

Activity log

Corporate				
Service	Current situation	Key figures	Activity planned	Comments / national guidance
Finance	Financial impact being tracked by CFO and claims made to Scottish Government via normal route.	Current estimated cost of £5.917m	Continued tracking of additional costs.	IJB COVID19 finance report .
Desk-based staff	All SAC staff working from home where possible NHS staff working from offices (social distancing and buildings risk-assessed)	270 staff working from home	Continued review of situation but <u>no immediate change</u> .	SG working from home guidance .
Staff support and wellbeing	Senior mgmt. monitoring staff wellbeing and encouraging ways to maintain motivation/social connection, etc. Support and supervision for staff working in covid areas Discusses at SAAPF and Friday DMTs.		Further mitigations to be considered and implemented. Teams to be encouraged/empowered to think creatively.	
Directorate Management Team (extended)	Meeting 3 times per week: twice 'COVID19 operational', once to discuss staffing and premises			
Governance	All meetings reinstated and taking place remotely (MS Teams) Last report to IJB on COVID19 response.		Explore streaming of meetings to ensure public access	

COVID-19 learning exercise	Learning mainstreamed across the HSCP.		More to be done at corporate and service level. To be reflected in: Digital strategy; OD strategy; and Strategic Plan.	
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Community Health and Care (Adults and Older People)				
Service	Current situation	Key figures	Activity planned	Comments / national guidance
Care Homes	Care Home Oversight Group main forum for assurance and support. Particular focus in recent weeks on staff testing and visiting arrangements.	Testing: exceeding 90% staff testing target Outbreaks: 0 Focus on: Fairknowe; Craigholm; Ainslie Manor. Safety Huddle: 80% completion rate	Continued CHOG meetings. Quality Assurance Framework in development. Revised approach to engagement. Streamline reporting arrangements.	Care home clinical and practice guidance . Visiting guidance .
Care at Home	Work in real time to reducing delayed discharges is underway – maintaining capacity to continue this improvement and looking at reviewing existing pathways and processes will be a focus going forward.	Delayed discharge: 45 (31 standard) Pre-COVID19 CAH hours: 13,500 Current hours: 14,100	Improvements to Reablement. Further work with ‘extreme teams’ to reduce delayed discharge.	

		Increase of approx. 600 hours		
PPE Hub	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 Masks: 12,600 Full Face Visors: 350 Eye Protection Frames & Lenses/Goggles: 50 Disposable Aprons: 12,600 Nitrile Gloves: 35,280 Vinyl Gloves: 15,120	Keep procurement arrangements under review. Review PPE Hub post-winter.	PPE access for social care providers.
Day Services – Older People	Alternative models (e.g. outreach) in place where building-based day services are closed Working closely with service providers All staff tested weekly in line with our care home staff and follow the same guidance Overmills and Nursery Court providing outreach service: undertaking medication/personal care visits that would have been supported during day care placements	Over 250 visits per week		Guidance on adult social care building-based day services.
Day Services – Learning Disability	Alternative models (e.g. outreach) in place where building-based day services are closed. Working closely with service providers.	Over 60 microbreaks provided per week.	Across Learning Disability Services generally, all Service Providers initially reduced all supports to only support such as personal care, meals etc. and as such	Guidance on adult social care building-based day services.

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	<p>All staff tested weekly in line with our care home staff and follow the same guidance.</p> <p>Kyle: remains closed Arran View: microbreak service in place Girvan Opps: Outreach in place Hansel: operating micro-break services</p>		<p>all social supports, 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>	
ASP	<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 20 ASP referrals per week.</p> <p>Average of 22 Vulnerable Adult referrals per week.</p>	<p>Admin support to be addressed.</p>	
Community Hospitals – Biggart	<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>Administrative staff (council) based at Biggart are still mostly working from home where they can.</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>The Day Hospital Service Restructure will continue to be reviewed.</p>	

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	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			
Community Hospitals – Girvan	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.			

Primary Care				
Service	Current situation	Key figures	Activity planned	Comments / national guidance
GP practices	<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>			

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Multidisciplinary Teams	MDTs being reinstated			
Primary Care Improvement Plan	Work has resumed e.g. pharmacy first rollout and flu vaccination programme			
COVID-19 Clinical Hub	Continues to be operational			

Community Resilience				
Service	Current situation	Key figures	Activity planned	Comments / national guidance
Support to communities	<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>Next 2 months: work with council, 3rd 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>	
Unpaid carers	In the August to March phase, most of the in-situ Carer/Young Carer		The Carers Centre is now planning for some in-situ	Coronavirus (COVID-19): advice for unpaid carers

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	<p>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. These will involve child's care planning</p>		<p>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. Young carers resource forum will be constituted by October 31st</p>	<p>Identify resource pot for requests that are beyond the give of the Team Around the Child Process.</p>
Respite	<p>Many respite services put on hold over initial lockdown, now gradually being reinstated.</p>		<p>Further adaptation of service and reinstatement.</p>	

Allied Health Professions				
Service	Current situation	Key figures	Activity planned	Comments / national guidance
General	<p>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</p>		<p>Continued resumption of services as able retaining flexibility to respond to spikes in Covid and winter</p>	

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	resuming community visits for those people requiring face to face.		pressures. No immediate changes over winter period. Further rollout of tech and new models	
Face-to-face visits	Resuming where possible and appropriate, using technology where possible.		Further rollout of tech and new models	
Out-patient clinics	A small number of Out-patient clinics have resumed for urgent patients, with more clinics planned to restart shortly as guidance and premises allow.		Continued delivery of services. No immediate changes over winter period. More clinics planned to restart shortly as guidance and premises allow.	<i>Social distancing, in waiting areas and clinic space a limiting factor in building throughput</i>
Intermediate Care and Community Rehabilitation, and Community AHP	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. A range of resources developed to enable individuals to progress their rehabilitation and helplines have been introduced in Speech and Language Therapy and Dietetic services to assist people with advice and appropriate sign posting.		Continued delivery of services. No immediate changes over winter period. Further redesign of Community Rehab and Community AHP.	
Specialist rehabilitation	During the lockdown specialist rehabilitation Group programmes and community-based group		Continued delivery of services. No immediate changes over winter period.	<i>Awaiting agreed digital platform for group activity</i>

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	<p>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.</p>		<p>National work is underway to assist in developing this approach both in response to Covid-19 and for the Future.</p>	<p><i>within health- impacting on all AHP services.</i></p>
<p>Rehab for COVID19 patients</p>	<p>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, Pacing and Anxiety, Physical activity and exercise and returning work.</p> <p>A Covid-19 recovery web page is now up and running on the A &A web site developed by local AHP's with contact details for individuals requiring further support.</p>		<p>Further learning to be undertaken.</p>	

Mental Health				
Service	Current situation	Key figures	Activity planned	Comments / national guidance
General	<p>Services continue to be adapted across community mental health (social work); primary care mental health and addiction support services.</p> <p>Face-to-face assessments and home visits are still being offered when clinically required/critical and no other safer option identified.</p>		Continued delivery of services. No immediate changes over winter period.	
Assessments	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.	
Administering (medication/bloods)	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.	
Recovery			Reinstatement of peer support.	

Children's locality social work services				
Service	Current situation	Key figures	Activity planned	Comments / national guidance
Child Protection / General	<p>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.</p> <p>Children identified collaboratively between Health, Social Work, Education and CAMHS 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>There have continued to be house visits throughout the pandemic with 100% of Children on the CP register visited every week.</p> <p>At the end of March 2020 there were 12 children on the Child Protection Register. As at the end of September this had risen to 25.</p> <p>The number of Looked After Children has remained fairly level at 308 in March 2020 and 311 in August 2020.</p>	<p>Continued work to support prevention/early intervention</p> <p>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.</p> <p>All meetings/reviews/etc are being undertaken virtually.</p> <p>A room has been identified to allow an area for parents to be able to be supported to meetings</p> <p>Email system being used to share reports/minutes/etc with families</p>	
Family Time	<p>Teams now fully support Family Time, also known as "contact". This has been a difficult area, and at time</p>		<p>Continued rollout of Family Time</p>	

	<p>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>Rooms have been identified to bring family time inside when weather is bad</p>	
<p>Children’s Hearings</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>Residential Care</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 any new Children or Young People to the Children’s</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</p>	

	<p>houses, due to Covid-19 has been challenging</p>		<p>independent living. In turn this should create more capacity in our estate.</p> <p>The resolution of the staffing rota has identified support 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>	
<p>Family Placement</p>	<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</p>	<p>As at end of August there were 66 fostering households, 100 Looked After Children in Foster placements 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>being accommodated in external residential placements</p> <p>Training of 6 new foster internal foster carers has begun on MS Teams.</p>	<p>Local Authority Carers, 24 Looked After Children with Private Foster Agencies and 12 Looked After Children with Prospective Adopters.</p>	<p>Increase capacity of internal foster placement.</p>	<p>FPAT may require additional support regarding assessment and approval.</p>
<p>Children with Disabilities Team</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 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</p>	<p>Targeted response to meet the needs of the 335 families supported by Children and Families Disability Team in place and remains under review</p> <p>Review of this strategy at 6 month point evidences no 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>reassessed and resources prioritised. This includes review of care requirements every 4 weeks and care plans and supports adjusted accordingly.</p>			
<p>Quality Assurance Review Officers</p>	<p>Looked after reviews continue to take place virtually on Skype or other online platforms.</p> <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>		<p>Continue all meetings virtually</p>	

Child Health				
Service	Current situation	Key figures	Activity planned	Comments / national guidance
Health visiting	<p>Antenatal contacts undertaken virtually;</p> <p>Pre-birth screening for vulnerable families continued with SW/ Safeguarding midwives;</p> <p>Home visits continued for families at key stages including 11 to 14 days and 6 to 8 week developmental assessments; 3 months, 12-15 months, 27 months and 4 to 5 years</p> <p>Children requiring additional support seen at home where required;</p> <p>Use of technology such as Attend Anywhere/Near Me rolled out to support Universal Health Visiting pathway contacts and reviews;</p> <p>Increased contact with the Team Around the Child to support most vulnerable families</p>		Continued delivery of services. No immediate changes over winter period.	<p>Will require to revisit method of delivery based on availability of staffing if impacted by seasonal flu</p> <p>Reflects Scottish Government guidance for Health Visiting, School Nursing and Looked after Childrens nursing</p>
School nursing and LAAC nursing services	<p>School aged immunisation programme is ongoing (led by NAHSCP).</p>		Continued delivery of services. No immediate changes over winter period.	<p>Will require to revisit method of delivery based on availability of staffing if impacted by seasonal flu</p> <p>Reflects Scottish Government guidance for Health Visiting, School Nursing and Looked after Childrens nursing</p>

<p>Immunisation</p>	<p>Focus on: Continued to provide Preschool Immunisations based within GP practices throughout Lockdown; 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</p>	<p>ISD Immunisation statistics</p>	<p>Continued delivery of services. No immediate changes over winter period.</p>	<p>Will require to consider alternative venues for delivery if uptake low</p>
<p>School nursing</p>	<p>Being prioritised on a risk-assessed basis. Request for assistance process remains in place.</p> <p>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</p>	<p></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 Reflects Scottish Government guidance for Health Visiting, School Nursing and Looked after Childrens nursing</p>

Justice				
Service	Current situation	Key figures	Activity planned	Comments / national guidance
General	<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 56 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>	
CJSW reports	<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>	
Unpaid work	<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 orders being given by courts. Have resumed UPW in a small</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 from Cabinet Secretary for Justice</p>

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			scale but the turn out is very poor. Letter sent to encourage attendance	

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