

**Cambridgeshire & Peterborough
Child Health & Wellbeing, Maternity, Neonatal & Children's
–SYSTEM WIDE RECOVERY AND RESTORATION PLAN**

September 2020

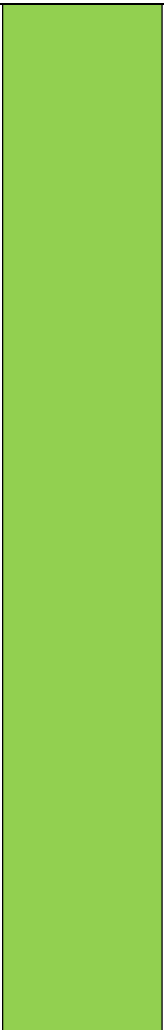


Recovery and Restoration Priorities:

- Enhance immunisations / vaccinations and screening programmes
- Focus on the Special Educational Needs and Disabilities Agenda (to include Education, Health and Care Plans and Peterborough's Written Statement of Action)
- Robust measures in place to forecast and prepare for surge in childrens mental health needs (to include learning disabilities, ASD, autism, sensory/visual impairment and physical disabilities)
- Support schools and settings to reopen to include managing service referrals and infection control measures (social distancing, hygiene and PPE)
- Focus on maternity services including effective links with the Best Start in Life Programme (to include support to BAME communities and increase in perinatal mental health issues) and improved safety outcomes for women and babies in pregnancy
- Effective plans in place across the system to manage workforce levels (to include local outbreaks and winter surges)

System Priorities					
Action	Expected Outcome	Delivery lead(s)	Deadline	RAG	Progress
Undertake service delivery analysis to ascertain which services can continue as virtual (including networks and equipment), which need to return to face to face delivery or hybrid of both and operating needs (eg 7 day service) – cognisant of safeguarding concerns including maternity	Business Continuity Plans are developed for each area	CCS John Peberdy CPFT Elaine Young CUH Amanda Cahn NWAFT Jo Bennis PCC/CCC Helene Carr	8 September 2020		Childrens Commissioning: Commissioning have in place individual business continuity plans for strategic providers, as well as an overarching business continuity plan. These are being updated following Covid-19. There are individual recovery plans in relation to all areas of SEND, CiC, C&F and CWD. These have been transferred into working action plans and are

<p>safeguarding. Analysis to include review of service waiting lists and impact on children and young people</p>					<p>monitored through the business continuity panel which remains scheduled weekly. These will also be reviewed to encompass the opportunities for 7 day services. The CWD & SEND Commissioning Huddles continue weekly and are used to monitor emerging issues, gaps in provision and impact of provision changes on other service areas. CCS – has developed Phase 3 restoration plans in line with recently published national IPAC guidance and NHS England guidance (Sir Simon Stephen’s letter – dated 31.7.2020). This covers the Healthy Child Programme in Cambridgeshire and Peterborough and Specialist Services in Cambridgeshire. Template to be circulated clarifying information required.</p>
<p>System wide communications campaign to ensure consistent service approach to infection control ie PPE usage and accessible information for parents / carers / professionals detailing availability / referral contacts for all services</p>	<p>A storyboard developed to highlight key activity undertaken across the system, following latest NHS guidance <i>(Challenge with oral suctioning)</i></p>	<p>Lead: Raj Lakshman CCG Lynn Rodrigues, Siobhan Weaver Parent / Carer Forums Sarah Conboy, Louise Ravenscroft System Comms Leads: Jacky Cozens, Laura Halstead, MVPs (Liz Phillips)</p>	<p>30 Sept 2020</p>		<p>A communications guide for infection control and PPE has been drafted for schools, parents and carers and will be circulated once finalised.</p>
<p>Agree system wide approach to the NHS phase 3 response to the Covid-19 pandemic</p>	<p>NHS phase 3 plan contains children / maternity response</p>	<p>Leads: Sue Graham, Catherine Boaden</p>	<p>21 Sept 2020</p>		<p>KA liaising with Catherine Boaden. Winter planning returns include a slide</p>

					from CYP and maternity. NHSE planning returns completed
Priority 1: Enhance immunisations / vaccinations and screening programmes					
Action	Expected Outcome	Delivery lead(s)	Deadline	RAG	Progress
Revision of CCG pandemic flu and outbreak response plan due at CCG governing body		Lead: Fiona Head CCG Karlene Allen PCC/ CCC Helen Freeman	8 Sept 2020		A weekly 'Children's and Maternity' flu vaccination ops group has been established that feeds into the overall weekly Flu meeting. This enables us to identify any emerging issues quickly and find solutions.
Activity and demand for CCS / CPFT / NWAFT / CUH	75% uptake across eligible groups	CCS Nicky Sraham CPFT Roweena Harvey NWAFT Kerry Fletcher CUH TBC	8 Sept 2020		
Develop venues / staffing strategies for school closures to deliver vaccines and immunisations	Identification of alternative sites and capacity	CCG Karlene Allen PCC / CCC Helen Freeman, Sarah Tabbitt, Pam Setterfield	8 Sept 2020		
Still early days (waiting on first delivery of vaccines) but effective plans are in place.					
Solutions has been identified to use alternative venues to undertake vaccinations. Should additional need be identified, consideration will be given to using children's centres / child and family centres, St John's venues and other community sites.					
Further work is needed to create clear and standardised comms around the Flu campaign. National Flu campaign commences 5 th October 2020.					
Priority 2: Focus on the Special Educational Needs and Disabilities Agenda					
Action	Expected Outcome	Delivery lead(s)	Deadline	RAG	Progress

<p>Procedures in place to identify early need for teaching / support to parents and professionals in the school / setting environment</p>	<p>Effective support mechanisms in place to support parents and practitioners in meeting need, in line with relevant guidelines</p>	<p>PCC / CCC Karen Hingston, Annette Brooker, Karen Moody, Lisa Riddle</p>	<p>8 Sept 2020</p>		<p>Access to on-line evidenced based parenting programmes with coaching support, virtual wellbeing training and home learning resources have been available throughout the pandemic. Weekly parenting newsletters have been published.</p> <p>Test & Trace systems in place for early years and childcare settings to manage the risk and reduce transmission as more settings open and more children return. There still remains confusion and availability of testing arrangements. Further guidance is needed.</p> <p>Keeping on Track communications campaign delivered for 8 weeks over the summer period. The campaign provided families across Cambridgeshire and Peterborough with advice and signposting linked to themes such as mental health and wellbeing, sleep and positive parenting. Further detail is included in the briefing below:</p> <div data-bbox="1780 1150 1839 1209" style="text-align: center;">  </div> <p style="text-align: center;">Priority 2 early need identification briefing.</p>
<p>Continuation of 7 day community services to avoid hospital admissions</p>	<p>Avoidance of unnecessary hospital admissions over the winter period</p>	<p>Lead: John Peberdy (CCS) and Elaine Young (CPFT)</p>	<p>8 Sept 2020</p>		<p>The 7-day services relates to the Children’s Community Nursing Service. Historically, a 7-day service is provided in</p>

					Peterborough, but not Cambridgeshire. £250k was the initial cost to continue to provide the service. More recently, there has been a minimal service provided – 1 nurse/1 on-call. Needs further work/development.
Undertake social communication and SEMH capacity and demand review including scoping of therapies	Agreed joint specification, commissioning and contract management	Lead: Joint Child Health & Wellbeing Commissioning Board (Lucy Loia, Jenny Maine)	November 2020		Lessons learnt from SEMH schools review being collated to inform scoping. An update will be presented at the next JCHWCB.
Priority 3: Robust measures in place to forecast and prepare for surge in childrens mental health needs					
Action	Expected Outcome	Delivery lead(s)	Deadline	RAG	Progress
Complete mental health planning returns <ul style="list-style-type: none"> • Covid-19 suppressed demand planning for CYPMH and ASD • Covid-19 generated need planning 	Submission of returns	Lead: Karlene Allen / Marek Zamborsky	21 September 2020		Gathering information from providers and business intelligence on suppressed demand for adults, still waiting for further information on CYP. Also looking at comms, accessibility and digital workstreams to look at additional funding. Draft outline planning templates were shared at the Mental health STP group on 9 th September. Further data required related to children and young people mental health data. CCG Business Intelligence team working with providers. On track for submission.
Continue to develop the Autism strategy taking into	Launch of new strategy	Lead: Joint Child Health & Wellbeing Commissioning Board	February 2021		Draft Autism Needs Assessment has been completed. Strategy is on the

account Covid-19 eg suppressed demand					JCHCB agenda for discussion in October 2020.
Commissioning of trauma focussed services to address service gaps	Joint specification, commissioning and delivery arrangements agreed	Lead: Joint Child Health & Wellbeing Commissioning Board	March 2021		Maternity Mental Health Service bid going in for 22 nd September to support birth trauma – see below.
Re-procurement of CYP mental health and emotional wellbeing services	New service model implemented	Lead: Joint Child Health & Wellbeing Commissioning Board (Kathryn Goose and Helen Andrews)	July 2021		Procurement team has now identified. Outcomes and service specification is being developed. Preparation for market testing taking place on 13 th October. Collation of procurement documentation will happen through September / October 2020.
New models of care to be established (LD / ASD / Transforming Care / Eating Disorders Units)	Local services for local children and young people	Lead: Children & Maternity Executive Board / Regional LD / ASD Strategic Commissioning Board	October 2021		Series of workshops are being rolled out to ensure alignment across new models of care, regional work and local planning.

Priority 4: Support schools and settings to reopen to include managing service referrals and infection control measures

Action	Expected Outcome	Delivery lead(s)	Deadline	RAG	Progress
Supporting schools and settings with their Infection control measures	Safe schools across the county including completed risk assessments in place	Lead: Jonathan Lewis, Raj Lakshman PCC/CCC	September 2020	COMPLETE	Information contained within the Communication Guidance presentation on infection control/PPE mentioned above.
Co-ordinate multi-agency risk assessments for CYP with complex /additional needs with special schools	Safe return to schools for children with additional medical needs	Leads: Siobhan Weaver, CCG / Local Authority SEND services (Toni Bailey)	September 2020		Meeting has been set up to discuss concerns related to PPE.

Priority 5: Focus on maternity services including effective links with the Best Start in Life Programme

Action	Expected Outcome	Delivery lead(s)	Deadline	RAG	Progress
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Develop network of 'virtual' networks to support parents antenatally and postnatally	Parents have access to information via existing links with MVPs, BSiL and children's centres Develop new ways of supporting through MVPs and signposting. BBCS project to continue	Leads: LMNS (Liz Phillips) and BSiL John Peberdy/Helen Freeman	February 2021		Exists already as links through MVP work and also links to BSiL and websites/social media. Need to develop this further. BBCS project funded for 3 months to continue to support virtually in Fens for those experiencing MH issues and provides signposting. Longer term funding hoped to be received.
Implementation of midwifery Continuity of Carer (CofC)	35% of women on a CoC pathway by March 2021 as a LMNS - targeted towards women from BAME groups and those living in deprived areas, for whom midwifery-led continuity of carer is linked to significant improvements in clinical outcomes	Leads: HoMs (Liz Phillips) monitored through LMNS Acute Trusts Boards and RMPB	March 2021		CUH on target to deliver the national ask with full plans in place. NWAFT – significant staffing issues / vacancies but now engaging with their board and midwives/consultants to prepare for January 2021 start with a team. Commissioned Birth Rate Plus and commenced review. Looking at staffing needed to roll out CofC. Good working relationships across CofC and the Best Start in Life Programme. Pathways are being introduced on the ground.
Perinatal MH demand planning	Submit MMHS bid and develop perinatal support for those not currently covered by the perinatal mental health services Increase numbers of women and partners supported with PNMH	Leads: HoMs (Liz Phillips) and Marek Zamborsky	March 2021		Submitting a bid (22/9/2020) to develop MMHS testing model as a fast follower combining maternity, reproductive health and psychological therapy for women experiencing mental health. To cover difficulties directly arising from, or related to, the maternity experience for birth trauma, PTSD following perinatal

					loss and tokophobia (severe fear of childbirth). For those individuals experiencing moderate-severe/complex mental health difficulties following perinatal loss who currently are not eligible for perinatal mental health services.
Reducing health inequalities – support for BAME and those from deprived areas	In line with national maternity and neonatal transformation targets ensure that CoC is targeted towards women from BAME groups and those living in deprived areas, for whom midwifery-led continuity of carer is linked to significant improvements in clinical outcomes	Leads: HoMs (Liz Phillips) monitored through LMNS Acute Trusts Boards and RMPB	March 2021		Work in progress. Raham project linked to the Lantern Initiative. Funded RMVP to provide a listening event to engage with hard to reach groups. Developing information in different languages and pictorially in videos. Developed a list of videos that can be used form national materials. Developing local materials aimed at our populations need.
Priority 6: Effective plans in place across the system to manage workforce levels					
Action	Expected Outcome	Delivery lead(s)	Deadline	RAG	Progress
Work with local VCS groups and networks to deliver support where needed, with a focus on improved interfaces	Reduction in patients moving from one waiting list to another Single Point of Referral for mental health services Maternity Single Point of Access being developed	Leads: Childrens Mental and Emotional Wellbeing Board (Karlene Allen and Kathryn Goose) Lead: LMNS (Caroline Saywood/Liz Phillips)	December 2020		Being addressed through mental health Covid planning returns and longer-term procurement.
Identify charitable funding opportunities to support services to respond to the	Bids submitted	Leads: Children & Maternity Executive Board (Wendi Ogle-Welbourn)	October 2020		As above re perinatal bid.

needs of pregnant women and their partners and postnatally, children and young people as they recover from the impact of Covid-19 and beyond	MVPs encouraged to bid for funding and Birth and Beyond Community Supporters also applying				
Review of face to face services and workforce skills / functions to consider if roles/specific duties could be delivered by a range of professionals		Leads: Tracy Dowling (CPFT)	February 2021		Phase 3 plans show that an increase in staffing levels are required by March 2021 to address backlogs. Early indication suggests an additional 634 clinical staff will be required. Being addressed through the STP workforce group as system recruitment plans are required to address this level of need. International recruitment campaigns / bank and agency plans to be accelerated. This does not include the additional social care workforce that may be required.