
To: Renfrewshire Integration Joint Board

On: 26 June 2020

Report by: Chief Officer

Heading: COVID-19 Recovery and Renewal Planning

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

- 1.1. The report provides detail to the IJB on Renfrewshire HSCP's response to the COVID-19 pandemic and an initial assessment of the impact this has had strategically, financially, on the HSCP's workforce and on service provision.
- 1.2. The report further describes the emerging approach being developed by the HSCP to take forward recovery and renewal activity in line with the Scottish Government's route map published on 21 May 2020, and NHS Scotland's 'Re-mobilise, Recover and Re-design' framework published on 31 May 2020. This approach will build on lessons learned from the response phase and will seek to build on a range of positive elements identified.
- 1.3. The next phase of recovery will continue to overlap with the ongoing response and will continue to be shaped as the wider context and Scottish Government guidance develops. In doing so, the HSCP is adopting a risk-based approach to recovery and renewal which will enable management of ongoing risks and challenges.
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2. Recommendation

It is recommended that the IJB:

- Note the HSCP's response to COVID-19 and initial assessment of the impact of the pandemic;

- Note that further updates on the recovery and renewal planning will be brought to the IJB; and
- Approve the HSCP's proposed approach to taking forward recovery and renewal planning

3. COVID-19 Background

- 3.1. The Novel coronavirus (COVID-19) is a strain of coronavirus first identified in Wuhan, China in 2019. Clinical presentation may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection. COVID-19 was declared a pandemic by the World Health Organisation on 12 March 2020.
- 3.2. Scotland, in common with all parts of the UK, entered lockdown on 23 March 2020. These constraints were implemented then strengthened through legislation (the Coronavirus (Scotland) Act 2020) and through the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020. Under law, the UK and Scottish Governments must review this lockdown at least every three weeks. This ensures the impact of restrictions remains proportionate to the threat posed to wider societal and economic aspects. In addition, the Coronavirus (Scotland) (No.2) Bill became an Act on 26 May 2020.
- 3.3. Despite the four nations entering lockdown at the same point, relaxation of lockdown conditions is now proceeding at different pace across the UK. England implemented some relaxations from 13 May. Scotland maintained full lockdown prior to announcing their route map on 21 May and implementation of limited relaxations under Phase 1 of the route map on 28 May. In all cases, future reductions in social distancing and lockdown measures will be determined by reductions in the rate on infection and the ability of the health and social care system to manage future infection peaks. Consequently, there is significant uncertainty over timescales for moving to a 'new normal' position.

4. Renfrewshire HSCP's response

- 4.1. The COVID-19 pandemic is the most significant challenge faced by health and social care systems globally, across the UK and in Scotland. In response, Renfrewshire HSCP implemented a clear and structured approach to mobilisation and the implementation of service changes, led by the Local Response Management Team (LRMT) consisting of senior management and representatives from the staff partnership. As the current response phase of the pandemic has stabilised, this approach has been adapted to enable focused discussion of 'business as usual' items by SMT, supported by a weekly LRMT (response) and recovery and renewal planning meeting.

4.2. The HSCP has integrated the above response with partner organisations and implemented additional processes to manage the COVID response and put in place additional monitoring and reporting. In summary, the actions taken include:

- Implementation of the LRMT, as noted above, to manage necessary service changes and to monitor and mitigate emerging risks and issues within the COVID response, in line with the additional delegated authorities agreed with the IJB in March 2020;
- Ongoing participation in Renfrewshire Council CMT and NHS GGC Board-level governance;
- Contribution to the Council's Emergency Management Team and NHS GGC's Strategic, Tactical and Operational Groups within its COVID-19 Governance structure;
- The provision of weekly updates to the Council Emergencies Board and to the IJB;
- The development and implementation of lockdown scenario and contingency plans and reporting on mobilisation plans and associated financial implications to Scottish Government;
- Commencing development of Recovery and Renewal plans within the HSCP and participation in recovery planning with Council and NHS partners to enable a coordinated approach.

4.3. The above actions have been undertaken in support of the changes to service delivery models which have been necessitated by the pandemic and associated government guidance and legislation. The diagram below sets these changes out in further detail and provides an overview of the approach that will be taken to recovery planning, which is described further in section 8 of this report.

Flexing response to emerging situation and developing Government guidance



5. Impact of COVID-19

5.1. The impact of COVID-19 on services delivered by the HSCP has been unprecedented. As outlined in the above diagram it has required a significant degree of service change within a short period of time, caused a surge in absence and ultimately having a substantial financial impact, the extent of which will become clearer as FY20/21 progresses. These impacts are likely to continue in the medium term and at least over the next few financial years. This section provides an initial assessment of the impact observed.

Workforce impacts

- 5.2. The COVID-19 pandemic places those with underlying health conditions and of older age at a greater risk. Staff with underlying health conditions as identified by government self-isolated and/or shielded in line with national policy (approximately 5.6% of staff are classed as high risk but continue to work at home, and 7.75% as high risk but unable to work from home as at 10 June).
- 5.3. Where possible, agile working practices have been rolled out to the HSCP's workforce so that, where suitable, staff have been able to continue supporting delivery by working at home. However, absence has increased to approximately 20% currently (and up to 40% in some frontline services).
- 5.4. Recognising the wellbeing impact the pandemic can have on staff, several measures have been implemented locally and nationally to support health and social care staff. These include the implementation of Rest and Relaxation rooms within Mental Health Inpatient wards and the creation of three dropdown hubs within the community for Care at Home carers. Staff are also able to self-refer for testing if they are symptomatic and staff will continue to be prioritised as key workers for access to testing. This will enable earlier identification of staff who are COVID positive and allow those who are COVID negative to return to work more quickly.

Impact on service provision and ways of working

- 5.5. Health and Social Care services responded at speed to ensure the continued delivery of safe and effective services. This response was guided by the development of mobilisation and lockdown scenario plans, which set out activity to be undertaken under changing scenarios.
- 5.6. In support of ongoing infection control and the implementation of national guidance, all day centres within Renfrewshire were closed and services refocused on the delivery of critical and essential service provision. In doing so, the HSCP has continually assessed service delivery risks with a view to increasing our support offering to a wider group where and when possible.
- 5.7. Changes to service delivery models have been implemented to meet urgent and emergency needs, for example through the implementation of a four-tiered support model within learning disability services offering outreach day respite and support and crisis respite provision. Models of care have been integrated further, including through the HSCP's work with partners to deliver the Renfrewshire Covid Assessment Centre; the integration of locality teams; and development of integrated MSK 'pods' within podiatry foot protection services.

- 5.8. In addition, visits to Care Homes and Extra Care (with some limited exceptions) have been stopped and replaced by video calls. Enhanced support and assurance processes are in place to provide support to Care Homes. This includes implementation of (i) enhanced testing procedures within Care Homes and (ii) additional daily oversight from 18 May through a multi-disciplinary team (MDT) comprising of key clinical and care leads, including Public Health and the local authority's Chief Social Work Officer, in line with Scottish Government statutory guidance. These support measures are in addition to daily contact with Care Homes through the HSCP's contracts team, weekly clinician-led support meetings, and weekly meetings with the Care Inspectorate and Public Health.
- 5.9. New service provision has also been implemented in collaboration with partners. The Renfrewshire COVID assessment centre, as noted above, was launched successfully on 6 April 2020, and significant effort has been applied to ensure that available PPE stocks for health and social care staff have now reached a sustainable position.
- 5.10. More widely, the HSCP has been working with Council and third sector partners to provide a humanitarian response for vulnerable and shielding individuals. This has included the delivery of food parcels and prescriptions delivery and the national helpline for shielding and Group 2 individuals. Neighbourhood hubs are also in place to provide additional support within our communities.
- 5.11. The use of technology has been a significant enabler in supporting service changes. Attend Anywhere technology has been successfully implemented to support service delivery within Primary Care, Community Mental Health and District Nursing. The use of Skype and Microsoft Teams has enabled ongoing remote team working across services.

Impact on Financial Performance

- 5.12. The COVID-19 response has had a financial impact in March 2020 and is expected to have financial implications for the 2020/21 and 2021/22 financial years as a minimum. Additional governance is in place to manage COVID-related spend and financial updates are provided on a monthly basis to the Scottish Government, having initially been provided weekly.
- 5.13. In recognition of the challenges faced by providers, the HSCP has also confirmed that the HSCP would allow the relaxation of contract specifications to enable flexibility in service delivery. Reasonable additional costs incurred by providers in their COVID response will also be paid.

- 5.14. The fluid nature of this situation means that uncertainty remains over the HSCP's financial position. The extent to which costs incurred will be covered by the Scottish Government remains unclear and future spikes in demand for services whether as a result of an increase in infection rates or through the return of 'pent-up' demand will create additional pressures. Consequently, previously agreed savings plans and transformational activity will require ongoing review and realignment.

Wider system impacts

- 5.15. No aspect of the health and social care system across Greater Glasgow and Clyde has remained untouched by the nature of the COVID-19 pandemic and associated response. Pathways have been redesigned, new services have been implemented and, similar to the above, a range of services have been reduced or suspended.

- 5.16. The health and care system has also seen significant concurrent drops in demand during the crisis. For example, emergency attendances in NHS GGC fell from 6,862 in the week commencing 1 March to 2,339 in the week commencing 29 March. Attendances have begun to increase again, with a total of 3,910 in the week commencing 10 May. Similarly, Out of Hours Primary Care across Scotland observed significant reductions. For the month of March 2020 there were 55,805 cases compared to 71,435 in March 2019, a reduction of 22 percent [source: Public Health Scotland].

- 5.17. The full impact of these changes in demand across health and social care services are unknown. Where patients have avoided or delayed attendance for symptoms and conditions that would typically require treatment it is possible that these may be exacerbated, leading to more serious health conditions over time. Over time this could place significant additional pressures on healthcare services in addition to the ongoing response to COVID-19.

Impact on Strategic Direction and Transformational Objectives

- 5.18. The IJB approved the HSCP's four guiding principles for transformation in March 2020. These principles are (i) We share responsibility and ownership with our communities; (ii) We take a person-led approach to public health and wellbeing; (iii) We provide realistic care; and (iv) We deliver the right services at the right time and in the right place.

- 5.19. However, all transformational activity was then paused by the HSCP to enable focus on the delivery of critical and essential services during the pandemic. Nevertheless, the response phase has enabled the HSCP to achieve a range of related changes:

- Greater consistency in service models across HSCPs;
- The implementation of digital technology to deliver services and changes to ways of working;
- A move away from building-based delivery models;
- Community empowerment and involvement in support provision;
- Greater organisational flexibility;
- More effective partnership working and integrated models of care;
- Less unscheduled care, and more planned care; and
- Working with the Third Sector to tackle loneliness

5.20. A number of successes have therefore been achieved, and the importance of the guiding principles set out by the HSCP previously have been reinforced. The recovery phase must therefore not look to return to a 'pre-COVID' situation but should build on these in line with the two strands of activity set out within the HSCP's transformation approach: (i) an outward focus on health and wellbeing projects; and (ii) internally-focused organisational change. The complimentary principles and objectives set out in NHS Scotland's 'Re-mobilise, Recover and Re-design' framework will also be embedded within activity taken forward.

6. Reflecting on the COVID-19 response and implications for recovery and renewal planning

6.1. Following a period of stabilisation in the COVID-19 response, focus has turned to planning for recovery and renewal across the health and care system. Taking into account the impact of COVID-19 on the HSCP's service delivery model, it is essential appropriate time is taken to reflect on the changes made to date and to identify lessons which can inform the approach required over future phases of the pandemic. Work is ongoing across services to assess changes made, and key findings to date are:

- i. The response of all staff has been exceptional and has enabled the HSCP to continue delivering safe and effective services to vulnerable individuals and communities across Renfrewshire. The impact of this period on staff wellbeing is also recognised and must be reflected in the nature and phasing of recovery and renewal plans.
- ii. The scale and effects of the pandemic are unprecedented and will require consideration of where financial resources and our people are best focused in future. In particular, the lack of social

integration, increase in isolation and impact of grief and bereavement will impact on the mental health and wellbeing of many people. Similar impacts have been noted globally following disasters and serious incidents.

- iii. There are significant knock-on effects which will need to be managed in recovery planning. Staff have been deployed to support existing and new services (such as the Renfrewshire COVID Assessment Centre) and restarting existing services would require the return of these staff. Plans to restart services must consider the pace at which this can be done safely, and the knock-on effects of doing so on other services.
- iv. Changes that have been made to services have worked well and helped to maintain services to the most vulnerable. However, not all changes may be suitable in the medium to long-term. The recovery and renewal phase must therefore ensure sustainable models of care are put in place.
- v. The use of technology, such as Attend Anywhere and Microsoft Teams has enabled digital transformation across a range of services and will assist in the move away from building-based models. It will also promote efficiency through the elimination of unnecessary travel and associated costs. However, digital solutions will not be appropriate in all cases and face to face services will need to be maintained where clinically appropriate and to prevent digital exclusion.

7. Managing Ongoing Risks and Challenges

7.1. The development and implementation of effective recovery and renewal plans will not be easy. This work will need to be undertaken alongside the HSCP's ongoing COVID response. In doing so, several challenges exist which will need to be carefully managed by the Recovery and Renewal Steering Group.

- The pressures that have been placed on staff in this pandemic, alongside increased absence levels, means that staff are tired, anxious and stressed. Recovery and Renewal plans must continue to focus on promoting staff health and wellbeing and ongoing engagement with them (alongside engagement with patients, staff partnership and service users) to ensure they are supported through the next phases;
- The potential short-term impact of Test and Protect on frontline services such as Care homes, Extra Care and Care at Home which may lead to large group of staff having to isolate on numerous occasions, placing significant pressure on service delivery;

- The continued need for physical distancing under the phases of the Scottish Government's route map will limit the extent to which buildings are able to be utilised to deliver services, and the flow of staff, service users and patients within these buildings;
- As noted above, there continues to be the potential for a second and further wave of infections, requiring the HSCP to revert to the response model adopted during lockdown. This will need to be managed safely but at speed, learning from the initial response phase;
- The sustainability of external Care Home providers will continue to be a significant risk. Due to the impact of the pandemic on Care Homes, external perceptions of these services may negatively change, putting at risk independent provider sustainability. This could lead to increased delays in discharge and increased pressure on Care at Home services;
- There is a risk that demand – whether new, changing or 'pent-up' – will have significant impacts on aspects of service provision and require the targeting of resources. HSCP data shows that initial Adult Social Care contacts dropped significantly between March (2260) and April (1656), with demand now starting to recover.
- Work to restart services which have been paused and reduced is strongly linked with the extent to which 'new' services such as the COVID Assessment Centre continue. Many staff have been supporting delivery of these new services and therefore any moves in staff will have knock-on impacts which require careful management;
- The sourcing and provision of PPE to services is currently stable. However, as services restart or are expanded from their current position, it is expected that demand for PPE will increase significantly locally and nationally;
- The pandemic has exposed and exacerbated deep-rooted health and social inequalities, with the impact of COVID-19 felt more acutely by the most vulnerable and those in poverty; and
- As noted above, there will remain inherent uncertainty in the HSCP's ongoing financial position as a result of the impact of COVID-19. Additional financial governance will remain in place for the foreseeable future to ensure effective control over COVID-related spend, supported by ongoing engagement with partners and Scottish Government.

8. Planning for Recovery and Renewal

- 8.1. The current phase of responding to the pandemic will continue for several months. Consequently, recovery planning will overlap with this response and will place additional demands on existing resources.
- 8.2. In developing these plans, flexibility in the HSCP's approach will therefore be essential. While infection rates may currently be reducing, the risk of additional peaks remain and services must be able to respond quickly should this occur, drawing on the initial lessons outlined above. This section sets out the HSCP's developing approach to recovery and renewal planning.

Recovery and Renewal Planning Objectives

- 8.3. The HSCP's Recovery and Renewal Planning will be led by clear objectives which are agreed across the health and social care system but also reflect the local context in Renfrewshire. NHS Scotland has set out a number of objectives in their 'Re-mobilise, Recover and Re-design' framework. These are reflected in the HSCP's developing planning approach:

- Services will be resilient and flexible to rapidly changing circumstances;
- Services are re-established where appropriate and safe to do so, reflecting population needs and changing demand;
- Planning will understand the impact of changes made to inform future decisions;
- Services will be focused on supporting people to recover, including a focus on mental health and wellbeing for people and staff;
- Approaches developed will improve population health and reduce inequalities, embedding preventative and early intervention approaches;
- Future models of delivering health and social care will build on evidence showing the effectiveness of new ways of working and will be designed collaboratively with staff, service users and patients, carers and partner organisations; and
- Innovation and digital technology will be embedded in future delivery models

Governance

- 8.4. The Local Response Management Team, consisting of the Senior Management Team and Staff Partnership representatives have formed a Recovery and Renewal Steering Group. This group will ensure

ongoing engagement and collaboration with partners and key stakeholders (such as the third sector and other HSCPs) as recovery and renewal plans develop and are implemented.

- 8.5. In particular, the HSCP will participate and contribute to recovery planning governance structures put in place by Renfrewshire Council through the Health and Social Care Recovery Planning workstream, and across NHS GGC through the Recovery Tactical Group within the Board's COVID-19 governance model. Work will continue to be undertaken to reflect the approach which has been set out in the 'Re-mobilise, Recover and Re-design' framework. Consistency and collaboration in the refinement of planning approaches and assumptions, where appropriate, will be an essential element of this next phase.
- 8.6. In addition, recovery and renewal work undertaken will align with the HSCP's two strands of transformational activity as outlined earlier in section 5 (paragraph 20) of this report. This will ensure that appropriate governance structures are in place and provide the opportunity for key stakeholders to participate and contribute as effectively as possible.
- 8.7. The governance above will predominantly focus on the second transformation strand. The first strand of activity, focused on improving health and wellbeing across Renfrewshire, will be taken forward collaboratively between the HSCP and Strategic Planning Group (SPG). A meeting is scheduled in the week commencing 29 June 2020 with SPG members to reflect on the impact of COVID-19 to date, and lessons learned which can inform the approach to delivering this activity.
- 8.8. The meeting will consider whether any changes are required to previously discussed priorities: (i) loneliness and social isolation; (ii) lower level mental health and wellbeing; (iii) housing as a health issue; (iv) inequalities; (v) early years and vulnerable families; and (vi) healthy living. Discussions will also focus on opportunities where SPG members can work together in partnership to support one another in adapting to the impact of COVID-19, considering digital connectivity, reshaping service offerings and the safe re-design of workspaces and buildings to support new service models.

Phasing to support planning

- 8.9. As noted above, it is likely that the existing response and next recovery and renewal phases will overlap. There remains a high risk of further infection peaks, and Scottish Government guidance, published on 21 May, has set out a staged approach to removing lockdown rules and enabling greater freedoms in line with progress on the management of infection rates.

8.10. Based on the government's route map, the HSCP has developed a phased approach to inform recovery and renewal planning taking into consideration various aspects including: lockdown and physical distancing guidelines; the role of new services such as the COVID assessment centres; the roll out of Test and Protect processes; and, the impact of changing circumstances on demand for health and social care services. These assumptions will be present throughout the route map phases. However, it is recognised however that the situation will be more fluid and the HSCP's response may need to flex to and fro between phases, depending on wider circumstances. This approach will therefore continue to evolve over time. Further details are set out in Appendix 1 to this report.

8.11. Each phase will incorporate specific actions to increase provision of services where possible and safe to do so in line with the route map and NHS Scotland framework.

The HSCP's Supporting Approach to Recovery and Renewal Planning

8.12. Services commenced development of initial recovery plans looking across all route map phases. These plans provide an initial assessment of the 'As was' or pre-COVID baseline within each service, considers the changes that have been made to date, and how service delivery models and processes will continue develop in line with the phasing set out in the Scottish Government's roadmap. For the changes that have been made in response to COVID, these plans have been designed to consider whether:

- They should **revert** to the pre-COVID approach at an appropriate time;
- They should be **maintained** as they are working well, and they are required to meet national guidance;
- They should be **adapted** to reflect changing circumstances or needs of service users/patients, particularly where the initial response is only suitable for a period;
- They should be **stopped** at an appropriate point, of consideration where new services have been implemented to support the response.

8.13. These considerations will reflect the guiding principles of the HSCP's transformation programme and reflecting the wider financial context of the HSCP. It is critical that emerging plans seek to build on the renewed sense of community support evident in many neighbourhoods and recognise the fundamental changes which have occurred in the way in which services are delivered, and the new environment in which the

HSCP operates. This will be essential in delivering improved outcomes for people in Renfrewshire.

8.14. In developing these plans, the HSCP will continue to adopt a gradual, risk-based, approach to the extension of services beyond critical need. This approach will prioritise activity through consideration of a range of criteria:

- The impact of Scottish Government guidelines, including physical distancing and shielding;
- The availability of staff, their capacity to deliver and the impact of changes on their health and wellbeing;
- The availability of buildings and ability to utilise space and implement enhanced cleaning;
- Health and Safety requirements;
- Clinical and Care governance guidance;
- The needs of specific client groups and assessment of client vulnerability, and associated infection control requirements;
- The suitability of changes made during the response phase over a longer period of time; and
- The financial impact and affordability of proposed changes

8.15. Workforce considerations represent a critical element of these criteria. In particular, the experience of staff and a focus on their health and wellbeing will be central to this activity. More widely, changes to services made to date and proposed in future will necessitate updated workforce plans which build in the need for flexibility in the HSCP's workforce and identify those areas where staff will require additional support as the recovery progresses.

8.16. Recovery and renewal plans will necessarily be iterative in nature as our understanding of the impact of the response phase develops and as further national guidance is released. They must also be based on effective engagement and consultation with staff, service users, patients and other key stakeholders including the third sector. While the response phase necessarily required the HSCP to move quickly and implement changes without broad consultation, this will not be the case during the recovery and renewal phases. The HSCP recognises a structured approach to service change, supported by engagement, will be crucial, and we are considering how best we engage with users and

carers going forward, to draw upon their lived experience through the pandemic.

8.17. A return to a pre-COVID situation will not be possible, nor desirable. There is an opportunity to take a needs-led approach in coming months which builds on the benefits provided through application of new technologies; determines how best early intervention and preventative approaches can be embedded within communities; and refocuses on individual self-management and recovery.

8.18. Taking into account the aspects outlined above, appendices 2 and 3 set out a high-level plan and supporting methodology which the HSCP proposes adopting as options for future delivery approaches become clearer.

Taking Forward Phase 1 of the Route Map and Beyond

8.19. The Scottish Government set out a number of areas where the provision of services should be restarted where possible in Phase 1 of the route map. The HSCP continues to work with partners to assess services and expand provision where it is possible and safe to do so, developing plans in line with the recovery and renewal process outlined above.

8.20. Respite and day services are typically associated with a buildings-based approach. Whilst the HSCP is considering how building-based services can be reopened, this requires careful planning to ensure that is done safely for staff and services users and reflects physical distancing and hygiene requirements, the often complex needs of service users, and the ability to access transport to attend and utilise such provision. The HSCP has demonstrated throughout the pandemic that respite and day services can be provided through a range of models and will continue to utilise alternative approaches where appropriate.

8.21. Within Renfrewshire Learning Disabilities Services, during the pandemic the HSCP has moved to alternative delivery models to support service users and their families through more one to one activities and support. The feedback from families has been very positive to date. The availability of these services and the scope of what can be offered in each phase of the Scottish Government Route Map is under ongoing review. The HSCP has also continued to offer emergency residential respite throughout the pandemic, and this will continue. However, capacity at Weavers Linn LD Respite Centre is reduced by 50% as result of social distancing measures required, and therefore planned respite is unable to recommence at this time.

8.22. Older people's respite services are largely provided through buildings-based services in care homes. At present, admission to care homes for respite is not recommended unless there are specific needs that cannot

be met through other means. Day Services for older people has also traditionally been provided through day centres across Renfrewshire. Work is underway to review the arrangements for day care for this vulnerable group and their unpaid carers. Consistent with the position in Learning Disability services, the HSCP will be unable to reopen full-service provision given the challenges around physical distancing for this group. Physical disability day support will continue to be offered on a one to one basis for the time being.

- 8.23. The HSCP continues to plan with COSLA and Scottish Care and other national and local partners to support and, where needed, review social care and care home services. There will be a phased resumption of visiting to care homes by designated visitors and family members in a managed way where and when it is clinically safe to do so.
- 8.24. Work is progressing with partners within NHS GGC to develop remobilisation plans in line with NHS Scotland's framework and to increase the provision of services across primary, community and mental health services; continue delivery of GP and pharmacy care in line with escalation plans; roll-out Pharmacy First and increase face-to-face provision in community optometry. These plans build on provision which has remained in place throughout the pandemic and seek to address backlog cases identified.
- 8.25. All of the recovery and renewal planning activity outlined in this report will continue to be completed in line with guidance from Scottish Government and associated timescales.

Implications of the Report

1. **Financial** – There are no financial implications for this report. However, the ongoing response to COVID-19, and the development of recovery and renewal plans as outlined in this report will have financial implications which will be assessed and monitored on an ongoing basis.
2. **HR & Organisational Development** – There are no immediate HR & OD implications from this report. However, as recovery and renewal planning progresses HR & OD implications will be identified and managers will liaise closely with staff-side and HR colleagues as appropriate.
3. **Community Planning** – Recovery and renewal planning will involve consideration of the role of communities and community planning partners in future service delivery. Community planning governance and processes will be followed throughout.
4. **Legal** – Supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. Legal guidance will be

sought at appropriate junctures throughout the delivery of the Transformation Programme.

5. **Property/Assets** – No immediate implications however ongoing COVID guidelines around physical distancing, proposals for future service delivery models and the increased adoption of technology will impact upon the nature of property and assets used to deliver services.
6. **Information Technology** – Future proposals will require consideration of how technology can be most effectively adopted and utilised to support new ways of working.
7. **Equality and Human Rights** – There are no Equality and Human Rights impacts from this report. However, future proposals will be assessed in relation to their impact on equalities and human rights.
8. **Health & Safety** – Health and safety procedures will continue to be reviewed to ensure safe and effective joint working as the COVID response continues and service models develop.
9. **Procurement** – Procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – Risks and issues arising during the COVID response have been tracked and managed on an ongoing basis. The risks identified in this paper and those that emerge in future will continue to be assessed and managed through recovery and renewal governance structures.
11. **Privacy Impact** – None from this report.

List of Background Papers –

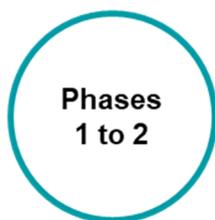
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Appendix 1: Recovery and Renewal Planning Phases (Indicative timescales provided to support planning purposes but are subject to change)

A range of assumptions are common across all phases of the route map

- Continued support provided to shielding and Group 2 individuals (at varying levels)
- Ongoing physical distancing and infection control focus
- Increasing demand for HSCP services (as previously provided) with surge capacity remaining in place across health and social care
- Continued response across health and social care to meet backlog of demand
- Care home testing ongoing
- Renfrewshire COVID Assessment Centre remains in place, developed in line with NHS GGC approach
- Patient and staff safety maintained through COVID and non-COVID pathways
- Test and Protect processes in place – potential for impact of (multiple) staff self-isolations
- Potential further peaks of COVID-19 infections
- Ongoing sourcing and supply of PPE
- Alignment of service development proposals with transformational and savings plans and further national plans (e.g. Renewal Plan) in light of new position

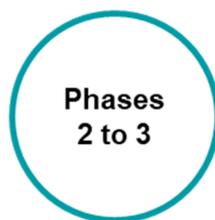


**Phases
1 to 2**

3 months

*(June to August 2020
indicatively)*

- Consideration of visits to care home by designated individuals
- Care home testing ongoing
- Provision of day support and respite through alternative means and where safe to do so
- Commenced restart where possible of primary, community and mental health NHS services, working to address demand backlog
- Remobilisation plans implemented by Health Boards and IJBs in Phase 2



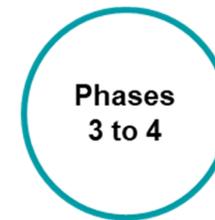
**Phases
2 to 3**

3 to 6 months

*(September to
November 2020
indicatively)*

As previous phases plus:

- Demand for HSCP services shifts towards particular services e.g. mental health
- Expansion of screening services and adult flu vaccinations in care homes and at home
- Some communal living experience restarted where safe
- Winter flu vaccination programme
- Reform of services in line with guiding principles and savings plans and 'Renew' Programme post first 100 days re-mobilisation



**Phases
3 to 4**

6 months+

*(December to May
2021 indicatively)*

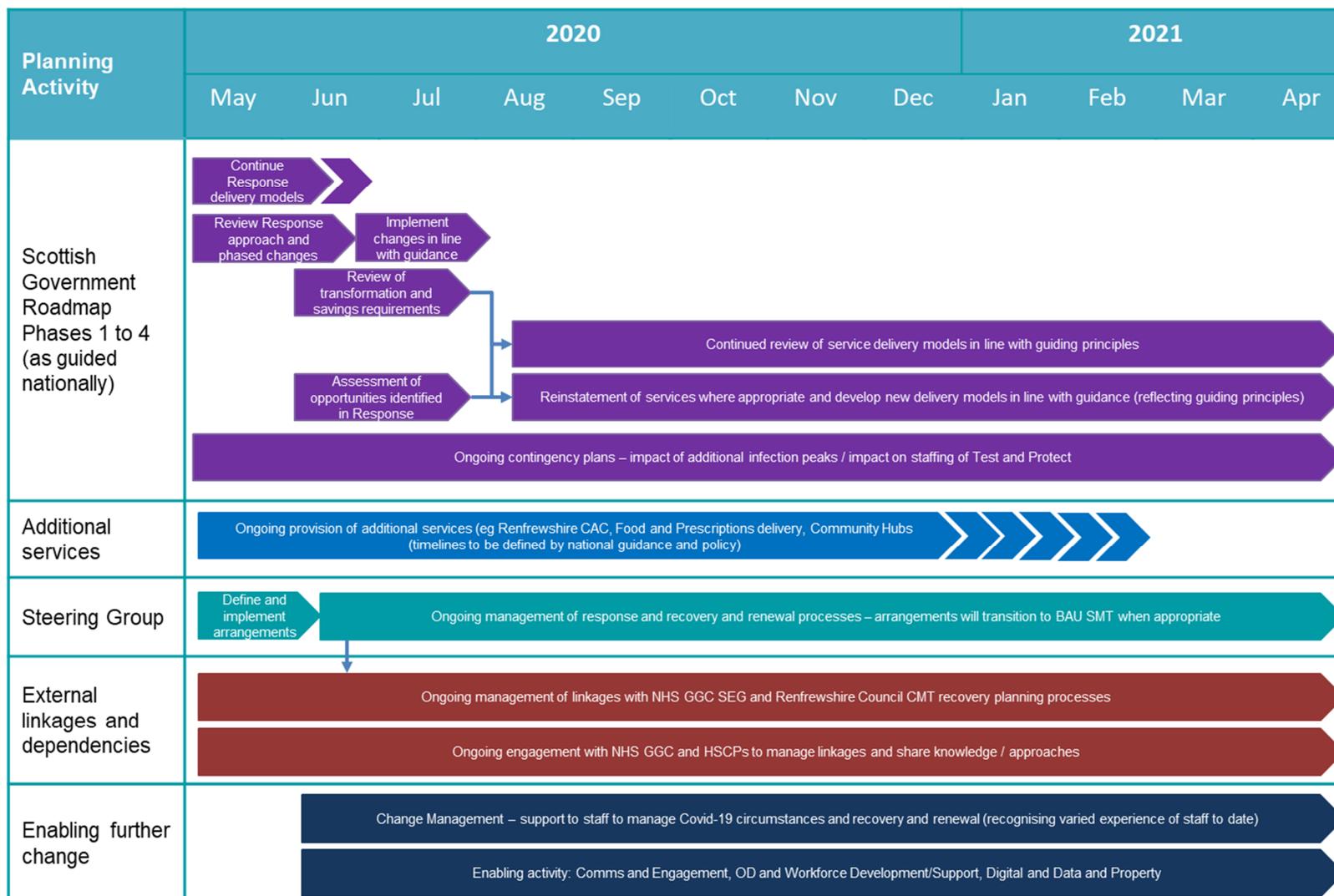
As previous phases plus:

- 'New normal' operating position eventually achieved, with gradual move towards Scottish Government route map phase 4
- Full range of health and social care services eventually delivered with greater use of digital, and surge capacity remaining in place across health and social care

Notes:

- *Service reinstatement and future changes will require careful management of interdependencies*
- *future infection peaks may require moving to lower phases and enhanced lockdown requirements*

Appendix 2: Indicative High-level Recovery and Renewal Activity Plan



Appendix 3: Service Design Methodology

