

HEALTHY CHILD PROGRAMME'S RESPONSE TO COVID-19

To: Health Committee

Meeting Date: 25 June 2020

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: Not applicable **Key decision:** No

Outcome: This report provides an update on:

- the Healthy Child Programme's (HCP) response to the current Coronavirus pandemic
- the integrated work from the Best Start in Life Strategy group during this period
- initial approach to the recovery phase

Recommendation: The Committee is asked to note and comment on the progress made to date in responding to the impact of the ongoing Coronavirus pandemic.

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1. BACKGROUND

- 1.1. Commissioners and Providers of the Healthy Child Programme (Health Visiting, Family Nurse Partnership, School Nursing and Vision Screening) have been working closely to ensure that families remain supported during the pandemic, whilst keeping staff and families safe.
- 1.2. A 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 Healthy Child Programme (HCP) across Cambridgeshire and Peterborough. Provision of the HCP is a statutory responsibility of the Director of Public Health, resourced through the Public Health Grant.
- 1.3. On 19th March NHS England & NHS Improvement wrote to all providers to outline COVID-19 Prioritisation within [Community Health Services](#). This described the 4 main principles to be applied as services responded to the situation:
 - *Support home discharge today of patients from acute and community beds, as mandated in the new Hospital Discharge Service Requirements, and ensure patients cared for at home receive urgent care when they need it*
 - *By default, use digital technology to provide advice and support to patients wherever possible*
 - *Prioritise support for high-risk individuals who will be advised to self-isolate for 12 weeks. Further advice on this will be published shortly.*
 - *Apply the principle of mutual aid with health and social care partners, as decided through your local resilience forum.*
- 1.4. 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

2. HEALTHY CHILD PROGRAMME RESPONSE

- 2.1. Commissioners and Service leads have set up weekly calls to discuss new guidance, current capacity and service changes that might be needed. Additional support from the service informatics team has enabled weekly reporting on key aspects of delivery and requests into the service in order for changes in demand to be identified swiftly and responded to. Monthly Performance monitoring meetings continue and details of performance are not covered here as they are discussed in the performance monitoring paper.
- 2.2. All Health Visiting mandated contacts are being initially provided via telephone or video-conferencing facilities (Attend Anywhere). If there is an identified need for a face to face

contact, a risk assessment is undertaken to check whether anyone in the family has symptoms of Covid-19 or is shielding and determine the lowest risk way to deliver a face to face contact.

- 2.3 Assessments on whether face to face interactions are required are being handled on an individual basis whereby concerns are weighed against potential risk, which determines whether a home or clinic setting is more appropriate. If a family is on the universal partnership plus (UPP) pathway (those requiring multi-agency support), liaison is made with the family Social Worker or other involved professional. Social distancing rules are followed for clinic and home visits, and staff are using the required PPE in line with the NHS Trusts infection control protocols.
- 2.4 From 18th May all New Birth visits include a face to face element where the baby is weighed and other clinical assessments made. These visits comply with the safety protocols outlined in 2.3.
- 2.5 Up to this point in time there has been no redeployment of staff away from the HCP. This has meant that current staffing is sufficient to continue all five mandated checks (delivered as outlined above) - antenatal, new birth, 6-8wks, 1yr and 2-2.5yrs. If available staff decrease due to illness or redeployment to other parts of the NHS (e.g. maternity, children's wards) the service will reduce down to the nationally identified essential services which are Antenatal and New birth checks, Family Nurse Partnership (FNP), Single point of access (duty desk, call-us, text-us, chathealth) and safeguarding work.
- 2.6 Whilst there is capacity within the service, additional phone contacts are being conducted at 4 weeks and 4 months for families where health visitors have identified a need at the new birth visit.
- 2.7 All group based clinics/methods of support have ceased and will be reintroduced when national guidance recommends that it is safe to do so.
- 2.8 Regular meetings between HCP managers and maternity colleagues across all 4 catchment hospitals (CUH, Hinchingsbrooke, Peterborough, Queen Elizabeth) have been set up to ensure that postnatal support is planned in a way that ensures that all necessary checks are undertaken with minimum face to face visits to manage risks.
- 2.9 The Vision Screening programme has been suspended until the new Academic Year.
- 2.10 CallUs/TextUs/ChatHealth are being promoted as the primary tool to deliver the universal HCP offer. Provider's (CCS) Communications team are developing an online platform with access to a range of advice and information for families and when appropriate families will be steered to these self-help options (www.bit.ly/nhscambspboro-hcp)
- 2.11 In Cambridgeshire the single point of access has been expanded to provide a front door to other children's health services including speech and language, children's physiotherapy, children's community nursing, community paediatricians and emotional health and wellbeing service.
- 2.12 Universal Plus and Universal Partnership Plus contacts continue subject to clinician's

risk assessments; some face to face and some remotely. The HCP continue to fulfil their required safeguarding duties as necessary and in line with national guidance.

- 2.13 School Nurses have been joined by the Emotional Health and Wellbeing team to provide support to young people via ChatHealth and Telephone Support.
- 2.14 Family Nurse Partnership (FNP) are offering clients support remotely and have been piloting videoconferencing with this cohort, which has been well received.

3. BEST START IN LIFE

- 3.1 At the start of this period we put a hold on most of the work of the [Best Start in Life Strategy](#) group as we were about to start looking at place-based operational prototypes which would not be possible in the current climate. However, a small group from across Early Help, the Healthy Child Programme providers and Public Health commissioners have continued with regular weekly meetings during this time to ensure that we work together to continue service delivery, share information and communicate any changes.
- 3.2 The strong partnership that has been established through this workstream has enabled swift actions across the system to address issues as they emerge. This has included:
 - Ensuring maternity colleagues can still safely operate community based appointments including establishing new clinic spaces in HCP buildings.
 - Linking with the CCG and primary care to confirm that all essential health checks including maternal mental health reviews, infant vaccinations and newborn physical examinations (NIPE) were still being offered across the area.
 - Relocating newborn hearing clinics to a community venue to reduce non-essential visits to hospital sites.
- 3.3 Work has now restarted with the wider Best Start team including colleagues in primary care, maternity and across the wider children's services system. The focus currently is to understand how we can mitigate as far as possible any risks arising from contact restrictions, in particular ensuring our most vulnerable and first time families have the support they need. Preparations are also beginning to explore 'recovery' planning, further details in section 4.

4. RECOVERY PLANNING

- 4.1 It is very likely that services delivered to children and families may need to be different once we have dealt with the immediate response required by the crisis. As the lockdown starts to lift in a phased way, with schools and settings starting to re-open, it is important for the system to understand the identified risks and service delivery of partners across the system in order to best identify needs and support families during this stage.
- 4.2 The Best Start in life group has identified 2 immediate pieces of work to support this recovery planning:

Understanding lessons learnt during the crisis so far

We are collecting in information to identify how service delivery has changed during this period, areas of innovation and new models of delivery. In addition we are looking at the service user's experience of service delivery and support during this time. As part of this

we are considering where new ways of working might be continued during the recovery phase and beyond.

Identification of risks and vulnerable groups

We want to understand the differing impact this period has had upon various groups across Cambridgeshire and Peterborough. As a system we are currently identifying where these risks are and vulnerable groups in order for us to plan services moving forward in such a way as to mitigate these risks and offer support as needed in the most effective way. The vulnerable groups identified may be existing vulnerable groups which may have been additionally impacted by covid-19 including those experiencing domestic abuse, families with parents experiencing poor mental health or children on safeguarding pathways. Alternatively the risks and groups with vulnerabilities might include new cohorts who have become vulnerable due to the pandemic. These might include children who have missed vaccinations, children who are shielding or belonging to families who are shielding and those due to transition to primary school who have been out of Early Years settings.

5. ALIGNMENT WITH CORPORATE PRIORITIES

5.1 A good quality of life for everyone

The report above sets out the implications for this priority in paragraphs 2, 3 and 4

5.2 Thriving places for people to live

There are no significant implications for this priority.

5.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in paragraphs 2, 3 and 4

5.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority.

6. SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

There are no significant implications within this category.

6.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

6.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

6.4 Equality and Diversity Implications

The following bullet point set out details of significant implications identified by officers: 4.2

6.5 Engagement and Communications Implications

The following bullet point set out details of significant implications identified by officers: 4.2

6.6 Localism and Local Member Involvement

There are no significant implications within this category.

6.7 Public Health Implications

The report above sets out details of significant implications in paragraphs 1-4

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Gus De Silva
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	Yes Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Liz Robin
Have any engagement and communication implications been cleared by Communications?	No Response Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Liz Robin

Source Documents	Location
Community services prioritisation plan	https://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex_19-march-2020/
Best Start in Life Strategy	https://cambridgeshireinsight.org.uk/health/popgroups/cyp/ https://democracy.peterborough.gov.uk/documents/s39973/8.%20Annex%20A%20BSiL%20Strategy%20FINAL%2026_7_19.pdf