



BRIEFING NOTE

To: Health and Adult Social Care Scrutiny Committee

Title: The impact of COVID-19 on 'starting well'; how local services adapted AND how will increasing unemployment and poverty impact (how can this be mitigated).

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1.0: Overview

The effects from the COVID-19 Pandemic on children, young people (CYP) and their families, is an emerging picture. It may be some time before we fully understand how 'lock down' has impacted on vulnerable families and how changes to service provision has affected health outcomes either positively or negatively.

Early on in the pandemic services needed to adapt rapidly to new guidance and work closely with users and the community and voluntary sector to understand and customise to service user experience and needs. This resulted in some changes to the way in which services were delivered.

1.1 The impact of Covid-19

The COVID-19 pandemic has resulted in unprecedented disruption to CYP and their families. Largely attributed to:

- Loss/ bereavement
- Partial school closures
- Stringent social distancing strategies
- Stay at home measures
- Closure of non-essential services
- Changes in the delivery of health care
- Increases in Adverse Childhood Experiences

A rapid impact review of COVID-19 has highlighted the following potential impacts in key areas related to CYP :-

Antenatal



Impacts on processes

- Change to the antenatal pathway & delivery of virtual consultations
 - F2F continuing at booking, 28wk, 38 wks
 - Telephone: 16wks, 24 wks
- Community Midwifery and Antenatal Immunisations moved to Children's Centres / Secondary Schools.
- Face to face antenatal education suspended-> virtual methods

Positive consequences:

- Community maternity services relocated Children's Centres:
 - Collaborative working between services
 - Identification and referral of vulnerable mothers to CC at an early stage
- Virtual HV appointment (34 weeks)- greater attendance by both parents.

Challenging Consequences



- Perinatal Mental Health
 - Increased maternal anxiety
 - ?Attributed to social isolation, changes to face to face delivery, limitation on hospital visitors (except during active labour).
 - Presentation with increased acuity & complexity.
 - Vulnerable mothers able to 'mask' mental health symptoms through virtual consults
 - Limited home visits-> teams unable to gauge full family/ home situation.
- Safeguarding
 - Changes in F2F delivery could potentially miss expectant mothers with safeguarding risks.

Birth, Neonatal & Infancy....

- Limitation on visitors (including expectant fathers) to labour & postnatal ward.
- Change in postnatal midwifery -> mixture of home visits and virtual/ tele consultations.
- Health visiting (10-14 days) continued as usual home visits.
- Baby Friendly Support team (breast feeding) operating virtually.
- 'Well baby' HV clinic stopped face to face
- Most Immunisation appointments moved to Secondary Schools (MK) from GPs

POSITIVE CONSEQUENCES:



- Breast Feeding:
 - Increased breastfeeding rates (Catch-up immunisations requested by previously unvaccinated families *(anecdotal)*)

CHALLENGING CONSEQUENCES



- **Postnatal Mental Health**-> (postnatal depression & anxiety):
 - Mothers unable to 'show off' newborn to friends and family
 - Limited support from social networks
 - F2F contact with health workers/ children's centres changed
- **Newborn Health and Wellbeing** (CBC/BB)
 - 'Well Baby' drop-in clinic stopped Potential to miss babies who are failing to thrive and provide parents with support
 - Note increased calls to HV help line from parents.
 - Potential to impact presentations to A+E/ community paediatrics with feeding difficulties, newborn jaundice, weight loss & development delay.





School Age

Impact

- Partial closure of schools
 - Education including cancellation of exams
 - Pastoral Care
 - School nursing
 - Referral to other organisations through school (e.g. Safeguarding, CAMHS, D&A, Sexual Health)
- School immunisations disrupted
- National Childhood measurement programme ceased

Predicted challenges as schools open more widely in September.

- Increased **mental health** referrals (low level and complex presentations) due to
 - poor parenting/ family breakdown during lockdown.
 - Educational demands when returning to regular teaching after the protracted break.
- **Educational** catch up



CHAT Health (School nurse messaging service for CYP health issues)

CURRENT CHALLENGES:

- **Education attainment and milestones** (based on home learning infrastructure & support)
- **Pastoral/ School Nursing/ Safeguarding**
 - Some vulnerable families using 'shielding' as a reason not to engage with services
- **School Attendance**- Some eligible children may choose not to return
- **Mental Health**- Of those eligible to return (~10%)- teachers report anecdotal cases of anxiety and socially withdrawn

2 How services adapted their way of working during COVID-19

2. Maternity Services

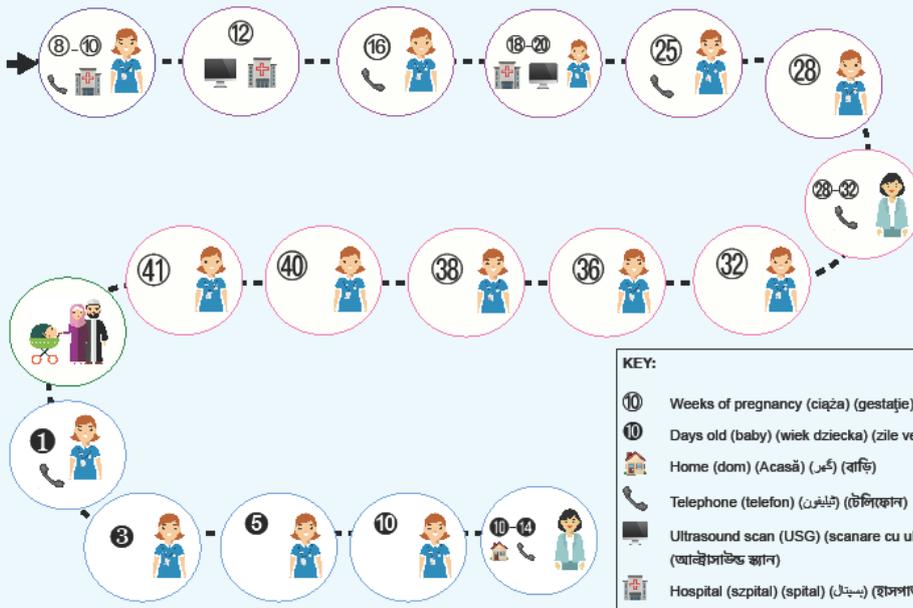
Throughout the pandemic MK University Hospital maintained continuity of care teams, home births and water birth services. Antenatal and post-natal pathways were delivered in compliance with Royal College Guidelines. The 3 most significant changes to services were to:

- Move clinics out of primary care and into children's centers
 - Adapt antenatal and post-natal pathways, ensuring essential face to face care was maintained while minimizing the risk of transmission
- Reduce foot fall into the hospital, resulting in a restricted access for visitors.

Feedback from the Milton Keynes Maternity Voices Partnership and service users led to the development of a 'Stepping Stones' leaflet, explaining adapted provision information on breastfeeding and mental health and emotional wellbeing and Facebook Live sessions on a variety of maternity related subjects were introduced (see below examples).

MILTON KEYNES
Appointments during your pregnancy and the early days with your baby

This document has been coproduced by NHS Services and Maternity Voices Partnerships in Bedford, Luton & Milton Keynes.

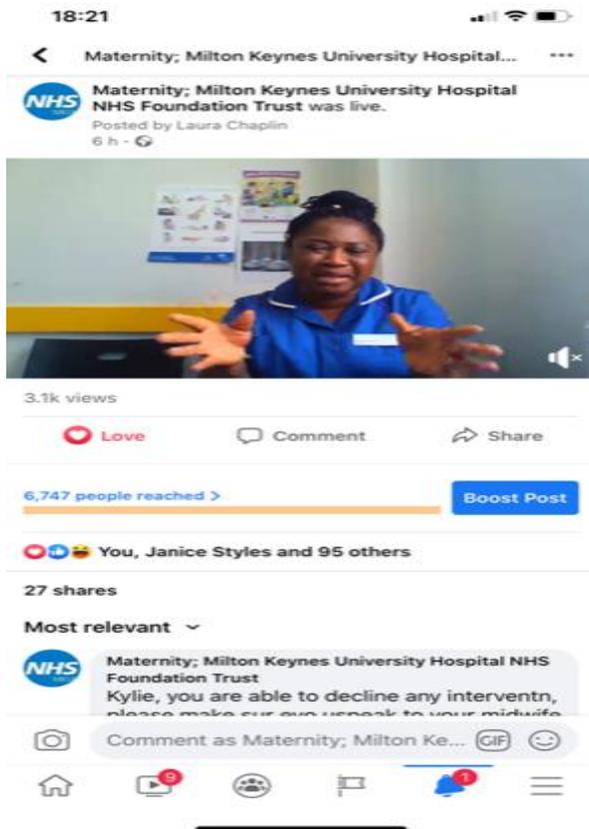


You may be offered additional appointments depending on your circumstances.

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KEY:

- Weeks of pregnancy (cięża) (gestatje) (اشهره) (গর্ভকাল)
- Days old (baby) (wiek dziecka) (zile vechi) (دن براب) (দিন পুরানা)
- Home (dom) (Acasă) (گهر) (বাড়ি)
- Telephone (telefon) (تيليفون) (টেলিফোন)
- Ultrasound scan (USG) (scanare cu ultrasunet) (اشراؤنڈ اسڪين) (আল্ট্রাসাউন্ড স্ক্যান)
- Hospital (szpital) (spital) (হাসপাতাল)
- Midwife (położna) (moaşă) (দাঐ) (ধাঐী)
- Health Visitor (pielęgniarka) (asistent medical) (نارِس) (নার্স)



2.1 0-19 Healthy Child Programme (Health Visiting and School Nursing service)

In March, the national COVID-19 Prioritisation within Community Health Services Directive was issued by NHS England to suspend non-essential 0-19 services including Pre-Birth and 0-5 services (Health visiting). Exceptions to the suspension were:

- Stratify visits and support for vulnerable families
- Safeguarding work (MASH; statutory child protection meetings and home visits)
- All new Birth visits
- Follow up of high-risk mothers, babies and families
- Antenatal visits and support (consider virtual)
- Phone and text advice- digital signposting
- Blood spot screening

Central and North West London Foundation Trust (CNWL) adapted their service delivery in response and continued to offer all mandated universal contacts by using new technology and PPE. In addition;

- Expectant mothers were contacted, and antenatal assessments undertaken
- All mothers with new babies were offered face: face home visits
- Staff continued to offer universal contacts and development reviews to all families, maintaining support for targeted families
- The duty desk was fully functioning to support to schools and families access to qualified staff and increased responsiveness and families were reminded of contact details.
- Staff continued to support safeguarding meetings including strategy meetings and attended virtual child protection conferences
- Enuresis Clinics were delivered virtually by the school nurses. All children on the waiting list and new referrals have been assessed.
- CHAT Health (a confidential text message service for young people enabling them to ask school nurses health related questions) was launched with 94 messages exchanged between May (launch date) and September.
- Face to face clinics are now taking place in 4 family centres to follow up on those who have been identified as requiring additional support following virtual contact.

The service continued to offer all mandated contacts and as table 1 shows, outcomes were similar to those the previous year with the exception of some development reviews that were not completed due to national guidance to suspend them. A catchup plan is now in place.

Table 1:

Indicator	Target	Q1 2019 (comparison)	Q1 2020	Reason target not achieved
% of births that receive a face to face new birth visit within 14 days by a health visitor	90%	87%	86% (96% if after 14 days included)	Reluctance of clients to see a health visitor face to face, late movement in and hospital admissions resulted
% of children who receive a 6-8-week review by the time they are 8 weeks	90%	92%	92%	
% of infants being breastfed at 6-8 weeks	60%	57%	59%	Breast feeding rate has gradually increased. New mothers staying at home during lockdown has been a positive contributing factor.
% of children who received a 12-month review by the age of 12 months	90%	84%	65% (81% by 15 months)	In line with PHE COVID guidance; development reviews were suspended; Targeted reviews were offered according to previously identified need. A catchup programme has been implemented
% of children who received a 2-2.5 year review	90%	80%	77%	In line with PHE COVID guidance; development reviews were suspended; however targeted reviews were offered according to previously identified need. A catchup programme has been implemented

2.2 Childhood immunisations

In the early stages of the pandemic it was identified that there may be a strain on GP surgeries to continue delivering routine childhood immunisations. In April, NHS England re-deployed the NHS providers of school aged immunisations (SAIS) to temporarily support GPs by delivering immunisation services in the community. This temporary programme of delivery gave practices the option of having their clinics staffed by members of the school immunisation team. Over 20 local practices signed up with the programme with the remainder continuing to provide immunisations in house.

Service delivery meant the appointment invitation was sent, as usual, to the home address 2 weeks before vaccination was due with correspondence detailing where the vaccinations would be delivered – in some cases this was a local school site. Feedback has been that parents appreciated these services as many were reluctant to attend health care settings at this time. The service was set up at the end of March and by the second week of May, over 14,000 immunisations had been provided with coverage of baby immunisations being around 92% in Milton Keynes during this time (final data for this period is awaited and will be available for the HASC meeting).

2.3 Children's Health Services

As part of the immediate response to the pandemic the integrated (health, care and education) response for our most vulnerable children and families was strengthened with 7 key areas of focus:-

- Children receiving continuing care packages
- Children with complex needs not receiving continuing care (for example CYP who have been identified as shielding known to hospital/community and Primary Care team)
- Those in residential accommodation in or out of area
- Looked After Children with health needs
- Transforming Care – all children with a diagnosis of ASD and or /LD
- Mental Health – Tier 4 inpatient (and recently discharged) and children at risk of admissions

A senior children's commissioner (joint funded by the CCG and LA) acted as the point of contact for professionals to raise and escalate concerns to a multiagency discussion. Contact plans were then put in place to support families and ensure that needs and concerns were promptly responded to.

2.4 Mental Health Services

Children’s mental health and emotional wellbeing is always a priority but even more so in the context of COVID-19 . We have seen an increase in the numbers of CYP experiencing crisis especially those with an eating disorder. Mental health services rapidly mobilised 24/7 all age crisis lines and worked to move crisis assessment out of A&E and into the community setting. Use of digital technology was utilised to reach some vulnerable groups better.

Service users, staff and the Community Voluntary sector worked together to develop local mental health pathways and to communicate support available to professionals and CYP (CYP example below)..



Additional hours were commissioned from KOOTH (digital emotional health and wellbeing support for CYP) in order to meet anticipated increased demand. Between April and June 2020, 349 young people living in MK used KOOTH, 257 of which were new registrations. Anxiety Stress, Family Relationships and Self harm were the main reasons for contact. The service reported a surge in usage in the early months of the pandemic (March and April). It is difficult to make comparison with last year as the service was first launched in June 2019 which saw 35 users compared to 133 in June 2020.

The Mental Health in Schools Support Teams opened their service to self-referrals and schools emailed parents and families to advise of their availability. Staff have maintained contact with vulnerable young people virtually throughout the pandemic.

Child and Adolescent Mental Health Services offered most appointments virtually but face to face appointments did take place (depending on risk assessment). CAMHS saw a significant drop in referrals during April (2/3 less than usual). Staff capacity did not reduce

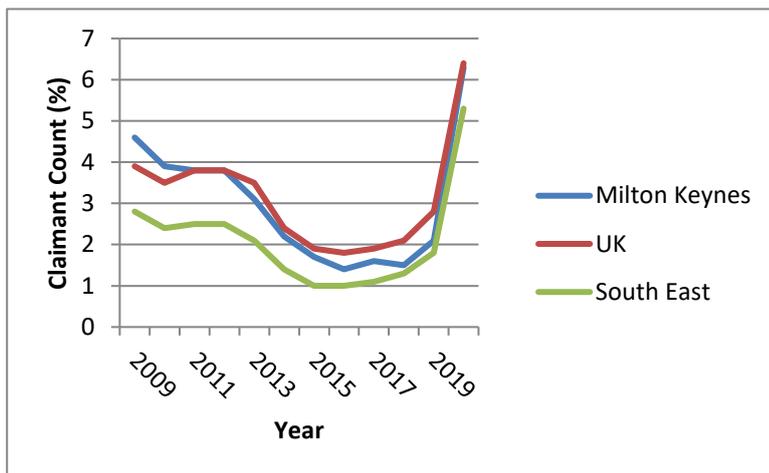
and so this has had a positive impact on the waiting list. Cognitive Behavior Sessions and other interventions have been offered via zoom.

3 Unemployment and Poverty

Unemployment and poverty will undoubtedly impact on outcomes for CYP and their families. Children’s services already work closely together to identify those in greatest need and at greatest risk and will continue to do so moving forward. Work is underway to consider the impact of COVID-19 on inequalities in MK and within this consideration will be given to any enhanced opportunities for the services working with CYP and their families to further support this area.

There has been a steep rise in the unemployment rate in Milton Keynes; similar to the UK but greater than the South East rate. In Milton Keynes the total number of people unemployed July 2020 was 10,750 with the 18 – 24-year-old age group worst affected, followed by 25-29 (data from MKC Economic Development team).

The rate of unemployment has risen across the UK, including MK.



Local measures already in place to mitigate impacts

- The local Department of Work and Pensions team are working with partners to develop a Milton Keynes Youth Network with a range of initiatives to support young people into work
- Local support services including MIND BLMK service for the unemployed to help local people back into work
- Milton Keynes Economic Recovery Plan providing almost £2.2million of funding to local groups and businesses to help drive growth, and creative jobs and help people into the workplace.

