



**ANGUS HEALTH AND SOCIAL CARE**

**INTEGRATION JOINT BOARD – 20 APRIL 2022**

**COVID-19 REMOBILISATION IMPLEMENTATION PLAN UPDATE**

**GAIL SMITH, CHIEF OFFICER**

**ABSTRACT**

To update the Integration Joint Board on progress achieved during 2021/22 in implementing priority actions identified with the Angus Health and Social Care Partnership COVID-19 Remobilisation Implementation Plan.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

- (i) Notes the progress made in implementing identified remobilisation actions during 2021/22.
- (ii) Notes the current national context in relation to remobilisation planning.
- (iii) Approves the recommendation that the Partnership no longer maintain a separate COVID-19 remobilisation plan, but that remaining remobilisation priorities are reflected in the Partnership's strategic and commissioning plans (overarching and care group specific) and individual service plans.

**2. BACKGROUND**

The Partnership's first COVID-19 recovery plan was approved by the Integration Joint Board in August 2020 (Article 13 of the minutes of the Angus Integration Joint Board held on 26 August 2020 refers). This was further updated in early 2021 when the Scottish Government requested that all NHS Boards, Local Authorities and IJB submit remobilisation plans (also known as recovery plans) for the period until 31 March 2022. The remobilisation plan approved by the IJB in February 2021 (Article 11 of the minute of the meeting of the Angus Integration Joint Board held on 24 February 2021 refers) has supported the Partnership to maintain resilient health and social care service provision during 2021/22, including in the context of further surges in infection rates, as well as lead and contribute to a range of recovery focused activity.

Moving into 2022/23 there is no requirement placed on NHS Boards, Local Authorities or IJBs by the Scottish Government to continue to maintain specific COVID-19 remobilisation plans. Public sector bodies are instead beginning to return to mainstream planning arrangements and cycles, incorporating any further specific remobilisation actions within this approach. It is therefore proposed that the Partnership should no longer maintain a separate COVID-19 remobilisation plan and that any remaining specific remobilization actions be incorporated within either the Partnership's strategic and commissioning plans (overarching and care group specific) or individual service plans.

### **3. CURRENT POSITION**

Over the course of 2021/22 Partnership service have continued to both provide a pandemic response, particularly during periods of surge in infection rates, whilst consolidating adaptations to services and practice to become mainstream, long-term models of service provision. The enduring nature of the pandemic has meant that recovery activity in many aspects of the Partnership's work has been focused establishing a 'new normal' across integrated health and social care services and supports rather than returning to pre-pandemic ways of working. This is reflected in the status updates provided against actions within the Remobilisation Implementation Plan (appendix 1); with the majority of actions either having been completed or being ongoing aspects of what have become embedded as mainstream ways of working.

The 2021/22 Annual Performance Report for the Partnership will provide a fuller overview of key developments during 2021/22 and the impact they have had on people who use health and social care services, unpaid carers and the workforce.

Appendix 1 contains a full update of activity during 2021/22 against the Partnership's remobilisation implementation plan.

### **4. PROPOSALS**

Angus IJB to support the proposal as described in the recommendations to no longer maintain a separate COVID-19 remobilisation plan, but that remaining remobilisation priorities are reflected in the Partnership's strategic and commissioning plans (overarching and care group specific) and individual service plan

### **5. FINANCIAL IMPLICATIONS**

The estimated impact of COVID-19 is £2.400m, remaining close to the previous reported position. Whilst previously these costs were being managed by a combination of COVID-19 reserves and through offsetting variances on services, the position has changed with all costs being contained against offsetting variances on services.

As noted previously the main areas of COVID-19 related spend continue to be:

- Key Supplier Support costs
- Additional staffing costs,
- Supporting Third Sector Mental Health Providers
- Infection Control and additional PPE costs
- Additional prescribing costs
- Continuing investment in Digital Working and Infrastructure

It continues to be noted, the long term financial risks regarding COVID-19 include issues such as impact on 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 as interim financial support evolves, the impact of service reconfiguration and a range of other potential medium and longer term implications. There are increasing emerging workforce issues that may be partly attributable to COVID-19 related effects. These issues are common across Scotland and continue to be part of regular discussion and reporting between all IJBs and the Scottish Government.

Ultimately the long term impact of COVID-19 is not known but may impact on our Strategic Commissioning Plan and Strategic Financial Plan, albeit it is expected the Scottish Government Winter Pressures recurring funding will help to reduce some of the recurring gap

In addition to the above at the end of February the IJB received notification that the Scottish Government will provide an additional c£11.843m of COVID-19 related funding to the IJB this year. The Scottish Government expectation is that unused funding must be carried forward in an earmark reserve. There are significant caveats and conditions to the use of this funding and the IJBs executive management team will have further discussions as to how this can be deployed.

## 6. RISK

<b>Risk 1 Description</b>	There is insufficient priority given the remobilisation activity due to lack of distinct remobilisation plan.
<b>Risk Category</b>	Operational, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 2 x Impact 5 = Risk Scoring 20 (which is a Moderate Risk Level)
<b>Mitigating Actions</b> (including timescales and resources)	<ul style="list-style-type: none"> <li>- Pandemic response and recovery has become business as usual activity due to the enduring nature of the pandemic.</li> <li>- Any specific remobilisation actions that remain will be incorporated into strategic and commissioning or service plans.</li> <li>- A range of governance and assurance arrangements are in place that will continue to receive information about service improvements, performance and impact, allowing any gaps in remobilisation activity to be identified and addressed.</li> <li>- Remobilisation planning can be recommended should the pandemic context significantly change or national guidance be issued.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Level)
<b>Planned Risk Level</b>	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
<b>Approval recommendation</b>	Given the low level of planned risk, this risk is deemed to be manageable.

## 7. OTHER IMPLICATIONS (IF APPLICABLE)

N/A

## 8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required.

## 9. 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.

<b>Direction Required to Angus Council, NHS Tayside or Both</b>	<b>Direction to:</b>	
	No Direction Required	x
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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List of Appendices: Appendix 1 Remobilisation Implementation Plan