

Healthy Child Programme: Service delivery during the Covid-19 Pandemic

To: Health Committee

Meeting Date: 11th February 2021

From: Dr Raj Lakshman

Electoral division(s): All

Forward Plan ref: Not applicable

Key decision: No

Outcome: This report provides an update on:

- a) The impact of Covid-19 on the Healthy Child Programme during 2020 including impact on families and changing demand into the service;
- b) actions taken to respond to these challenges and changes to the delivery model; and
- c) service performance during this time and feedback from families.

Recommendation: The Committee is asked to note and comment on the actions being taken to support children young people and families during covid-19

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1. Purpose of Report

- 1.1 The purpose of this report is to provide an overview of the 0-19 Healthy Child Programme (HCP) during the Covid pandemic to date. This report seeks to provide a richer understanding of changes to activity, demand and operational delivery of the programme within the context of working throughout the pandemic.

This report has been co-written with service leads from the HCP provider who have also provided us with comments from local families that are included throughout this report.

- 1.2 Instead of just looking at sections of the HCP delivery as stand alone items (such as the Mandated Health Visitor contacts that we regularly report on), this report includes a wider look at HCP activity during this time to highlight the shifting demands and service response. Key areas to note include:
- The expansion of the 'Call Us' telephone number to improve access to a wider set of support services (section 4.1)
 - The growth in families accessing support via the expanded text and online offer (sections 4.2 and 4.3)
 - Maintenance throughout the period of an offer of all 5 mandated Health Visitor contacts (section 5)
 - The continuity of face to face support for families where clinical triage advises this approach and the introduction of video conferencing (section 5.6)
 - The significant increase in the number of families accessing support on the targeted Universal plus and universal partnership plus pathways in comparison to the previous year (section 6)
 - Development of new ways to support families who have had babies during the period (section 6.2)

2. Background

2.1 Commissioning Arrangements:

A single section 75 Agreement has been in effect as of 1st October 2019 between Cambridgeshire County Council (CCC), Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough Foundation Trust (CPFT) for delivery of an integrated 0-19 service covering Cambridgeshire and Peterborough. A separate Delegation and Partnership agreement is in place delegating commissioning functions of the HCP by Peterborough City Council to Cambridgeshire County Council to enable this collaboration to work effectively. The existing arrangements are in place until 31st March 2024.

Integration of the HCP is the first stage of the wider integration process for Children's Health and Wellbeing services in Cambridgeshire and Peterborough as part of a vision to offer a wholly integrated service based on a skill mix model across all 0-19/25 practitioners that will meet the needs of our diverse populations and will be underpinned by a range of strategies, including:

- Best Start in Life (prebirth-5 years)
- Best Start in Life Plus/Early Help and Vulnerable Adolescents (5-25 years)

- CYP Mental Health and Emotional Wellbeing (0-25 years)
- Health & Wellbeing Strategy
- Think Communities

This new contract came with a requirement to undertake a range of service and organisational changes to allow for an equitable and integrated programme of delivery between the two NHS Trusts. Achievements to date include:

- Geographical restructure into a 3-locality model; North Cambridgeshire Locality, South Cambridgeshire Locality and Peterborough Locality
- Staffing restructure of Senior Leadership team to hold joint contracts across both trusts
- Implementation of Chat Health across the geography. This text-based service aimed at 11–17-year-olds already existed in Cambridgeshire and was rolled out across Peterborough in September 2019
- Introduction of a new County-wide 'Text Us' service for parents – implemented in September 2019
- Introduction of a single point of access (SPA) 0300 number – implemented in September 2019
- Roll out of a county-wide Enhanced Young Parents Pathway to provide targeted support for young parents not eligible for the Family Nurse Partnership (FNP) programme
- Establishment of a county-wide Orthoptist-led Vision Screening programme

2.2 Best Start in Life strategy Implementation:

The development work of the Best Start in Life programme was paused in March as priorities across the system shifted to tackle the pandemic. The steering group reformed in August and has been focusing on moving forward with the place-based pilots in Cambridge City, Wisbech and Peterborough, with an added focus on how integrated working can help us deal with the impact of Covid-19 on families and plan for the restoration of face-to-face service provision.

The relationships built across system partners by the Best Start in Life programme have proved vital during this period and with a group of operational leads set up to meet weekly during this time to address Covid-19 related issues.

2.3 Covid-19:

This report seeks to outline how the HCP has responded to the effects of Covid-19 on both the lived experiences of families and the way in which the service has been impacted. The HCP has needed to adapt its delivery to ensure that families remain supported during the Covid-19 period, whilst keeping staff and families safe. This report will also explore the challenges and learning opportunities this unprecedented period has provided, in order to reflect on how this can feed into longer term service development.

Lockdown & Covid-19 Restrictions: What families are telling us

"I haven't seen any of my friends since September last year face to face. My network of support is now tiny and that is all by phone or zoom. You think that everyone must be feeling like you so you don't want to let them know everything that happens in your home. My daughter is a teenager at home, isolated and at a time when we want her to become independent and learn new skills. Her GCSEs are cancelled, no work experience last year and her Dad and I work from home."

"(My baby) had a fear of meeting other adults when we could mix..... very clingy to me and would not go to other adults, even grandparents."

"Thank you so much. It has been such a relief to speak to you. I wasn't sure where to turn to next. It's really difficult to know who to contact in lockdown. I felt I was the only one. I really appreciate you taking the time to send me resources. It is good to know that you are there if I need any more support."

"I am so grateful you rang me back on the same day, I thought it would be at least tomorrow. I can normally talk to someone in the school, but due to lockdown it is hard, and I have all three children at home with me."

3. Local Response to National Guidance

3.1 Initial Prioritisation Measures (phase 1): March-June 2020

On the 19th March 2020 NHS England & NHS Improvement wrote to all providers to outline COVID-19 Prioritisation within Community Health Services. Specific advice was also given for community child and family services. This set out guidance regarding the prioritising of services, including listing those services classed as 'essential' which needed to be protected as a priority. The essential elements for the Healthy Child Programme were identified as:

- The Antenatal and New Birth Visits
- Maintaining a single point of access
- Safeguarding work
- Family Nurse Partnership

At the beginning of the pandemic the Healthy Child programme rapidly responded to the national guidance and amended its service delivery. Essential service delivery was maintained with families able to contact the service either by telephone or text messaging throughout.

In terms of the clinical support available to families, the service has been able to maintain a more extensive offer of support than that recommended in the national guidance documents, with all the 5 mandated contacts being maintained. In Cambridgeshire and Peterborough no staff from the service were required to be re-deployed to other areas of the NHS.

During the antenatal and initial post-natal period Health visitors were supported to use their clinical judgment as to whether the contact was required to be 'in person' or delivered as a virtual contact. The decision making was based around levels of known vulnerabilities with each individual family. During these early weeks the use of video conferencing to assess and support families was implemented in order to provide staff and service users with the tools to offer a blended approach. Essential Health visitor appointment clinics were

established in order to have a place to see infants for physical assessment and review if indicated. The use of Personal Protective Equipment (PPE) was also implemented in line with guidance from the Department of Health. Since no HCP practitioners were requested to be redeployed, the service was also able to continue with the 1- and 2-year development reviews undertaken by the Community Nursery Nurses utilising the flexibility of contact methods.

Within the Enhanced Young Parents Pathway, a similar approach was implemented. However due to the higher levels of vulnerabilities for those teenage parents being supported under the Family Nurse partnership Programme a higher proportion of the contacts were delivered 'in person'. This was due to several of the teenagers finding engagement over the video platform difficult due to self-esteem issues, challenges of data usage and often more difficult social circumstances.

In the 5-19 pathway the School nurses were also supported to consider and use their clinical judgement on the most appropriate mode of engaging with young people to address their emotional and physical health needs. During this first national lock down many young people were not in education so in order to reach out to young people the service undertook a social media campaign to advertise Chathealth. During this time text messages received into the service from young people increased 3-fold (see section 4.1.3 for further information). At this time staff from the Healthy Child Programme and the Emotional health & wellbeing teams worked collaboratively to deliver Chathealth. This was in order to share expertise from the clinicians across both teams and build resilience within the service offer as the progress of the pandemic was unknown at that time.

The vision screening offer for year reception children was required to be paused at this point until an alternative delivery model could be considered and articulated. The service worked closely with the lead orthoptists and clinical experts to devise a parent led assessment and the offer of a follow up community clinic appointment to undertake the vision screening if indicated.

As the service became more aware of the increased level of vulnerability for the families across Cambridgeshire & Peterborough and the urgent requirements of amending service delivery due to the pandemic, one approach taken was to strengthen existing partnership relationships with a view to enable timely sharing of information and to update professionals regarding amended service delivery offers across the system. Monthly meetings were established with acute midwifery partners from all three providers; weekly meetings were established across health & children's social care and a similar forum set up with Child & Family centres and Early Help services. These forums have been incredibly useful in keeping up to date with partners in terms of approach and how best to work together to meet the changing demand and have also facilitated further strengthening of relationships across key partner agencies.

3.2 Recovery & Restoration (Phase 2): June - September 2020

During this time the HCP continued with its blended approach to offering health support to children, young people and their families. As the pandemic progressed the service began to experience higher levels of parental anxiety. Telephone calls and text messages into the service began to rise and requests for support to new parents increased. There were increased requests to support with infant feeding issues; more requests for health

assessment in young people; and support for families experiencing domestic abuse appeared to be on the increase.

Nationally data began to emerge that due to parental pressures there was an increase in non-accidental injuries in babies. Whilst we had not seen this increase in Cambridgeshire and Peterborough the service did conduct an audit of records of all babies born during lockdown to ensure that an assessment had been undertaken of all infants. From the cohort of infants born during the period 16 March 2020 to 31 October 2020, only 9 babies out of a cohort of 5978 had not received a holistic Health Visitor assessment where the infant had been seen. The service has now contacted these families and assessed their health needs.

From September families were also able to access some in person groups support from Children's Centres that reopened for pre-booked groups and activities with a focus to support parents of babies born during the pandemic. In addition, self-weighing stations were re-opened at these sites.

3.3 Recovery & Restoration (Phase 3): October 2020 – Present

In November 2020 plans were developed to re-introduce more 'in person' assessments and interventions. However, since the new, more transmissible variant of the Covid-19 virus has become more prevalent and the third National Lockdown was announced on 4th January 2021, a decision has been made to pause and continue to deliver the blended approach using virtual technology. Due to the on-going concerns around parental stress and impact on infants the service engaged in a partnership approach to share a key public health message to families branded as ICON, delivering the message that all babies cry, and its ok to put baby in a safe place and walk away to avoid the heightened risk of harm to the infant - further information can be found in section 6.2: Support for New Parents.

Also in November, a letter was issued by the Chief Nurse Office calling for the Healthy Child Programme to be protected in the event of any NHS redeployment to support the Covid-19 response. This position is supported locally and by Public Health England.

As the country moves into a third national lockdown, the service once again has had to review how it operates – further information can be found in section 9: Learning so far and future planning.

4.0 Universal & Community Offer

- 4.1 The HCP must be able to provide health advice, information and signposting to services and support. This needs to be easily accessible to parents, young people and other professionals alike. This is done via the Single point of access (made up of the Call Us, Text Us and Chat Health services), alongside the digital offer including the website and social media messaging.

It is important to understand the changing demand on this part of the offer within the broader context of what was happening in communities during this time. The increase in

contacts has direct correlation to the period in which there were significant adverse changes to the wider community support usually available to new parents. Children's centre and community groups had to close their group activities, usual peer support with other new parents was only available online, and support from extended family and other support networks significantly curtailed. Staff have reported that access to the universal community element of the HCP has in part acted as a gateway for parents to express their concerns and anxieties which may have previously been allayed through other support networks.

In early April 2021, as a result of the pandemic, a decision was made to expand access via the 'Call Us' number to include the Emotional Health and Wellbeing service, Children's Paediatric services and Children's Specialist therapy services in order to increase resilience within all these teams through sharing resources.

4.2 **Single point of access**

4.2.1 **'Call Us' telephone number**

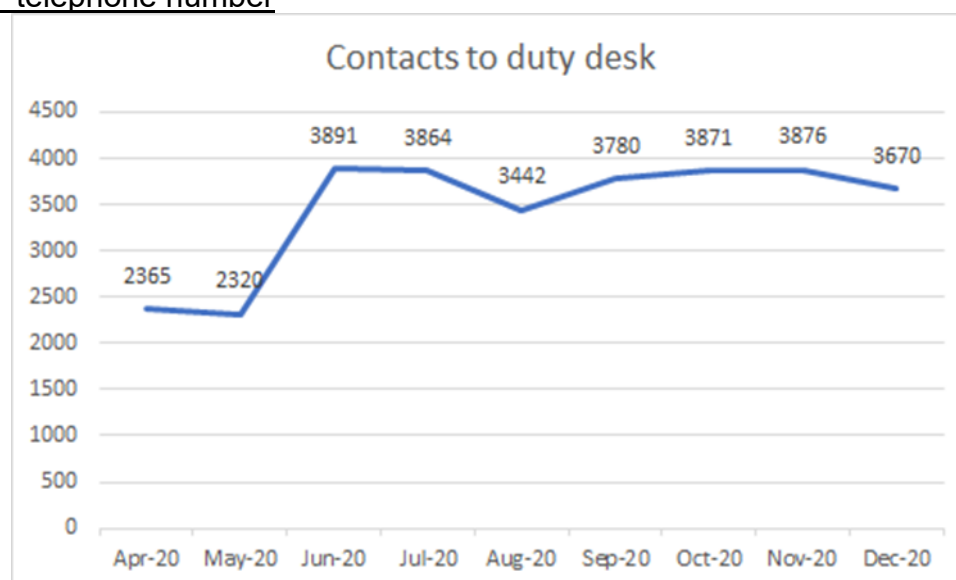


Figure 1: Contacts to Duty Desk, Apr-Dec 2020

The volume of calls to the SPA increased significantly from June 2020, in line with the measures outlined above to expand the breadth of services covered by the duty line and has remained steady ever since. When compared against the 2019 position, as outlined in figure X below, there was an initial dip in April and May 2020, when the initial lockdown measures were introduced, however as communities began understanding living with the restrictions the pandemic has caused, contacts to the HCP have increased significantly compared to 2019 and have remained relatively steady from June onwards.

"I rang the number, got through straight away with no wait and got an appointment." - parent

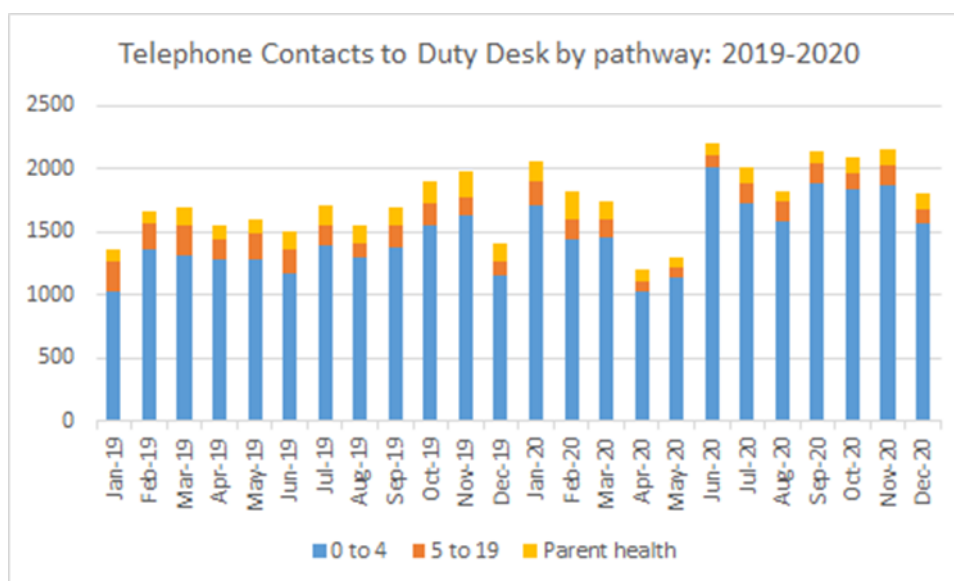


Figure 1: Contacts to Duty Desk 2019-2020 by pathway

4.2.2 'Text Us' service

The texting offer of the 0-5 Healthy Child Programme has witnessed a significant increase in demand over the Covid-19 period, as shown in table 1 below. This indicates that parents and carers are accessing the service in a more responsive way (rather than waiting for a mandated contact appointment) to address the unmet health needs of their child and that this is a contact method which is proving increasingly popular with families.

Cambridgeshire and Peterborough Parent Line				
Month/Year	Messages Received	Messages Sent	Conversations Opened	Conversations Closed
Jun-2019	1	2	1	1
Aug-2019	1	2	1	1
Sep-2019	6	10	3	3
Oct-2019	185	277	43	43
Nov-2019	242	378	73	73
Dec-2019	233	373	88	88
Jan-2020	436	625	123	121
Feb-2020	581	811	155	153
Mar-2020	854	1266	261	261
Apr-2020	847	1256	238	239
May-2020	818	1187	220	219
Jun-2020	816	1151	221	223
Jul-2020	1331	1930	415	415
Aug-2020	1261	1843	408	397
Sep-2020	1275	1783	344	355
Oct-2020	886	1227	258	234
Nov-2020	1140	1563	272	296
Dec-2020	927	1273	234	192
Totals	11840	16957	3358	3314

Figure 3- Text Us contact usage

The Text Us service is managed by a qualified Health Visitor on a rota basis, enabling messages to be risk assessed and triaged appropriately, escalating up or down as required. The line is manned Monday to Friday 8:00-17:00 and has operated as usual throughout the

pandemic. The main issues being inquired about are infant feeding followed by child development.

4.2.3 Chat Health Usage

The Chat Health service is managed by a qualified School Nurse on a rota basis, enabling messages to be risk assessed and triaged appropriately – escalating up or down as required. The line is manned Monday to Friday 8:00-17:00 and has operated as usual throughout the pandemic including during school closures and holidays.

Early in the pandemic in order to build further resilience and to think about working together across wider community health teams, the service developed its relationship further with the Emotional health & Wellbeing team particularly knowing that schools at the time were closed so both services worked together to co-deliver the Chathealth offer to young people. This was very well received by staff from both services as it enabled the sharing of clinical expertise and joined up working practices to support young people.

Cambridgeshire and Peterborough School Nursing Team		
Month/Year	Messages Received	Messages Sent
Jan-2019	445	487
Feb-2019	646	809
Mar-2019	457	573
Apr-2019	411	471
May-2019	349	468
Jun-2019	465	541
Jul-2019	493	459
Aug-2019	80	115
Sep-2019	320	352
Oct-2019	341	443
Nov-2019	581	640
Dec-2019	683	712
Jan-2020	610	740
Feb-2020	597	747
Mar-2020	596	659
Apr-2020	371	451
May-2020	1007	1070
Jun-2020	337	400
Jul-2020	88	138
Aug-2020	479	598
Sep-2020	444	450
Oct-2020	338	399
Nov-2020	498	637
Dec-2020	417	463
Totals	11053	12822

Figure 4- Chat Health usage

The table above highlights that engagement by young people has fluctuated during this period. Recognising the need to improve engagement and address unmet need, throughout May there was an extensive social media campaign delivered to promote the service amidst growing local and national concern over the adverse impact the pandemic, lockdown measures, school closures, and disruption to exams would have on young people. The impact of this campaign is evident in the significant increase in service access during this month, with the number of texts from young people almost tripling during this month. As much of the previous promotion of the Chat Health service came via schools directly, it was imperative that the HCP needed to think creatively in how to reach this cohort of young people and remains an ongoing piece of work.

4.3 Digital development and self-help

There were plans already in place within the service redesign programme to develop the digital platform of the HCP to improve self-help capabilities and provide easy access to information for families. The impact of Covid-19 on community services accelerated the need to focus on this as an area of priority.

The service has developed its digital offer extensively and the website www.bit.ly/nhscambspboro-hcp includes advice and guidance on areas such as: infant feeding support; childhood development; childhood illness; and safeguarding. Furthermore, a Covid-Specific Webpage for families with children who have complex care needs has been developed. This covers concerns such as feeding, bones and joints, emotional support and behaviour, equipment and epilepsy and information for clinically extremely vulnerable (shielding) children and Covid-19. Since April 2020 when the website pages were developed there have been in excess of 10,000 users. The data in the infographic below (Figure X) demonstrates that families appear to have been extremely receptive of this new offer, with traffic to the site increasing exponentially since the launch in March, both in terms of individual users and the length of sessions/interaction within the website.

Figure 1: Website traffic March-November 2020



The pandemic has also significantly altered the ways in which services communicate with families and the need to have an active presence on social media channels has never been more pressing. This period has bolstered organisations across the system to come together to share one another's social media content to maximise reach, ensure consistent messages are shared to families and continue to promote support available to families during this time. In addition to a formal online digital help offer, throughout the pandemic the HCP has continued to promote services and information for families via Facebook and Instagram social media channels.

5.0 Mandated Health Visitor Contacts

The HCP 0-5 service, led by health visitors and their teams, offers every child a schedule of mandated health and development reviews, screening tests, immunisations promotion, health promotion guidance and support for parents tailored to their needs, with additional support when needed and at key times.

The 0-5 HCP service recognises six high impact areas:

- **transition to parenthood** and the early weeks
- maternal (perinatal) **mental health**
- **breastfeeding** (initiation and duration)
- **healthy weight** (including healthy nutrition and physical activity)
- managing minor illness and **reducing hospital attendance** and admission
- health, wellbeing and development of children aged 2 and **school readiness**

As outlined in section 3.0, locally the HCP were able to maintain an offer for all the mandated contacts throughout the period, which is commendable, especially as regionally across the East of England this was not possible for some areas. The competing pressures created by the pandemic meant that performance and ability to meet KPI targets was not always achievable.

Due to Covid-19, some of these contacts were held virtually, either by telephone or video conferencing. The workforce is encouraged to undertake risk assessments and their professional judgement to determine the most appropriate method to deliver the contact. Staff are following infection control recommendations in line with the NHS Trusts infection control protocols and using the appropriate personal protective equipment for all in person contacts.

5.1 Antenatal Contact

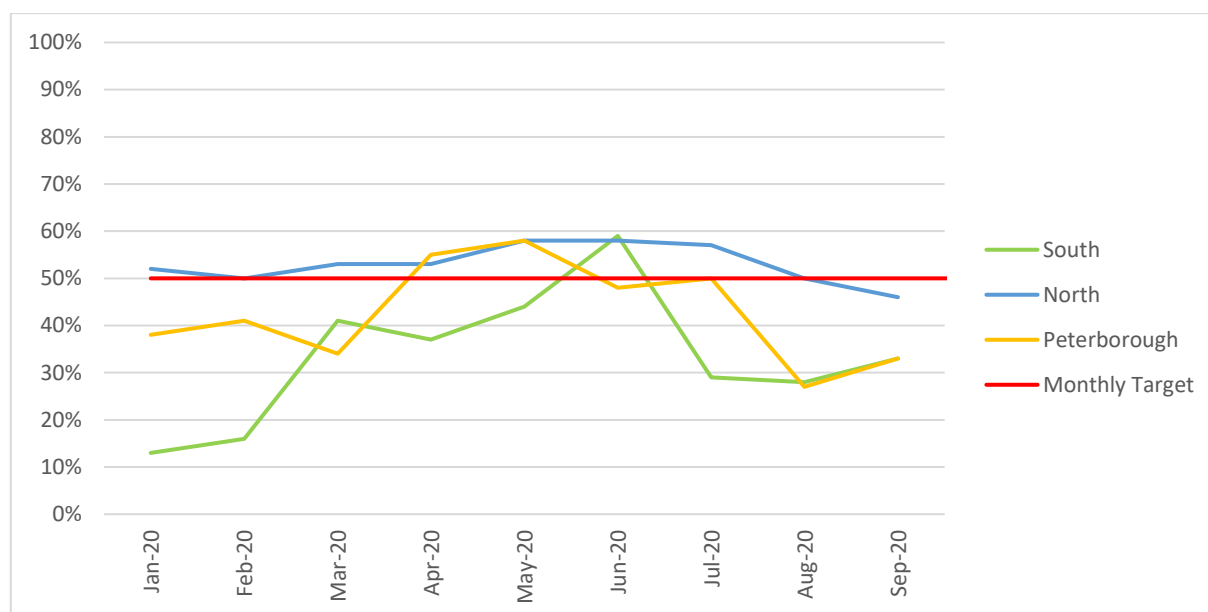


Figure 2: % families receiving an Antenatal Contact, Jan-Sept 2020

There is no national target set for this contact, although it continues to be a mandated visit. Across the county a local target has been agreed at 50% with a longer-term goal of achieving 90% of all antenatal contacts. Initially this was set to be achieved by the end of 2020, however Covid-19 has significantly impacted ability to work towards this.

Performance against this target increased substantially in the early part of the pandemic following a drive from team managers and whilst this is a considerable achievement, the improvement was seen during a period where this contact was preserved as an essential service within national Covid-19 guidance for Community Services. Performance subsequently decreased following this success and is more in line with previous averages. Staffing capacities and increased demand in other areas of the service have been cited as reasons for this decline.

Due to Covid-19, a number of these contacts were delivered virtually, either by telephone or video conferencing. First time pregnancies and vulnerable women continue to be prioritised by the service to receive a face to face in person antenatal contact and as the service moved into phase three of their service restoration plan, all families have started to receive a face-to-face contact in person for at least one of the 3 first mandated contacts, including the antenatal contact.

Feedback from staff has highlighted that a general increase in parental anxiety due to the restrictions imposed by the pandemic caused this contact to take far longer than it did previously as families were expressing more concerns and having more questions. This was adding to capacity pressures, so a creative solution has been implemented to address the issue. From January 2021, all families are being signposted to this [video](#) to watch in advance of the antenatal contact, which outlines key information, expectations and

introduces the HCP. This is then followed up by a 30-minute contact which is used to focus on the areas of concern and questions held by the individual family.

Antenatal Contact: What families are telling us...

"Very clear. All information was relayed to me. Made me feel less anxious. Really liked the idea of meeting health visitor before baby arrives"

"Daisy was absolutely lovely, really helpful and answered all of my questions. She was very supportive of my decisions and made me feel comfortable whilst giving me information about what would happen after baby is born." "Clear, good connection, useful advice and video of feeding."

5.2 New Birth Visit

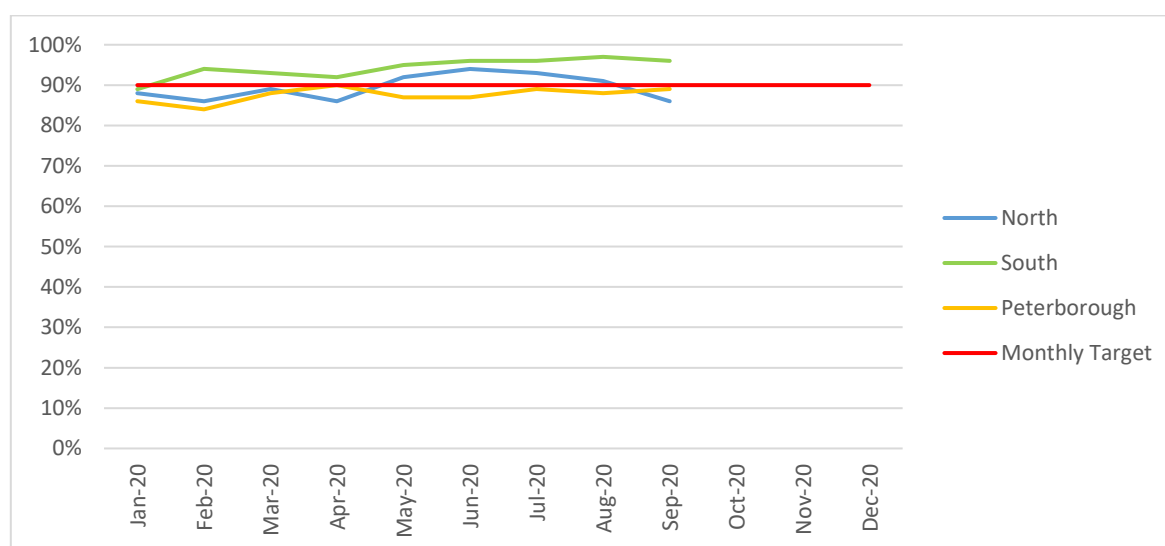


Figure 3: % infants receiving a New Birth Visit within 14 days of birth, Jan-Sept 2020

The proportion of New Birth Visits completed within 14 days of birth has stayed within target throughout the pandemic. Processes have been established to ensure that all babies receive a physical examination as part of this contact. If those completed after 14 days are included, this average increases to 96% indicating most families are receiving this contact.

The service reports that, to achieve continuity of care between the antenatal assessment and the new birth review, the new birth review has sometimes needed to take place outside of the 14-day target to a stretched target of 21 days. The thinking behind this revised time frame is to enable the service user to experience the best possible opportunity from the wider care system acknowledging that the midwife care continues until day 10 and therefore by stretching the Health visitor contact by a further 7 days this enables the most use of the universal touchpoints a new family has access to.

In the early stages of the pandemic, there were concerns over an uptick of infant admissions back to maternity wards for issues that would have usually been picked up by a Health Visitor. This prompted the establishment of essential weighing clinics which have

had their capacity extended to also offer some of the new birth physical checks that have been re-introduced. There have been no recent reports from the acute trusts of above average re-admissions.

5.3 6-8 Week Contact

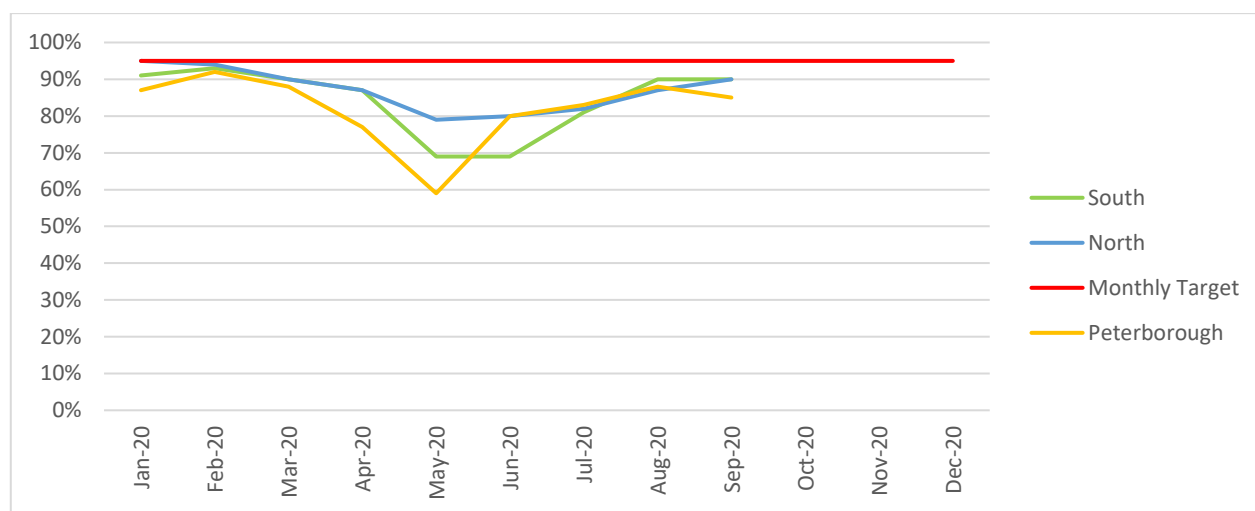


Figure 4: % of families receiving a 6-8 week contact within 8 weeks of birth, Jan-Sept 2020

Performance has shown improvement following a significant dip between March and May 2020, where activity dropped substantially due to the early Covid-19 response, when national guidance did not prioritise this contact as an essential service.

As with the New Birth visit, it has been agreed between the commissioners and the provider to adjust the timeframe for completing this contact from 8 weeks to 12 weeks.

This has been agreed to ensure that families are receiving support at the most appropriate time and that we are spreading out the touch points families have with professionals during this period of limited social contact. Considering that infants also receive a GP review at 6-8 weeks, extending this contact to 12 weeks allows Health Visitors to schedule this contact with a family at the most appropriate time.

"Melinda put my mind at ease with the few questions I had, and was very thorough with questions etc. Conversation flowed, so didn't feel awkward like some calls can be. It was so nice to hear that as parents we're doing an alright job - I know it's not something anyone will give you an award for but as first time parents it's nice to know that you're on the right track!"
- parent

5.4 12 Month Review

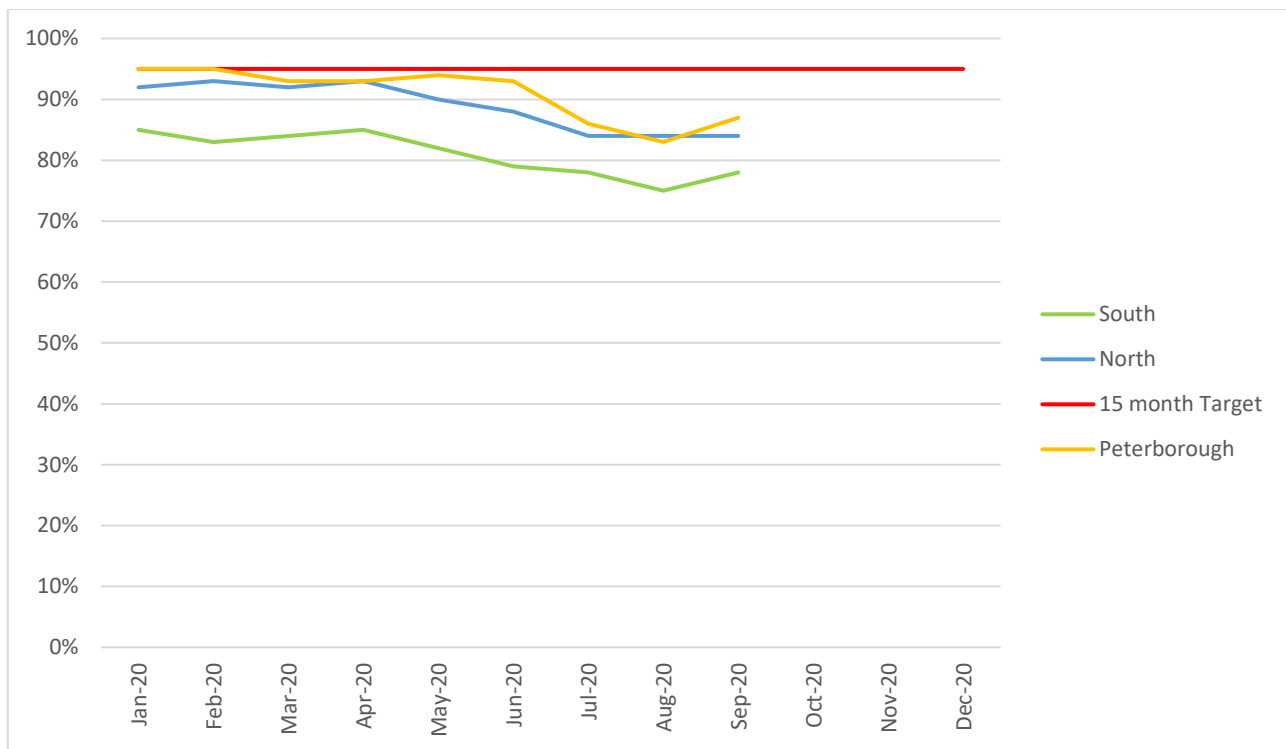


Figure 5: % of infants receiving a 12 month development review by 15 months, Jan-Sept 2020

Performance had decreased over the summer but is starting to show signs of improvement. If exception reporting was included, which included those where an appointment was offered but declined or not attended by the family, this would increase the average performance to 98% of families having this review by the time the child turns 15 months. There was an increase in numbers of families opting out of this contact during the summer compared to previous quarters, which is likely to be due to Covid-19 coupled with the Summer Holiday period. Assurances are in place to make sure vulnerable families (those on Universal Plus or Universal Partnership Plus pathways) are receiving this contact and an escalation plan is put in place if these mandatory visits are missed.

5.5 2-2.5 Year Review

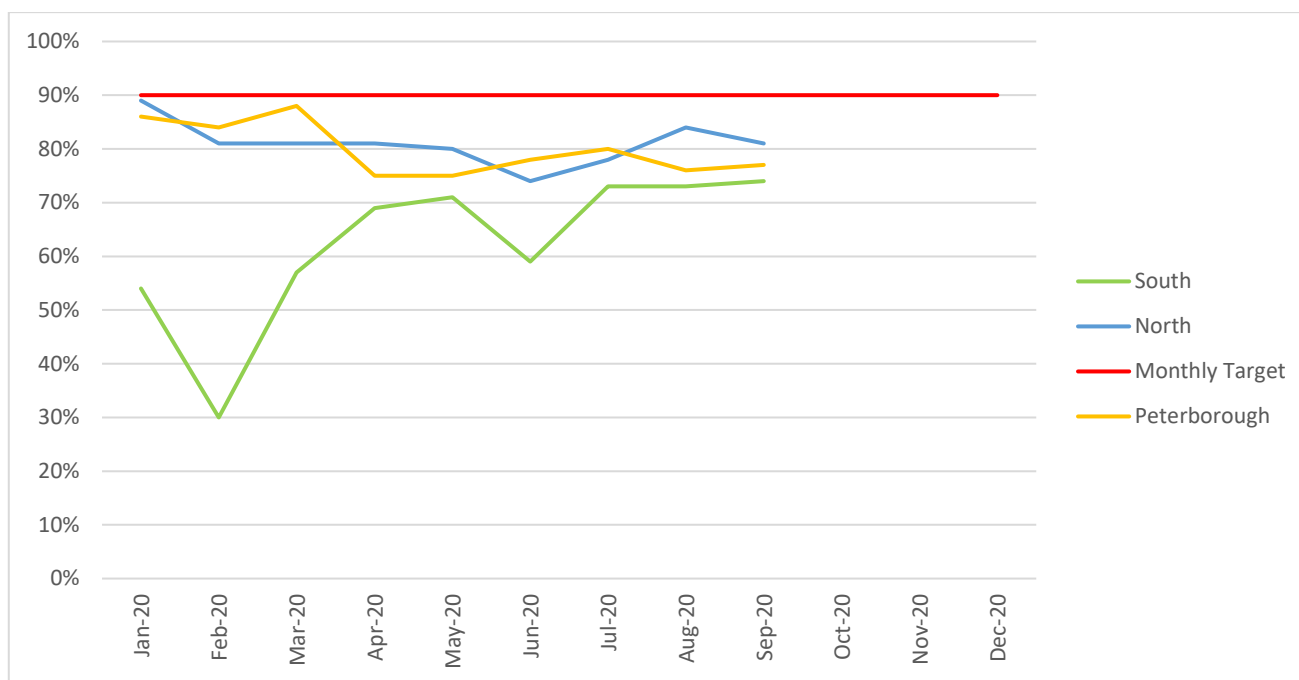


Figure 6: % infants receiving a 2-2.5 development review, Jan-Sept 2020

Performance has for the most part remained stable throughout the period. If exception reporting is accounted for, performance would increase to 97%. This means that most families were offered a contact, however on occasions these were not wanted or not attended by the family.

"We went through all the ASQ paperwork thoroughly and I was given time to consider if there was anything further I wanted to discuss. I was offered, and accepted, a referral to the audiology department. We also covered additional safety and mental health issues, and I was given some very useful recommendations. Five star service!"
- parent

5.6 Contact Methods

As outlined in 3.0, the pandemic has meant that community services had to rapidly review service delivery in a context where face to face visits were required to be kept to a minimum. Both NHS trusts worked swiftly to establish 'Attend Anywhere' as a video conferencing platform to enable face-to-face contacts virtually and this started to be rolled out from May 2020.

Throughout the pandemic clinicians have been encouraged to use their professional judgement to aid clinical decision making on the most safe and appropriate way to complete contacts and interventions with families.

Figure 9 below, highlights that overall activity has increased significantly during this period, by and large through the volume of contacts made by telephone. It is important to note that these figures do not include the broader enquiries made via 0300 duty desk number outlined in 4.1.1. This signifies that increasingly families are requiring more follow up calls outside of the core mandated contacts, which creates added pressures of staff capacity and workload.

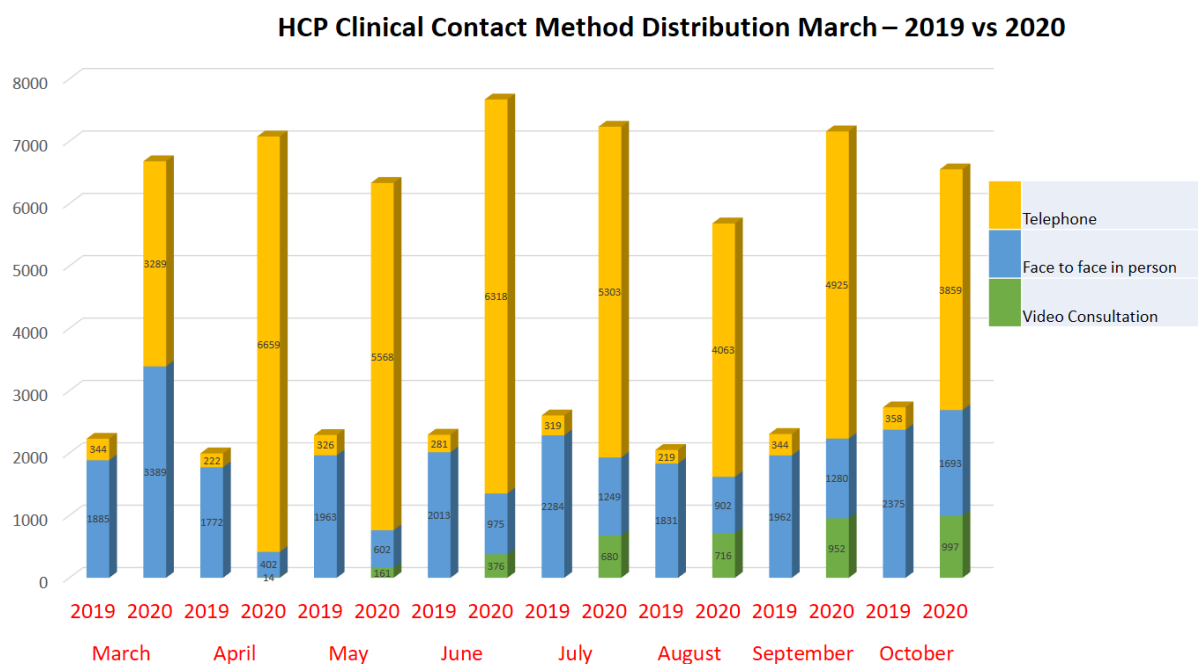


Figure 7: HCP Contact Methods 2019 vs 2020

Figure 9 also illustrates that the HCP have been able to deliver a significant number of face-to-face in person contacts for families who require a more enhanced service offer. The use of Attend Anywhere videoconferencing has been slowly increasing since it was introduced in May. It is recognised however that use of these technologies cannot replace the value of home visiting, especially for vulnerable families where internet access, space and data allowances can be barriers to engagement.

"As the virus lock down was still existing, we could not do a visiting appointment, so instead of cancelling it, it was scheduled as telephonic appointment, which I very much appreciate. Because, it was very helpful for me." - parent

Video Consultation & Virtual Contacts: What families are telling us...

"She was very good, very thorough, supportive and helpful. Being able to see her on video was great as it's more personal."

"Our son is used to video calls so worked well, might be harder if he wasn't"

"Very clear, professional, thorough, very nice and approachable. Video calls are good and currently necessary but I wouldn't want them to replace all home visits! They are still needed too."

"Worked seamlessly and easier than bringing two children into the centre!!"

6.0 Universal Plus & Universal Partnership Plus Activity

Where there are concerns about a particular aspect of a child's development a family may require additional advice, support and follow up from the HCP. Examples of this include care packages for maternal mental health, parenting support, baby/toddler sleep problems, enuresis, behavioural or mental health in children and young people, domestic violence and safeguarding concerns. When the HCP is the only service providing additional support, then the family is placed on the Universal Plus pathway; when other agencies are involved then the case is allocated to the Universal Partnership Plus pathway.

Throughout the Covid-19 pandemic, the HCP clinicians have been reporting that the universal plus and partnership plus element of the programme has been increasing and the cases they are supporting becoming more complex. It is likely that the loss of wider family and community networks may be a contributing factor to this situation in addition to socio-economic factors such as loss of job security and income.

During this time the service has demonstrated themes in increased activity through the analysis of data to support the emerging feedback for front line clinicians. The data sets show a comparison month by month from 2019 to 2020.

Figure 10 below acutely demonstrates the increase in families requiring to be on UP and UPP pathways and this increase is reflected in staff perceptions of an increasing workload and holding of risk which comes as a result of having a caseload with increasing complexities and vulnerabilities.

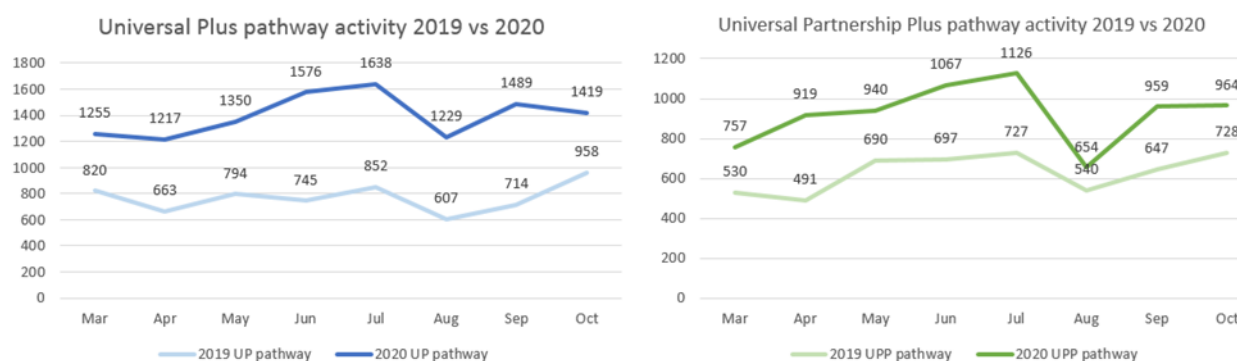


Figure 8: UP & UPP pathways caseload comparison 2019 vs 2020

Figure 11 below shows the contact method for these targeted interventions.

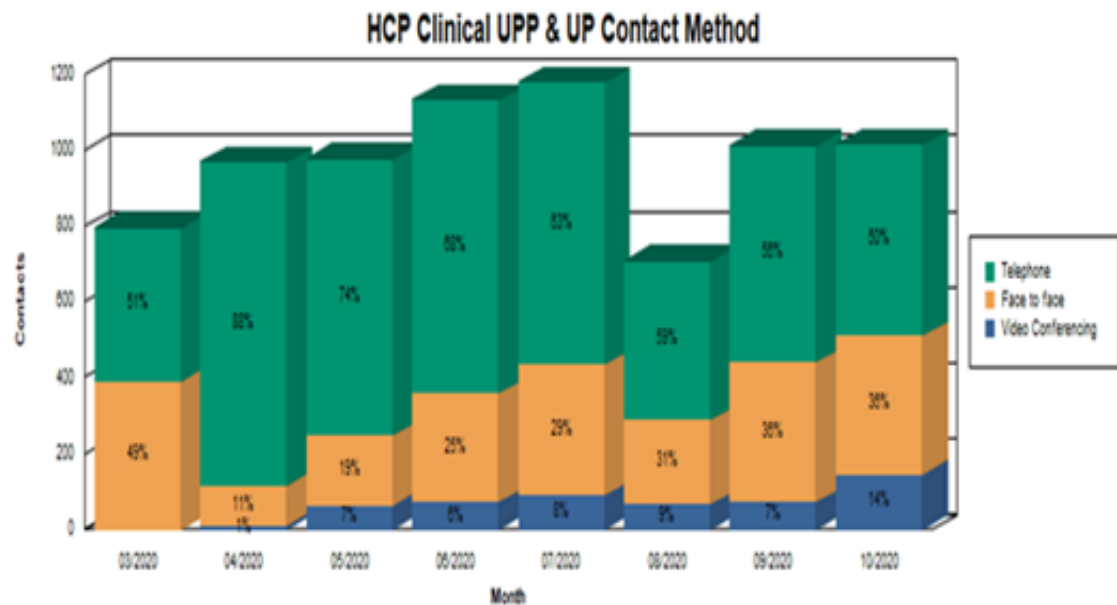


Figure 9: Contact methods for UP & UPP caseload, Mar-Oct 2020

6.1 Safeguarding & Domestic Violence

6.1.1 Domestic Violence:

Due to the impact of the pandemic on the reported increased pressures within family units, the level of support to families identified with domestic abuse concerns saw an increase in the early part of the pandemic, when lockdown restrictions were at their tightest and therefore it is plausible to assume a potential correlation. There has also been an uptick in November, when the second national lockdown measures were imposed.

The chart below (*figure 12*) demonstrates that the service has been able to safely continue to identify and put in place the appropriate support to families where this is an issue, amid national reporting of concerns the pandemic has had on further hindering the ability to identify domestic violence concerns, which are already a largely hidden issue.

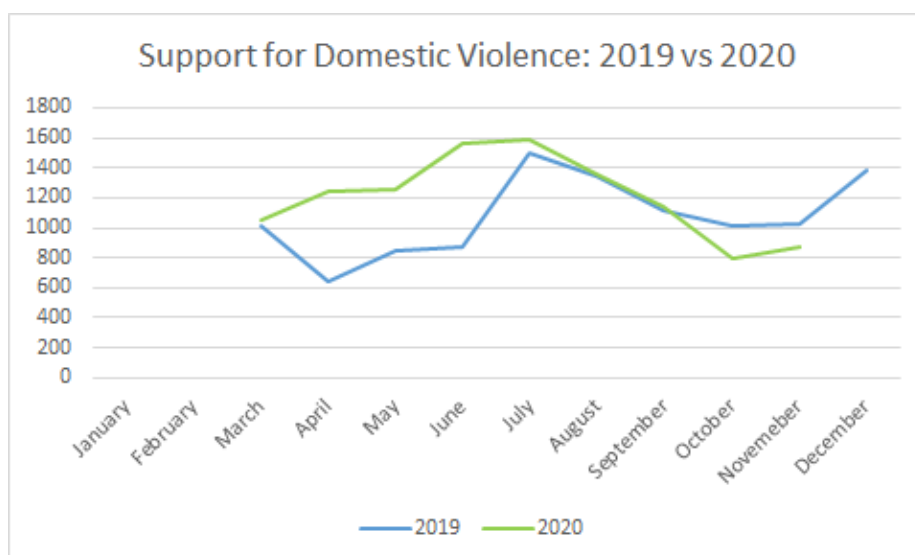


Figure 10: HCP interventions for Domestic Violence comparison 2019 vs 2020

6.2.1 Attendance at Initial Child Protection Conferences (ICPC's)

Requests for attendance at statutory safeguarding meetings has shown growth within the 0-4 (Health Visiting) cohort compared to 2019, however there has been a considerable decline in 5-19 ICPC activity (see figure 13, below). It can be assumed that this is likely due to school closures adversely impacting this visibility of young people by other professionals, causing a broader reduction in referrals to both Early Help and Children's Social Care for these age groups.

Reassuringly however, the chart below indicates that the HCP remained available to support colleagues in attendance and maintain safeguarding responsibilities throughout the pandemic in line with the demand elsewhere within the system.

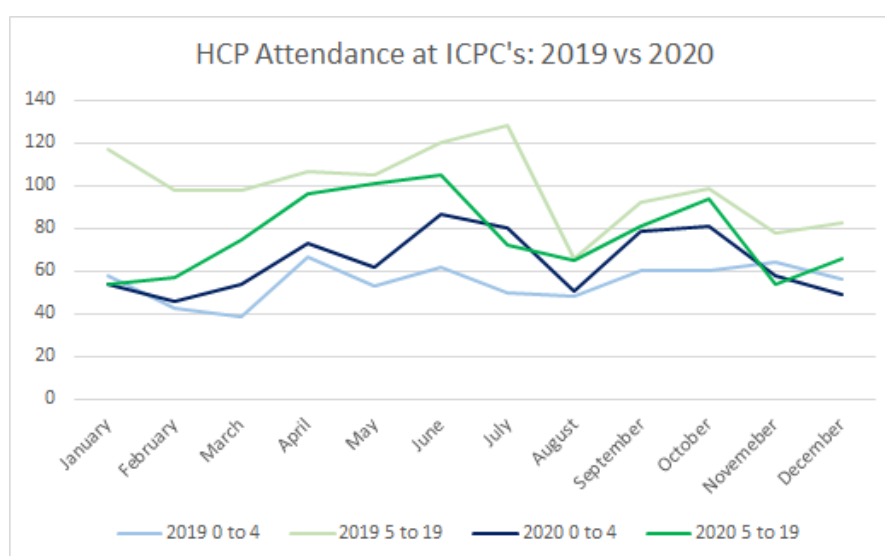


Figure 11: HCP attendance at ICPC by pathway, 2019 vs 2020

6.2 Support for new parents

6.2.1 Infant Feeding and Parental Anxiety

As the pandemic evolved, the service has seen an increase in requests for support for infant feeding advice and guidance. However, in a number of these cases the anxiety that parents are experiencing as new parents is broader than just infant feeding. The restrictions mean many new parents have been cut off from 'in-person' their support network of family and friends, and that lack of informal support can have a negative impact on parental mental health.

Figure 14 below needs to be considered within the context of pandemic. In an environment whereby in-person community breastfeeding support was delivered virtually and many women, due to the lockdown measures in place, had more time to focus on establishing breastfeeding, it is understandable that the HCP Infant Feeding Team saw an increase in activity, especially during the early part of the pandemic.

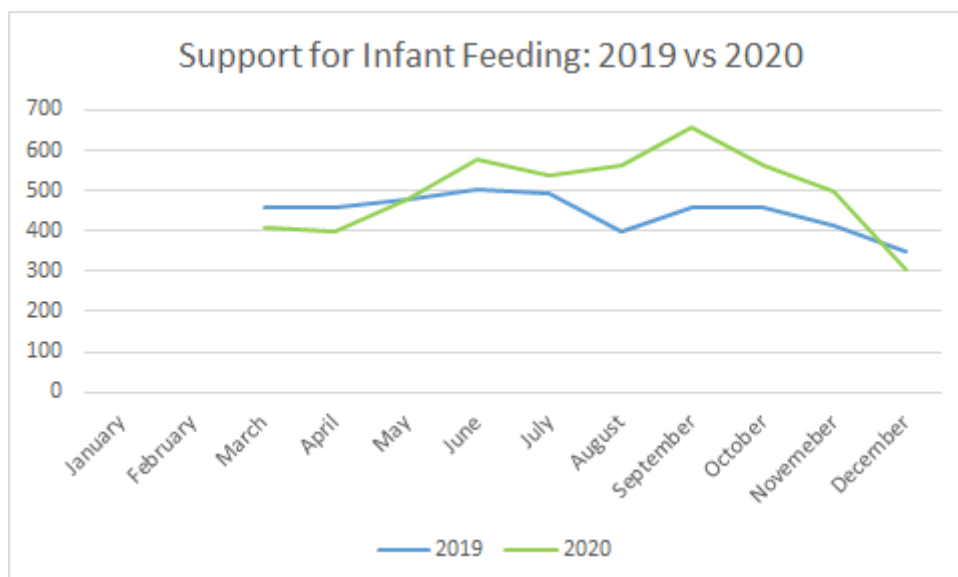


Figure 12: HCP interventions for infant feeding 2019 vs 2020

Support for infant feeding requires a visual examination, therefore this service were early adopters of using video consultation methods to provide support to mothers, however the service lead reported that even with these mechanisms in place, more women were seeking follow up contacts and repeated support prior to lockdown measures, which was adding strain on the service. It was because of this the HCP were quick to identify that something wasn't working, therefore this service was prioritised when planning re-establishing clinic-based in-person appointments.

Chart 14 above demonstrates that during a period when many face-to-face community breastfeeding support services were compromised, the HCP endeavoured to ensure as many women as possible were continuing to get the specialist support needed to continue with the breastfeeding journey.

In addition to ensuring channels remained open to seek breastfeeding support when mothers needed it, data captured by the HCP indicated that during this period, there has been no notable change in breastfeeding prevalence rates at the 6-8 week mark (*figure 15*,

below), which is commendable considering that this is also set against a backdrop when maternity services have anecdotally witnessed a decline in the proportion of women breastfeeding at discharge coupled with an increase in women bringing formula onto the ward to use if breastfeeding cannot be achieved.

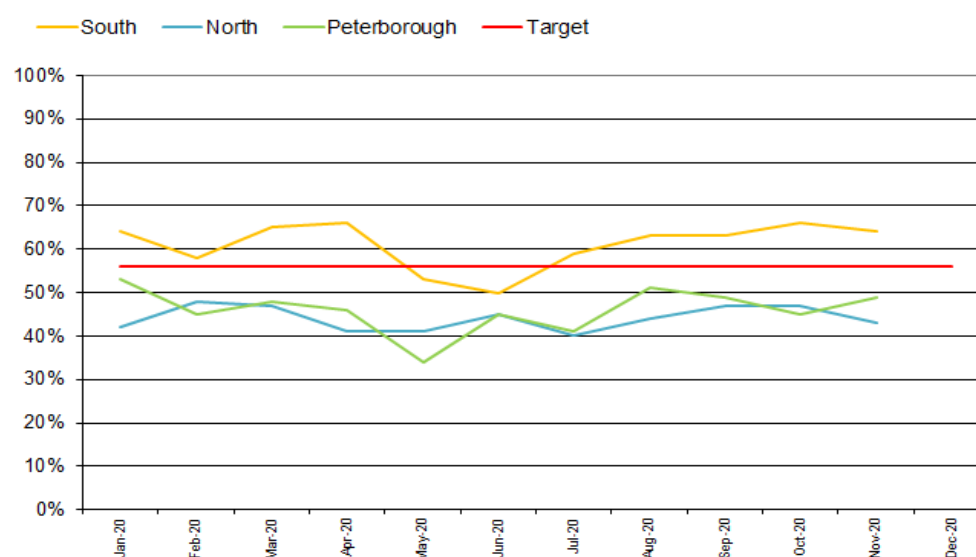


Figure 13: Breast prevalence by locality at 6-8 weeks post-partum, Jan-Nov 2020

Support for Infant Feeding: What families are telling us...

"Nina knew all my troubles, the ups and downs. She was there for me all the time for 3 months. She was so supportive. I feel she is my little guardian angel." - Infant Feeding Team

"It totally made the difference with tricky breastfeeding. Just being there and just shows what's possible with this way of working. Gen was absolutely amazing. She put a really good plan in place, all her positivity, calling me and being kind. It was really valuable support in the context of having a baby a couple of days before Covid when I couldn't see Mum or sister or anyone else." Infant feeding Team

"The breastfeeding ladies were calm and so kind. I felt listened to and my problems/worries were heard. They offered genuinely helpful advice and when it didn't work they had other suggestions to help. I wouldn't have been able to sustain breastfeeding my newborn if it wasn't for their help and guidance. And providing a really safe space to bring concerns."

6.2.2 Non-accidental injury & safety

As the pandemic evolved the service considered the national landscape particularly with some of the data that was emerging nationally regarding the increased concerns regarding non accidental injury particularly in the under 1 year age range (Babies in Lockdown published 5th August 2020 OFSTED). As a result of the findings, that babies crying and increase parental stress during the pandemic for some families can be detrimental, the service adopted the I.C.O.N public health message to support parents to understand that it is 'normal for babies to cry and comforting methods can sometimes help, and it is Ok to walk away and that a baby should never be shaken'. This approach has been adopted across the partnership in Cambridgeshire & Peterborough with sign up from the Safeguarding Partnership Board.



Figure 14: ICON promotional advert

6.3 SEND Support

Particular attention has been given to ensuring that we continue to support our children with SEND during this period. If following on from the one- or two-year reviews there is an identified need for further assessment then children and families have been invited into clinic settings for a 'Schedule of Growing Skills' assessment (SOGS), where this can take place in an environment that is safer to manage the Covid-19 risks.

Referrals to Early Support have continued as normal. There are also SEND champions in each area to support staff with decision making and referrals as required. The SEND lead for the service has ensured that the families are aware of how to contact her and the Champions throughout Covid-19. The liaison meetings with partner agencies for SEND have also continued throughout this period.

To support families at home during the Covid-19 crisis the team have promoted access to our web pages and have included links to services who can support. Work is ongoing on a project, together with Community paediatricians, to provide information and guidance for parents of children who struggle with sleep issues to be added to the webpages.

6.4 Support for young parents

The FNP programme and Young Parents Service has remained open throughout pandemic, albeit some of interventions have been delivered in a different way. Clinical decision making takes place on whether an FNP nurse is needed to physically see a young person or whether a blended method of delivery of virtual and face to face is more appropriate.

There has been mixed feedback regarding use of virtual tools. Issues with self-esteem and internet poverty been barriers to video conferencing for several clients. Locally the team have reported witnessing an increase in Domestic Violence, drug use (mainly cannabis among partners) and mental health issues (specifically anxiety), which have been exacerbated by the pandemic and lockdown measures. There are early indications to suggest the cohort may be getting younger, but this will become more apparent over the next few months and will need exploring in line with broader changes in the birth rate during this period.

"The information given by the health Visitor and the young parent partner is very helpful and makes me feel a bit more confident in what I have already done in preparation for arrival for my baby" - parent

Support for young parents: What families are telling us

"Some clients have felt that they can be more open and honest as it is less intrusive and they feel more comfortable talking about issues they might find difficult talking face to face."

"As many services have offered a much reduced or no contact the consistency of FNP has been positive for many of the clients and has enabled ongoing support and assessment, particularly in relation to safeguarding and mental health"

"For some clients telephone/video calls have enabled a greater degree of flexibility for example being able to have contacts at times of day or locations that wouldn't usually have been possible."

"Some clients have a number of professionals working with them, who are all offering virtual appointments and clients say this difficult to manage to be present on a virtual call, at the same time as meeting the demands of their baby/toddler"

7.0 Vision screening

- 7.1 School Entry Vision screening in Reception Class (aged 4/5 years) is a helpful aid in the early identification of vision difficulties, which, if undetected can have a lasting impact on educational attainment. The provider offers an Orthotic-led service to identify all children in the cohort with visual defects, including amblyopia, refractive error and strabismus (squint). For the 2019/20 Academic Year, screening had only taken place in Cambridgeshire - this had been set to be rolled out across Peterborough from April so that by the end of the school year all areas would be covered, however the programme had to be suspended due to the school closures in March. Since the beginning of the 2019/20 academic year in September 2019, 53% of eligible pupils across Cambridgeshire had been screened up until the point of school closures in March 2020.

As set out in **Error! Reference source not found.**, arrangements are in place to deliver a county-wide Orthoptist-Led Vision Screening Service, supported through the NWAFT specialist Orthoptist service. All screeners have successfully completed their competency assessments delivered by a qualified Orthoptist. To pick up 'missed screens' all families were written to asking them to self-assess their child's vision and a community-based clinic service was implemented throughout the Autumn to carry out screening tests on children

where there were identified concerns. The service also wrote to all schools to advise staff they could notify the service if they have any professional concerns regarding a pupil's vision. Planning is now underway to on how to best deliver this service for the 2021 academic year.

Vision Screening: What families are telling us...

"I was surprised that it was an immediate appointment. I thought I would have to wait about 6 weeks."

"It was focussed on the child, very child-friendly and good screening."

8.0 Staffing & Capacity

- 8.1 Throughout the pandemic the Healthy Child Programme has been fortunate that no staff have been required to be redeployed to other areas of the NHS resulting in the workforce being able to sustain and continue to deliver health care to support children, young people, and their families. However, the pandemic itself has caused some pressures around staffing capacity as expected. Whilst there has been some staff absence because of the situation, other pressures have been created due to some staff requiring to shield or self-isolate due to their own health vulnerabilities or indeed members of their household being positive or being exposed to the virus. The service has also experienced some staff resignations due to the altered service delivery model or the wish to work closer to home and there have been fewer external personnel recruited during this time. An additional factor has also been that there has been a 3-month delay in newly qualified Health Visitor and School nurses completing their academic pathway and a delay in the new cohort of student Health Visitors and School Nurses commencing in post.

9.0 Learning so far & future planning

- 9.1 As we are now in another national lockdown, school closures and a mass vaccination programme roll out, it is important that we use the experiences and learning from 2020 to inform practice moving forward.

9.2 Best Start in Life

The strong relationships built across the system as a result of this programme will continue to be invaluable as we work together to support families through this time. Despite significant capacity challenges across organisations, the place-based pilots are still moving ahead with a focus on actions that will support the current situation. The planning phase for these pilots runs until the end of January 2021 with the first round of testing scheduled from February-April 2021.

Details of the pilots are outlined in Appendix 1.

9.3 Staff Capacity

Staffing pressures continue to be a concern and ongoing conversations have been taking place on how best to manage the workload, acknowledging the importance of the universal element of the Healthy Child programme whilst ensuring we can still meet the health needs of the vulnerable families. We will continue to monitor closely the impact of the new stretch targets for the New Birth assessments and the 6–8-week review, as well as the blended approach to the antenatal contact, in order to ensure these are still meeting the needs of families as well as helping to address some of the clinical activity pressures.

Against the backdrop of high infection rates, it is important that we do all we can to keep staff well and reduce the numbers needing to isolate. Infection controls measures and the consistent use of PPE will still be vitally important. The service is also swiftly rolling out its staff vaccination programme with all staff due to receive the vaccine by early February.

9.4 Vision screening

Guided by advice from the Education directorate, there was an agreement to not attempt in-school screening during the autumn term and instead focus on the community clinics. With further school closures imposed in January 2021, exploration is underway with colleagues from the acute trusts to scope out using a digital screening tool in conjunction with the parental screening questionnaires which can be done remotely in a child's home.

9.5 Supporting System wide pressures

2021 also brings with it the hope and challenge of the mass roll out of the Covid-19 vaccination programme. Healthy Child programme services and staff are not expected to be directly redeployed to deliver this, but we are working with CCG commissioners and services to look at how we can understand the pressures this programme has on capacity.

9.6 Learning from “Working for babies- Lockdown lessons from local systems” report

In January 2021 the above report was released that was commissioned by the First 1001 Days Movement (link to report in source documents). It explores the impacts of the coronavirus crisis on babies in their first 1001 days across the UK, bringing together an evolving picture of how babies' lives have been affected, and, crucially, to understand the experiences of systems and services which support them.

The HCP, as part of the broader Best Start in Life group, will use this report to audit our local systems response so far and to identify any actions that could improve our support to families.

10. **Alignment with corporate priorities**

10.1 A good quality of life for everyone

The report above sets out the implications for this priority in paragraphs 2-9

10.2 Thriving places for people to live

There are no significant implications for this priority.

10.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in paragraphs 2-9

10.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority.

11. Significant Implications

11.1 Resource Implications

There are no significant implications within this category.

11.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

11.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

11.4 Equality and Diversity Implications

The report above sets out details of significant implications in paragraphs 2-9

11.5 Engagement and Communications Implications

There are no significant implications within this category.

11.6 Localism and Local Member Involvement

There are no significant implications within this category.

11.7 Public Health Implications

The report above sets out details of significant implications in paragraphs 2-9

12. Source documents

"Working for babies- Lockdown lessons from local systems" – Commissioned by the First 1001 days movement and written by Jodie Reed and the iSOS partnership.	https://parentinfantfoundation.org.uk/wp-content/uploads/2021/01/210115-F1001D-Working-for-Babies-Report-FINAL-v1.0-compressed.pdf
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APPENDIX 1 - BEST START IN LIFE PROGRAMME: PLACE-BASED PILOTS. One page status report

Rachel Dunford /25th January 2021

AREA	Pilot strand	Stage (research/ plan / test / implement)	Key activities in next 3 months	RAG rating	Risks/issues	Proposed mitigation
Wisbech	Using consistent language/messages with families about the 0-5 offer in Wisbech.	Research / early planning	January: Identify biggest barrier to communication with families at the moment. Establish priority messages to share with families. Identify priority groups to communicate with: those we struggle to reach now. February: Find "quick wins" to respond to the above research: low cost, minimal resource input from practitioners/operational staff. Put these into action. March: Plans for the longer-term: what is the issue we want to resolve using BSIL principles? Capture learning from pilot.	G	Availability of operational staff at regular meetings may be patchy as workloads increase elsewhere.	Do as much work offline as possible. Find ways to engage staff without requiring meeting attendance A close eye will be kept on resourcing: the project is on track at the moment.
Wisbech	Reducing smoking in pregnant women	Research/ early planning	January: Map out how services currently provide support to pregnant women/families to reduce smoking in pregnancy. February: Find "quick wins" to bring this support together. Build the key messages that all teams need to use to have an impact quickly. Put these into action. March: Plan for the longer-term: what issue will we resolve using BSIL principles? What are the characteristics of the community that mean smoking in pregnancy is so high? How can we tailor support to make a difference? Capture learning from pilot.	G	Workloads are increased due to the implications of Covid-19, and the latest lockdown. Resources may be more stretched than originally anticipated when this strand was first planned.	Instead of focussing on large-scale change straight way, the pilot will look for smaller actions /quick wins to introduce to enable us to make a difference in the short term while things are busier. A close eye will be kept on resourcing: the project is on track at the moment.
Wisbech	Pathway to parenting	Planning	January: Test new blended delivery model before it is opened up to families. Revise protocols to respond to latest Tier 5 COVID restrictions. Book families onto sessions. Send out first set of activities/resources to families booked in for Feb February: Deliver the revised course. First families are booked on for sessions starting 3 rd February. March: Review delivery of early sessions.	A	The latest lockdown has required changes to the plans for course delivery in February (e.g. co-location of course leaders during sessions). Not yet known if this will delay delivery.	Amendments are being made to the plans to accommodate the revised rules.
Honeyhill	Improving the delivery of speech & language and communications development support to families	Planning	January: Conduct audit of S&L support/ tools and messages currently used by services. Consider uses, purposes, audiences, training: aim to get consistency of use and share best practice. February: Survey staff and families about current awareness of available support Jan-March: Map data-sharing needs in order to improve information sharing between professionals, especially for children who drop out of early years provision. March: Introduce SLT surgeries to support professionals access advice.	A	Covid-19 may affect resource levels within Speech & Language teams which might delay getting face-to-face surgeries running as soon as planned (originally planned for Jan-Mar).	Resource levels are being assessed and plans will be revised accordingly. All pre-schools have been given a named contact in S&L team to approach if they need advice in the short-term.
Cambridge City	Increasing joint working between professionals supporting the same families in Cambridge City	Research / early planning	January: Map current service delivery activities (EHP, HV, Children & Family Centres, Early Years, Midwifery). Map geographies covered by each service. Identify gaps, overlaps and pinch-points. February/March: Find opportunities to test BSIL principles to resolve these gaps/overlaps/pinch-points. Plan how to begin to deliver these. Capture learning from pilot.	G	Potential resource constraints due to Covid-19 might impede on progress.	Work is being facilitated by RD and so far, remains on track. A close eye will be kept on resource levels as we progress.
Cambridge City	Using consistent language to increase staff awareness of BSIL	Not yet begun	Jan – March Identify members for working group. Set up regular working meetings. Agree priorities. Research issue to be addressed and how to respond to it. Priority will be to develop and agree a shared understanding of what "safeguarding" means to all professionals to ensure consistent communication with families.	A	Lack of identified resource will delay progress.	RD to follow this up with pilot leads asap.
Central & Thistlemoor	Improving immunisation rates	Research	January: set up task and finish groups for three strands of activity: 1) Developing a "core script" and a consistent approach to messages promoting the importance of immunisations 2) Getting the process for	A	Resource levels have already been flagged as being a	RD to liaise with BSIL programme team about the implications of this.

			<p>recruiting families to immunisations right, using BSIL principles 3) Appointing community champions to support specific families with accessing immunisations. Schedule first meetings and begin to scope out work required.</p> <p>February/March: Consider data sharing requirements, feed up to programme level. Agree new ways of working and put into practice to test effectiveness. Capture learning.</p>		<p>potential problem, within the pilot and at BSIL programme-level which may delay things, e.g. the data-sharing work.</p>	
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