Wellbeing – Children and Families / Southampton City Health and Care Strategy - Start Well Programme

COVID Impact Assessment

Content

- Recap of the Start Well Programme prior to COVID-19
- Where are we now? – what has changed in response to COVID-19?
- Assessing the impact of the COVID-19 response
- Summary and key priorities:
  - Short term
  - Medium term
  - Long term

Southampton City 5 Year Health & Care Strategy 2020-2025

6 Key Goals:

- Reducing inequalities and confronting deprivation
- Tackling the city's biggest killers
- Working with people to build resilient communities and live independently
- Improving mental and emotional wellbeing
- Improving earlier help, care and support
- Improving joined-up, whole-person care

A Life Course Approach:

A city of opportunity where everyone thrives

NHS Southampton City Clinical Commissioning Group

SOUTHAMPTON CITY COUNCIL

Southampton City Five Year Health & Care Strategy

Start Well Programme

Draft Five Year Plan

2020-2025

Key Ambitions

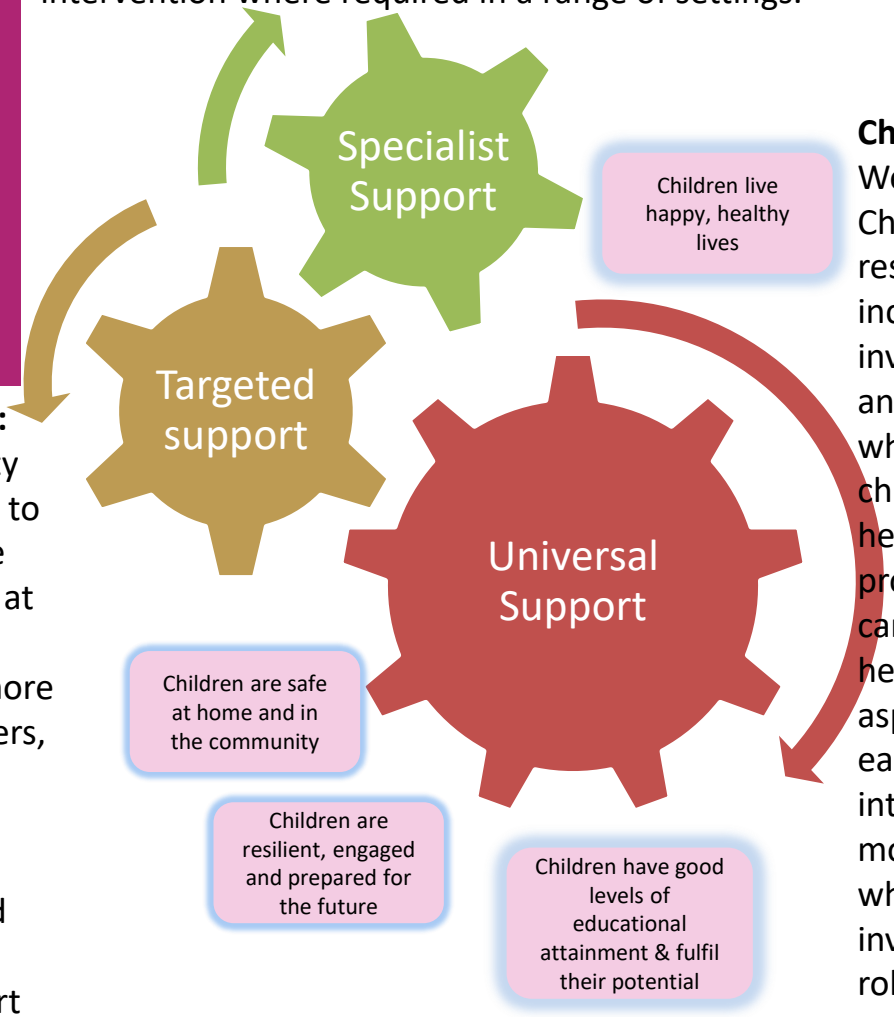
- Reduce the percentage of **mothers smoking during pregnancy**
- Reduce the rate of **teenage pregnancies**
- Increase the percentage of mother's **breastfeeding** 6-8 weeks post birth
- Reduce the rate of **looked after children**
- Increase the percentage of **care leavers in suitable accommodation**
- Reduce the percentage of children in Year R and Year 6 with **excess weight**
- Increase the percentage uptake of healthy child mandated **immunisations and health checks**
- Increase the percentage of **children achieving a good level of development at the end of reception**
- Increase the percentage of **children reporting positive mental health at Year 7**
- Reduce the rate of **first time entrants to the youth justice system**
- Reduce the percentage of **16-17 year olds not in education, employment or training** (NEET)

Start Well Programme
Service Model

We will work in partnership across LA, NHS and Voluntary/ Community Sectors to build a strong, joined up service offer based on restorative principles and a whole family approach, to give every child a good start in life.

This will be based around 3 levels of support.

City wide integrated specialist services: We will continue to join up and strengthen Specialist Services across health, education and social care through the development of a more integrated model of provision to better meet the specific needs of the most complex children and families in our city, providing effective and timely support to the locality Early Help teams, as well as specialist assessment and intensive therapeutic intervention where required in a range of settings.



Extended Early Help Locality Teams: We will further build on our 3 locality teams to provide additional support to children and families, enabling more families to receive the right support at the right time in their communities. This will include the devolution of more specialist resource, e.g. Social Workers, CAMHS professionals, DVA and CSE expertise, Adult MH and Substance misuse, into the locality teams to support Early Help staff identify and effectively manage children and families in need of additional support locally, without the need to refer into specialist services

Child Friendly Southampton: We will continue to build a Child Friendly city, based on restorative practice and inclusive principles. This will involve developing the skills and confidence of everyone who comes into contact with children and families (be it health, education, social care professionals, parents or carers) to promote positive health and wellbeing and high aspirations, recognise the early signs of difficulties, intervene early and seek the most appropriate support when needed. This will involve the development and roll out of multiagency training .

Children's Five Year Strategy 2020-2025 – Key Building Blocks

Universal Locality Teams	Extended Early Help Locality Teams	Specialist Resource Hub	In House Fostering	Independent Fostering Agencies (IFA)	Tier 4 Fostering (SCC)	Residential	Tier 4 Secure
• Promoting Community resilience • Universal offer • Increased use of digital	• Comprehen-sive Early help offer • Targeted interventions to identify children and young people at risk of care • Earlier intervention to reduce care • Courageous risk taking • Maximum caseload of 18 (30 currently)	• Prevent need for care • Intensive support - Step up and Step-down • Building resilience – children and young people and families • Offering support to foster carers • Offering support to extended early help locality teams • Peripatetic	• Growth by 10% a year • A greater mix of foster care placements which reflect need and demographi cs - including Mother and baby placements • Well-supported foster carers	• Reduce use from current 147 children and young people • Ensure when IFA is necessary, there is greater availability locally	• Long term and short term • Step up in crisis, step down from residential • Emergency (social care and mental health) • Constant refresh of carers	• Long term or short term to stabilise • 75% within a 20 mile radius	• For children with complex mental health/ own protection/o n edge criminality

Start Well Programme

Key Workstreams

What will be the main workstreams over the next 5 years, and what will they do?

Improving mental and emotional wellbeing	• Develop Southampton **Whole School offer** • Implement **Mental Health Support Teams in Schools** • Implement the **Specialist Resource Hub for Young People with complex social, emotional and behavioural needs** Develop a robust **crisis pathway** for children in mental health crisis, and improve access in general to specialist CAMHS treatment/support (including meeting the national targets for Eating Disorders and Early Intervention for Psychosis) • Inform and support and the implementation of the Southampton **Suicide Prevention Plan** • Improve access to treatment services – 'no wrong door'	Reducing inequalities and confronting deprivation	• Develop the **inclusive educational** offer, and reconfigure **specialist educational provisions** to meet local need • Expand the options and support available to YP with SEND for further **education & training, employment, independent living and social inclusion** • Implement the **Youth Justice Plan** with a specific focus on reducing numbers of first time entrants • Implement the **LAC Service Delivery Plan** and **Leaving care policy t**o improve outcomes for children in care and care leavers • Implement the **Phoenix project** to reduce the number of babies taken into care • Increase the availability of **in house foster carers** and ensure a greater mix of foster care placements . Develop an in house **Tier 4 specialist foster carer service** able to offer a mix of short term, long term and emergency placements. • Expand availability of local **residential provision**

Start Well Programme

Key Workstreams

What will be the main workstreams over the next 5 years, and what will they do?

Improving joined up whole person care	• Continue to work in partnership across the Local Authority, NHS and Voluntary/ Community sectors to **build a strong, joined-up service offer** • Develop and implement a whole **interagency workforce development plan** based on restorative, family centred and inclusive principles • Improve t**ransition** for young people with additional needs into adulthood	Improving Earlier Help Care and Support	• Implement the **extended Early Help Locality Model,** including **Social Workers in Schools** • Continue to develop the **Early Help hub** as a single route into Early Help and expand the community/voluntary sector offer • Embed an **Early Help offer for children with SEND** and their families • Strengthen **Parenting support** • Improve uptake of **early years education offer** • Expand **LARC** offer in maternity and primary care
Working with people to build resilient com-munities	• Delivery of the **Year of the Child 2020**: bringing together the city's businesses, arts and cultural venues, voluntary and community organisations, and practitioners who work with children to provide a year-long programme of consultative and celebratory events. • Increase **play, phys. activity & positive youth opportunities** • Develop an **Employment, Skills and Learning Partnership** Action plan that raises awareness of opportunities for YP	Tackling the city's biggest killers	• Continue to improve birth outcomes through **promoting healthy pregnancies**, e.g. smoking cessation support, continuity of carer and breast feeding support • Reduce **risky behaviours** through city's Sexual health improvement Plan, Alcohol Strategy and Healthy Weight Strategy • Improve coverage and uptake of **HCP** • Improve uptake of **Healthy Early Years Award & Healthy High 5 Award** in schools • Improve information and support in the community for families on **management of common childhood illness** • Improve the quality of care for children with **long term conditions** e.g. asthma, epilepsy & diabetes and their transition to adulthood

Current Position: What has changed in response to COVID-19?

Special Educational Needs and Disabilities Services

What has stopped?	What has continued?	What has changed?
Schools/special schools	EHCPs Tribunals Therapies – virtual	Risk assessment of EHCP actions How we enable vulnerable children to return to school? E.g. PPE, social distancing, parental support

Current Position: What has changed in response to COVID-19?

Emotional and Mental Health Services

What has stopped?	What has continued?	What has changed?
Routine referrals to CAMHS – stepped approach planned for restart (initial focus anxiety and depression) Face to face contacts at No Limits – using Zoom and telephone instead	Urgent referrals to CAMHS – seven day service -face to face where required – Eating Disorders and Self harm referrals Duty and SPA open to discuss referrals Telephone/Zoom support at No Limits ED support from No Limits for YP in MH crisis/assoc with violent crime	New CYP mental health crisis pathway – about 7 YP a week Weekly Zoom sessions with Reminds parents plus Planned zoom session with Education and parents – for reintegration into school No Limits move from ED Moved from face to face to telephone plus Use of visionable and other online platforms

Current Position: What has changed in response to COVID-19?

Safeguarding and Social Care

What has stopped?	What has continued?	What has changed?
Opportunities for face to face "eyes on" contact – schools, nurseries, social care, public health nursing, access to medical appointments Contact service for children who are looked after	Telephone/video conferencing of known vulnerable families, face to face where risk has been identified – now starting to see more families face to face Small number of vulnerable children attending school	Reported increase in non-accidental injuries (NAI) in children not known to social care Reduction of number of contacts to MASH Increase in complexity of contacts to MASH Particular challenges around NAIs to infants and young people assoc with youth offending Adoption journeys impacted

Current Position: What has changed in response to COVID-19?

0-19 Prevention and Early Help

What has stopped?	What has continued?	What has changed?
School nursing 0-5 Public health nursing (health visiting) routine face to face/home visits	HR1 and HR2 reviews. 3 childrens centre hubs still open. Face to face activities. Telephone/Visionable contacts for mandated contacts plus face to face/home visits for those identified as higher risk families – beginning to bring back more regular face to face visits	Increased use of technology Increased concern around 'hidden children' – children who have not previously had contact with CSC

Current Position: What has changed in response to COVID-19?

Child Health Services (Solent community only)

What has stopped?	What has continued?	What has changed?
Naomi House closed Special School nursing (SSN) - Cedar School largely closed, nurses still in situ where schools are open, e.g. Rosewood	Child protection and LAC medical assessments CPMS health reviews/appointments by telephone Therapies: prioritised safeguarding, dysphagia and postural control SSN at Rosewood School	Videoconferencing for LAC health reviews where possible – going forward. Trialling visionable and digital platforms MDT meetings set up with schools for support for children at home. Team around child. Flexing resource to meet need, e.g. use of ECHSA for respite Increased children's community nursing service to seven days/week – able to provide Home IVs now at weekends

Assessing the Impact – Possible Metrics?

1. Childrens Social Care and Safeguarding	2. Police and Crime	3. Prevention and Early Intervention	4. CAMHS
• Child Protection Medicals • New Looked after Children (episodes) • New referrals of Children In Need (CiN) • ED paediatric attendance / ED liaison • MASH referrals (based on wkly figures starting on 6 Jan) • No. of new referrals of children aged 13+ where child sexual exploitation (CSE) was a factor • Children's Social Care - Number of contacts received (includes contacts that become referrals)	• Children taken into Police Protection • Neglect crimes reported • New reported incidents of CSE (off line) • New reported crimes of CSE (online) • U18 victims of crime • Children linked to high risk domestic crimes • Missing episodes of persons under 18 • Real time surveillance data on deaths by suicide in CYP	• Early Help Referrals (from MASH) (based on wkly figures starting on 6 Jan) • Number of Single Assessments (SA) completed • Number of Early Help Assessment (EHA) started in the month • Take-up of childhood immunisation • ?any socio-economic data, e.g. new homeless families with children, households with children claiming universal credit	• Number of referrals • Number of contacts • Number awaiting first contact • CYP seen in CAMHs Crisis Care Pathway (during covid only) • Number on waiting list for ADHD assessment • Number on waiting list for ASD assessment

Assessing the Impact – Possible Metrics?

5. Therapies and CCN	6. Emergency Paediatrics	7. Elective Care	8. Vulnerable & Complex Needs
• CCN - Number of Contacts • Paediatric Therapies - Number of Contacts • Paediatric Therapies - Number of Referrals	• Number of Main ED attendances aged <5 yrs and 5-17 yrs • Number of Main ED attendances for mental health aged 11-17yrs • Paediatric medicine non-elective admissions • Number of ED admissions for self harm	• E-referrals children & adolescent services (number of booked appointments) • Outpatient attendances aged 0-17 years old - UHS • Elective episodes 0-17 years old	• Take up of school places • Take up of Respite Rose Rd usage • ?Data on children that do not attend school when lockdown lifts because they or parents are shielding/vulnerable?

Cross-sectional and qualitative research that will be used to assess impact

- SCC People's Panel – gathers intelligence on the opinions and behaviours of Southampton residents (including young people) in relation to covid-19 and to use this intelligence to inform the local response.
- Other Southampton surveys i.e. No Limits CYP survey (currently live)
- University of Southampton MRC study engaging young people in Southampton and the surrounding areas to better understand their experiences and concerns under lock down measures, to identify and develop solutions that support their wellbeing, mental and physical health (PH informing).
- National research

  - University of Bristol - analysing google trends to map mental health concerns related to COVID-19 and the consequences of physical distancing

  -The International COVID-19 Suicide Prevention Research Collaboration and links with the Centre for Suicide Prevention (University of Manchester); the latter providing support to Southampton through the STP Suicide Prevention Programme

  - Young Minds survey

  - MQ/Ipsos MORI surveys

Exacerbation of existing needs and new needs

- Those that already have a MH diagnosis - worsening of symptoms
- Those that are already vulnerable i.e. safeguarding concerns
- Impact of lockdown and social isolation; coping with significant changes to routine, separation from friends, potentially higher use of social media (and implications)
- Bereavement and associated trauma
- Children that are in the “extremely vulnerable” (shielding) or vulnerable group because of underlying health conditions
- Widening educational inequalities
- Those that find transition difficult i.e. For children with disrupted attachment, neuro-diverse children, those with OCD, transition to return to school could be problematic
- Impact of parental stress, behaviours and needs:
  - i.e. parental MH need, drug and alcohol use, domestic violence
  - Impact of loss of parental job and/or income – implications for family stress, unstable housing, child poverty and exacerbation of inequalities

Young Minds survey with 2,111 young people to understand the impact of the pandemic on their mental health and on their ability to access support

32% agreed that it had made their mental health much worse
51% agreed that it had made their mental health a bit worse
9% agreed that it made no difference to their mental health
6% said that their mental health had become a bit better

CONCERNS ABOUT FAMILY HEALTH

"I'm constantly worried about my family becoming sick as my mum is high risk."

"It has made my OCD so much worse. I am now washing my hands every five minutes or using hand sanitizer."

"I work in a supermarket so I'm kind of on the front line, I worry about catching it and passing it on to vulnerable family members."

CONCERNS ABOUT SCHOOL AND UNIVERSITY CLOSURES

- Potential loss of contact with friends
- Concerns about how their grades affected and impact on university or career prospects
- Concerns about home learning, both for practical reasons and because of stress related to the pandemic
- Loss of structure
- Loss of formal or informal pastoral support
- Loss of their 'safe' place away from difficult or dangerous home environments

LOSS OF ROUTINE

"I have an eating disorder, and it has brought up so many urges to relapse to take control. I also can't socialise or play sports so it's really hard to stay well."

"All my plans are cancelled, which means I have nothing to look ahead to and you find yourself trapped in a void of your own thoughts."

LOSS OF SOCIAL CONNECTION

"My friends are my lifeline, they help me through so much. Now I can't see them and I don't know who I can go to comfortably to talk to. It's not the same talking on the phone at home with my family around. I'm afraid they'll hear."

"Social distancing is causing me to isolate myself which is bringing back old emotions but there's no way around it as I'm no longer choosing to isolate myself, I have to."

OTHER THEMES FREQUENTLY CITED

- Concern about dangerous or crowded home environment
- Concern about family's finances or about losing their own job
- Anxiety about not being able to buy food, or about no longer getting meals at school
- Young people with ADHD concerned about not being able to go outside as much
- Experiencing racism as a result of the pandemic

Evidence from previous pandemics/epidemics

- Cases of infection in children during the outbreaks of SARS-CoV in 2003 and MERS-CoV in 2012 were characterized by low rates of infection, mild symptoms, and good prognosis.
- Data from the SARS outbreak in mainland China, Hong Kong, and Singapore suggest that school closures did not contribute to the control of the epidemic.
- Past studies of the impact of SARS, MERS, influenza, and Ebola epidemics showed short and long term cognitive and mental health effects on the population.
  - Start new psychiatric symptoms in people without mental illness
  - Aggravate the condition of those with pre-existing mental illness
  - Cause distress to the caregivers of affected individuals
  - Traumatic and sudden loss of loved ones (and without being able to visit at hospital, have funerals in the usual way)
  - Potential increased risk of suicide
- Impact on workforce – mental health and wellbeing

Summary

What has worked well and we should keep?	What are the Concerns/Unintended Consequences we now need to address?
CYP Mental health Crisis Pathway ED – model may need modifying Use of technology for some appointments and contacts – building standards and governance around these Parent training via video learning Flexibility and creative ways of working, agility of staff, rapid mobilisation	Support for CYP and families to return to 'new normal' Staff fatigue Backlog - legacy work - immunisation, therapies, Extended waiting lists across the system Increased levels of anxiety, low mood, bereavement/grief, school refusal in children and young people and their families – exacerbated in CYP with neurodiversity Increase in reported non-accidental injuries in families not currently open to CSC – 'hidden children' Increased malnutrition and rates of obesity Increased health inequalities (due to social, educational, financial inequalities)

Priorities and Next Steps – for discussion

Short Term (Next 4 -6 weeks)

- Restoration of key services
- Mobilise increased emotional and mental health support offer - anxiety, low mood, bereavement/grief
- Promote and support re-integration to school after lockdown – particularly social, emotional & mental health support but also support to children with SEND/Vulnerabilities
- Identification of "hidden" Safeguarding Risk/vulnerable families
- Mobilise support offer for children in families who are "shielding"
- Suicide prevention plan – YP

Priorities and Next Steps – for discussion

Medium Term (Next 3 -5 months)

- Begin to pick up again key priorities prior to COVID-19:
  - Extended locality model
  - Jigsaw review
  - Phoenix
  - Specialist Resource hub for YP with complex SEMH
  - Youth Justice plan
- Ensure CAMHS crisis pathway can be sustained as other services come back on line
- Year of the Child
- Healthy Child Programme catch up - immunisation

Longer Term (6-12 months)

- Continue to progress key priority areas as identified above