

## Supporting Children, Young People and Families during Covid-19

To: Health Committee  
Meeting Date: 15<sup>th</sup> October 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:

- identified risks relating to children, young people and families during this period
- actions taken to support families and mitigate identified risks
- the continued development of the Best Start in Life programme

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 on children, young people and families, and the continued development of Best Start in Life

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# 1. Background

1.1 The pandemic has meant that the services provided to pregnant women and families with young children have had to change as a result of government guidance. As we continue to plan for service provision during this time and into the recovery phase, it is necessary to understand the impact this period has had upon various groups across the county.

# 2. Risks identified and mitigating actions

2.2 This period will have had differing impacts on families across the area. The groups identified may be existing vulnerable families who may have been additionally impacted by covid-19, including those experiencing domestic abuse or children on safeguarding pathways. Alternatively the risks and groups with vulnerabilities might include new cohorts who have become vulnerable due to the pandemic.

2.3 The table below describes the vulnerable groups and risks that have been identified, alongside actions taken to mitigate these risks and offer support needed in the most effective way.

| Area of Concern  | Actions Taken  |
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| <p>Vulnerable children in families already known to services where the pressures of Covid increases pre-existing problems.</p> <p>This includes child protection, parental mental health problems, substance misuse and domestic violence.</p> | <ul style="list-style-type: none"> <li>Families already receiving enhanced support from health visitors, Family Nurse Partnership (FNP) or school nurses have continued to receive telephone or online support throughout. Where a clinical need is identified face to face visits have been offered with appropriate safety measures in place.</li> <li>New weekly vulnerable children meetings have been established with partners including social care, healthy child programme and early help.</li> </ul>   |
| <p>Babies born during (or just prior) to Lockdown</p> <p>The usual social and family support networks may not have been available, concern about identifying and meeting health and emotional needs of babies and new parents.</p>             | <ul style="list-style-type: none"> <li>Regular meetings are now in place between the healthy child programme and maternity representatives from North West Anglia NHS Foundation Trust – Hinchingbrooke Hospital, Peterborough and Stamford Hospitals (NWAFT), Cambridge University Hospital (CUH) and the Queen Elizabeth hospitals. This allows for swift identification of emerging needs so that support offered can be modified.</li> <li>Breastfeeding support from both the healthy child programme and the National Childbirth Trust (NCT) peer support programme have continued with telephone and video support being used (via Attend Anyway or Zoom). In cases where a face to face appointment is clinically identified these have been provided from the infant feeding team.</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• Access to baby weighing is available via appointment only across the county. Self-weighing stations will become available as well as Child and Family centres re-open (again on an appointment only basis).</li> <li>• Maternity colleagues across the county ensured increased messaging went out to support parents with crying babies and infant feeding support.</li> </ul>  |
| <p><b>Support for young people who are not in school</b></p> <p>In particular concerns around emotional wellbeing and mental health.</p>   | <ul style="list-style-type: none"> <li>• Large scale promotional activity of the Chathealth service has taken place which was co-produced with local young people. This has had a significant impact on the number of young people accessing support through this service.</li> <li>• Practitioners from the Emotional health and wellbeing team (that usually work in schools) have been supporting school nurses to staff the Chathealth duty desk.</li> <li>• Establishment of a Multi-agency Wellbeing &amp; Resilience group (predominantly looking at older children and young people (CYP))</li> <li>• For Children moving from early years education into primary schools a 'Supporting positive transitions' document (top tips) has been developed</li> </ul> |
| <p><b>Support for families with low income</b></p> <p>Including ensuring access to services for those affected by internet poverty.</p>  | <ul style="list-style-type: none"> <li>• Staff from across the system have worked alongside district based community hubs to ensure that families in financial hardship are linked into appropriate local support.</li> <li>• Families are offered a number of ways to access provision so that those with limited internet access can still receive support.</li> </ul>  |
| <p><b>Families with new needs who have not accessed support services before</b></p> <p>Including families who have experienced new or additional stressors, such as those experiencing isolation, bereavement and/or trauma and those whose financial position has been affected</p> | <ul style="list-style-type: none"> <li>• This is a difficult group to identify and so we have relied on clear messaging on the entry points into our services being shared widely across various social media and via the wider partnership.</li> <li>• Child and Family Centres across Cambridgeshire report that a large number of parents calling their support line established during Covid were families previously unknown to them.</li> <li>• Promotion of the Healthy Child programme Call us/ Text us service has seen text contacts more than double and phone contacts increase 5-fold.</li> </ul>  |
| <p><b>Ensuring infants and children are still accessing routine</b></p>  | <ul style="list-style-type: none"> <li>• All maternal, infant and child vaccinations have remained available throughout this period with no</li> </ul>  |

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| <p><b>vaccinations</b><br/>This will include supporting the Flu vaccination programme this autumn/winter</p> | <p>disruption to availability of vaccines.</p> <ul style="list-style-type: none"> <li>• Additional promotion of the importance of vaccinations has been developed and used in communications from partners across the system, including via schools and early years providers.</li> <li>• A dedicated Children’s and Maternity flu vaccination group has been established that meets weekly with membership including acute trusts, primary care, public health, CCG and the school immunisation team.</li> </ul> |
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2.4 The needs of the groups identified above will continue to be monitored with further service developments put in place if gaps are identified.

### 3. Best Start in Life programme update

3.1 A reminder of the key aspects of the Best Start in Life programme is outlined in the infographic below:

## BEST START IN LIFE

What is at the heart of Best Start in Life?

- Above all, relationships
- Connected, place-based support that is co-designed with and works for the whole family
- A stronger relationship with communities and community organisations based on trust
- Sharing information across organisations so that issues can be spotted and acted on earlier
- Focus on equipping families to thrive, enabling all families to make the most of local social support
- A more connected and autonomous workforce

|                                  |                                     |                                 |                             |                 |  |  |  |
|----------------------------------|-------------------------------------|---------------------------------|-----------------------------|-----------------|--|--|--|
| Children lead healthy lives      |                                     |                                 | Children are safe from harm |                 | Children are confident, resilient, and with an aptitude for learning |  | <p><b>HEADLINE OUTCOMES</b></p> <p><b>INTERMEDIATE OUTCOMES</b><br/><small>(if we focus on these areas we think it will have the biggest impact on the headline outcomes)</small></p> <p><b>AREAS OF FOCUS</b><br/><small>(Ways of working as we implement Best Start)</small></p> |
| Attachment                       | Parents support healthy development | Parent Stress and Mental Health | Play is valued              | Social Supports |  |  |  |
| Family and Community Connections | One Team defined by Place           | Making the most of data         | Every contact counts        |                 |  |  |  |

3.2 Work has now restarted on the full Best Start in life programme. The core team is meeting each fortnight to oversee the workstreams outlined below, and includes colleagues from across the partnership.

- 3.3 We are working to join up the Best Start programme with parallel work that has been looking at the early help offer for children aged 5-19 (or upto 25 yrs for those with SEND) and support for vulnerable adolescents. Best Start has brought in consultancy support from ISOS who have already been developing the 5-19 strategy, with the ambition to create a single pre-birth to 19 offer for families. The 5-19 service development that is underway within the Healthy Child programme will link into this wider system approach.
- 3.4 The Best Start programme workstreams can be split into 2 groups:
- Place based pilot areas
  - Overarching themes
- 3.5 The place based workstreams have been established in Cambridge City, Wisbech, and the area of Peterborough around Honeyhill Children’s Centre. We are also working with the Primary care network (PCN) in the Thistlemoor area of Peterborough on an additional place based pilot led by primary care colleagues.

Initial meetings have taken place in all four pilot areas bringing together representatives from across the local partners including early years, health visiting, maternity, children’s centres and more.

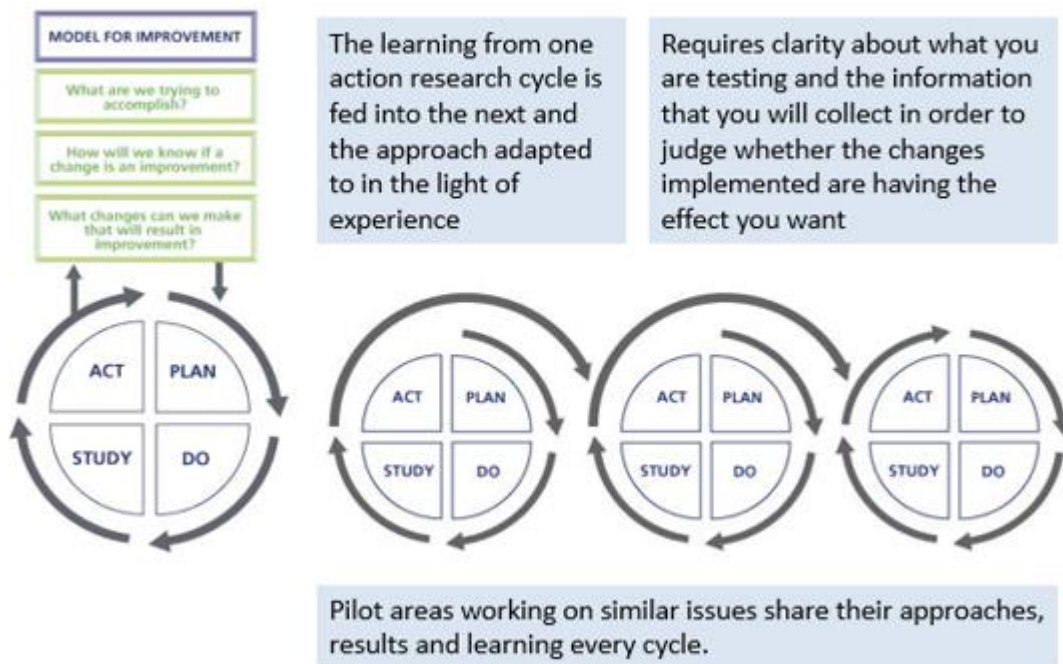
Themes and issues identified in these local conversations are now being looked at alongside hypotheses developed by the steering group to identify the areas to test in the local pilots.

- 3.6 There are an additional 8 workstreams looking at overarching themes. These are described in the table below:

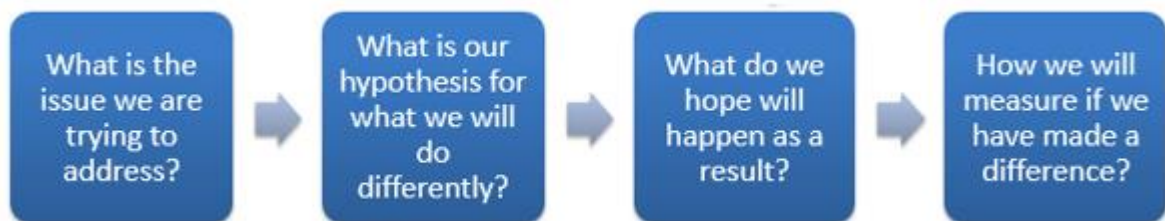
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| Digital Platform  | Building a digital platform to provide a single point for families to access online information and where to find support.   |
| Communications and Branding                             | Creating a communications strategy alongside a visual brand for the Best Start in Life programme. This will prioritise the development of ‘Best Start on a Page’         |
| Memorandum of Understanding (MoU) and Best Start Pledge | Finalising the MoU and developing a Best Start pledge for use across wider system partners   |
| Data Sharing and Pathway improvements                   | Looking at how data sharing can support integration linked to the place based pilots. Taking system-wide approaches to improving pathways from universal to acute needs. |
| Outcomes and Evaluation                                 | Ensuring that our learning framework is embedded and we build in effective evaluation into all of our prototypes and pilots  |
| Building Best Start Culture and Workforce development   | Agreeing measures to create the Best Start culture within the workforce, agreeing common approaches and messages, and supporting staff training and development.         |

|                            |  |
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| Leadership and Governance  | Moving the programme forward, ensuring that there are the resources and sign offs required.      |
| Estates and Infrastructure | This workstream will be informed by new ways of working emerging from the prototypes and pilots. |

3.7 As we progress with piloting aspects of the model, we will be using the below learning cycle to make sure that we collecting the right information in from the pilots to confirm that we are having the effect required to improve the outcomes that are identified.



This can be seen visually in the 4 questions below which will form the basis of the project plans for each activity. It is essential that the evaluation methodology for each pilot is decided on in advance of the pilot starting.



3.8 As the programme moves forward we have identified the following opportunities and challenges that we need to build into our next steps planning:

## OPPORTUNITIES:

- Building on the partnership work developed during Covid to ensure that the recovery phase is planned with Best Start Priorities at the heart of the recovery plans
- Maternity services are re-starting the roll out of Continuity of Carer, a crucial foundation for the Best Start in Life place based work
- System wide developments including Think Communities and the Cambridge Children's Hospital.
- STP Recovery work stream focussing on Children and Maternity.

## CHALLENGES:

- Timescales for work are likely to be impacted by how the pandemic evolves. The roadmap will need to be flexible enough to manage this without losing momentum.
- This programme is looking at large scale, system wide change. We need to make sure that sufficient resource is allocated from across the partnership to develop the workstreams.

## 4. Alignment with corporate priorities

### 4.1 A good quality of life for everyone

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

### 4.2 Thriving places for people to live

There are no significant implications for this priority.

### 4.3 The best start for Cambridgeshire's children

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

### 4.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority.

## 5. Source documents

### 5.1 Best Start in Life Strategy:

[https://cambridgeshireinsight.org.uk/wp-content/uploads/2020/01/BSiL-Strategy-FINAL-26\\_7\\_19.pdf](https://cambridgeshireinsight.org.uk/wp-content/uploads/2020/01/BSiL-Strategy-FINAL-26_7_19.pdf)