**Public Health and Wellbeing**

The Director of Public Health has been leading the public health response to the COVID-19 pandemic in Lancashire.

The team has been central to the wider Local Resilience Forum response, supporting the organisation and statutory / VCFS partners in delivering interventions designed to manage and reduce the impact of the pandemic on communities and individuals in Lancashire.

This has involved working closely with Public Health England, supplementing their capacity to support care homes in terms of infection prevention control measures and testing regimes.

Similarly the service continues to work closely with district council colleagues to promote COVID safe premises, implementation of effective outbreak management measures and local testing arrangements; the latter delivered as part of the district level task forces, to increase uptake and reach of testing in those localities where there is a higher incidence of infection. The partnership between district environmental health teams, and the County's trading standards service continues to support prevention messaging through support and guidance, whilst also initiating enforcement action where considered proportionate to the risk.

Throughout the pandemic, the team has worked closely with public health commissioned services such as health visiting/school nursing, drug and alcohol services and sexual health services to support continued service delivery where appropriate and proportionate to risk. Services have quickly developed virtual support mechanisms such as online baby clinics, virtual assessment and treatment reviews in substance misuse services; together with sexually transmitted infection screening utilising postal kits; whilst face to face support has remained in place for the most vulnerable households

Our domestic abuse refuge services have remained staffed and open to new clients throughout, with a new testing pathway developed, together with improved access to mental health support. Similarly there has been exemplary partnership between the tiers of local government, the NHS and VCFS to support the homeless throughout this period, with work ongoing to maintain those links.

Public health providers have also been central to mutual aid response, providing swabbing support into care homes, homelessness & complex needs accommodation and more recently into the community testing stations.

**Adult Services**

Lancashire County Council's top adult social care priority is to ensure the safe and effective delivery of support and care to those who need it during the COVID-19 pandemic. The following is a summary of some of the major interventions carried out by the county council to meet this priority.

**Supporting care homes and other providers**

We developed a comprehensive daily tacker so the county council can record all relevant COVID-related information and data on behalf of care homes. The feedback we have received indicates that care providers welcome our interventions and support to alleviate their tremendous burden. We are investing significant organisational resources to identify and address this need, contacting residential and nursing homes and other providers across the county – and setting up a dedicated PPE phone hotline and online ordering pathway – so providers and carers can let us know their needs. Our Contracts and Commissioning teams receive or make literally hundreds of calls to care providers seven days a week, recording current supply levels and exposure to the coronavirus and assessing the exact needs for PPE throughout Lancashire so we could respond as effectively as possible.

The data we receive from care homes and others is translated into useable intelligence that then informs the rapid delivery of PPE where it is needed. Our PPE data "tracker" is supplemented by the council's existing contract management systems as well as detailed online information, advice and guidance, and includes an escalation process for urgent cases.

The county council runs a regular online webinar for providers to promote the latest guidance and policy, supplemented by weekly newsletters and a new dedicated Provider Portal so providers can stay up to date on all the latest developments.

**Ensuring supplies of PPE**

The county council's Procurement team have sourced, purchased and continue to distribute hundreds of thousands of sets of PPE to health and care providers across Lancashire during the current crisis. As of 1 July, 3,264,000 items of PPE have been issued to the wider care market, responding to 2,450 requests since 10April, with an average of 35 requests a day. With the help of our transport colleagues 95% of requests are delivered by the next working day and more than half delivered the same day as requested. In addition, 1.5 million items of kit has been issued to our internal services, mainly Adult Social Care

**Infection Prevention and Control (IPC)**

Our IPC nurses contact care homes to provide advice and discuss the systems put in place to ensure the safety of residents. The information homes provide is recorded with a suggested date for a follow-up call by clinical and nursing staff to reinforce all necessary IPC standards with ongoing support from our specialist nurses. Our IPC team can escalate cases if they feel additional specialists are required for additional support. Our Care Homes Admission Policy emphasises guidance and best practice on keeping as many homes as possible free from the virus and, where infection has already occurred, on controlling and preventing the virus from spreading further. This is further supported by a structured testing programme.

**Expanding the social care workforce**

We worked rapidly to develop a systematic approach to supporting and expanding our adult social care workforce through the pandemic, allowing the sector to acquire both paid and volunteer resources from a range of inter-connected pathways aimed at delivering the right care to more people, at the right place and time. This includes:

* The Lancashire Temporary Staffing Agency (LTSA), created to provide a short-term paid resource to the care sector for both internal services and externally.
* Internal deployment of staff and identifying elements of the council workforce with capacity.
* Volunteer pathways, working with Community Hubs and the Lancashire Volunteer Partnership to offer support for activities such as collecting medication, shopping and phone calls to vulnerable people.
* Continuing to advertise roles within adult social care and recruiting agency staff with streamlined processes and centralisation of ancillary activities like background checks and references.
* Working with educational establishments to tap into students on health and social care courses interested in gaining experience through our auxiliary workforce. Any interested individuals would be directed towards the LTSA.

We are also supporting staff with information, guidance on support on wide range of issues to support their health and wellbeing and ensure safe and effective home working.

**Funding**

COVID-19 is imposing significant new pressures on the social care sector and Lancashire County Council has responded in a number of ways to support providers, including support to meet the extra costs of staffing, PPE, extended service hours and transport costs. We have committed to provide £7.3m in financial support for their extra costs.

**Conclusion**

While the county council has taken the lead on a number of these interventions, each has been progressed under the auspices of the endorsed by the Lancashire Resilience Forum (LRF), who have fully supported and endorsed our actions to support the care sector. We will continue to collaborate with partners across the local health and social care system to provide high quality and safe social care to people throughout the pandemic and beyond.

**Education and Children's Services**

**Impact of COVID-19 pandemic on demand**

Soon after the COVID-19 pandemic lockdown period commenced, a weekly interactive data dashboard was set up providing real time data and statistics allowing for detailed interrogation of the system, this is supporting colleagues and partners to understand the trends and demands on the service.

The table below summarises the impact of the COVID-19 pandemic on Social Care demand indicators. As expected the majority of the indicators saw a decrease in the weekly average during the peak COVID pandemic period when compared to the weekly averages prior to this. The more recent trends suggesting demand levels back to those seen prior to the COVID period for the majority of the indicators. There was a notable increase in the number of open CiN plans (+7.9%) during lockdown and decrease in open CP plans (-9.7%). Feedback from the North West Regional Implementation Group suggested the majority of the LA's experienced reductions in demand during the peak COVID lockdown period.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Demand Indicator** | **Pre COVID weekly average (Jan-Mar 20)** | **Peak COVID lockdown weekly average (Apr-May 20)** | **% change** | **Post COVID Peak weekly average**  **(Jun-Jul 20)** |
| **Early Help Module (EHM) contacts** | 1,004 | 781 | -22.2% | 1,005 |
| **Referrals** | 197 | 150 | -23.9% | 202 |
| **Assessments started** | 246 | 221 | -10.2% | 225 |
| **Open Assessments** | 1,141 | 853 | -25.2% | 1,004 |
| **Assessments closed** | 252 | 238 | -5.6% | 240 |
| **Open CiN Plans** | 1700 | 1834 | +7.9% | 1,914 |
| **Open CP Plans** | 916 | 827 | -9.7% | 806 |
| **Open CLA** | 2118 | 2120 | +0.1% | 2,143 |

During this challenging time, colleagues have been innovative in finding ways to facilitate contact between children and their families. This is evidenced in the significant improvements seen in CiN/CP/CLA visits and reviews being up to date (e.g. CP visits up to date in March 2020 at 89% increased to 92% in June 20)  and timeliness of single assessments and health assessments (March 2020 at 80% increased to 90.5% in June 20) over the last few months. This was further helped by the fact that around 97% of staff have been working throughout the lockdown period supporting the service.

**COVID-19 Pandemic Interventions**

Below is a summary of the different interventions implemented during the COVID-19 pandemic period.

*Social Care Interventions*

* Working alongside colleagues we have produced a COVID weekly inter- active data set providing real time data allowing for detailed interrogation of the system, this is supporting partners to understand the trends and demands on the service.
* During the early stages of the lockdown, Social Workers have been innovative in finding ways to facilitate contact between children and their families.
* Residential staff have lived with some children so they are safe.
* Large reduction in referrals although anticipated, work had taken place to ensure all professionals were clear that we continue to work.
* Although there has been a national increase in domestic violence this is not replicated in Lancashire, campaign undertaken led by the safeguarding partnership to produce a large scale campaign, multi-agency response quickly activated.
* Interaction with the court in non-contested cases has saved huge amounts of time by being done remotely.
* Increased focus and willingness to share resources and information across professions and services to support children and families.
* Greater awareness of community based resources we can utilise to support families.
* Partners are working in partnership to ensure the message that safeguarding is everybody's business is clear. Some bin vans in Lancashire have placed information posters on their vehicles.
* The implementation of wider testing had resulted in staff who were asymptomatic being tested positive rendering them unable to undertake areas of work. This did not have a negative impact on our ability to undertake statutory social work.
* Adoption matching continues by using many innovative mediums.
* 100% of plans had been reviewed this is a dynamic system and not a one off piece of work. The review of plans is established with the manager and monitored on a weekly basis.
* Challenges facing staff included the requests for face to face contact from both families and the judiciary. Work has taken place to ensure families and staff are safe. After the peak lockdown period, visits within Lancashire had returned where possible to physical face to face visits allowing for a real overview of the situations that children are living in.
* Work continued to take place to ensure that all services are aware that MASH is undertaking work with no change to before COVID.
* Visits continue to be a priority in the County and several pathways are in place to ensure the most vulnerable are contacted/visited not only in line with the statutory requirements but in response to up to date assessments and plans. This is both virtual and physical - although there are more visits now being undertaken physically. This is connected to the return where possible of family contact. Buildings are continually being assessed and made COVID safe.

*Education Interventions*

* During the peak lockdown period, the response from schools and settings to support vulnerable children and critical workers in Lancashire has been excellent with typically 500 schools open daily and around 700 early years providers consistently open.
* In May an average of 800 vulnerable children and 2000 key/critical worker children, attended across Lancashire schools daily.
* In June (following changing national policy for the "wider opening" of schools) there was a significant increase of vulnerable children and critical worker children moving to 1600 vulnerable children and 4500 key/critical workers attending schools daily.
* Just prior to the summer break, there were 610 schools open supporting 33,773 children including 2706 vulnerable children and 13,459 key/critical workers children.
* Schools remained open during all school holidays and Bank Holidays where there was a need for vulnerable and key worker children to access care; schools were fully supported by senior advisers on these days.
* When a school was unable to remain open (e.g. staff shortage, building issue such as loss of power/water) children were immediately provided with care at another local school that acted as a hub; this was arranged by the senior adviser for the ICP.
* A Daily Bulletin to schools ensured that schools were up to date with changing DFE guidance so that they were able to support attending children and young people safely; this was shared with governors, LCC services and key partners, and key messages shared with parents via social media.
* Internally, a Service Recovery Group was established involving school catering, transport, HR, Public Health, Communications and the Clinical Commissioning Groups to ensure the implications of updated guidance and DFE expectations were managed safely.
* A significant number of young people were admitted to new schools during lockdown for a number of reasons such as moving house, relocating to the area, previously CME.
* A designated email inbox was created and staffed 7 days a week in order to provide swift responses to queries and concerns from schools
* Briefings/updates were provided for Chairs of Governors via a Bulletin (in line with those for schools) and through an online platform.
* Recovery Action Plans were written, specifically addressing questions raised through a survey of school leaders, implemented and reviewed by working groups led by Senior Advisers and membership included school leader, advisers, consultants, and other professionals as appropriate e.g. transport, HR, educational psychologist, catering.
* All phases of schools have been provided with an ongoing supply of resources to support delivery of the curriculum, and also wellbeing and mental health of children and staff. These resources fully supported remote learning and attracted national interest and support from DfE.
* Health and Safety checklists and risk assessments were shared with all schools along with a DfE sector specific frameworks to enable schools to risk assess whether it was safe to open.
* A revised risk assessment in line with re-issued national guidance was shared with schools to support the "wider opening" in June, and a revised version issued towards the end of term to enable schools to plan for full opening from September 2020; assigned network advisers provided support to address individual school queries and concerns in undertaking risk assessment.
* Simple flowcharts were developed in collaboration with health and social care to ensure that when a young person identified as safe to attend school was not in school, there was oversight of risk from the relevant service.
* A full programme of online training to support wider re-opening of schools has been scheduled for September. Details of the training are available on the Schools Portal.
* Zoom sessions were arranged across all sectors from early years to Primary to Secondary to special with the Director of Public Health to understand the implications of wider re –opening and the implications of PHE advice for schools (bubbles!)
* A Team around the School approach was developed to ensure that the right support was accessed from the right service at the right time on a locality footprint.
* All schools were contacted daily by their network adviser to ensure that there could be a swift and supportive response to any issues which would impact on childcare provision / education
* Support was provided (in some cases working with other services and local councils) to assist schools in obtaining free-school meal provision for eligible children/families in need
* Online resources were developed covering: trauma informed training (to support children and young people particularly impacted by COVID)
* Tools to support individual risk assessments were shared so that informed decisions were made about which vulnerable young people were safe to attend school.
* For children and young people with Education, Health and Care Plans there was support to maintain the ongoing review of risk assessments for all of the most vulnerable groups, including those for example with social care or YOT (youth offending team) involvement and those identified as having Profound and Multiple Learning Difficulties (PMLD) and/or personal care needs has been prioritised
* An SEND newsletter for parents was shared and circulated weekly to schools and parents.
* Test, track and trace processes were developed in collaboration with Public Health and the Health Protection Team to support early years, Primary, Special, Secondary Schools and Colleges.
* Financial measures were agreed to sustain early year's provision through Schools Forum.
* A free supply of emergency PPE was delivered to primary and secondary schools
* A full summary of all summer holiday provision for children and families was collated and disseminated
* A new model pupil/parent attitudinal survey was created to support schools in understanding perceptions of learners and families as they plan for full opening in September
* A website of "good practice" was created and could be accessed by all schools and settings to support all aspects of education provision during this time.
* A dedicated area of the Portal was set up for COVID19 and served as a single point of information for all resources, documents, advice that was issued by teams across Lancashire to schools.