demand is being experienced now and we will continue to adjust resources to support this as necessary.
- Continue the programmes of work to implement the HIS Rape & Sexual Assault Standards (2017).

## 7. Primary Care (Angus HSCP, Dundee HSCP & Perth and Kinross HSCP)

Whilst continuing to deliver core services throughout the COVID-19 pandemic, Primary Care within Tayside concurrently reconfigured their operating models for their ongoing services and supported entirely novel approaches for COVID-19 care. Over 90% of all COVID-19 acute contacts and assessments in Tayside are 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 other 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. A positive to emerge from COVID is the focus on improving the Primary Care input to the health of residents in care homes. Plans are in development for a refreshed approach to primary care which involves an extended multi-disciplinary team allowing GPs to fulfil the 'expert medical generalist role' as described within the new GMS contract.

Although this plan details areas to progress over the next 12 months, priorities and actions may change based on circumstances.

### 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, allowing general practices to continue their other GMS work.

Scottish Government advise that NHS Boards continue to provide a Telephone Triage Service and CACs for 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. shortness of breath/hoarseness with 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.

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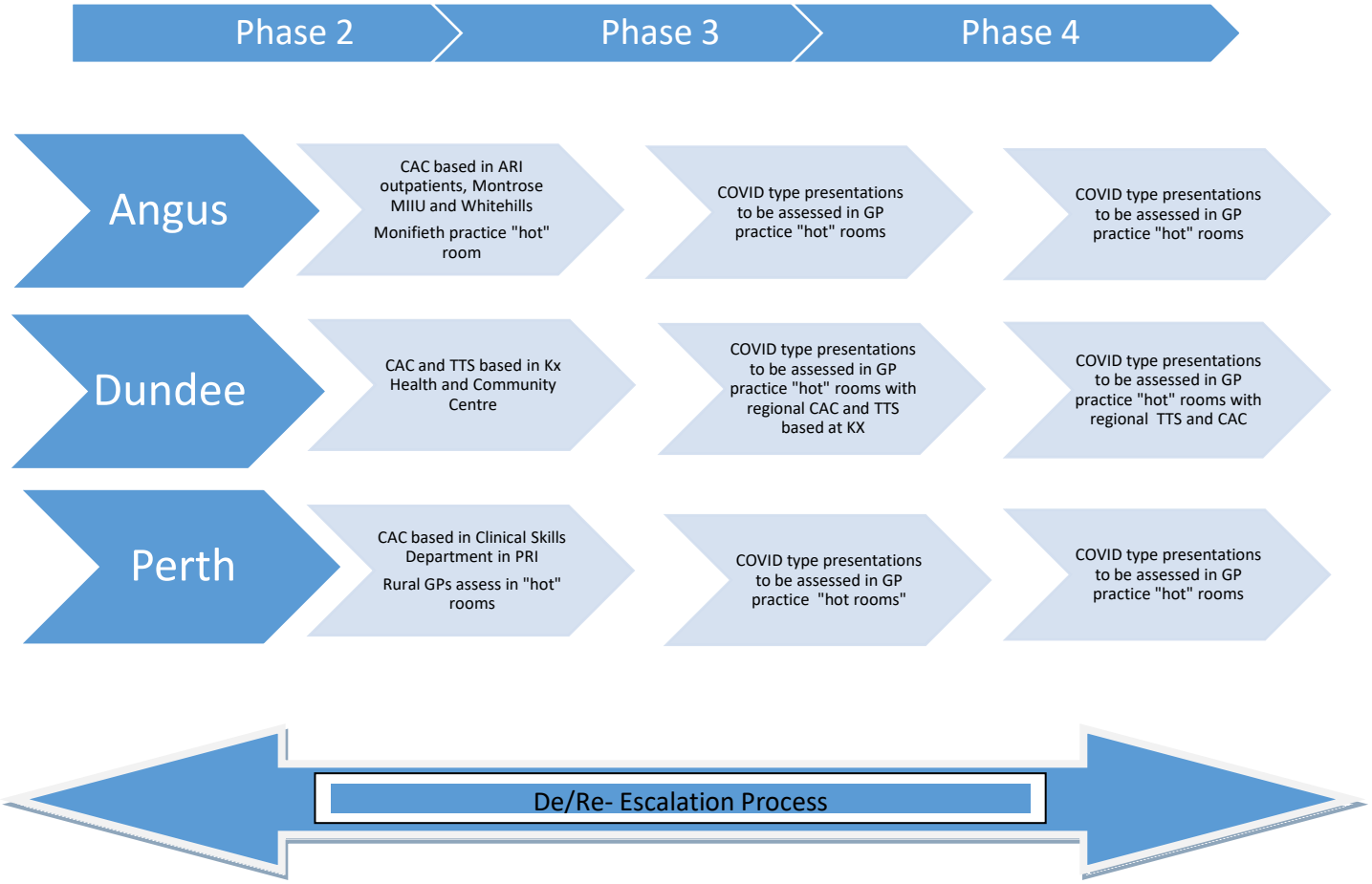
Proposed models of care are described below based on the phases of the SG route map:-




Whilst there is a desire to maintain COVID-19 free General Practice there is a need to ensure the provision of safe locations where patients with COVID-like symptoms can be seen and assessed, which in some cases will be more appropriately done by their own GP. 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, increased care home support, adverse circumstances impacting on health such as jobs losses, management of worsening conditions awaiting secondary care input, 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.

There is a drive to ensure that technical solutions are made available to staff and patients such as remote video consultation on Near Me or the use of TEAMS to support Multi-disciplinary team meetings. Practices initially received a small number of camera/headsets to introduce this in the Spring 2020. Two Tayside practices piloting work to inform the national guidance on Near Me had a high uptake of this technology, with equipment to support this available in every clinical room. Uptake is very variable across practices with some completing >100 consultations per month. The Primary Care Digital Improvement Fund is looking to provide equipment to every clinical room in practices across Tayside to ensure all clinicians can choose to access Near Me. This will allow wider engagement and break down barriers to enablement. The Public Engagement report with over 5000 respondents showed that the public value this method as an ongoing consultation choice however it has constraints associated with the time taken to consult with this method and concerns regarding equity of access to patient to digital infrastructure.The Tayside Primary Care OOH service is also supported to use of Near Me where appropriate.

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 supporting national vaccination programmes. We are promoting innovation in approaches with 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 utilising remote and digital technologies where appropriate.

There continues to be a commitment to support General Practice as part of the re-mobilisation plans, recognising that capacity will be a significant issue for the majority of practices, in terms of both physical premises and workforce availability. Digital, workforce and premises infrastructure will be developed innovatively in conjunction with HSCPs and acute service to optimise pathways of care for long term conditions. This will allow more people to be cared for within their community with access to both generalist and specialist advice as needed**.** 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.

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**Primary Care Implementation Plan (PCIP) 2020-2022**

NHS Tayside and the three Health and Social Care Partnerships have worked collaboratively to develop the Tayside Primary Care Improvement Plan and define a model of care that links closely with wider locality teams to form a fully integrated health and care system. The programme for introduction of multi-disciplinary teams (MDT) working is complex and the scale of change required across professions whilst challenging, is recognised to be a unique opportunity to progress a longer-term strategy of transformational change to deliver the vision for Primary Care. COVID has impacted to varying degrees on the implementation of PCIP and maintenance of established PCIP services. There have been continued efforts during the pandemic to continue PCIP implementation, accelerating where possible elements that had potential to offer additional support at this challenging time, but this has been impacted by recruitment challenges and the availability of colleagues in other agencies, such as Scottish Ambulance Service. PCIP should be considered an enabler within a wider transformation of services including the need to develop pathways in line with improved models of care for patients and creating roles that attract the workforce of the future.

| | Tayside Position |
|---|---|
| Pharmacotherapy | Nationally regulations to be amended so that NHS Boards are responsible for providing a Level One pharmacotherapy service for 2022-23. Practices not having access to such a service will be paid via a Transitionary Service basis until such time as a service is provided.<br>Whilst good progress has been made to date within Tayside with regards development of pharmacotherapy services, the scale of the levels of services outlines in the initial 2018 GMS Scottish Contract, and workforce availability have impacted on implementation. Different skill mix and delivery models are being tested to inform future modelling. |
| Additional MDT Members | Nationally the need for early intervention to tackle the rising mental health problems across all practices was noted, particularly in light of the pandemic. Further work is planned with partners to determine the 'endpoint' for the additional professional roles commitment in the Contract Offer by the end of 2021<br><br>Within Tayside good progress has been made with regards the implementation of First Contact physiotherapy and increasing mental health support provision for general practices, with the Covid pandemic providing learning in relation to service modelling. This will be further refined in line with the above national directions. |
| Community Treatment and Care Services | Nationally regulations to be amended so that NHS Boards are responsible for providing a Community Treatment and Care Service for 2022-23, with a Transitionary Service payment made to practice who do not benefit from the service until such time as the service is provided.<br><br>Regionally CTCS are currently at different stages of development with delivery impacted by the pandemic, which has also resulted in provision of secondary care phlebotomy services within primary care as per the initial CTCS guidance .Further work is required to refine the resourcing of a CTCS model equally accessible by primary and secondary care, with sufficient capacity to manage demand and will be prioritised over coming months. |

| | |
|---|---|
| Vaccination Transformation Programme | Nationally childhood vaccinations and travel immunisations to be removed from GMS Contract and PMS Agreement by 1st October 2021, with historic income from vaccinations transferring to the Global Sum 2022-23 including that from the five vaccination Directed Enhanced Services Recognition that some practices may still be involved in the delivery of some vaccinations in 2022-23. Where this is necessary a new Transitionary Service agreement will be negotiated nationally, and payments made to practices providing these services from 2022-23.<br>While the focus in Tayside has been on a blended model of both flu and Covid vaccinations, a huge amount of learning has been obtained that will inform future modelling of adult vaccinations |
| Urgent Care | Nationally legislation will be amended so that Boards are responsible for providing Urgent Care services to practices for 2023-24. Consideration will be given about how this fits with the wider Redesigning of Urgent Care Work currently in progress.<br><br>Regionally this has proven to be the most challenging area to progress during the pandemic, particularly as a result of the stepping down of the SAS developments which were proving successful. This programme will be reviewed and progressed in collaboration with the wider urgent care programme of work being introduced regionally and nationally. |

**Emergency and Urgent Care and Out of Hours**

The Health and Social Care Partnerships 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 Redesign of Urgent Care to design 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 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.

**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.

**Mental Health**

Within General Practice the importance of workforce developments relating to mental health and wellbeing workers as part of the new GMS contract remains a priority, in particular around the growth of peer support models of care. Within Angus Health Social Care Partnership, Hillcrest and Penumbra were awarded the contract for Primary Care Liaison roles and all GPs now have Peer Support Health and Wellbeing Services within their Practice. There are two trainee Advanced Nurse Practitioners who act as links between Primary and Secondary Mental Health Care with a focus on people with physical long term conditions and a psychiatric illness. Dundee Health and Social Care Partnership have recently evaluated their Psychological Assessment and Liaison Management Service (PALMS) and are planning next phase of their roll out, within Perth and Kinross there are Primary Care Mental Health Nurses aligned to GP clusters. The promotion of digital solutions e.g. beating the blues, interactive websites, zoom meetings, use of Near Me, is seen as initiatives that should improve access to support and therapy for people in a sustainable way. These new initiatives will reduce reliance on General Practitioners whilst simultaneously providing improved care for people. The Tayside prescribing strategy will be launched in August 2020 and will include representation from Mental Health this work will include links between providing an alternative to a prescription and the reduction in prescribing costs and drug-related harm i.e. clinical and cost benefits linked.

**Community Optometry**

Tayside Opticians (Optometry Practices) has offered emergency and essential eye care throughout the pandemic. From April 2020, 9 community Emergency Eyecare Treatment Centres (EETCs) were supported by their colleague's referrals and triaging of patients. Routine eye examinations resumed from the 3rd August 2020 and optometry has since been operating approximately at 90% of its normal services.

There has also been delegation of glaucoma monitoring to community practices from secondary care. To date, 2500 secondary care patients with glaucoma have been offered review of their glaucoma in an optician of their choice. Optometry practices have seen 1600 of these patients and forwarded their findings to Ophthalmology. Funding for Glaucoma monitoring in the community is until March 2021 but patients will continue to be seen in the community for some time due to delays in availability of appointments. As this scheme has worked well, it is hoped that there will be continued funding at least until the pandemic ends. Looking to the future, NESGAT (NES Glaucoma Award Training), education and training in glaucoma management will be introduced by NES to Tayside in April. This qualification allows IP optometrists in Scotland to manage discharged patients in the community. Other educational work is planned by secondary care.

Since January 4th, Optometry practices have been encouraged to continue to see routine patients where it is safe to do so but defer asymptomatic low risk patients if they are at increased risk from COVID.
Emergency and essential should continue to be prioritised so that 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).

Emergency Care summary was rolled out to independent prescribing (IP) Optometrists during phase 1 of pandemic but since then all optometrists have been offered access to this.

**General and 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.

General Dental services started to remobilise non emergency activity from the 1st Nov 2020 and work is ongoing with Public Dental Services to deliver safe dental care both planned and emergency as safely as possible

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In summary we will:-

- Continue to support a unified approach to Primary Care services to ensure consistency of standards and service provision across Tayside.
- Establish a whole-system quality improvement approach for primary care which takes into account the multiple interfaces and co-dependencies.
- Continue to support COVID-19 vaccinations in General Practice as required.
- Implement new ways of working will be enabled by digital technology to support triage, clinical signposting, case management and long-term condition care.
- Increase the focus on appropriate self-management and prevention and digitally enabled care
- Through our joint arrangements of the Primary Care Command and Co-ordination Team to work closely with GP Practices and provide support in their plans to resume to full service including new ways of working.
- Continue to have a specific COVID-19 pathway via NHS 24 and local Clinical Hub and Assessment Centre.
- Progress with the PCIP agreed actions and implementation timeframes as funding allowed with a particular focus on Community Treatment and Care to support stability in General Practice and delivery of the flu and COVID-19 Vaccination programme.
- Progress access for community optometry to Clinical Portal and staffnet.
- Support the innovation within Community Pharmacy including the interface with General Practice and the introduction of Pharmacy First.
- Work closely with General Dental Services to increase service delivery where possible and safe to do so.
- Progress development working across both primary and secondary care to shift the balance of care towards communities through improved integrated pathways.
- Primary Care Out of Hours Service (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 COVID Assessment Centre structure to rest upon longer term.
- Continue with initial telephone consultation for all patients being assessed within the Primary Care OOH service to ensure patients receive the most clinically appropriate assessment.
- Continue to support direct access of care homes to the OOH service so that professional advice to a senior clinical decision maker will be directly available.
- Continue to explore new premises for MIIU in Arbroath to implement new ways of working in terms of access to buildings, waiting areas, workspace taking into consideration social distancing measures.
- Develop a new Frail Elderly LES for General Practice built on a set of principles for whole system multi-disciplinary working to support care homes.
- Continue to review and develop the governance and quality improvement structures for Primary Care.
- Review cluster models in partnership areas as required.
- Progress work to improve health inequalities and access to primary care.

## 8. Community Services

This section will consider the following community services

- Community Nursing
- Community AHP
- Community Mental Heath
- Care at Home
- Community Hospital
- Care Homes
- Care at Home
- Learning and Physical Disability

Partnership working in community is key to delivering cohesive integrated services from the perspective of the service user. Building on existing strong relationships, the period of the COVID pandemic has seen an enhanced sense of partnership with our staff, the independent and third sector providers. The Strategic Planning Group of the IJB has been a foundation of these relationships.

A particular focus has been our care homes given collective challenges and pressure experienced by the HSCP and care homes. Across the whole health and care system we are committed to build on this constructive relationship, to maintain strong supportive links with care homes and use current assurance exercises to build a new supportive quality assurance framework.

Regular engagement with Third/Independent sector partners has continued to take place, and our employee representatives have been included in our planning and delivery arrangements.

**Community Nursing**

COVID-19 is likely to be in our communities for some time and it is important for community nursing services to be configured and commissioned appropriately to look after patients, both those who have the virus and those who do not, as close to their home as possible. The planning assumption is that there will be an increase in demand for community nursing services and that this will impact on our district nursing capacity as we aim to meet the needs arising from remobilisation in the context of an aging population and workforce. This includes a potential need to provide increased support to care homes and their residents.

**Demand**
It is anticipated that demand pressures will increase for a number of reasons;

The impact of physical distancing on General Practice capacity

- increase in de-conditioned older people in our communities now
- increasing numbers of patients requiring EoL support
- need to continue to support those with long term conditions; and
- the resumption of planned surgery locally

All of the above pressures have the potential to impact significantly on the service. It is anticipated that a number of Angus residents will require District Nursing (DN) services on discharge from hospital, and also to help prevent their admission to hospital. It is assumed that this will not be an insignificant number and in addition there will be increasing numbers of citizens requiring a range

of post-operative interventions such as wound dressings, fragmin injections, eye drops and other procedures; and the potential for increasingly frail residents being kept in their own homes.

**Community AHP services**

Pre-COVID a number of AHP services were already using telephony and Near Me on a small scale, realising benefits of remote consultations as part of the service model over the geography of Tayside and opening access to services to meet both the needs and preferences of service users. The requirement for social distancing and using Personal Protective Equipment (PPE) prompted the rapid implementation of remote consultations using telephone and Near Me across multiple AHP services. A recent audit of AHP activity over Nov/Dec 2020 showing over 60% of new and 30% of return appointments were delivered remotely. Investment in IT will allow further development of this.

The implementation of Primary Care initiatives, such as First Contact Physiotherapy has been prioritised and is now operating fully covering all GP surgeries in Tayside. The service model has moved from face to face contact for patients, to telephone and near me consultations, which has added flexibility to the delivery and receipt of this service.

Our ECS model of care with the multi-agency team working in GP clusters has been well placed to continue to support patient's to be safe at home, preventing admissions and allowing earlier discharge. The close team working amongst GPs, AHPs, community nursing and social work colleagues has enhanced communication and quicker service responses.

The importance of Rehabilitation has been recognised in the national Framework for Supporting People through Recovery and Rehabilitation was published in 2020. Specifically it recognises that some patients may require a more prolonged period of recovery and rehab after COVID, often now referred to as long COVID. Angus AHP services will strengthen their links with the NHST CARES service (COVID-Related Advice on Rehabilitation, Enablement and Support), in order to better link patients into our mainstream services for this support, in the coming year.

In addition to the increased requirement for rehab whilst recovering from COVID, it has been evident that the various levels of restrictions and lockdown has had an adverse effect on the physical and mental health of the general population and particularly the elderly population with many of our elderly struggling to maintain their independence at home due to deconditioning. Social distancing requirements have prevented services such as Falls prevention and Pulmonary Rehab classes taking place and it is likely that the demand for these services will increase in the coming year. Rehab classes have a solid evidence base and will require further investment to increase the availability of this resource, to assist in meeting this demand.

In summary we will:-

- Continue to use remote consultation where possible and clinically appropriate.
- Continue to deliver First Contact physiotherapy service.
- Develop ECS to further integrate the working of the enablement team to promote rehabilitation and independence of service users.
- Develop an action plan to identify key areas for improvement in the integrated working of this team.
- Continue to actively contribute to the evaluation and development of the CARES model to best meet the needs our local population.
- Work with the NHST CARES team and the AHP Directorate to identify the links into mainstream HSCP services, whilst maximising the learning achieved from the CARES service.
- Plan for the reintroduction of evidence based rehab classes once COVID restrictions allow.
- Invest in an increase in the number of classes offered to meet the backlog of referrals and the increased demand due to deconditioning during lockdown.
- Work with colleagues in Technology Enabled Care to develop new methods of delivering rehab, for people who are housebound e.g. YouTube, Remote attendance at rehab class.

**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.

**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, and we continue to provide services via Near Me and telephone consultations. Group therapies remain closed but vulnerable people are offered one to one support.

We anticipate an increase in demand for people with increased distress as well as mental health issues and expect our front line Wellbeing Services will feel this impact first. There is current capacity within our Health and Wellbeing Services based in every GP Practice in Angus. We have also provided a number of one off grants to our Third Sector Providers within Mental Health and Substance Misuse in order they can build their capacity and invest in IT solutions.

It was previously reported that 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 in particular Adult Support and Protection work. There is an emerging risk that there in insufficient staff attracted to these posts so our CMHT are operating with less than the required social work resource.

In summary we will:-

- Monitor demand in our Third Sector, prevention and early intervention services and intervene to review capacity if required.
- Work with Children and Family Services to introduce a wellbeing service for young people within GP Practices similar to Adult Services.
- Strengthen the social worker provision, leadership and support within Integrated Mental health Services.
- Implement 7 day mental health service.

**Justice Healthcare Services – Forensic & Custody Healthcare Services**

Forensic & Custody Healthcare (hosted by Angus HSCP) 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.

In summary we will:-

- Implement Forensic Medical Services (Scotland) Act by November 2021.
- Develop the sexual offences nurse coordinator part of the forensic & custody nurse role.
- Support the nurses undertaking the Sexual Offences Examiner course.
- Continue with recruitment to enhance the staffing model - mental health nurses to be recruited.
- Continue to improve the health and safety environment with the development of an enhanced office / staffing area to support staff wellbeing, working in partnership with Police Scotland and staff side.
- Continue to improve the environment in the Forensic Medical Suite, working in partnership Police Scotland; WRASAC, Dundee & Angus; RASAC, Perth & Kinross; NHS Tayside and staff side.

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**Community Hospitals**

Our community hospitals currently provides a step up/down multidisciplinary inpatient service for rehabilitation, subacute care psychiatry of old age and palliative pathways of care, ensuring that when patients are identified as clinically ready to move that they are safely discharged home, or to a homely setting in a timely manner. The guiding principle which enables people to live as independently wherever possible, also underpins the activity and support provided in our specialist dementia unit, outpatient department and health & wellbeing centre.

Going forward the proposed model of health and wellbeing aligns with national and local strategy and in an inherent part of Angus Care Model. Our proposed redesign of services will ensure that we have a flexible, responsive service that meets the needs of the Angus population

| Inpatients | Current Capacity | Currently Utilised | Comment |
|---|---|---|---|
| Medical Unit Arbroath | 21 | | |
| Clova Unit, Whitehills | 9 +4 Hospice | | COVID recovered patients |
| Isla Unit, Whitehills | 18 | | |
| Stroke Unit, Stracathro | 10 | 10 | |
| Ward 2 Stracathro | 10 | 0 | Non Operational at the moment could be used to support escalation if required |
| Prosen, Whitehills | 10 dementia admission and assessment beds | 10 | |
| Rowan, Stracathro | 13 acute functional admission and assessment beds | 13 | |
| Willow, Stracathro | 12 dementia admission and assessment beds | 12 | |

In summary we will :-

- Focus on maintaining an improved performance in relation to delayed discharge and appropriate prevention of admission.
- Look at re-profiling bed occupancy and capacity on a temporary basis where there is a need to support COVID activity or contingency arrangements and sync this with next steps of our well established Angus Care Model Project.
- Work closely with our community teams across Nursing, Mental health, Allied Health and Social Care to provide alternatives to admission and support the people of Angus in their own homes where it is safe to do so.

**Social Care**

Following a period of brief respite in July and August 2020, the AHSCP once again finds itself intensely involved with managing the pandemic in residential care homes, dealing with the delivery of a blended model of care in older peoples' day care and Disability Day Centres, providing planned respite care, and supporting a major increase in the demand for Care at Home. There has been considerable movement of demand from care homes to care at home (see below). The social care system is unquestionably under considerable strain, but we have learned from the first phase of the pandemic and are better prepared; adaptability and responsiveness have been key, and capacity has held up well because we have targeted areas of particular pressure for increased investment where necessary.

**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, but now with increased direct contact with service users, notwithstanding the constraints of social distancing and PPE. Referrals have continued to be acted on, assessments of supported people and carers undertaken, and services allocated. Additional contact support has been put in place with carers who did not wish to use normal services. Emergency respite has continued to be available. Planned respite has reopened, following 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 was developed to prioritise visits.

**Care Homes**

Angus HSCP has worked closely with the independent providers sector, the NHS Angus Council, and Scottish Care to ensure that we provide support to the care homes across the county. It is important that, as we move through this next planning period, we continue to support our care homes as they are responsible for the wellbeing of around 900 of our most vulnerable citizens.

The AHSCP has operated a Care Home Operational Group since May 2020. It currently meets three times weekly but at the height of the first wave met daily. It is a multi-agency group with membership from social work care management, district nursing, Public Health, IPC, the Care Inspectorate, Scottish Care, Procurement, MFE consultant, Lead Clinician and specialist nursing posts. Each meeting considers outbreaks in care homes, their management and prevention; joint assurance visits and improvement planning; PPE; visiting arrangements; testing, both LFT and PCR; the vaccine; health and social care needs of residents; financial supports; RAG status; Turas returns; operation Koper; staffing support and capacity; any new guidance or regulations; and any new or emerging issues. The group provides a post-meeting summary to the Chief Officer prior to the Oversight Group and raises issues for escalation. The approach of scrutiny combined with support has been well received by care homes and is viewed positively by all stakeholders.

**Care at Home Support and Assurance**

The responsibilities described above have now been extended by the Scottish Government to "care at home", which encompasses personal care and support provided in peoples' homes, day care, supported housing, and care provided by personal assistants under SDS Option 1 Direct Payment.

Personal care at home provision has increased at the start of the pandemic from 10,350 hours per week to 11,924 hours in the second week of February 2021; not only is this challenging in terms of capacity (and the AHSCP has been able to meet that demand with its independent sector partners) it represents £1.6m of activity for a whole year. This increased demand reflects some COVID impact (the reduction in care home demand being displaced into care at home, the reduction in available day care provision, and the fragility of older people due to lack of activity and socialisation in lockdown), it also reflects an anticipated demographic increase in demand being actualised earlier than anticipated. Recruitment is good, but with numbers of available staff affected by self-isolation, capacity is beginning to feel stretched. The AHSCP has commenced discussions with care home providers about moving some resource from the care home sector to care at home.

The Partnership is required to extend COVID testing arrangements, the vaccine, staffing, financial supports and outbreak prevention and management to care at home. The approach has been to develop a twice-weekly Care at Home Operational Group which functions very similarly to the Care Home one, and which broadly covers the same range of business. This has worked well so far, and we have adapted the learning from months of involvement in care homes to this new range of settings. The challenges are, though, in some ways quite different, especially in Direct Payment recipients, where a support infrastructure and even IT access cannot be guaranteed; we have had to develop workarounds for these examples.

**Infection Control and PPE**

Both are the subject of continuous review at the Care at Home and Care Home Operational Groups. Supply has been reliable and adapted according to changes to regulations.

**Testing**

As noted above, delivering on the required testing regimes, LFT or PCR, is part of the work of the two Operational groups. This has gone largely as planned, but with occasional problems around collection or delays in providing test results. These have been addressed through the appropriate national and local channels and have been resolved. The interplay between vaccine and testing is being examined. The approach to testing has been one of insistence on compliance by all involved parties but recognition and support for what this means capacity-wise; for example, in care homes, staff are now required to undertake two LFT tests and one PCR per week and additional admin support to these functions has been made available.

Professionals visiting care homes, such as care managers, DPH officials, and district nurses, are required to show proof of a negative LFT. The refusal of GPs to undertake such tests, the only professional group to do so, has caused disquiet amongst providers.

**Vaccinations**

The vaccine programme has progressed well in Angus, and has been delivered according to the priority groups identified by the Scottish Government. All care homes have received their first vaccine. Care at home groups and frontline staff are now being vaccinated. The introduction of vaccinations for people leaving hospital to move to care homes is welcomed. We are learning as we go and addressing emerging issues, for example the need to vaccinate people going to care homes for respite care, not yet quite resolved.

**Outbreaks: monitoring and managing**

Information is received daily from our Turas system regarding any positive tests in care homes, symptomatic staff or residents, and test results which are awaited. This allows us to plan our response to any outbreaks, to arrange IPC or joint assurance visits, and to address any staffing support arrangements which might be required. Improvement action plans are developed from the visits and considered by the Operational Group and specialist nurse. We are developing a similar system for care at home via a Survey Monkey.

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; loss of income due to fewer admissions and increased staffing and PPE costs; police investigations in some instances; and finally, but perhaps most importantly, 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 been working with providers on 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, for the near future, the findings of the National Care Review.

In summary we will:-

- Continue to maintain the Enhanced Professional Clinical and Care Oversight arrangements.
- Continue to work closely and collaboratively with our Scottish Care and Care Inspectorate colleagues.
- Continue to identify any training and support needs for care home staff and resources / mechanisms to meet these needs.
- Continue IPC nurse, care management and care home liaison nurse visits.
- Scope and model the further care home support/liaison requirements as a whole system.
- Continue to provide PPE hub support to care homes and care at home.
- Provide administrative support to care homes and care at home eg.re staff testing.
- Continue with outbreak monitoring and management, including PPE supply, testing and vaccine.
- Continue with second round vaccinations as per JVCI guidelines.

**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).

Services have generally been sustained during the pandemic, except for planned respite and the Disability Day Centres, which were temporarily closed in early March, providing outreach support instead. Permission was given to reopen by the Scottish Government at the end of August, but a second lockdown made viability difficult; most day care has been provided on a blended basis of outreach and centre-based provision, with Older People’s generally more outreach and LD generally more centre-based. . Operating to the national guidance, the Angus Care at Home Operational Group described above considers risk assessments for service provision from the 3 Learning Disability Day Centres, 1 Physical Disability Day Centre and 5 Older Peoples Service day centres. We required of providers that they surveyed their service users to determine the balance of outreach provision and centre-based support preferred by them. This has been completed and a blended model, combining both approaches, is the preferred approach in nearly all instances. Where day care provision has a centre-based element, this is of course constrained by social distancing so numbers attending centres inevitably remains smaller than usual. The Huddle considers risk assessments submitted for centre-based and outreach provision.

Planned residential respite has recommenced and, together with the reopening of day care, will provide additional support to hard-pressed carers.

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.

In summary we will:-

- Progress PD and LD improvement plan.
- Continue to provide services within the constraints of the pandemic regulations and safe practise requirements.

## 9. Unpaid Carers

Unpaid 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 did not have a planned break from caring for seven months.

Angus HSCP has increased flexibility in the use of SDS option 1 resources by unpaid carers and has continued to support emergency respite. Recovery plans included 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 and is the subject of a report to the IJB in February 2021 As described above, support to DP/SDS Option 1 personal assistants is included in the new requirements and this has been progressed; examples include a survey of all such carers and staff to determine what supports they would require, arrangements for testing personal assistants, and access to the vaccine.

In Summary we will:-

- Continue to support unpaid carers as key stakeholders within the Angus HSCP.
- Address their specific needs through the Carers Strategy and the Care at Home Operational Group.

## 10. 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.

In summary we will:-

- Continue to work closely and in partnership with all third sector colleagues to support the health and wellbeing of the Angus population.

## 11. 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. We are developing the approach to the workforce plan and risk where professional leads are developing profession specific risks alongside mitigation actions e.g. care management, community nursing, GPs, mental health professionals. The delegation of healthcare tasks is of fundamental importance to this and worth a mention. Professional leadership will ensure links to national, regional and local supports to address gaps.

The wellbeing and mental health of our staff is paramount. Growing research demonstrates the key contribution of good mental health and wellbeing in relation to job satisfaction and effectiveness at work. Stress, depression and anxiety are reported as the most common reasons for staff absence. Poor mental health is associated with an increased risk of disease such as cardiovascular disease, cancer and diabetes, while good mental health is a known protective factor. Conversely, poor physical health is a key contributor to increasing the risk of people developing mental health problems.

Angus HSCP is a member of the NHS Tayside Health and Wellbeing group and supports the objectives of that group.

**Staff Health & Wellbeing**

Staff can access a number of online supports, supported by both employers e.g. PAM Assist or Care first Lifestyle. In addition the The National Wellbeing Hub went live in May 2020. NHS Tayside Psychological Therapies Service is 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.

As part of the survey which we undertook in August 2020, staff were asked to describe how they felt at the start of the COVID-19 pandemic compared to now. 95% of respondents chose negative words to describe how they felt initially with 53% of people feeling anxious or worried. 77% of people chose positive words to describe how they felt eight weeks post-lockdown which implies that morale is high amongst staff despite the fact that a number of people (14%) noted fatigue and exhaustion.

As we continue to recover services it is important that we maintain our close focus on the recovery of our staff. Staff continue to be encouraged to make use of all the support opportunities that are available and to look after themselves and one another.

The health and wellbeing of our staff remains a priority. Feedback from staff highlights that their health and wellbeing is not only impacted by what is happening at work but also by issues that are happening at home e.g. challenges with home schooling. As we continue to recover services it is important that we maintain our close focus on the recovery of our staff. Staff are being encouraged to seek support if required and look after the wellbeing of themselves and others. There are a number of options available for staff both locally and nationally. We also accept that we need to be more proactive in supporting staff and have implemented the ‘Spaces for Listening’ which provides

a structured process to create space for teams to discuss and share what is going on for them as individuals and groups. Early feedback suggests this has been both powerful and beneficial.

The HSCP are asking it staff teams for other suggestions for supporting their own health and wellbeing and are aware of funding opportunities through the NHS Charities Together Fund.

In summary we will:-

- Deliver the outcomes from our workforce Implementation Plan including:
    - Through the Staff Partnership Forum identify and support areas to become bronze Healthy Working Lives Award holders.
    - Agree a finance plan to recruit over nursing and social care staff establishments in October each year to maintain posts throughout the year.
    - Review social work posts ensuring correct number to cover statutory roles.
    - Implement a management succession plan
    - Ensure mangers maintain their focus on the health and wellbeing of their teams
    - Continue to encourage staff to look after themselves and one another and regularly signpost staff to national and local health and wellbeing support opportunities
    - Encourage teams to adopt regularly opportunities for structured listening by spreading the ‘Spaces for Listening’ approach.
    - Invite staff members to participate in a questionnaire seeking feedback about their health and wellbeing.

## 12. 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. Remote Patient Monitoring (and the use of Florence (Flo) has recently increased with new clinical areas testing protocols. For example the Angus Respiratory Team have developed a protocol to support people once they finished their usual Pulmonary Rehabilitation programme/classes. The Flo protocol itself provides reminder messages to help people maintain their self management behaviours.

Angus HSCP, together with NHS Tayside eHealth Team is actively participating in a National Collaborative to expand the use of RPM.

There are significant opportunities for digital services to be at the front of the remobilisation and recovery core tasks particularly to minimise face to face consultations. 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 Initial feedback from staff and service users has been very positive.

Angus HSCP participated in a Quality Improvement (QI) programme, hosted by The Institute for Research and Innovation in Social Services (IRISS) in partnership with the Scottish Government Near Me team (TEC Programme), to test the use of Near Me in a social care settings. The test was carried out in a Care Home in the South Locality. We have been invited to expand the test of change to another care home in the South locality and aim to expand this approach to the rest of Angus. We are following a similar approach to introduce Near Me to Home Care Assessor Teams and the Enablement and Response Team.

We are testing a simple digital device, KOMP, 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.

In summary we will:-

**Technology Enabled Care**.

- Introduce and evaluate the use of Remote Patient Monitoring to support people who have taken part in remote pulmonary rehabilitation classes.
- Evaluate our test of change of KOMP and if appropriate we will seek funding opportunities to expand its use with the aim to increase the connectivity of socially isolated and vulnerable individuals.
- Continue to increase the use of virtual consultations within health and social care settings, either using Near Me technology or by telephone.

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## 13. Communications and Engagement

The Angus Communication and Engagement Plan 2020 – 23 was approved in October 2020. This includes actions to support our mobilisation planning and recovery. We seek to make use of creative methods of engagement that facilitate communication and engagement whilst still ensure that health and safety requirements and physical distancing is maintained and builds on our existing stakeholder framework.

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. The Angus HSCP Face Book 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.

During August 2020 Angus HSCP invited feedback from people who had been admitted to one of the Angus community hospitals after 23 March 2020, from people who receive health and social care services and from unpaid carers .The majority of people receiving care told us that they had a positive care experience. Service Managers have been made aware that service users value prompt and accurate information.

Feedback from unpaid carers (n=133) resonates with feedback from Carers UK have recently published the finding from their recent survey 'Caring behind closed doors – 6 months on'. Respondents indicated that they were very happy (7%), happy (21%) or OK (40%) about the support they were receiving. 72% of respondents reported that their emotional health and wellbeing had deteriorated since the start of the pandemic.

Angus HSCP continues to work closely with Angus Carers to ensure that unpaid carers are supported in their caring role. We are currently undertaking a consultation with unpaid carers which proposes changes aimed to ensure that carers with the highest need are supported. The amount of resources available is not reducing but we want to make sure that these resources are shared fairly and equitably and carers are not charged for services aimed at supporting them.

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 Face Book 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

In summary we will:-

- Develop and publish videos to raise awareness of the range of work and services across Angus HSCP, linked to the vision and priorities for health and social care in Angus.
- Conduct a communications survey with the people who are supported by, work with or have an interest in Angus HSCP to measure the impact of communications activity. This will focus on;
    - an awareness of the work and services of Angus HSCP and IJB
    - feedback about HSCP communications
    - preferred communication channels
    - Communication improvements

## 14. Finance

The HSCP COVID-19 2020/21 financial plans submitted quarterly to the Scottish Government have captured a range of financial implications. 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.

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.

Furthermore the Partnership has contained costs linked to services operating at reduced levels of spend or redeploying resources which has provided offsetting reduction in the current year.

The financial consequences of the remobilisation plan for 2021/22 is being developed using the 2020/21 spend pattern and adjusted for specific pressures. However there is a high degree of uncertainty with these costs, specifically the duration. Whilst last years plan featured a level of offsetting reductions this will not be the position in the 2021/22 plan as we expect this to end as our services remobilise.

Furthermore the impact to the Partnership's financial plan for 2021/22 and beyond has been significant with the effect on our ability to deliver a full recurring savings programme, impact on income streams, uncertainty re long term prescribing issues, immediate and longer term impact on our independent sector providers, the impact of service reconfiguration and a range of other potential medium and longer term implications.

Depending on the level of Government funding in 2021/22, the COVID-19 related financial pressures could have an impact on Partnership Services in 2021/22 and future years, and could have a consequence on the financial positions of the Partner bodies (NHS Tayside and Angus Council).

In terms of the 2021/22 remobilisation plan some of our anticipated additional costs will be:-

- Continuing investment in Digital Working & Infrastructure
- Infection Control and PPE
- Continuation of initial telephone consultation from a clinician in OOHS
- Increased demand on Community Nursing
- Third Sector Mental Health service capacity and IT solutions
- Provider Support Payments
- Increase demand for Care at Home