

CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY PANEL 13 NOVEMBER 2020

UPDATE ON 0-19 STARTING WELL PARTNERSHIP

Summary

1. The Cabinet Member with Responsibility for Health and Wellbeing, the Director of Public Health and representatives from the Herefordshire and Worcestershire Health and Care NHS Trust have been invited to attend the meeting to provide an update on latest developments in relation to the 0-19 Prevention and Early Intervention Service (Starting Well Partnership).

Background

2. In May 2019, the Director of Public Health provided the Panel with a report on the Service that was being commissioned. This was followed by a further update to the Panel in February 2020 by the service provider describing the service model.
3. At the Panel meeting on 14 February 2020, it was agreed that:
 - Once the service was up and running, all Councillors would be informed of key access people in each district council area;
 - The Partnership would consider the possibility of accrediting volunteers;
 - The Panel would receive a further report in February/March 2021 to include how the service was progressing and performance against KPIs
4. The new integrated prevention and early intervention service, called the Starting Well Partnership, commenced 1 April 2020. The Starting Well Guide (Appendix 1) provides information on the service provision, including key contacts within each area.
5. From 23 March 2020, due to the COVID-19 pandemic national restrictions, the Service has needed to flex and deliver some aspects of this Service differently. This is therefore an interim report to highlight activity over the last eight months.

COVID-19 Prioritisation

6. A presentation to support this Report and form the basis for the discussion is attached at Appendix 2.
7. In line with NHS prioritisation of Community Health Services, to release capacity to support the COVID-19 preparedness and response, the priorities for Public Health Nursing Services were identified nationally in March as:
 - Prepare staff for redeployment;

- Stop full service during pandemic for National Childhood Measurement Programme
- Partially stop services for Universal Antenatal visits, 6-8 week check, 9 month check; 2.5 year check, assessments for Children who are Looked After (LAC). Contacts continue with families identified as vulnerable or high risk;
- Continue other services but deliver virtually if clinically appropriate;
- To use digital technology to provide advice and support to patients wherever possible; and
- To support families accessing support where needed e.g. financial, food banks etc.

8. The Starting Well Partnership devised a COVID-19 Business Continuity plan to reflect the guidance above until end of July 2020. Although the Public Health Nurses were prepared to be redeployed to the Nightingale Hospitals etc, this was not required. Volunteers and Peer Supporters involvement decreased during this time due to their own commitments.

9. A letter in October from Public Health England (PHE), NHS England (NHSE) and the Local Government Association (LGA) outlining winter planning advises that professionals supporting children and families, such as health visitors, school nurses, designated safeguarding officers and nurses supporting children with special educational needs should not be redeployed to other services and should be supported to provide services through pregnancy, early years (0-19) and to the most vulnerable families. Therefore, a further Business Continuity plan was devised to accelerate the return to near-normal levels of services and for increasing face to face contacts and to meet the needs of the most vulnerable families.

10. This plan has a blended approach to contacts, which still entails use of technology for virtual consultations, appointment only clinics - not drop-in clinics, and face to face contacts within the family's home.

11. An example of a positive consequence is the breastfeeding support that is offered. Since the pandemic, Breastfeeding Support Workers (BFSWs) have conducted all contacts via the phone and/or virtually. After the initial contact, (which should take place within 48hours of hospital discharge/home birth) the Service is mother led i.e. families are encouraged to contact the Team as little or often as they like within the first six weeks (when breastfeeding can be most challenging). The BFSW's also provided a virtual group, which is not just for problems the mother may be facing but it also provides a valuable source of peer support. There is no age limit and antenatal mothers are also welcome.

12. There were some increases in breastfeeding rates during COVID-19 (see data below). Mothers provided feedback to say that they found the responsiveness of the virtual working extremely positive and felt confident that they had someone to turn to for advice.

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Being breastfed / partially breast fed	47.21%	53.59%	53.08%	51.15%	46.10%	50.46%

13. The Breastfeeding Support Service will continue this way of working and continue to gather feedback from mothers to inform delivery.

14. There have been many positive examples of Community capacity building. For example, Health Visitors are highlighting families that may need various items which can then be accessed from some supermarkets for free. The Community Health Connectors have made links with Aldi, Morrison's, Tesco and Sainsbury's who have been providing clothing for older children 8 - teenage years.

15. Further examples of where the Community Health Connectors have worked with local Councillors are:

- Receiving funding to create 'Understanding Your Child' activity packs, the aim of the packs was to help keep the children busy whilst parents attend the virtual parenting groups;
- Funding to buy 100 pumpkins to give out to vulnerable families with fun examples on how to safely carve the pumpkins with your child and some healthy pumpkin recipes too; and
- Community Health Connectors have organised 'Mental Health Litter Pick' in local communities. This initiative was supported by local Councillors who were involved in the planning meetings, helped bag the equipment and completed litter picks.

16. Other areas of the service that have been adapted for delivery during the pandemic are the facilitation of virtual Parenting Groups, School Drop-in's (where able), Health Visitor Telephone Advice Service (TAS) and virtual refresher training for volunteers.

17. All Partner organisations within the Starting Well Partnership have their own robust Volunteer and Peer Support policies and procedures in place. Every volunteer and Peer Supporter is allocated a supervisor and receives a full induction and training plan. The partnership agreed, for consistency and best practice, to adopt the Investing in Volunteers standards. Investing in Volunteers is the UK quality standard for good practice in volunteer management. The partnership is working towards these and may apply for the Quality Standard when all aspects of the standards are met.

18. When face to face contacts were reduced the TAS line was increased from one telephone line to 6 telephone lines. Over the months and as face to face contacts increased the use of the TAS line reduced and have now returned to one to enable the Health Visitors time to carry out the face to face contacts.

TAS 2020						
Call Breakdown - Quarter 1 Compared to Quarter 4						
Area	Q4			Q1		
	No. of calls recorded	No. of calls recorded	No. of calls recorded	No. of calls recorded	No. of calls recorded	No. of calls recorded
	January	February	March	April	May	June
All Areas	175	162	192	280	298	333
Total number of calls Q4	529					
Total number of calls Q1	911					

19. As schools closed due to COVID-19 and throughout the summer, the School Health Nurses proactively contacted the schools to discuss and link to the more vulnerable or at-risk children. Some of these young people were invited to a health clinic for one to one consultations, together with the offer of virtual and telephone contacts too. Once schools opened, face to face appointment only sessions were offered to take place within the school. School Health Nurses also had a 'Covid working Conversation with Key Teacher' about what would best suit their school.

20. New projects for the Service are also being developed such as the School Health Screener and 2 and half year integrated review. With regard to the School Health Screener, as the young people are required to complete their questionnaire electronically, there will be a need to work creatively with schools to address the young person's access to the schools IT suites due to all the enhanced cleaning regimes needed for COVID-19 prevention. The issues are being worked through as part of the pilot project; however, this may have an impact on the timescales for the rollout to all Worcestershire schools.

21. The Partnership, together with the Children and Adolescent Mental Health Service has supported Worcestershire Children's First Back to School Project and has collated a series of webinars. This is to provide support in dealing with barriers and anxieties around the return to school, for those children, young people and parents who did not re-engage following the extended absence due to COVID-19. Parents and young people can book onto these webinars and choose which session may be appropriate to them. Examples of the sessions are: Managing Change for Children and Young People with ASD; Back to school – Yoga; Coping with Change and Beating Worries/Anxiety.

22. The School Health Nursing Team is also working alongside the Public Health Local Outbreak Response Team to provide a Covid Support telephone helpline for Nurseries, Childminders and Schools. This is to provide advice and guidance on safe and effective ways of working during the COVID-19 Pandemic.

Starting Well Plus

23. Starting Well Plus is a voluntary programme developed specifically for those expectant women under 25 years of age expecting their first baby. Parents accessing this programme may require additional support due to their circumstances. The uptake of this programme by parents, during the pandemic has been very low. To better understand the reasons for this some engagement work has taken place with a view to tailoring the programme to encourage participation. This information is currently being analysed so that a refreshed Starting Well Plus programme can be developed going forward.

Purpose of the Meeting

24. The Children and Families Overview and Scrutiny Panel is asked to:

- Consider the information in this report, including impact and limitations due to COVID 19;
- Determine whether it wishes to receive any further information and an update in February 2021; and

- Agree whether it would wish to make any comments to the Cabinet Member with Responsibility for Health and Wellbeing and the representatives from the Herefordshire and Worcestershire Health and Care NHS Trust.

Supporting Information

Appendix 1 – Professionals Guide to the Starting Well Partnership

Appendix 2 – presentation slides – Starting Well Partnership

Contact Points

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Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

- [Agenda and Minutes of the Children and Families Overview and Scrutiny Panel 10 May 2019](#)
- [Agenda and Minutes of the Children and Families Overview and Scrutiny Panel 14 February 2020](#)

[All agendas and minutes are available on the Council's website here](#)