

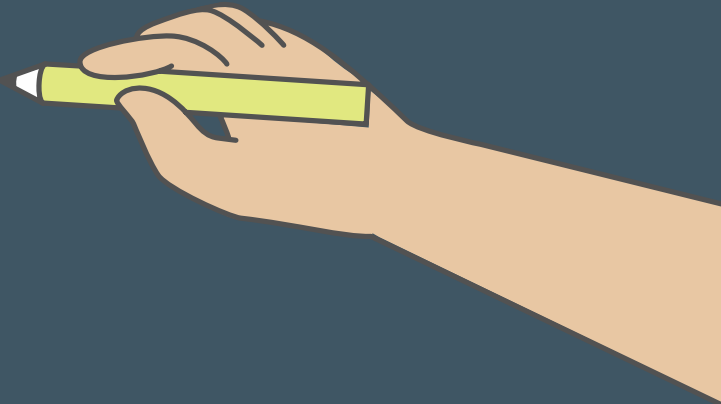
GMCHWB FORUM

HEALTH AND EDUCATION - NAVIGATING THROUGH COVID RECOVERY

FRIDAY 10 JULY 2020

MS TEAMS LIVE STREAM

#GMCHWBForum



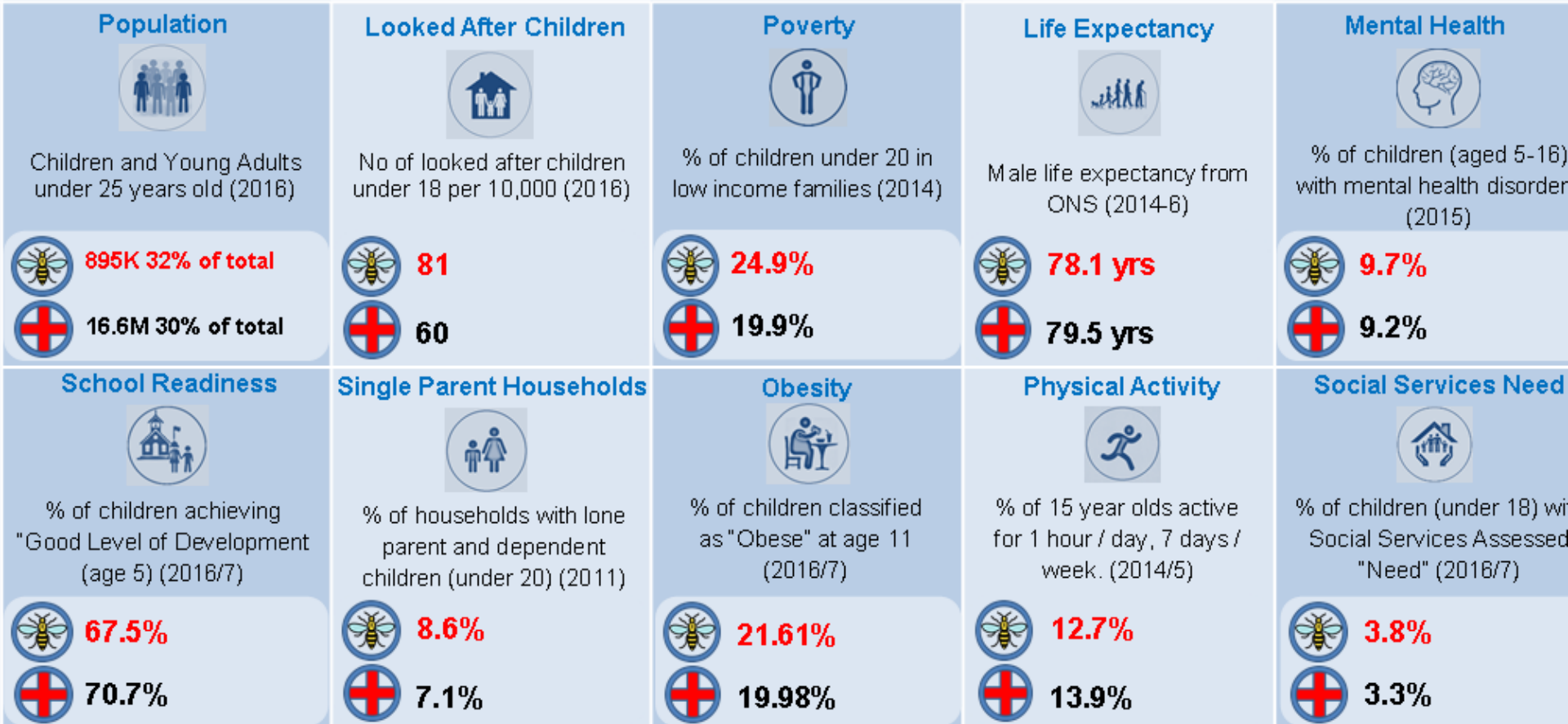
INTRODUCTION AND SCENE SETTING

DR CAROL EWING

Greater Manchester Children's Health and Wellbeing Framework 2018 – 2022



Endorsement by GM Health and
Care Board 2018
Oversight of Framework
Programme by GM Children's
Health and Wellbeing Executive
Board



GM CHILDREN AND YOUNG PEOPLE: POPULATION PROFILE





1 – To develop all relevant plans, policies and programmes with children and young people and their families, reflecting the realities of their experiences and based upon a Children's Charter.



2 – To support the early life course of a child, starting with pre-conception right through to a child's early years, enabling children to be school ready.



3 – To invest in mental health and resilience for children and young people, from pre-school right through to young adulthood.



4 – To protect children and families at risk and strive to ensure that disadvantaged children become healthy and resilient adults.



5 – To work in partnership with schools to equip them to play a pivotal role in improving children's physical and mental health, education and to keep our children safe.



6 – To reduce unnecessary hospital attendances and admissions for children and young people particularly those who have long term conditions such as asthma, diabetes and epilepsy.



7 – To ensure that transition of care for young people to adult services meets their needs and ensures continuity of high quality care.



8 – To develop a modern, effective, safe and sustainable workforce that delivers children and young people's services, ensuring we have the right people with the right skills and values in the right places.



9 – To use the power of digital technology and a commitment to joining up services to give children, young people and their families more control over how and when they receive services.



10 – To be transparent in sharing accessible information that will be useful to children, young people and their families in making choices about services and which will also help hold us to account for our performance.

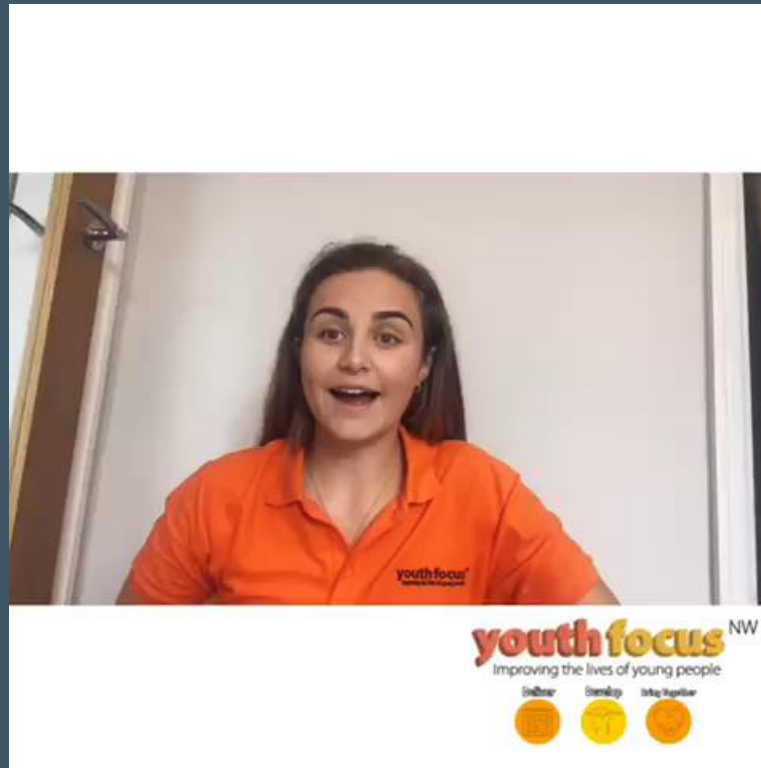
Greater Manchester **Health and Social Care Partnership**

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GM CHILDREN'S HEALTH AND WELLBEING FRAMEWORK DELIVERABLES

CYP VOICE

LAUREN BARCLAY





Family
Life in Lockdown

Challenges and Opportunities

- ◇ Abandoned, Isolated and Forgotten.
- ◇ Support Withdrawn
- ◇ Communication
- ◇ Carer Burn out/illness
- ◇ Online virtual meetings.
- ◇ Reach out – Don't expect Families to Reach in.
- ◇ The Journey
- ◇ Not everything has to be evidenced.

Build Back Better

Community
Confidence
Communication
Partners
Provision

'Our efforts don't scale, they proliferate at the speed of trust'.

(Cormac Russell 2020)

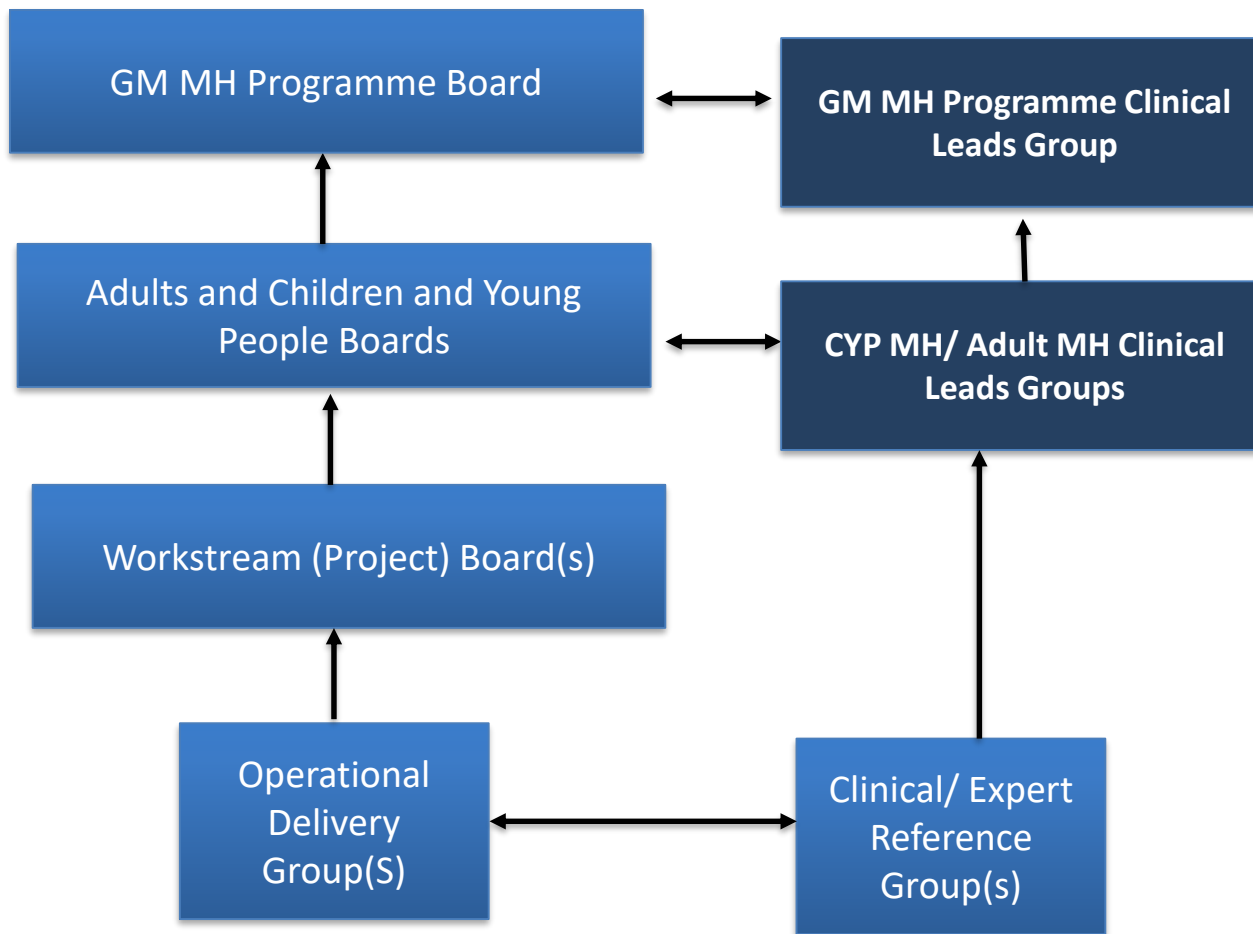
CYP MH COVID-19 Recovery
Time to Restore, Recover & Reimagine

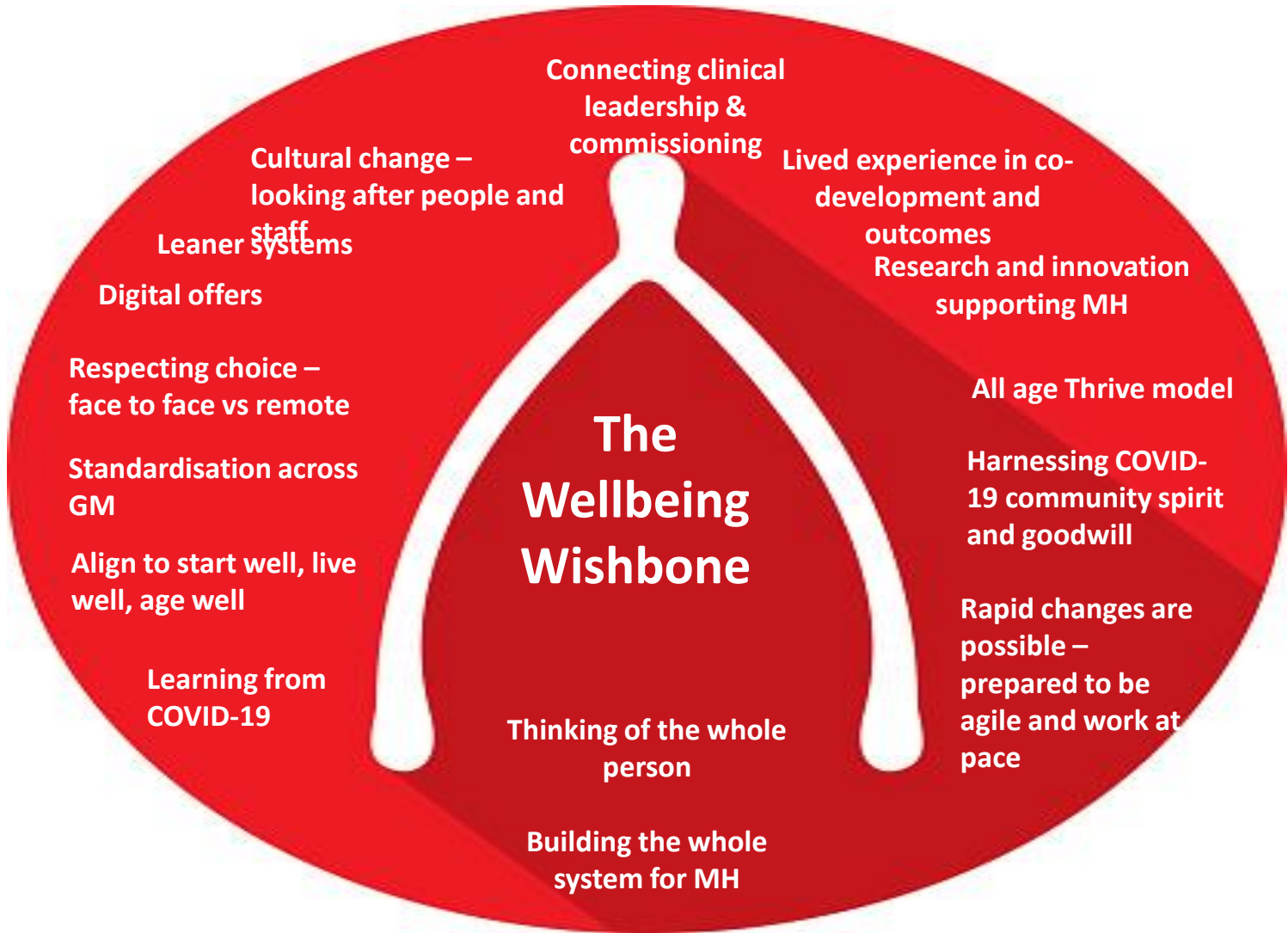
MH Recovery Planning

Activities to support phase 3 planning have included:

- MH Trust led demand and capacity planning, including identifying capital investments needed
- Development of a report on the impacts of COVID-19 from localities and different GM system stakeholders and understanding rapid changes. Supported by Health Innovation Manchester
- Templates for each NHSE/ GM MH priority areas pulled together highlighting COVID-19 impacts and activities for programmes in the short to medium term

PROPOSED CLINICAL LEADERSHIP MODEL





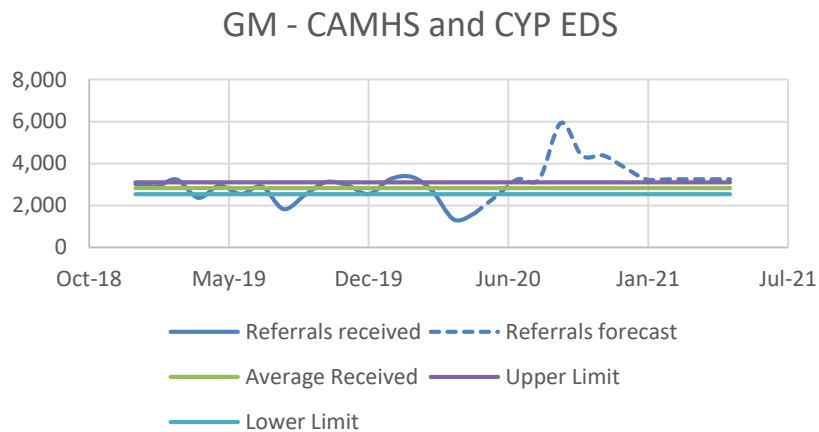


Priority areas for GM CYP Mental Health

- **CYP MH Crisis care and tier 4**
- iThrive – next phase of the model
- Transitions (including ADHD and CYP CEDs)
- **Community Eating Disorders for CYP**
- Perinatal and parent-infant MH (PIMH)
- Mental Health in Education Settings (MHiE)

Mental Health Capacity Planning for Greater Manchester Phase 3

Greater Manchester – CAMHS/CYP Community Services



- Similar to Adult Community Services, services for CYP experienced a reduction in referrals between March and April.
- Between January 2019 and February 2020 there were an average of 2800 though this fluctuated between a range of 1800 and 3300.
- Between March and May 2020 there was a reduction in referrals of 50% (supressed demand of 2800 referrals) which is predicted to enter services from July 2020 to February 2021
- An average 17% increase in new demand is predicted between July and December (8000 additional referrals) that will then stabilise at a sustained 15% from January (equating to an additional 400 referrals per month).
- A peak in the supressed demand entering services is predicted in September when children are likely to return to school. This is also the case for the GM student service population.
- There have been changes to increase the number of non-face to face contracts during the covid-response period and these are being carefully evaluated for service user experience, outcomes where available and impact on inequalities.

Education Perspective Mental Health

Lisa Fathers
Director of Teaching School & Partnerships

Mental Health & Wellbeing



Key Challenges



Collaboration



Early Years – Challenges & Evidence

- Risks to **childcare and early years provider market** and offer to families
- **Early intervention with families** – reduced universal contacts during early years to support early identification of need
- Cancellation of EYFS assessment 19/20
- **Impact of school closures** on reception/Yr 1
- Widening **attainment gap** and impact on vulnerable children

Early Years – Opportunities / Building Back Better

- Enquiry led model to support development of **recovery curriculum** (with a focus on Yr 1)
- Focus on **social, emotional, behavioural** support
- Refocussing assessment as **a tool to support understanding child needs** and accelerating **implementation of universal 18 month assessment model**
- Increased engagement of parents in **home learning environment**
- Developing a **more holistic framework of measures** to understand child development

Early Years – Mentimetre Question

What's your main concern about the impact that Covid has had on families with children under 5? Choose a word or short phrase.

Special Educational Needs & Disability

Challenges for Local Areas across Greater Manchester

- ❖ *Getting accurate, well informed and up-to-date information*
- ❖ *Working differently*
- ❖ *Responding quickly to the changing situation and government advice and guidance*
- ❖ *Meeting needs of all those with identified SEND*

Special Educational Needs & Disability

Opportunities

Information

- LAs have used their Local Offer websites and set up Covid19 pages, sent out Local Offer Newsletters, published responses to FAQs for families
- Frequency of contact with Parent Carer Forums and other community groups has increased and helplines and virtual drop-ins set up, at different times, involving wider range of services and professionals
- Contact made with families through school and college welfare checks, conversations about risk assessments and reasonable endeavours for those with EHCPs have taken place and personal letters sent out to all families with information
- Regular SEND bulletins with latest advice, guidance and resources circulated to colleagues across GM
- Weekly forum between GM Mental Health team, special schools and SEND colleagues across GM to raise questions, share practice and local and national information and advice

Working differently

- Virtual person centred reviews of EHCPs taking place with increased engagement from young people and families
- Online learning and individual tuition set up
- Education staff working with families at home which has highlighted unidentified needs
- EPs, Community Paediatricians and therapists carrying out virtual assessments
- Virtual decision making panels set up involving all services
- Virtual SENDCo and Preparation for Adulthood networks set up

Special Educational Needs & Disability

Opportunities

Response

- Flexibility in use of short breaks budgets and introduction of one off payments to support families
- Risk assessment documentation for individual children and young people shared across LAs
- Best interest meetings with parents of children who had been shielding and health colleagues to discuss requests to return to schools
- Delivery of activity resources and co-production of sensory packs for families with children with complex needs
- Therapy sessions and training delivered on-line
- LAs sharing their approaches to reasonable endeavours duties
- Health, care and education colleagues working together on reasonable endeavours duties
- Access to schools outdoor spaces provided to support the need for some children to run around in a safe space
- Aids and equipment delivered to homes to support therapy programmes
- EPs commissioned to provide mental health and well being support to education staff
- Settings going “above and beyond” to support families

Meeting needs of all those with identified SEND

- EP helpline for families of children at SEN Support set up
- Specialist teachers and special school outreach teams providing advice to mainstream colleagues on suitable resources
- LAs continuing to deal with new requests for EHC needs assessments, working within statutory timescales and making decisions

Special Educational Needs & Disability

Building Back Better

Practical steps to support children and young people with SEND and their families
VOTE FOR YOUR TOP 3

- | | |
|---|--|
| 1. Positive relationships | 8. Virtual EHCP reviews |
| 2. Use of social media to connect with families | 9. Sharing good practice across LAs, schools and health services |
| 3. Multi-agency helplines and drop-ins | 10. On-line training and intervention from therapists |
| 4. Access to ICT for families | 11. Those at SEN Support |
| 5. Specialist multi-agency hubs | 12. Children and young people who may have to continue to shield |
| 6. Common standards and approaches across GM | 13. Contingency plan for possible 2 nd wave or localised lockdown |
| 7. Access to on-line learning | 14. Transition for children moving from one setting to another |

PHYSICAL HEALTH FROM A SCHOOL NURSE PERSPECTIVE SCREENING AND IMMUNISATION CAROL BAILEY

CHALLENGES

- Obesity and/ or malnutrition
 - reduction in physical activity during lockdown
 - School meals
- Safeguarding
 - Children we don't know about, reduction in Section 47 presentations
- Reduction in attendance for LTCs
- School imms and vaccs programme
- Healthy child programme, universal services and assessments reduced-school nurses have been redeployed

OPPORTUNITIES

- School nurses can make a real difference -critical to prevention, identifying the needs of children and families
- The 4-5-6 model-Healthy child programme

IMMUNISATIONS GIVEN IN SCHOOL

- Flu – October – December Reception – year 6 (nasal immunisation)
- Human Papilloma Virus (HPV) - Year 8/9
- School Leaver Booster – Year 9/10 (this completes the course of vaccinations they started as babies)
- Meningitis ACWY – Year 9/10

SCHOOL IMMUNISATION SERVICE DURING COVID-19

- Suspended on 23rd March
- Some children have not completed the immunisations they would have had in this school year
- School immunisation teams setting up clinics over the summer to catch up. Will also catch up during next school year

WHAT CAN PARENTS/CARERS DO TO HELP?

- Reply to invitations to appointments –attend/rebook
- Return consent forms to the schools
- Talk to your children about the vaccinations and why they are having them

MENTIMETER POLL

What practical step could be taken to improve physical health when all children return to school?

Short phrase answer

Salford City Council

**LA perspective
Cathy Starbuck
Assistant Director, Education and
Skills and Work**

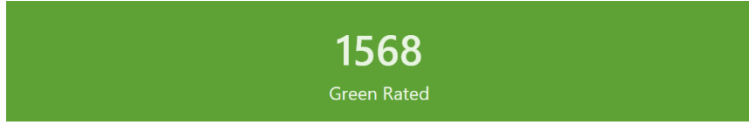
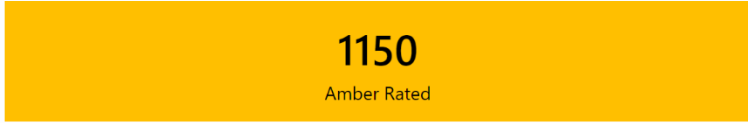
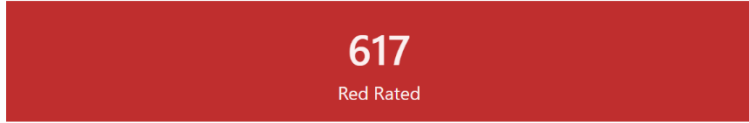
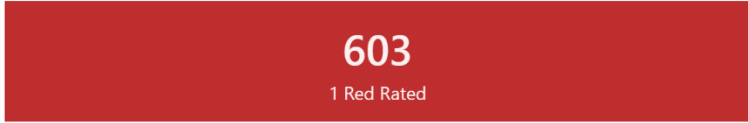
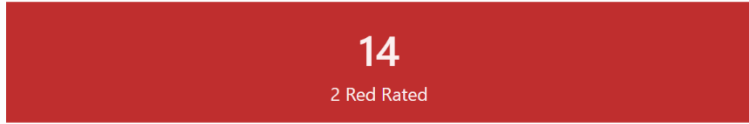
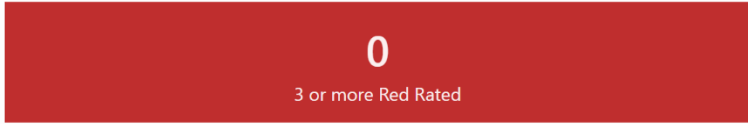
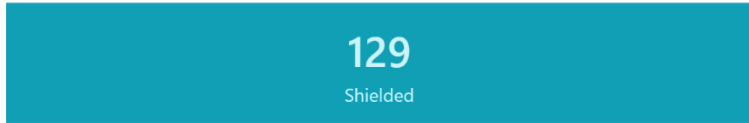
Use of a Triangulation App – Assure

- IT platform (Assure) has been developed to share concerns (via RAG risk ratings and welfare checks) across all agencies below social care thresholds
- Virtual locality meetings for children/families, supporting a multi-agency response for children and families at early help level
- The meetings ensure that concerns regarding the needs of children and families are captured, supported and monitored by relevant professionals involved with the family.
- The meeting will enable reflective professional discussions to take place to allow appropriate support packages and a clear route for escalation of concerns

NB This COVID -19 process does not replace existing 'worried about a child' processes and is for lower level concerns. If in doubt a professional should use the Bridge referral pathway.



Assure





Young People

Young People \

1. All Young People

Health RAG = 'red'

Stud Id	First Name	Last Name	DOB	NCY	EHCP	Social Care Status	School	Sen RAG	Health RAG	School RAG	Connexions RAG	Young Carers RAG	Virtual School RAG	Shielded	Welfare Checks
Example 1				10	Y	Yes	Chatsworth High School and Community College	■	■					-	✗
Example 2				1	Y	No	Hilton Lane Primary School		■	■				🛡️	✓
Example 3				6	Y	Yes	St Luke's RC Primary School	■	■	■				-	✓
Example 4				8	Y	No	Rossendale School	■	■	■				-	✗
Example 5				7	Y	No	Salford City Academy	■	■					-	✗
Example 6				8	Y	No	Chatsworth High School and Community College	■	■					-	✗
Example 7				8	Y	Yes	Chatsworth High School and Community College	■	■					-	✗
Example 8				0	N	No	St Philip's CE Primary School		■	■				🛡️	✓
Example 9				1	Y	No	Clifton Primary School		■	■				-	✓

NEXT STEPS, ANY OTHER BUSINESS AND CLOSE

THANK YOU

Contact us

If you have any queries about these guidelines,
contact the GMHSC communications team:
gm.hsccomms@nhs.net

www.gmhsc.org.uk
[@GM_HSC](https://twitter.com/GM_HSC)