CLACKMANNANSHIRE COUNCIL

THIS PAPER RELATES TO ITEM 4

ON THE AGENDA

Report to: Clackmannanshire Council

Date of Meeting: 24th September 2020

Subject: Health and Social Care Partnership (HSCP) Remobilisation Plan and Renewal Plan

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Report by: Chief Officer, Clackmannanshire and Stirling Integrated Joint Board

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1.0 Purpose

1.1. To present the Health and Social Care Partnership's (HSCP) Re-Mobilisation Plan and the HSCP Renewal Plan as part of the HSCP response to COVID-19.

2.0 Recommendations

2.1. To note the approach laid out in the two Plans.

2.2. To note the activity being undertaken by HSCP officers to progress the work through existing planning and oversight structures to ensure progression of activity.

3.0 Considerations

3.1. The HSCP Mobilisation Plan was presented at the Integration Joint Board meeting on 17th June and members of the Board had the opportunity to review the actions and activity associated with the emergency response across community health and care services.

3.2. The Re-mobilise, Recover, Re-design: the framework for NHS Scotland was published on May 31st and set out how health boards would safely and incrementally prioritise the resumption of some paused services, while maintaining COVID-19 capacity and resilience.

3.3. As the HSCP moves forward into this next phase of re-mobilisation and renewal, there was a need to continue to safeguard robust COVID-19 resilience and support across community health and care, whilst working with the Health Board and both Councils to resume paused services across the whole system whilst ensuring they are resumed safely and incrementally.

3.4. The HSCP has worked closely and collaboratively to co-produce and deliver a whole system approach to mobilisation and renewal across NHS Forth Valley and in particular within Clackmannanshire and Stirling Council areas.

3.5. The Re-Mobilisation and Renewal Plans are being presented together as they represent the commitment of staff to the continuation frontline HSCP services throughout the pandemic whilst delivering a dynamic programme of service model re-design and renewal.

3.6. Re-Mobilisation Plan – The re-mobilisation of services within a context of transformational change must be done in a way that is considerate to the fact that Covid-19 still represents a very real public health challenge to the country and its population.

3.7. The HSCP must be able to react quickly and decisively to additional outbreaks of the virus that may require further standing up and down of services and staff, and to respond to external influences such as additional or changing guidance from the UK and Scottish Governments. Recovery of services requires to be managed to cope with any unpredicted or unexpected surge in demand for services that may arise as restrictions across the country are lifted.

3.8. The HSCP's approach to re-mobilising services and introducing/retaining new approaches is being achieved with at least the same high levels of transparency and accountability as prior to the pandemic.

3.9. As such, the HSCP will engage with the public, and the workforce, to understand what people most value, and what a safe, sustainable, high quality health and social care support system will look like in the future. This means being explicit and clear with both the public and staff about the changes being introduced/retained and why, and will involve them in the continued monitoring of the impact of these changes.

3.10. The success or failure of re-mobilising services or making/retaining changes to services will rely on ensuring those affected understand and are part of the decisions being taken and how that affects access and use of local services.

3.11. Renewal Plan – During the emergency response phase of the pandemic Clackmannanshire & Stirling Health and Social Care Partnership had a community first approach and stood down all non-essential activity, including some planned respite; some district nursing services; all non-essential meetings; and on 31 March all Integration Joint Board & Committee meetings until at least 17 June 2020.

3.12. The majority of HSCP frontline services continued throughout the pandemic however the small number of non-essential services which did not continue are being supported to restart services in a safe and effective way. In response to the Covid-19 pandemic the HSCP Renewal Plan has been drafted to set out the HSCP response; where a small number of services were stepped down or delivered in different ways to limit client / service user and staff risk of infection of the virus and in line with Scottish Government guidance.

3.13. The scale and pace of innovation and service transformation was able to be accelerated in response to the pandemic, however changes to services and service models reflected and complemented the vision and priorities already laid out in the Strategic Plan 2019 – 2022 and do not constitute a shift in the strategic direction of the HSCP.

3.14. A mind map was utilised to outline the scope of the issues affecting the renewal of services across the Health and Social Care Partnership. The Mind Map identified key areas of renewal activity for the HSCP which can be progressed alongside the HSCP strategic priorities as laid out in the Strategic Plan.

3.15. As all non-essential HSCP activities were stood down at the start of the pandemic, in contrast, all statutory services have been maintained and some services have been delivered in a different way, e.g. Near Me, telephone appointments, virtual appointments, social distanced visits to a person's garden. This blended approach to support service users will continue for some time to meet the changing circumstances and restrictions as a result of COVID-19.

3.16. Clackmannanshire and Stirling Health and Social Care Partnership within the HSCP Mobilisation Plan and Re-Mobilisation Plan outlined, in detail, the emergency response to the COVID-19 pandemic. These Plans reflected the key activities across all areas of service as well as the financial framework and ongoing costs linked to the pandemic response. Both plans described the HSCP's continuation of the delivery of all essential and statutory community health and social care services since March 2020, ensuring safe and effective service delivery.

3.17. The HSCP Strategic Plan 2019 – 2022 lays out the next three year commitments of the HSCP to Care Closer to Home; Primary Care Transformation; Caring, Connected Communities, Mental Health, Supporting People living with dementia and alcohol and drugs. The Re-Mobilisation Plan and Renewal Plan reflect the COVID-19 response which has created opportunities to accelerate activity linked to the key priorities as laid out in the Strategic Plan.

3.18. The commitment to the ongoing transforming care agenda will be delivered through the newly established Transforming Care Board and as such the activity laid out within the Re-Mobilisation Plan and the Renewal Plan will continue to be progressed and delivered going forward. This ensures that lessons learned and the ongoing review of the model of care which has progressed during this pandemic will inform the transformation of services.

3.19. The Strategic Planning Group will have a key role in reviewing the pandemic response and reviewing local needs and demand going forward, the work described within the Re-Mobilisation Plan and Renewal Plan alongside existing strategic and service priorities and will form the basis of the group's workload for the coming year.

3.20. The Re-Mobilisation Plan and the Renewal Plan reflect a point in time and will act as a bridge between the emergency response to the pandemic and the continuation of review and management of community health and care services across our communities. The pandemic has created the conditions for change, as laid out in the Scottish Government lessons learned piece, and the HSCP has been able to capitalise on this transformational environment.

3.21. These Plans lay out HSCP officers' progress and the ongoing activity linked to the review of the model of care across community health and care which is supporting the transformation of care. This will not only meet the strategic

priorities of the HSCP but will ensure effective financial management of the totality of the HSCP budget.

4.0 Sustainability Implications

4.1. The continuation and movement into the next phases of recovery and renewal, may arguably be more challenging than the initial emergency response. There is a need to recognise the growing risk of rapidly rising waiting lists and potential non-COVID harms; particularly in the context of releasing COVID restrictions; and the need to have in place other key, and interdependent, strands of response for example managing localised outbreaks and ongoing testing regimes across community staffing groups.

4.2. The HSCP has been able to accelerate the delivery of existing strategic priorities and will continue to identify more effective ways of working to meet the needs of the population within a context of financial prudence, scrutiny and review.

5.0 Resource Implications

5.1. Financial Details

5.2. Additional Scottish Government funding for COVID-19 was made available to the HSCP via NHS Forth Valley and there are monthly finance reports submitted on actual and proposed spend. Additionally sustainability funding for independent sector providers across Scotland was managed through the HSCP.

Yes ☐

5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes X

5.4. Staffing

5.5. There are no staffing issues directly associated with these Plans.

6.0 Exempt Reports

6.1. Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No X

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities** (Please double click on the check box ☑)

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all X

Our families; children and young people will have the best possible start in life ☐

Women and girls will be confident and aspirational, and achieve their full potential ☐

Our communities will be resilient and empowered so that they can thrive and flourish X

(2) **Council Policies** (Please detail)

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?
Yes X No ☐

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes X

10.0 Appendices

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

- HSCP Re-Mobilisation Plan
- HSCP Renewal Plan

11.0 Background Papers

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)
Yes ☐ (please list the documents below) No ☐

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
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Clackmannanshire & Stirling Health & Social Care Partnership

Re-mobilisation Plan

August 2020

Version	**Version 4**
Author	**Wendy Forrest**
Approved by	**Annemargaret Black**

Contents

1. Introduction

The fundamental principle driving the HSCP approach to recovery are the vision and strategic Priorities of the HSCP Strategic Plan 2019 – 2022 which continue to be as relevant to the planning and delivery of health and social care services during remobilisation as they were before the Covid-19 outbreak.

Whilst the scale and pace of innovation and service transformation has been necessarily accelerated by the requirement to respond to the pandemic, any changes to services and service models reflect and complement the vision and priorities laid out in the Strategic Plan and do not constitute a shift in the strategic direction of the HSCP.

In other words there continues to be a commitment to move to more services being provided in the community, closer to home and a focus on prevention, improving life expectancy and promoting physical and mental health, and supporting people to live healthy lives.

Vision	Priorities	Enabling Activities				Strategies and Initiatives to deliver change
...to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities	Care Closer to Home	Technology Enabled Care	Workforce Planning and Development	Housing / Adaptations	Infrastructure	Intermediate Care Strategy
	Primary Care Transformation					Primary Care Improvement Plan
	Caring, Connected Communities					Carers (Scotland) Act 2016 Community Empowerment (Scotland) Act 2015 Free Personal Care for under 65's 'A Connected Scotland: our strategy for tackling isolation and loneliness and building stronger social connections' Public Health Priorities for Scotland
	Mental Health					Mental Health Strategy
	Supporting people living with Dementia					Dementia Strategy
	Alcohol and drugs					Forth Valley ADP Strategy

This Re-mobilisation Plan aligns to the HSCP Transformation Programme and to the HSCP Strategic Improvement Plan which describe our activities and planned programmes of change for the next three years. The HSCP Renewal Plan is the bridge between the response to the pandemic and ensuring that the HSCP is able to apply the learning and understanding gained during the response to the pandemic.

As lockdown eases and services are remobilised across the public, third and independent sector, as an HSCP there is a need to understand the long term impact and keep under constant review the changes applied, collecting feedback from relevant stakeholders to inform ongoing recovery and planning for the future.

Through this remobilisation activity the HSCP seeks to harness, identify and support innovation and embrace new approaches and ways of working. In doing so, the HSCP will promote and advance local integration to meet individual needs and renew to a better health and social care system.

2. Responding to the Pandemic

A key element in the response to the pandemic has been the ability of the HSCP and its partners to demonstrate agility and innovation in making the changes required to meet the needs of the community.

As described within the priorities of the Re-mobilisation Plan developed at the start of July 2020, HSCP frontline services continued to deliver services throughout the pandemic response to ensure the safety of staff, service users, patients and carers. Ongoing robust assessment of need continued to ensure individuals continued to receive the right level of support and/or statutory involvement at the right time and via the most appropriate means.

HSCP Services continued	**HSCP Services Ceased**
All statutory social work and social care was maintained including care packages provided by commissioned external services; including reporting and governance structures across the system	A number of care packages were ceased at the request of service users or their carers
Adult support and protection functions have continued throughout current arrangements with close monitoring and consideration when emergency visits have been required to assess vulnerable adults	All non-essential social work was ceased at the start of the pandemic e.g. Learning Disability day services stopped and respite ceased
Maintenance of hospital discharge service and management of discharge planning was as a result of the team being able to work remotely with IT and enhanced communications with hospital wards and visiting if required	Mental Health services used Near Me technology rather than home visits and assessments
Care at home services continued to be delivered to service users across communities	
Re-ablement support and service was delivered as the team continued to support clients on discharge from hospital	
Ongoing support to providers within care homes and care at home settings including updating managers and staff on new and refreshed guidance and reporting requirements linked to COVID-19 responses	
Care at Home reviews undertaken through telephone contact with client/POA and service provider where these are non-statutory	
Bellfield Centre and Clackmannanshire Community hospital based services were maintained with only changed visiting arrangements for professionals and families.	
AHPs, Enhanced Care Team and District nurses maintained compliance with SG guidance as this was released.	

3. Re-design and Re-mobilisation of Services

Re-mobilising the small array of services which were ceased is being managed with a phased approach in each of the care and support services ensuring a safe and phased return to full provision of HSCP services. The sequencing of re-starting services is different to the retraction of the services as it builds on the new required infrastructure for consistent, high quality services to vulnerable citizens and be responsive to the easing of restrictions referred to in the Scottish Government's Route Map.

Decisions have been informed by evidence and learning about what has worked well during the response, what has not been successful and where might there be opportunities to make additional modifications to service provision to support long term, flexible recovery.

In addition, the re-mobilisation of services is being informed by the latest information available on the impact of societal changes linked to the pandemic response that will shape future need and available data sources at community/neighbourhood level.

Key Strategic Priorities	Enabler Activity	Key Actions
Care Closer to Home **Primary Care Transformation** **Caring, Connected Communities**	**Agreement across NHS Forth Valley & HSCP to deliver whole systems planning aligning HSCP Strategic Commissioning Plans and key joint activity**	Development of community hubs across Clackmannanshire & Stirling – drop in centres around Clackmannanshire and Stirling in the local community representation from social care (SW or OT), wider Councils and 3rd sector partners such as the carers centre. Communities have access to social care support, benefits and housing support and aligned to primary care assessment centres across the community
		Review the bed based model of care at the Bellfield Centre to scope opportunities for innovative use of the clinical space to support model of care closer to home
		Utilise the additional capacity to review discharge / admission pathways between community and acute across whole system
		Review pathways for unscheduled and scheduled care across whole system.

Key Strategic Priorities	Enabler Activity	Key actions
Care Closer to Home **Primary Care Transformation** **Caring, Connected Communities** **Supporting people living with dementia**	**Agreement to redesign local services based on learning from the pandemic**	Establishment of refreshed HSCP Clinical and Care Governance arrangements to reflect joint approach across community health and social work/social care led by Associate Clinical Director with multi-disciplinary professional leads including Councils' Chief Social Work Officers and Lead Nurse
		Establishment of CHART (Care Home Assessment and Response Team) multi-disciplinary team representing all professional disciplines providing dedicated support to all care homes; monitoring assurance and feeding directly back into NHS Forth Valley and HSCPs
		Development of care closer to home model working with geriatricians and wider community teams at the heart of the community and with wider community planning partners
		Acceleration of the development of the use of TEC across communities and groups of service users for example in remote and rural Council areas to support medicines management, falls management and joint work with housing providers including both Councils
		Review the bed based model of care at Bellfield Centre and scope opportunities for innovative use of the clinical space to support the model of care closer to home
		Undertake an analysis of bed usage data and development of bed modelling linked to COVID, winter planning and pandemic flu planning
		Established clear recovery and renewal planning within HSCP which aligns to planning across both Councils and NHS Forth Valley for example building on community resilience developed during the pandemic of the use of volunteers and third sector.

Key Strategic Priorities	Enabler Activity	Key actions
Care Closer to Home **Primary Care Transformation** **Caring, Connected Communities** **Supporting people living with dementia**	**Agreement to deliver joint programme of transformation across the HSCP through delivering integrated services within the context of innovation**	Creation of innovative model of care to meet local needs e.g. AHP resource focus in the community hospitals to provide that targeted, goal centred therapy 7 days a week
		Development of integrated commissioning framework within HSCP
		Re-provision of care home sites no longer required in partnership with housing services / housing providers
		Review of adult social work/social care focused on choice /control and ethos of SDS
		Expansion of Near Me technology across integrated community health and social work/social care teams – successfully rolled out to teams across community health. HSCP is seeking to offer access to social care and social work practitioners within the community
		Developing a TEC first approach across the HSCP to promote independence and resilience supporting increased use of technology as well as seeking additional funds for capital investment
		Establish effective early intervention model and self-care linking people with third sector and community supports
		Enhance pathways and integrated community team focused on prevention of admission e.g. remodel community services to provide a multi-disciplinary response 7 days a week across all professions
		Scope options for extra care housing with housing services within both Councils and housing providers.

Key Strategic Priorities	Enabler Activity	Key actions
Care Closer to Home **Caring, Connected Communities** **Alcohol and drugs**	**Agreement to work in partnership across the sector and wider community planning partnership**	Development of locality planning arrangements aligned to the Strategic Planning Group and transformation and service redesign priorities so create solutions based on co-production and community engagement
		Delivery of whole systems planning across NHS FV, Regional Planning, Councils Strategic Leads & HSCPs based on an agreement to undertake an analysis of bed usage data and development of bed modelling linked to COVID, winter planning and flu planning
		Reflect on learning from COVID-19 through lessons learned sessions with partners and Scottish Government using stop/keep/continue model of renewal and recovery
		Reflect on learning from local Care Inspectorate review of care at home and housing support services response
		Development of FV wide Mental Health Strategy with a focus on self-care and self-management
		Transfer of ADP into the HSCP in line with Joint Bodies Act
		Established Forth Valley wide Health and Well-being Group for community planning partners led by HSCP
		Continued support for remote working wherever possible, with additional IT equipment/support for those who are able to work from home
		Delivery of innovative workforce planning to support compassionate working patterns including staggered start times and shift patterns over 7 days. Individual risk assessment for members of staff who are self-isolating with underlying conditions to return to work on specific duties.

4. Next Steps

The re-mobilisation of services within a context of transformational change must be done in a way that is considerate to the fact that Covid-19 still represents a very real public health challenge to the country and its population.

The HSCP must be able to react quickly and decisively to additional outbreaks of the virus that may require further standing up and down of services and staff, and to respond to external influences such as additional or changing guidance from the UK and Scottish Governments. Recovery of services will also have to be managed to cope with any predicted or unexpected surge in demand for services that may arise as restrictions across the country are lifted.

The HSCP's approach to re-mobilising services and introducing/retaining new approaches must be achieved with at least the same high levels of transparency and accountability as prior to the pandemic.

As such, the HSCP will engage with the public, and the workforce, to understand what people most value, and what a safe, sustainable, high quality health and social care support system will look like in the future. This means being explicit and clear with both the public and staff about the changes being introduced/retained and why, and will involve them in the continued monitoring of the impact of these changes.

The success or failure of any re-mobilising of services or making/retaining changes to services will rely on ensuring those affected understanding and being part of the decisions being taken and how that affects how they access and use local services.

Clackmannanshire & Stirling Health & Social Care Partnership

Renewal Plan

August 2020

Version	**Draft V3**
Author	**Lesley Fulford**
Approved by	**Wendy Forrest**

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1) Introduction

Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) is the delivery vehicle for all community health and care services delegated by the three constituent authorities of Clackmannanshire Council, Stirling Council and NHS Forth Valley. This is a unique partnership in Scotland as there are two local authority areas and one health board all of whom have voting members on the Integrated Joint Board alongside representatives of the wider partnership including third sector, carers and community representatives.

Why a Renewal Plan?

During the emergency response phase of the pandemic Clackmannanshire & Stirling Health and Social Care Partnership had a community first approach and stood down all non essential activity, including some planned respite; some district nursing services; all non essential meetings; and on 31 March all Integration Joint Board & Committee meetings until at least 17 June 2020.

In response to the Covid-19 pandemic this renewal plan has been drafted to set out Clackmannanshire & Stirling Health and Social Care Partnership's (HSCP) response; some services were stepped down or delivered in difference ways to limit client / service user and staff risk of infection of the virus and in line with Scottish Government guidance.

Rural Stirling 21,038 population

Clackmannanshire 51,280 population

Stirling City with Eastern villages, Bridge of Allan & Dunblane 70,222 population

Mobilisation Plan & Arrangements

The Clackmannanshire & Stirling Health and Social Care Partnership (HSCP) Mobilisation Plan lays out the HSCP's continuity planning for COVID 19 however continuing to take account of the strategic aims of the Strategic Plan to support people at home or in a homely setting where possible. The Mobilisation Plan continues to evolve in line with Scottish Government guidance and legislative changes.

The HSCP Senior Leadership Team (SLT) has established a senior co-ordinating group with operational, finance and clinical managers; with operational and strategic oversight of the response. The SLT continues to support the business continuity functions of Clackmannanshire Council, Stirling Council and pan-NHS Forth Valley.

The HSCP Head of Community Health and Care has established co-ordination arrangements to have oversight of community operational services across the HSCP area. This co-ordination group has service managers and clinicians from across community health and care services in Clackmannanshire and Stirling; as well as from NHS Forth Valley where there are pan-Forth Valley services being co-ordinated on behalf of both Clackmannanshire & Stirling HSCP and Falkirk HSCP.

There are representatives from across frontline operational services and senior leadership actively participating in business continuity and resilience planning within Clackmannanshire Council, Stirling Council and pan-NHS Forth Valley.

Baseline Assessment and Remobilisation Plan

As stated in introduction; during the emergency response phase of the pandemic the Health and Social Care Partnership had a community first approach and stood down all non essential activity, including: some planned respite; some district nursing services; all non essential meetings; and on 31 March all Integration Joint Board & Committee meetings until at least 17 June 2020.

A baseline assessment was made by NHS Forth Valley and the Health & Social Care Partnership to capture information which will support identifying the positive changes put in place by teams and services. These are now being used to influence how Clackmannanshire & Stirling Health and Social Care Partnership sustains and expands beneficial changes as we move forward to support recovery from the impact of COVID19.

We asked teams to consider changes made, for example:

- What activity has changed in how it is delivered or undertaken;
- What activity has been stepped down;
- What activity has been stopped; and
- How we may be able to embed and sustain improvements

The baseline assessment and operational re mobilisation plan is laid out in appendices 1 and 2 respectively. The key themes which emerged from the baseline assessment are set out in table 1 below.

Table 1 Baseline Assessment Results

Theme	Benefits	Risks	Mitigation

Use of Near Me / Attend Anywhere / Virtually for clinical and care appointments	Less car & public transport travel for service users, unpaid carers and staff; will have benefits of reduced carbon footprint and travel expenses	• Will not always be appropriate (e.g.
		  ○ Clinical or care reasons
		  ○ Users / unpaid carers will not always have the technology and / or equipment to support this approach
		  ○ Users / unpaid carers inability to utilise the technology required
		• Incidents may arise (e.g. child protection, adult support protection) as a result of not seeing an individual in their own home environment
		• 80% of all communication is non verbal – can be difficult to assess a service user(s) if not physically in a room with an individual or group
			Utilise a blended approach based on clinical and care judgement where service users can be seen either by:
			• Near Me / Attend Anywhere / Virtually;
			• Telephone Appointment ;
			• Outpatient Clinic; or
			• Home visit.

Use of MS teams for MDT & General Team meetings	Less car & public transport travel; will have benefits of reduced carbon footprint and travel expenses claimed. May reduce number of lease cars required.	• 80% of all communication is non verbal – can be difficult to 'read the room' if not physically in a room with an individual or group	Utilise a blended approach by ensuring assessment is made as to the best approach: • MS Teams; • Email; • Phone call for each MDT, individual conversations, general team meetings.

2) Context

COVID-19 is a new strain of coronavirus first identified in Wuhan city, China. It can cause a new continuous cough, fever or loss of, or change in, sense of smell or taste (anosmia). Generally, COVID-19 can cause more severe symptoms in people with weakened immune systems, older people and those with long term conditions like diabetes, cancer and chronic lung disease. [1]

On 11 March 2020 the World Health Organisation declared COVID-19 was a pandemic.[2]

As a result of an increasing infection rate of COVID-19 and to protect the country's health and care services from being overwhelmed with demand, 'smoothing the curve', the country was placed in 'lockdown' on 23 March 2020[3].

This effectively meant, from the evening of 23 March 2020 the only permissible reasons to leave your home are as follows:

- to shop for basic necessities and that should be limited to once a day
- to take exercise once a day - but alone or with your own household, not in groups
- for medical reasons or to care for a vulnerable person
- to travel to essential work if that cannot be done at home. Further guidance to employers is pending.

On 21 May 2020 The Scottish Government published a COVID-19 - Framework for Decision Making – Scotland's Route Map Through and Out of the Crisis, which included four phases (this is set out in appendix 1 for health and social care services). At this time the First Minister stated 'the danger of a second wave later in the year is very real indeed'.[4]

On 18 June 2020 the First Minster announced Scotland would move to Phase 2[5].

On 24 June 2020 the First Minister announced indicative dates for Phase 2 / 3.[6]

More detail on the R rate (rate of reproduction) can be found in appendix 4.

[1] https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-general-advice
[2] https://www.theguardian.com/world/2020/mar/11/who-declares-coronavirus-pandemic
[3] https://www.gov.scot/news/effective-lockdown-to-be-introduced/
[4] https://www.gov.scot/publications/coronavirus-covid-19-update-first-ministers-speech-21-2020/
[5] https://www.gov.scot/news/gradual-introduction-of-phase-2/
[6] https://www.gov.scot/publications/coronavirus-covid-19-scotlands-route-map-indicative-dates-remainder-phase-2-early-phase-3/pages/2/

3) Scope of Renewal Plan

The scope of this HSCP Renewal Plan is the delegated functions of the Health and Social Care Partnership, these are:

	Delegated Services
Community Based Services including contractor services	District Nursing
	Service provided out with a hospital in relation to geriatric medicine and palliative care
	Services related to substance addiction or dependence
	Services provided by Allied Health Professionals in outpatient clinics or out of hospital e.g. Occupational Therapy
	Public Dental Services/Primary medical services [including out of hours]/general dental, Ophthalmic & Pharmaceutical services
	Community Mental Health services
	Learning Disability Services
	Continence & Kidney Dialysis services provided out with hospitals
	Services that promote Public Health
Social work services/community care services – including assessment and care management and directly provided and commissioned	Older Peoples Services
	Drug and alcohol Services
	Physical Disability Services
	Adult Services
	Direct provision & commissioned services Care home and Care at home

	Delegated Services
	Adult placements
	Day services
	Short breaks/respite
	Reablement/intermediate care: bed based & care at home
	Mental Health
	Learning Disability
	Health Improvement Services
	Adult Protection & Support
	Carer Support services
	Support services – general duty
	Local area co ordination
Set Aside (For Planning) Hospital based services that are included for planning purposes	Palliative Care
	Inpatient hospital services relating to General Medicine; Geriatric Medicine; Rehab Medicine; Respiratory; Psychiatry of Learning Disability
	Accident & Emergency
	Inpatient hospital service provided by General Medical Practitioners
	Hospital based Mental Health, Learning Disability and addiction & dependency services

4) HSCP Principles of Recovery

The fundamental principle driving Clackmannanshire & Stirling Health and Social Care Partnership approach to recovery are the **Vision and Strategic Priorities** of the Strategic Plan 2019 – 2022 which has continued to be as relevant to the planning and delivery of health and social care services during renewal and recovery as they were before the Covid-19 pandemic. The HSCP vision and, strategic priorities are set out below; along with enabling activities and strategies & initiatives to deliver change.

Vision	Priorities	Enabling Activities				Strategies and Initiatives to deliver change
...to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities	Care Closer to Home	Technology Enabled Care	Workforce Planning and Development	Housing / Adaptations	Infrastructure	Intermediate Care Strategy
	Primary Care Transformation					Primary Care Improvement Plan
	Caring, Connected Communities					Carers (Scotland) Act 2016 Community Empowerment (Scotland) Act 2015 Free Personal Care for under 65's 'A Connected Scotland: our strategy for tackling isolation and loneliness and building stronger social connections' Public Health Priorities for Scotland
	Mental Health					Mental Health Strategy
	Supporting people living with Dementia					Dementia Strategy
	Alcohol and drugs					Forth Valley ADP Strategy

Whilst the scale and pace of innovation and service transformation has been accelerated in response to the pandemic, any changes to services and service models reflect and complement the vision and priorities laid out in the Strategic Plan and do not constitute a shift in the strategic direction of the HSCP.

This includes supporting the move to more services being provided in the community, closer to home and a focus on prevention, improving life expectancy and promoting physical and mental health, and supporting people to live healthy lives.

The academic world has responded by providing an evidence base on a range of topics related to COVID-19 and the below articles have been utilised to inform the HSCP approach. A summary of some of this evidence is contained in appendix 5.

The HSCP has responded to the challenges facing by community health and social care during the pandemic by delivering[7]:

- **Managed infection control and reducing impact on capacity**
  - expansion of personal protective equipment (PPE) provision
  - additional space for social distancing
  - additional staff and more time for cleaning equipment and facilities.

[7] https://www.kingsfund.org.uk/press/press-releases/restarting-health-and-care-services-will-take-many-months

- **Understanding and addressing the full extent of unmet need**
    - Focusing on protecting services for the most vulnerable, many other people's needs may have gone unmet, and people's conditions may have deteriorated while waiting for care.
    - Meanwhile, people left with serious complications from Covid-19 will require additional care.
- **Reassuring people about using services**
    - Communication channels and mediums utilised to reassure service users and unpaid carers, staff and the general public
- **Looking after and growing the workforce**
    - Assurance that adequate protection against the virus is in place before restarting services.
    - Providing support to staff across the Partnership
- **Improving and not just recovering services**
    - innovation, co-operation and an appetite to permanently change the way services work – this willingness to make long - lasting positive changes to the way services are delivered needs to continue.

HSCP Principles of Recovery

- Restarting or stepping up of services will be **phased**
- Restarting or stepping up of services will be **phased**
- A long term approach will be taken to safeguarding the mental health and wellbeing and resilience of staff by supporting our most important resource through the current experience and identifying and addressing any psychological impacts that emerge over time through **compassionate leadership**;
- Seeking to identify, and wherever possible, take advantage of any **opportunities & innovation** that have emerged during the response to the pandemic; determine if they have and will continue to add value and should be embedded;
- Introducing / retaining new approaches must be achieved with at least the same high levels of **transparency** and accountability as prior to the pandemic;
- **Safeguarding** of staff, service users, patients and carers throughout recovery, including adherence to local and national testing and isolating guidelines and the continued provision of appropriate levels of PPE;
- Re-starting of services on the basis of maintaining ongoing and meaningful **collaboration and cross-system working** with key stakeholders in recognition of the important connections and inter-dependencies between services and systems across health and social care that helps them to work together;
- Re-starting services will be done in a way that recognises Covid-19 still represents a very real public health challenge. Recovery must enable the HSCP to be **flexible** and react quickly and decisively to additional outbreaks that may require further standing up and down of services and staff, and to respond to external influences such as additional or changing guidance from the UK and Scottish Governments;
- At all times decisions made about re-starting or making/retaining changes to service provision will be done on the basis of **proportionality** to ensure safe, equitable person-centred and effective service responses;
- Being open to the requirement for flexibility when re-starting or introducing changes to services and the way that individuals and teams work (e.g. remote working / remote clinics etc) recovery must be delivered in a way that is **sustainable** over the longer term; and
- Appropriate communication with all stakeholders, taking into consideration the different **communication** needs of people.

5) HSCP Key Actions Taken during Pandemic

The scale and pace of innovation and service transformation has been accelerated in response to the pandemic, changes to services and service models reflect and complement the vision and priorities laid out in the Strategic Plan and do not constitute a shift in the strategic direction of the HSCP.

Innovation and service transformation	
Care Home Assessment and Response Team (CHART)	Recognised nationally as good practice - a multi-disciplinary care home team in place was rapidly set up to support care homes
Community support the demand for capacity to acute services in Forth Valley Royal Hospital by working towards zero delayed discharge position, including both community hospitals	Retained and expanded additional capacity for the Transition Team linked to Bellfield (extend winter project)
	Focused multi-disciplinary team (MDT) activity on prevention of admissions and early planning for discharge
	Focused social work (SW) activity on Adults with Incapacity (AWI) and the use of 13za
	Re-ablement service focused activity on management of all hospital discharges and admission prevention
	Negotiated with care home providers to identify additional beds within the community
	Community reassessment of critical care packages with care at home providers
	Developed Hospital at Home model to support enhanced care in community and prevent admissions
	Retained Care Home Liaison Capacity for 6 months

Innovation and service transformation	
	MECS (falls and community alarm service) focussed on reassessment and identifying where family members as first responders is possible HSCP Mobilisation centre to reviewed delays daily
Maintain Essential services	Monitored daily absences across NHS / Clacks Council / Stirling Council
	Three times weekly meetings of leadership team at Stirling Council
	Three times weekly meetings of leadership team at Clacks Council
	Sought redeployment opportunities for staff within establishments across all employing agencies
	HR Departments across three employing agencies supported fast recruitment
	Established HSCP Mobilisation Centre for single point of co-ordination and support
Reduction in Non Essential Services	All non-statutory SW visits and work ceased – focus on statutory provision including adult protection
	Cancelled some planned respite to free up available beds in the community for discharges
	Reviewed all providers Business Continuity Plans
	Sought to ensure Anticipatory Care Plans in place and being reviewed as circumstances change to prevent admission and support care at home

Innovation and service transformation	
Staff are safe, supported and protected	Promoted hand washing through all communications channels across three organisations Ensured access to appropriate PPE
	HSCP communications take place across three employing organisations for consistent messaging
	Identified staff at risk and provided alternative working arrangements
	Supported home working where appropriate and possible
	Bellfield Centre - limited public flow through the building to prevent infection
	Care facilities and care homes - limited public flow through the building to prevent infection
	Escalation protocols for practitioners established through commissioning team to HSCP
	Senior Leadership Team to support quick and effective decision making
Working with third and independent sector	Individual dialogue with providers assessed capacity
	Identified shift patterns and staffing levels to ensure business continuity during increased activity
	Reassured processes are being implemented as per agreed business continuity planning in line with contracting arrangements

Innovation and service transformation	
	Providers - reassured HSCP that workforce management is underway to ensure business continuity as systems pressure increases
	Providers - supported management of capacity i.e. review packages of care to ensure that people have safe levels of care
	Providers - supported management of care packages to release any additional capacity quickly into the system whether care at home or in care homes
	Third sector ensured essential support was in place for the most vulnerable and to combat the long term effects of social isolation which will result from self- isolation
	Third sector organisations came forward with offers of support, and informally organised community groups offered support on a neighbourhood level
	Coordinated requests for support across established third sector organisations in the Clackmannanshire and Stirling area, who have the systems and processes in place to offer assistance to vulnerable groups e.g. PVG checks, reference checks, specialist skills
	Ensured access to support and good practice to inform community groups that have been created specifically to support the COVID 19 pandemic and are operating at a community or neighbourhood level
	Utilised the skills and experience of wider third sector organisations operating in services that, at the time, could not continue, for community cafés, face to face groups or social enterprises relying on trading

6) HSCP Communication

The Health and Social Care Partnership have build on existing methods of communication during the Covid 19 pandemic, utilising a range of media to distribute key messages to our stakeholders.

In early 2020 the HSCP launched its corporate Twitter account (@cshscp) and this has proven to be an effective tool in publicising both national and local public health information and guidance to a large number of people. Public information and guidance has been updated on the news section of our website, and an imminent review of the website will take into account, accessibility, navigation, quality and relevance of content, and aesthetics.

Covid 19 created a large volume of staff guidance, particularly in the early stages. This information was fast paced and received from multiple sources. In order to simplify the sharing of this important guidance at a time when frontline staff were extremely busy, regular staff updates were issued, consolidating all pertinent messages into a single source. This was initially distributed daily, due to the volume of guidance and pace of chance, but was able to be reduced to share information on an ad hoc basis. It is envisaged that these staff updated will continue as required for the foreseeable future.

Member briefings have routinely been issued to Elected Members and Integration Joint Board Members, to ensure they are kept informed about significant issues across the HSCP. Care Home briefings have also been shared with Senior Leadership across the HSCP and Constituent Authorities. All of these communications activities were expedited by the pandemic, but will form component parts of our communications strategy going forward.

In addition, information is shared with our Third Sector Interfaces from both Clackmannanshire and Stirling for inclusion in their bulletins which has proven to be a valuable way to share information with our communities.

In addition, there have been localised community responses to ensure our most vulnerable people have access to food and medicines. Also a local student received a shipment of masks from China and kindly donate them to the NHS and care homes in Stirling. The HSCP was selected as one of only two areas in UK to test Techforce19 technology to support older and vulnerable people to stay in touch during pandemic lockdown. The Bus service to Stirling University was going to be withdrawn which would have become an issue for student nurses travelling to hospital for their shifts – Dial a Journey stepped in to provide a bus service.

Appendix 5 sets out the evidence base around COVID-19 and the impact of the pandemic and social isolation. Evidence suggests social isolation, health related behaviours and psychological impacts can impact a person's health and wellbeing and they may require support or an increased level of support. HSCP staff and wider partners have been in contact with clients and their families and carers over the last three months to regularly review their needs and are planning for phased returns.

7) Lessons Learned

The Cabinet Secretary for Health & Sport agreed with COSLA that to undertake a short piece of work with Health & Social Care Partnerships to look at how delayed discharges, A&E attendances and hospital admissions all reduced significantly during March and April as the COVID-19 outbreak hit. The purpose was to establish what had worked well, what hadn't and what could have, and could be, done differently. Officials from Scottish Government Integration Division and Health and Social Care Scotland sought the views of managers and practitioners involved in hospital discharge, unscheduled care and social care provision.

In summary the report found **Key factors** that have seen delayed discharges and hospital admissions reduce by unprecedented levels are reported as:

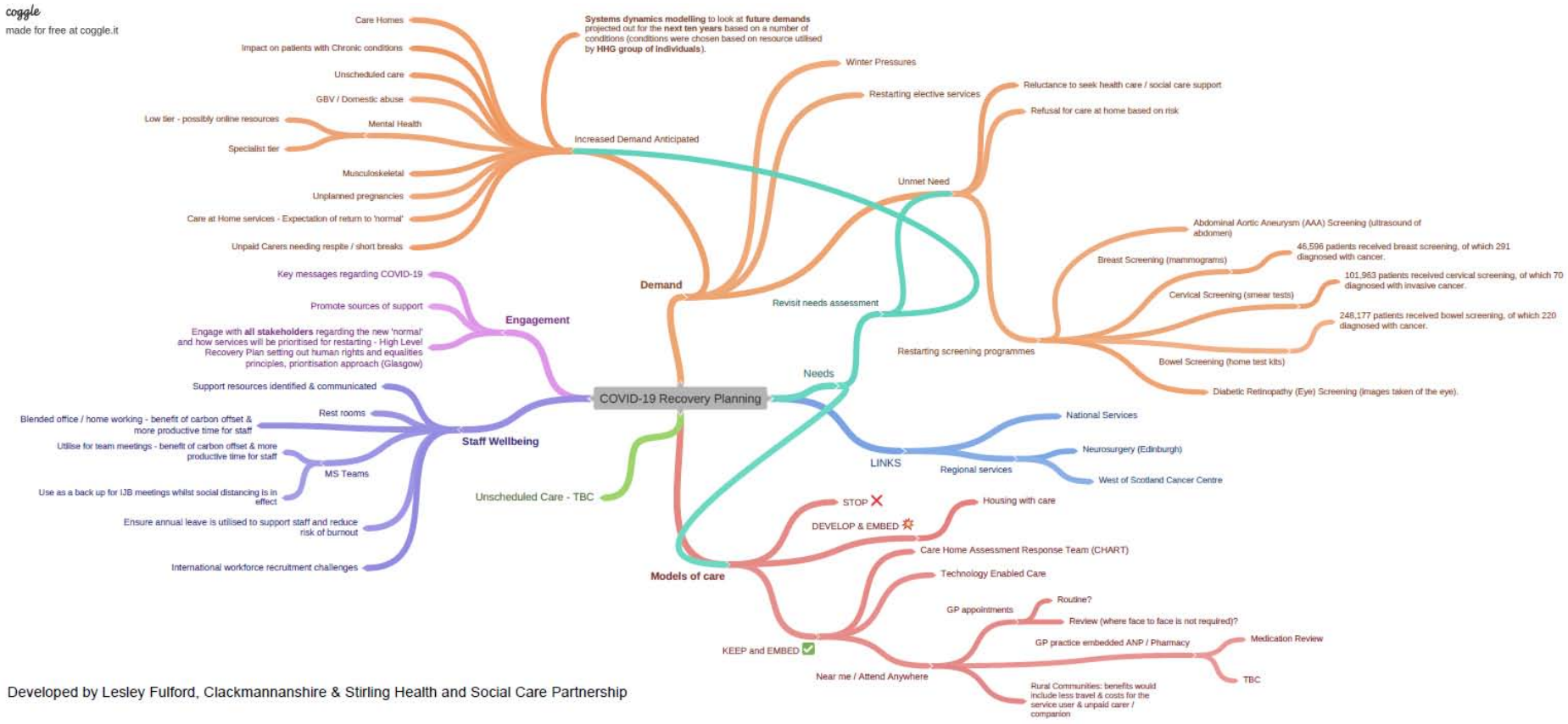
- A "fear of hospital", abiding by national messaging to stay at home and protect the NHS.
- Availability of families at home to support relatives, while furloughed or working from home.
- Changed attitudes to risk, with the risk of remaining in hospital or being admitted to hospital seen as greater, by the public and health and care professionals, than being supported in the community.

Lessons Learned

- **Shared goals and joint commitment**. There was a common sense of purpose and greater collaboration between teams and professionals.
- **The appetite of staff to embrace change,** coupled with a better understanding and acknowledgement of each other's roles and responsibilities.
- **The promise of additional funding**. Partnerships were emboldened to do the right thing without being constrained by budget controls.
- **Strong leadership,** showing integration in action as partnerships were at the forefront of the response
- **Permissions to act**. Long planned work has been accelerated as partnerships were given the power and freedom to act, with urgency.
- **Delegation of responsibility**, as local teams were empowered to do the right thing.
- **An increase in digital technology**, with remote working and virtual meeting technology seeming to have helped togetherness and joint working rather than hinder it.
- B**etter lines of communication** between professionals, including access to expert consultant advice for GPs, other primary care professionals and care home staff.
- **Greater trust** in what social and community care could provide, led to seeing some long-held prejudices reconsidered.
- **Public perceptions and expectations changed**. Hospitals were no longer regarded as "safe" and families did not want their relatives to be there (or to a large extent in care homes as well) and were more willing (and able) to care for them at home.
- **Realistic conversations** were had with families as to the level of formal support that could be available.
- **Family members** being able to support relatives due to being furloughed or working from home.
- **The mobilisation of the third sector and volunteers** to support the delivery of food and medicines, carry out shopping and conduct a check-in service remotely using technology to combat loneliness and social isolation, particularly for those shielding.
- **Close contact** with isolated families has enabled continual review of support needs.
- **Staff redeployed** from the closure of day care services supplemented care at home with other duties also being carried out by those redeployed from other services, such as leisure.
- **Fewer admission** were seen for social reasons, socially isolated, deconditioned or people generally unable to cope, with alternative support mechanisms in place in the community.
- **Reduced flow** through hospitals allowed partnerships the time to focus on the more entrenched delays without having to move on to the next crisis from normally relentless activity coming along behind them.
- **Discharge to assess** has been implemented, partly due to the speed with which people wanted to get home, coupled with difficulties in social care staff accessing the hospital to carry out an assessment. It is more widely acknowledged that someone's home is a far more appropriate setting in which to assess long term needs than an acute hospital.

8) HSCP Mind Map

A mind map was utilised to outline the scope of the issues affecting the renewal of services for the Health and Social Care Partnership



9) HSCP Renewal Actions

The Mind Map identified key areas of renewal actions for the HSCP which will are being progressed alongside the HSCP strategic priorities as laid out in the Strategic Plan:

1) Needs & Demand
2) Models of care
3) Staff Wellbeing
4) Engagement

Furthermore, by mind mapping all activities, the HSCP is able to demonstrate additional actions arising which reflect population need following on from the pandemic.

As such, there is a need to review the HSCP strategic needs assessment to review and take account of anticipated increasing demand on services as a direct result of the pandemic and social isolation.

1. Needs & Demand

Review of anticipated increased demand on community health and social care services	Chronic conditions Mental Health Well-being Musculoskeletal Review current strategic needs assessment including burden of disease Review services packages which ceased or suspended during the pandemic Review carer support plans with third sector partners Review restarting of non-essential services

2. Models care

Many models of care have had to change to ensure support was available for those who required it.

Services adapting to support the HSCP response	Third sector & providers using on-line and telephone contact with their members to check in Utilising NearMe, social distanced visits to service users at home as required and socially distanced visits in care home using gardens and "window visits" Review of services – those to be developed further & embedded; and those which can be stopped / re-freshed.

3. Staff Wellbeing

During the emergency response phase some quick developments were put in place to support staff health and wellbeing.

Further review and consideration	Rest rooms in community and acute settings Support resources such as Promis.co.uk, Breathing Space, MIND, NHS NES resources, NHS Inform, Palliative Care Scotland links, Scottish Women's Aid and Shelter Utilising MS Teams for meetings – benefit of reduced carbon footprint & more productive time for staff Ensuring annual leave is utilised to support staff to take breaks and rest Review national and international workforce challenges

4. Engagement

Engage with all stakeholders across the spectrum of community health and social care	All stakeholders are involved in planning & supporting the renewal of all services Information is disseminated efficiently and effectively through multiple channels / mediums to ensure all stakeholders are informed

10) Guidance for Restating Services / Interdependences

Phased restarting / stepping up of services has already begun from Scottish Government's Roadmap for Recovery Phase 2, progressing into Phase 3 and 4 of the Roadmap.

The majority of HSCP services continued throughout the pandemic however the small number of non-essential services which did not continue are following the steps below to restart services in a safe and effective way.

Service				
Responsible Manager				
Lead				
	Examples	**Risks**	**Mitigation / Controls In Place**	**RAG Status**

Evidence	• Evidence used to prepare for restarting / stepping up services
	  ○ Analysis of current caseload
	  ○ Analysis of waiting list / backlog
	  ○ Can any demand be redirected
	  ○ Demand modelling to ensure sufficient capacity available
	  ○ Academic evidence			

Space	• Building based services:
	  ○ Undertake a risk assessment
	  ○ Capacity available when implementing social distancing
	  ○ Changes required to implement social distancing
	• Home based services:
	  ○ Undertake a risks assessment
	  ○ Capacity available when implementing social distancing			

Staff	• Sufficient staff available to provide services when implementing social distancing • HR / Trade Union consultation			
Stuff	• Sufficient supplies of PPE • Sufficient supplies of any other required kit (e.g. community alarm service, door, falls and pressure sensors, etc)			

Systems	• Virtual consultations (will not always be appropriate for clinical or care reasons)
	  ○ Users / unpaid carers have the technology and / or equipment to support this approach
	  ○ Users / unpaid carers have IT skills to utilise the technology and / or equipment to support this approach
	• Remote working
	  ○ IT skills to undertake
	  ○ IT equipment			

Communication & Engagement

- Engagement with stakeholders in service provision will be required (e.g. service users, unpaid carers, staff, trade unions, partners) to plan for restarting / stepping up services
- Clear key messages are required at all stages to all stakeholders through a range of mediums

11) Next Steps

Clackmannanshire and Stirling Health and Social Care Partnership within the HSCP Mobilisation and Re-Mobilisation Plan outlined, in detail, the emergency response to the COVID-19 pandemic. The Plans reflected the key activities across all areas of service as well as the financial framework and ongoing costs linked to the pandemic response. Both plans described the HSCP's continuation of the delivery of all essential and statutory community health and social care services since March 2020, ensuring safe and effective service delivery.

The HSCP Strategic Plan 2019 – 2022 lays out the three year commitments of the HSCP to Care Closer to Home; Primary Care Transformation; Caring, Connected Communities, Mental Health, Supporting People living with dementia and alcohol and drugs. As this Renewal Plan reflects the COVID-19 response has created opportunities to accelerate activity linked to the key priorities as laid out in this document.

The commitment to the ongoing transforming care agenda will be delivered through the newly established Transforming Care Board as such the activity laid out within this Renewal Plan will be continue to be progressed and delivered. This ensures that lessons learned and the ongoing review of the model of care which has happened during this pandemic will inform progress and the transformation of services as laid out in this document.

The Strategic Planning Group will have a key role in reviewing the pandemic response and reviewing local needs and demand going forward, the work described within the Renewal Plan alongside existing strategic and service priorities will form the basis of the group's workload for the coming year.

As such, this Renewal Plan reflects a point in time and will act as a bridge between the emergency response to the pandemic and the continuation of community health and care services across our communities. The pandemic has created the conditions for change, as laid out in the Scottish Government lessons learned piece.

The HSCP has been able to accelerate the delivery of existing strategic priorities and will continue to identify more effective ways of working to meet the needs of the population within a context of financial prudence, scrutiny and review.

12) Appendices

Appendix 1 – Baseline Assessment

NHS Forth Valley: COVID 19: Service Recovery Planning Tool	
Forth Valley Covid 19 Baseline Data	
For each question please provide a concise summary of key information regarding recovering service provision	
Date	2nd July 2020
Name of Service	Clackmannanshire and Stirling Health and Social Care Partnership
Service Manager	Annemargaret Black
Service Lead / Name of Person completing	Wendy Forrest & Carolyn Wyllie
1. What level of service have you managed to maintain to date	• All statutory social work and social care was maintained including care packages provided by commissioned external services and including reporting and governance structures across the system. • Statutory duty to 'assess' as there is no timescale to this we are continuing to assess when required however traditionally was carried out by face-to-face contact in the person's home. • Adult support and protection function has continued throughout current arrangements with close monitoring and consideration when emergency visits have been required to assess vulnerable adults. • Maintenance of hospital discharge service and management of discharge planning - team able to work remotely with IT and enhanced communications with hospital wards etc. visiting if required. • Care at home services continued to be delivered to service users within communities • Re-ablement support and service - team have continued to support clients on discharge from hospital • Support to providers within care homes and care at home settings including updating managers and staff on new and refreshed guidance and reporting requirements linked to COVID-19 responses. • Care at Home reviews undertaken through telephone contact with client/POA and service provider where these are non-statutory. • Bellfield maintained - changes to visiting arrangements • Clackmannanshire Community hospital - changes to visiting arrangements • AHPs maintained compliance with SG guidance • District nurses maintained compliance with SG guidance • Enhanced Care Team maintained compliance with SG guidance

2. What service activities have you stopped /reduced?	• A number of care packages were ceased at the request of service users or their carers
	• All non-essential social work was ceased at the start of the pandemic
	• Learning Disability day services stopped
	• Mental Health services used near me technology rather than home visits and assessments
	• Respite services ceased
	• District Nursing
	  o B12 administration
	  o Routine Venepuncture
	  o Chronic Disease Management Reviews
	  o Ear Syringing

3. What have you started doing differently?	• **CHART** – excellent example of integrated working in order to manage the needs of our care home population and deliver a co-ordinated response with regards to infection control, care assurance, PPE, Adult Protection and standards of care. Intention is for model to be evaluated and continue permanently. • **AHP** resource focus in the community hospitals to provide that targeted, goal centred therapy 7 days a week (this would be the 'gold standard') • **ECT** – remodel required to provide a MD response 7/7 and include all professions – clear pathway in order to prevent admission and facilitate faster discharge (discharge to assess etc) • **Review Adult Social care processes** (running concurrently with SW review) to deliver person centred care (SDS principles) and building on community assets by utilising community resources and those in the third/independent sector – this also aligns itself with realistic medicine model. • Developing a **TEC first approach** across the HSCP to promote independence and resilience • **Reviewing Delayed Discharge processes** which will link into discharge to assess model and prevention of admission at acute front door. • **Learning Disability day services** - service users and families have been supported at home with routine contact from staff via telephone. In such cases staff have had full PPE and appropriate parts of building routinely cleaned. • **Ongoing telephone contact with families by staff working from home**, screening to advise them of service availability and to provide ongoing support while receiving a reduced service. have been delivered through phonecalls to service users are • Home reviews are a statutory function, this was a risk area prior to COVID. We plan to develop the Care Home team to undertake care home reviews across HSCP through the multi-disciplinary team (CHART) currently monitoring care assurances.

4. What has worked well? **What you have observed / measured for performance/ for patients/ for staff?**	• **Remote working should continue wherever possible**. Consider additional IT equipment/support for those who are not currently able to work from home but could if equipment can be made available/ordered. Screening of referrals is a daily and continual task in order to identify immediate risk and vulnerabilities. This function is IT based and can be maintain if adequate equipment is available. • **Increase access to technology for staff** to be able to work from home and there is an opportunity to reduce the number of staff in the building for social distancing rules. To allow staff who are self isolating and shielding to carryout meaningful work from home. • **Supporting working patterns including staggered start times, shift patterns over 7 days.** • **Individual risk assessment for members of staff who are self isolating** with underlying conditions to return to work on specific duties. • **Consider scaling up of non – essential planned visits** i.e. yearly face to face routine visits and 6 monthly equipment checks
5. What have you observed/measured that could have improved in relation to performance / staff / patient experience?	Going forward, we could develop the use of Near Me technology or ask the service user to attend a 'clinic' type appointment. Some SW assessments can be undertaken with technology however, this is more problematic for Occupational Therapy assessments.
6. What are the implications for other services, or areas e.g finance	To comply with social distancing there is a need to identify additional office space within the building, move computers from shared offices to other rooms to allow increased physical distancing. Including supporting staff who have been self isolating to return to work in a safe manner meet social distancing rules.
7.Recovery Recommendations- Regarding what you are doing differently, please higlight what the service would plan to Keep during covid only, Drop, Sustain, Expand	The reintroduction of the learning disability service requires to be progressed in the context of social distancing for both staff and service users. This is a client group which will have difficulty in full understanding the requirements of social distancing. Consequently the buildings cannot return to full service user numbers at this time and service user will be offered support every second day, and that staff are utilised accordingly. As a result of increased risk within lockdown there is a need to consider resuming access to Respite Care for vulnerable families

D = Drop	There are no areas that will not be able to progress moving forward as all functions will be able to be scaled up, as and when safe to do so.
K = Keep during Covid	Risk assessments carried out re office spaces. We must have a COVID Secure safe system of work and safe working practice for all employees, managers must review these requirements (before confirming any arrangements to employees). This will require partnership working with health and safety/emergency planning colleagues to risk assess each workplace (applies to homeworking too). Further guidance will follow in this regard.
S = Sustain beyond Covid	• Use of **near me** technology across community health and social care services • **CHART** multi-disciplinary care home team • **AHP** resource focus in the community hospitals to provide that targeted, goal centred therapy 7 days a week (this would be the 'gold standard') • **ECT** – remodel required to provide a MD response 7/7 and include all professions – clear pathway in order to prevent admission and facilitate faster discharge (discharge to assess etc) • **Review Adult Social care processes** (running concurrently with SW review) to deliver person centred care (SDS principles) and building on community assets by utilising community resources and those in the third/independent sector – this also aligns itself with realistic medicine model. • Develop a **TEC first approach** across the HSCP to promote independence and resilience • **Review Delayed Discharge processes** which will link into discharge to assess model and prevention of admission at acute front door. • **Hospital at home model of care**
E = Expand	• IT having sufficient equipment available, training/ support for staff to understand how to use the equipment • Work needed with GP's re Community link workers to explore how this model can augment the realistic medicine approach of linking patients to local communities

8. What in particular needs to be kept in place or put in place to maintain postive changes and enable your service to recover ?	• For Bellfield and Clackmannanshire community hospital we need to identify area for save visiting (inside or outside the building), access and egress, identify designated visitors, duration of visits, visit schedules, and hygiene requirements. • Staff reorganised with staff deployed to MECS returning to day service duties in part if not in full (to be determined) • Review of assessed need to be completed in advance of any return to services in order to identify those in greatest need and those at highest risk of carer breakdown will be the indicators used to give priority for those returning to the service.

Appendix 2 – Operational Mobilisation Plan

Service	Current Status	By end of July – Status	By 15 June	By 29 June	By 13 July	By 29 July
Clackmannanshire and Stirling HSCP	Frontline services have continued throughout the pandemic New Locality Managers for Clackmannanshire and Stirling both now in post	Depending on status of lockdown will depend on reinstatement of some services e.g. respite	CHART multi-disciplinary care home team in place Review Delayed Discharge processes which will link into discharge to assess model and prevention of admission at acute front door.	Community AHP services ECT – remodel required to provide a MD response 7/7 and include all professions – clear pathway in order to prevent admission and facilitate faster discharge (discharge to assess etc)	Updated contracting arrangements for Palliative Care Services AHP resource focus in the community hospitals to provide that targeted, goal centred therapy 7 days a week (this would be the 'gold standard')	Review Adult Social care processes and building on community assets by utilising community resources and those in the third/independent sector – this also aligns itself with realistic medicine model. Reinstatement of respite support Hospital at home model of care
Innovation & Integration e.g. Near Me	Some frontline services using Near Me technology	Roll out to wider services to be business as usual for all HSCP staff where possible Develop a TEC first approach across the HSCP to promote independence and resilience				

Appendix 3 – Route map through and out of crisis

Scottish Government COVID-19 Routemap

Scottish Government
Riaghaltas na h-Alba
gov.scot

	Lockdown	Phase 1	Phase 2	Phase 3	Phase 4
Epidemic Status	High transmission of the virus. Risk of overwhelming NHS capacity without significant restrictions in place.	High risk the virus is not yet contained. Continued risk of overwhelming NHS capacity without some restrictions in place.	Virus is controlled but risk of spreading remains. Focus is on containing outbreaks.	Virus has been suppressed. Continued focus on containing sporadic outbreaks.	Virus remains suppressed to very low levels and is no longer considered a significant threat to public health.
R Criteria/ Conditions	R is near or above 1 and there are a high number of infectious cases.	R is below 1 for at least 3 weeks and the number of infectious cases is starting to decline. Evidence of transmission being controlled also includes a sustained fall in supplementary measures including new infections, hospital admissions, ICU admissions, deaths of at least 3 weeks.	R is consistently below 1 and the number of infectious cases is showing a sustained decline. WHO six criteria for easing restrictions must be met. Any signs of resurgence are closely monitored as part of enhanced community surveillance.	R is consistently low and there is a further sustained decline in infectious cases. WHO six criteria for easing restrictions must continue to be met. Any signs of resurgence are closely monitored as part of enhanced community surveillance.	Virus is no longer considered a significant threat to public health.

Scottish Government COVID-19 Routemap

Scottish Government
Riaghaltas na h-Alba
gov.scot

	Lockdown	Phase 1	Phase 2	Phase 3	Phase 4
Protections advised in each phase	Physical distancing requirements in place. Frequent handwashing and hygiene measures for all. Cough etiquette is maintained. Face coverings in enclosed public spaces, including public transport. **Shielding:** We know how hard people at the highest clinical risk are finding the advice to shield, and that you are concerned about what will follow the initial 12 week shielding period. We will be updating the advice to people who are shielding in the course of the coming weeks. We will base that advice on what you are telling us about what matters to you, as well as on the evidence, in order to improve your quality of life while keeping your risks as low as possible.	Physical distancing requirements in place. Frequent handwashing and hygiene measures for all. Cough etiquette is maintained. Face coverings in enclosed public spaces, including public transport.	Physical distancing requirements in place. Frequent handwashing and hygiene measures for all. Cough etiquette is maintained. Face coverings in enclosed public spaces, including public transport.	Physical distancing requirements in place. Frequent handwashing and hygiene measures for all. Cough etiquette is maintained. Face coverings in enclosed public spaces, including public transport.	Physical distancing requirements to be updated on scientific advice. Frequent handwashing and hygiene measures for all. Cough etiquette is maintained. Face coverings may be advised in enclosed public spaces, including public transport.

All decisions on phasing will be kept under review as the research evidence base on the impact of the virus and the effectiveness of different interventions builds.

Scottish Government COVID-19 Routemap

Scottish Government
Riaghaltas na h-Alba
gov.scot

	Lockdown	Phase 1	Phase 2	Phase 3	Phase 4
	Lockdown restrictions:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:
Health and social care	All non-urgent care health care services stopped and capacity focused on COVID-19 response: COVID hubs and assessment centres. Urgent care including dental and the creation of ICU capacity. Joint working to reduce delayed discharges by over 60% and prioritising "home first" and prioritisation of safety and wellbeing of care home residents and staff. Urgent and cancer care still available.	Beginning to safely restart NHS services, covering primary, and community services including mental health. Phased resumption of some GP services supported by an increase in digital consultations. Roll out the NHS Pharmacy First Scotland service in community pharmacies. Increase care offered at emergency dental hubs as practices prepare to open. Restart, where possible, urgent electives previously paused. Resumption of NHS IVF treatment has now been approved in Scotland and we are working with the 4 centres to resume services quickly and safely. Increase provision of emergency eyecare in the community. We will consider the introduction of designated visitors to care homes.	Remobilisation plans implemented by Health Boards and Integrated Joint Boards to increase provision for pent up demand, urgent referrals and triage of routine services. Reintroduce some chronic disease management which could include pain services, diabetic services. All dental practices open to see patients with urgent care needs. Urgent care centres provide urgent aerosol generating procedures. Prioritise referrals to secondary care begin. Increase number of home visits to shielded patients. Continue to plan with COSLA and Scottish Care to support and, where needed, review of social care and care home services. Phased resumption of some screening services. Expand range of GP services. Phased safe resumption of essential optometry/ ophthalmology services. Phased resumption of visiting to care homes by family members in a managed way where it is clinically safe to do so.	Emergency and planned care services delivered. Expansion of screening services. Adult flu vaccinations including in care homes and care at home. All dental practices begin to see registered patients for non-aerosol routine care. Urgent care centres to provide aerosol generating procedures. All community optometry reopens with social distancing safeguards. Some communal living experience can be-restarted when it is clinically safe to do so.	Full range of health and social care services provided and greater use of technology to provide improved services to citizens.

Notes: Above examples are illustrations, and are not intended to be comprehensive. Each phase description should be viewed as a general description rather than precise definitions of permitted activities.

All decisions on phasing will be kept under review as the research evidence base on the impact of the virus and the effectiveness of different interventions builds.

Appendix 4 – The R Rate

The R rate is the rate of reproduction and it tells us the average number of people that would be infected by one individual with the virus. If R is 2, then two people would be infected by one person on average. If R is above 1, it shows that the virus is spreading in the population and, if it is below 1, the virus is declining in the population.

The reproduction number (R) is affected by several factors:

- underlying infectiousness of the organism;
- how long people who have Covid-19 can infect others;
- number of people in the population that the affected patients are in contact with, and how intense that contact is;
- Assuming there is a level of immunity once you have had the virus, R should decrease;
- Over time: as people become infected in a population there are fewer susceptible people left as they are either infected, have recovered, or have died; and
- If policies have the effect of reducing the number of people someone comes into contact with, that would in turn reduce R.

This Renewal Plan has been developed for the HSCP. This includes steps to be taken as we work towards emerging from emergency arrangements put in place during Covid-19, planned service improvement work, and health and wellbeing support to our colleagues and our communities.

Appendix 5 – Evidence Base

The academic world has responded very efficiently to provide an evidence base on a range of topics related to COVID-19 and the below articles have been utilised to inform the HSCP approach.

- Restarting planned surgery in the context of the COVID-19 pandemic, The Faculty of Intensive Care Medicine, Intensive Care Society, Association of Anaesthetists and Royal College of Anaesthetists , 1 May 2020 (available here).
    - Sets out a simple framework to consider when planning to restart / step up services
- Restarting health and care services will take many months, leading charities warn, Health Foundation, The King's Fund and Nuffield Trust, 14 May 2020 (available here)
    - Set out key areas for organisations to consider when planning to restart / step up services
- In the balance: Ten principles for how the NHS should approach 1 restarting 'non-Covid care', BMA, (available here)
- Brooks, Samantha K et al, '*The psychological impact of quarantine and how to reduce it: rapid review of the evidence'*, Lancet, vol. 395, February 26 2020, p. 912-920. Key messages from this article were:
    - **Information is key**; people who are quarantined need to understand the situation;
    - Effective and rapid **communication** is essential;
    - **Supplies** (both general and medical) need to be provided;
    - The **quarantine period** should be short and the duration should not be changed unless in extreme circumstances;
    - Most of the **adverse effects** come from the imposition of a restriction of liberty;
    - **Voluntary quarantine** is associated with less distress and fewer long-term complications;
    - Public health officials should emphasise the **altruistic choice of self-isolating**.
- Douglas, M. Et al, '*Mitigating the wider health effects of covid-19 pandemic response*' BMJ, 27 April 2020. Key messages from this article were:
    - **Economic effects**: loss of income for those unable to work, longer term increase in unemployment, recession.
    - **Social isolation**: lack of social contact, particularly for people who live alone and have less access to digital connectivity, difficulty accessing food and other supplies.
    - **Family relationships**: home confinement may increase family violence and abuse, potential exploitation of young people not in school.
    - **Health related behaviours**: Potential for increased substance use, increased online gambling, and a rise in unintended pregnancies, Reduction in physical activity as sports facilities closed and less, utilitarian walking and cycling
    - **Disruption to essential services**: Direct effects on health and social care demand, unwillingness to attend healthcare settings may affect care of other conditions, loss of workforce may affect essential services
    - **Disruption to education**: Loss of education and skills, particularly for young people at critical transitions, likely increase in educational inequalities from reliance on home schooling
    - **Traffic, transport and green space**: Reduced aviation and motorised traffic with reduced air pollution, noise, injuries, and carbon emissions in short term, restricted public transport may reduce access for people without a car, longer term reluctance

to use public transport may increase use of private cars, restricted access to green space, which has benefits for physical and mental health

- **Social disorder**: Potential for unrest if supplies run out or there is widespread discontent about the response, harassment of people believed to be at risk of transmitting the virus
- **Psychological impacts**: High level of public fear and anxiety, community cohesion could increase as people respond collectively

The above articles have developed understanding on the wider health effects of the COVID-19 pandemic response and ways to mitigate and reduce the impact.