south ayrshire
health & social care
partnership

COVID-19 Mobilisation Plan – Phase 2

June 2020

NHS Ayrshire & Arran

south AYRSHIRE COUNCIL

CONTENTS

1. Introduction 3
2. Primary and Community Services 4
3. Mental Health 19
4. Learning Disability 23
5. Allied Health Professions Services 25
6. Adult Support and Protection 28
7. Children's Social Work Services 29
8. Justice Services 30
9. Children's Health 30

1. Introduction

1.1 This document responds to the need for South Ayrshire Health and Social Care Partnership (SAHSCP) to develop a Mobilisation Plan for Phase 2 of the COVID-19 crisis, presenting the next stage in an iterative and evolving approach to planning that builds on actions set out in the initial Mobilisation Plan. The focus of this plan is from June to the end of July 2020 but the report looks ahead to subsequent months.

1.2 Since the scale of the outbreak became clear, the partnership has significantly reprioritised staff resource in response. Recognising the need for robust and continuous planning, there is a regular Directorate Management Team meeting and the HSCP management are working with a full range of partners including our care providers (with whom we meet regularly specifically to support care at home and care home provision) to take a multi-agency response.

1.3 While SAHSCP is responding to the specific needs of our community, we take our lead from the full range of national guidance that has been produced rapidly by Scottish Government and other national partners. We work closely with our partners to develop our strategic response to the current pandemic through NHS Ayrshire and Arran's *Whole System Mobilisation Planning Group* and the South Ayrshire Council's *Strategic Recovery Group*.

1.4 We have structured our plan to focus on Primary & Community Services, Mental Health Services, Learning Disability Services, Adult Support and Protection, Justice Services and Children's Health and Social Work Services.

1.5 As previously noted by the IJB, there are some emerging themes, common to many service areas, including:

- Services have adapted well to lockdown and physical distancing measures but there is no replacement for human contact.
- Areas of service will recommence now that lockdown measures are beginning to ease.
- Some elements of bureaucracy have been temporarily paused but services continue to be delivered in a safe and compliant way.
- The Partnership is working well with partner agencies including the third sector. The contribution of the third sector and independent sector and their closeness to communities are invaluable.
- There is a high degree of innovation across the Partnership and staff have been encouraged to 'think outside the box'.
- As a Partnership, we are aware of the potential for COVID-19 to exacerbate inequalities within our community and all service areas.

1.6 As we and our partners adapt to the current circumstances and the potential 'new normal' we are gathering learning from the past several weeks which we will use to inform any long-term changes do the way we deliver services.

1.7 In considering what the 'new normal' will look like, NHS Ayrshire and Arran and South Ayrshire Council, as employers, are required to carry out risk assessments of workplaces to ensure the health and safety of those working in these areas. Workplace Social Distancing Risk Assessments are currently being carried out across both NHS and Council premises. The outcome of the risk assessments will impact on how services can be delivered and the Mobilisation Plan may need to be adapted to reflect the changes in service delivery.

1.8 Detailed action plans for Adult Services, Children and Justice Services and Child Health services are provided as (Appendices 1a, 1b and 1c) to this report.

2. Primary and Community Services

Engagement with GP practices

2.1 GP Practices have adapted to the challenge of COVID-19 through:

- Supporting and actively populating the Clinical Covid Hubs. (As part of the national response to COVID-19, all Health Boards in Scotland set up community clinical hubs and assessment centres to support citizens with COVID-19 related queries).
- Utilising remote contact with patients through phone and IT based mechanisms (such as Attend Anywhere and Near Me).
- Using the wider Multi-Disciplinary Teams flexibly.
- Prioritising care home support.

2.2 GP Practices have continued offering front-line primary care services in adverse circumstances and where their staffing has been compromised through illness, social isolation and shielding. Whilst the nature of the service delivery may have changed, practices have managed to maintain basic services.

2.3 Currently there has been limited direct HSCP engagement with GP Practices although there has been wider contact on specific themes, for example:

- **Shielding:** Contacting patients (over 4,600 in South Ayrshire) and offering clinical support and guidance and ensuring up to date Key Information summaries (Anticipatory Care Plan information) are in place
- **Care Home support:** Proactively supporting the aligned care home residents and staff and attending HSCP oversight meetings

- **Supporting palliative/End of Life patients**, for example, alongside District Nursing

2.4 In relation to the 'group' contexts for engagement, at present, these have been modified:

- Regular pan-Ayrshire Zoom calls with GP Practices and Primary Care Team including Associate Director for Primary Care and Interim Head of Service (Primary Care Transformation & Service Integration).
- Some Cluster Groups are meeting or planning to meat through Teams.
- The HSCP GP Locality Forum has not met either in situ or virtually.
- MDT team meetings have been necessarily changed.
- Pilot work for example, Frailty Collaborative work in Templehill has been put on hold.

2.5 Dr Simon Farrell (Cathcart Street Practice) has been appointed as the HSCP/IJB Stakeholder GP, making an important and effective contribution.

2.6 **Key priorities ahead:**

- **Supporting GP Practices to return to at least significant components of their core services that may have reduced in the COVID-19 period**
- **Building from the existing work linked to the Clinical Hub as it either deals with COVID-19 related patients or moves to support Unscheduled Care**
- **Continuing to support Shielding patients as the next set of guidance is issued**
- **Continuing to support care homes in relation to medical and wider oversight**
- **Seeking to initiate wider engagement in relation to future planning (e.g. PCIP) and as additional staff are recruited**
- **Exploring implementation of PCIP through flexible mechanisms such as remote contact (e.g. Mental Health)**
- **Building on from the ACP/KIS work with priority patients and providing wider MDT support**
- **Seeking to include GP Practices within the broader HSCP development work on the 'team around the Practice'/MDT working**
- **Along with the Ayrshire-wide Primary Care Team support GP Practices with staffing issues/ interpretation of guidance as the 'Trace and Isolate' phase of the public health response to COVID-19 evolves.**
- **Re-instate primary care drop-in at North Ayr Health Centre**

2.7 In addition it is important for the HSCP to encourage Practices currently exploring or piloting the use of new digital platforms to support patient care, for example for Long Term Conditions Management (e.g. 'Medilink Reviews' and 'In-health Care')

2.8 As Ayrshire-wide planning re Primary Care and the post-COVID-19 Primary Care Improvement Plan begins to be developed and planned the HSCP needs to ensure sufficient engagement in the planning infra-structure and groups.

Primary Care Improvement Plan

2.9 Locally, there are still Practices in categories where they are not yet up to full working -Priority will initially be to get Practices fully working as per 'normal.'

2.10 There has been national SG activity to capture the learning re Primary Care in the COVID-19 period in order to inform the short/medium/long term planning.

2.11 In response to COVID-19 leadership arrangements under NHS Ayrshire and Arran Emergency Management Team have been established to manage the system safely through the pandemic. In respect of this, these include the Acute Mobilisation Plan Strategic Group and the Primary and Community Care Emergency Management Team. These groups will jointly commission a Strategic Interface Group to coordinate clinical and strategic leadership across the system that will guide and support the recovery and mobilisation of services across primary, community and acute care. This will ensure a whole system approach is adopted and learning is shared.

2.12 Key learning includes:

- Use of technology, remote consultation, remote monitoring, etc has been significant, accelerated greatly and has future potential to make material shift in practice
- Implications for wider use of technology across MDT players (eg Rehabilitation) – early examples are emerging of much wider utility for TEC in the wider MDT team
- Interface working improved – Primary Care to Acute, Primary Care and Out of Hours, Primary Care and Social Work, Primary Care and third sector/community sector – great examples of where the previous interface challenges have been improved significantly
- Increased trust across all pathway players
- Ability to move much more rapidly re change (example of linking Community Pharmacists into eKIS which was agreed in 1 day)
- Thinking emerging re Long Term Conditions Management – examples of how we might manage LTCs in longer term more effectively and efficiently
- From SG Primary Care lead – quite value-led work (trust, kindness, recognition and respect, mutual skills, etc), plus importance of relationships and networks – essentially, the above has been underpinned by value-based working placing importance on relationships

2.13 As part of Recovery we will work with all practices to return to full operation. In the short to medium term we require to consider: Urgent Care; Chronic Disease Management; Resumption of activity as a consequence of planned care; and Implications of Shielding.

2.14 The longer-term aspiration to build from an operational model around the General Practice seems to be consistent with the practice that has emerged in the COVID-19 period.

2.15 **Key priorities ahead:**

- **Whilst the planned work with MDT staff to build up working at GP Practice level is challenging to realise at present there are plans to restart this work, beginning in a light-touch way with workshops in July focusing on shared principles and good relationships.**

Care at Home

2.16 The impact of COVID-19 was always going to have a significant impact on frontline care workers. The initial plan to reduce this impact from the outset was to introduce a new out-of-hours rota designed to support carers 7 days per week. From an operational perspective this has been welcomed by all staff. The Care at Home service currently has 27 staff shielding at home.

2.17 The service will be led by local need and national and local guidance to ensure we can support staff to return to work safely. There has been an increase in purchased private care at home hours through 1st April to 1st June.

2.18 **Key priorities ahead:**

- **The service will look at the additional costs involved to enable the out-of-hours rota to continue.**
- **The service will work with both national and local guidance to ensure we can support staff who are currently shielding to return to work safely.**
- **A meeting has been set up with key partners to discuss the learning and to review existing pathways and processes to reduce delayed discharges.**
- **We are currently carrying out an analysis of the increases in care provision and adapting to any increases or changes in demand. This will include looking at existing processes and pathways for calling up care.**
- **Recommission Care at Home services when the time is right.**

Reablement Service

2.19 The Reablement service is currently providing normal service. They are discharging patients from the hospital in real time; there are currently no delays for discharge to reablement. The service is about to go through a redesign which has been set aside

during the COVID-19 crisis. This has now been restarted with various elements being put in place to facilitate the planned changes.

2.20 **Key priorities ahead:**

- **Invest in the impact of reablement by building upon the established Enhanced Intermediate Care Team and Reablement workforce by providing training within an extended skill-set, and instilling a reablement ethos across all services, whilst establishing an in-reach function to reduce acute and community hospital pressure and support a Discharge to Assess model.**
- **Complete recruitment process of Professional Lead Reablement position.**

Day Services for Older People

2.21 The Partnership are in discussions to consider the opening of our day care provision with older people as soon as we reach a phase that will allow this. At present, we are, and have been throughout the period of lock down, providing an outreach service for many vulnerable service users. This has supported both service users, carers and the care at home services.

2.22 **Key priority:**

- **Consider the ways to open our day care provision with older people as soon as we reach a phase that will allow this.**

Biggart Community Hospital

2.23 Biggart Community Hospital experienced an outbreak of COVID-19 in the early weeks of the pandemic. Staff at the hospital have done an amazing job of containing the outbreak to two rooms within two wards.

2.24 The hospital currently has 25% of its patients waiting for discharge to a Care Home. All beds within the hospital are currently open. Station 16 (Stroke Ward) from University Hospital Ayr had been transferred to Drummond Ward in response to the COVID-19 crisis.

2.25 Buchanan Ward which has been vacant for some time has been furnished and is available as potential additional capacity for COVID-19 patients. The ward has not been used during the crisis, but is available in future should the need arise.

2.26 **Key priorities ahead:**

- **Continue Buchanan Ward at a state of readiness. Staffing and medication would be main concerns if it is to be utilised.**
- **Re-start the Day Hospital Service Review – key considerations are how this would be structured in terms of services provided and if/how**

patients would attend. The appointment system and a review of the current caseload.

- **Consideration to be given to embedding stricter criteria for admissions.**

Girvan Community Hospital

2.27 Girvan Community Hospital experienced a small outbreak of COVID-19 which was dealt with very effectively by the team. Extra capacity (6 beds) was set up but there has been no need use this.

2.28 **Key priorities**:

- **Day Hospital: Continue to monitor and review the digital solutions for patient assessment have been utilised e.g. Near Me, Attend Anywhere and Telephone contact rather than Face to Face.**
- **Minor Injuries Unit: Continue with telephone triage and appointment system.**

Sensory Impairment Service

2.29 Within sensory services we are considering how we undertake some of our services in relation to emotional support.

2.30 We have been able to reframe many of our messages via our Ayrshire colleagues and are looking at setting up media platforms to reach our deaf community in the short term and working with the team to further develop our support to our sight impaired communities.

2.31 We maintain regular contact with those on our register and are undertaking work to link in with those who have been sight impaired over the past 12 months.

2.32 **Key priorities**:

- **Consider developments to the outreach service for those affected by sensory loss.**
- **Continue to maintain contact with those on our register.**
- **Undertake work to link in with those who have been sight impaired over the past 12 months.**
- **Set up media platforms to reach our community in the short term.**

Locality Teams – Ayr North and Ayr South

2.33 Within the Ayr Locality the management leads are keen to continue on the improvement journey that started last year following our self-evaluation exercise.

During this pandemic new ways of working have emerged and everyone is keen to continue to build on this.

2.34 **Key priorities:**

- **Continue to build on the improved use of the multi-disciplinary team particularly in relation to addictions.**
- **OT and SW teams will need to be supported to de-escalate from essential visits to routine visits and appropriate supports put in place.**
- **Continue on the improvement journey in relation to the social work operational model in order to improve on demand management.**
- **Continue on the improvement journey with the District Nursing Teams in relation to supporting GP Practices and Care Homes**
- **Work with risk management to review how best to restart clinics within North Ayr Health Centre.**
- **Continue on improvement journey with OT service to reduce waiting times.**

Locality Teams – Prestwick, Troon, Maybole and Girvan

2.35 During the COVID-19 pandemic, improvements have been made to social work practice, particularly in relation to triangulation of evidence through engagement with other disciplines. Knowledge of local resources available has also been improved.

2.36 District Nurses have been able to approach their systems in a more flexible way in order to respond to demand and support GPs.

2.37 Currently, the main focus for the service is to carry out the workplace risk assessments to scope how staff could return to work. This will allow the restarting of visits and improvement work to be continued.

2.38 **Key priorities ahead:**

- **Consideration needs to be given to how we continue to support the flexible working of District Nurses to respond to demand and support GP's.**
- **Continue to build on the improved use of Multi-Disciplinary Teams, particularly in relation to Addictions.**
- **Embed Social Workers being a resource and re-focus on approaches to promote visible social work, district nursing and occupational therapy approaches.**

- **Re-start routine visits to observe individuals in their environment and duty visits.**
- **Continue on improvement journey in relation to the social work operational model.**
- **Continue on improvement journey with the District Nursing Team in relation to supporting GP practices going forward.**
- **Consideration needs to be given to Occupational Therapy pathways to manage demand to this service.**

Links with Covid Hubs

2.39 As part of the national response to COVID-19 the Scottish Government asked that all Health Boards in Scotland set up community clinical hubs and assessment centres to support citizens with COVID-19 related queries, providing a comprehensive front line community response to enable rapid pathways for those affected by COVID-19.

2.40 National discussions with Scottish Government colleagues and COVID-19 Clinical Hub Leads have indicated that Clinical Hubs will require to stay in operation for the foreseeable future providing a 24-hour response to COVID-19 under the same consistent pathway.

2.41 **Key priority:**

- **Contribute to discussions to determine the future of the hubs.**

Unscheduled Care in the Community

2.42 Recent improvements in delayed discharges in South Ayrshire have reversed. As at 24th October 2019 there were 91 South Ayrshire residents who were in hospital awaiting a transfer to a community setting, this had improved to 29 people waiting by the end of April but in June 2020 delays have risen slightly.

2.43 Delays have risen due to a range of issues:

- Care homes with COVID-19 outbreaks being closed to admissions.
- Care homes being more reluctant to take those with very complex needs due to the need to isolate all new residents for 14 days.
- Slower transfers into a community setting at the same time as increased activity in acute.

2.44 **Key priorities ahead:**

- **Bring the referral process forward so that Social Work receive these at the point of admission rather than once people are declared medically fit. The Social Work Team will work with wards.**
- **Improve clarity and trust for families. Written information will be refreshed and reviewed and made available online.**
- **Work strategically with care homes to plan for more complex needs with a view to commissioning specialist support.**

Hospital at Home

2.45 Hospital at Home is a short term, targeted intervention that provides a level of acute care in an individual's own home, that is equivalent to that provided within a hospital. This provides comprehensive geriatric assessment from a multi-disciplinary team of health and care professionals, in a more person centred care experience.

2.46 Prior to COVID-19, there had been some Pan Ayrshire NHSAA/HSCP discussions around Hospital at Home particularly for Older Peoples services. Since the onset of Covid, these discussions have been put on hold as services have had to work in different ways in order to staff, maintain and adapt service provision.

2.47 Currently EICT are operating as a 7 day service with the minimum of staffing levels. There is no medical cover in place to oversee the Enhanced elements previously provided by the service. Due to this, there is now only one (Trainee) ANP who has had to step back into Primary Care in order to receive training and mentorship. This situation has impacted on ICTs ability to provide any Hospital at Home elements at this time.

2.48 **Key priority:**

- **Consider further investment and sourcing of medical cover Hospital at Home.**

Community Resilience

2.49 There has been a very significant response from the third sector, and in particular more local community organisation, networks and churches.

2.50 This informal infrastructure has supported thousands of people across South Ayrshire, for example, Shielded and Vulnerable patients, older and isolated people, people living in poverty and hard to reach groups.

2.51 South Ayrshire Council has worked closely with Partnership staff, Voluntary action South Ayrshire (VASA) and the local community groups to allow a strong ecology of support to be built up. This has been the bed-rock of local residents' ability to negotiate their way through lock-down.

2.52 Many hundreds of people have volunteered to support this work, for example:

- Volunteers either previously of subsequently linked to local organisations, networks, churches.
- Volunteers linked to VASA (South Ayrshire Lifeline).
- Volunteers that have been recruited through the national campaigns (through Volunteer Scotland and British Red Cross).

2.53 Whilst the next two months and the easing of the rules of lockdown will necessarily change some arrangements it is fair to say a significant amount of the community infrastructure will be needed for the next period. As volunteers may move back to their paid work, the longer-term pool of volunteers/volunteering needs to be somehow maintained. Whilst most of the voluntary response has been supported through locally generated resources (with some access to SG monies) there will be a need to consider resource needs in the longer term.

2.54 **Key priorities ahead:**

- **The Partnership, Council, VASA and other staff have developed a proposed approach to support the longer-term volunteering infrastructure under a 'Community Planning' banner. This will provide a more integrated approach to volunteer recruitment, checking, deployment, training and support. The Partnership should play a full part in supporting this.**
- **The existing Service Level Agreements (SLA's) with the Partnership that have been materially affected by the COVID-19 work need to be considered (for example, VASA has suspended much of its existing work that is set out in the SLA to be able to respond in the crisis period).**
- **Supporting carers will be considered in this wider context.**
- **Providing residents with good quality, accessible information is increasingly important and also, the means to signpost through good point s of contact**
- **As the pandemic effects change, the community response may change for example:**
    - **A requirement to support mental health and well-being in addition to practical support needs**
    - **Addressing ongoing social isolation**
    - **Addressing digital exclusion**
    - **Joining with wider HSCP work to provide opportunities for community support (e.g. Children's Services, Day Care, Sensory Impairment, Learning Disability, Mental Health and Addiction services)**
- **Reflect on the high mobilisation of communities in this crisis period and identify ways of ensuring this may eventually link to our wider ongoing**

work on Locality Planning, Community Led Support and the work of the Communities and Population Health Strategic Delivery Partnership.

Support to Care Homes

2.55 From March, a range of structures and processes were put in place to support care home providers and to offer assurance to the partnership around care homes' ability to cope with additional pressures placed on them.

2.56 To maintain a focus on our COVID-19 response, the partnership's Directorate Management Team met daily throughout March, April and until mid-May when meetings were stepped down to three times per week. Care Home support is a standing item on that agenda.

2.57 Early on, the partnership placed an emphasis on supporting and maintaining good engagement with our care home providers in the area. Our approach has been built on a sense of partnership and collaboration and our engagement with care homes has included the following:

- Weekly calls with all care home providers and relevant HSCP management staff, chaired by the Head of Adult Services.
- Daily email bulletin from the HSCP commissioning team outlining local updates, signposting to new national developments (e.g. guidance and legislation) and offering general support.
- Regular calls from a member of the District Nursing Team (often daily) to offer clinical guidance and support. Areas of support include: PPE, educational needs, emotional support, symptom control and palliative medicine support.
- GP Practices are largely aligned to particular Care Homes to ensure better continuity of clinical support. GP Practices (GPs, ANPs and wider staff) work alongside HSCP staff (e.g. District Nurses, AHPs) to ensure co-ordinated care. GPs are actively in contact with their aligned care homes and supporting through remote means or, where appropriate, in-situ.
- Open lines of communication and regular liaison with the HSCP commissioning team
- PPE: all additional PPE supplies are sourced through the HSCP's Hub
- Staffing: HSCP provides routes for care homes to source additional staff if required

2.58 The partnership has been providing briefings to NHSAA and SAC on all areas of its COVID-19 response, including support for care homes and we have provided two briefings to IJB members which have included sections on our support and assurance in relation to care homes.

2.59 In addition to our local activity and providing assurance through DMT to the NHS and Local Authority Executive Management/'Gold' groups, the partnership has fulfilled a wide range of information gathering and assurance exercise to Scottish Government. These include:

a) Contributing to weekly information returns to Scottish Government by Directors of Public Health on the following areas:

- The amount of COVID-19 suspected or confirmed in each care home
- The amount of PPE in each care home
- Knowledge and adequacy of infection control measures in the care home
- The staffing position in each care home
- An overall assessment of each home's performance (all scored Red/Amber/Green)

b) Providing assurance to Scottish Government through a new 'enhanced approach to professional and clinical oversight' as part of a national approach to be taken by all HSCPs announced on 17th May. Key components of this exercise are as follows:

- Daily local assurance meetings (Oversight Group), chaired by the Head of Adult Services, comprising social work, public health, nursing director, commissioning.
- Completion and daily review of an information gathering template, looking at a range of indicators from levels of outbreak to staffing levels.
- On site visits by a multi-professional team to each care home in the area informing the information gathering exercise.
- Reporting to the Ayrshire EMT and ultimately to the Scottish Government.

2.60 The Oversight Group at (b) above is currently the focus of the partnership's attention with regard to care home oversight. A range of staff attend daily meetings and we are working hard to populate the information returns and undertake physical visits.

2.61 **Key priorities ahead:**

- **Develop new and ongoing ways of working involving liaising with the Care Home directly – determining their needs and whether these are achievable and measurable.**
- **Build on the Oversight Group in the longer term to create an ongoing process of quality assurance.**

- **We are working hard to maintain supportive relationships with our care home partners – including guiding them through the access to testing landscape – while also fulfilling the requests placed on us by central government.**

Care for over 70s and Shielding

2.62 Patients with significantly compromised immunity and underlying health conditions were written to by Scottish Government to instruct them to self-isolate for 12 weeks. The initial batch has been added to over the past 8 weeks and there are 180,000+ patients in Scotland in this category (4699 in South Ayrshire).

2.63 The initial 12 week deadline (18th June) is the deadline for all patients irrespective of when they became identified.

2.64 Scottish Government has now advised that the new deadline is 31st July and is now signalling the approach to these patients post July 31st and it will mean:

- Some patients remaining self-isolating
- Some more nuanced and clinically-led decision making which may allow restricted movement
- Changes to arrangements for food/medicines support

2.65 In addition, following some research with Shielding patients, challenges are emerging that need to be addressed at both national and local level:

- The psychological effects of Shielding – loneliness, low mood, anxiety, isolation, etc.
- The physical effects of Shielding – inability to properly exercise having impact on physical condition
- Financial impacts
- The development of dependency and people losing independence
- The impacts on the wider household and, in particular, carers
- Practical problems – such as the ongoing problems re national food distribution
- The lack of clarity re timescale and ‘what happens next?’

2.66 In addition, as staff from local authorities who have dealt with Shielding are deployed back to their substantive posts as lockdown eases, the ability to deal long term with these patients may become an issue.

2.67 **Key priorities ahead:**

- **Consolidate and build from the existing work, for example:**
    - **The high degree of contact from GP Practices and 95% updating of ACP/KIS**

    - **The supports made available from VASA and other community-based organisations**
- **Respond to any changes in SG advice/guidance and modify the offer of support accordingly**
- **Develop additional on-line/phone-based supports to address mental health/well-being and physical health concerns**
- **Ensure adequate sign-posting to community-based supports and wider services (e.g. financial inclusion)**
- **As guidance changes, provide more tailored support to patients, for example, self-management, rehabilitation, peer support, etc.**

Unpaid Carers

2.68 Currently unpaid carers (and young carers) are offered support from, for example, South Ayrshire Carers Centre through phone and IT based contact. Carers can access PPE, where appropriate, through South Ayrshire Lifeline. Carers now have access to local COVID-19 testing at Prestwick Airport.

2.69 The Carers Centre is channelling funding from Scottish Government to local carers where they are eligible. A letter has been produced for carers from Carers Centre/HSCP providing legitimacy and visibility to ensure priority is given where possible.

2.70 For Shielded patients, advice is made available or signposted through the South Ayrshire Resilience call centre staff. The HSCP has ensured reasonable communication and information access to carers through:

- HSCP and Council Web-pages
- Through carers networks (e.g. Carers Centre, Crossroads, Alzheimer Scotland, Hospice, etc.)
- Through Primary Care
- Through Social Work, District Nursing and AHP teams
- For young carers, through Children's service routes
- Social Media

2.71 Increasingly, evidenced is emerging, of the challenges and stress that are arising from lack of direct respite and day care.

2.72 **Key priorities ahead:**

- **Strengthening IT and phone based support (with partner agencies)**
- **Increasing the number of Adult Carer Support Plan s(young Carers Statements)**

- **Strengthening carers support through primary care channels and within wider MDT (including potential use of Community Link Practitioners)**
- **Re-instating, as is safe and practicable, respite and day care options or identifying way to support carers to have time way from caring duties**
- **Linking to Ayrshire and local work on palliative/End of Life Care with reference to carer needs**
- **Building from existing communication work develop additional carers information including:**
    - **Use of Community Pharmacies for information dissemination**
    - **Supporting Ayrshire-wide processes to highlight carers needs**
    - **Using locally based communication opportunities (e.g. Prestwick Going Out)**

Personal Protective Equipment (PPE) Hub

2.73 The PPE Hub has moved to more suitable premises on Friday 29th May.

2.74 **Key priorities ahead:**

- **Maintain provision of additional PPE to Independent Providers via NSS Supply**
- **Continue to coordinate purchase, storage and distribution of PPE to all social care areas as required (may need to consider additional provision as more services resume e.g. day care/ respite etc.)**
- **Maintain distribution of PPE to SAHSCP NHS colleagues**
- **Ongoing review of PPE Hub staffing requirements/availability- with recognition that some colleagues who currently support the Hub may require to return to substantive posts**

2.75 The PPE Hub will require to be maintained till end October 2020 at minimum. A Memorandum of Understanding has been signed with Scottish Government and other key stakeholders in relation to the PPE Hub. The initial timeframe for Partnership activities will be six months, commencing on 27 April 2020, but subject to review once a month thereafter (or more frequently if the Scottish Government require).

NHS Community Equipment Store

2.76 The Community Equipment Store has been running with the support of additional staff over a 7 day period. Planning for the next few months has to consider how to

resume a normal service in order to keep costs down. There will be cost implications with or without service improvements and these need to be established.

2.77 **Key priorities:**

- **Establish how long the Store will have the additional staff currently on loan to the Store and plan for contingencies. Preparing for returning to weekday service to manage within the budget.**
- **Consider suggested improvements/Management Arrangements to the service that were able to tested due to the additional workforce and vehicles available over this period.**

3. Mental Health

3.1 South Ayrshire Community Mental Health Services has shown significant flexibility and resilience in its response to operating under the restrictions of COVID 19. The service has, like all services, had to change and adapt its service provision. This has involved unprecedented support from other departments such as IT and HR.

3.2 There has been a sense of a range of disciplines and agencies pulling together to offer ongoing safe and effective support for our client groups. All staff have been at the heart of this.

3.3 There has been a reduction in bureaucracy and an increased flexibility in approach which has allowed change to happen.

3.4 Referrals continue to be accepted by the service however of note these have significantly reduced in numbers. This may be due to increased utilization of Mental Health Practitioners and Community Link Practitioners in Primary care as well as multiple other factors related to COVID-19.

3.5 The redesign of clinic settings and waiting areas will be required to minimize risk of infection and transmission. There will be reduced availability of space in existing areas and a corresponding reduction in capacity for clinical appointments. The service will have to address this in conjunction with colleagues across health and social care, recognizing that there will be a wide range of competing service delivery demands on a reduced facility resource. This will be taking place within the context of historical reductions in wider NHS estate where there were challenges in securing appropriate accommodation pre-Covid. The subsequent changes to clinic settings will only serve to exacerbate these issues.

3.6 COVID-19 is impacting on people's mental health and wellbeing. As time passes it is expected that there will be significant need and demand for support in this area. There is an expectation that services, agencies, partnerships and our local communities will require to work together to support our staff, our patients and the wider community.

Adult Community Mental Health Service (CMHT/PCMHT/Primary Care MH)

3.7 Current service specific interventions include:

- Assessment and review/treatment contacts via telephone for all disciplines. NHS “attend anywhere” / “near me” being introduced to allow virtual face to face contact.
- Face to Face assessment is still being offered when clinically required/critical and no other safer option identified.
- Cancellation of clinics for administering depot injection medication and the taking of bloods took place to avoid unnecessary congregation of people within out-patient departments. This activity has been moved to 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.
- There has also been increased awareness and communication regarding patient’s other or underlying physical health issues
- The CMHT duty service is ongoing offering urgent assessment advice and support 9am to 7pm
- The service continues to report Assessment and treatment waiting times

3.8 **Key priorities ahead:**

- **Team Leaders will be carrying out the Social Distance Risk Assessment at our base looking at space, signage, what PPE staff might need when we reach stage 3 and then 4, looking at staggered times at base, letting team members know when you plan to be in base etc. hand washing facilities/gel, hard surface wipes for cleaning equipment down.**
- **Primary Care Mental Health staff are finding out from GP practices how they plan to remobilise and whether the Mental Health Practitioners, Community Link Practitioners and Self Help Workers are included in this. For this service, COVID-19 has improved the way we were working as the model of care was too linear, it now feels slicker and supportive, communication has also improved, we have had excellent feedback from GP colleagues.**
- **By the end of July, SACMHT will continue to offer telephone assessment, review support and advice. In addition Attend Anywhere/ near me is being introduced to increase the range of options available to reduce the number of required face-to-face appointments.**
- **Face to face appointments where clinically required; i.e. the options above are unsuitable; will be offered by all disciplines in a clinical**

setting. There is a challenge in facilitating this due to reduced capacity in response to social distance risk assessments.

- **Staff are now feeling COVID-19 exhaustion and working from home does have an impact on staff wellbeing and personal relationships however TLs continue to offer one to one supervision/contact if there has been a difficult referral. Also iTeams catch up fortnightly or sooner if required, this will continue as we move forward. Staff are also aware of the wellbeing hubs and encouragement given to utilise these However they tend to seek support from the team and team camaraderie has improved.**

Adult Community Mental Health Service (Social Work)

3.9 Current service specific interventions include:

- New referrals continue to be accepted including ASP and Vulnerable adult concerns.
- Ongoing cases have been supported by telephone where possible and where required home visits have taken place.
- Staff have continued to liaise with care at home providers and have supplemented gaps in provision where risks have been identified.
- MHOs within the team have continued to deliver statutory service

3.10 **Key priorities ahead:**

- **Exploring ways that group based activity can be restarted using web-based technology. Ongoing discussions are taking place regarding use and identification of equipment for those who do not have access and also provision of data. Discussions taking place with IT regarding most appropriate platform.**
- **Keen to ensure that staff secure places on MHO training to ensure ongoing development of this resource which has reduced significantly over part few years.**

Community Addiction Services

3.11 Current service specific interventions include:

- Assessment and review/treatment contacts via telephone for all disciplines. NHS “attend anywhere”/ “near me” being introduced to allow virtual face to face contact.
- Face to Face assessment still being offered when clinically required/critical and no other safer option identified.

- Prison release clinics have continued to take place within out-patient department at Ailsa Hospital

3.12 **Key priorities ahead:**

- **We are seeking to expand on current service delivery by offering face-to face assessments, especially for individuals who are deemed suitable for treatment (in particular alcohol detox). Where this is carried out is dependent on availability of clinic space and this will impact on pace of mobilisation.**
- **Review of dispensing and supervision regimes for OST and links with the community pharmacy will hopefully continue to expand as opening times and ability to supervise medications increase.**

Community Mental Health Team (Elderly)

3.13 Current service specific interventions include:

- Assessment and review/treatment contacts via telephone for all disciplines.
- Face to Face assessments and home visits are still being offered when clinically required/critical and no other safer option identified.
- 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.
- Urgent assessments, including detentions and hospital admissions, continue to be delivered recognizing that coordination of such interventions require more planning than usual due to additional measures e.g. PPE.

3.14 **Key priorities ahead:**

- **Complete reviews on a needs-led basis at home. These will include a high percentage of appointments that were previously cancelled.**
- **Complete new referrals at home on a needs-led basis.**
- **Complete Dementia Post Diagnostic Support visits which were previously cancelled.**
- **This will be in addition to the urgent and high risk reviews and visits which are currently being provided.**

4. Learning Disability

South Ayrshire Community Learning Disability Team (South CLDT)

4.1 The South CLDT has continued to offer a service to clients and carers during the COVID-19 out- break and this has had to be delivered in a very different manner than usual. The team has relied heavily on the support from IT, care partner and human resources. The team has experienced a huge learning curve and has responded well to this. The team have been carrying out work in a mixed manner from home with a rota to provide cover in the base.

4.2 **Key priorities ahead:**

- **Staff training to remain up-to-date in mandatory areas.**
- **Face-to-face assessment and interventions to ensure a holistic picture of a person's physical and mental health are being assessed and to allow participation directly in care planning.**
- **Communication aids such as talking mats are widely used in Learning disability services to establish how things are with someone and how they feel. This is an area that needs to restart to gain the thoughts and wishes of people who are less able to communicate verbally.**
- **Group work to recommence which helps to beat social isolation which is prevalent in this client group and is delivered by OT's and nursing as separate groups.**
- **The team are planning to begin early screening to establish a baseline in people with Down syndrome in relation to dementia which has been put on hold.**
- **Hydrotherapy service to restart to meet the needs of clients with more profound and multiple physical health issues. Also the direct physical contact for assessment's and interventions need to be recommenced.**
- **Gender based violence assessment's which need's a direct contact due to possible disclosure and emotional distress.**

Adult Learning Disability Psychology Service

4.3 The Adult Learning Disability Psychology Service is a pan-Ayrshire service providing psychological assessment and intervention for people with a learning disability living in Ayrshire & Arran. The service is embedded within each of the CLDTs in Ayrshire and also the LDS Assessment & Treatment Service based at Ward 7A Woodlands View.

4.4 The Psychology Service has developed detailed guidelines on how it will operate under Phase 2 of the Scottish Government Mobilisation Plans, including the on-going use of Attend Anywhere/ telephone appointments and guidelines to minimise infection risk for face-to-face assessments when these are required.

Key priorities:

- **The service is moving towards opening clinics and increasing person to person assessment and treatment. This will be where clinically indicated and will include some patient choice, recognising guidance and requirements for social distancing etc.**
- **The social distance risk assessment of Arrol Park will be carried out to ensure that the site can be used in a safe manner.**
- **Group Work/ Therapeutic groups. The reintroduction of these will be challenging and trials of using technology to help facilitate these are being identified.**

SAHSCP Learning Disability Team – Social Work

4.5 The Social Work Learning Disability Team has shown significant resilience in its response to operating and delivering a service under the COVID-19 restrictions. Like other teams across the Partnership, team members have had to change and adapt to a different way of working and engaging with service users.

4.6 From week 1, the Learning Disability Team worked together with LD Nursing colleagues to identify the most vulnerable individuals and agree an initial level of contact. A rota allowed for the team to work flexibly whilst ensuring that an office presence was maintained. This has meant that some members of the team are office based (covering phones, Adult Support and Protection back up and other are staff out and about delivering meals and providing what individuals needed) whilst some members of staff working from home. There has been an increased flexibility in staff approach which has allowed change to happen.

4.7 **Key priorities ahead:**

- **All Service Providers reduced all supports to only support such as personal care, meals etc. and as such all social supports and groups were stopped. These require to be carefully and meaningfully restarted with a recognition that supports will not return to the way they were.**
- **Communication aids such as talking mats are widely used in Learning disability services to establish how things are with someone and how they feel. This is an area that needs to be utilised more within the Learning Disability Team and perhaps now is the time for staff to become more confident in using this for individuals who struggle to communicate verbally.**

- **The Curry Club also requires to restart as this is a meaningful social activity for individuals who would struggle to socialise or develop friendships on their own.**
- **Reviews will gradually return to face to face (following all guidance), this is particularly important for individuals with learning disabilities.**
- **The Social Distancing Risk Assessment of Arrol Park will be carried out to ensure that the site can be used in a safe manner.**

Day Services

4.8 The service has maintained some outreach support to service users group and carers. Hansel have undertaken micro breaks the past four weeks and are providing day support to very few people weekly and respite to three people. We are attempting to review this. The amount of work involved in this has been immense and we are still working closely with Hansel to ascertain a workable and sustainable service whilst social distancing and undertaking the cleaning that is involved supporting service users.

4.9 Within Arran View and Girvan Opportunities, we are in the early stages of attempting to open both centres. We are liaising with union colleagues, families, care inspectorate and staff to work towards sustaining and maintaining services.

4.10 **Key priorities:**

- **Continue to consider opening Arran View and Girvan Opportunities Centres liaising with union colleagues, families, Care Inspectorate and staff.**
- **Introduce / reintroduce outreach services to keep relationships.**

5. Allied Health Professions Services

5.1 During Mobilisation Phase 1 of COVID-19 many Allied Health Profession (AHP) services were paused as AHP staff from adults and children's services were deployed to work in critical service areas within acute and community hospitals across Ayrshire and Arran. Across all professions and services caseloads and waiting lists were reviewed and alternative telephone and virtual solutions were developed to meet the needs of individuals at high risk and those with urgent needs.

5.2 Currently most AHP staff are returning to substantive posts and preparing to remodel and renew paused activity with a few staff remaining in critical areas to provide additional support and cover for at risk staff. National recruitment of volunteers and students via NES Portal has resulted in 4 temporary additional physiotherapy staff which will allow most staff to move back to substantive service areas whilst meeting needs of unscheduled care, planning renewal of elective care

and retaining ability to respond to COVID-19 presentations. **The physiotherapy service within acute will return to a 5 day service from 29th June** and learning from 7 day working during COVID-19 will be used to explore future options. The Adult Speech and Language service is currently only able to meet the needs of highest risk mainly for swallowing difficulties and is unable to recommence services that have been stopped due to longstanding staffing shortfalls and impact of Covid.

5.3 AHPs are engaging with colleagues across primary and secondary care, children's services, education mental health, community services and voluntary sector to plan redesign and renewal of services.

Children's and Young Peoples AHP Services

5.4 SLT have a CYP Helpline offering support and advice and are running digital clinics including virtual drop in clinics using NHS Near Me and are further developing universal and targeted supports via a range of virtual training options for families and schools.

5.5 Occupational therapy is in regular contact by phone/NHS Near me to monitor and adjust programmes as required. Clinicians are working with schools to continue to educate children remotely and minimise the impact of Occupational disruption on the physical and mental health of families.

Adult Services AHP Services

5.6 Across service areas AHP's are building on the learning from phase 1 and incorporating telephone triage and interventions and use of NHS Near me into service delivery where clinically appropriate to do so. Where required 1-1 interventions are being carried out via community visits and risk assessments are underway to plan outpatient services and restart of routine visits where face to face interventions are required. AHP's across service areas are developing on line resources and advice material to support people to self-manage with helplines being introduced in SLT and Dietetics. AHP's are also developing Information and self -management advice to assist people in their rehabilitation and recovery post Covid.

5.7 Risk assessment and professional and clinical governance will be key in ensuring new developments and changes in practice remain safe and effective in meeting the personal goals of individuals

Areas for development

5.8 Emerging research and experience from other areas and local intelligence has highlighted that investment in rehabilitation services will be required to address the direct and indirect impact of COVID-19.

5.9 Pressure on Rehabilitation Services is a complex picture and is likely to be increased due to a number of complex factors:

- The mobilisation of AHP staff to support critical services and the pausing of all other services resulting in increased waiting lists and patient who may have deteriorated and have increased rehabilitative needs
- The requirement to retain some additional staff in critical areas to cover for staff at risk and shielding
- The significant rehabilitation needs of COVID-19 patients who have been discharged home from hospital or have remained in a community setting including rehabilitation of respiratory function, fatigue, sarcopenia, anxiety and deconditioning.
- The impact of lockdown and social distancing measures on the general population e.g. physical deconditioning increased anxiety, social isolation, increasing the demand for rehabilitation services.
- Patients who did not present to the NHS during this time who may now have sub-optimal outcomes due to omission of care.
- Potential increase demand from the Care Home sector.
- Additionally, as other services and agencies begin to restart routine activity, anticipated increased referrals to AHP services.

5.10 Taking the above into consideration, in the context of local intelligence and published evidence around AHP staffing levels and existing or waiting demand, the areas of particular concern for the AHP Senior Management Team are:

- Mental Health and Learning Disability Physiotherapy and Occupational Therapy Services.
- Children and Young People Speech and Language Therapy (SLT) Services.
- Inpatient Rehabilitation Services (SLT, Physiotherapy, Occupational Therapy and Dietetics)
- AHP Services across primary care including primary care dietetics and MSK Services (Physio, Podiatry and Dietetics)
- Neurological and Stroke Rehabilitation Services (SLT, Physiotherapy, Occupational Therapy and Dietetics)
- Adult Community Rehabilitation Services (SLT, Physiotherapy, Occupational Therapy and Dietetics)

5.11 Detailed workforce analyses is currently underway to determine the Workforce requirements required to meet expected demands on rehabilitation services and reduce the impact of COVID-19 and lockdown measures on the population's physical and mental health taking into account new ways of working.

6. Adult Support and Protection

6.1 During the COVID-19 pandemic, continuation of this work has required significant changes to working practices and how workers engage with individuals, their families/carers and partner agencies. Such changes were guided and informed by national guidance, including from the Scottish Government, the Care Inspectorate and Health protection Scotland. 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. Further Adult Support and Protection guidance was produced for staff who had been redeployed to the new "shielding" helpline so that any concerns for an adult in this particularly vulnerable group being at risk of harm are identified and passed on as appropriate.

6.2 Multi-disciplinary discussions and information-sharing with partner agencies is an essential element of Adult Support and Protection practice and it as such it was important that these meetings continued. Adult Support and Protection Investigations, Planning Meetings, Case Conferences and Review Case Conferences will continue to take place, largely virtually, through the use of a range of ICT-based platforms, and in accordance with the locally-developed guidance.

6.3 The development of a multi-agency forum to discuss particularly vulnerable individuals has also been successful and this will continue to be a means of sharing concerns and risks around people in the community who, as a consequence of their alcohol and substance misuse and associated chaotic lifestyles have difficulties with engaging positively with the existing supports and the challenges presented by the pandemic.

6.4 Areas for development:

- There are ongoing concerns with the incidences of the spread of coronavirus within care homes. While this wider issue is likely to be the focus of national review, the roles and relationships between local care homes, the HSCP Contracts and Commissioning, Adult Support and Protection and the Care Inspectorate should be further explored to ensure that appropriate support is provided to care providers and the people for whom they are providing care.

- The pandemic has again highlighted the risks to particularly vulnerable individuals who may not meet the criteria for Adult Support and Protection or the critical threshold for care and support needs. Consideration will be given to how best to support this group in future.

6.5 Implementation of the changes to processes, procedures and practice has ensured that high-quality Adult Support and Protection practice has been maintained and will continue for the period covered in this plan.

6.6 **Key priorities:**

- **Continue to monitor the response to Adult Support and Protection/Vulnerable Adult referrals to ensure appropriate action is taken to keep individuals at risk of harm safe and protected.**
- **Further explore the means of engaging individuals at risk of harm and their families/carers in the adult protection process.**
- **Continue the use of technology to progress multi-disciplinary meetings, discussions and information-sharing to identify, assess and minimise risks.**

7. Children's Social Work Services

7.1 Child Protection has continues to be a priority for the service. Access to Child Protection services has not changed during the current crisis. A physical team is still present at the Whitletts Area Office and Child Protection visits have continued to take place. Current Child Protection figures remain low at present and weekly monitoring is in place to identify trends enabling the response to need.

7.2 Close partnership working with Education has taken place ensuring that there was clear communication between Education and the HSCP about the most vulnerable and need children and families.

7.3 The service is looking at ways to arrange family time using a risk assessment template to assess appropriateness of face-to-face family time and work is also taking place with the Scottish Children's Reporters Administration to support restarting face-to-face hearings.

7.4 A Mobilisation Plan has been developed for Children's Social Work Services (Appendix 1b). The Mobilisation Plan details:

- maintaining adequate workforce levels to continue to protect and safeguard the welfare of children and to support them to live at home with their main care givers;
- increasing the number of emergency internal carers;
- increasing the number of available supported accommodation in partnership with Quarriers;
- exploring the status of available external emergency carers;
- optimising the level of respite provision for children and families with additional/complex needs;
- increasing residential placements by 25% whilst maintaining stability and minimising risk of infection to young people and staff within our children's houses; and

- the requirements of the Locality Teams.

8. Justice Services

8.1 During lockdown all service users have received regular telephone contact based on risk and need. Some who have been seen as vulnerable or high risk, i.e. registered sex offenders have had some face to face visits. There has also been much activity around early release of prisoners and assisting/coordinating their reintegration.

8.2 Moving to the next 2 months we plan:

- To continue to supervise all service users, with a move toward more face to face contacts ensuring physical distancing at all times
- Continue to support and coordinate the release of prisoners and ensure that they have suitable accommodation, access to GP, benefits, addiction services
- Look at how we bring Unpaid Work back on line. This is a very difficult area, as physical distancing is difficult to maintain. Consultation is ongoing with Justice Services nationally to share information/plans
- National discussion is also ongoing about accredited groupwork and ability to conduct this 1:1. It is hoped that this will commence soon
- Working with Scottish Court & Tribunal Services about the reopening of Ayr Sheriff Court and preparing for a sharp rise in Criminal Justice Social Work Reports.

9. Children's Health

9.1 Regular contact, including home visits continue to be provided by **Health Visitors** to families of new babies and children under 5 years of age. There is a focus on family wellbeing, as well as the needs of vulnerable families which is provided in line with Scottish Government COVID-19 guidance. This includes a focus on support for babies in relation to infant feeding, breastfeeding, and child development, along with support for parents through including perinatal mental health. Work in relation to routine enquiry of gender-based violence is continuing in line with service standards, and Health Visitors are looking at additional ways to ensure the question is asked, for example as part of care provided at childhood immunisation clinics, as challenges have arisen during home visits due to the increased number of adults within family homes, which decreases the opportunity for women to be seen on their own.

9.2 Where home visits are unable to be undertaken or additional support is required for families, as well as telephone contact, Health Visitors are increasingly using video technology such as Near Me to support patient appointments and to ensure the child is seen.

9.3 Next steps will be determined following further advice from Scottish Government.

9.4 The preschool immunisation service has continued as normal throughout lockdown. We are monitoring and encouraging attendance by contacting families prior to appointments and also offering home immunisation where children are shielding and unable to attend the GP surgery.

9.5 For **School** and **Looked After Children's Nursing,** work continues to prioritise Looked after Children's health assessments and support schools through regular liaison regarding children with health needs and providing support for children who are struggling in relation to their emotional wellbeing.

9.6 Links have also been strengthened with the Carers centre and a pathway is in place for **Young Carers** workers to contact the School Nursing service where it is identified further support would be of benefit to the child, young person or their family. Support also continues to be provided to schools through the request for assistance process and a Named School Nurse for each school.

9.7 A Business Continuity Plan for Children's Health has been developed (Appendix 1c). A detailed Mobilisation Plan will be developed when Scottish Government issue further advice.