Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	26 May 2020
Reporting Member /Officer of Strategic Commissioning Board	Councillor. Eleanor Wills - Executive Member (Adult Social Care and Health) Dr Christine Ahmed, GP and Starting Well Clinical Lead Jessica Williams, Director of Commissioning
Subject:	**STARTING WELL: CHILDREN AND YOUNG PEOPLES' HEALTH SERVICES RESPONSE DURING COVID-19**
Report Summary:	This report provides a summary on the response to the Covid-19 pandemic for children and young peoples' health services across Tameside and Glossop. The report provides a summary of the work that is currently being undertaken and highlights challenges being faced in a number of different areas and steps in place to mitigate as much as possible. This is a rapidly changing situation and the contents of the report are therefore accurate at the time of submission.
Recommendations:	That SCB recognise the efforts of all children and young people's services to maintain service provision throughout this difficult time.

Financial Implications:

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation	£25.7m The service budgets referenced in this report are covered by the Community Block Contract total with the ICFT paid for via TMBC.
Integrated Commissioning Fund Section	Section 75
Decision Body	Strategic Commissioning Board

Additional Comments

The current payment arrangements to NHS providers and in particular the ICFT for services outlined in this report, are under the "command and control" phase of the governments COVID response.

In reference to the publication from NHSE/I "CCG Cash Management and Block Payment Guidance April 2020-July 2020" **and** "2020/21 Block contract Values – Calculation Methodology in Response to COVID-19", it is confirmed that all payments are based on 19/20 Month 9 agreement of balances with 2.5% uplift. Whilst these block arrangements are in place until the end of July, it is highly likely that this will continue until at least Oct 2020.

Any shortfall in funding at the provider will be claimed for separately via a top-up calculation that they will receive

	directly from NHSE/I which is not a direct cost of COVID. Any COVID specific costs will be claimed for separately, as Providers are instructed to breakeven during the COVID period. To conclude, the impact of change in service provision outlined in this paper will not change the financial payments made to the NHS providers.
Legal Implications: (Authorised by the Borough Solicitor)	Commissioning need to remain compliant of all relevant government guidance and any further legislative changes as the response to the Covid pandemic progresses. In addition all decision makers need to be cognisant of the financial position as there is a requirement to deliver a balanced budget.
How do proposals align with Health & Wellbeing Strategy?	The report outlines service provision for children, young people and families so aligns with the prevention and early intervention elements of the Health and Wellbeing Strategy.
How do proposals align with Locality Plan?	As above
How do proposals align with the Commissioning Strategy?	The report describes how existing services are meeting the needs of the population during the pandemic.
Recommendations / views of the Health and Care Advisory Group:	This report has not yet been presented at HCAG.
Public and Patient Implications:	The report describes how communications are in pace across services to promote appropriate uptake of all services at this time.
Quality Implications:	All services responsibility to deliver high quality services remain unchanged.
How do the proposals help to reduce health inequalities?	The report outlines how services are ensuring that particularly vulnerable groups are not adversely affected during the pandemic.
What are the Equality and Diversity implications?	As above.
What are the safeguarding implications?	The report outlines how services are ensuring that they are working in partnership to safeguard children at this time.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	None specific to this report.
Risk Management:	Commissioners are working in close partnership with service managers across the system to ensure that risks are managed.

Access to Information :

The background papers relating to this report can be inspected by contacting Pat McKelvey, Head of Mental Health and Learning Disabilities by:

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1. BACKGROUND TO COVID-19

1.1 On 31 December 2019, the World Health Organisation (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, China, caused by Coronavirus. On Tuesday 10 February, the WHO named the disease caused by the novel coronavirus COVID-19. This was declared a pandemic by WHO on 12 March 2020.

1.2 Tameside had its first confirmed case of Covid-19 identified by the NHS on 8 March 2020.

1.3 Given that COVID-19 is a new illness, we are still learning exactly how coronavirus spreads from person to person. The virus is thought to spread mainly from person-to-person:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.

1.4 It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

1.5 In response to rising numbers in the UK, on 18 March the Government issued a statement which included all schools shutting from the end of that week indefinitely and stricter lockdown measures. As a result of the Government guidance and restrictions regarding social distancing (expected to be 12 weeks) the decision was taken to suspend the majority of face to face contact from 20 March 2020, apart from those noted with the NHS England guidance In line with the NHS England guidance, these arrangements are in place until the 31 July 2020.

1.6 There is already a detailed report of the Director of Population Health titled **"SERVICE CHANGES FOR CHILDREN'S COMMISSION POPULATION HEALTH PROGRAMMES IN RESPONSE TO COVID-19 (CORONAVIRUS)"** which is summarised as follows:

"The Community Health Services (Healthy Child Programme) for children, young people and their families in Tameside is commissioned by the Local Authority and is delivered by the Tameside and Glossop Integrated Care NHS Foundation Trust.

In line with the national guidance released by NHS England in response to COVID-19 for community health services, the Healthy Child Programme is required to make significant changes to its usual arrangements to ensure the health and safety of residents and staff.

However, to ensure safeguarding measures are still fulfilled, certain elements of the Healthy Child Programme will continue or partially continue to operate in a safe manner. These are detailed further with the report.

These measures have come in effect from the 20 March 2020 and will be applied to the 31 July 2020, in the first instance, but will be reviewed ongoing, and have been put in place to support Government's response to COVID-19.

Other commissioned public health services for children and families such as the Midwife-led Tobacco Addiction Service, Breastfeeding Peer Support Service, the Core Befriending Peer Support Service and the Young People's Emotional Wellbeing and Counselling Service will continue to operate differently and will continue to follow safeguarding processes. These are detailed further with the report".

2. HEALTHY CHILD PROGRAMME AND COMMUNITY SERVICES

2.1 Children, young people and families' community services in Tameside have responded to the national guidance in relation to COVID-19.

https://www.england.nhs.uk/coronavirus/publication/novel-coronavirus-covid-19-standard-operating-procedure-community-health-services/

2.2 To align to the Government's response to reduce the risk of COVID-19 and NHS England's guidance on '*COVID-19 Prioritisation within Community Health Services*', the following changes to the Healthy Child Programme delivered by the Tameside and Glossop Integrated Care NHS Foundation Trust and commissioned by the Local Authority is proposed:

Stop Full Service	
National Child Measurement Programme (in relation to the school nursing)	Stop programme until further notice
Partial Stop of Service	

Pre-Birth and 0-5 service (in relation to Health Visiting)	**Stop except:**
	• Antenatal contact (virtual).
	• New birth visits (or when indicated virtual contact).
	• Other contacts to be assessed and stratified for vulnerable or clinical need (e.g. maternal mental health) and is likely to include:
	  ○ interventions for identified vulnerable families, e.g. Family Nurse Partnership
	  ○ safeguarding work (MASH; statutory child protection meetings and home visits)
	  ○ phone and text advice – digital signposting.

School nursing	**Stop except:** • Phone and text service • Safeguarding • Specialist school nursing
Looked After Child Teams	**Stop 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 review and assessments.
Continue	
Safeguarding	

2.3 As a result, delivery of care has been prioritised to the most vulnerable, and delivering this care remotely if possible, and by risk-assessed home visiting if required. Other aspects of the services have been reduced or stopped. This advice has been captured in action plans which have been shared with relevant teams. Some staff have been redeployed to adult services within the Trust, and sickness rates have increased. Where possible, staff are remote working, and an action card is in place for this. Staffing numbers are being frequently reviewed, and a capacity and demand analysis, in relation to the above COVID-19 prioritisation guidance, has been completed.

2.4 This risk assessment details the current service delivery for each service area, the risks of not continuing normal service and ways in which risk is being mitigated. Clearly this is a dynamic situation and being regularly reviewed.

Particular concerns include:

- Health visitors not doing face to face visits routinely for both new-born assessments and routine developmental checks. Potential missed signs of emotional issues and missed early intervention/referral for those children with SEND.
- How to cope with the backlog of work when the situation settles down.
- In relation to safeguarding, most children and families not being visually assessed so potential increase risk of undetected harm at a time when parents are under increased pressure.
- Difficulty in catching up with the backlog of school based immunisation programme, particularly given the uncertainty of how long this situation will continue and whether there will be further "waves" of the COVID 19 pandemic. Risk of having a large cohort of children at risk of contracting diseased due to not being immunised.

Positives:

- Teams have adapted quickly and are finding new ways of communicating with families, for example, the Health Visitor Facebook page has been very useful and popular with parents and a School Nurse one is coming soon.

- Families are being triaged/risk assessed and the most vulnerable families are continuing to have face to face assessments.

3. GENERAL PRACTICE

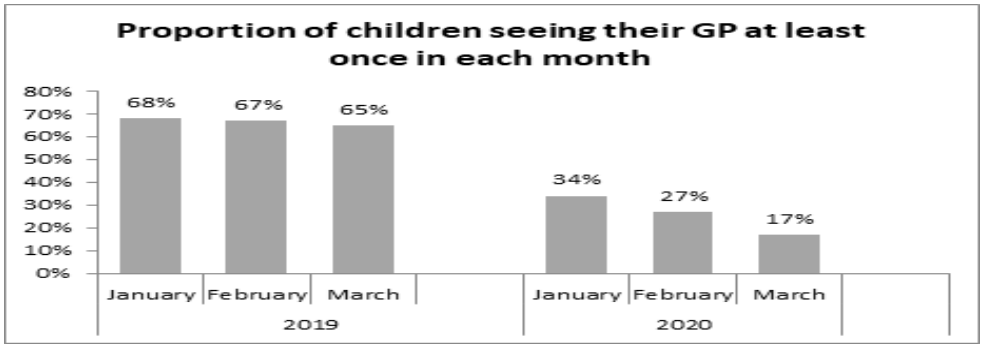
3.1 There has been a significant fall in the number of children accessing primary care in the first 4 months of this year compared to the same time last year. This data includes not only face to face appointments but also telephone appointments. Please see data below.

3.2 There is a hypothesis that some of this fall can be explained due to children not being in school, and therefore, there is a fall in the usual viral illnesses that would be circulating at school. However, is not clear why the numbers had already started to fall in January and February when schools were still open.

3.3 Primary care has been using a RAG rated system in order to prioritise work during the pandemic. However throughout this time, primary care has remained open for unwell children and young people, with telephone and video consultations as the first choice, but also continuing to do face to face consultations when there is a clinical indication.

3.4 Childhood immunisations have continued throughout this time within our GP practices.

3.5 It may be that families have opted not to access primary for routine/annual reviews such as asthma reviews or for when families have not felt are necessary, due to fear of the services being overwhelmed, or due to fear of coming into contact with the virus.



3.6 Interestingly, during the same period Jan-March there has also been an overall fall in calls to 111 of 11.25% for children. Please see chart below. In the age range 9-11 and 12-14 there was a slight increase, however in all other age groups the calls had fallen.

3.7 Calls to 111 January-March

Age range	**2018/19**	**2019/20**	
	Calls	**Calls**	**Variance**
0-2	1252	1140	-8.95%
3-5	504	390	-22.62%
6-8	200	174	-13.00%
9-11	120	125	4.17%
12-14	101	102	0.99%
15-17	152	136	-10.53%
Grand Total	**2329**	**2067**	**-11.25%**

4. ACTION TO MITIGATE

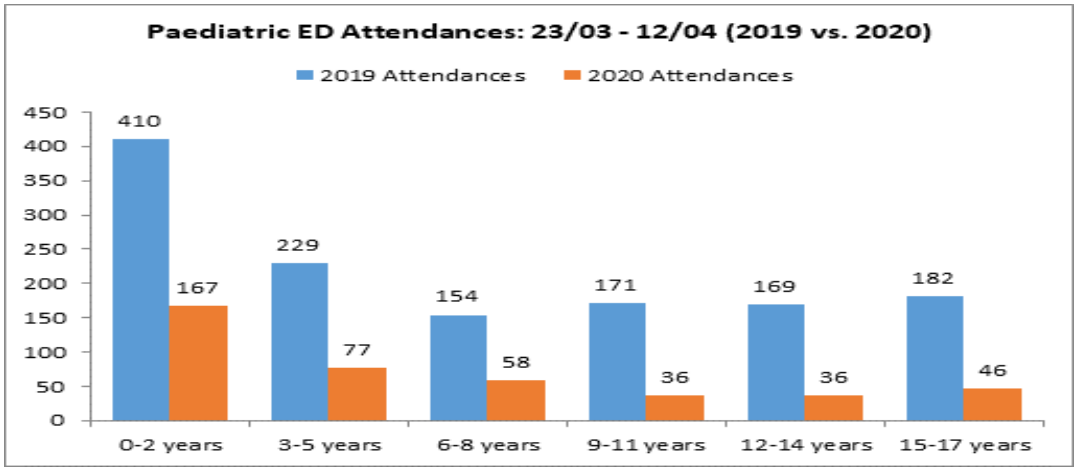
4.1 Over the last few weeks communication has increased nationally, from GM and locally that the NHS open for business and specifically targeted at parents.

4.2 Public health England has also sent out comms via social media “Vaccines Save Lives” highlighting the importance to still attending for immunisations during this time.

4.3 Data is awaited from primary care regarding attendance rates for childhood immunisations over the last 3 months.

4.4 GP practices have been open over the Easter Bank holidays and are open over the May bank holidays, ensuring that there is access for those patients who need to see a doctor or practice nurse during those times.

5. URGENT CARE AND PAEDIATRIC REFERRALS



5.1 At the same time as children and young people accessing primary care and 111 has fallen, so too have the number of Paediatric Emergency Department attendances. As the table above shows, this has been across all age groups. The same pattern is being seen across Greater Manchester.

5.2 The Paediatric Emergency Department has temporarily located in the surgical daycase unit, away from the main ED.

5.3 Regular contact with the Paediatric colleagues at the ICFT is maintained with open lines of communication and have been having weekly catch ups with Judy Coombes, Directorate Manager for Children, Young People and Families at the ICFT.

5.4 Dr David Levy and Dr Jackie Birch, local Paediatricians, have been linking into the Greater Manchester Paediatrics network. They have provided assurance that data is being collected which is part of the wider piece of work by the Royal College of Paediatrics and Child Health (RCPCH) highlighting any cases where it is felt that delayed presentation have caused harm. There is a concern that families may stay at home with an unwell child longer than they would ordinarily do, due to the current COVID-19 pandemic. This is an ongoing piece of work, however to do there have not been any such cases reported locally.

5.5 As with many services, Paediatric outpatient clinics have been reduced and routine work has been cancelled. Referrals are being triaged and patients are being contacted over the phone where clinically appropriate. Clinically urgent referrals are being seen as needed.

5.6 All GPs have been advised that referrals to Paediatrics should be via Advice and Guidance, which allows the Paediatricians to then triage and respond on the electronic system. This works well given the many GPs and Paediatricians are currently working remotely. The department has had to adjust due to staffing issues, with 2 consultants working remotely due to underlying medical conditions. Other members of the team have changed their working patterns accordingly.

5.7 Diabetes and epilepsy specialist nurses continue to be in regular contact with children on the caseload over the phone to provide support when needed.

5.8 Community Children's Nursing Team has continued to operate, again adjusting to an increased number of telephone consultations, but still visiting children in their own homes when clinically necessary, with appropriate PPE. This has again been communicated with GP colleagues recently to ensure that GPs are still aware of referring to CCNT.

6. SPECIAL EDUCATIONAL NEEDS AND DISABILITIES - SEND

6.1 Shortly before lockdown the CCG commissioned an external review of the health provision for children and young people with special educational needs and disabilities. Although paused at present, the Phase 1 Progress Report is being considered and next steps agreed.

6.2 All health services are operational and they are maintaining regular contact with the families they are supporting.

6.3 The Community Paediatric Service and therapists are providing support to schools which are required to undertake Risk Assessments of all children with an Education Health and Care Plan. This work will increase as schools prepare to reopen in line with national expectations.

7. MENTAL HEALTH

7.1 We are acutely aware that the COVID-19 pandemic will have had a significant impact on the mental health of our residents, both those with a pre-existing mental health condition, but also those not previously known to services.

7.2 The impact of social isolation, lack of contact with friends and family, unemployment resulting in financial insecurity and health anxiety are all likely to continue well beyond the acute phase of this viral pandemic.

7.3 Of particular concern is impact on babies and their families in the 1001 Critical Days – from pregnancy to the age of two. Parents are essential in a baby's life. Parents provide the nurturing care to enable their baby to feel safe and secure, and to develop cognitively, physically, socially, and emotionally. Many parents will be providing the physical and emotional care their babies need during this uncertain time however some parents will be struggling and when parents are affected, babies will be affected. It is therefore critical that maternity, health visiting and GP services ensure that all the standard appointments are maintained and there is extra vigilance to connect with parents and identify where additional support is required.

7.4 What has been happening locally:

- Children and young peoples' mental health services have moved quickly to improve their digital offer.
- KOOTH was launched on 14 April which provides online support to 11-18 year olds across Tameside and Glossop, providing free online counselling and emotional well-being support.
- Pennine Care have an all age support and advice line, 24/7, for existing service users.
- Open appointments have been established for parents with concerns to call in and get advice regarding autism and ADHD.
- The GM Rapid Response Team has brought forward expansion and are actively supporting young people at home where possible, preventing hospital admission.

7.5 Going forwards:

- A series of workshops planned during May and June to discuss "moving to recovery and building back better".
- Currently in the process of gathering stories from patients and what their experience has been during the pandemic.
- The Healthy Young Minds service is preparing to re-establish face to face activity where this is essential, such as elements of Autism assessments.

8. MATERNITY SERVICES

8.1 Maternity services having continued to work well. Antenatal appointments moved from the community to hospital to allow the services to continue to run, during times where staffing levels may have fallen.

8.2 The Acorn Unit (Midwifery led unit) opened at the beginning of March and had seen 16 babies delivered in the unit by the end of April.

8.3 "Smoking in Pregnancy" programme is currently being delivered as 'business as usual' within our maternity provider, with programme modifications to mitigate COVID-19 risks such as additional support from Be Well Stop Smoking team providing additional virtual/telephone consultation. Other modifications are detailed in the report "Service Changes to the Healthy Child Programme"

8.4 Links with Greater Manchester partners ensures connection with ongoing work. The GM & EC Maternity Voices Partnership and the LMS have worked together to develop some information for women and families around COVID-19 and maternity services. These frequently asked questions from service users are published on the My Birth My Choice website and can be found here: https://www.mybirthmychoice.co.uk/coronavirus-and-pregnancy/.

8.5 Early Attachment Service is running “digital drop in service” offering new weekly telephone consultation service for parent and professionals. Available for parents (from pregnancy up to a child’s fifth birthday) and professionals (health visitors, midwives, social workers, teachers, nursery workers etc.) A space to think about and discuss concerns about an infant or young child, or the parent-infant/parent-child relationship, and the impact of the COVID.

8.6 Going forwards:

- Ongoing liaison with maternity services at the ICFT as we enter the recovery and rebuilding phase. It is likely that at some point over the coming months, services may well be moved back to the community.
- Need to ensure that communication is clear and accurate between health professionals and service users.

9. SAFEGUARDING AND LOOKED AFTER CHILDREN

9.1 There is close communication across all agencies regarding children’s safeguarding, ensuring a coherent, effective approach to safeguarding and domestic abuse.

9.2 Feedback suggests that current there is quite a mixed picture with lots of national narrative around increase in helpline calls etc. but local services across the board are not really seeing these increases, indeed there has been a reduction in high risk MARAC cases coming forward from the police.

9.3 There is ongoing work to get to the bottom of these issues as well as supporting our local service to deal with current challenges and plan for a potential spike in demand in the near future.

9.4 Lots of work has been going on within children’s services, in terms of reviewing business continuity plans and re-prioritising to key frontline services, to ensure that critical services are maintained.

- All providers of residential and foster care have been contacted to ensure that they have plans in place to keep the children in their care safe and are following Public Health guidelines to minimize the spread of the virus;
- A review of Looked After Children and the wider “vulnerable group” to identify those who may be particularly vulnerable;
- Within children’s services models of working have been implemented to ensure adequate staff cover
- Revised home visiting guidance and moved arrangements for Child Protection and Looked After meetings to a virtual arrangement;
- Moved our Children’s Centre offer online and through other deliver routes
- Planning work for the provision of on Free School meals
- Established, through daily calls with schools and through the early help team a methodology for appropriately supporting and safeguarding vulnerable children.

9.5 Two Children’s Health and Care groups have been established to monitor and review local response to national guidance and briefings and to ensure there is effective communication between agencies during this time and create escalation routes of any issues. Both groups report to the TSCP weekly meeting via the Designated Nurse Safeguarding, membership includes strategic and operational leads from

- Children’s services
- Education
- GMP

- ICFT
- PCFT
- PHE
- CCG
- Primary Care
- Safeguarding Partnership

Some example of the work undertaken

- Sharing agency updates, briefing and contingency plans to ensure assessment of impact to other agencies
- Improved information sharing of vulnerable children and families
- Shared audit following concerns numbers of CP medicals reduced satisfied that they were appropriately managed.
- Addressed issues regarding lack of partnership involvement at strategy meetings due to with technology issues
- Shared communications and technical applications across partnerships
- Resources aimed specifically at children
- Resources developed for professionals
- Domestic Violence resources
- Roll out of ICON – crying babies programme

9.6 Going forwards:

- Reviewing skills and safeguarding checks of all LA staff so core statutory work can still be maintained with a reduced workforce;
- Continue to work closely with our colleagues in police and in health services regarding vulnerable families, having an awareness that we are likely to see longer term impact over the coming months due to the impact of the pandemic.
- The Integrated Looked After Children's Wellbeing Team will be established by bringing together a range of existing resources.

9.7 Tameside historically sees relatively high levels of domestic abuse across the population but a new pattern is now being experienced. It is currently unclear what lies behind some of these trends but this is being explored by a multi-agency partnership across Tameside which is meeting regularly. Leads are also working closely with other colleagues who commission domestic abuse support services across Greater Manchester.

9.8 Local concerns and working assumptions are that there is a risk of an increase in domestic abuse incidents, as well as increased difficulty for people to access support services in the current climate. On this basis, our local partnership is taking a number of steps to ensure appropriate support is available:

- Increased communications of the issue of domestic abuse and promotion of local support services via universal messaging, targeted social media, and targeted communications at potential points of disclosure including supermarkets and COVID mass testing sites (eg. Manchester Airport)

- Risk register being compiled with local services to determine wider impacts of lockdown including the impact of moving support to remote/phone based in most cases since lockdown

- Capacity assessment with support services to plan for possible spikes in demand in coming months and anticipate resource requirements

- Enhanced working between GM Police and Probation to target repeat offenders and known high risk perpetrators (increased follow ups and home visits)

- Exploring further staff engagement / training around domestic abuse issues
- Local safeguarding partnerships continue to be updated with progress.

10. SUMMARY

10.1 This paper gives a snapshot of the impact of COVID 19 to the health services for children and young people in Tameside and Glossop.

10.2 There have been signficant falls in children accessing primary and secondary care, and 111 for the last 3 months, although data suggests that this is now starting to normalise.

10.3 A lot of work has gone into trying to ensure that families know that the NHS is “open for business” and should be accessed for an unwell child and for immunisations for example.

10.4 Across the services for children and young people, the most vulnerable/at risk families have continued to be supported to try to minimise the impact of the current sitaution.

10.5 digital solutions have had to be quickly mobilised and utilised across all areas and hope that some of this good work can continues to be built on going forwards.

10.6 The longer term impacts needs to be continually reviewed, in terms of ensuring that there are provisions to “catch up” for missed assessments and immunisations.

11. RECOMMENDATIONS

11.1 As set out at the front of the Report.