

Paper for Review by DMT – 09<sup>th</sup> December 2020Activity log

| Corporate                                     |  |   |  |   |                    |
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| Service                                       | Current situation  | Key figures                                 | Activity planned   | Comments / national guidance                    | Person responsible |
| <b>Finance</b>                                | Financial impact being tracked by CFO and claims made to Scottish Government via official route.   | Current estimated cost of <b>£8,448,863</b> | Continued tracking of additional costs.  | IJB COVID19 finance <a href="#">report</a> .    | Lisa Duncan        |
| <b>Desk-based staff</b>                       | All SAC staff working from home where possible<br>NHS staff working from offices (social distancing and buildings risk-assessed)                     | <b>270</b> staff working from home          | Continued review of situation but <u>no immediate change</u> .   | SG working from home <a href="#">guidance</a> . | Tim Eltringham     |
| <b>Staff support and wellbeing</b>            | Senior mgmt. monitoring staff wellbeing and encouraging ways to maintain motivation/social connection, etc.<br>Discussed at SAAPF and weekly at DMT. |   | Further mitigations to be considered and implemented.<br>Teams encouraged/empowered to think creatively. |   | Tim Eltringham     |
| <b>Directorate Management Team (extended)</b> | Meeting 3 times per week: twice 'COVID19 operational', once to discuss staffing and premises   |   | Meetings prioritised over winter period.   |   | Tim Eltringham     |
| <b>Governance</b>                             | All meetings reinstated and taking place remotely (MS Teams)   |   | Stream or record governance meetings   |   | John Wood          |

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| <b>COVID-19 learning exercise</b> | Learning mainstreamed across the HSCP. |  | To be done at corporate and service level.<br><br>To be reflected in: Digital strategy; OD strategy; and Strategic Plan. |  | John Wood |
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| Community Health and Care (Adults and Older People) |   |  |   |  |                    |
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| Service   | Current situation   | Key figures  | Activity planned  | Comments / national guidance   | Person Responsible |
| <b>Care Homes</b>                                   | Care Home Oversight Group main forum for assurance and support. Particular focus in recent weeks on staff testing and visiting arrangements.                | <p><b>Testing:</b> exceeding 90% staff testing target</p> <p><b>Outbreaks: reported between 3 and 4</b></p> <p><b>Safety Huddle:</b> 90% completion rate</p> | <p>Continued CHOG meetings with streamlined approach.</p> <p>Quality Assurance Framework developed and follow up visits in progress.</p> <p>Support Rozelle following significant outbreak, concerns regarding quality of care and CI inspection.</p> | <p>Care home clinical and practice <a href="#">guidance</a>.</p> <p>Visiting <a href="#">guidance</a>.</p> | Billy McClean      |
| <b>Care at Home</b>                                 | Work in real time to reducing delayed discharges is underway – maintaining capacity to continue this improvement and looking at reviewing existing pathways | Delayed discharge: <b>46</b> (30 standard)   | <p>Improvements to Reablement.</p> <p>Further work with ‘extreme teams’ to reduce delayed discharge.</p>  |  | Eddie Gilmartin    |

SAHSCP COVID-19 recovery and renewal activity log – November 2020

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|                   | and processes will be a focus going forward.   | Pre-COVID19<br>CAH hours:<br>13,500<br>Current hours:<br>14,100<br><br><b>Increase of approx. 600 hours</b>   |   |   |                 |
| <b>Reablement</b> | Recent investment to increase line management, assessment and support capacity   | Looking to recruit up to <b>40 staff over coming months</b>   | Improvements to Reablement. Project Board has met, Vacancy adverts out this week<br>Hospital staff returning to AUH to assess, working practices being refined and improved around discharges |   | Eddie Gilmartin |
| <b>PPE Hub</b>    | PPE Hub will be operational until March 2021 and the community equipment store remains ready for any increased surge with management arrangements transferring to adult services. Broader work is led through our locality planning teams. | Forecast Weekly Unit Requirement<br>Masks: <b>12,600</b><br>Full Face Visors: <b>350</b><br>Eye Protection Frames & Lenses/Goggles: <b>50</b><br>Disposable Aprons: <b>12,600</b><br>Nitrile Gloves: <b>35,280</b><br>Vinyl Gloves: <b>15,120</b> | Keep procurement arrangements under review.<br><br>Review PPE Hub post-winter.  | PPE <a href="#">access</a> for social care providers. | Sandra Rae      |

SAHSCP COVID-19 recovery and renewal activity log – November 2020

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| <p><b>Community Equipment Store</b></p>          | <p>community equipment store remains ready for any increased surge with management arrangements transferring to adult services. Broader work is being progressed in relation to this service in Dupes Road Troon.</p>  |  | <p>Equipment cleaned joined up by mid-December. Staff structure being progressed by Trade Unions and HR.</p>  |   | <p>Lisa McAlpine</p> |
| <p><b>Day Services – Older People</b></p>        | <p>Alternative models (e.g. outreach) in place where building-based day services are closed<br/>Working closely with service providers<br/>All staff tested weekly in line with our care home staff and follow the same guidance</p> <p><b>Overmills and Nursery Court</b> providing outreach service: undertaking medication/personal care visits that would have been supported during day care placements</p> | <p>Over <b>250 visits</b> per week</p>               |   | <p><a href="#">Guidance</a> on adult social care building-based day services.</p> | <p>Helen Brown</p>   |
| <p><b>Day Services – Learning Disability</b></p> | <p>Alternative models (e.g. outreach) in place where building-based day services are closed.<br/>Working closely with service providers.</p>   | <p>Over <b>60</b> microbreaks provided per week.</p> | <p>Across Learning Disability Services generally, all Service Providers initially reduced all supports to only support such as personal care, meals etc. and as such all social supports,</p> | <p><a href="#">Guidance</a> on adult social care building-based day services.</p> | <p>Sandra Rae</p>    |

SAHSCP COVID-19 recovery and renewal activity log – November 2020

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|                                      | <p>All staff tested weekly in line with our care home staff and follow the same guidance.</p> <p><b>Kyle:</b> remains closed<br/> <b>Arran View:</b> microbreak service in place<br/> <b>Girvan Opps:</b> Outreach in place<br/> <b>Hansel:</b> operating micro-break services</p>          |  | <p>group, social activity, etc. stopped. These are now being carefully and meaningfully resumed with a recognition that supports will not return to 'normal' for some time.</p>                                       |  |                        |
| <b>ASP</b>                           | <p>Local guidance on the conducting of Adult Support and Protection investigations was developed and shared for implementation – this covered undertaking risk assessments in the community and convening multi-agency Planning Meetings, Case Conferences and Review Case Conferences.</p> | <p>Average of <b>20</b> ASP referrals per week.</p> <p>Average of <b>22</b> Vulnerable Adult referrals per week.</p> | <p>Admin support to be addressed.</p>   |  | <p>Scott Hunter</p>    |
| <b>Community Hospitals – Biggart</b> | <p>Services continue at Biggart Community hospital with some adaptations e.g. some Consultant and other clinics have resumed in Ferguson Day Hospital with adaptations in line with Risk Assessments.</p>   |  | <p>Work has begun to prepare Buchanan ward for the transfer of Stroke Rehab from Drummond ward and Buchanan ward continues at a state of readiness.</p> <p>Work is almost complete in Buchanan ward. The transfer</p> |  | <p>Eddie Gilmartin</p> |

SAHSCP COVID-19 recovery and renewal activity log – November 2020

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|  | <p>Administrative staff (council) based at Biggart are still mostly working from home where they can.</p> <p>MacMillan ward staff are part of the government staff weekly testing group with 100% uptake from all staff SCN Mack and DCN Thomson are working with 6 designated care homes and supporting them in the changes to hospital based lab weekly testing</p> |  | <p>from Drummond will take place on the weekend of 14<sup>th</sup> &amp; 15<sup>th</sup> November. Drummond ward will then be prepped for use as a surge capacity ward. The focus will be on utilising it as a Social Care facility as Buchanan was. The implications of staffing and medical cover around this will be determined by the type of patients required to use it. ? Social Care = Residential, where most people awaiting in hospital for Care Homes require Nursing care. Work ongoing.</p> <p>The Day Hospital Service Restructure will continue to be reviewed. Service users being seen in OP and community settings</p> |  |                        |
| <p><b>Community Hospitals – Girvan</b></p> | <p>Girvan Community Hospital inpatient service continues to operate as normal. The Minor Injuries Unit is operating on a telephone triage, 'appointment only' model, implemented during the Covid-19 crisis and continues to be operated along these lines.</p>   |  |   |  | <p>Eddie Gilmartin</p> |

| Primary Care                         |   |             |                  |                              |                    |
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| Service                              | Current situation   | Key figures | Activity planned | Comments / national guidance | Person responsible |
| <b>GP practices</b>                  | <p>'Near me' in operation, face-to-face appts limited</p> <p>Supported through individual contact, through GP Clusters and through GP Locality Forum. Stakeholder GP is actively working with Practices to support.</p> |             |                  |                              | Phil White         |
| <b>Multidisciplinary Teams</b>       | MDTs being reinstated   |             |                  |                              | Phil White         |
| <b>Primary Care Improvement Plan</b> | Work has resumed e.g. pharmacy first rollout and flu vaccination programme  |             |                  |                              | Phil White         |
| <b>COVID-19 Clinical Hub</b>         | Continues to be operational   |             |                  |                              | Phil White         |

Community Resilience

| Service                              | Current situation   | Key figures | Activity planned  | Comments / national guidance  | Person responsible |
|--------------------------------------|---|-------------|---|---|--------------------|
| <p><b>Support to communities</b></p> | <p>VASA / South Ayrshire Lifeline leading work to improve community capacity and resilience to deal with COVID-19 social impacts.</p> <p>Shielding paused but still a significant need to community support.</p>  |             | <p>Ongoing work with council, 3<sup>rd</sup> sector, CPP to prepare for: Further outbreaks and potential lockdowns (national/local); Winter based work including flu pandemic response; Wider re-instatement of community-based services respecting any government advice and limitations.</p> <p>Some of the supports that were developed during the initial lockdown will be sustained (e.g. telephone befriending) with some changed arrangements.</p> |   | <p>Phil White</p>  |
| <p><b>Unpaid carers</b></p>          | <p>In the August to March phase, most of the in-situ Carer/Young Carer supports will be re-instated incrementally where appropriate although some of the phone/on-line supports (some of which existed pre-Covid-19) are likely to remain.</p> <p>Young carers statement are being completed by pastoral staff in school.</p> |             | <p>The Carers Centre is now planning for some in-situ provision in the Carers Centre following risk assessment and other process; from October there will be some centre based supports available.</p> <p>Requests are being monitored on a weekly basis.</p> <p>Young carers resource forum constituted by October 31<sup>st</sup>.</p>  | <p>Coronavirus (COVID-19): <u>advice</u> for unpaid carers</p> <p>Identify resource pot for requests that are beyond the give of the Team Around the Child Process.</p> | <p>Phil White</p>  |



SAHSCP COVID-19 recovery and renewal activity log – November 2020

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|                | These will involve child's care planning   |  |  |  |  |
| <b>Respite</b> | Many respite services put on hold over initial lockdown, now gradually being reinstated. |  | Further adaptation of service and reinstatement. |  |  |

| Allied Health Professions  |   |   |   |  |                    |
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| Service                    | Current situation   | Key figures   | Activity planned  | Comments / national guidance   | Person responsible |
| <b>General</b>             | The majority of Allied Health Professions (AHP's) who were redeployed into critical areas have now returned to their substantive roles and where possible services are resuming community visits for those people requiring face to face. | 2 additional PT in acute for Covid and winter pressures | Continued delivery of services as able retaining flexibility to respond to spikes in Covid and winter pressures within acute and community. AHP management team closely monitoring situation and risks associated with backlogs<br><br>Further rollout of tech and new models | Risks rising as some staff requiring to be redeployed to respond to second surge and winter impacting on ability to resume services<br>Further national guidance due out this week | Elaine Hill        |
| <b>Face-to-face visits</b> | Resuming where possible and appropriate, using technology where possible.   | To follow   | Further rollout of tech and new models  | To follow  | Elaine Hill        |

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| <p><b>Out-patient clinics</b></p>   | <p>A small number of Out-patient clinics have resumed for urgent patients, with more clinics planned to restart shortly as guidance and premises allow.</p>   |  | <p>Continued delivery of services. No immediate changes over winter period.</p> <p>More clinics planned to restart shortly as guidance and premises allow.</p>   | <p>Social distancing, in waiting areas and clinic space remain a limiting factor in building throughput</p> <p>Impact of second surge on roll out</p>  | <p>Elaine Hill</p>                   |
| <p><b>Intermediate Care and Community Rehabilitation, and Community AHP</b></p> | <p>The local models for Intermediate Care and Community Rehabilitation, and Community AHP services are currently being reviewed across South Ayrshire building on existing models to deliver effective triage and responsive services.</p> <p>A range of resources developed to enable individuals to progress their rehabilitation and helplines have been introduced in <b>Speech and Language Therapy and Dietetic</b> services to assist people with advice</p> |  | <p>Flexibility of workforce to ensure continued delivery of services over second wave and winter period within available resource based on clinical prioritisation.</p> <p>Working across teams to develop new approaches and assist people with advice.</p> | <p><a href="https://www.gov.scot/publications/framework-supporting-people-through-recovery-rehabilitation-during-covid-19-pandemic/">https://www.gov.scot/publications/framework-supporting-people-through-recovery-rehabilitation-during-covid-19-pandemic/</a></p> | <p>Elaine Hill / Eddie Gilmartin</p> |

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|                                   | and appropriate sign posting.   |  |  |  |             |
| <b>Specialist rehabilitation</b>  | During the lockdown specialist rehabilitation Group programmes and community-based group programmes provided by our partners in leisure have been suspended and users have been supported through phone calls with some programmes organised as on-line activity sessions, and development of additional self-help information on line. |  | Continued delivery of services. No immediate changes over winter period.<br><br>National work is underway to assist in developing this approach both in response to Covid-19 and for the Future. AHP management team working with digital team to try and expedite this. | Evidenced based group work is key component of work across both specialist rehabilitation and AHP services <i>As still awaiting agreed digital platform for group activity within health the delay is impacting on all AHP services.</i><br><br>Respiratory services further impacted by second wave as skilled staff required to assist 2 <sup>nd</sup> surge | Elaine Hill |
| <b>Rehab for COVID19 patients</b> | Specific self-management advice and resource materials have been developed to assist people with their recovery post Covid-19 covering a range of topics including Nutrition, Breathlessness, Coughing, Tiredness,  |  | Further learning to be undertaken. Initial evaluation positive outcomes Research Bid submitted to evaluate impact on staff.  | Evidence based building nationally and internationally on impact of long covid both on physical and mental health<br><br><a href="https://www.gov.scot/news/mental-health-support-for-covid-19-patients/">https://www.gov.scot/news/mental-health-support-for-covid-19-patients/</a>   | Elaine Hill |

SAHSCP COVID-19 recovery and renewal activity log – November 2020

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|  | <p>Pacing and Anxiety,<br/>Physical activity and<br/>exercise and returning<br/>work.</p> <p>A Covid-19 recovery<br/>web page is now up<br/>and running on the A<br/>&amp;A web site<br/>developed by local<br/>AHP's with contact<br/>details for individuals<br/>requiring further<br/>support.</p> |  |  |  |  |
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| Mental Health  |  |             |  |  |                    |
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| Service        | Current situation  | Key figures | Activity planned   | Comments / national guidance   | Person responsible |
| <b>General</b> | Services continue to be adapted across community mental health (social work); primary care mental health and addiction support services. |             | Continued delivery of services. No immediate changes over winter period. | Continuing to offer services by telephone where possible.<br><br>Face-to-face assessments and home visits are still being offered where clinically required. | Sharon Hackney     |

SAHSCP COVID-19 recovery and renewal activity log – November 2020

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|  | Face-to-face assessments and home visits are still being offered when clinically required/critical and no other safer option identified.   |  |  | Group based treatment remains paused due to challenges bringing together multiple households. Awaiting conclusion of pilots of the delivery of group based interventions via MS teams. |                |
| <b>Assessments</b>                       | As restrictions have eased we have sought to increase routine/non-urgent assessments and review appointments that require to be administered face-to-face. Assessment and review/treatment contacts have been implemented via telephone for all disciplines. |  | We continue with a range of measures including face to face, agile working, social distancing measures and use of digital technology to support service access and service continuity. | Increasing referrals are being received for individuals who have experienced deterioration in MH as a result of issues associated with covid e.g. isolation etc                        | Sharon Hackney |
| <b>Administering (medication/bloods)</b> | Home visits for administering depot injection medication and the taking of bloods is taking place in people's homes unless a particular risk is identified.  |  | There has been noted benefit of seeing patients in their own home, making connections with family but also being able to better identify social circumstances and vulnerabilities.     | Continuing to visit at home for administration of depot medication as clinically required.   | Sharon Hackney |
| <b>Recovery</b>                          |  |  | Reinstatement of peer support.   | Peer support remains paused due to challenges bringing   | Sharon Hackney |

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|                        |  |  |  | together multiple households. |   |
| <b>MH Care at home</b> | Existing framework is unsustainable with provider handing back care packages in Maybole area due to financial viability of the work. |  | Unable to identify alternative providers therefore short term solution requires to be identified |                               | Sharon Hackney<br><br>(Sandra Rae for LD cases) |

| Children's locality social work services |  |  |  |   |                             |
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| Service                                  | Current situation  | Key figures  | Activity planned   | Comments / national guidance  | Person responsible          |
| <b>Child Protection / General</b>        | Children's Social Work locality teams have adapted on a risk-based model to the lockdown measures, prioritising those children on the Child Protection Register and those who are looked after and accommodated.<br><br>Children identified collaboratively between Health, Social Work, Education and CAMHS | There have continued to be house visits throughout the pandemic with <b>100%</b> of Children on the CP register visited every week.<br><br>At the end of March 2020 there were <b>12</b> children on the Child Protection Register. As at the end of September this had risen to <b>25</b> . | Continued work to support prevention/early intervention<br><br>There is significant innovative practice evident within Children locality services, some of these new means of delivering services, will become the new service models for the future.<br><br>All meetings/reviews/etc are being undertaken virtually.<br><br>A room has been identified to allow an area for parents to be | Activities remain same with a mixture of face to face and virtual meetings with families. All children on CP register continue to be seen weekly. Currently 16 children registered. All meetings are still virtual. | Mark Inglis/Jackie Hamilton |

SAHSCP COVID-19 recovery and renewal activity log – November 2020

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|                           | <p>who are currently not known to Statutory services, who have been offered supports during Covid-19 to prevent the escalation of risk and harm.</p> <p>Allocated Social Worker to each School Cluster to continue this collaborative approach.</p> <p>Walking meetings, etc.</p>     | <p>The number of Looked After Children has remained fairly level at <b>308</b> in March 2020 and <b>311</b> in August 2020.</p> | <p>able to be supported to meetings</p> <p>Email system being used to share reports/minutes/etc with families</p>         |  |                        |
| <p><b>Family Time</b></p> | <p>Teams now fully support Family Time, also known as “contact”. This has been a difficult area, and at time resulted in legal pressure, but the service has now risk assessed venues where families who are not living together can see one another in a Covid-safe environment.</p> |   | <p>Continued rollout of Family Time</p> <p>Rooms have been identified to bring family time inside when weather is bad</p> | <p>this has been upscaled and we now have 3 identified rooms. This is mainly due to weather not allowing outside contacts and also lack of cafes, etc with being in tier 4</p> | <p>Jackie Hamilton</p> |

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| <p><b>Children’s Hearings</b></p> | <p>Children’s Hearings are becoming physical hearings again, there is a significant back log of hearings and there are consequences in terms of the lack of decision making.</p>   |  | <p>Backlog to be addressed.</p> <p>The re-introduction of full children’s hearings will enable the progression of Children’s plans.</p> <p>Working group established to work with SCRA on targeting the backlog</p>  | <p>SCRA have opened Kilmarnock Hearing Centre and are working toward opening Ayr but this will mean families in one room with panel in another. Working Group continues to look at addressing backlog of hearings</p> | <p>Mark Inglis/Gary Hoey</p> |
| <p><b>Residential Care</b></p>    | <p>Within the HSCP’s Children’s Houses, staff have continued to deliver a high level of care and support to those children who are presently looked after by them.</p> <p>High level of creativity and commitment from the Residential Staff group.</p> <p>Children and young people have in the most part managed to work within the guidance of social distancing</p> <p>Occasional embargo on the admittance of</p> |  | <p>Further resumption /adaptation of services.</p> <p>Where appropriate services seeking alternative means of caring for children away from home, such as Kinship and Foster care. But this is also not without its challenge.</p> <p>Monitoring that education has been re-established</p> <p>With colleagues in housing. CHJS have identified two ‘next step’ flats to build capacity in the transition to independent living. In turn this should create more capacity in our estate.</p> <p>The resolution of the staffing rota has identified support</p> |   | <p>Gary Hoey</p>             |



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|                         | any new Children or Young People to the Children’s houses, due to Covid-19 has been challenging   |  | <p>staff to assist young people returning from OWA or transitioning to independent living.</p> <p>Planning work has resumed with PDS to create independent flat within Cunningham House.</p> <p>Two additional emergency carers have been identified and assessment has began. They will be able to provide emergency placements for children and young people up to a maximum of 72 hours.</p> |   |           |
| <b>Family Placement</b> | <p>Fostering Panel are now meeting again using appropriate technology</p> <p>The team continue to support children and foster carers, through a variety of means, reducing the risk of placement break down and children being accommodated</p> | <p>As at end of August there were <b>66</b> fostering households, <b>100</b> Looked After Children in Foster placements with Local Authority Carers, <b>24</b> Looked After Children with Private Foster Agencies and <b>12</b> Looked After Children with</p> | <p>This will enable the passing of more foster carers, creating additional capacity for care of children who can’t live at home.</p> <p>Increase capacity of internal foster placement.</p>   | <p>FPAT may require additional support regarding assessment and approval.</p> | Gary Hoey |

SAHSCP COVID-19 recovery and renewal activity log – November 2020

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|---|---|--|---|--|---------------------|
|   | <p>in external residential placements</p> <p>Training of 6 new foster internal foster carers has begun on MS Teams.</p>   | <p>Prospective Adopters.</p>   |   |  |                     |
| <p><b>Children with Disabilities Team</b></p> | <p>All cases reviewed and triaged to Stage into Stage 1 , 2 and 3 Responses - with Stage 1 identified as requiring a practical break from caring duties to avoid family breakdown or Child Protection / Adult Support and Protection response as families reached point of exhaustion with potential poor responses to care needs</p> <p>. The Stage 1 supports included children with complex health care needs, very challenging behaviour, Kinship and Foster Carers and</p> | <p>Targeted response to meet the needs of the <b>335 families</b> supported by Children and Families Disability Team in place and remains under review</p> <p>Review of this strategy at 6 month point evidences <b>no</b> child or young adult allocated to and supported by Children and Families Disability Team required accommodation / families placed in position of ` I cannot continue to care`</p> | <p>Continued review of all cases 4 weekly</p> |  | <p>Jayne Miller</p> |

SAHSCP COVID-19 recovery and renewal activity log – November 2020

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|   | <p>young adults with impacting mental health issues.</p> <p>. A Children and Families Disability Team `in house` Resource Group established at the start of Covid remains in place to ensure needs are reassessed and resources prioritised. This includes review of care requirements every 4 weeks and care plans and supports adjusted accordingly.</p> |  |  |  |                     |
| <p><b>Quality Assurance Review Officers</b></p> | <p>Looked after reviews continue to take place virtually on Skype or other online platforms.</p>   |  | <p>Continue all meetings virtually</p> |  | <p>Jayne Miller</p> |

SAHSCP COVID-19 recovery and renewal activity log – November 2020

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|  | <p>Increase in number of professional attendees including parents and children/young people invited to reviews</p> <p>Co working with Champions Board members to ensure views of young people are gathered, as well as increased ability for parents to discuss their Child Plan prior to Looked after reviews with the QAROS directly.</p> |  |  |  |  |
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| Child Health                  |  |             |   |  |                     |
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| Service                       | Current situation  | Key figures | Activity planned  | Comments / national guidance   | Person responsible  |
| <p><b>Health visiting</b></p> | <p>Antenatal contacts undertaken virtually;<br/>Pre-birth screening for vulnerable families continued with SW/ Safeguarding midwives;<br/>Home visits continued for families at key stages including</p> |             | <p>Continued delivery of services. No immediate changes over winter period.</p> | <p>Will require to revisit method of delivery based on availability of staffing if impacted by seasonal flu</p> <p>Reflects Scottish Government guidance</p> | <p>Jayne Miller</p> |

SAHSCP COVID-19 recovery and renewal activity log – November 2020

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|   | 11 to 14 days and 6 to 8 week developmental assessments; 3 months, 12-15 months, 27 months and 4 to 5 years Children requiring additional support seen at home where required; Use of technology such as Attend Anywhere/Near Me rolled out to support Universal Health Visiting pathway contacts and reviews; Increased contact with the Team Around the Child to support most vulnerable families |                             |  | for Health Visiting, School Nursing and Looked after Childrens nursing   |              |
| <b>School nursing and LAAC nursing services</b> | School aged immunisation programme is ongoing (led by NAHSCP).  |                             | Continued delivery of services. No immediate changes over winter period. | Will require to revisit method of delivery based on availability of staffing if impacted by seasonal flu<br>Reflects Scottish Government guidance for Health Visiting, School Nursing and Looked after Childrens nursing | Jayne Miller |
| <b>Immunisation</b>                             | Focus on:<br>Continued to provide Preschool Immunisations based within GP practices throughout Lockdown;  | ISD Immunisation statistics | Continued delivery of services. No immediate changes over winter period. | Will require to consider alternative venues for delivery if uptake low   | Jayne Miller |

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|                       | High rates maintained for primary Immunisation schedule; Additional support to families via text and telephone to encourage uptake; Plan to increase support to practise where service provision not in place in line with VTP; Children’s 2 to 5 years flu delivery commenced within GP practices and community clinics |  |  |  |              |
| <b>School nursing</b> | Being prioritised on a risk-assessed basis. Request for assistance process remains in place.<br><br>10 pathway areas identified. During pandemic the focus will be on four key areas: Emotional health and wellbeing; Looked after children – Cel16 Health assessments; Young carers and Child Protection                |  | Continued delivery of services. No immediate changes over winter period. | Will require to revisit method of delivery based on availability of staffing if impacted by seasonal flu<br>Reflects Scottish Government guidance for Health Visiting, School Nursing and Looked after Childrens nursing | Jayne Miller |

| Justice |                   |             |                  |                              |                    |
|---------|-------------------|-------------|------------------|------------------------------|--------------------|
| Service | Current situation | Key figures | Activity planned | Comments / national guidance | Person responsible |

SAHSCP COVID-19 recovery and renewal activity log – November 2020

|                            |   |   |  |   |                        |
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| <p><b>General</b></p>      | <p>Statutory services are being delivered on an adapted model, prioritising MAPPA cases, and those most vulnerable and in need service users.</p> <p>Online support and appropriate face to face contact with appropriate safety measures in place.</p> | <p>There are currently <b>56</b> MAPPA cases.</p> | <p>We continue to support and coordinate the release of prisoners and ensure that they have suitable accommodation, access to GP, benefits, addiction services as well as access to basic food supplies on release.</p> <p>This continues with challenges around the virtual custody court</p> | <p>we continue to support people being released and ensuring that they access services quickly. Working with 3<sup>rd</sup> Sector on this</p>  | <p>Jackie Hamilton</p> |
| <p><b>CJSW reports</b></p> | <p>Working through a back log of Criminal Justice Social Work reports</p> <p>Completing reports in a Socially Distanced way, proves difficult.</p>  |   | <p>Working through backlog of reports.</p> <p>Courts have not fully resumed and still awaiting full increase in reports</p>  | <p>Courts have not fully upscaled and there is still a backlog of cases. Slow build of court reports</p>  | <p>Jackie Hamilton</p> |
| <p><b>Unpaid work</b></p>  | <p>Unpaid Work resumed on a very small scale, ensuring compliance with Covid-19 guidance on Social Distancing. Numbers are restricted.</p>  |   | <p>Further resumption of unpaid work where feasible</p> <p>Discussions ongoing on a national level acknowledging the challenges</p> <p>Backlog of 1000s of hours and also new</p>  | <p>Request from COSLA and Justice Standing Committee has been made to Scottish Government to reduce the numbers of outstanding hours. Awaiting this being heard at Justice Committee, has support</p> | <p>Jackie Hamilton</p> |

SAHSCP COVID-19 recovery and renewal activity log – November 2020

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|  |  |  | orders being given by courts. Have resumed UPW in a small scale but the turn out is very poor. Letter sent to encourage attendance | from Cabinet Secretary for Justice<br><br>We have resumed some work, with a maximum of 5 people at an outside project. This will reduce as winter sets in. We have a building to be able to do inside project with a very few people. No further update on reducing/rescinding hours. Its still on Scottish Government agenda |  |
|  |  |  |  |   |  |