

Ref:	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
1	SSSCP	Staffordshire County Council	Families & Communities Early Help Service	Staffordshire County Council	<p>New Early Help Referrals: Early Help Referrals will not be accepted for the foreseeable future. Referring agencies will be asked to re-refer once restrictions are changed and guidance from Public Health England changes.</p> <p>Open Early Help Cases: No physical visits will be undertaken unless assessed, by the Early Help Team Coordinator, as essential.</p> <p>Recovery Plan</p>	<p>Risk factors could increase and therefore the needs of families escalate.</p> <p>These risks may be unknown due to limited contact and children may be at risk of harm.</p> <p>These risks may be reported, and this will increase the demand higher in the system.</p> <p>There is a risk that children's long-term outcomes will be affected meaning they have poorer outcomes.</p> <p>Recovery Plan</p>	<p>The decision to not accept Early Help Referrals for the foreseeable future will kept under review by the Children's Social Care Management Team of Staffordshire County Council.</p> <p>First Response will risk assess every request to ensure it does not meet the threshold for an urgent social work response. Any Early Help referrals that appear to meet a social work threshold will be sent to the Duty Specialist Safeguarding Unit Hub for screening.</p> <p>During weekly contact, Practitioners will speak to parents, carers and where possible and appropriate also to the children. Practitioners will also maintain contact with schools where children are accessing their current care provision. Practitioners will escalate any hardship issues to the Early Help Team Coordinator for consideration of S17 payment via the linked SSU budget. There must be clear evidence this is required.</p> <p>Every effort will be made to engage families and Early Help Review Plan group members remotely. It may mean that the meeting will be split into separate telephone conversations where one group 'chat' cannot be facilitated. Early Help Review Plan Meetings should not however be cancelled, and the nature of the meeting should be recorded on the usual form used to record the meeting.</p> <p>Weekly telephone or other remotely enabled contact will continue to be facilitated throughout the period.</p> <p>Recovery Plan</p>			AMBER	GREEN		
2	SSSCP	Staffordshire County Council	Families & Communities Specialist Safeguarding Service (MASH)	Staffordshire County Council	<p>MAPPAs MAPPAs is continuing with the inclusion of core reps within the MASH but all outside participants will be expected to dial in.</p> <p>MARAC The MARAC system is currently running on an email reporting system. They are reviewed centrally and minutes emailed out to relevant partners. From 14th April this will change to a conference call meeting, agencies are now aware.</p> <p>Recovery Plan</p>	<p>MAPPAs None identified as BAU.</p> <p>MARAC None identified as this is BAU, will be monitored and reviewed to consider the impact of changes.</p> <p>Recovery Plan</p>	<p>MAPPAs The LADO arrangements continue to take place and referrals received are being acted on and responded to in line with local procedures.</p> <p>MARAC No significant change to the service and all referrals received are being responded to.</p> <p>MAPPAs meetings continue to take place virtually and partners can contribute by dialing in to the meeting and sharing of key information is taking place.</p> <p>Meetings are taking place virtually and information is being shared and partners are contributing to the discussions and risk assessments formulated.</p> <p>Recovery Plan</p>			RED	GREEN		
3	SSSCP	Staffordshire County Council	Families & Communities Specialist Safeguarding Service (Children in Need)	Staffordshire County Council	<p>New CIN Referrals: CIN Referrals will be processed by First Response in the usual way.</p> <p>New CIN referrals will be screened and full agency checks made as far as that is possible considering partner agency availability.</p> <p>Recovery Plan</p>	<p>There is a risk that some families who do not want to be seen will use the current circumstances as a reason for non-engagement.</p> <p>Risk factors could increase and therefore the needs of families escalate.</p> <p>These risks may be unknown due to limited contact and children may be at risk of harm.</p> <p>There is a risk that children's long-term outcomes will be affected meaning they have poorer outcomes.</p> <p>There is a risk to the child's safety.</p> <p>Recovery Plan</p>	<p>Where CIN are self-isolating with their families and not attending the available school care, Practitioners will discuss with the SSU Team Manager whether this increases the families risk assessment and means a home visit is indicated as necessary.</p> <p>Every effort should be made to engage families and CIN group members remotely. It may be Practitioners need to split the CIN group into separate telephone conversations where one group 'chat' cannot be facilitated. CIN Review Meetings should not however be cancelled.</p> <p>Weekly telephone or other remotely enabled contact to be maintained weekly.</p> <p>Visits will continue where there is an assessed need.</p> <p>Referrals must be reviewed with the SSU Team Manager and consideration given as to whether an Initial Visit is required. Where it is deemed safe to manage the new referral via remote means, this should be done rather than a face to face Initial Visit.</p> <p>Referring agencies/families must be advised of the outcome of their referral. This must extend to further contact with agencies and parents/carers so that future actions can be planned for should current confinement measures be extended.</p> <p>Recovery Plan</p>			RED	GREEN		

Ref.	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
4	SSSCP	Staffordshire County Council	Families & Communities Specialist Safeguarding Service (Child Protection Cases / Children looked after at home under Placement with Parent Regulations)	Staffordshire County Council	<p>Child Protection Referrals: These will be processed by First Response in the usual way.</p> <p>Part 1 Strategy Discussions will be held in the MASH. Strategy discussion Part 2 should be undertaken within Specialist Safeguarding Units in line with existing procedures.</p> <p>Open Child Protection Cases / children looked after at home under Placement with Parent Regulations: The County Council will retain visiting arrangements as per the Child Protection Plan.</p> <p>Management of Child Protection Conferences and Child Protection Review Conferences: Child Protection Conferences will now be facilitated digitally with options of how to join via phone, conference call or through an internet platform.</p> <p>Recovery Plan</p>	<p>Mostly BAU but for those who are not being visiting there is a risk.</p> <p>There is a risk that some families who do not want to be seen will use the current circumstances as a reason for non-engagement or that people with COVID-19 continue to cause harm to others in the family home.</p> <p>Risk factors could increase and therefore the needs of families escalate.</p> <p>These risks may be unknown due to limited contact and children may be at risk of harm.</p> <p>There is a risk that children's long-term outcomes will be affected meaning they have poorer outcomes.</p> <p>There is a risk to the child's safety.</p> <p>Recovery Plan</p>	<p>Any decision not to make a face to face home visit must be approved by the Head of Service and be on the advice of the members of the strategy discussion.</p> <p>Where a risk assessment indicates that contact can be safely maintained for the child virtually, this must be agreed with the Head of Service.</p> <p>Digital means will be utilised that maximise the ability to still see the family.</p> <p>Recovery Plan</p>			RED	GREEN		
5	SSSCP	Staffordshire County Council	Families & Communities Specialist Safeguarding Service (Looked After Children)	Staffordshire County Council	<p>Looked After Children: Where Looked After Children are in a foster placement and the fostering supervising social workers has seen the child as part of the visit to the carers, this will be considered a statutory visit. Regulation 24 Placements: Visits are to continue in line with statutory visiting requirements, if families are self-isolating and indicate no visit will be accepted, digital contact will be conducted, and each case risk assessed by the Manager. Settled Residential & Foster Placements: Social work contacts will be remote via digital solutions, unless there is any risk of placement breakdown-when appropriate support will be provided to prevent this. Care Leavers: Each PA has/is undertaking a Risk Assessment which includes a RAG rating for each young person, linked to the young person's level of vulnerability. PAs will make virtual contact with those who are most vulnerable. Work with housing providers to support independence post 18 will continue as priority work. Any housing applications for 18-year olds that are delayed by Covid19 - additional costs will be covered. Management of LAC Reviews: Reviews for Looked After Children will continue to be facilitated through digital solutions depending on the individual child. At times it may be necessary to undertake this in several parts. The IRO will contact participants to establish the most appropriate means to hold the review and all decisions made regarding the method of undertaking the review will be recorded in the minutes. Family Time/Contact: This needs to be carefully considered on an individual case by case basis and Practitioners are promoting telephone calls/Skype wherever this is possible. Final adoption contacts may need to go ahead- subject to a risk assessment Any direct contact that does take place will be subject of a risk assessment and underpinned by a key decision Rehabilitation Plans: Where there is an overall plan of rehabilitation and it is assessed that families are ready and happy to have their child/young person returned to their care and the risks are minimal, the Local Authority will support reunification. If risk assessed and supported with a detailed support plan which might include daily phone calls. Adoption:</p>	<p>Mostly BAU but some risks may escalate as outlined below.</p> <p>Looked After Children (particularly Care Leavers) undertaking adverse behaviours and putting themselves 'At Risk' are not identified.</p> <p>Looked After Children (and their placements) do not receive broader evidence-based services, provision or support (e.g. Emotional Health & Wellbeing Services) leading to potential escalation of need in the future with increased numbers of placement disruptions.</p> <p>Looked After Children's emotional health and wellbeing deteriorating, leading to an escalation in need, leading to potential pressures upon the placement. In some cases, this may lead to placement breakdowns.</p> <p>Looked After Children do not achieve legal, physical and emotional permanency (including long term Foster Care, Special Guardianship and Adoption) in the short time impacting upon a child sense of security, continuity, commitment and identity.</p> <p>Looked After Children are not returned home (following rehabilitation activity) impacting upon the outcomes of children and families.</p> <p>Recovery Plan</p>	<p>Children and young people will be seen in line with the RAG system that has been implemented for all Looked After children and young people</p> <p>We continue or risk assess all children and young people to ensure their needs are being met and to avoid placement breakdown and to encourage carers to send children and young people to school and are working with our Virtual School colleagues Contact is being maintained with all children and young people and Care Leavers and there is Team Manager oversight on each child/ young person</p> <p>Work is taking place with our Family Placements colleagues around placement stability and to reduce placement breakdowns There are concerns that placements will become fragile or breakdown and we are working to prevent this We will continue to review our staffing capacity daily in line with our capacity to meet needs of Looked After young people and care leavers All Care Leavers are being seen in line with the risk assessments developed</p> <p>Our Housing PAs continue to work with PA colleagues around our vulnerable care leavers and to ensure housing provision is in place These are continuing to take place virtually and involving key others and children and young people. Timeliness continues to be monitored and the review minutes recorded around the method undertaken to hold the meeting</p> <p>Staffing capacity is allowing for all reviews to be undertaken at this stage- these are being done virtually and we will continue to review our capacity to undertake all of these Family time and contact is not taking place face to face but all means of prompting virtual contact via use of social media and digital platforms is taking place. Risk assessments in place with full Team Manager oversight</p> <p>Where it is considered face to face contact does need to take place this is happening subject to a risk assessment and Team Manager oversight. All contacts are reviewed Only children and young people will return home where it is assessed that it is safe to do so and, in the child's, best interests and including robust face to face visiting arrangements as part of the rehabilitation plan</p> <p>Only children and young people will have rehab plans progressed where it is safe to do so and there is a clear risk assessment in place around this including a visiting schedule and support</p>			RED	GREEN		

Ref:	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
6	SSSCP	Staffordshire County Council	Staffordshire Youth Offending Service	Staffordshire Youth Offending Service	<p>Prevention: The service continues to support all children receiving a prevention referral through virtual contact and doorstep contact if there are safeguarding concerns. New referrals are still being accepted and these are triaged to assess the level of support required.</p> <p>Out of Court Disposals: All non-statutory outcomes are temporarily being delivered by the police. Children receiving statutory outcomes for out of court are receiving virtual assessments and virtual interventions.</p> <p>Appropriate Adult: The service continues to offer an Appropriate Adult service and is adhering to strict PPE guidelines as interviews in police custody do not support social distancing measures.</p> <p>Courts: National guidance is that all courts will move to being virtual and will be reserved for children committing new serious offences where a remand to custody is being considered. The YOS is working closely with the courts to implement this process and to ensure that children are still supported before, during and after this process.</p> <p>Statutory interventions: All children who have a statutory order from the courts are receiving virtual contact and interventions in line with their assessed risks. If there are concerns raised, then doorstep contact is made.</p> <p>Children in custody: The government announcement that some prisoners could be released under Covid-19 restrictions and this applies to children also. The criteria for early release are those posing a low risk to others. At this time there are no children in Staffordshire who meet this criterion, but this continues to be monitored.</p> <p>Recovery Plan yes in particular in relation to the court. Youth court is significantly reduced at this time. It is likely that we will see a significant increase once normal court sittings resume. There is also an expectation that the numbers of children entering the justice system for an out of court disposal will increase as lockdown restrictions continue to be relaxed.</p>	<p>The risks for children on the edge of crime increases.</p> <p>Children would ordinarily receive a full health screen as part of this service; however, the health staff provided by MPFTS have been pulled back to front line NHS roles.</p> <p>Social distancing in custody interview rooms is impossible to adhere to.</p> <p>That children at risk of a remand are not supported by the Youth Offending Service and an assessment is not completed pre and post court.</p> <p>That children fail to abide by their current contact arrangements, thereby putting them in breach of their court order.</p> <p>An increase in children failing to abide by the government guidelines.</p> <p>Children would ordinarily receive a full health screen as part of this service; however, the health staff provided by MPFTS have been pulled back to front line NHS roles.</p> <p>That children could be released early without the capacity to provide accommodation and support during licence.</p> <p>Recovery Plan within the recovery plan and response to Covid there has always been the consideration to pause prevention referrals to enable those resources to be deployed to support the statutory work. Provision has also been made within the budget to employ temporary staff to support court work as required. Potentially prevention referrals would be reduced or passed for a short time</p>	<p>The operational lead for prevention is operating a triage process and making decisions on a case by case basis. Where there are imminent risks to crime being committed then the case will be opened, and a virtual service will be offered.</p> <p>Limited health advice is being provided by MPFTS over the telephone to support the officers delivering the intervention.</p> <p>Staffordshire Police providing PPE equipment and screening all visitors to the custody block.</p> <p>Family household members are actively being encouraged to act as an Appropriate Adult in the first instance.</p> <p>Staffordshire Police and courts have given assurances that children will be able to have contact virtually with a YOS Officer to ensure an assessment is undertaken pre and post court.</p> <p>All decisions on breach and failure to comply with an order made by the court will be escalated to the YOS management team and a collective decision will be made about next steps based on the risks posed to others.</p> <p>All children will receive a safety and wellbeing letter to outline in easy language the powers available under the government guidelines and where to seek support.</p> <p>Limited health advice is being provided by MPFTS over the telephone to support the officers delivering the intervention.</p> <p>Youth Justice Board guidelines clearly state that children will only be released early where they have non-violent and non-sexual offences and there is a low risk of harm to others. All eligible cases will be escalated to the YOS Head of Service for a final decision in consultation with the relevant Governor.</p> <p>Recovery Plan since the lockdown the YOS have continued to provide prevention referrals for those at risk of offending and have also introduced joint visits with police where there are concerns that children are not adhering to lockdown requirements or there is evidence of ASB to reduce the risk of formal responses.</p>			AMBER	GREEN		
7a	SSSCP	Stoke City Council	Children's Social Care		<p>Changes are dependent on the risks identified and decisions taken to respond to these.</p> <p>Recovery Plan</p>	<p>Insufficient staff available to deliver statutory responsibilities to children in need, and interim care orders, subject to child protection plans and children in care.</p> <p>Recovery Plan</p>	<p>*In respect of the Front Door a rota for contingency staff has been created, however this has not been necessary but remains available. The staff group remain working and social distancing measures has been put in place to comply with government guidance.</p> <p>*In respect of EDT home working has been in place to assist social distancing measures and staffing resource remains adequate.</p> <p>*A daily record has been kept of the status of all staff (self-isolating because of family with symptoms or underlying health conditions but available to work from home, sick themselves and unable to work, planned working from home, or in work and undertaking priority contacts with children and families). Guidance on visiting families has been issued to staff.</p> <p>*We advise all workers to phone families prior to undertaking visits to ascertain whether the family is socially isolating due to sickness in the household. We expect visits to families who are socially distancing to continue as planned. Visits to families who are isolating due to sickness are being undertaken, if that is not the case holder we will look to someone else within the team to undertake the visit, this is to ensure that we balance the risk of not undertaking a visit against the health implications for staff.</p> <p>*The availability of staff across the service to undertake these contacts will be reviewed and arrangements made for teams to cover for each other as required.</p> <p>*We have bank of other staff identified across council who are available for redeployment with basic training in place, so that they can support the core team.</p> <p>*We have RAG rated all cases with a Red, amber and green rating. Changes to liquid logic mean that we can now automatically update cases with the RAG rating.</p> <p>*We have implemented a quality assurance challenge of amber rated cases to ensure that visiting patterns are commensurate with level of risk.</p> <p>*Rota's have been drawn up so that each team is represented by a member of staff, in the office, on a daily basis to avoid unnecessary contact between staff and minimise risk of infection.</p> <p>*Additional technological solutions for staff have been sourced to facilitate virtual meetings and conference calling.</p> <p>*Daily reports identify capacity across the service to support statutory visiting.</p> <p>*A decision has been made to suspend all youth group sessions. Youth workers may be deployed to other statutory duties as required, including supporting vulnerable adolescents. All evening sessions have stopped and buildings closed temporarily and mobilised. Sessions are being delivered via Facebook Live. Young people are supported through 121 contact with a youth worker.</p> <p>*A decision has been made to suspend all early help assessments. We will be providing on-line consultation and support is provided for our schools and other partners as an alternative to progress early help referrals.</p> <p>*All children's centres have been closed to members of the public, with the exception of two sites which are still running midwifery clinics.</p> <p>*We are utilising on-line research in practice tools for home-working, direct work with children and we have provided a script to staff undertaking virtual contact rather than home-visits.</p> <p>*We have Dip sampled our RAG ratings on cases and will continue to do so in line with our Recovery Plan.</p> <p>*The use of technology i.e Teams as enabled us to maintain a level of BAU.</p>			RED	GREEN		

Ref:	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
7b	SSSCP	Stoke City Council	Children's Social Care		Changes are dependent on the risks identified and decisions taken to respond to these. Recovery Plan	Risk of Infection to Staff Recovery Plan	-A set of 'triage' questions have been agreed and will be asked in advance of any planned visit to a family or carer home. These include whether anyone in the family has symptoms or are self-isolating. If so, other methods of contact with the family will be agreed, unless there is an identified risk requiring the child to be seen. -PPE (Personal Protection Equipment) has been sourced and will continue to be sourced for use only in those situations where it is essential for a child to be seen in a place where there is known to be infection. Guidance on these circumstances is being issued by our Director of Public Health and remains under review. -We are looking to increase our PPE in Line with our Recovery Plan as well as the opening buildings. -All workers are asked to wash hands regularly and use hand sanitiser when out on visits. Supplies of sanitiser are available for workers. -Social distancing is being observed wherever possible and marking being out in place in offices to support staff. -Staff are asked to use the same workspace wherever possible and maintain rigorous cleanliness. -City Director has regular meetings with trade unions where any concerns can be raised. -The cleaning schedule has been increased with greater focus on contact surfaces. Recovery Plan			AMBER	GREEN		
7c	SSSCP	Stoke City Council	Children's Social Care		Changes are dependent on the risks identified and decisions taken to respond to these. Recovery Plan	Mental Wellbeing of Staff Recovery Plan	-Managers are making daily contact with workers who are self-isolating to check on their wellbeing. -Tele-MH service (Dove) has been expanded in terms of capacity and is regularly promoted to staff. Recovery Plan			AMBER	GREEN		
7d	SSSCP	Stoke City Council	Children's Social Care		Changes are dependent on the risks identified and decisions taken to respond to these. Recovery Plan	Vulnerable children are not taking up the opportunity of attending school Recovery Plan	-We have a system for daily reporting of take up of school attendance for our vulnerable children. -Where attendance is part of their plan and the children are not attending, the social worker is contacting families to ascertain the reasons. If the family are not ill or self-isolating, the parents/carers are encouraged to send the children to school – assessing the benefits of activity and free school meals. We are also providing guidance for staff, based on legal advice, about appropriate escalations for non-attendance. -A call-centre has been set up which is staffed by social care and education colleagues to support schools in managing the attendance and support of our vulnerable children. -We have raised the profile of the prevalence of domestic violence incidents during this lock-down period and supporting staff in their assessment of associated risk. We are seeking to support accommodation solutions for victims that need to move out quickly. -We are challenging schools that have decided to close, preventing our vulnerable children from attending. -Where closure is on-going, we have identified alternative education settings for our children to attend. -Going forward, we are extending our school hours, so the more vulnerable children are able to be at school for breakfast and tea if required. -We are working with schools in line with Government guidance in respect to their preparation of children returning to school. Recovery Plan			AMBER	RED		
7e	SSSCP	Stoke City Council	Children's Social Care		Changes are dependent on the risks identified and decisions taken to respond to these. Recovery Plan	Capacity of legal team and the court is not sufficient to ensure necessary legal action is being taken Recovery Plan	-Legal services have been in regular contact with the courts regarding measures to maintain the service currently. -The majority of court hearings have now been converted to telephone/virtual hearings. Final hearings have been adjourned until at least August. Recovery Plan			AMBER	AMBER		
7f	SSSCP	Stoke City Council	Children's Social Care		Changes are dependent on the risks identified and decisions taken to respond to these. Recovery Plan	Supervised contact between children and families will not be maintained Recovery Plan	-Supervised contact will be only undertaken where it is deemed necessary. The judiciary understand this approach. -Contact is being encouraged by telephone and virtual methods. -As part of our Recovery Plan we will review all contact and are exploring the use of Children's Centres being used for parental contact with babies. -Contact panel has been established to review all contact. Recovery Plan			RED	AMBER		
7g	SSSCP	Stoke City Council	Children's Social Care		Changes are dependent on the risks identified and decisions taken to respond to these. Recovery Plan	Difficulty in convening child protection conferences or reviews for looked after children, due to staff shortage or challenge of social distancing arrangements Recovery Plan	-All CP conferences and LAC reviews will be held as virtual meetings. -Children and parents will still be contacted prior to meeting to ensure their views are represented and are being encouraged to attend virtually if possible. -CP conferences will continue to make decisions even if meetings are not quorate. -Minute takers are maintaining attendance through use of technology at all conferences so decisions will be recorded by chair. Recovery Plan			AMBER	GREEN		
7h	SSSCP	Stoke City Council	Children's Social Care		Changes are dependent on the risks identified and decisions taken to respond to these. Recovery Plan	Children placed in distant placements may no be seen in line with statutory requirements. Recovery Plan	-Regular telephone contact will be maintained with the care provider. -Children will be seen via video link and encouraged to use social media for staying in touch with their worker. -We are maximising the use of the Mind of My Own app; this is a tool to facilitate contact with all children. Recovery Plan			RED	GREEN		

Ref	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
7i	SSSCP	Stoke City Council	Children's Social Care		Changes are dependent on the risks identified and decisions taken to respond to these. Recovery Plan	Foster Carers no longer able to perform their role due to illness or other family pressures. Recovery Plan	-Regular communication by video and voice calls with Foster Carers to ascertain support needs. -We have reviewed whether foster carers could temporarily take additional children and have that bank. -We have developed option to create pop-up small group homes, including one for disabled children, if they need to move out of home (e.g. foster parent hospitalised.) Recovery Plan			RED	GREEN		
7j	SSSCP	Stoke City Council	Children's Social Care		Changes are dependent on the risks identified and decisions taken to respond to these. Recovery Plan	Shortage of available placements. Recovery Plan	-Carers who can take additional children have been identified and a process agreed for exemptions to approval status. -We are maximising the potential placement capacity of our children's homes where children can be cared for in an emergency. -We are making links with the childminding lead to ascertain availability of childminders to act as emergency carers. -Virtual fostering panel arrangement in place. -Commissioning service is maintaining regular contact with providers to ensure they have contingency and business continuity plans in place, and residential providers have social distancing arrangements in place. -We are utilising Covid Legislation to approve foster carers. Recovery Plan			RED	RED		
7k	SSSCP	Stoke City Council	Children's Social Care		Changes are dependent on the risks identified and decisions taken to respond to these. Recovery Plan	Care Leavers and vulnerable families are not able to access food or medicines due to social isolation. Recovery Plan	-Leaving Care services are already linked into council arrangements for provision of food parcels as required. -Children's social work service to identify any families who are social isolating and are vulnerable to ensure they can access appropriate emergency support. We have ordered Laptops and Dongles to enable care leavers to keep in touch and access education. -Care leavers can also use #StokeonTrent Together 0800 Helpline established for the crisis. Recovery Plan			AMBER	GREEN		
7l	SSSCP	Stoke City Council	Children's Social Care		Changes are dependent on the risks identified and decisions taken to respond to these. Recovery Plan	Unexpected requests for financial support for adoption and SGO placements where carers are self-employed and income has ceased. Recovery Plan	Responding to requests on a case by case basis and ensuring all other support is in place e.g. regular contact, access to education. Hardship funding is in place and requests will be considered swiftly on case-by-case basis. Continue to make decisions in light of any additional government guidance re self-employed. Additional financial support has already been agreed for one adoptive placement where adopters have lost income. Impact on placements to be kept under review. Recovery Plan			AMBER	GREEN		
7m	SSSCP	Stoke City Council	Children's Social Care		Changes are dependent on the risks identified and decisions taken to respond to these. Recovery Plan	Risk of Children's Social Care improvements slowing and actions in plan slipping. Recovery Plan	Board to meet in March and oversee plans for service continuation and any slippage on Improvement plan. Focus on progress on four key priority areas. Work on each is continuing despite crisis. Board to be asked to note and agree steps for prioritisation of actions. Continue to focus on recruitment and retention of staff, particularly any opportunities to convert agency to permanent. The priority is to maintain quality of assessments, and visits to the most vulnerable children to ensure they are safe. It is important to recognise that there will be drift in cases in PLO and proceedings, and that the quality of social work interventions to effect positive change will be adversely affected by the change in working practices. Recovery Plan			RED	AMBER		
8a	SSSCP	Staffordshire County Council	Families Health and Wellbeing Service (Health Visiting and School Nursing)	Midlands Partnership NHS Foundation Trust	NCMP This has ceased in line with National Guidance. Schools are currently closed except for vulnerable and children of keyworkers. All measurements that have been undertaken since September 2019 have been recorded onto the individual child's EPR and this data has been collated and recorded onto the national tool for NCMP. This ensures that data is as robust and up to date as possible. As of 17/4/20 67.2% of reception children and 68% of year 6 children have already been screened. Recovery Plan Planning is underway regarding a surge in safeguarding activity and the allocation of resource to any increase in demand as a result of a safeguarding surge.	There is a risk that there will be insufficient time to measure and capture the weight of children within this year. This means that it is highly likely that children who are underweight, overweight or very overweight will not be identified. This means that there will be an incomplete picture captured in respect of children in Staffordshire for height and weight 2019-2020. The risk is that children who are requiring specific interventions will not be known. Also that public health campaigns required to meet the needs of children and families will not be planned. This has the potential to increase the health risks into the future and the cost for the NHS and local authorities. It is highly likely that children who have not been measured will not be measured going forward. Recovery Plan	MPFT to follow National Guidance going forward for remaining children in the cohort. Hub remains in place for parents to contact FHWS with any concerns. ChatHealth remains in place for both parents and young people. Schools remaining open during pandemic will be contacted to remind them of both Hub and ChatHealth details and referral form. Into the future the possibility of an awareness campaign should be considered by the LA. Recovery Plan			AMBER	GREEN		

Ref:	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
8b	SSSCP	Staffordshire County Council	Families Health and Wellbeing Service (Health Visiting and School Nursing)	Midlands Partnership NHS Foundation Trust	<p>0-5 Years</p> <p>The commissioned services have changed in line with national directives except:</p> <ul style="list-style-type: none"> • Stratify visits and support for vulnerable families • Safeguarding work (MASH; statutory child protection meetings and home visits) • All new Birth visits (The provision has changed to reduce face to face time and ensure a high level of uptake is maintained - initially undertaken by phone with a face to face offered in a clinic setting with one parent) • Follow up of high risk mothers, babies and families • Antenatal visits and support (consider virtual) • Phone and text advice- digital signposting • Blood spot screening <p>Recovery Plan</p>	<p>Children aged 0-5 years will not be routinely seen during the period other than part of the continuing commissioned service, safeguarding need, compelling reason or safeguarding reason.</p> <p>There is the potential that children with developmental delay, attachment issues, faltering growth, jaundice, emotional health, behavioural issues will not be identified, as some of the scheduled contacts of the HCP have ceased.</p> <p>Perinatal mental health may not be identified.</p> <p>Risk stratification of all contacts including targeted reviews.</p> <p>Parents refuse to attend clinic appointment for review due to COVID concerns/anxiety.</p> <p>Parents may not have transport into clinic.</p> <p>Recovery Plan</p>	<p>Hub remains in place for parents to contact FHWS with any concerns. Access to Health Visitor, School Nurse and Nursery Nurse available Monday to Friday 9am-5pm.</p> <p>ChatHealth remains in place for both parents and young people through hub.</p> <p>Contacts undertaken virtually over the telephone, through One Consultation (Virtual), face to face clinic or home visit where needed or concern.</p> <p>Utilising national documents from IHV and PHE and use of local flowcharts to support staff. QIA undertaken to understand the risks</p> <p>Communications out to GP, AHPs, Acute services and midwifery services regarding service offer and referral process/contact service.</p> <p>Support will continue to be agreed in partnership with families and provided according to the level of need (using non-face to face methods where possible).</p> <p>Targeted reviews will continue to be undertaken where needed.</p> <p>One Consultation clinics are being set up for mothers struggling with breast feeding or perinatal mental health where the issues are more complex.</p> <p>HV's are currently receiving update training on breastfeeding including faltering growth pathway.</p> <p>Ability to identify children using MPFT Rio system and CXAir who have not received mandated contacts.</p> <p>Staff/teams prepared to work remotely to continue to offer service/access.</p> <p>To observe for faltering growth, jaundice one parent will be offered a short 15 minute NBV clinic appointment. At the clinic the baby will be screened and a physical assessment following the Health Visiting SOP (jaundice, skin condition, umbilicus etc.)</p> <p>MPFT volunteer transport has been explored and available where needed to bring parent/child into clinic.</p> <p>Safeguarding is prioritised. Targeted face to face contacts will be offered either via home visits or clinic appointments this will be via risk stratification and needs led.</p> <p>Blood spot screening status monitoring will remain for children under 1 year.</p> <p>QIA undertaken in respect of service changes.</p> <p>Midwifery services are able to identify and communicated in respect of any concerns for families and request support from the service. This has been further articulated.</p> <p>Recovery Plan</p>			AMBER	GREEN		
8c	SSSCP	Staffordshire County Council	Families Health and Wellbeing Service (Health Visiting and School Nursing)	Midlands Partnership NHS Foundation Trust	<p>5-19</p> <p>The service has ceased in line with national directive except:</p> <ul style="list-style-type: none"> • Phone and text service • Safeguarding <p>Recovery Plan</p>	<p>Many schools open for reduced numbers of children and so scheduled drop in sessions ceased to ensure government guidance in relation to limiting contacts followed.</p> <p>Potential increase in concerns around emotional health and wellbeing, sexual health, relationship, safeguarding issues.</p> <p>Children/young people less likely to call hub for support.</p> <p>Referrals into FHWS will reduce from schools</p> <p>Recovery Plan</p>	<p>Hub remains in place for parents to contact FHWS with any concerns. Access to Health Visitor, School Nurse and Nursery Nurse available Monday to Friday 9am-5pm.</p> <p>ChatHealth remains in place for both parents and young people through hub.</p> <p>Contacts undertaken virtually over the telephone, through One Consultation (Virtual), face to face clinic or home visit where needed or concern.</p> <p>Safeguarding is prioritised. Targeted face to face contacts will be offered either via home visits or clinic appointments this will be via risk stratification and needs led. – monitoring of vulnerable families who decline visits.</p> <p>Process in place that will be followed to include partner services where there are concerns.</p> <p>Recovery Plan</p>			AMBER	GREEN		
9	SSSCP	Staffordshire County Council	Children's Centre	Family Action	<p>The County has taken the decision to close Children's Centre with the following exceptions:</p> <p>Staffordshire Moorlands Children's Centre is open for collection of Personal Protective Equipment (PPE) and Childcare.</p> <p>East Staffordshire Children's Centres are open for collection of Personal Protective Equipment (PPE).</p> <p>Family Action are continuing to support with emergency childcare and education where possible.</p> <p>Family Action are continuing to deliver a Virtual Offer which is being delivered via Facebook.</p> <p>Recovery Plan</p>	<p>The family doesn't get access to evidence based services, they can't access universal and targeted local and community services themselves, leading to potential escalation of need in the future.</p> <p>Children and families do not have access to an environment which enables child development, leading to potential developmental delay relating to health, education, emotional and behaviour development, identity, social presentation and self-care.</p> <p>Families do not access support at the right time, leading to an escalation of need.</p> <p>Recovery Plan</p>	<p>Family Action are continuing to develop and facilitate a virtual offer for families. This offer continues to be focused on ensuring families can access information, advice and guidance and virtual services to enable and support child development, parenting capacity and family and environmental factors.</p> <p>Through the virtual offer, the provider is promoting sources of virtual and direct support, information, advice and guidance. This activity is seeking to encourage families to continue to seek help if they require it.</p> <p>Activities could be delayed, and activities can tolerate disruption.</p> <p>Recovery Plan</p>			GREEN	GREEN		

Ref.	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
10	SSSCP	Staffordshire County Council	Aiming High & Activities	Varies	Group activities have been ceased for the foreseeable future in line with the information, advice and guidance of the Government, Public Health England and NHS England in respect of social distancing. Recovery Plan	Families don't get access to activities and services which support wider outcomes, including personal and social development, child development, parenting capacity and family and environmental factors. This may lead, in some cases, to an escalation of need in the future. Families will not have access to a wider network of support, leading to escalation of need. Recovery Plan	Providers are continuing to develop and facilitate a virtual offer for families. Through the virtual offer, the providers are continuing to promote sources of virtual and direct support, information, advice and guidance. This activity is seeking to encourage families to continue to seek help if they require it. Guides for parents have been developed to support families to undertake activities at home with their children (where possible) to avoid escalation of need. Activities could be delayed, and activities can tolerate disruption. Recovery Plan			AMBER	GREEN	18/05/20	
11	SSSCP	Staffordshire County Council	AHDC 1-1 & Community Based Support	Varies	Services are continuing for children with the most complex needs and appropriate measures are in place to ensure the safety and continuity of those services in line with the agreed Business Contingency Plans (BCP). Recovery Plan	An increase in the number of children from this cohort entering the Looked After Children's System. Families do not receive the support they need to contribute to the care of a child's physical and emotional health and wellbeing. Limiting this support may lead to families experiencing an escalation of need, leading some families to reach crisis point. The physical care of a child may be at risk because of the limited community-based support. Families don't get access to services which support wider outcomes, including personal and social development, child development, parenting capacity and family and environmental factors. This may lead in some cases to an escalation of need in the future. Families will not have access to a wider network of support, leading to escalation of need. Recovery Plan	Commissioners are working with providers and families to ensure no reduction in AHDC 1-1 & Community Based Support. Commissioners are working to accommodate additional capacity within the system due to a predicted increase in families requiring support. Commissioners are identifying volunteers, through the Staffordshire County Council iCount Campaign, who are willing to undertake personal care duties. However, there are only a limited number of people willing to do this, but providers are not currently reporting any staffing difficulties or shortages to fulfil care packages. The Children with Disabilities Service has reviewed and identified staff who could be redirected from their 'day jobs' to provide additional resource for children's support and personal care to further bolster the above. Commissioners are working together with providers to offer volunteers both internally and externally a pseudo-induction programme. This will be implemented at a point where they are needed. Providers undertaking safe and well and exercise visits (with one exception which is being addressed) and experience over the last two weeks is that families are starting to allow providers back in to their homes to support them (in approx 60% of cases). Will need to monitor this as and when schools reopen Recovery Plan			RED	AMBER	18/05/20	
12	SSSCP	Staffordshire County Council	Overnight Short Breaks	Action for Children	Services are continuing for children with the most complex needs and appropriate measures are in place to ensure the safety and continuity of those services in line with the agreed Business Contingency Plans (BCP). Recovery Plan	An increase in the number of children from this cohort entering the Looked After Children's System. An increase in the number of children from this cohort entering the Looked After Children's System. Families do not receive the support they need to contribute to the care of a child's physical and emotional health and wellbeing. Limiting this support may lead to families experiencing an escalation of need, leading some families to reach crisis point. Families do not receive the respite required leading to escalation of need, leading some families to reach crisis point. This may lead to families becoming dysfunctional. The physical care of a child may be at risk because of the limited overnight provision. Families don't get access to services which support wider outcomes, including personal and social development, child development, parenting capacity and family and environmental factors. This may lead in some cases to an escalation of need in the future. Families will not have access to a wider network of support, leading to escalation of need. Recovery Plan	Providers have developed, in consultation with Commissioners, responsive Business Contingency Plans (BCP) to ensure no reduction in Overnight Short Breaks. 24 hour individual short breaks (rather than weekend breaks in small cohorts) being offered to ensure families continue to receive a break from caring whilst maintaining social distancing guidance. Issue emerging is that legislation requires and up to date EHCP for A4C to support (not just an up to date social work assessment & care plan) which is proving a blockage for some families who would (and should) otherwise benefit from this service Recovery Plan			RED	AMBER	18/05/20	
13	SSSCP	Staffordshire County Council	Advocacy	Change, Grow, Learn	Change, Grow, Learn are continuing to assess each individual open case and assess the urgency of each issue. Where it is appropriate to continue with service delivery, this is prioritised. The service will also cease open meetings at care placements, replacing them with alternative methods of communication for individual case assessment and service delivery.	The wishes, feelings, views, opinions and experiences may not be evident in decision making. Children and families may feel like they have no way of advocating their wishes, feelings, views, opinions and experiences. This may also lead to families feeling their rights are not protected.	The provider is continuing to accept new referrals and they will continue to be triaged as normal. Any 'urgent' referrals will be prioritised. Usually these are referrals where a placement move is imminent or there is a Child Protection meeting within a week of the referral being made. The provider is seeking to continue to deliver services by exploring the availability of technology-based solutions where appropriate. Any issues arising from this will be monitored and addressed.			AMBER	GREEN	18/05/20	
14	SSSCP	Staffordshire County Council	Looked After Children's Independent Visiting Service	Change, Grow, Learn	The Looked After Children's Independent Visiting Service is not making new matches whilst social distancing rules apply. Independent Visitors are not continuing to meet up with Looked After Children whilst social distancing rules apply. Recovery Plan	There is some risk of social isolation depending on the living arrangements of the young person. Recovery Plan	General view is this is working effectively Recovery Plan			GREEN	GREEN	18/05/20	

Ref.	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
15	SSSCP	Staffordshire County Council	Child Weight Management	Time 4 Sport	<p>On Tuesday 24th March 2020, they stopped non-essential work (including home visits and measurements at schools).</p> <p>The provider is still operating, providing services remotely. Services are being delivered through online 1:2:1 Sessions and Group Health and Wellbeing Workshops. These are to be delivered through Zoom, Skype and Facebook.</p> <p>Staff are home based and are participating in a rota to support a small number of schools in Newcastle Under Lyme to deliver a minimum offer for keyworker children.</p> <p>Recovery Plan</p>	<p>The physical and emotional health and wellbeing of children may deteriorate because of the impact of diet, leading to a deterioration in physical activity and wider outcomes.</p> <p>Recovery Plan</p>	<p>As of the 1st April 2020, the service will be delivered through a Digital Weight Management Service.</p> <p>The Weight Management Service is working with Staffordshire University on the development of a Family Weight Management Application with a gamification tool.</p> <p>The provider is supporting a number of Staffordshire Schools with their emergency Childcare Services.</p> <p>The provider is providing all Staffordshire's Parents/Schools the chance to sign up to Weekly Home Activity Packs. These packs provide information, advice and guidance on how to stay fit and healthy at home.</p> <p>The provider is providing a daily Time 4 Sport challenge via Social Media Networks.</p> <p>Recovery Plan</p>			GREEN	GREEN		
16	SSSCP	Staffordshire County Council	Smoking in Pregnancy	Everyone Health	<p>The service is continuing to be delivered virtually. CO2 monitoring has ceased however and will not begin until services are able to be face to face.</p> <p>They are also offering all SSIP clients the opportunity to join local virtual support groups and advertising on Facebook to help promote this information.</p> <p>Recovery Plan</p>	<p>Increased risk of complications in pregnancy, during birth and following birth.</p> <p>Increased number of parents who have an unhealthy pregnancy, leading to an increase in unhealthy babies.</p> <p>Increase in the risk of stillbirth.</p> <p>Babies are more likely to be born too early and face the breathing, feeding and health problems that often go with being premature.</p> <p>Babies are more likely to be born with a low birth weight.</p> <p>SIP is the most common factor in child deaths as a result there is a risk of increased child deaths.</p> <p>Recovery Plan</p>	<p>Services are continuing to be delivered virtually.</p> <p>Hospitals are continuing to promote the virtual service and encouraging involvement of families.</p> <p>The service is offering all SSIP clients the opportunity to join local virtual support groups and advertising on Facebook to help promote information, advice and guidance.</p> <p>Recovery Plan</p>			GREEN	GREEN		
17	SSSCP	Staffordshire County Council	Improving the Emotional Health and Wellbeing of Children and Young People in Staffordshire	Action for Children	<p>EHWB service will go live on 1st April 2020 as planned, but will operate according to the interim offer.</p> <p>Action for Children have written to families informing them of the change in provider/service. Families have been informed that they will receive a call to enable them to update the provider with regards to their current situation.</p> <p>The provider is in the process of giving families information, advice and guidance about quality assured apps, websites or books that can support them in the interim.</p> <p>All families on the waiting list are being called to offer 2 sessions of telephone assessment (those flagged as high risk prioritised first). If further services are required, the provider is prioritising these based on level of risk.</p> <p>Interventions being provided in the interim are: Solution focused 4-week telephone/video intervention with young person or parent One to one tailored intervention with psychologist for high need young people 2 session Bounce Back group intervention delivered virtually aged 12-18 6 session Blues Programme group - programme delivered virtually aged 13-18 Temporary Digital intervention (purchased as one off) provided by BFB Labs</p> <p>Recovery Plan</p>	<p>Staff recruitment – AIC are still recruiting their staff team for this service, these have been disrupted.</p> <p>Premises mobilisation has been halted in Rugeley as proposed office is currently closed. Developments with NUL premise have also stalled.</p> <p>Direct, face-to-face interventions will not take place for the foreseeable future but clinical oversight and intervention where an initial assessment identifies risk will be addressed via the psychologist.</p> <p>Not all digital technology solutions will be available from contract commencement – 1st April.</p> <p>Service website and information will be available in basic form initially due to resource/staffing pressures within the AIC comms/web design team.</p> <p>Recovery Plan</p>	<p>Where possible skype is being utilised to conduct staff interviews. Clinical oversight from the subcontractor- Black County Partnership Trust now to be temporarily delivered via a Clinical Psychologist from 'Changing Minds'. Staff resilience across other AIC contracts is also being used to ensure there are staff in place to mobilise the interim offer.</p> <p>AIC have existing bases in Lichfield and SoT that are being temporarily utilised to ensure service delivery. Staff are equipped to work in an agile way with ICT and phone technology.</p> <p>AIC have forged early links with CAMHS services in North and South Staffs to ensure step up/down processes can be assured where required. An interim reporting template has been developed to assure service delivery and enable contract management/commissioner oversight of delivery during service model disruptions.</p> <p>AIC subcontractor SilverCloud are still being mobilised. Risk assessment and therapy programmes are being aligned to AIC's wider processes for the contract to ensure consistency. It is also being linked directly to the PCMIS case recording system so the two work simultaneously. AIC are going to purchase BFB Labs digital intervention as an additional digital offer temporarily – already used elsewhere in England by AIC so can be readily available.</p> <p>Assurance has been given that the website will include basic service information (contacts/processes/the interim offer/referral information/robust national and local resource signposting). Developments will continue beyond the 1st of April and will iteratively reflect any changes to the service.</p> <p>Recovery Plan</p>			AMBER	GREEN		

Ref	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
18	SSSCP	Staffordshire County Council	Child Sexual Exploitation and Missing Children and Young People	Catch 22	<p>Catch-22 is continuing to assess all one-to-one support and make decisions on an individual basis, depending on the level of risk, the child's needs and on how best they can meet those needs.</p> <p>C22 continue to undertake return home interviews.</p> <p>Contact is being conducted by telephone or other virtual means. However, in exceptional circumstances, when an urgent need arises or a specific request is made by the YP, face-to-face meetings take place in line with social distancing protocols.</p> <p>An information sheet has been produced for care home providers and schools that outlines how digital resource will be used to support RH. CSE bespoke resource packs have been developed to provide information, advice, guidance and worksheets for children/young people currently receiving support.</p> <p>All staff are risk assessed regarding their self-isolation and if they reside with any person identified as vulnerable, they are working from home.</p> <p>Recovery Plan</p>	<p>Children who are experiencing / at risk of Child Sexual Exploitation are not provided with appropriate support, which may lead to risks escalating requiring them to access higher level intervention.</p> <p>Children and professionals aren't supported to access universal and targeted local and community services and information, advice and guidance, leading to potential escalation of need.</p> <p>Return Home Interviews do not take place as C22 unable to contact children/young people to carry these out, resulting in risks not being identified and mitigations implemented.</p> <p>Schools and residential settings do not support / facilitate C22 to communicate with children and carry out Return Home Interviews</p> <p>Recovery Plan</p>	<p>C22 are continuing to assess all one-to-one support, make decisions based on risk and need and determine best way to meet need and mitigate risk.</p> <p>CSE bespoke resource packs have been developed to provide information, advice, guidance and worksheets for children/young people currently receiving support. Phone contact remains in place.</p> <p>C22 have produced a range of resources that they shared with schools prior to closure, as well as care homes they regularly work with.</p> <p>C22 continue to undertake return home interviews, using virtual methods where accessible and appropriate.</p> <p>C22 have produced an information sheet for care home providers and schools that outlines how digital resource will be used to support RH.</p> <p>Communication has been sent out to residential settings via SCC to support effective communication between residential settings and C22 and ensure that Return Home Interviews are completed.</p> <p>Recovery Plan</p>			AMBER	GREEN		
19	SSSCP	Staffordshire County Council	Staffordshire Refugee Integration and Independence Service	Refugee Action	<p>Refugee action are under a framework agreement but are not currently actively delivering services on behalf of SCC (as they only work with families who are in year 1 of the VPRS – all of families are in year 2 or beyond)</p> <p>Recovery Plan</p>	<p>N/A (Service not currently live in Staffordshire)</p> <p>Recovery Plan</p>	<p>N/A (Service not currently live in Staffordshire)</p> <p>Recovery Plan</p>			GREEN	GREEN		
20	SSSCP	Staffordshire County Council	Refugee Integration & Independence	Spring Housing	<p>The provider has stopped non-essential home visits but continue to contact families by telephone.</p> <p>Recovery Plan</p>	<p>Reduction in provision of face-to-face support, may result in an escalation of the needs of the family, which would lead to some families reaching crisis point / requiring more specialist intervention.</p> <p>Recovery Plan</p>	<p>Commissioned service provider continues to make regular contact with families by telephone and offer information, support, advice and guidance.</p> <p>Provider continues to assess risks and needs of families and will respond with home visit, if safe and appropriate to do so.</p> <p>Commissioners are maintaining contact with groups in VCSE sector who offer informal support to refugee families, to ensure that they are kept updated with current situation and are signposted to useful Home Office resources which they can use to support families.</p> <p>Recovery Plan</p>			GREEN	GREEN		
21	SSSCP	Staffordshire County Council	Community Integration Support for Unaccompanied Asylum Seeker Children (UASC)	Above and Beyond (18/03/20)	<p>Amity Hub has now closed.</p> <p>Above and Beyond is continuing to offer outreach and support to the young people they work with. All Amity Hub Staff are contactable by phone, email, social media and Skype.</p> <p>Recovery Plan</p>	<p>Young people are unable to access the Hub and therefore may be experiencing isolation, needs may not be identified, and risks increased.</p> <p>Recovery Plan</p>	<p>Each UASC has a named SCC key worker who will be continuing to maintain contact.</p> <p>Amity Hub staff are continuing to maintain contact with young people and offering outreach and support via virtual methods.</p> <p>Recovery Plan</p>			GREEN	GREEN		

Ref	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
22	SSSCP	Staffordshire County Council	Family Support Services	Various	<p>Face-to-face Bookstart provision has ceased, virtual delivery continues although engagement low.</p> <p>Proactive Home Visits - Live Birth Data shared and contact is being made with families.</p> <p>Non-essential home visits have been ceased. Contact maintained with families through virtual methods e.g. Facetime, Skype etc.</p> <p>Recovery Plan</p>	<p>Reduction in provision of face-to-face whole-family support may result in an escalation of the needs of the family, which would lead to some families reaching crisis point / requiring more specialist intervention.</p> <p>'At Risk' children, who need to be referred to higher levels of intervention, are not identified because of the reduction in face-to-face whole family support.</p> <p>Families aren't supported to access universal and targeted local and community services and information, advice and guidance, leading to potential escalation of need.</p> <p>The workforce is stretched and reduced, limiting involvement with the family, reducing meaningful engagement and practical support, leading to potential escalation of need in the future.</p> <p>Families who wish to disengage with service, may seek to use Covid-19 as a method of discouraging contact / communication with service.</p> <p>Recovery Plan</p>	<p>Family's needs, risks and vulnerabilities are continuing to be assessed and monitored to identify where home visits are necessary and to ensure any escalation of risk / need is addressed. Staff are asked to follow PHE advice re PPE and staff safety.</p> <p>Alternative methods of communication are being utilised where face-to-face contact is not possible, to ensure that contact with families is maintained. None engagement will be escalated to Safeguarding if contact cannot be made.</p> <p>Providers are continuing to share resources, information, advice and guidance with families virtually.</p> <p>Commissioners have issued clear guidance to providers outlining expectations that ongoing contact with families will continue, risk assessments will be utilised to identify, manage and mitigate risk and that records are maintained of activity.</p> <p>Recovery Plan</p>			AMBER	GREEN		
23	SSSCP	Staffordshire County Council	Residential Provision in Special Schools	<p>Loxley Hall Special School</p> <p>Cicely Haughton Special School</p> <p>Walton Hall Academy</p> <p>Saxon Hill Academy</p> <p>Horton Lodge Special School</p>	<p>The residential provision has closed – due to staffing numbers, concerns regarding social distancing and numbers of children attending due to social isolation.</p> <p>Recovery Plan</p>	<p>Although an education resource this does meet the needs of children with a range of SEND and social care needs. There could be an escalation of needs/need for family support to prevent breakdown, with the risk of families needing respite/more specialist interventions.</p> <p>Recovery Plan</p>	<p>Residential staff completing safe and well checks and supporting children who are attending in the school day.</p> <p>Contact being maintained with children.</p> <p>Education provided via online/home learning resources.</p> <p>This closure will be kept under regular review.</p> <p>Recovery Plan</p>			AMBER	GREEN		
24	SSSCP	Staffordshire County Council	Education Speech and Language Service	MPFT	<p>Children and young people who have speech and language needs identified in Section F of their EHCP, all have up to date targets and plans and will receive telephone contact support from therapists, at the frequency outlined in the EHCP, the school – if the child is in school or the home.</p> <p>MPFT are inputting into Tribunal and Mediation and EY Funding Meetings vis skype</p> <p>Recovery Plan</p>	<p>Speech and Language input within EHCP not delivered.</p> <p>Staffing levels could impact on the service.</p> <p>If the NHS staff are redirected to work in other areas of the NHS.</p> <p>Recovery Plan</p>	<p>All children have an up to date plan and targets to work on.</p> <p>If children are attending school the school will be aware of the targets. Parents are aware of the child's targets and plan.</p> <p>Continued support is being provided to the school/parent over the telephone.</p> <p>Online interaction is being explored by MPFT.</p> <p>Recovery Plan</p>			AMBER	GREEN		
25	SSSCP	Staffordshire County Council	Education Other Than at School	Various	<p>Commissioned service to provide alternative education provision to support pupils out of school due to medical reasons or who do not have a registered school base.</p> <p>We continue to have a close overview of the 96 pupils accessing commissioned AP from the LA. We are working closely with our providers who have continued to provide alternative education to our vulnerable pupils through skype, on-line and education packs etc. in agreement with parent/carers and keyworkers.</p> <p>Recovery Plan</p>	<p>The provider unable to deliver the education provision as per the specification.</p> <p>Recovery Plan</p>	<p>A Business Continuity Plan is in place for Children and Young People in receipt of local authority commissioned alternative education provision.</p> <p>The providers continue to ensure contact is made with the pupil and their family. Where concerns have been raised the SEND Commissioning Team will contact referrers and if there is a linked social worker as a priority.</p> <p>Our Alternative Provision Panel continues to meet virtually on a weekly basis and new referrals can be made to this panel as approval to direct award to providers has been obtained however APP agreement must be made prior to any referrer contacting a provider direct to award, vary or extend a contract</p> <p>Recovery Plan</p>			GREEN	GREEN		

Ref.	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
26	SSSCP	Staffordshire County Council	Mediation and Disagreement Resolution	Global Mediation	The Provider has moved to virtual or telephone meetings in all cases. Recovery Plan	The provider is unable to facilitate meetings which is in accordance with the SEND Code of Practice. The County Council's ICT does not support the use of Zoom at this time. Mediation is not undertaken and result in an increase in SEND Tribunals. Recovery Plan	Global Mediation have been asked to contact all Locality Managers and parent/carers to ensure alternative ways of conducting virtual meetings can be established. This has been raised with SCC ICT. Recovery Plan			AMBER	GREEN		
27	SSSCP	Staffordshire County Council	Independent School Placements (Day and Residential)	Various	We have contacted all independent school providers for our pupils with EHCPs and have a good overview of the education offer to Staffordshire pupils. Any concerns where schools have closed has been shared with the relevant SEND Locality Manager, Head of Service and named Social Workers. Recovery Plan	SEND continue to agree new placements whilst undertaking the EHCNA Schools go into liquidation Schools close and do not continue to offer contact and education package to pupils on their roll. Reduction in staffing due to financial circumstances or illness which impacts upon the school's ability to provide support to the pupil and family. Pupils on residential placements for less than 52 weeks, the LA has to agree to a provision increase or risk termination of the residential provision. Suspension of school inspections by Ofsted. Recovery Plan	For new placements, we ask that SEND, whilst they may agree the new school to be named in the EHCP do not agree admission dates or enter into new contractual arrangements. Ensured continuation of termly fees in advance for our providers. Legal letter of expectations to be sent to the independent sector linked to our contractual arrangements. Working with Social Care colleagues where requests for increased residential provision are made by providers. Recovery Plan			AMBER	GREEN		
28	SSSCP	Staffordshire Commissioner: Police, Fire and Rescue, Crime	Female Genital Mutilation Service	Barnardo's	Business Continuity Plan in place and implemented. Funding commitment by the Commissioner provided. Front door continues to be operational. Face to face 121 support in the main has ceased, being replaced with telephone support. Case consultations in operation. Community events have been cancelled and where possible community work will continue via video link. Recovery Plan	A reduction in the delivery of face to face educational work with children (and parents), may result in an increase of the needs of the children, which could lead to an escalation of the case. No ongoing / work in the community over a long period of time could lead to a fall in impetus by local communities and Champions/Advocates. There is one community worker and one project worker covering both Stoke-on-Trent and Staffordshire - potential sickness would result in limited support for families and professionals as well as for community champions. Limited engagement, hands on practical support as well as observing the family in their own home could lead to an escalation of issues and the support required. Service users will not have access to a wider network of support because of the changes to other provider's service provision. The physical and emotional health and wellbeing of service users could decline because of the change to service provision. Recovery Plan	Staffing levels and referrals are being regularly monitored Case consultations with professionals are being undertaken over the phone. Video link is provided where possible for community work. Family's needs, risks and vulnerabilities will continue to be assessed, responded to and monitored jointly with the social worker or another identified professional. The service provider will continue to make regular contact with families by telephone and offer information, support, advice and guidance. Recovery Plan			AMBER	GREEN		
29	SSSCP	Staffordshire Commissioner: Police, Fire and Rescue, Crime	Sexual Abuse Service	SARAC/Savana	Business Continuity Plan in place and implemented. Funding commitment by the Commissioner provided. Face to face 121 support has ceased, being replaced with telephone and email support. Staff working from home taking telephone referrals and liaising with other professionals. Front door continues to be operational. Recovery Plan	A reduction in the delivery of face to face and group work with service users, hands on practical support as well as observing the victim in their own home could result in an increase in the support needs of the service user, thereby requiring more intensive intervention at a later date. The staffing model is small covering both Stoke-on-Trent and Staffordshire - therefore potential sickness would result in limited support for families. Limited volunteering service due to the age of some volunteers (70+). Service users will not have access to a wider network of support because of the changes to other provider's service provision. The physical and emotional health and wellbeing of service users could decline because of the change to service provision. Recovery Plan	Staffing levels, referrals and partner input is being regularly monitored. The front door and support service are being provided by staff working from home. Work systems are being accessed from home. Telephone and email support continue to be offered to suit victim needs. Family's needs, risks and vulnerabilities continue to be assessed, responded to and monitored. Recovery Plan			AMBER	GREEN		

Ref.	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
30	SSSCP	Staffordshire Commissioner: Police, Fire and Rescue, Crime	Hate Crime Service	Challenge North Staffs (CAB)	Business Continuity Plan in place and implemented. Funding commitment by the Commissioner provided. Staff working from home taking telephone referrals and liaising with other professionals. Front door continues to be operational. Recovery Plan	A reduction in the delivery of face to face work with service users, hands on practical support as well as observing the victim in their own home could result in an increase in the support needs of the service user, thereby requiring more intensive support at a later date. There is only one case worker covering Stoke-on-Trent - potential sickness would result in a very restricted level of support for victims of hate crime. The emotional health and wellbeing of service users could decline because of the change to service provision. Service users will not have access to a wider network of support because of the changes to other provider's service provision. Recovery Plan	Staffing levels and referrals are being regularly monitored. The front door and support services are being provided by staff working from home with the necessary I.T Both telephone and email support are being offered to suit victim's needs. Victim and family support needs continue to be assessed, responded to and monitored. Recovery Plan			AMBER	GREEN		
31	SSSCP	Staffordshire Commissioner: Police, Fire and Rescue, Crime	Children and Young People Sexual Abuse Service	NSPCC	Business Continuity Plan in place and implemented. Funding commitment by the Commissioner provided. Front door and support service continue to be operational. Recovery Plan yes, we expect a 10-20% increase, this is linked to an expansion of a service offer and the post covid recovery process, careful consideration needs to be given regarding scheduling of work and impact of demand upon partners e.g. LA, and the subsequent knock on impact 10-20% increase linked to post covid recovery and expansion of offer area. We are also completing weekly safe and well checks in regard of children who wish to reinstate their contact with specific workers who are currently on furlough. This will impact upon capacity to allocate new referrals for a period of time	A reduction in the delivery of face to face work with the child could result in an increase in the support needs of the child, thereby requiring more intensive support at a later date. Service users will not have access to a wider network of support because of the changes to other provider's service provision. The physical and emotional health and wellbeing of children and young people could decline because of the change to service provision. Limited meaningful engagement could lead to an escalation of issues and support required. Recovery Plan this will need to be assessed as part of the furlough return plan, and will be associated with skill set of the workers. There are no current plans to freeze or stop any aspect of service delivery at this point	Staffing levels and referrals are being regularly monitored. Children and Young People's support continue to be assessed, responded to and monitored. All support is now being delivered via the phone or video conferencing. The child / family is offered a choice. Platforms are being used to ensure contact is safe. Recovery Plan community engagement processes associated with the together for childhood approach in 3 wards of North Stoke, with a plan to share learning to be shared across the City. Community engagement processes include food distribution with private sector partner; newsletter for parents/children and Professionals; remaining focused upon relationships with schools through this disrupted period; on line resources regarding on line safety etc. On going engagement with voluntary sector partners embedded within the community to identify shared resources and priorities			AMBER	GREEN		
32	SSSCP	Staffordshire Commissioner: Police, Fire and Rescue, Crime	Sexual Abuse Service for Victim's Families and Significant Others	Women's Aid	Business Continuity Plan in place and implemented. Funding commitment by the Commissioner provided. Front door continues to be operational. Recovery Plan	A reduction in the delivery of face to face work with service users, hands on practical support as well as observing the family in their own home could result in an increase in the support needs of the service user, thereby requiring more intensive intervention at a later date. There are only two workers covering both Stoke-on-Trent and Staffordshire - potential sickness would result in limited support for families and significant others. Service users will not have access to a wider network of support because of the changes to other provider's service provision. The physical and emotional health and wellbeing of service users could decline because of the change to service provision. Recovery Plan	Staffing levels and referrals are being regularly monitored. Staff from all teams will share responsibility for service user support; the safety of victims is prioritised. Regular updates provided to relevant agencies – police, social care. Advice from Public Health sought and followed. Communication strategy in place. Safeguarding procedures are being followed. Family's support needs, risks and vulnerabilities continue to be assessed, responded to and monitored. Telephone and email support are being offered to suit victim's needs. Recovery Plan			AMBER	GREEN		

Ref:	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
33	SSSCP	Staffordshire Commissioner: Police, Fire and Rescue, Crime	Business Crime Advisory Service	Chambers of Commerce	Business Continuity Plan in place and implemented. Funding commitment by the Commissioner provided. The Business Crime Advisor is continuing to provide support via the telephone and email. Recovery Plan Access to the Police STORM system continues.	There is one business crime advisor covering both Stoke-on-Trent and Staffordshire - potential sickness would result in limited support for victims of business crime. Victims of business crime will not have access to a wider network of support because of the changes to other service's e.g. locksmiths, security services. This could impact business continuity and operation leading to family hardship. The emotional health and wellbeing of victims could decline because of the change to service provision (Gateway). There would be no support for new victims of business crime should access to the Police STORM system be no longer available. A significant increase in business crimes could impact the ability of one person being able to cope with demand. Recovery Plan	Staffing levels, levels of business crime and referrals are being regularly monitored. Operating base changed to Stafford Police station with access to Police STORM system continuing. Telephone and email support are continuing to be offered to suit business needs. Business continuity needs continue to be assessed, responded to and monitored. Other staff within the Chamber of Commerce are trained and vetted and will support the project should the Advisor be off sick, on leave etc. Recovery Plan			AMBER	GREEN		
34	SSSCP	Staffordshire Commissioner: Police, Fire and Rescue, Crime	Staffordshire Victims Gateway (SVG)	Citizen's Advice Bureau	Business Continuity Plan in place and implemented. Funding commitment by the Commissioner provided. Staff working from home with remote access to SVG systems. 75% of Triage staff are working from the office. Ongoing support is being provided by telephone or email. Front door services maintained; however no longer operational on Sundays. Triage maintained. Police Automated Data Transfer continues to be supported. Enhanced victims (Victims Code) continue to be supported Non enhanced victims continue to be supported (Victims Code) contacted by mail or telephone. Recovery Plan	A reduction in the delivery of face to face work with service users, hands on practical support as well as observing the victim in their own home could result in an increase in the support needs of the service user, thereby requiring more intensive support at a later date. Limited volunteering service due to the age of some volunteers (70+ and students). Potential sickness within the workforce could result in a reduced service for both the triage element and face to face support for victims of crime. Victims will not have access to a wider network of support because of the changes to other provider's service provision. The physical and emotional health and wellbeing of victims could decline because of the change to service provision. Disruptions to service delivery will occur if provider systems 'crash' and internet connections fail whilst workers are working from home. A significant increase in crime could impact the ability of the team being able to cope with demand. Recovery Plan	Staffing levels, levels of crime / referrals and partner input is being regularly monitored. The support service continues to be provided by staff, working from home. Additional laptops have been purchased to facilitate this, with IT systems being accessed in this manner. Almost all of the triage staff are working from the office and this service remains deliverable. Victim's support needs, risks and vulnerabilities continue to be regularly assessed, responded to and monitored. Telephone and email support continue to be offered to suit victim needs. The Police data transfer continues and is supported by regular dialogue between the services. Recovery Plan			AMBER	GREEN		
35	SSSCP	Staffordshire Commissioner: Police, Fire and Rescue, Crime	Staffordshire Restorative Justice Service	Citizen's Advice Bureau	Business Continuity Plan in place and implemented. Funding commitment by the Commissioner provided. All staff working from home with remote access to the IT system. Ongoing support by telephone or email. Front door services maintained; however no longer operational on Sundays. Recovery Plan	Potential sickness within the workforce could result in a significantly reduced service given; the team is small. Limited volunteering service due to the age of some volunteers (70+ and students). The emotional health and wellbeing of service users could decline because of the change to service provision. RJ is often seen as a cathartic experience providing some type of closure and retribution. Disruptions to service delivery will occur if provider systems 'crash' and internet connections fail whilst workers are working from home. The absence of RJ options could result in other alternatives being followed for perpetrators / offenders. Recovery Plan	Staffing levels and referrals are being regularly monitored. The front door and RJ service is being provided by staff who are working from home. Additional laptops have been purchased to facilitate this, with IT systems being accessed in this manner. Telephone and email support continue to be offered to suit victim needs. Recovery Plan			AMBER	GREEN		

Ref:	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
36	SSSCP	Staffordshire Commissioner: Police, Fire and Rescue, Crime	Modern Slavery Support Service	Voice of Hope	Funding commitment by the Commissioner provided. Front door continues to be operational. Recovery Plan	Potential sickness within the workforce could result in a significantly reduced service given the team is very small. Limited volunteering service due to the age of some volunteers The physical and emotional health and wellbeing of victims could decline because of the change to service provision. Service users will not have access to a wider network of support because of the changes to other provider's service provision. Recovery Plan	Staffing levels and referrals are being regularly monitored. The front door and support service continue to be provided by staff who are working from home. There are currently no victims of modern slavery to support. Recovery Plan			AMBER	GREEN		
37	Domestic Abuse	Staffordshire Commissioner: Police, Fire and Rescue, Crime	New Era Domestic Abuse Victim Support	Victim Support	Business Continuity Plan in place. Funding commitment by Commissioner provided. Front door service maintained using 24 hour telephone helpline, Webchat facilities and email. All staff now working from home using remote cloud-based technology and laptops / mobile phones. Group work and face to face 121 has ceased. Adults Telephone based support sessions being offered to all adult service users as appropriate, and safety plans reviewed. CYP CYP Team contacting all service user families to discuss current service offer, and providing support to reduce risk. Telephone or video conferencing support being offered where appropriate. Where not appropriate, service aims to work with safe parent/guardian to provide tools to stay safe. The victim service has offered a case by case basis to support parents in their school applications to ensure children within the service can remain in school as a safe space. CYP Team have expressed increased concern for a number of children who are not taking up the vulnerable child place within their school settings as families feel attending school is a risk. Maintaining daily contact through Integrated Support Service (ISS) with Perpetrator service. Virtual MARAC attendance by IDVA's. Commissioners ongoing monitoring of waiting lists and of referrals. Service supporting pan Staffordshire ongoing monitoring of commissioned and non-commissioned DA provider referrals and Police DA incidents.	Potential sickness of New Era Victim service team. Inability to maintain support for existing caseload. Inability to meet anticipated increased demand. Agency staff unavailable. Refuge provision / move on safe accommodation unavailable. Inability of LA to source/identify suitable safe accommodation. Inability of police to appropriately respond to increased numbers of DA perpetrators. Inability of Police to fast track vetting of potential Agency staff. Increased tension within households, leading to increased levels of related harm to victims and their families (physical and mental health adversely impacted) Potential reduction in the levels of reports of domestic violence to the police Recovery Plan	DA Task Group meeting weekly, reporting to SCG Subgroup. DA Task Group Risk Register monitored Monitoring of police DA recorded incidents / and all DA provider referrals. Force producing DA Dashboard and demand forecasting being considered Staffordshire Commissioner provision of additional funding to secure 2 x CYP & 1 x IDVA as additional staff for contingency growth in demand. Sourcing suitably qualified temporary IDVA/DAP and CYP staff from recruitment agencies underway Use of volunteers, subject to DBS and appropriate vetting. Current caseloads being reviewed to ensure maximum capacity available following lockdown. Weekly monitoring of pan Staffs refuges and ability to accommodate referrals. Utilising the learning from overseas to plan alternative access to services Regular communication about the availability of support services Funding application to MOJ to secure additional monies to support increased resilience post lockdown On a weekly and fortnightly basis case reviews are being held to review every case, discuss current concerns, how support is progressing and the needs and risks for the young people. The team continue to remain in regular contact with statutory agencies, either allocated social workers or First Response/ safeguarding teams, sharing concerns for the vulnerable young people they are supporting. Recovery Plan			AMBER	GREEN		
38	SSSCP	Staffordshire Commissioner: Police, Fire and Rescue, Crime	Personal Safety Devices	TecSOS/ Vodafone	Business Continuity Plan in place. Funding commitment by Commissioner provided. System operating as normal, no issues identified. Weekly update to SCO by Provider. Police reviewing allocation of available handsets. SCO secured commitment of additional available Personal Safety Devices (PSD) from provider. Recovery Plan	Lack of additional handsets available. Reduced ability for victims to contact for help / assistance. Increase in vulnerability / severity of issues. Recovery Plan	Further handsets requested to be available as soon as possible. Recovery Plan			AMBER	AMBER		
39	SSSCP	Staffordshire Commissioner: Police, Fire and Rescue, Crime	Adults & CYP Substance Misuse Staffordshire To be included in city and county boxes	Staffs CCMPFT/One Recovery (New provider - STARS - currently mobilising)	BCP in place. Funding commitment by Commissioner provided. Telephone contact being provided with service users. Arrangements remain in place for those under Probation Orders, DRR's and ATRs to secure scripts. Prescribing arrangements continue. Recovery Plan	The impact of interruptions in service – in particular access to prescribing - can have serious consequences for the health and well-being of service users, their partners, children and families and increase the risk of exposure to criminal behaviour and contact with the cjs and other harmful behaviours. Recovery Plan	Discussions are currently ongoing between commissioners and providers to resolve this issue with daily reporting on progress, with a view to re-commencing new / re-scripting appointments asap. Recovery Plan			RED	RED		

Ref:	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
40	SSSCP	Staffordshire Commissioner, Police, Fire and Rescue, Crime	Floating Housing Support Service	Accord	Business Continuity Plan in place and implemented. Funding commitment by Commissioner provided 1:1 contact / activities have ceased for the foreseeable future in line with the information, advice and guidance of the Government, Public Health England and NHS England in respect of social distancing. Majority of staff working from home. Telephone contact being maintained with priority given to high-risk (eg MAPPA and IOM) cases. Recovery Plan	There is some risk of social isolation depending on the living arrangements of service users Recovery Plan	Ongoing floating support offered via the telephone by accommodation staff Criminal Justice agencies continue to manage offending behaviour Recovery Plan			AMBER	GREEN		
41	Domestic Abuse	Staffordshire Commissioner, Police, Fire and Rescue, Crime	New Era Domestic Abuse Perpetrator Support (Voluntary programme)	Reducing Reoffending Partnership	BCP in place. Funding commitment by Commissioner provided. Front door service remains open through telephone/email only. All 121 and group work ceased. Maintaining daily contact with DA Integrated Support Service (ISS). BBR Group work 24 session programme suspended and currently not available on 121 telephone or on line basis. Spectrum Group work 8 session programme was suspended, and following negotiation with MOJ will recommence on 4.5.2020 on 121 basis by telephone. Out of Court Disposal programme was suspended in view of potential demands, and is currently being considered as an on line / 121 telephone basis. All on previous groups contacted, and all receiving weekly/twice weekly telephone support being actioned. Outstanding referrals being assessed in terms of risk, telephone assessments completed and put on waiting list with contact / support as above. CYP contact suspended following school closures. 121 telephone to be considered for older children. Recovery Plan	Staff sickness within small team. Escalation of perpetrator offending behaviour and increase of associated risk Increased in volume of perpetrators wanting to change offending behaviour following lifting of lockdown. Inability to meet demands of 121 working of Spectrum programme. Inability to meet demands of 121 working of Out of Court Disposal programme due to recommence. Potential reduction in the levels of reports of domestic violence to the police. Increased wait times for CYP referrals Recovery Plan	Drawing staffing resilience through qualified Probation staff (within RRP). Support DA sanctions through delivery of telephone Out of Court Disposal programme Using police analytical support, aim to forecast future demand levels for service. Regular communication about the availability of support services. Current caseloads being reviewed to ensure maximum capacity available following lockdown. DA Task Group meeting weekly, reporting to SCG Sub Group DA Task Group Risk Register to highlight risks in service provision Recovery Plan			AMBER	GREEN		

Ref.	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
42	SSSCP	CCGs	Safeguarding Strategic Planning & Leadership	CCGs	<p>Designated Nurses for Safeguarding Children and Looked After Children provide full service remotely, no exceptions.</p> <p>Designated Doctors for Safeguarding Children and LAC are partially redeployed to provide clinical support to frontline.</p> <p>Named GPs are providing full service remotely to the team and continuing clinical frontline work remotely and face to face.</p> <p>GP training paused face to face and postponed sessions for review again in June 2020.</p> <p>Recovery Plan</p> <p>Regular Safeguarding Children Meetings are taking place including planning team capacity discussions. We are not in a position to formerly produce an action plan until capacity issues resolved.</p> <p>Preparations are taking place as part of the training delivery transformation to adopt a virtual training programme using Microsoft Teams. This will support the wide reach of Primary Care staff and also increase the number of engagement and compliance. Children's mental health services requires a fresh approach to incorporate behaviour, emotional wellbeing and neuro development as a way of meeting more children's emotional needs. This will need engaging with the commissioners and providers to influence change.</p> <p>Reviewing how Primary Care and Education can proactively work in partnership to support children's emotional wellbeing.</p> <p>Working with NHSE to map out areas where transformation has made a positive difference to children's lives including children engagement.</p>	<p>The Team have vacancies for Designated Nurse and Named GP hours prior to incident. Designated Doctor in the North is employed on a temporary arrangement only at present.</p> <p>Potential redeployment of Registered Nurses in Designated positions.</p> <p>Designated Doctors may be required to provide full time clinical support by their organisations. Named GPs may be required to provide full time clinical support to primary care.</p> <p>GPs will not be able to comply with Intercollegiate Guidance for Health Staff safeguarding children training at level 3 face to face.</p> <p>Recovery Plan</p>	<p>Designated Nurses are now providing 7-day cover on call for safeguarding enquiries, escalations, required support and guidance. Contact list available to all GPs and Providers.</p> <p>Daily dial in opportunities to the Designated Professionals Network providing opportunities to escalate concerns about capacity should this arise.</p> <p>Regular dial in opportunities with Regional Safeguarding Lead NHSE for support and avenue for escalation.</p> <p>Regular safeguarding communications updates continue to be sent to the CCG Comms team for distribution to partners, Staff and available to the public.</p> <p>All GPs have access to online training packages in the interim should they require training / updates. Primary Care Newsletters will continue to be sent to the Practices.</p> <p>Recovery Plan</p>			AMBER	GREEN		
43	SSSCP	CCGs	LAC	CCGs / MPFT / UHNM	<p>Non-essential health appointments should not be conducted face-to-face (this includes LAC assessments and adult health assessments). The 20-day timescale for the IHA should not be viewed as critical in the current situation. Regulatory timescales for the RHA should not be viewed as critical in the current situation.</p> <p>LAC services: Stop activities except: -Segmentation to prioritise needs (e.g. increased risk of harm from social isolation) -Safeguarding work – case review, not routine checks -Telephone advice – could be undertaken regionally -Initial assessments</p> <p>Recovery Plan</p>	<p>Potential redeployment of Paediatricians and Nursing Staff to provide clinical support within their organisations</p> <p>Physical health examination of vulnerable children entering care will not take place</p> <p>Emotional and mental health assessments limited due to no direct contact</p> <p>Increasing numbers of children entering care and OA placements therefore increasing vulnerability of LAC</p> <p>Care leavers health assessments and Leaving care summaries delayed</p> <p>Recovery Plan</p>	<p>All assessments will be completed by telephone if not face to face. Urgent cases will be seen face to face with the appropriate PPE in situ.</p> <p>Designated Nurse for LAC maintaining oversight of all cases in and out of area and remotely accessing the Resource Panel and Corporate Parenting meetings.</p> <p>All safeguarding incidents will be escalated to the Designated Nurses for Safeguarding Children.</p> <p>Recovery Plan</p>			AMBER	GREEN		
44	SSSCP	CCGs	Primary Care / GPs	CCGs	<p>Patients will be mostly assessed by telephone triage. Urgent cases will be seen face to face with PPE in situ. Services resuming face to face appointments gradually on a need basis. PPE continues to be used for each patient direct contact in Primary Care. Some GP Practices are completing wellbeing telephone calls to all children they have known to be on a child protection plan.</p> <p>Safeguarding training at level 3 face to face will be on hold until after the COVID 19 outbreak.</p> <p>Safeguarding meetings will take place remotely based on need. Ad hoc supervision and telephone advice available to all GP Practices.</p> <p>Assurance required regarding safeguarding communications between GPs and HV's / CMW's – There have been multiple communications with GPs and practices through a variety of routes highlighting the changed way of consulting, identifying and managing safeguarding concerns with both children and adults.</p> <p>There is a safeguarding information page in situ on the central Staffs/Stoke COVID19 website, comms have been emailed to every individual practice on more than one occasion and the CCG COVID comms to primary care has had a variety of articles focusing on baby checks/mms, domestic abuse pathway guidance document, promoting contact by parents for children if they are unwell (signposting to RCGP Guidance on prioritisation of routine work during COVID-19 doc.)</p> <p>Recovery Plan</p>	<p>Telephone triage may not identify safeguarding issues within the home.</p> <p>All safeguarding learning packages are accessible online at levels 1-3.</p> <p>Nil effect. Designated Nurses accessible currently.</p> <p>Lack of information sharing leading to vulnerable women and babies being overlooked and potential safeguarding issues not being addressed in order to prevent harm.</p> <p>Lack of compliance with the RCGP guidance may lead to babies not receiving immunisations / health & development assessment leading to delay in identification of illness.</p> <p>Recovery Plan</p>	<p>Keep communication channels open with other key health/social care professionals who are involved in the care of vulnerable children and adults. Continue to share information as you would normally for the purposes of safeguarding, including for strategy meetings, child protection and adult safeguarding enquiries, safeguarding case conferences.</p> <p>The roles of practice staff may be different at this time due to redeployment, self/household isolation, or staff needing to work from home: it may therefore be possible for staff other than GPs to support safeguarding work within the practice during this difficult time.</p> <p>Safeguarding training is not a priority at this time, safeguarding patients will remain an important and essential role for primary care. Seek advice from your colleagues or your local safeguarding professionals if you are not sure what to do.</p> <p>Designated nurses to seek assurance from GPs that notifications are being shared as per safeguarding practice protocol and compliance with the RCGP guidance. Any incidence to be reported via datix in order to monitor prevalence.</p> <p>Assurance provided by the Named GP for Safeguarding Children and updated.</p> <p>Recovery Plan</p>			AMBER	GREEN		

Ref:	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
45	SSSCP	CCGs	Community Paediatric Service	MPFT	<p>Stop service except for:</p> <ul style="list-style-type: none"> Services/interventions deemed clinical priority (this will be completed virtually unless need for urgent clinical examination) Child protection medicals Telephone advice to families Risk stratify Initial Health Assessments (urgent referrals need to continue however some routine referrals may be delayed with appropriate support e.g. initial basic advice to parents/carers). Face to face appointments resuming with PPE in place gradually on a need basis. <p>Recovery Plan</p>	<p>Recovery Plan</p>				GREEN	GREEN		
46	SSSCP	CCGs	Children's Mental Health / CAMHS / T2 / LD	CCGs	<p>T2 CYP: Changes Consortium Service is operational, working to their usual operating times.</p> <p>They are receiving and triaging referrals and offering remote services and interventions via a range of technologies including peer support. They have an operational website.</p> <p>Action for Children - Service is operational, working to their usual operating times.</p> <p>They are receiving and triaging referrals and offering remote services and interventions via a range of technologies including peer support.</p> <p>They have an operational website.</p> <p>Service Mobilising - Contract Commenced 01/04/2020</p> <p>Service is operating reduced access times: Mon – Fri 11:00am – 3:00pm, whilst recruiting and redeploying existing staff. They are receiving and triaging referrals and offering remote services and interventions.</p> <p>For service that require a member of staffs input this is via remote service only.</p> <p>Telephone access for CYP and their family is M-F, 11am-3pm. Access to Silver cloud therapeutic services is available 24/7. Their website is fully operational.</p> <p>Recovery Plan</p>	<p>Face-to-face sessions have been ceased and premises is closed to the public to prevent transmission of Covid-19. Staff are working from home.</p> <p>Remote access to children with adults in a non-supervised context can pose a potential risk.</p> <p>Face-to-face session have been ceased and premises is closed to the public to prevent transmission of Covid-19. Staff are working from home.</p> <p>Remote access to children with adults in a non-supervised context can pose a potential safeguarding risk.</p> <p>Recovery Plan</p>	<p>Telephone and technology for remote access is offered. The service is delivering: a range of emotional health and wellbeing services to support CTP.</p> <p>All staff have had Safeguarding training.</p> <p>Telephone and technology for remote access is being used to deliver services. The service is delivering: a range of emotional health and wellbeing services to support CYP and their families.</p> <p>The service carries out Enhanced DBS on all its staff.</p> <p>All staff have had Safeguarding training. All staff have had safeguarding training.</p> <p>The risks are fully mitigated in their revised service: A wide range of services are available via remote access.</p> <p>There is always going to be this element of potential risk associated to remote/unsupervised access.</p> <p>Recovery Plan</p>			AMBER	GREEN		
47	SSSCP	CCGs	Core CAMHS, EMHP's, ASD, Children's LD	NSCHT	<p>CAMHS All C and YP have been individually RAG rated and those who require face to face care will receive this, others will be assessed and treated using remote technology. Team presence reduced and bases closed, teams amalgamated into the Darwin School to reduce the spread of COVID 19.</p> <p>EMHP's Joint working with head teachers and identified vulnerable children are being assessed and treated through digital platforms where appropriate. Team presence reduced and bases closed, teams amalgamated into the Darwin School to reduce the spread of COVID 19.</p> <p>ASD Assessments now ceased due to an inability to undertake remotely</p> <p>Children's LD All C and YP have been individually RAG rated and those who require face to face care will receive this, others will be assessed and treated using remote technology. Team presence reduced and bases closed, teams amalgamated into the Darwin School to reduce the spread of COVID 19.</p> <p>Recovery Plan</p>	<p>CAMHS Increase in MH need due to the reduction in F2F consultations. Increase in new referrals due to COVID 19</p> <p>EMHP's Increase in MH need due to the school's closure</p> <p>ASD Increase in complaints</p> <p>Children's LD Increase in MH need due to the reduction in F2F consultations. Increase in new referrals due to COVID 19.</p> <p>Recovery Plan</p>	<p>CAMHS Staff who are remotely working can be drafted in should the need for F2F appointments increase. Crisis Care Centre 100% operational Redeployment of EMHP's into core CAMHS if required Developing digital self-help packages</p> <p>EMHP's Staff who are remotely working can be drafted in should the need for assessments increase Developing digital self-help packages</p> <p>ASD Reporting and monitoring of this.</p> <p>Children's LD Staff who are remotely working can be drafted in should the need for F2F appointments increase. Crisis Care Centre 100% operational. Redeployment of EMHP's into core CAMHS if required. Developing digital self-help package.</p> <p>Recovery Plan</p>			AMBER	GREEN		

Ref	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
48	SSSCP	CCGs	T3 CAMHS	MPFT	<p>Service is operational, working to our usual opening times.</p> <p>We are continuing to receive and triage referrals and offering remote services and interventions via a range of technologies including Microsoft teams, one consultation.</p> <p>We have a working website with all up-to-date information on this</p> <p>From 3rd April will have the 24/7 access line in place as per NHSE directive.</p> <p>On the west we are now operating from one base The Bridge in Stafford</p> <p>On the East we are continuing to run from three bases</p> <p>Recovery Plan</p>	<p>Face-to-face sessions have been ceased and premises are closed to the public to prevent transmission of Covid-19.</p> <p>Remote access is being offered to all CYP and their families</p> <p>Where there is an acute clinical need/risk face to face is being offered with appropriate PPE protection</p> <p>We have a mixture of Staff working from home and from base.</p> <p>Recovery Plan</p>	<p>Telephone and technology for remote access is offered.</p> <p>The service is delivering: a range of emotional health and wellbeing services to support CYP</p> <p>All staff have had appropriate training in one consultation and Microsoft teams</p> <p>We are offering choice assessments, intervention sessions, review appointments via virtual platforms and in addition telephone support to families. Waiting lists are being reviewed and managed.</p> <p>We are virtually attending child protection conferences</p> <p>We are compiling and sharing resources for CYP and families via website</p> <p>Recovery Plan</p>			AMBER	GREEN		
49	SSSCP	CCGs	ASC	MPFT	<p>Service is operational, working to our usual opening times.</p> <p>We are continuing to receive and triage referrals and offering remote services and interventions via a range of technologies including Microsoft teams, one consultation.</p> <p>We have a working website with all up-to-date information on this</p> <p>And from 3rd April will have the 24/7 access line in place as per NHSE directive.</p> <p>Recovery Plan</p>	<p>Face-to-face sessions have been ceased and premises is closed to the public to prevent transmission of Covid-19.</p> <p>Remote access to children with adults in a non-supervised context can pose a potential risk.</p> <p>Where there is an acute clinical need/risk face to face is being offered with appropriate PPE protection</p> <p>We have a mixture of Staff working from home and from base.</p> <p>Recovery Plan</p>	<p>Telephone and technology for remote access is offered.</p> <p>The service is delivering: A range of emotional health and wellbeing services to support CYP.</p> <p>All staff have had appropriate training in one consultation and Microsoft teams</p> <p>We are compiling and sharing resources for CYP and families via website</p> <p>Recovery Plan</p>			AMBER	GREEN		
50	SSSCP	CCGs	T3 Childrens & T2 Trailblazer, T3 Childrens EDS	MPFT	<p>T3 Childrens & T2 Trailblazer Service is operational, working to our usual opening times.</p> <p>We are continuing to receive and triage referrals and offering remote services and interventions via a range of technologies including Microsoft teams, one consultation.</p> <p>We have a working website with all up-to-date information on this</p> <p>And from 3rd April will have the 24/7 access line in place as per NHSE directive.</p> <p>T3 Childrens EDS Service is operational, working to our usual opening times.</p> <p>We are continuing to receive and triage referrals and offering remote services and interventions via a range of technologies including Microsoft teams, one consultation.</p> <p>We have a working website with all up-to-date information on this</p> <p>And from 3rd April will have the 24/7 access line in place as per NHSE directive.</p> <p>Recovery Plan</p>	<p>T3 Childrens & T2 Trailblazer Face-to-face sessions have been ceased and premises is closed to the public to prevent transmission of Covid-19. Staff are working from home</p> <p>Remote access to children with adults in a non-supervised context can pose a potential risk.</p> <p>Where there is an acute clinical need/risk face to face is being offered with appropriate PPE protection</p> <p>T3 Childrens EDS Face-to-face sessions have been ceased and premises is closed to the public to prevent transmission of Covid-19. Staff are working from home and from base</p> <p>Where there is an acute clinical need/risk face to face is being offered with appropriate PPE protection</p> <p>Recovery Plan</p>	<p>T3 Childrens & T2 Trailblazer Telephone and technology for remote access is offered. The service is delivering: A range of emotional health and wellbeing services to support CYP.</p> <p>All staff have had appropriate training in one consultation and Microsoft teams</p> <p>We are compiling and sharing resources for CYP and families via website</p> <p>T3 Childrens EDS Telephone and technology for remote access is offered. The service is delivering: A range of emotional health and wellbeing services to support CYP.</p> <p>All staff have had appropriate training in one consultation and Microsoft teams</p> <p>We are compiling and sharing resources for CYP and families via website</p> <p>Recovery Plan</p>			AMBER	GREEN		

Ref.	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
51	SSSCP	CCGs	NHS Health Provider Organisations	UHDB UHNM NMFT	<p>Maternity – Minor changes to ante natal face to face schedule to accommodate national guidance re: Covid 19. Actual Antenatal care contacts have not been reduced, still the same number of contacts and scans.</p> <p>Non face to face contacts impact. National evidence that domestic abuse can commonly start during pregnancy. Business as usual for acute Trusts. All patients are required to wear masks during appointments. Staff access PPE as per guidance. Paediatric services maintained at Derby Hospital during Covid-19 and all paediatric cases diverted away from QHB until further notice.</p> <p>Recovery Plan</p>	<p>Incidence of non-engagement - women not keen on attending the 20 min F2F part of the booking so they have then been picked up at RDH or QHB by the midwifery teams and had their care at that scan appointment.</p> <p>As per national guidance there may need to be a deferred visit if women are self-isolating due to being symptomatic but not requiring hospital admission therefore a delay in identification of deviations or vulnerabilities.</p> <p>USS are managed by Radiology dept. with individual SOP that may conflict obstetric guidelines.</p> <p>Changes to the low risk small for gestation age pathway are scans at 32 wks and 37 wks only unless other concerns for the pregnancy.</p> <p>Service changes may be patchy and some women may not receive updated comms.</p> <p>Recovery Plan Capacity will be our main issue as we will continue to meet deadlines for new LAC patients as well as seeing these patients, with no increase in staffing. Ensuring quality and timeliness of future IHAs will be challenging.*</p> <p>Increase in the incidence of NAI - NAI is the leading cause of major trauma in young babies. Abusive head trauma is part of this, and the peak age at which it happens is around six to eight weeks old, which corresponds to the age at which children cry most persistently. The accumulated stressors associated with the pandemic combined with prolonged isolation at home are predicted to cause a marked increase in the risk of abusive head trauma to infants within the next few weeks.</p> <p>Lack of information sharing leading to vulnerable women and babies being overlooked and potential safeguarding issues not being addressed in order to prevent harm.</p>	<p>Booking appointment is offered in 2 stages, stage 1 is telephone assessment by midwife, stage 2 is 20 min face to face 16 week appointment is telephone conversation</p> <p>All women/families are 'triaged' for COVID screening during the calls before any attendance in any areas i.e. antenatal clinics, assessment areas in acute, hospital attendance and home visits.</p> <p>DA guidance (Pathfinder and New Era) during Covid 19 has been distributed to all staff.</p> <p>Screening guidance has been put into a SOP by obstetric scanning service (managed by Radiology, not Maternity) in partnership with maternity services. Priority order of scans as per national guidance is Anomaly scan (20 weeks), Dating/NT scan and then growth scans.</p> <p>Service updates are being cascaded via UHDB internal comms/internet maternity COVID page, Derby Community Parenting Programme and Derbyshire MVP. This will also cover Burton, Tamworth and Lichfield locality areas.</p> <p>ICON: babies cry, you can cope' is an intervention that helps young families and is endorsed by the Royal College of General Practice, Royal College of Paediatrics and Child Health and National Children's Major Trauma Network. NHSE plan to implement the core of the ICON programme urgently, targeting new parents at the time of the birth, ensuring wherever possible that the fathers/male caregivers are included in the conversation. This will be implemented following birth. Every effort should be made to deliver this short intervention when the male partner is present before discharge home from the postnatal ward, making sure they are as involved as possible and that questions are directed to them as well as to the mother. Advice for HV and GP support will be encouraged. This is still possible by telephone and if urgent need, face to face with PPE support.</p> <p>Designated nurses to seek assurance from providers that notifications are being shared as per safeguarding practice protocol. Any incidence to be reported via datix in order to monitor prevalence. <u>Assurance provided by HV / MW services and updated.</u></p>			AMBER	AMBER		
52	SSSCP	Staffordshire Police	MASH	Police	<p>MASH is currently functioning normally and staffing levels are constant. There is currently no backlog for the front door. This means we are at real time for assessment and referral.</p> <p>Recovery Plan</p>	<p>These potential risks are graduated at 10/20/30% reductions.</p> <p>10% - reduction of planned resources would impact on service level agreement and mean time parameters may not be achieved for all service level agreements.</p> <p>Impact- Time level parameters would be likely affected to a minimum with this level of abstraction for Researcher and Team Leader Staff. Priority would have to be given to High and Medium work on Back and Front Door. This could result in a backlog of Standard Front Door work which would go unprocessed until other work completed. The impact would be increased backlog with referrals not made to relevant partner agencies in a timely fashion.</p> <p>Standard referrals would have to take the strain. Initially Front Door Standard Work would not be processed in a timely manner.</p> <p>20% Reduction in Staff As previously detailed above but such abstraction would impact more significantly on our service level agreement obligations.</p> <p>Time level parameters would be likely affected to a much higher degree with this level of abstraction for Researcher and Team Leader Staff.</p> <p>Priority would have to be given to High and then Medium work on Back and Front Doors. The impact would undoubtedly result in a backlog of Standard Front Door work which would go unprocessed.</p> <p>The impact would be that all Standard work and some Medium work would not receive the required review in MASH and there would be an increased delay in these matters being referred. There would be a significantly increased backlog with referrals not made to relevant partner agencies and heightened risk to Staffordshire Police.</p> <p>It is likely that only High-risk work could be dealt with in MASH on the Back Door for Sec 47 Strategy Discussions and Sec 42 Planning Discussions. There would be no capacity to action Sec 17 or Welfare queries for partner agencies unless highlighted as significant risk.</p> <p>30% Reduction Standard and Medium Risk referrals would be affected in these circumstances the Front and Back Door are unlikely to be processed.</p>	<p>10% - No intervention required</p> <p>20% - Medium to High –Priority would have to be given to High and then Medium work on Back and Front Doors</p> <p>It is likely that only High-risk work could be dealt with in MASH on the Back Door for Sec 47 Strategy Discussions and Sec 42 Planning Discussions. There would be no capacity to action Sec 17 or Welfare queries for partner agencies unless highlighted as significant risk.</p> <p>30% - At this point more serious consideration is a focus on HIGH risk only. Lateral checks would be reduced in respect of the provision of information to partner agencies. Any further information required would need to be requested by Social Services on a need to know basis but the opportunity for Police to provide this would be extremely limited. -Tags could not be actioned. -Call Taking provision would be reduced. -Hours of work may need review and only urgent referral via email could be initially actioned.</p> <p>Referrals may have to be made without Lateral Research. These could be reviewed through a quick review of historic records on the ISL. Standard and Medium Risk incidents would be affected in these circumstances on both Front and Back Door and are unlikely to be processed.</p> <p>Standard Medium & High would be likely affected for Sec 17 and Welfare Social Care requests which may not be able to be processed.</p> <p>Recovery Plan</p>			N/A	GREEN		
53	SSSCP	Staffordshire Police	MARAC	Police	<p>Currently operating virtually through telephone conferencing and email action allocation.</p> <p>Recovery Plan</p>	<p>Impact would be high-risk victims would be without a central coordination point for support and intervention.</p> <p>Recovery Plan</p>	<p>Mitigation if the staffing levels reduce the service will be maintained by email notification, action allocation and updates to coordinate the service for all partners and support the victims and their families.</p> <p>Recovery Plan</p>			RED	GREEN		

Ref	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
54	SSSCP	Staffordshire Police	DVDS	Police	Currently operating normally. Recovery Plan	Loss of decision making personal is a vulnerable area as currently only one member of staff is operating the service. Recovery Plan	Redeployment of resource. The triage process could cease if necessary and consideration for officers and social care to utilise their common law disclosure powers to provide immediate disclosure to victims. Recovery Plan			RED	GREEN		
55	SSSCP	Staffordshire Police	CPET	Police	Currently operating normally with consideration for deployment in line with Covid 19 guidance. Recovery Plan	10% reduction - SLA with joint visits to victims will be affected Deadlines to CPS, files would take longer as the live investigations take priority. Prioritise work, therefore historical allegations or allegations of abuse where the safeguarding is in place would have to wait while live investigations are prioritised. 20% & 30% Reduction in staff We would not be able to meet the demand of joint visits / strategy meetings as agreed in SLA. Staff would only be responding to live jobs to ensure safeguarding is in place. Investigation will suffer, or may not be completed Investigations into the abuse of children, the priority with such low staffing levels will prioritise safeguarding only. Recovery Plan	10/20/30% reduction - Senior management to consider displacement of Investigative requirements to force departments to meet the demand of dealing with live incidents. Impact RAG varies upon level of abstraction. Detail provided within risk overview. Recovery Plan			N/A	GREEN		
56	SSSCP	Staffordshire Police	ICPC	Police	This team is currently functioning normally, but they are a small team of 5. Recovery Plan	No Police attendance to any ICPC ICPC reports would be delayed Recovery Plan	Redeployment of personnel. CPET team would have to assist in compiling reports for ICPC Recovery Plan			RED	GREEN		
57	SSSCP	Staffordshire Police	DBS	Police	Demand in DBS is currently low and team numbers are maintained. Service is currently unaffected. Recovery Plan	These potential risks are graduated at 10/20/30% staff reductions 10% - DBS - Service Level agreement may be breached but this would be minimal as we already work on a 10% reduction due to annual leave etc. 20% - SLA of 60 days would start to be breached DBS Clerks - would not be able to complete all the applications that was sent to us daily from DBS Liverpool. The forecasted closure figure in line with our SLA would start to be breached. DBS Analyst - would be able to continue to work with a reduction of work however at this stage we have up to 60 days to complete this stage of the process so the impact would be less significant. 30% - SLA requires 85% of applications to be closed off in 12 working days. This would be breached and normally requires a recovery Action plan to be created from DBS Liverpool, however this may not be requested due to the exceptional circumstances. DBS Clerks - Breach of Work in Progress 85% of applications closed in 12 days. DBS Analyst - Increase of aged applications and SLA breach of 60 days would most likely occur. Management - The sign off and review of disclosure applications would be affected and be cut by over 50 % as well as delegation of work and management duties. We would not be able to continue to complete our work in accordance with the SLA and get applications out in a timely manner. This could lead to safeguarding issues where applicants and registered bodies and employers would not receive their DBS Certificate in a timely manner. This would also have an impact of the Staffs Unit as once the SLA 60 days is breached there may be further contact from the public, registered bodies and employers with the increase of complaints regarding our breach of SLA. Recovery Plan	10% - No intervention required. 20% - The unit would Reprioritise the daily workload i.e. urgent work, such as Foster Carers, fast track applications as deemed by the DBS and applications that were breaching 60 SLA. 30% - would use the DBS Analyst to undertake the general application work to keep the flow of front-line applications, however this would cause a back log at the next stage of the process. I would then put measures in place that the DBS Analyst would close off all non-disclosure files without a rationale recorded as this would save time and we would address this at a later date. The DBS Clerks would prioritise Homebased applications as these hold the most risk to the vulnerable and then PLX work which are intelligence led. There is a reduction forecast in DBS Applications due to the reduction in Recruitment generally. Impact RAG varies upon level of abstraction. Detail provided within risk overview. Recovery Plan			N/A	GREEN		
58	SSSCP	Staffordshire Police	CYP Sexual Assault Services	Mountain Health Care. Commissioned by OPCC & PHE	Service is currently operating as normal 365 24/7 - it is a regional model. Recovery Plan	Should staffing levels be impacted upon there would be a reduction in service provision. This service provides the forensic medical examination as well as the holistic health needs, therefore the medical examination is time critical following the report. Recovery Plan	A BCP is in place detailing plans for 10/20/30 % abstraction rates and how that will affect service. Recovery Plan			RED	GREEN		

Ref.	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
59	SSSCP	SCVYS	VCSE Strategic Partner: Children, Young People and Families	Staffordshire Council of Voluntary Youth Services (SCVYS)	<p>Varied picture across the 210 organisations in our membership:</p> <ul style="list-style-type: none"> Some organisations have simply closed activities, whilst remaining in regular contact with participants and their families. Others are providing a range of online youth services including online activities, group meetings, one to one support (mentoring, counselling, etc), alternative education, support for schools, foodbanks, housing, etc. Others are delivering in different ways, such as using printed age appropriate activity packs delivered to existing participants unable to attend sessions and without unlimited online access, capacity to print, etc. Others are focusing their efforts on supporting community-based responses to CV19, playing their part alongside others in addressing vulnerability and supporting those most in need in practical ways (shopping, collecting medical prescriptions, dog walking, low level care, etc.) which meet all social distancing guidelines <p>SCVYS continues to support the Youth Voice activities and are exploring a number of alternative methods to enable young people to Find their Voice. SCVYS remains open for business and continuing to offer our core support offer to the sector alongside some specific support relating to the current crisis.</p> <p>Recovery Plan Increased levels of support around safely reopening youth services of all types. This includes demand for Information, Advice and Guidance, bespoke 1-2-1 support and reassurance, template risk assessments, various types of training including Health & Safety, Emergency First Aid, Mental Health First Aid, Youth Led Mental Health Self Management Training, etc. Support for YP to transition back to social environments, overcome fears, build confidence, etc. There may be a need for new younger volunteers in some settings, so DBS, youth work training, safeguarding, etc. will all be needed to bring the workforce up to speed.</p>	<p>Operating digital support services safely.</p> <p>Young people spending more time at home, where home is not their safe place.</p> <p>Mental Health of young people who feel isolated and also re-introduction of young people post lockdown.</p> <p>Summer programmes, such as NCS already cancelled.</p> <p>Lack of knowledge and connection to the regional and national picture</p> <p>Long term sustainability of some parts of the voluntary youth sector. https://www.ukyouth.org/covid-19/</p> <p>Post CV19 exit and sustainability strategies for many voluntary sector organisations.</p> <p>Recovery Plan No, at least not if we can help it. We will try to juggle the demand, and focus the resource available to where it is most needed. We will also seek additional funding to help.</p>	<p>Guidance on digital services including privacy, safeguarding, etc. provided via Youth Work</p> <p>Support website, supported by social media postings and emails to sector</p> <ul style="list-style-type: none"> -DBS Umbrella service still fully operational as is core safeguarding support offer around policy and procedures information, advice and guidance -CV19 page set up on SCVYS website including DBS information section, Helping others safely, mental health online support, etc. -Developed a SCVYS support tool to enable organisations to determine their response and ensure this is safe and appropriate. -SCVYS staff are fully equipped to work remotely/virtually using telephone/video conferencing wherever possible -Staff are joining the "One Conversation" meetings happening locally -SCVYS have built and are regularly updating the picture of community-based responses (both new, emerging ones and existing ones that are refocused) in an attempt to knit activities together, avoid duplication, identify and if necessary, address gaps. -The information and intelligence in our C&F Community Response spreadsheet is being fed into the County Council led response alongside current education, children's social care, children's centres, commissioned providers' offers to enable any unforeseen vulnerabilities to be addressed. -Best practice and ideas exchanges are happening through UK Youth Innovators weekly Zoom meetings and a WhatsApp group <p>RAG Rating will depend on:- Where services will stand short term disruption, again mostly these are moving towards alternative methods of delivery. Where they will stand longer term disruption, most are closing or going into a hibernate mode, ready to restart when this is over. These are mostly the volunteer led and run programmes.</p> <p>Recovery Plan Bounce Back Project as part of Vulnerable Children's Cell response. Staffordshire Youth Union have range of online support tools, ideas and activities for local YP to engage with. Many local youth organisations have continued to deliver their youth support services online through innovative digital methods. Signposting to various websites, online tools, helplines, etc. which can provide relevant support.</p>			N/A	GREEN		
60	SSSCP	HMYOI	Her Majesty's Prison & Probation Service	Youth Custody Service HMYOI Werrington	<p>Provision of Meals Governor has met with catering manager & Prison Officers Association (POA) (Union) to agree the level of catering service to be provided during the COVID-19 period.</p> <p>Recovery Plan As a custodial site it is hard to answer all these questions. Our increase will be new admissions to custody and they will get same offer but in a different way. Our recovery model will be a long process to open back up again.</p>	<ul style="list-style-type: none"> Staff labour shortage Non delivery of supplies <p>Recovery Plan</p>	<ul style="list-style-type: none"> Non catering staff from different functions have received training in case of outbreak within catering function Local catering plan for Covid19 has been produced Provision of Ramadan packs between 23 April and 23 May 14 days frozen ready meals in stock as contingency Additional food is being provided during this time to young people and welfare packs to those young people who do not have any money for canteen. <p>Recovery Plan</p>			AMBER	GREEN		
61	SSSCP	HMYOI	Her Majesty's Prison & Probation Service		<p>Provision of Medication & Healthcare</p> <ul style="list-style-type: none"> Governor has met with Head of Healthcare & POA to agree the level of healthcare and medication service to be provided during the COVID-19 period. Mental Health team managing caseload via internal telephone system and via face to face using PPE and social distancing <p>Recovery Plan</p>	<ul style="list-style-type: none"> Staff labour shortage Medicine Shortage PPE shortage <p>Recovery Plan</p>	<ul style="list-style-type: none"> Local healthcare and medication delivery plan for Covid19 has been produced Medicine being administered in healthcare, protocol in place for on wing dispensation if required Standard Operating Procedures Reverse Cohort Unit (RCU) - Unit or area for the temporary separation of newly received young people for up to 14 days; allowing the prison to verify that each individual is not symptomatic – identified as WADE Unit. Protective Isolation Unit (PIU) - Unit or area for the temporary isolation of symptomatic young people for up to 7 days; identified as WADE Unit. Contingency plan for additional area also in place. Shielding Unit (SU) - Unit or area for the temporary isolation of those young people within the NHS England vulnerable persons cohort for 12 weeks; reducing the likelihood of this susceptible group contracting the virus – identified as Doulton Unit- currently no one meets this criteria Associated to Local Resilience Forum in Staffordshire <p>Recovery Plan</p>			AMBER	GREEN		

Ref:	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
62	SSSCP	HMYOI	Her Majesty's Prison & Probation Service		<p>Provision of young person safety and welfare</p> <ul style="list-style-type: none"> • Governor has met with appropriate functional head, safety team, POA, junior management team and other local stakeholders to agree safer custody and welfare support for young people confined to rooms for extended periods due to COVID-19. • Visits Suspended- nationally • Daily welfare checks by Residential Managers in place • Weekly safety checks by Safety team including resident Social Workers in place • Provision for daily showers/exercise • In room entertainment products • Pastoral care packs • Cleaning schedule and provision of cleaning materials for young people • LAC reviews via technological solutions • Managing Minimising Physical Restraint (MMPR) – PPE sought for staff for planned removals, preventative conversations with each young person taken place • Child protection process in place, interviews considerate of social distancing. • Escalation process in place in case of absence of social workers, including comms plan • Advocacy services being managed remotely, head of safety is single point of contact • Multi-agency meeting every weekday morning at 8am chaired by the Governor/Dep. • Children are paired into familial groups of two. Extra provision on a rotational basis for enrichment activity – all facilitated via social distancing. • Custody Support Plan – each child receiving one CUSP session per week to enhance relationship with carers. • Command mode – establishment is currently in command mode, all regime plans are approved within this structure via a regional prison group director acting as Silver commander. Governor is Bronze commander on site • In room education packs provided by Education contractor <p>Recovery Plan</p>	<ul style="list-style-type: none"> • Staff labour shortage (also specialist trained staff) • Lack of effective welfare checks • Ineffective safeguarding and welfare for young people <p>Recovery Plan</p>	<ul style="list-style-type: none"> • Attendance management and regime management planning • Assessment Care Custody Teamwork (self-harm and suicide management planning) – adhering to regional safer custody leads protocols • Social Worker Cover • Staff Information Notice and Notice to Young People • Safety Bronze appointed • Family Liaison Officers appointed <p>Recovery Plan</p>			RED	AMBER		
63	SSSCP	HMYOI			<p>Provision of Family/Carer contact</p> <ul style="list-style-type: none"> • Governor has met with appropriate functional heads, safety team, POA, junior management team and other local stakeholders to agree family contact support for young people during COVID-19. • Extra pin credit added for all young people • Access to YOT, Social Workers and Children's commissioners added to pin for young people and call paid for by site. • Technological issues being sought to counteract suspension of visits • Extra calls • In cell telephony • Email a prisoner • Videolink • At risk hotline and wellbeing hotline for family/carers • Big word translation Service <p>Recovery Plan</p>	<ul style="list-style-type: none"> • Ineffective family contact for young people • Staff labour shortage <p>Recovery Plan</p>	<ul style="list-style-type: none"> • Resettlement Practitioners/Social Workers contacting family/carers of all young people alongside external professionals • Attendance Management • Early release where appropriate • Home Detention Curfew • Staff Information Notice and Notice to Young People <p>Recovery Plan</p>			GREEN	GREEN		
64	Mental Health	Staffordshire Police	Triage (North)	Response Team	<p>Response Officer between the hours of 4pm and 2am. 7 days a week is allocated to the Triage Service and works alongside a mental health nurse to respond where considered appropriate to incidents whereby mental health is a concern.</p> <p>Recovery Plan</p>	<p>Increase in demand/incidents will see an officer not being allocated to the Triage service</p> <p>Officers becoming unwell and/or having to self-isolate and remain absent from duty will create shortage of staffing on shift and not allow for allocation to Triage duties</p> <p>Those experiencing mental crisis who call the Police for service/support (where no crime is evident) will not receive the most appropriate response.</p> <p>Recovery Plan</p>	<p>Shift Sergeant will be able to contact the mental health nurse (via phone) to discuss incidents and seek advice/information on alternative responses, these may include:</p> <p>Police response</p> <p>Referral to alternative service such as Access/Crisis Teams</p> <p>Consideration for overtime for Officers from other teams to cover the Triage duty.</p> <p>Recovery Plan</p>			AMBER	GREEN	03/06/20	
65	Mental Health	Midlands Partnership NHS Foundation Trust	In Patient Mental Health Wards	Midlands Partnership NHS Foundation Trust	<p>In patient wards at St Georges Hospital</p> <p>Recovery Plan</p>	<p>Increase in ward admissions and mental health act assessments in the community.</p> <p>A number of DTOC patients currently across the wards and a delay in appropriate placements being allocated.</p> <p>Clinical staff becoming unwell/ and or having to self isolate and remain absent from clinical duties will create shortage of staffing on shift.</p> <p>Recovery Plan</p>	<p>Staffing levels being reviewed daily. Community staff have also been redeployed onto the wards to offer more support.</p> <p>Patient discharge being reviewed daily and where appropriate encouraging returning to the community.</p> <p>Regularly liaising with social care staff in regards to DTOC patients and exploring alternative placements.</p> <p>Recovery Plan</p>			AMBER	GREEN	03/06/20	

Ref.	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
66	Mental Health	Midlands Partnership NHS Foundation Trust	136 Suite	Midlands Partnership NHS Foundation Trust	Place of safety Recovery Plan	The suite is currently staffed by x2 acute ward staff at St Georges hospital. When ward acuity rises this will have an impact on the ability for the suite to be safely staffed. This as a result will add pressure to police/triage services in the community. Clinical staff becoming unwell/ and or self isolating resulting in their absence from clinical areas will result in staff shortages. Recovery Plan	Staffing levels are being reviewed on a daily basis to ensure that this service can continue to be provided. Community staff have redeployed to the wards. Site manager to request neighbouring wards to support staff the 136 suite. Consider the use of Triage worker on the West to support Recovery Plan			AMBER	GREEN	03/06/20	
67	Mental Health	Midlands Partnership NHS Foundation Trust	Triage South West	Midlands Partnership NHS Foundation Trust	Recruited to posts. Staff due to commence in post week commencing 13th April 2020, will require full Induction into Role Service when fully operational will operate between the hours of 4pm -3.30am 7 days a week, response officer will be allocated triage Service and works alongside mental health nurse to respond where considered appropriate to incidents whereby mental health is a concern. Currently no cover arrangements in place in the event of annual leave/Sickness Possible delays in completion of Mental Health Assessment Recovery Plan	Full Induction will be difficult for workers to complete due to Limitations of other Services to enable them shadowing opportunities/induction into role which may lead to a delay in the commencement of the Service. Increase in demand/incidents will see an officer not being allocated to the Triage service. Staff may not feel confident/competent to commence service provision and may need additional support in order to provide this Currently no cover arrangements in place in the event of annual leave/Sickness Possible delays in completion of Mental Health Assessment Recovery Plan	For workers to work from CRHT Base offering support and Response to Officers dealing with Mental Health related issues in conjunction and supported by Crisis Home Treatment Team, in line with CRHT Workload and Service Demands Shift Sergeant will be able to contact the mental health nurse in CRHT (via phone) to discuss incidents and seek advice/information on alternative responses, these may include: Police response Availability of mental Health Worker to support with Mental Health Assessment subject to availability Referral to alternative service such as Access/Crisis Teams Recovery Plan			AMBER	AMBER	03/06/20	
68	Mental Health	Midlands Partnership NHS Foundation Trust	Triage South East	Midlands Partnership NHS Foundation Trust	Currently No service operating due to inability to recruit to the posts. Posts to be Re-Advertised Service will operate in same way as south once posts have been recruited to and the service is fully operational Recovery Plan	Any Referrals Directed to CRHT, may result in delays to response, which is currently up to 4 hours, may be further delays due to workload prioritisation and staffing capacity Recovery Plan	Local CRHT Team to offer support and response to officers dealing with Mental Health issues in line with CRHT Workload and Service demands Staff sergeant to contact CRHT Mental Health Nurse via phone and seek advice regarding alternative response should CRHT be able to provide a timely response, these may include Police Response Availability of mental Health Worker to support with Mental Health Assessment subject to availability Referral to alternative service such as Access/Crisis Teams Recovery Plan			AMBER	AMBER	03/06/20	
69	Mental Health	Midlands Partnership NHS Foundation Trust	Liaison South West	Midlands Partnership NHS Foundation Trust	Service Core Operating hours 08.30-4.30 Mon-Fri enabling Assessment of Service users presenting with Mental Health Needs to the County Hospital Short term extension to the operating hours of liaison currently in place with extended winter pressure funding enabling cover on sat-sun 08.30-4.30 subject to ability to cover shifts Cover provided outside these hours by CRHT to A+E only not inpatient wards Recovery Plan	Increase in demand Staff becoming unwell and/or having to self-isolate and remain absent from duty will create shortage of staffing on shift and not allow for allocation to Triage duties Staff being unable to offer face to face assessments due to their own Physical Health Vulnerabilities Currently No out of hours cover for inpatient wards Currently only two staff members operating the service one of which is currently off sick Patients in the department with no physical Health need they may be waiting MHA assessment causing delays to transfer/discharge Recovery Plan	Telephone Triage of all referrals in the first instance Availability of 1:1 Consultation software to enable safe face to face activity where appropriate Dementia Liaison and CRHT Team to Support with any Essential face to face assessments where appropriate in the absence of the second worker To further review process regarding patients awaiting MHA Assessment To consider options available to support assessment for inpatients outside operating hours of Liaison service to enable earlier discharge/release of patients occupying acute Trust beds in line with bed demand and capacity Consider deployment of staff to support service if required in line with increased pressure/demand on acute trust beds Consider the utilisation of bank staff to cover service shortfalls Recovery Plan			AMBER	GREEN	03/06/20	
70	Mental Health	Midlands Partnership NHS Foundation Trust	Liaison East Staffs	Midlands Partnership NHS Foundation Trust	Service Core Operating hours 08.30-4.30 Mon-sat enabling Assessment of Service users presenting with Mental Health Needs to the Queens Hospital Short term extension to the operating hours of liaison currently in place with extended winter pressure funding enabling cover until 10pm mon -sat sat,08.30-4.30 on Sunday subject to ability to cover additional shifts Cover provided outside these hours by CRHT to A+E only not inpatient wards Awaiting confirmation letter enabling expansion of service to core 24 model Recovery Plan	Increase in demand Staff becoming unwell and/or having to self-isolate and remain absent from duty will create shortage of staffing on shift and not allow for allocation to Triage duties Staff being unable to offer face to face assessments due to their own Physical Health Vulnerabilities Currently No out of hours cover for inpatient wards Currently 2 x vacant posts within the team Patients in the department with no physical Health need they may be waiting MHA assessment causing delays to transfer/discharge Current Recruitment restrictions limited to Nursing posts only Recovery Plan	Telephone Triage of all referrals in the first instance Availability of 1:1 Consultation software to enable safe face to face activity where appropriate To further review process regarding patients awaiting MHA Assessment To consider options available to support assessment for inpatients outside operating hours of Liaison service to enable earlier discharge/release of patients occupying acute Trust beds in line with bed demand and capacity Consider deployment of staff to support service if required in line with increased pressure/demand on acute trust beds Attempt to recruit to Nursing posts Consider the utilisation of bank staff to cover service shortfalls Recovery Plan			AMBER	GREEN	03/06/20	

Ref.	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
71	Mental Health	Midlands Partnership NHS Foundation Trust	CRHT South East and West	Midlands Partnership NHS Foundation Trust	24/7 4 hour response to all urgent requests for assessment for people presenting with Acute Mental Health Needs Response time up to 4 hours Gatekeeping function to all admissions to mental health inpatient wards Facilitating Early Discharge from Hospital Provision of Intensive Home Treatment to offer patients an alternative to hospital admission Recovery Plan	Increase in demand Staff becoming unwell and/or having to self-isolate and remain absent from duty will create shortage of staffing on shift Staff being unable to offer face to face assessments due to their own Physical Health Vulnerabilities Potential pressure that may impact on both mental health and Acute trust beds Potential Delays in response to service users, the acute Trust and Urgent care services Recovery Plan	Telephone Triage of all referrals in the first instance Availability of 1:1 Consultation software to enable safe face to face activity where appropriate Consider deployment of staff to support service if required in line with increased pressure/demand on acute and mental health trust beds Staff to be working from home where possible to minimise risk of spread of infection Community Pathways to extend hours of operation to cover out of ours Home Treatment requirements Consider the utilisation of bank staff to cover service shortfalls Recovery Plan			AMBER	GREEN	03/06/20	
72	Mental Health	Midlands Partnership NHS Foundation Trust	Staffordshire Community Mental Health Access	Midlands Partnership NHS Foundation Trust	24/7 Access services to adult mental health service. Additional MH Helpline added to this service. Tel remains same as 0300 5555001 Recovery Plan	Potential risk of increased referrals and contact to services with current situation an introduction of MH helpline. Potential risk due to redeployed staffing knowledge and experience re MH. Potential risk re need for WFH increasing and limited IT accessibility. Recovery Plan	Increase of staffing into services, redeployment of staff into Access re to cover call handler role and MH Helpline. Review and redevelopment of induction for redeployed staff and mentoring. To include update re access to resources and training re processes. Training plan and induction adapted to incorporate changes to service and developments of MH Helpline to include also remote working and answering / triaging calls. Lap tops provided to enable remote working. Cloud and Hunt group being explored. Review of staffing levels on daily basis as service- action taken as necessary re relocation of staff within Teams. Collection of data re understanding key access times, demand and capacity to enable flexibility in workforce provision and response. Recovery Plan			AMBER	AMBER	03/06/20	
73	Mental Health	Midlands Partnership NHS Foundation Trust	Staffordshire Community Intervention Pathway, Intensive Life Skills. (ILS)	Midlands Partnership NHS Foundation Trust	Operationally remains same. Monday to Friday with additional provision to provide possible extended hours (to 8 pm) and limited weekend cover (9 to 5 Saturday & Sunday) Recovery Plan	Staffordshire Community Intervention Pathway Risk of service provision and interventions due to need to review and priority 1-1 and group consultation within current environment. Risk re increased need of service due to increase in demand due to current situation re COVID 19. (raised MH issues) Risk re reduction in staffing due to sickness, self isolating and shielding. Risk re capacity and ability re NWW re IT digital solutions and working remotely. +G68 Risk re provision re medication introduction, titration and supply due to remote working and possible reluctance of service users attending clinics. (As below also if required and appropriate) Recovery Plan	Staffordshire Community Intervention Pathway Development / introduction of digital platforms. Clinical review of caseload re priorities and must dos. (red amber green) Review and monitoring of staffing levels, relocating staff re priorities of service provision. IT digital platforms developed and SOPS / guides produced. Access to appropriate PPE for face to face appointments Review of NWW for all team members re assessment and interventions. Cross covering services and Pathways. Expansion of hours and availability 7 days a week (review in 1 month) Intensive Life Skills. (ILS) Clarity and support to service users re options, Medication provision revised and in place, delivery drops to pharmacy to avoid people attending clinics if clinically appropriate. (As below also if required and appropriate) Recovery Plan			AMBER	GREEN	03/06/20	

Ref:	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSCP
74	Mental Health	Midlands Partnership NHS Foundation Trust	Psychosis East and West. Early Intervention	Midlands Partnership NHS Foundation Trust	Operationally remains same with additional provision to provide extended hours (up to 8 pm) and limited weekend cover(9 to 5) Recovery Plan	Risk of increased demand due to relapsing of service users due to current situation. Risk of reduction in interventions including administering of medication due to current situation, staffing, NWW and engagement. Provision of medication currently prescribed by MPFT(As above if required and clinically appropriate) Recovery Plan	Review of case load and priorities, re service provision and need via daily MDTs. Daily MDT to prioritise work load and needs of service users. Review of staffing levels and options re redeployment for priority and critical services. Accessibility of PPE, (ordering storage and access.) Cross cover / redeployment of staff into area to cover priorities. Revised process re review and provision of prescriptions in place. East and west. Continuation of physical health clinics re initiation, monitoring and provision of medication. Revised way of working re clinics and face to face, re 1 Consultation platform and actual face to face as clinically necessary. Expansion of hours working by team to include weekend working, review in 1 month. Continued face to face either digitally or actual dependant upon need Access and availability to PPE:- processes in place for ordering and access. IT equipment to enable staff to wh where clinically appropriate. (As above if required and clinically appropriate) Recovery Plan			AMBER	GREEN	03/06/20	
75	Mental Health	Midlands Partnership NHS Foundation Trust	Community Older Adult and Dementia Mental Health Services South Staffordshire	Midlands Partnership NHS Foundation Trust	Community Mental Health multidisciplinary service covering the South providing essential home treatment and hospital avoidance service for older adult with mental health problems and those diagnosed with dementia and / or their carers / families. Recovery Plan	Community staff from a range of clinical disciplines available 7 days a week as of Monday 6th April 2020 (8-8 weekdays and 10-6 weekends). Response to challenging situations where the person may have dementia or frail and mentally unwell. Social distancing is not always maintained due to these challenges. Staff are entering volatile situations. Staff are responding face to face urgently to cases where there is a risk of the situation worsening and putting in essential support/ therapy/ interventions (this includes all settings: patients home, residential / nursing home/ hospital etc). Face to face contact for lengthy periods has to be provided in these circumstances. Teams are working alongside Home First and other statutory and voluntary services to support successful discharges from hospital and to avoid hospital admissions to acute or mental health wards. Exposure to patients leaving acute hospital who are high risk or positive with COVID - 19. Reduction in staffing levels available due to becoming symptomatic or unwell. Staff being deployed to other mental health service such as inpatients facilities where the staffing levels are decreased reducing the responsiveness of the service therefore higher risk of people requiring inpatient admissions where community teams are depleted who would be offering more intensive input to maintain someone in the community setting. Those waiting for a diagnosis of dementia are not receiving this assessment which means the condition is remaining undiagnosed for longer. This impacts on the future diagnostic rates and the progressing of the condition for those who are unable to access a diagnostic assessment early as recommended. Recovery Plan	PPE available as per Trust guidelines for community staff making face to face visits. Staff who are at higher risk are placed into roles where they do not need to make face to face visits eg: duty phone / Access worker and telephone wellbeing / maintenance calls. All routine services have been stopped eg: memory diagnostic assessments. Staff deployed throughout the home treatment services to enhance response. 7 day a week working put into place to extend the service for those who need and it and to support in continuity for those accessing the service as well as specialised community support every day working on hospital avoidance and home treatment. Direct links and access to other services such as Home First to ensure a joined up approach and to avoid duplication. Immediate response available for those being discharged from mental health wards to enable earlier discharges to be actioned as the community offer is enhanced to support outside of the hospital. Staff who were previously providing outreach from the mental health inpatient wards on discharge are stood down and staying on the wards with community services now taking on this role over the 7 day working week. The community service is staffed at around 88% at present so able to maintain essential functions and the positive impact on the reductions of admissions and early discharges are starting to become evident. Recovery Plan			AMBER	GREEN	03/06/20	
76	Mental Health	NSCHT	Place of Safety	NSCHT	POS located within the Crisis Care Centre remains fully operational. Recovery Plan	Increases in demand from across Staffordshire into designated POS Delays in assessments due to workload/ capacity issues of medical and AMHP colleagues and geographical footprint resulting in the POS being occupied for significant periods of time. Recovery Plan	Continues to be monitored through Trust performance and governance mechanisms. Managed at local level as part as BAJ. However in the absence of the SEC 136 steering group we now need a forum to discuss any issues/ challenges we have across partners/system. Recovery Plan			AMBER	AMBER	03/06/20	

Ref.	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
77	Mental Health	NSCHT	Crisis Care Centre	NSCHT	Crisis Care Centre including All Age Access & Home Treatment Team remains fully operational. Recovery Plan	Increase demands in Crisis Assessments in particular diversions from A&E. Patients awaiting Mental Health Act assessments (that have not been detained on a 136 are diverted to the Crisis Care Centre to await this assessment. Delays in assessments due to workload/ capacity issues of medical and AMHP colleagues may impact on staffing levels and availability to respond to calls. Recovery Plan	Demand will be monitored service manager and an increase in staffing will be arranged where required. Community Mental Health Teams continue to work with caseloads which will support and prevent patients known to mental health services end up in crisis. Recovery Plan			AMBER	GREEN	03/06/20	
78	Mental Health	NSCHT	Mental Health Liaison Team	NSCHT	MHLT which includes all age service remains fully operational. Recovery Plan	Increased demands for Crisis Assessment and pressures to respond quickly to assessment requests to enable people to move out of LHNM. Recovery Plan	Demand will be monitored service manager and an increase in staffing will be arranged where required. Community Mental Health Teams continue to work with caseloads which will support and prevent patients known to mental health services end up in crisis. Recovery Plan			AMBER	GREEN	03/06/20	
79	Mental Health	Staffordshire County Council	A countywide Approved Mental Health Professional (AMHP) response	Staffordshire County Council	A 24/7 response from AMHPs to all individuals who are detained under Section 136 or for whom a Mental Health Act assessment has been requested within statutory timescales. The AMHP will co-ordinate the response, including the attendance of the assessing Team and ensuring agreed outcomes are facilitated. Recovery Plan	An increase in demand may lead to delays in being able to co-ordinate assessments. AMHPs may be unavailable due to having symptoms of, or self-isolating due to, Covid 19. This would create a shortage of staff to cover rotas. Additional resources may be impacted by similar staff shortages resulting in either an inability to co-ordinate assessments or a reduction in available options to avoiding detention under the MHA. Access to beds may be impacted due to exceptional demand or tighter admission criteria. Recovery Plan	Screening of all MHA requests is being increased to ensure all other options have been explored in advance of co-ordinating a MHA. AMHP is considered as a core function for the Council and all available resources to support this are being deployed. Additional contingencies are being explored to increase the number of available AMHPs. Legislation is to be enacted if needed to reduce the numbers of Section 12 Doctors required to assess, along with increased timescales for certain Sections of the MHA. Recovery Plan			AMBER	GREEN	03/06/20	
80	Mental Health	Staffordshire County Council	MH Social Inclusion and Recovery Contracts	Rethink (Newcastle and Moorlands)	Rethink are keeping in daily and weekly contact with all clients with updates etc and planned 1:1s. They are reaching out to organisations who may set up volunteer groups for shopping etc and link those with their most vulnerable. The service is looking at face time for those who want to see a friendly face, skype for those who have it. They have set up a small newsletter with positive thoughts, practical ways to look after yourself and these will be sent via text, Facebook, They are working on supporting the peer groups to set up virtual groups and exercise groups recorded and put on social media. Rethink have a yoga teacher at another service who is willing to set up tutorials across all their services for Facebook/you tube. Main focus on digital methods of contact with service users and telephone one to one sessions. Recovery Plan	Recovery Plan	Recovery Plan			GREEN	GREEN	03/06/20	
81	Mental Health	Staffordshire County Council	MH Social Inclusion and Recovery Contracts	Making Space (Stafford, Cannock and South Staffs)	Staff are calling existing clients to inform of current service arrangements and contact numbers as well as, establishing with them what support they want and need, offering different input suiting the client. This includes, supporting clients to sign up to distance learning courses. Most clients are requesting quite intense support of a call roughly every 3-5 days, which the service currently the capacity to do. The service is setting up a couple of 'get better connected' peer support skype groups, to alleviate the social isolation aspect for some, and just give some people the opportunity to talk to others and discuss any coping strategies etc. Risk assessments have been carried out on all medium and high clients - this is part of the BCP. The service continues to have contact with CHMT, Social Prescribers etc. Recovery Plan	Recovery Plan	Recovery Plan			GREEN	GREEN	03/06/20	
82	Mental Health	Staffordshire County Council	MH Social Inclusion and Recovery Contracts	Together for Mental Wellbeing (East Staffs, Lichfield and Tamworth)	Work has been undertaken to prioritise clients most at risk. Most work now being undertaken remotely. Reviewing how people access the service and changing the way they work to meet needs. Eg use of Whatsapp Peer Support groups, Facebook more signposting. Staff still continuing their normal caseloads and working from home keeping in regular contact with clients. The current caseload of clients in 1-1 support & peer support groups have been identified and risk assessed. Recovery Plan	TMW have recently undergone a staff restructure and changed the way they are working. This happened just before COVID-19 hit. Therefore, staff and clients are still getting used to the changes. Recovery Plan	The waiting list is now being prioritised & triaged – so far people from Crisis Team, for example have been prioritised, and people are being supported well by other services currently where appropriate. TMW also looking at options to still run & maintain groups through platforms like whatsapp, zoom and signposting to other online support services. Staff will also offer support to people over the phone and video calling, support will remain goal focussed. BCP enacted. Recovery Plan			AMBER	GREEN	03/06/20	

Ref:	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
83	Mental Health	Stoke City Council	AMHP Service	Stoke on Trent City Council -Day Team is managed by NSCHT EDT - Stoke on Trent City Council	Day Team – Mon- Thursday 08:30 – 17:00 Friday 08:30 – 16:30 Emergency Duty Team – out of hours including BH Recovery Plan	Shortage of AMHPs - Day Team Increase in referrals due to COVID 19 Some staff are in the vulnerable category which may lead to staff shortage Shortage of AMHP- out of hours Recovery Plan	We have a pool of AMHPs some from the Trust and others employed by Stoke Social Care. If the rota is short of availability we can try to resource replacement AMHPs from the pool following escalation to senior managers in the Trust and Social Care. We continue to use these staff on rota, however some are now office based, instead of being in the community. This will allow the service to continue to run effectively. If the rota is short for AMHPs, we also same as the day team try to resource from sessional AMHPs. This is also escalated to senior management. Recovery Plan			AMBER	GREEN	03/06/20	
84	Mental Health	British Transport Police	24/7 Response and general policing cover to Rail Stations and Rail Network and any Railway related incidents.	British Transport Police	BTP is currently operating an almost near normal Officer capability with minimal absences and is able to respond to immediate and scheduled incidents. This is kept under daily review. Recovery Plan	That response Officer numbers may decline from Covid symptoms or self-isolation resulting in a reduced capability to respond to incidents. If there is a reduction in Response capability BTP may have increased response times to vulnerable people in distress or have to triage calls for service. Potential for some Officers from all units to be redeployed to London. This will have an impact on the number of Officers within stations and within vulnerability teams. Recovery Plan	BTP monitors Officer numbers daily and has plans in place to bolster Response capability by overtime or temporarily disbanding specialist Units to support if required. Use of neighbourhood PCSOs to provide visibility in and around local stations. Recovery Plan			AMBER	GREEN	03/06/20	
85	Mental Health	CCGs	Core CAMHS/ EMHP's	NSCHT	Core CAMHS All C and YP have been individually RAG rated and those who require face to face care will receive this, others will be assessed and treated through the use of remote technology . Team presence reduced and bases closed, teams amalgamated into the Darwin School to reduce the spread of COVID 19 EMHP's Joint working with head teachers and identified vulnerable children are being assessed and treated through digital platforms where appropriate Team presence reduced and bases closed, teams amalgamated into the Darwin School to reduce the spread of COVID 19 Recovery Plan	Core CAMHS Increase in MH need due to the reduction in F2F consultations. Increase in new referrals due to COVID 19 EMHP's Increase in MH need due to the schools closure Recovery Plan	Core CAMHS Staff who are remotely working can be drafted in should the need for F2F appointments increase Crisis Care Centre 100% operational Redeployment of EMHP's into core CAMHS if required Developing digital self help packages EMHP's Staff who are remotely working can be drafted in should the need for assessments increase Developing digital self-help packages Recovery Plan			AMBER	GREEN	03/06/20	
86	Mental Health	Staffordshire Commissioner: Police, Fire and Rescue, Crime	Mental Health and Community Safety Strategic Board		In light of the COVID crisis, a decision has been made to cancel future meetings of the Mental Health and Community Safety Strategic Board while the pandemic persists. The Board will return to a business as usual arrangement as soon as it is practicable and safe to do so. Recovery Plan		Relevant aspects of the Board's agenda, during the crisis and over the short term, will be overseen by the Mental Health subgroup of the Safeguarding and Vulnerability Strategic Coordination Group. Recovery Plan			GREEN	GREEN	03/06/20	
87	Mental Health	Staffordshire Commissioner: Police, Fire and Rescue, Crime	Staffordshire and Stoke on Trent Mental Health Crisis Care Concordat		Partners in Staffordshire and Stoke on Trent have recently signed up to a refreshed version of the Concordat with the new, updated version of the Concordat coming into effect from 1 April 2020. A multi-agency Board has been established to oversee implementation of the Concordat and its associated delivery plans however due to the impact of COVID19 it has not been possible to arrange a first meeting of the Board. The Board will return to a business as usual arrangement with more regular meetings as soon as it is practicable and safe to do so. Recovery Plan		It is intended that over the coming weeks dial-in discussions will be held between members to help decide next steps in taking forward delivery of the Concordat's key priorities, once current COVID19 restrictions are eased Recovery Plan			GREEN	GREEN	03/06/20	
88	Mental Health	Staffordshire Commissioner: Police, Fire and Rescue, Crime	Mental Health Treatment Requirement (MHTR) Pilot		The pilot project was due to commence at the beginning of April to trial the use of Community Orders with a Mental Health Treatment Requirement (MHTR) in Staffordshire and Stoke on Trent. Delivery of the project is being overseen by a multi-agency Steering Group, comprising of representatives from a mix of health and justice agencies including NHSE, CCG, HMCTS, Probation, CRC and the OPFC MPFT has been appointed as lead delivery partner. Due to the impact of COVID19 it has not been possible to arrange a first meeting of the Steering Group or to progress delivery of the pilot as planned. Recovery Plan		All partners remain committed to the project and are exploring ways of working flexibly over the coming weeks to enable preparatory work for the launch of the pilot to be taken forward It is hoped to be able to move forward with the pilot at the earliest opportunity Recovery Plan			GREEN	GREEN	03/06/20	

Ref:	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
89	Domestic Abuse		Glow Domestic Abuse Victim Services	Glow	<p>Business Continuity and Contingency Plan in place as well as COVID specific risk register.</p> <p>All staff now working from home with remote access to systems including central case management system.</p> <p>Agreement in place with commissioners / funders regarding amended service delivery.</p> <p>Group work and face to face 1:1 work has been replaced with telephone and video call contact where possible and safe to do so. Risk assessments and safety plans have been updated and continue to be monitored.</p> <p>Children and Young People's Team continue to operate, offering phone support as well as some face-to-face support in school or home settings, in high risk cases.</p> <p>Text service launched 25/04/20 to encourage customers isolating with perpetrator to reach out. Specialist adults and children's team operating this.</p> <p>Liaison with partner agencies e.g. MH Services, Social Care in order to ensure alternative channels of communication are in place and remain open</p> <p>Recovery Plan</p>	<p>Reduced face to face contact is risks support being less personable / effective. It is also likely to be a barrier to people seeking support.</p> <p>Service operating with limited staff resource due to sickness / childcare responsibilities etc</p> <p>Remote working is reliant on individuals' internet / WIFI connectivity and has also caused extra burden on organisation's server.</p> <p>Extra financial burden on the charity coupled with loss of income (especially trading income) may threaten future financial feasibility of services.</p> <p>Recovery Plan</p>	<p>Regular check ins with staff in order to monitor wellbeing and provide support where needed. Regular team meetings taking place virtually are helping to maintain 'team spirit' and encourage peer support.</p> <p>Access to employment agency that can provide specialist DVA staff if required.</p> <p>Seeking opportunities for funding to enhance current and future service offer and / or to recoup additional costs of running the service during lockdown.</p> <p>Upgrade of central server. Glow benefits from being part of a larger organisation and the established infrastructure that is established – this includes a dedicated ICT Team.</p> <p>Comms plan in place to ensure that promotion of the service occurs as widely as possible and to increase fundraising opportunities. Plan is continually reviewed to ensure relevance.</p> <p>Participation in DA Task Group, which allows for risks to be highlighted and opportunities to be explored.</p> <p>Recovery Plan</p>			AMBER	GREEN		
90	Domestic Abuse		Glow Domestic Abuse Perpetrator Services	Glow	<p>Face to face and group behavioural change work has ceased in line with Respect guidelines.</p> <p>1:1 and group risk management / check ins continue on a regular basis.</p> <p>No new referrals are being taken as it is not felt that risk assessment / suitability for the programme can be properly determined.</p> <p>The Integrated Support Service (ISS - supporting current and ex-partners of individuals on the perpetrator programme) continues to operate via telephone and video calls.</p> <p>Recovery Plan</p>	<p>No behaviour change work is available to current customers. Risk of them reverting to use of abusive behaviours.</p> <p>Risk of missing the opportunity to support new individuals who are willing to seek support for behavioural change.</p> <p>Reduced face to face contact risks support being less personable / effective for both perpetrators and customers supported via ISS.</p> <p>Service operating with limited staff resource due to sickness / childcare responsibilities etc</p> <p>Remote working is reliant on individuals' internet / WIFI connectivity and has also caused extra burden on organisation's server.</p> <p>This un-commissioned service is reliant on trading income. Current large reduction of this income to fund existing posts may threaten future financial feasibility of services.</p> <p>Recovery Plan</p>	<p>Weekly participation with RESPECT Practitioners working group.</p> <p>Close liaison with CAF/CASS in order to ensure current service model is meeting their requirements.</p> <p>Support being provided from elsewhere in the charity to safeguard delivery of this service.</p> <p>Work has commenced in order to prepare for safe re-introduction of group work.</p> <p>Seeking opportunities for funding to enhance current and future service offer and / or to recoup additional costs of running the service during lockdown.</p> <p>Glow benefits from being part of a larger organisation and the established infrastructure that is established – this includes a dedicated ICT Team. Recent upgrade of central server.</p> <p>Participation in DA Task Group, which allows for risks to be highlighted and opportunities to be explored.</p> <p>Regular check ins with staff in order to monitor wellbeing and provide support where needed. Regular team meetings taking place virtually are helping to maintain 'team spirit' and encourage peer support.</p> <p>Recovery Plan</p>			AMBER	GREEN		

Ref:	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
91	Domestic Abuse		Glow Domestic Abuse Refuge Provision	Glow	<p>Business Continuity and Contingency Plan in place as well as COVID specific risk register.</p> <p>Skeleton staff based in refuge. Some staff from elsewhere within Glow have been redeployed to refuge in order to maintain 24/7 staff presence.</p> <p>Provision of additional night / weekend staff, in order to replace those who are having to isolate due to underlying health conditions is proving costly to the charity.</p> <p>Amended 'house rules' in order to encourage social distancing and so ensure safety of residents and staff.</p> <p>DVA support is being delivered by telephone where possible in order to maintain social distancing.</p> <p>Staff working from home with remote access to systems including central case management system supported with home working where possible.</p> <p>Staff in based in refuge provided with PPE and extra cleaning materials.</p> <p>Agreement in place with commissioners / funders regarding amended service delivery.</p> <p>Children's group work has ceased however families with children continue to be supported and participation with child protection measures continue.</p> <p>Text service launched 25/04/20 to encourage customers isolating with perpetrator to reach out. Specialist adults and children's team operating this.</p> <p>Liaison with partner agencies e.g. MH Services, Social Care in order to ensure alternative channels of communication are in place and remain open</p> <p>Recovery Plan</p>	<p>Reduced face to face contact is risks support being less personable / effective. It is also likely to be a barrier to people seeking support.</p> <p>Service operating with limited staff resource due to sickness / childcare responsibilities / those with underlying health issues not being present in refuge.</p> <p>Remote working is reliant on individuals' internet / WIFI connectivity and has also caused extra burden on organisation's server.</p> <p>Extra financial burden on the charity may threaten future financial feasibility of services.</p> <p>Reduced move on from refuge is affecting throughput and impacting number of available refuge spaces for new people requiring safe accommodation.</p> <p>Difficulty enforcing social distancing measures amongst some customer groups.</p> <p>Increased feelings of anxiety and isolation amongst customers.</p> <p>National demand for PPE and cleaning materials have created delays in supply.</p> <p>Recovery Plan</p>	<p>Outreach staff / staff from sister or parent organisation could be redeployed into refuge if required. Potential pool of volunteers available from City and County Councils.</p> <p>Access to employment agency that can provide specialist DVA staff if required.</p> <p>Regular check ins with staff in order to monitor wellbeing and provide support where needed. Regular team meetings taking place virtually are helping to maintain 'team spirit' and encourage peer support.</p> <p>Seeking opportunities for funding to enhance current and future service offer and / or to recoup additional costs of running the service during lockdown.</p> <p>Glow benefits from being part of a larger organisation and the established infrastructure that is established – this includes a dedicated ICT Team. Recent upgrade of central server.</p> <p>Participation in DA Task Group, which allows for risks to be highlighted and opportunities to be explored.</p> <p>Experienced staff are being further supported to be able manage customers' anxieties and / or non-compliance with social distancing measures.</p> <p>Staff have access to Routes to Support so are able to assist customers if we don't have a vacancy ourselves.</p> <p>Comms plan in place to ensure that promotion of the service occurs as widely as possible and to increase fundraising opportunities. Plan is continually reviewed to ensure relevance.</p> <p>Recovery Plan</p>			AMBER	GREEN		
92	Domestic Abuse		Pathway Domestic Abuse Victim Services	Pathway	<p>Business Continuity and Contingency Plan in place.</p> <p>Funders all communicated with and agreed changes in working structures implemented.</p> <p>Additional funding to aid capacity and service delivering being applied for.</p> <p>24hr helpline, helpline email, social media and live chat (launched 28/04) all operating for an open access referral system to all service areas, or for emotional/practical one off support. All services are still open for referrals apart from group work.</p> <p>All staff now working from home remotely, using laptops and mobile phones. All staff have remote access to Office 365 and cloud based case and data management system.</p> <p>Group work and face to face 121 has ended until we can return to normal working conditions. Everyone on a group is now receiving a weekly phone call to check in with them and manage risk.</p> <p>Additional support packs being produced around ongoing, frequently mentioned concerns such as mental health and historic abuse.</p> <p>Telephone based support sessions being offered to all adult service users as appropriate, this includes updating risk assessments and safety planning. All service users open to peer mentors are receiving checks from staff that are able to update the system.</p> <p>Linked in with a specialist organisation that has an online educational and support group for parents being abused by children, to access their facilities for appropriate service users.</p> <p>Liaised with the BACP to move our counselling programme to remote support through Skype and phone calls, so that counselling can continue and new cases can be taken on.</p> <p>Children's Coordinator is continuing to work with all CYP who are in a position, or safe to engage. Support is also being offered to the parent where appropriate. We have moved a greater focus into refuge CYP at the moment to help them deal with</p>	<p>Potential sickness of Pathway Staff, including concerns over managing existing caseloads</p> <p>Inability to meet anticipated increased demand.</p> <p>Demand outstripping staffing levels.</p> <p>Refuge provision / move on safe accommodation unavailable.</p> <p>Potential reduction in the levels of reports of domestic abuse to the helpline, while abuse is likely to be on the rise.</p>	<p>Weekly calls in with staff to monitor mental and physical health. Additional provisions put in for mental health concerns, including staff counselling and staff external helpline.</p> <p>Established coordination of managing caseloads between other staff members, volunteers and peer mentors where a staff member is unable to work due to illness.</p> <p>Planning already in place around how we facilitate increase in demands. Conversation initiated with funders about increases in demand.</p> <p>New funding applications going in weekly around securing services and dealing with demand.</p> <p>Peer mentors and volunteer team in place to add in additional support to staff teams.</p> <p>Availability through Routes to Support, sourcing placements in other areas of the country.</p> <p>Working with local authorities around other support available.</p> <p>Open communication with other refuge providers.</p> <p>Utilising as many forms of communication as we can, this includes opening up social media to support conversations, opening of live chat facility, using social media to promote communication options and DA education.</p> <p>Open communication between providers.</p> <p>Weekly DA Task Group conference call</p> <p>All staff working externally have been given secure access to the data and case management system.</p> <p>Recovery Plan</p>			AMBER	GREEN		

Ref	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
93	Domestic Abuse		Pathway Domestic Abuse Refuge Provision	Pathway	Business continuity and contingency plan in place, revised after temporary closure Tamworth Refuge (6 units) operating as normal, reduced staffing levels to maintain social distancing in the small main office. Lichfield Refuge (14 units) operating as normal, currently on full staffing with provisions in place to move to skeleton staffing, volunteer staffing, contingency staffing if/when required. Children's services fully operating emotional/practical support and childcare/educational support. Higher levels of support have now been put in place to deal with added anxieties. All families supported to engage children in available school places Full package of emotional and practical support in place for all service users. Additional support put in place for anxieties caused by COVID 19. New referrals being accepted into any vacancies through the helpline facility. Counselling being offered online or by phone. Recovery Plan	High levels of sickness within refuge, also preventing safe training of agency staff, leading to closure of provision. Issues around redeployment of staff from other areas. Lack of skilled volunteers to be able to oversee refuge requirements. Levels of support available due to social distancing New resident entering with COVID 19 symptoms. No capacity to support due to full room spaces. Mental health impact on staff due to being front line workers in a pandemic. Recovery Plan	Plans in place to manage on skeleton staffing, volunteer staffing, additional contingency staffing. Focus on prevention - Office spaces amended to allow for social distancing. PPE equipment provided to reduce chances of illness. Government guidelines implemented across refuges. General regulations around cleanliness, communal areas and handwashing reinforced across the refuges. No nights out to alternative accommodation/family allowed. All funders liaised with. Programme of staff who can support in refuge developed. Working with County to access available volunteers from re-deployed staff that can help support refuge staffing. Looking at when training can be provided. PPE provided, rooms set up for social distancing if ones to ones are required. Phone and intercom support used as a priority. CYP childcare support offered as long as everyone is symptom free. Health checks being performed alongside risk assessments. Helpline resourcing any available space elsewhere in the country to try and ensure everyone needing refuge is rehoused. Staff counselling support in place, external employee helpline in place. Recovery Plan			AMBER	GREEN		
94	Domestic Abuse		Staffordshire Womens Aid Domestic Abuse Victim Services	Staffordshire Women's Aid	Business Contingency Plan in place, and regularly reviewed as situation develops Support Services Staff are working from home delivering support by telephone, messaging and video. Staff team mobilised so that 24 Hour Help Line is covered from home. All Senior Managers and admin working from home. Food bank reduced, and community support drawn upon. Group Work not being delivered, but regular calls to participants in place. Recovery Plan	Reduction in available volunteers for 24 Hour Help Line risks reduction in our availability locally. Staff sickness means that community outreach services cannot be delivered. Potential service users and public are unaware of our availability Increase in demand for refuge accommodation on Help Line, alongside less availability. Lack of preparedness for when social distancing begins to lift, and potential surge in demand. Lack of capacity to delivery contract requirements, particularly spot purchased. Recovery Plan	All community outreach services are operational apart from Group Work Mobile system implemented so that Help Line is being delivered from home working staff. Home working remotely implemented. Strong local presence via social media and updates on website. Work alongside partners to publicise pan Staffordshire availability. Working with local partners, and national sector network to seek alternative solutions. Working with potential funders, stakeholders and sector network to develop appropriate responses such as increased mental health support, advice with benefits, confidence building, parenting and children's support. In discussions with funders and contractors. Seeking potential LA and government support. Recovery Plan			RED	AMBER		
95	Domestic Abuse		Staffordshire Womens Aid Refuge Provision	Staffordshire Women's Aid	Business Contingency Plan in place, and regularly updated as situation develops. Staff team mobilised so that refuge cover is prioritised in case of staff absence. Social distancing and hygiene regimes in place at refuge. Any visiting restricted to minimum and where necessary. Staff and residents provided with regular updates on government and NHS	Unanticipated costs and demand impact on financial capacity. Recovery Plan	Risks mitigated well to date, mainly through mobilisation of staff team. Refuge continuing to operate at capacity. Using social media as fundraising tool			RED	AMBER		
96	Domestic Abuse		Cannock Safe Accommodation	Cannock Chase District Council and Housing Providers	Can access B&B accommodation. Lettings for domestic abuse prioritised. Recovery Plan	Limited accommodation and competing pressures from different groups. Recovery Plan	Turnover of stock will start to increase as lockdown ends. Major hotel chains likely to reopen. National accommodation helpline available to source emergency accommodation. Recovery Plan			AMBER	GREEN		
97	Domestic Abuse		Cannock Sanctuary Scheme	Theam Security	Provision of sanctuary support through commissioned service provision Recovery Plan	Lack of commissioned Sanctuary support until 11/5/20 due to Theam ceasing operations and their suppliers closing as a result of lockdown. Recovery Plan	Mitigation had been in place, but if referral came in now the case can be progressed so it is ready for when Theam are operating from Monday 11/5/20. Recovery Plan			AMBER	GREEN		
98	Domestic Abuse		East Staffs Safe Accommodation	East Staffs District Council with Various Housing Providers	Available units of emergency accommodation, domestic abuse a priority for lettings Recovery Plan	Competing pressures from different groups for limited accommodation. Recovery Plan	Turnover of stock will start to increase as lockdown ends. Major hotel chains likely to reopen on lockdown lifting which will increase supply of emergency accommodation. As a last resort, national accommodation helpline, however lack of clarity relating to other cohorts in same accommodation and, if out of the area concern about support provision. Recovery Plan			AMBER	GREEN		

Ref.	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
99	Domestic Abuse		East Staffs Sanctuary Scheme	Theam Security	Delivery restarting 11.05.20 No demand for service since 2019. Recovery Plan	Will monitor any referrals made. Recovery Plan	No mitigation required at present. Recovery Plan			AMBER	GREEN		
100	Domestic Abuse		Lichfield Safe Accommodation	Lichfield District Council with Housing Providers	Capacity for the accommodation of referrals but need to continue to be vigilant to ensure that accommodation is suitable both in terms of location and other occupants. We are working with Pathway to accommodate those fleeing DA in refuges, as the most suitable temporary accommodation. We have made all occupants of temporary accommodation a priority for move on and have encouraged RP's to work with us on direct matches, rather than advertising properties. Recovery Plan	Challenge to find suitable accommodation for large families quickly Competing pressures from different groups for limited accommodation. When courts reopen for possession hearings, backlog of cases will require rehousing Recovery Plan	Turnover of stock will start to increase as lockdown ends. Major hotel chains likely to reopen on lockdown lifting which will increase supply of emergency accommodation. As a last resort, national accommodation helpline, however lack of clarity relating to other cohorts in same accommodation and, if out of the area concern about support provision. Recovery Plan			AMBER	GREEN		
101	Domestic Abuse		Lichfield Sanctuary Scheme	Theam Security	Delivery restarting 11.05.20 Recovery Plan	Progress with restart will be monitored Recovery Plan	No mitigation required Recovery Plan			GREEN	GREEN		
102	Domestic Abuse		Newcastle Safe Accommodation	Newcastle District Council and Housing Providers	We have some temporary accommodation provision within the Borough for families and we continue to monitor ongoing demand. Many local hotels that we usually access in an emergency have shut up shop, so this is further limiting our options, we have been exploring working with other LAs to join forces and procure bed spaces in advance but we've not had any success with this to date. We're also concerned about the capacity of available support to those in temporary accommodation Recovery Plan	Lack of available temporary accommodation. Competing demands for limited supply of permanent accommodation. Recovery Plan	Turnover of stock will start to increase as lockdown ends. Major hotel chains likely to reopen on lockdown lifting which will increase supply of emergency accommodation. Government accommodation sourcing helpline available. Recovery Plan			AMBER	GREEN		
103	Domestic Abuse		Stafford Safe Accommodation	Stafford Borough Council and Housing Providers	Currently one unit of emergency accommodation available, sufficient B&B accommodation, limited move on accommodation due to emergency lettings only in the social sector however, domestic abuse is prioritised. Limited turnover in private rented sector Recovery Plan	Challenge to find suitable accommodation for large families quickly Competing pressures from different groups for accommodation, backlog of demand from existing homeless applications, increase in relationship breakdown and new instruction to ensure no rough sleepers are returned to the street. When courts reopen for possession hearings backlog of cases will require rehousing. Recovery Plan	Work with SWA to enable move on from the refuge to free up space. Monitor B&B capacity with option to purchase space if demand is identified. Turnover of stock will start to increase as lockdown ends. Major hotel chains likely to reopen on lockdown lifting which will increase supply of emergency accommodation. As a last resort, national accommodation helpline, however lack of clarity relating to other cohorts in same accommodation and, if out of the area concern about support provision. Recovery Plan			AMBER	GREEN		
104	Domestic Abuse		Stafford Sanctuary Scheme	Theam Security	Provision of sanctuary support through commissioned service provision Recovery Plan	Theam reopening on 11/5/20, need to monitor delivery to ensure no blockages as work restarts. Recovery Plan	If there are blockages to the restarting of Sanctuary, need to see if urgent works can be fast-tracked through Theam or if necessary an alternative provider. Recovery Plan			GREEN	GREEN		
105	Domestic Abuse		Staffs Moorlands Safe Accommodation	Staffordshire Moorlands District Council and Housing Providers	12 temporary units in partnership with LSVT. Your Housing Group (including 1x3b sanctuary adapted house). Under Alliance with High Peak Borough Council there it may be possible to consider use of High Peak owned stock. During Covid 19 worked with several different B&B providers, one Leek based provider can support vulnerable domestic abuse cases, as opposed to for instance other B&B providers assisting with the 'everybody in' rough sleeper initiative. Recovery Plan	Challenge of finding accommodation for larger families, impacts on move on from refuge. Competing pressures from different groups for accommodation, backlog of demand from existing homeless applications, increase in relationship breakdown and new instruction to ensure no rough sleepers are returned to the street. When courts reopen for possession hearings backlog of cases will require rehousing. Recovery Plan	Possible option for authorities to explore is the commissioning of hotel/ B&B. This has recently been undertaken by Derbyshire Districts/ Boroughs (excluding Derby City & HPBC). This is facilitated by 50% funding contribution from Derbyshire County Council, utilising Covid 19 local authority funding. Press & public website appeal to property owners in private sector for self contained properties. Commissioned providers, Aduliam & Call Before You Serve, also reached out to private sector contacts. -Discussions with Registered Providers underway to understand position and opportunity. Recovery Plan			AMBER	GREEN		
106	Domestic Abuse		Staffs Moorlands Sactury Scheme		Recovery Plan	Recovery Plan	Recovery Plan			N/A	N/A		

Ref:	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
107	Domestic Abuse		Stoke-on-Trent City Safe Accommodation	Stoke-on-Trent City Council	Services are operating normally at present and include Stoke-on-Trent City Council commissions the Julia House – Refuge service through providing support in community settings where refuge is not suitable and up to 10 units in community based accommodation and Housing Advocate working in each of the 3 North Staffs Housing Options teams to support securing accommodation. Hotel accommodation has been secured for victims/families to support additional emergency accommodation and Covid-19 Move-on options to be considered on a case by case basis and SOTCCC to commence lettings in line with Covid-19 recommendations Recovery Plan	Increase in homelessness & other presentations Lack of move on options for Refuge residents to allow throughput Reduced staffing due to sickness/Covid-19 self-isolation/shielding Recovery Plan	Some backfilling from other service areas to ensure capacity remains enabled to continue service delivery Recovery Plan			GREEN	GREEN		
108	Domestic Abuse		Stoke-on-Trent Target Hardening Scheme		Recovery Plan	No target hardening activity may cause an increase in homeless presentations if victims/families are not able to remain safely in community accommodation to prevent the need for move Staff sickness for HIA (Honeycomb Group) Recovery Plan	No report of reduced activity for the service delivered by Revival Home Improvement Agency Recovery Plan			GREEN	GREEN		
109	Domestic Abuse		South Staffs Safe Accommodation	South Staffs District Council and Housing Providers	Four units of temporary accommodation available and B&B accommodation can be sourced. Limited move on accommodation due to emergency lettings only in the social sector however, domestic abuse is prioritised. Limited turnover in private rented sector Recovery Plan	Competing pressures from different groups for accommodation, new instruction to ensure no rough sleepers are returned to the street. When courts reopen for possession hearings backlog of cases will require rehousing. Recovery Plan	Turnover of stock will start to increase as lockdown ends. Major hotel chains likely to reopen on lockdown lifting which will increase supply of emergency accommodation. As a last resort, national accommodation helpline, however lack of clarity relating to other cohorts in same accommodation and, if out of the area concern about support provision. Recovery Plan			AMBER	GREEN		
110	Domestic Abuse		South Staffs Sanctuary Scheme	Team Security	Team restarting works 11.05.20, two referrals passed through. Recovery Plan	Monitoring referrals to ensure scheme fully functional. Recovery Plan	No mitigation required at present. Recovery Plan			GREEN	GREEN		
111	Domestic Abuse		Tamworth Safe Accommodation	Tamworth Borough Council	Some movement from B&B into PSL/TBC temporary accommodation. Currently have the following available - 2 double rooms. We currently have 20 units in use within our own stock and PSL. And if needed can look to pull extra for this purpose. Obviously availability can change on a day to day basis. Target hardening carried out if it means a family can remain in their property for at least 6 months to prevent homelessness. Recovery Plan	Competing pressures from different groups for accommodation. When courts reopen for possession hearings backlog of cases will require rehousing. Recovery Plan	Turnover of stock will start to increase as lockdown ends. Major hotel chains likely to reopen on lockdown lifting which will increase supply of emergency accommodation. National accommodation helpline available to assist accommodation search. Recovery Plan			AMBER	GREEN		
112	Domestic Abuse		TecSOS Safety Devices	TecSOS/Vodafone	Business Continuity Plan in place and implemented. Funding commitment by Commissioner provided. System operating as normal, no issues identified. Weekly update to SCO by Provider. Police regularly reviewing allocation of 130 available handsets, currently circa 60% allocated, 40% available for use SCO secured commitment of additional available PSDs from provider. Recovery Plan	7 day delay in securing additional handsets. Lack of further additional supply of handsets Reduced ability for victims to contact for help / assistance Increase in vulnerability / severity of issues Recovery Plan	PCC has funded and ordered an additional 20 units to be with the Force in next few days and available for distribution Recovery Plan			AMBER	GREEN		
113		Staffordshire County Council	Education	Various	Recovery Plan	Recovery Plan	Attendance Returns Total of schools submitting the weekly ones we are asking for is, 89%. Total schools submitting the DFE one: 98% (ever submitted) 62% submitted today Recovery Plan			N/A	N/A		
114		Stoke City Council	Education	Various	Recovery Plan	Recovery Plan	Recovery Plan			N/A	N/A		
115	Drug/alcohol	Staffordshire County Council	Public Health	CDAS and STARS	Recovery Plan	Staff exposure to COVID Recovery Plan	Limited access to clients/ other staff Recovery Plan			N/A	N/A	01/06/20	

Ref:	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
116	Drug/alcohol	Staffordshire County Council	Public Health	CDAS and STARS	Very similar changes made in the city and county Service starting to prepare for lock down easing and building being used more often Primarily phone-based services - limited face-to-face	Client exposure to COVID Recovery Plan	Limited access to building and relaxed access to pharmacies Recovery Plan			N/A	N/A	01/06/20	
117	Drug/alcohol	Staffordshire County Council	Public Health	CDAS and STARS	Key change is liberalised supply of medications Service scope limited - mainly safe and well Residential unit remain open but reduced access*	Reduced staff available Recovery Plan	Reduced service delivery model Recovery Plan			N/A	N/A	01/06/20	
118	Drug/alcohol	Staffordshire County Council	Public Health	CDAS and STARS	Recovery Plan	Reduced effectiveness of service Recovery Plan	Focus changes to safe and well in short term Recovery Plan			N/A	N/A	01/06/20	
119	Drug/alcohol	Staffordshire County Council	Public Health	CDAS and STARS		Increased client problems Recovery Plan	Safe and well checks Recovery Plan			N/A	N/A	01/06/20	
120	Drug/alcohol	Staffordshire County Council	Public Health	CDAS and STARS		Leakage of medications Recovery Plan	Risk assessments/ storage boxes, client contact Recovery Plan			N/A	N/A	01/06/20	
121	Drug/alcohol	Staffordshire County Council	Public Health	CDAS and STARS		Surge in referrals Recovery Plan	New staff in County - City only not County Recovery Plan			N/A	N/A	01/06/20	
121	Drug/alcohol	Staffordshire County Council	Public Health	CDAS and STARS		Child safeguarding increases Recovery Plan	Service being adapted to balance risks Recovery Plan			N/A	N/A	01/06/20	
123	Drug/alcohol	Staffordshire County Council	Public Health	CDAS and STARS		Adult safeguarding increases Recovery Plan	Service being adapted to balance risks Recovery Plan			N/A	N/A	01/06/20	
124	Drug/alcohol	Staffordshire County Council	Public Health	CDAS and STARS		Restricted access to mental and physical health services Recovery Plan	Staff trying but this leads to further pressures on services Recovery Plan			N/A	N/A	01/06/20	
125	Drug/alcohol	Staffordshire County Council	Public Health	CDAS and STARS		Changing patterns of use - e.g. MD Recovery Plan	Service prepared for/Monkey Dust/ multi-agency group etc Recovery Plan			N/A	N/A	01/06/20	
126	Drug/alcohol	Staffordshire County Council	Public Health	CDAS and STARS		Ongoing IT problems - STARS only Recovery Plan	Work-arounds in place and BT scheduled Recovery Plan			N/A	N/A	01/06/20	
127	Drug/alcohol	Staffordshire County Council	Public Health	CDAS and STARS		Recovery Plan	Potential cost savings - CDAS only Recovery Plan	No details confirmed Recovery Plan			N/A	N/A	01/06/20
128	SSSCP	Staffordshire County Council		CAFCASS	Demand In terms of new work coming through to the service, this has decreased as the Courts are not currently progressing private law work however this will be sitting with the Court. Recovery Plan In terms of new work coming through to the service, this has decreased as the Courts are not currently progressing private law work however this will be sitting with the Court and there will be a surge in our demand when this starts to move through the process and Section 7 reports are required. In respect of public law work, we are aware that there are a number of applications to be made by both LA's that the Court have encouraged team to delay making at this time, therefore there will be a surge in our demand for Guardian's to be allocated to these upon issue. We have a significant amount of cases sat within our teams awaiting hearings that we are unable to progress or potentially close at this time therefore caseloads are growing as throughput has decreased significantly. We are working with the Court to prioritise new work that comes through. We are aware of a number of cases where Staffordshire seek discharge of Care Orders and have identified some workers to manage these as the applications are issued. In respect of private law work, we will work with the Court to identify realistic timescales for completion of work to stagger demand but avoid further delay for the families.	There will be a surge in our demand when this starts to move through the process and Section 7 reports are required. In respect of public law work, we are aware that there are a number of applications to be made by both LA's that the Court have encouraged team to delay making at this time, therefore there will be a surge in our demand for Guardian's to be allocated to these upon issue. We have a significant amount of cases sat within our teams awaiting hearings that we are unable to progress or potentially close at this time therefore caseloads are growing as throughput has decreased significantly. Recovery Plan We work to allocate all work the day that it is received. The worst case scenario is that we have to extend the timescales that we would normally work to.	The court have encouraged team to delay making applications at this time. Currently amber but rise to red once court lists private cases again and predicted are proceedings increase from LA's We are working with the Court to prioritise new work that comes through. We are aware of a number of cases where Staffordshire seek discharge of Care Orders and have identified some workers to manage these as the applications are issued. In respect of private law work, we will work with the Court to identify realistic timescales for completion of work to stagger demand but avoid further delay for the families. We work to allocate all work the day that it is received. The worst case scenario is that we have to extend the timescales that we would normally work to. Recovery Plan			AMBER	AMBER	19/06/20	

Ref.	Sub Groups required by	Completed by	Service:	Provider:	Service Update (Overview): Please take into consideration as part of your recovery are you planning for increases in demand? If yes what increases are you planning for? E.g. 10%	Potential Risks (Overview): Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand? If Yes what will stop or reduce?	Mitigations (Overview): Provide a summary of initiatives already in place to support families pre any formal Early Help	How will you maintain staff wellbeing	How will you maintain service user wellbeing	Impact (RAG):	Current Service Status (i.e. is the service currently effectively mitigating the risk?)	Date Updated	Checked by SSSCP
129	SSSCP	CCGs	CCGs	NHS111 & OOHs	<ul style="list-style-type: none"> All non-essential meetings were cancelled, however commenced a weekly Clinical Leads/ Clinical risk meeting. Section on safeguarding included Meetings were by zoom- Some staff were furloughed/ some self-isolating Social distancing within the call centres. Huge increase in calls through February, March and April and service levels we had never seen before as everyone was directed to 111 Available 24/7, however we did have long call back queues GP's started to do more telephone triage Hot Hub in OOH's at Campbell Road only- Safeguarding bulletins were sent out weekly from Head of safeguarding and those sent via yourselves Reduction in safeguarding referrals through February, March and April <p>Recovery Plan</p>	<p>As this is a non face to face service there is minimal risk identified. Delay in response likely due to significant increase in calls during crisis period.</p> <p>Recovery Plan</p>	<ul style="list-style-type: none"> Hot Hub continues 111 24/7 Queues in 111 started to return to more of a normal during May, however the last 2 weeks has seen an increase again GP'S have commenced video conferencing Continuation of staff training. GP's continue to do more telephone triage and video conferencing Meetings will remain via zoom and Microsoft Teams Safeguarding referrals have returned to a normal level, if not more Theme of domestic abuse with referrals Safeguarding training via zoom and eLearning Some Clinical Advisors working from home to aid with social distancing and seating capacity to ensure an effective service Some furloughed staff returning to work <p>Recovery Plan</p>			GREEN	GREEN		