CCG18. Remobilise, Recover, Redesign Update

The committee considered a report by the Head of Integration which provided an update on the HSCP plans for remobilisation, recovery and redesign in response to the Covid-19 pandemic. It outlined progress on the key elements for recovery and the potential opportunities for redesign, within the context of the delivery of the National Framework, the IJB Strategic Plan and national policy and guidance.

Work had been undertaken to update the IJB delivery plan, taking cognisance of the response to the pandemic and the priorities and timescales to progress recovery and redesign.

The Scottish Government had published Remobilise, Recover, Redesign; the framework for Scotland on 31 May 2020. This outlined three key tasks for the NHS:-

- moving to deliver as many of its normal services as possible, as safely as possible;
- ensuring it had the capacity that is necessary to deal with the continuing presence of Covid-19, and
- preparing the health and care services for the winter season, including replenishing stockpiles and readying services.

The HSCP Remobilisation and recovery plan had been approved by the Board on 19 June 2020. The Board's Delivery Plan remained relevant for post Covid-19 planning.

The Falkirk HSCP Remobilisation plan was built on four themes:-

- Community: support the demand for capacity to acute services in Forth Valley Royal Hospital sites by working towards zero delayed discharge position, including both community hospitals.
- Maintain Essential Services;
- Reduction in Non-Essential Services, and
- Staff are safe, supported and protected.

As part of phase three recovery the HSCP had identified key challenges, opportunities and risks through having reviewed lessons learned earlier in the pandemic. Contingency plans had been developed in the event that there was a second wave or local outbreaks over the forthcoming months.

It remained important to ensure that work continues to allow people who rely on services, their carers and communities have the services they need and that providers remained able to work in partnership in the

redesign of services. It was recognised that in the face of the financial impact of Covid-19 that the Board may be required to make bold decisions to increase the pace of transformation whilst fully embracing the principles of integration and social care standards.

The HSCP recovery and redesign will be framed in the key priority actions where we can:-

- accelerate integration;
- sustain new models of care where they have proved effective;
- redesign services/alternatives (for example day services) to meet individual need and safe distancing requirements;
- review how we can accelerate the shift in the balance of care to extend community based support for people to stay at home longer and support carers;
- continue to develop support and assurance model for Care Homes;
- review community bed-based care across our whole system;
- progress the review of care at home, and
- build on the COVID 'supporting communities' work to develop locality working.

In regard to service redesign the model of enhanced care and the impact of the Enhanced Care Team had demonstrated the need for alternative models of delivery.

Decision

The committee:-

- (1) noted the progress made with remobilisation, recovery and redesign via the updating of the HSCP Delivery plan and note the planned improvements to service delivery, and
- (2) noted that Covid-19 HSCP debrief reports will be presented to a future CCGC meetings for consideration.