



Lancashire Health and Wellbeing Board
Tuesday, 21 July 2020, 2.00 pm,
Virtual Meeting - Skype for Business

AGENDA

Part I (Open to Press and Public)

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. Welcome, introductions and apologies	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		2.00pm
2. Disclosure of Pecuniary and Non-Pecuniary Interests	Action	Members of the Board are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	Chair		
3. Minutes of the Last Meetings held on 28 January 2020 and 3 July 2020	Action	To agree the minutes of the previous meetings.	Chair	(Pages 1 - 12)	

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. Action Sheet and Forward Plan	Update	To note the action updates from the previous meeting and the forward plan for future meetings.	Chair	(Pages 13 - 16)	
5. COVID-19 in Lancashire	Update	To receive an update on Lancashire's response to the pandemic.	Dr Sakthi Karunanithi	(Verbal Report)	2.10pm
6. Healthwatch - Impact of COVID-19	Update	To receive feedback from surveys carried out by Healthwatch on Lancashire peoples' experiences of the impact COVID-19 is having on local people.	Sue Stevenson	(Pages 17 - 28)	2.40pm
7. Children's Services - The Impact of the COVID-19 Pandemic on Children and Young People's Emotional Wellbeing and Mental Health	Update	To receive an update on the impact of COVID-19 on children and young people's mental health.	Dave Carr	(Pages 29 - 34)	3.00pm
8. Adult Services - COVID-19 Impact on Lancashire Care Homes	Update	To receive a brief outline of the challenges faced by Lancashire Care Homes during the pandemic and the support that has been made available.	Louise Taylor	(Pages 35 - 40)	3.25pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
9. Urgent Business	Action	An item of Urgent Business may only be considered under this heading, where, by reason of special circumstances to be recorded in the minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Members' intention to raise a matter under this heading.	Chair		3.55pm
10. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 2pm on 8 September 2020, format to be confirmed.	Chair		

L Sales
Director for Corporate Services

County Hall
Preston

Agenda Item 3

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 28th January, 2020 at 2.00 pm in
Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

Chair

County Councillor Shaun Turner, Lancashire County Council

Committee Members

Denis Gizzi, Chorley and South Ribble CCG and Greater Preston CCG
County Councillor Graham Gooch, Lancashire County Council
County Councillor Phillippa Williamson, Lancashire County Council
Dr Sakthi Karunanithi, Public Health, Lancashire County Council
Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council
Sharon Hubber, Children's Services, Lancashire County Council
Dr John Caine, West Lancashire CCG
Gary Hall, Lancashire Chief Executive Group
Stephen Ashley, LCSAP, LASB
Councillor Bridget Hilton, Central District Council
Cllr Viv Willder, Fylde Coast District Council
Councillor Margaret France, Central Health and Wellbeing Partnership
David Russel, Lancashire Fire and Rescue Service
Phil Evans, Lancashire Care Trust
Clare Platt, Heath, Equity, Welfare and Partnerships, Lancashire County Council
Sam Gorton, Democratic Services, Lancashire County Council

Apologies

County Councillor Geoff Driver CBE	Lancashire County Council
Stephen Young	Growth, Environment, Transport and Community Services, Lancashire County Council
Dr Geoff Jolliffe	Morecambe Bay CCG
Dr Julie Higgins	East Lancashire CCG
Suzanne Lodge	North Lancashire Health & Wellbeing Partnership
Karen Partington	Lancashire Teaching Hospitals Foundation Trust
Councillor Steve Hughes	Rosendale Borough Council
Greg Mitten	West Lancashire Health and Wellbeing Partnership
Tammy Bradley	Housing Providers
David Blacklock	Healthwatch

1. Welcome, introductions and apologies

The Chair welcomed all to the meeting.

Apologies were noted as above.

Membership changes for future meetings were as follows:

- Dr Adam Janjua replacing Peter Tinson, Fylde and Wyre Clinical Commissioning Group.
- Phil Evans replacing Joanne Moore, Lancashire Care Trust.

Replacements for the meeting were as follows:

- Denis Gizzi for Dr Gora Bangi, Chorley and South Ribble Clinical Commissioning Group and Dr Sumantra Mukerji, Greater Preston Clinical Commissioning Group.
- Sharon Hubber for Edwina Grant OBE, Lancashire County Council.

Dominic Harrison, Director of Public Health, Blackburn with Darwen Council was also in attendance at the meeting.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

There were no disclosures of interest in relation to items appearing on the agenda.

3. Minutes of the Last Meeting held on 19 November 2019

Resolved: That the Board agreed the minutes of the last meeting.

4. Action Sheet and Forward Plan

Resolved: That the Board noted the actions from the last meeting and the forward plan and that these would be discussed further at Item 5 on the agenda.

5. Review of Lancashire Health and Wellbeing Board

Clare Platt, Head of Service, Health, Equity, Welfare and Partnerships, Lancashire County Council, gave a verbal update on the feedback from the recent questionnaire completed by members of the Board on the future direction of the Board.

Feedback confirmed that the role of the Board was to provide strategic leadership, co-ordination and accountability, with a work programme that partners would engage with. It also needed to ensure that the right issues came to the Board and the focus needed to be on what difference the Board was making.

Discussion ensued as to whether members felt that workshops for some of the meetings was a way forward, where 'thorny' issues that required collaborative/multi-agency responses, and also to engage with the other Lancashire Health and Wellbeing Boards to address issues of common interest such as the Integrated Care System Strategy and Delivery Plan. These workshops would also be an opportunity to build trust and explore opportunities. Board members were in agreement to hold workshops as and when necessary to discuss relevant issues.

Feedback also addressed the possibility of establishing an Executive group that would sign off the less contentious issues and progress/performance reports. It was suggested that the whole Board would receive the reports, offering the opportunity to submit any comments, to be discussed at the Executive and the report signed off.

In reviewing the way forward for the Health and Wellbeing Board, it was agreed it needed to review best practice, confirm its relationship with the Integrated Care System governance and discuss the current multi-agency issues. It also needed to minimise duplication and be clear on the items relevant for discussion.

Resolved: That following the feedback from discussion, Clare Platt to progress development of workshops and the Executive group.

6. Integrated Care System, including Population Health Priorities

Andrew Bennett, Executive Director for Commissioning, Integrated Care System, Lancashire and South Cumbria and Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council and Gary Raphael, Executive Director of Finance and Investment, Lancashire and South Cumbria Integrated Care System gave an overview of the draft Integrated Care System Strategy.

The draft Strategy identified the Population Health Plan priorities, aimed at improving the health and wellbeing outcomes of the communities within Lancashire. A system wide approach to develop the Implementation Plan was under way, managed through the Population Health Steering Group of the Integrated Care System.

There were three main elements of the strategy:

- i) Improving the health and wellbeing of local communities.
- ii) Delivering better, joined-up care, closer to home.
- iii) Delivering safe and sustainable high quality services.

Population health was the first domain of the plan and the data was scrutinised in detail to provide the health and wellbeing outcomes across Lancashire and South Cumbria. Following this, came five key priorities which would help to improve the health of the population and to reduce health inequalities. These were:

- i) Giving the best start in life.
- ii) Healthy behaviours.
- iii) Zero suicides.
- iv) Neighbourhood development.
- v) Work and health.

It was noted that the financial element of delivering the strategy was still the biggest issue and something the system needed to work on collectively, and that a prevention approach was needed.

The next steps in March/April 2020 were to implement the plan to deliver the strategy.

Resolved: That the Health and Wellbeing Board:

- (i) Received, discussed and endorsed the draft Integrated Care System Strategy.
- (ii) Confirmed commitment to the Population Health Plan priorities identified in the draft strategy.
- (iii) Engaged with and supported the development of the Integrated Care System Population Health Implementation Plan.
- (iv) Endorsed the alignment of the existing population health and prevention activity across the Integrated Care System work streams and Integrated Care Partnership/Multi-speciality Community Provider plans.

7. Advancing Integration by Delivering the Intermediate Care Strategy

Louise Taylor, Executive Director of Adult Services and Health and Wellbeing provided the Board with an update on the progress of work following the review of Intermediate Care in 2019.

The Better Care Fund (BCF) required the NHS and local government to create a single pooled budget and plan to incentivise closer working around people, placing their wellbeing as the focus of health and social care services, with a strong emphasis on community based services.

To date, the Better Care fund in Lancashire had been used to commission services at the interface between health and social care, including a significant amount of funding linked to short term 'intermediate care' provision.

Following the Intermediate Care review, it was clear that there were further opportunities to:

- Improve quality and level of provision for individuals and their carers/families closer to home;
- Manage demand in both health and social care, and;
- Maximise the impact of funding across health and social care.

The Intermediate Care Programme was the first test of working in an integrated manner across health and social care, implementing a single set of recommendations across both sectors with accountability, financial reform and risk management being managed through the Advancing Integration Board (formerly Better Care Fund Steering Group).

Members of the Board were asked to consider that as part of the system, how receptive were they being to taking risk. The biggest challenge was resourcing and encouraging people to work differently.

Gary Raphael and Louise Taylor agreed to speak further on progressing joint working outside the meeting and feedback to the Senior Leadership Executive and at the next Health and Wellbeing Board.

The Programme Initiation Document had been drafted, which articulated the transformation plan, resource requirements and benefits for the system. The next steps within this programme were to:

- Create a detailed Intermediate Care Strategy, with aligned commissioning standards and contribution standards.
- Consider options for high level implementation and resource phasing.
- Develop an Integrated Care System-wide financial and risk management strategy for Intermediate Care provision

Resolved: That the Health and Wellbeing Board:

- (i) Noted the progress of the Intermediate Care Programme to date.
- (ii) Agreed to act as the accountable body for this programme.
- (iii) Agreed to hold the Integrated Care System to account for implementing via the Integrated Care Partnerships.
- (iv) Agreed to work with other Health and Wellbeing Boards (Blackburn with Darwen, Blackpool and Cumbria) to undertake that assurance role akin to a committee in common approach.
- (v) Agreed to a review of the Advancing Integration Board membership that will function as a Programme Board.
- (vi) To provide the check and challenge to the programme at key intervals linked to decision gateways.
- (vii) Recognised and lent support for the need for this programme to be properly resourced at Integrated Care Partnership and Integrated Care System levels.
- (viii) Endorsed the link with Population Health Management and Continuing Health Care programmes of work.
- (ix) Requested that this be brought back to the next meeting by Louise Taylor, further to discussion with the Senior Leadership Executive.

8. Director of Public Health Report 2019/20 - Investing in our Health and Wellbeing

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council presented the 2019/20 report entitled 'Investing in our Health and Wellbeing to the Board, which followed on from the last report in 2016. The report refocuses on three main issues:

Health outcomes for Lancashire's residents living in many areas of the county were not improving in line with national trends. Health inequalities are widening and if we fail to focus on prevention and wellbeing, expectancy and healthy life expectancy would get worse. Crucially this would have an impact on the productivity of the local economy, employers and workforce.

To address those challenges, the report recommended addressing four key public health priority areas:

- (i) Investing in our own health and wellbeing.

- (ii) Investing in giving children the best start in life.
- (iii) Investing in our communities.
- (iv) Investing in our working age population.

The Board were shown a short video clip, which can be accessed via the link: <https://youtu.be/HdxSTDSA28o>.

There were 14 specific recommendations/future challenges for key decision makers and policy makers to act on.

Ruksana Sardar-Akram, Consultant in Public Health (Interim), Lancashire County Council presented the Board with a summary on a strategic approach and action to tackle infant mortality in Lancashire.

Following on from the report that was circulated with the agenda, Ruksana updated the Board on the aims and background to the report.

It was noted that:

- Infant mortality was an indicator of the overall health of a population.
- The overall child mortality rate (age 0-17) in Lancashire remained significantly worse than the England rate.
- Infant mortality also remained worse than the England rate.
- Reducing infant mortality was an important part of the Population Health Plan and a key priority area for the Children, Young People and Families Partnership Board (broader approach to Early Years Strategy).
- Infant mortality had been highlighted as a key issue in the Director of Public Health report and was also a major part of the Integrated Care System work.
- It is a key priority issue for Lancashire.

The Board were informed of the plans to address infant mortality and how progress would be measured.

Collectively the focus should be on children and the Board needed to ensure that they are considered when making financial plans in the future. It was incumbent on the Board to improve the lives of the children.

Resolved: That the Health and Wellbeing Board:

- (i) Supported the key messages and dissemination of the Director of Public Health annual report within partner organisations.
- (ii) Agreed to ensure that our collaborative prevention and population health investments were optimised for improving the health and wellbeing of communities across Lancashire.
- (iii) Endorsed the action plan to reduce infant mortality across Lancashire.

9. Lancashire Special Educational Needs and Disabilities Improvement Programme - Progress Report

Partners in Lancashire were required to produce a Written Statement of Action, setting out the immediate priorities for action. Progress on the implementation of these actions has been monitored by the Department for Education (DfE) and NHS England. The Written Statement of Action has been updated and any ongoing actions included in the Special Educational Needs and Disabilities Partnership Improvement Plan for the period April 2019 to December 2020.

This item was for information only, any issues arising from it, should be directed to Sian Rees, sian.rees@lancashire.gov.uk.

Resolved: That the Health and Wellbeing Board:

- (i) Noted the continued delay in the re-visit from Ofsted.
- (ii) Considered the report on progress to date in delivering the actions in the Special Educational Needs and Disabilities Improvement Plan and the Accelerated Plans.

10. Urgent Business

There were no items of urgent business received.

11. Date of Next Meeting

The next scheduled meeting of the Board would be held on Tuesday, 17 March 2020 at 2pm in the Duke of Lancaster Room – Committee Room 'C' at County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Appendix A

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Friday, 3rd July, 2020 at 1.00 pm, Virtual Meeting

Present:

Chair

County Councillor Shaun Turner, Lancashire County Council

Committee Members

County Councillor Graham Gooch, Lancashire County Council
County Councillor Geoff Driver CBE, Lancashire County Council
County Councillor Phillippa Williamson, Lancashire County Council
Dr Sakthi Karunanithi, Public Health, Lancashire County Council
Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council
Edwina Grant OBE, Education and Children's Services, Lancashire County Council
Stephen Young, Growth, Environment, Transport and Community Services, Lancashire County Council
Sue Bishop, Morecambe Bay CCG
Dr Julie Higgins, East Lancashire CCG
Dr Peter Gregory, West Lancashire CCG
Karen Partington, Lancashire Teaching Hospitals Foundation Trust
Gary Hall, Lancashire Chief Executive Group
Stephen Ashley, LCSAP, LASB
Councillor Bridget Hilton, Central District Council
Cllr Viv Willder, Fylde Coast District Council
Councillor Margaret France, Central Health and Wellbeing Partnership
Greg Mitten, West Lancashire Health and Wellbeing Partnership
Adrian Leather, Third Sector
Tammy Bradley, Housing Providers
David Blacklock, Healthwatch

Apologies

Denis Gizzi	Chorley and South Ribble CCG and Greater Preston CCG
Dr Adam Janjua	Fylde and Wyre CCG
Suzanne Lodge	North Lancashire Health & Wellbeing Partnership
Graham Urwin	NHS England, Lancashire and Greater Manchester
Councillor Steve Hughes	Rosendale Borough Council
Chief Inspector Ian Sewart	Lancashire Constabulary
David Russel	Lancashire Fire and Rescue Service
Caroline Donovan	Lancashire Care Trust
Councillor Graham Cain	Blackpool Borough Council (Chair of HWBB)
Arif Raipura	Blackpool Borough Council (DPH)

1. Welcome, introductions and apologies

The Chair welcomed all to the first virtual meeting of the Board.

Apologies were noted as above.

Replacements for the meeting were as follows

- Denis Gizzi for Dr Lindsey Dickinson, Chorley and South Ribble CCG and Dr Sumantra Mukerji, Greater Preston CCG (Mr Gizzi subsequently had to offer apologies as he was unable to join the meeting)
- Sue Bishop for Dr Geoff Jolliffe, Morecambe Bay CCG

Dominic Harrison, Director of Public Health, Blackburn with Darwen Council was also in attendance at the meeting.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None.

3. Covid 19 - Lancashire Outbreak Engagement Board

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council, outlined the proposal to create a Lancashire Outbreak Engagement Board as part of the Outbreak Control Plan.

In outlining the proposals, Dr Karunanithi, noted that the latest Covid-19 statistics showed an improvement in the number of cases and deaths, although it was stressed that Lancashire had experienced higher rates of infection than other areas during the earlier stages of the pandemic. It was also stressed that the virus remained a very serious concern, and continued vigilance and observance of social distancing and handwashing was essential. It was also reported that there had been significant improvements in the data available at a local level, allowing a rapid response to hotspots and outbreaks, including in care and health settings.

In response to questions, it was noted that currently there was no data on asymptomatic cases, although there was a wider estimate that around 10% of the population had at some point been infected. In relation to testing, it was reported that, whilst there was no formal data on the turnaround for results, around 50% of results were being received within 48 hours, and NHS labs were generally providing results within 24 hours. It was further noted that there were no published figures for "R" rates at district level, but that the R rate was considered to be of less use as the total number of infections declined. A range of other data and intelligence was used to assess and measure the position across Lancashire, and that overall the position was positive, although with a caveat that the situation needed continued attention and endeavour.

It was noted that the VCFS had played a significant role in the efforts to tackle Covid-19 and support individuals and communities, and that this work would continue through the wider LRF work.

Resolved: That the Terms of Reference for the Lancashire Outbreak Engagement Board as set out at Appendix A be approved.

4. Covid 19 Update

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council, provided further information on the current situation, noting the further easing of lockdown arrangements and the essential link between health, a successful economy and strong communities.

Resolved: That the update be noted.

5. Urgent Business

There was no urgent business.

6. Date of Next Meeting

It was noted that the next meeting of the Board would take place on Tuesday 21 July at 2pm. The meeting would be held online.

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire Health and Wellbeing Board

Actions, January 2020

Action topic	Summary	Owner
Review of Lancashire Health and Wellbeing Board	<p>The Board:</p> <ul style="list-style-type: none">• Agreed that following the feedback from discussion, Clare Platt would progress development of workshops and the Executive group.	Clare Platt
Integrated Care System, including Population Health Priorities	<p>The Board:</p> <ul style="list-style-type: none">• Received, discussed and endorsed the draft Integrated Care System Strategy.• Confirmed commitment to the Population Health Plan priorities identified in the draft strategy.• Engaged with and supported the development of the Integrated Care System Population Health Implementation Plan.• Endorsed the alignment of the existing population health and prevention activity across the Integrated Care System work streams and Integrated Care Partnership/Multi-speciality Community Provider plans.	Health and Wellbeing Board members
Advancing Integration by Delivering the Intermediate Care Strategy	<p>The Board:</p> <ul style="list-style-type: none">• Noted the progress of the Intermediate Care Programme to date.• Agreed to act as the accountable body for this programme.• Agreed to hold the Integrated Care System to account for implementing via the Integrated Care Partnerships.• Agreed to work with other Health and Wellbeing Boards (Blackburn with Darwen, Blackpool and Cumbria) to undertake that assurance role akin to a committee in common approach.• Agreed to a review of the Advancing Integration Board membership that will function as a Programme Board.	Health and Wellbeing Board members

	<ul style="list-style-type: none"> • Agreed to provide the check and challenge to the programme at key intervals linked to decision gateways. • Recognised and lent support for the need for this programme to be properly resourced at Integrated Care Partnership and Integrated Care System levels. • Endorsed the link with Population Health Management and Continuing Health Care programmes of work. • Requested that this be brought back to the next meeting by Louise Taylor, further to discussion with the Senior Leadership Executive. 	Clare Platt
Director of Public Health Report 2019/20 - Investing in our Health and Wellbeing	<p>The Board:</p> <ul style="list-style-type: none"> • Supported the key messages and dissemination of the Director of Public Health annual report within partner organisations. • Agreed to ensure that our collaborative prevention and population health investments were optimised for improving the health and wellbeing of communities across Lancashire. • Endorsed the action plan to reduce infant mortality across Lancashire. 	Health and Wellbeing Board members
Lancashire Special Educational Needs and Disabilities Improvement Programme - Progress Report	<p>The Board:</p> <ul style="list-style-type: none"> • Noted the continued delay in the re-visit from Ofsted. • Considered the report on progress to date in delivering the actions in the Special Educational Needs and Disabilities Improvement Plan and the Accelerated Plans. 	Health and Wellbeing Board members

Lancashire Health and Wellbeing Board

Forward Planner

Date of Meeting	Topic	Summary	Owner
September 2020	Adult Community Learning Supporting Primary Care Networks and Social Prescribing	To launch the Memorandum of Understanding	Sarah Howarth/Dr Sakthi Karunanithi
September 2020	Individual Patient Activity Programme	To receive the Individual Patient Activity Programme Board report from the Joint Commissioning Clinical Commissioning Group.	Jerry Hawker
September 2020	Voluntary Community and Faith Sector Strategy	To receive the VCFS Strategy.	Lynne Johnstone
September 2020	Better Care Fund	To receive an update on the Better Care Fund.	Paul Robinson
September 2020	Child Death Overview Panel	To receive a summary of the Annual Report.	Dr Sakthi Karunanithi
September 2020	Clinical Commissioning Group Annual Report	To receive the Annual Report.	Dr Sakthi Karunanithi
September 2020	Lancashire Special Educational Needs and Disabilities Partnership – SEND Improvement Plan (Standing Item)	To receive a progress update on the Special Educational Needs and Disabilities Improvement Plan 2019 (updated Written Statement of Action).	Sian Rees
September 2020	Quality Assurance Reports (Standing Item)	To receive reports from external audit agencies with multi-agency County wide implications	Various
November 2020	Pharmaceutical Needs Assessment	To complete a Pharmaceutical Needs Assessment and receive a draft Pan-Lancashire Pharmaceutical Needs Assessment 2021.	Dr Sakthi Karunanithi
TBC	Review Morecambe Bay Plan: Improving Health, Care and Wellbeing	To receive an update about the Integrated Care Partnership plan	TBC

Date of Meeting	Topic	Summary	Owner
TBC	Review Fylde Coast Plan: Improving Health, Care and Wellbeing	To receive an update about the Integrated Care Partnership plan	TBC

Joint HWBB Meetings – Pan Lancashire

TBC	ICP/ICS Strategy	To consider the strategy.	Amanda Doyle/Andrew Bennett
TBC	Commissioning Reform in Lancashire and South Cumbria – A Case for Change	To receive a report on the Commissioning Reform.	Louise Taylor



Healthwatch **Together**

Cumbria, Blackburn with Darwen,
Blackpool and Lancashire
working in partnership



How are you coping with the Coronavirus Pandemic?

HWT survey - version 1

- Survey launched on Survey Monkey on 23rd March.
- Version 1 was created as a ‘temperature check’ to find out how people were feeling and coping during the initial days of the pandemic.
- It ran for 5 weeks and gathered 305 responses.
- HWT produced four reports from version 1 of the survey.



Survey questions -v1

- Basic demographic questions including employment status.
- How have you been affected by the coronavirus pandemic?
- What are your biggest concerns?
- How are you looking after your physical and emotional/mental health?
- Where do you find information about Coronavirus?
- What changes would help you cope?
- What information would support you?
- Has your medical care or treatment been affected?



Findings - v1

As the weeks progressed some people began to feel severely anxious, stressed or depressed.

“Anxiety is getting bad having to work from home with three children, trying to school two of them at the same time is a disaster.”

The biggest impact by far was being unable to visit and spend time with family and friends.

“Not being able to have close contact with family.”

Many respondents also told us that they deliberately cultivated an acceptance of the current situation and tried to remain positive about it, seeking the good in their situation.

“Trying to remember that it’s the same for everyone.”

However, as with physical health, it was a challenge for some to look after their emotional and mental health, the lockdown has affected them disproportionately.

“I am struggling and have no support with this. My partner is not very understanding.”

“I’m not coping well, I’ve always had bouts of depression and I’m already feeling low.”



HWT survey - version 2

- In co-production with our partners across Cumbria and Lancashire we developed version 2 by concentrating on emerging themes and concerns, such as mental health, carers and the financial impact of the pandemic.
- Version 2 launched on 27th April and closed on 19th June.
- In total we had 785 responses.



Version 2 - questions

- V2 kept the same demographic questions as v1.
- Other questions focused on mental health, financial concerns, existing medical conditions and caring responsibilities.
- We also included a question about people's experiences of 'hidden crime' such as domestic and child abuse.
- V2 includes links to websites where people can find information and support.
- Using information from v1 & 2 we created a Q&A which is published on our websites and social media.



Version 2 - findings

- Most people rated their mental health as good/very good, prior to the pandemic.
- 12% of respondents felt that the pandemic has had a big impact on their mental health.
- 1/3 have been affected financially.
- 82% of people who have had a phone or video consultation found it a positive experience. They liked the convenience of them and that they happened on time.
- ¼ of respondents told us they have caring responsibilities.
- An issue we have consistently identified is the struggle for people with caring responsibilities; for elderly relatives, children with learning difficulties and relatives with dementia. Most rely on family and friends for support, but are not always able to access this during lockdown.
- 19 people told us that they were at risk of ‘hidden crime’ within the home. Five of them said they did not know how to get help.



Positive outcomes from the pandemic

Although there is no denying that the pandemic has caused upheaval and affected almost everyone in some way, there have been positives come from this experience.

- A community spirit.
- People being kinder and more friendly.
- Spending time with family.
- Having more time.
- Appreciating the slower pace of life.
- Less stress.
- Less pollution.
- Spending time outside.
- Regular exercise.
- Appreciating other people.



HWT survey - version 3

The third version of our survey went live on 16th June and has had 91 responses so far.

The questions had a similar focus to v2, but also asked for views about leaving lockdown and the lifting of restrictions.



HWT survey v3 - preliminary findings

- People gave a lower rating for their mental health.
- 30% who normally access support for their mental health, say they've been unable to do this.
- 65% said the pandemic has not affected them financially, although 6% said they have struggled to pay essential bills.
- 26% say they are financially better off.
- 28% told us they have experienced a medical issue during the pandemic, but avoided consulting a medical professional about it.



- 59% are worried about coming out of lockdown.

“Because life is never going to be the same as it was before.”

- 53% feel the restrictions have been lifted too early, 15% said they didn't know.

“I'm worried about a second spike as people get complacent. Wanting this to be over is much different to behaving as if it's over.”

“The guidance changes weekly. I'm not sure if I am doing right or wrong , some of my family are shielding and I don't want to put them at risk. Its a scary situation.”



We have been very privileged to share in these individual stories and would like to thank everyone who has taken part and been so honest and open about their personal experience.

It has enabled us to track the impact of the pandemic on the people of Cumbria and Lancashire and to create a narrative of their experiences.

For more detailed information about the survey findings, please visit the Healthwatch Cumbria website to view our reports:

<https://healthwatchcumbria.co.uk/coronavirus-survey-reports/>

Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 21 July 2020

The Impact of the COVID-19 Pandemic on Children and Young People's Emotional Wellbeing and Mental Health

Contact for further information:

Dave Carr, Head of Service, Policy, Information and Commissioning, (Start Well), Lancashire County Council, Tel: 01772 532066, dave.carr@lancashire.gov.uk

Executive Summary

The evidence of impact of the COVID-19 pandemic on children and young people's emotional wellbeing and mental health is still emerging. There are strong indications that the pandemic has had a negative impact on the emotional wellbeing and mental health of many children and young people in Lancashire, who have required extra help or may do so in future. Partners have made significant changes in arrangements to better support children and young people but there is much more to do. It is proposed that Partners in Lancashire continue to look forward to delivering the NHS Long Term Plan and wider strategy for children and young people's emotional wellbeing and mental health, maintaining and enhancing current provision, but in doing so addressing the expected significant longer term impacts of the COVID-19 pandemic.

Recommendations

The Health and Wellbeing Board is recommended to:

- Note the emerging evidence of impact of the COVID-19 pandemic on children and young people's emotional wellbeing and mental health.
- Note the system wide response to help mitigate the short term impact.
- Agree that the outcome of the redesign of NHS Funded Services will be reported to the Health and Wellbeing Board at a future date.
- Agree the continued need for a whole system approach across all partners.
- To commit to principles of:
 - Ensuring sufficient resource to meet demand.
 - Implementation of the NHS funded Child and Adolescent Mental Health Service (CAMHS) service redesign.
 - Mental health support for children and young people embedded in schools and colleges, building on the learning from Mental Health Trailblazer Teams.
 - Meeting new national waiting time standards for all children and young people who need specialist mental health services.
 - Investing in early and appropriate interventions, to prevent escalation in to crisis
 - Greater focus on the longer term development of digital services.
 - Co-production with children and young people, including of primary age and those in more vulnerable groups, to help young people to shape services to meet their needs and to play an active role in promoting positive mental health and wellbeing.

Background

There has been a significant focus on the impact of the COVID-19 crisis on children and young people's emotional wellbeing and mental health. The evidence is still emerging, and it will be some time before we know the full extent of the impact on children and young people in Lancashire. However, a number of national and local studies provide some indication of the mental health challenges for children and young people and the impact on specific vulnerable groups.

This report provides:

- An overview of the emerging evidence of impact
- Details of some of the significant elements of Lancashire's local system response
- Plans for moving forward in the short term
- Recommendations to ensure a continued and improved system-wide response.

Emerging evidence of impact

Among the sources of evidence is a rapid review undertaken by the Anna Freud Foundation. The review highlighted that:

- The nature and duration of the pandemic and lockdown measures are having significant impacts on children and young people's mental health, contributing to the onset as well as exacerbation of worry, fear, anxiety, depression, and posttraumatic stress.
- There are significant mental health challenges for those who have been hospitalised with the coronavirus.
- While children and young people are finding the stay-at-home measures and lack of social interaction increasingly challenging as the pandemic continues, many are also enjoying time at home with their parents or carers and families.

Groups who were particularly vulnerable were identified as:

- Children with pre-existing mental health and neurodevelopmental conditions. The reconfiguration of services as a result of the pandemic means that many vulnerable children and young people with existing mental health conditions are struggling to maintain the level of support they had previously
- Children from minority ethnic groups who are more likely to experience poor health outcomes and, therefore, are more likely to experience mental health difficulties during the pandemic.
- Children impacted by social and economic factors such as poverty and separation from parents and carers.
- Children and young people from homes where there is domestic violence.

Further evidence is provided by the Co-SPACE project, undertaken by Oxford University. This project is tracking the mental health of school-aged children and young people aged 4-16 years throughout the COVID-19 crisis with 10,000 parent/carers and 1,000 adolescents involved to date. Whilst not a nationally representative sample, the survey found that over a one-month period in lockdown:

- Parents/carers of primary school age children taking part in the survey report an increase in their child's emotional, behavioural, and restless/attentional difficulties.

- Parents/carers of secondary school age children report a reduction in their child’s emotional difficulties, but an increase in restless/attentional behaviours.
- Adolescents taking part in the survey report no change in their own emotional or behavioural, and restless/attentional difficulties.
- Parents/carers of children with Special Educational Needs (SEN) and those with a pre-existing mental health difficulty report a reduction in their child’s emotional difficulties and no change in behavioural or restless/attentional difficulties.

The table below summarises the findings.

	Emotional difficulties	Behavioural difficulties	Restlessness & attention difficulties
Children (parent report)	Increased	Increased	Increased
Adolescents (parent report)	Decreased	No change	Increased
Adolescents (adolescent report)	No change	No change	No change
Children with SEN & mental health difficulties	Decreased	No change	No change

Within Lancashire, initial data from providers of emotional wellbeing and mental health services indicates that referrals generally fell during the first month of lockdown, but have subsequently risen during May and June 2020, to around or above normal levels. At the same time, the Kooth digital platform, aimed at providing online support for 10-18 year olds, saw a 34% increase in demand nationally and access has increased by 50% in Lancashire, alongside expansion of the platform to include 10 year olds to support transition to secondary school.

It is clear that more young people have sought support during the lockdown period, and will continue do so as impact of COVID-19 continues to affect the way that young people live their lives. Equally, for those young people who have found it easier spending more time away from their school environment, the prospect of coming back may be challenging.

The Local System Response during COVID-19

Since the start of lockdown, many services providing support to children and young people have continued to operate:

- The Lancashire Emotional Health in Schools Support Service, which offers training and support for the school and college workforce, has reshaped the service offer to deliver more online and telephony based services.
- The voluntary sector Emotional Health and Wellbeing Partnership has continued to support children and families, with increased use of telephone and video.
- Primary Mental Health Workers have continued to support professionals to identify and meet needs, working across agencies.

- Child and Adolescent Mental Health Services (CAMHS) have remained open, with face to face contacts where needed, but also making increased use of technology to work with children and young people.

As well as increased use of video and telephony to replace or supplement face to face contact where appropriate, there have been some significant changes to help mitigate the current and potential impacts on children and young people's emotional wellbeing and mental health:

- The Lancashire and South Cumbria Healthy Young Minds Website has been expanded to include COVID-19 specific resources alongside the planned launch of information, advice and resources to support children, young people, parents/carers and professionals identify and manage emotional wellbeing and mental health issues. Access to the site peaked in April 2020 with over 1,700 page views.
- School Improvement Teams, working with schools partners, have developed guidance to promote positive emotional wellbeing and mental health during the COVID-19 pandemic and in planning for schools to re-open.
- A *Team Around the School* approach is helping to identify those children and young people who may be particularly vulnerable, and in need of additional help.
- The Kooth online digital platform is now providing all young people aged 10-18 in Lancashire with free access to online support and counselling.
- Self-referrals by children and young people to the Child and Adolescent Mental Health Services (CAMHS) across Lancashire and South Cumbria will be implemented in July 2020, initially through the Mental Health Crisis line.
- The Mental Health Crisis Line is available 24 hours a day, 7 days a week, and staffed by trained mental health professionals who are able to provide assessment and referrals to appropriate services.
- A new "Safe Space" pathway ensures that children and young people presenting out of hours at Accident and Emergency Departments are not placed in a paediatric bed inappropriately.
- Child and Adolescent Mental Health Services (CAMHS) 0-19 service provision, to address the issue of older adolescents who have previously had to access adult services, has commenced on a phased basis. Blackpool Teaching Hospitals Trust achieved full implementation in early April 2020, Lancashire and South Cumbria Foundation Trust from end of June 2020 and East Lancashire Hospitals Trust commenced a phased implementation on 1 April 2020 with full implementation by 1 September 2020.
- Real time surveillance data has been used as part of the approach to suicide prevention, with an intelligence led approach to communications using social media, and through partner agencies, targeted on high risk locations. Data has also helped identify clusters/groups to target more specific interventions and ensure wider networks get the support they need.
- The Children's Safeguarding Assurance Partnership has included a focus on children and young people's mental health and has key role in providing assurance moving forward.

Plans moving forward

The Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan for Lancashire (2015-2020) was first published in January 2016. That document set out the initial iteration of a five-year plan for Lancashire, to support local implementation of the national ambition and principles as set out in 'Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing' (2015).

The Plan's continued aim is to improve the resilience, emotional wellbeing and mental health of children and young people, especially those who are at increased risk due to their vulnerability, such as those within and on the 'edge of care', making it easier for them and their families to access help and support when they need it whilst improving the standard of mental health services across Lancashire and now, South Cumbria.

From April 2020 through to March 2021 is the final year of this Transformation Plan, and there remain some key deliverables including the final stages of evaluation and subsequent implementation of the redesign of NHS funded Child and Adolescent Mental Health Services (CAMHS). Whilst some elements of the redesign have been brought forward as a consequence of the COVID-19 pandemic, completion of the final design, evaluation and further consideration of overall affordability of the proposed model have been delayed.

It is proposed that we will continue to look forward to delivering the NHS Long Term Plan and wider strategy for children and young people's emotional wellbeing and mental health, maintaining and enhancing current provision, but in doing so addressing the expected significant longer term impacts of the COVID-19 pandemic. Key aspects of future plans are expected to include:

- Implementation of the NHS funded Child and Adolescent Mental Health Services (CAMHS) redesign.
- Mental health support for children and young people embedded in schools and colleges, building on the learning from Mental Health Trailblazer Teams working in Morecambe Bay and the recent successful bid for funding to establish Trailblazer Teams in East Lancashire.
- Investing in early and appropriate interventions, to prevent escalation in to crisis, and helping to avoid scenarios where specialist skills and resources cannot meet demand.
- New national waiting time standards for all children and young people who need specialist mental health services.
- Greater focus on the longer term development of digital services alongside face to face delivery.
- Co-production with children and young people, including of primary age and those in more vulnerable groups, to help young people to shape services to meet their needs, and to play an active role in promoting positive mental health and wellbeing.

There were challenges in securing appropriate funding to fully meet demand, discussed previously by the Health and Wellbeing Board, prior to the COVID-19 pandemic. The impact of COVID-19 is likely to make those challenges more acute.

Ensuring that children, young people, parents, carers and professionals can receive appropriate and timely support will require a continued whole system response, across all Partners. Whilst there are areas of individual expertise and distinct roles, as a system we should look to increasingly pool our collective resources so that children and young people can access the help they need in a timely manner, whether that is to build and maintain resilience, to receive some low level support, access crisis services, or receive longer term specialist interventions. Across the system, partners need to ensure that there are sufficient resources to meet demand.

List of background papers

Anna Freud Foundation: Emerging Evidence Children and Young People's Mental Health
<https://www.annafreud.org/coronavirus-support/our-research/>

Co-Space Study: Changes in children and young people's emotional and behavioural difficulties through lockdown <https://emergingminds.org.uk/co-space-study-4th-update/>

Lancashire and South Cumbria Transformation Plan (2019 Refresh)
<https://www.healthyyoungmindslsc.co.uk/publications>

Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 21 July 2020

Covid-19 Impact on Lancashire Care Homes

Contact for further information:

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Executive Summary

The impact of the COVID-19 pandemic on the care home sector in Lancashire has been significant. Using information gathered daily from each care home, the County Council, with the assistance of the Lancashire Resilience Forum, has been able to respond to support care homes across a range of areas. The focus of the support has changed as the pandemic has progressed; the priority always to ensure care homes are able to continue to deliver safe care.

Recommendations

The Health and Wellbeing Board is recommended to:

- (i) Note the hard work of care homes in Lancashire to continue to provide care during challenging circumstances.
- (ii) Note and support ongoing measures to support the care home market in Lancashire.

Background

There are 425 care homes in Lancashire providing care and support to people with a range of needs; 80% are care homes that support people over the age of 65. The government's adult social care plan highlights that care homes are particularly susceptible to outbreaks of COVID-19. Thus the county council's focus has been to protect the sector; establishing pathways and robust communication channels which support the hardworking and passionate staff in these settings to continue to deliver safe and quality care under challenging circumstances.

Key to the county council's approach in maintaining market resilience has been the development of systems that have enabled the collection and reporting of accurate and timely data on the impact of the pandemic across the sector. A team of county council staff call each care home in Lancashire every day and ask a range of questions including availability of PPE, food shortages, transport issues and workforce pressures.

The purpose of this report is to highlight the challenges faced by care homes during this first phase of the pandemic and outline measures taken by the county council with Lancashire Resilience Forum partners to support the sector.

Provider Engagement

Due to the increasing amounts of guidance being released and the rate of change to that same guidance, the county council provider weekly webinars have been instrumental in communicating key information in a timely manner. It also provides an opportunity for care homes to ask questions of the county council and a means to connect with each other which has been received positively by all involved. Providers also receive a weekly newsletter summarising updates and a dedicated section on the county council's website has been set up which is routinely refreshed with the latest content.

Management of Outbreaks

Public Health England define an outbreak as two or more cases in a setting, anything less is classed as an incident. Management of incidents and outbreaks in Lancashire has been led by the county council's Infection Prevention and Control Team (IPCT). The IPCT provides information, advice and guidance on notification of an incident or an outbreak and maintains regular contact with the care home. They also attend the county council's weekly provider webinars and share updated government guidance and learning from recent outbreaks.

Care Home Outbreak Information published by Public Health England shows that outbreaks have been on a downward trajectory since early May, however since 11 June 2020 there has been a small increase in incidents across Lancashire. The County Council has systems in place to manage these incidents and will work with care homes to ensure that the infection control grant funding made available from Central Government is used effectively to reduce transmission.

By comparison to the whole of England Lancashire's Covid-19 deaths figures are slightly lower than the national average.

During weeks 10 to 21^[1] (aggregated) in Lancashire county council area:

- 30.7% of deaths from all causes occurred in a care home setting (England = 30.8%)
- 40.7% of deaths from all causes occurred in a hospital setting (England = 40.9%)
- 24.8% of deaths with a COVID-19 mention occurred in a care home setting (England = 29.2%)
- 70.0% of deaths with a COVID-19 mention occurred in a hospital setting (England = 64.0%)

Testing

We understand the vital importance of testing everyone who lives or works in a care home setting in managing the spread of the infection and reducing the death rate. Understandably the demand for testing has been high and at times has exceeded available capacity. As such the Adult Social Care Cell has written to all care homes outlining the approach to testing and how prioritisation would be applied. To support them to undertake the testing, care homes have also been given access to a team of 70+ volunteers from St John's and Army Veterans who can attend as needed.

^[1] Week 10=WE 06 March, Week 16=WE17 April, Week 21=WE 22 May

Partnership Working

In recognition of the specific needs of the entire care market in Lancashire, the Lancashire Resilience Forum established an Adult Social Care Cell. The Chair of the Cell is Louise Taylor, Lancashire County Council Executive Director of Adult Services and Health and Wellbeing and includes membership from Directors of Adult Services for Blackburn with Darwen and Blackpool unitary councils, a Clinical Commissioning Group (CCG) Chief Officer representing the Lancashire and South Cumbria Integrated Care System (ICS), senior clinical representatives from the Lancashire and South Cumbria Clinical Commissioning Groups, Police and Military Planning colleagues. This wide membership allows the county council to raise the profile of key issues in the care market and ensure that our approach to prioritise and protect is consistent across the county.

Partnership working has also been critical in helping the county council to receive independent challenge on our pandemic planning and response; in the main this work has been carried out by Police and Military colleagues and has included our data collection and provider failure workstreams.

Personal Protective Equipment (PPE)

The challenges with Personal Protective Equipment (PPE) have been well documented across the country. Not only have care homes struggled with obtaining the right equipment, but they have also faced issues with having access to the amount needed to ensure safe delivery of care. Changes in Personal Protective Equipment guidance has also been difficult to keep up with. In Lancashire we have tracked care home access to Personal Protective Equipment via our daily calls and to date £3.6 million of Personal Protective Equipment has been procured for the care home market in Lancashire. This has included central government issued supplies which have been supplemented by our own sourced Personal Protective Equipment kit. Our Infection Prevention and Control Team have kept care homes updated on the changing requirements via the regular webinars, updates to the provider website, messages in the weekly newsletter and by offering specific advice and guidance to individual care homes as needed.

Financial Support

Prior to the onset of the pandemic, the county council had agreed an average fee uplift at an estimated cost of £19.3m to cover inflationary and national living wage pressures in the sector. Recognising the additional financial contribution that COVID-19 would require, the county council launched early on in the response a financial assistance scheme for adult social care providers. Care homes can claim via this scheme for additional costs incurred. For example this could involve having to recruit additional staff to cover above normal sickness/staff absence levels or to arrange for staff to attend additional training.

Workforce

The county council recognised in the early stages of the pandemic that maintaining the supply of a workforce for the care market in Lancashire was a key component to ensuring the safety of people receiving care and the overall stability of the care market. An auxiliary workforce was quickly established and trained using a combination of on line and care setting based methods (we have used our own care homes and provider homes to facilitate on the ground work shadowing experience and training).

The auxiliary workforce is a mixture of paid and volunteer staff, and includes staff from within the county council who have been redeployed from other services to support the front line.

The emotional toll on care home staff has been considerable; particularly in care homes where there have been high number of cases/deaths. Funding from the Lancashire Adults Safeguarding Board has been used to commission 'My Home Life' to deliver virtual check in and chat sessions.

In light of the emerging research evidence on occupations and ethnic groups that are at increased risk from the virus, the county council, on recommendation from the Lancashire Resilience Forum's Black, Asian and Minority Ethnic (BAME) Groups cell, has agreed a risk assessment tool for all care staff to complete. Sadly an employee within one of the county council's care homes has died as a result of contracting the virus.

Increased Support

The impact of even one or two cases of the virus in a small care home can be significant, leaving the care home in a challenging situation. The county council established an escalation procedure which allowed us to put in place a virtual multi-disciplinary team around care homes that need that additional support. A provider failure plan has also been developed and tested so that we know we have appropriate plans in place in the event that a care home is not able to continue to provide services.

Quality

Whilst the county council has not been able to undertake our routine monitoring visits, we have continued to carry out a small number of exercises using virtual means. A new temporary team has also been established to support care homes as part of the recovery phase and alongside safeguarding colleagues, they can arrange to visit should this be felt necessary.

Care Quality Commission (CQC) ratings

The current status in Lancashire is as follows:

Residential Social Care	Lancashire												North West*		England	
	Safe		Effective		Caring		Responsive		Well-Led		Overall		Overall		Overall	
Inadequate	11	3%	4	1%	0	0%	1	0%	10	2%	9	2%	31	2%	210	1%
R. Improvement	78	19%	48	12%	21	5%	42	10%	62	15%	55	13%	281	15%	2405	16%
Good	321	78%	352	85%	379	92%	352	85%	327	79%	335	81%	1488	80%	11793	78%
Outstanding	2	0%	8	2%	12	3%	17	4%	13	3%	13	3%	58	3%	660	4%
Total											412		1858		15068	

The Care Quality Commission onsite inspection programme is paused and instead they are operating an emergency framework. The county council continues to work with the Care Quality Commission and partner organisations to maintain quality standards in care homes.

Wider Care Market

Although the focus of this report is the care homes market, it should be noted that the other areas of Lancashire's care market, namely domiciliary agencies and supported living settings, have had access to the same pathways of support where possible. There have

been some exceptions such as availability of extended testing, which for care homes has been helped by the introduction of the whole home testing programme. Improvements in these pathways continue to be advocated via Lancashire County Council's COVID-19 testing group which feeds into the Lancashire Resilience Forum's testing cell. Work is also underway to deliver an infection prevention and control train the trainer programme for these services.

Further challenges

A lot of hard work has been undertaken to respond to the pandemic whilst still ensuring the safe delivery of services, however it is apparent that as we move to the next phase, there are still clear risks. These include; the movement of staff between settings, which has been linked to transmission of the virus, risk of an increase in outbreaks if good infection and prevention control is not maintained -particularly around observing social distancing, hand hygiene and use of correct personal protective equipment, as well as the pressure on care homes to accept people discharged from hospitals as the acute sector transitions into a business as usual environment. These challenges will require further commitment for the longer term from care homes, the county council and partners.

