Public Document Pack
SOUTHEND-ON-SEA BOROUGH COUNCIL

Health & Wellbeing Board

Date: Wednesday, 10th June, 2020
Time: 5.00 pm
Place: Virtual Meeting via MS Teams
Contact: Robert Harris
Email: committeesection@southend.gov.uk

A G E N D A

1   Chair's Opening Remarks

2   Apologies for Absence

3   Declarations of Interest

4   Minutes of the Meeting held on Wednesday 22nd January 2020 (Pages 1 - 6) - Minutes attached

5   System Covid Response (Pages 7 - 20)
Report attached

Presenter: Chief Executive, SBC

6   Whole System Approach to strengthening community resilience (Pages 21 - 24)
Slides attached

Presenter: Director of Public Health

7   Local Outbreak Control Plan (Pages 25 - 28)
Report attached

Presenter: Director of Public Health

8   Social Capital Opportunities (Societal goodwill) (Pages 29 - 32)
Slides attached

Presenter: Director of Public Health

9   CCG End of Year Performance Information (Pages 33 - 36)
Paper attached

Presenter: Associate Director, Specialist Learning Disability Health Commissioning

10   Improving Special Educational Needs and Disabilities (Pages 37 - 38)
Report attached

Presenter: Executive Director (Children and Public Health)

11   A Better Start Southend Progress Update (Pages 39 - 82)
Paper attached
Presenter: ABSS Chair

SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Health & Wellbeing Board

Date: Wednesday, 22nd January, 2020
Place: Seacole Room - Tickfield

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Present: Councillor T Harp (Chair)
Councillors M Davidson, A Jones, D Jarvis and C Mulroney
S Morris, A Griffin, Ms J Cripps, K Ramkhelawon, L Chidgey, N Leonard, M Tebbs, M Marks, T Forster, J Banks,

In Attendance: Councillor L Salter
S Baker, R Harris, N Faint, E Brennan-Douglas,

Start/End Time: 5.00 - 6.50 pm

721 Apologies for Absence

Apologies for absence were received from Councillor Gilbert (no substitute), A. Khaldi, Dr J Garcia, T. Huff, J. Gardner, Y. Blucher, S. Dolling and J Broadbent.

722 Declarations of Interest

The following declarations of interest were made:

(a) Councillor Harp – Minute 723 (Minutes of the meeting held 4th December 2019 – Reference to EEAST) – non-pecuniary interest – future relative and current friend is employee at EEAST mentioned in the minutes) and Minute 731 (ABSS) – non-pecuniary interest – personal friend is employed by Better Start;

(b) Councillor Salter – Minute 730 (5 Year STP Draft Plan) - non-pecuniary interest: husband is consultant surgeon at Southend Hospital; daughter is a consultant at Basildon Hospital; son-in-law is GP in the borough; daughter and son-in-law were medical students at UCL.

723 Minutes of the Meeting held on Wednesday 4th December 2019

During consideration of the minutes of the last meeting the Board was informed a special meeting of the People Scrutiny Committee took place on 20th January 2020 and received an update/overview of the East of England Ambulance Service Trust (EEAST) modelling review in relation to the Shoebury Ambulance Station.

It was confirmed at this special meeting that:

- At this time there were no significant changes being made;
- The modelling review was taking place over the next few months;
- Recruitment of additional 333 staff by 2022; and
- A further update and progress on the EEAST modelling review, with parameters and timeline for completion, would be provided to the People Scrutiny Committee at its meeting on 17th March 2020.

Resolved:-

That the Minutes of the Meeting held on Wednesday 4th December 2019, be confirmed as a correct record and signed.

724 **Questions from the Public**

There were no questions from the public at this meeting.

725 **Healthwatch**

The Board considered a report from Healthwatch Southend presenting observations from the NHS Long Term Plan survey engagement regarding people's views on the plan and the planned changes to services locally.

The Board noted that following the completion of the survey Healthwatch Southend met with the Director of Communications and Engagement STP) to look at how specific responses from the LTP Survey would inform the STP/MSE 5 Year Strategy.

The Board asked a number of questions which were responded to by the Healthwatch representative. The Board also made the following comments/observations:

➢ Essential to capture the experiences and views of 'hard-to-reach' and vulnerable groups/individuals (learning disabilities, care homes, locality hubs, children's centres, etc);
➢ 0-5's experiences for whole family – ABSS has significant data/research to support Healthwatch;
➢ Potential that will capture the same story across multiple services for individuals/families who are accessing a range of services;
➢ Establishing the lines of enquiry – what is it that need to find out wider than the generic issues;
➢ How can the Board support Healthwatch overcome any barriers/challenges to engagement;

Resolved:

That the observations from the NHS Long Term Plan survey engagement carried out by Healthwatch Southend be noted.

726 **Teenage Pregnancy**

The Board considered a report from the Interim Director of Public Health presenting the high level outcomes from the deep dive into teenage pregnancy and young parenthood in Southend.

The Board asked questions on a number of matters, which were responded to by officers. The Board also made the following comments/observations:-

➢ In terms of access to contraception 6 community pharmacies were signed-up;
➢ Pathways were in place with the Sexual Health Clinic;
➢ Domestic abuse is a key determinant across the system wider than teenage pregnancy (e.g. community safety, violence and vulnerability, neglect, etc) – domestic abuse will be a significant focus over the next 12 months;

Resolved:

1. That the strategic approach from Public Health England in developing a whole system approach to teenage pregnancy prevention and support for young parents, be adopted. A draft high level Implementation Plan will be brought to the next meeting of the Health and Wellbeing Board.

2. That a Teenage Pregnancy and Young Parents Board with senior leadership and key elected Councillors, be established, to:

- Bring together a full range of services and organisations involved in the delivery and commissioning of the teenage pregnancy and young parenthood pathways;
- Deliver a whole system approach to teenage pregnancy prevention and support of young parents;
- Adopt a clear governance framework.

727   Joint Strategic Needs Assessment (JSNA)

The Board considered the Joint Strategic Needs Assessment (JSNA) summary report for 2019/20 presented by the interim Director of Public Health.

The Board asked questions on a number of matters, which were responded to as follows:-

- ➢ Work was taking place over the next 6 months on the format of the JSNA to pull together a far more accessible document;
- ➢ Work will be taking place to understand the picture in terms of the different environments of where falls occur and their causes; aim is to reduce the number of emergency hospital admissions relating to falls; Causes relating to falls are generally due to safety in the home, medication and vision;
- ➢ There were four areas of focus to bring together as part of the JSNA: Local plan (housing and health); food environment and planning; wider environment and health and wellbeing; air quality issues;

Resolved:

That the JSNA Summary Report 2019/20, be noted.

728   Mental Health Costed Delivery Plan

The Board considered a report of the Chair of the Southend Clinical Commissioning Group, presented by the STP Director of Adult Mental Health Commissioning, presenting the Mid and South Essex STP Mental Health Costed Delivery Plan.

The Board asked questions on a number of matters, which were responded to as follows:-

- ➢ Primary Care Networks (PCNs) were at different stages of development. National dialogue was taking place on how they will be funded, their roles and responsibilities;
- ➢ In terms of medical diagnosis moving away from a referral based system;
- ➢ This was a whole system approach and it was important to have a common understanding as well as a common vision;

Resolved:

That the following 5 key recommendations set out in the costed Delivery Plan, be supported:

1. Further development of community-based and primary care based provision, structured around the emerging PCNs and with significant investment in resources, infrastructure and change management for primary care based teams, and providing required medical or other support to the PCNs;

2. Delivering NICE compliant specialist community mental health services for people with eating disorders, complex PD, Early Intervention in Psychosis (EIP) or other needs;

3. Strengthening existing plans on robust community-based crisis response, personality disorders and dementia services;

4. Removing less complex activity from secondary care services, enabling secondary care services to provide higher quality and quantity therapeutic interventions for people who need it the most; and

5. Developing a strategic approach to estates, workforce, digital and coproduction as key enablers to the delivery of the plan.

729   Active Southend

The Board considered a joint report from the Deputy Chief Executive (People) and the CCG Accountable Officer providing an update on the recent progress made through the ActiveSouthend Strategic Group, including successes, challenges and future opportunities.

Resolved:

1. That the update on the progress made through ActiveSouthend Strategic Group, including successes, challenges and future opportunities, be noted.

730   5 Year STP Draft Plan
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The Board considered a report from the Interim Programme Director, Mid and South Essex Health and Care Partnership, presenting the draft 5 Year Strategy and Delivery Plan for the Mid and South Essex Health and Care Partnership and an overview of the strategy content and an update on Partnership activities.

The Board noted that an Executive summary version of the plan would be produced and circulated to Board members.

The Board asked questions on a number of matters, which were responded to as follows:-

➢ Recognised that the timescales and targets to deliver the strategy and plan were ambitious;
➢ There were significant challenges around the workforce and how to encourage young people to work in health services;
➢ Will need to manage expectations and be realistic about delivery, etc;
➢ There are significant opportunities and challenges;

Resolved:

That the draft 5-year Strategy and Delivery Plan, recognising that the draft has been approved by the Mid and South Essex Partnership Board and is in line with national NHSE/I expectations on finance and key metrics for delivery, be noted and approved.

731   ABSS Update

The Board considered a joint report from the ABSS Chair and Director providing an update on the key ABSS developments since the last meeting of the Board.

The Director of ABSS noted that the Programme had recently undertaken a refresh of the 'Outcomes Framework' Partners had agreed with the National Lottery at the start of the programme. Early indications show on a number of measures the 'gap is closing' for very young children in ABSS wards, as compared to children in non-ABSS wards.

The University of Essex has been appointed to undertake formative evaluations of all projects and these, alongside the independent programme-wide evaluation, will help identify the causal factors leading to the apparent improvements. Board Members enquired whether other determinants (e.g. the uptake of free early year's education for 2 year olds) would be taken into consideration and it was confirmed they would.

The Board welcomed the offer of a presentation on the Outcomes for the ABSS Programme at a future meeting.

Resolved:

That the report be noted and ABSS be invited to present on the programme outcomes at a future meeting.

732   BCF Update

The Board received and noted the letter of approval from the Director of NHS Operations and Delivery and SRO for the Better Care Fund concerning the Better Care Fund 2019/20.

Resolved:

That the formal approval letter concerning the Better Care Fund 2019/20, be noted.

733   LeDeR Review (Quarter 3)

The Board received the LeDeR Quarter 3 report for information.

Resolved:

That the LeDeR quarter 3 report, be noted.

Chair: _____

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Southend Health and Wellbeing Board
10th June 2020

South East Essex System COVID-19 Response

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Submitted by:	Tricia D'orsi – Deputy Accountable Officer, Southend CCG
Prepared by:	James Currell – Associate Director of Operations, Southend CCG
Status:	For Information

Executive Summary

1. Summary of the report

COVID-19 has seen unprecedented impact on the health and wellbeing of citizens in Southend-on-Sea. Commissioned services across health and social care have had to mobilise quickly and effectively to respond to the pandemic. This paper will aim to summarise the following:

1. The COVID-19 Incident Timeline

2. COVID-19 Demand on Frontline Health Services

3. COVID-19 Preparation and Response relevant to Southend-on-Sea and South East Essex.

4. Care Home Support and Education

5. Community Resilience

6. Impact of COVID-19 on Southend-on-Sea

7. Reset and Recovery Focus

8. Conclusions

2. Recommendations

1. The Health and Wellbeing Board are asked to <u>note:</u>

       The contents of this report.

Full Report

1). Introduction

This report represents a summary position on behalf of the following organisations:

1. Southend Borough Council

2. Southend University Hospital NHS Foundation Trust (SUHFT)

3. Southend Clinical Commissioning Group (reflecting other commissioned healthcare services)

2). COVID-19 Incident Timeline

1. Key milestones in the UK Government and NHS's response nationally and locally are detailed in **TABLE 1**, below:

Date	Milestone / Announcement
30th January	UK Government adjust public risk low to moderate – WHO declared Public Health Emergency of National Concern
31st January	First cases confirmed in UK
10th February	Government declares coronavirus a 'serious and imminent threat' to public health
2nd March	Public Health England (PHE) publish standard operating procedure for Primary Care
11th March	Government announce GP appointments should be phone/digital with immediate effect – WHO declare Global Pandemic
13th March	COVID-19 Incident Management Team mobilized across the MSE Health and Care Partnership
16th March	Vulnerable groups advised to self-isolate for 12 weeks
17th March	Simon Stevens NHS Chief Executive letter issued advising Acute Trusts, CCGs, Community Health and Primary Care about next steps around NHS COVID-19 Response
19th March	Hospital discharge guidance released advising an expectation around patients being discharged from hospital within 3 hours to maintain hospital capacity.

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23rd March	Nationwide lockdown commences
15th April	Adult Social Care Action Plan published
29th April	Simon Stevens NHS Chief Executive follow-up letter issued advising around second phase of NHS response.
29th May	Infection Control Plan (care homes) submitted to Government

TABLE 1: *Key Milestones in UK COVID-19 Incident and Response*

2. Incident Management command and control was established robustly as follows:

    a. CCG coordinated COVID-19 Incident Management Team (CIMT) established, linking in with local authority partners at GOLD command level.

    b. Southend Borough Council COVID-19 Incident Management established, linking in with local CCG health representation.

    c. Southend Hospital Command and Control Incident Structure as part of Mid and South Essex Hospital Trust Incident Structure, daily interface with local CCG operational management and CIMT.

    d. All organisational based incident management arrangements linked to the Essex Strategic Coordination Group with direct link to Government and COBRA.

3). COVID-19 Demand on Front-line Health Services

1. NHS111, saw peak levels of calls in March 2020, as shown in **TABLE 2**, below:

	February	**March**	**April**	**Total**
Calls Triaged	**32,893**	**34,249**	**29,122**	**96,264**
ED Dispositions (patients directed to attend A&E)	**3,351**	**2,225**	**2,467**	**8,043**
Basildon and Thurrock University Hospital	881	575	589	2,045
Mid Essex University Hospital	775	503	562	1,278
Southend University Hospital NHS Foundation Trust	**996**	**612**	**693**	**1,608**

TABLE 2: *NHS111 Dispositions to Mid and South Essex Hospitals A&E Departments*

2. A
    &E attendances reduced considerably through March 2020 as a result of public perception and segregation of A&E departments across Mid and South Essex to provide "HOT (Confirmed or suspected COVID-19 status) or "COLD" (other status). Attendances are increasing as COVID-19 demand has reduced but are still below pre COVID-19 levels, as **FIGURE 1**, below:
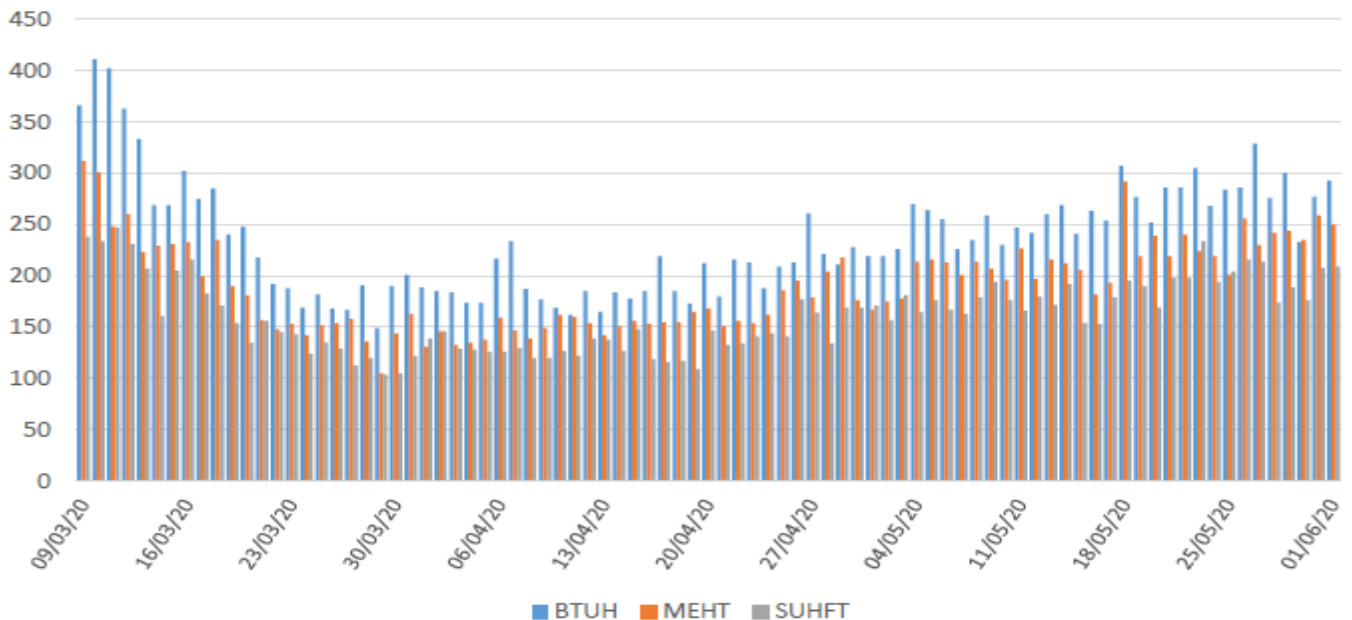
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FIGURE 1:   *MSE Hospitals A&E Attendance Profile*

3. At the peak of the incident demand (20th April) 78 patients were receiving Level 3 Intensive Care Unit management across the MSE Hospitals Group.

4. Southend Hospital bed occupancy reduced to below 50% in response to request from NHS England to create sufficient headroom ahead of the expected surge in COVID-19 admissions. This is increasing slowly but still below 60% occupancy at present (see **FIGURE 2**, below)
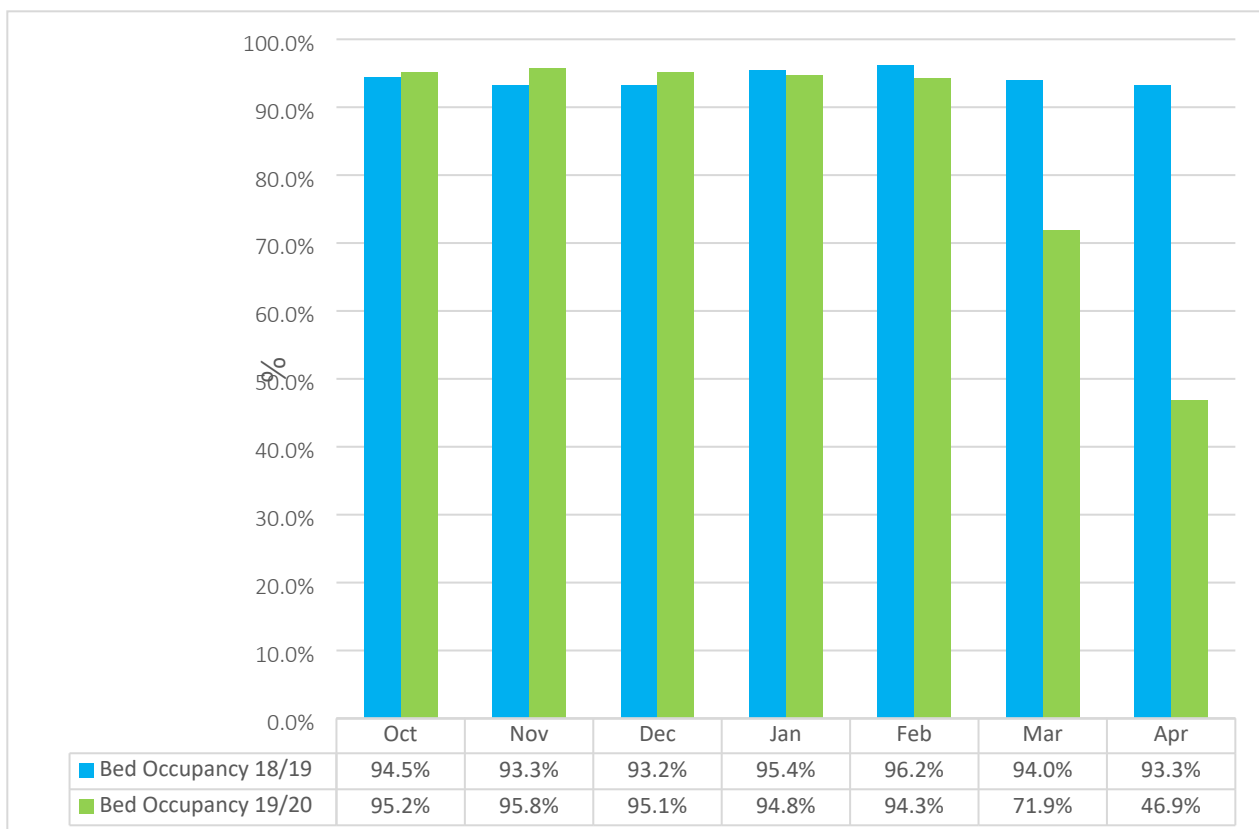

	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Bed Occupancy 18/19	94.5%	93.3%	93.2%	95.4%	96.2%	94.0%	93.3%
Bed Occupancy 19/20	95.2%	95.8%	95.1%	94.8%	94.3%	71.9%	46.9%

FIGURE 2:   *Bed Occupancy at SUHFT Comparison 2018/19 vs 2019/20*

5. Primary Care moved to a new model of working which saw Respiratory Hubs established in each locality and the use of telephone triage and video consultation to maintain patient access.

6. The establishment of Shielded Patient lists saw close collaboration and oversight by Primary Care with the Eclipse COVID Protect tool to identify and support the most vulnerable patient cohort.

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4). COVID-19 Preparation and Response

1. Southend Hospital undertook preparation as follows:

    a. The vast bulk of routine activity including routine outpatients, diagnostics and elective operations were ceased. A risk assessment was undertaken of all patients affected was undertaken and for patients who required time critical assessment or treatment, this was continued. Software to support virtual consultations was rolled out across all services.

    b. The Emergency Departments of all hospitals were split with separate routes and areas put in place for patients suffering from suspected COVID and for other patients where COVID was not suspected.

    c. A multi-stage surge plan was developed for each hospital site which outlined how COVID capacity would be expanded for patients across the categories of level 1 (standard oxygen support), level 2 (non-invasive ventilation) and level 3 (mechanical ventilation).

    d. Clinical staff were all provided with ventilator and PPE training in preparation for redeployment to provide care to COVID patients.

2. Southend Hospital's response was as follows:

    a. A single 24/7 command structure was activated across the Trust to link into the NHS national command and control arrangements and the Essex Resilience Forum.

    b. The surge plans were activated by site with formal operational check points being undertaken 3 times per day.

    c. A 7-day transfer service was put in place to support the transfer of COVID patients between the three hospitals to balance out differential load between the individual hospital sites on a day to day basis to ensure best possible quality of care.

    d. For non-COVID time critical elective patients we made use of the national arrangement with the Independent Sector to treat these patients in these hospitals.

    e. We created 'wellbeing' centres for staff in all three hospitals to provide support to staff members.

3. One of the most significant changes within the health and social care system during the COVID-19 pandemic response was the guidance release by HM Government on 19th March 2020 with

the expectation that this would free up 15,000 acute inpatient beds nationally by the following Friday 27th March in anticipation of the surge in COVID-19 related admissions. Southend Hospital achieved occupancy of 48.8% by 24th March in response to this local ask.

4. This saw a move from patients being declared "medically fit for discharge", to being "medically optimised" for discharge, reflecting a need to maintain acute in-patient capacity for those who require it the most, with an expectation of managing discharges within a 3 hour window.

5. The Government agreed that during this period the NHS would fully fund the cost of new or extended out of hospital health and social care support packages and 4 new hospital discharge patient pathways as part of a Discharge to Assess model were identified as shown in **FIGURE 3,** overleaf:
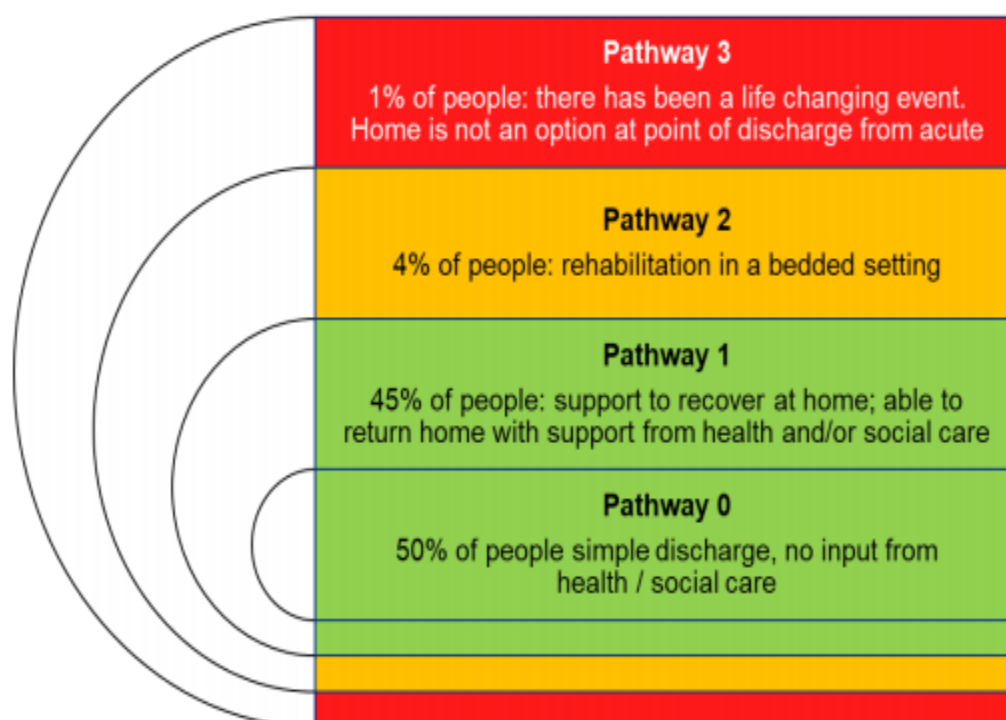

FIGURE 3: *Discharge to Assess Model Pathways*

6. Further advice was issued by HM Government on 15th April as the Adult Social Care Action Plan to respond to concerns that had been identified in controlling spread of infection in care settings; provision and use of personal protective equipment and supporting the workforce.

7. This new guidance saw a requirement on acute trusts to ensure that all patients received a COVID-19 swab test prior to discharge from hospital.

8. As part of the STP approach to managing and supporting hospital discharge arrangements, the community workstream developing additional capacity in Brentwood and Braintree Community Hospitals. This mitigated initially some of the new pressures associated with ensuring that COVID-19 status was know before patients could be discharged into a residential or care setting. As part of this approach, consolidation of staffing resource saw the Cumberledge Intermediate Care Centre (CICC) temporarily closed with staff moving to Brentwood to support.

9. Each Local authority within the STP was tasked with implementing a "HOT" care facility, with the Priory House site (13 beds) identified within Southend-on-Sea, and Howe Green for Essex County Council patients and residents. These sites were able to manage and safely cohort patients with a confirmed COVID-19 positive status as an interim placement.

10. From 20th March 2020 (when recording started) to 26th May 2020 (**FIGURE 4**, overleaf:)
    a. 693 Discharges completed by the Integrated Discharge Team under pathways 1,2 and 3

b. 77 patients were discharged within 3 hours (11%)

c. 382 patients discharged on the same day (55%)

d. A further 111 patients were discharged within 24 hours (16%) giving a total number of 71% within 24 hours.

e. Pathway 1 saw 575 discharges (83%) – mean length of stay (LOS) 7.2 days

f. Pathway 2 saw 115 discharges (16.5%) – mean length of stay (LOS) 14.2 days
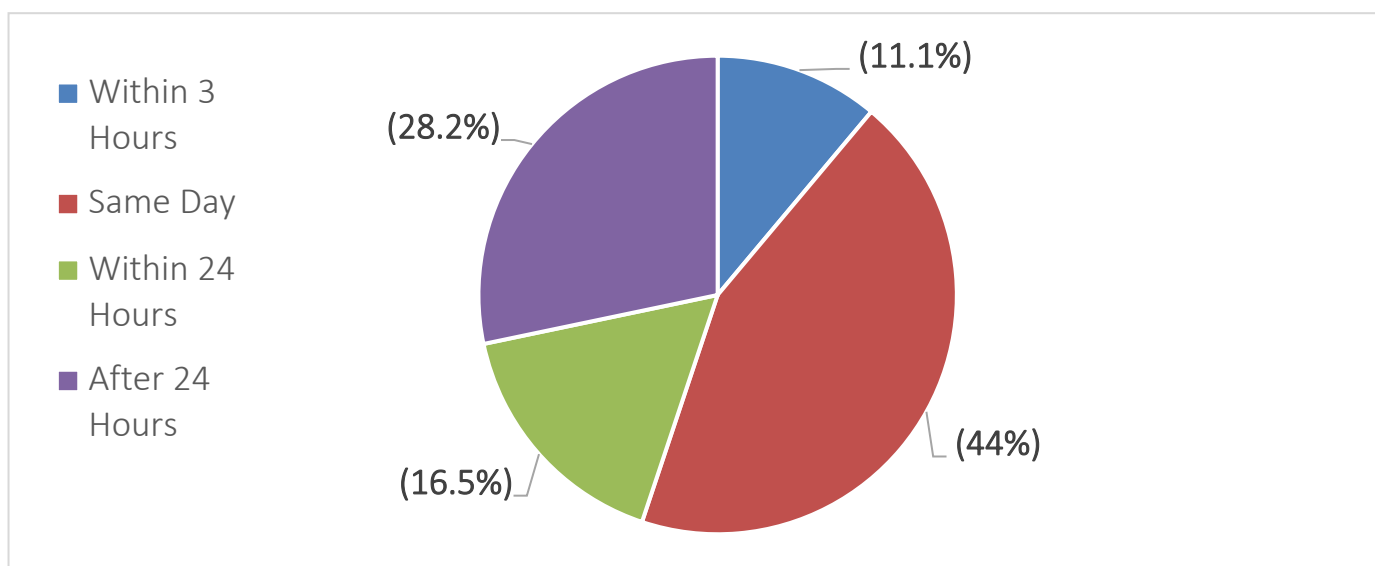
g. Pathway 3 saw 2 discharges (0.28%)

FIGURE 4: *COVID-19 Discharge Guidance on Time from Medically Optimised to Discharged*

11. The considerable increase in pace of hospital discharge has been one of the most significant factors in maintaining hospital occupancy around 50-55% throughout the majority of the COVID-19 response and reflects the dedication and commitment of all health and social care stakeholders involved in hospital discharge and onward care planning.

12. One of the risks associated with more rapid discharge from hospital would be a potential increase in re-admissions. This data has not yet been fully quantified, but only 1.2% of patients managed via Pathways 1,2 and 3 as detailed above have been discharged, re-admitted and discharged again between 20th March and 26th May.

13. Colleagues in Havens Hospices mobilised additional staffing and capacity to support with maintaining the dignity and care of palliative patients and those on End of Life Pathways.

14. Ongoing support and welfare telephone calls were established in May 2020 with Southend Association of Voluntary Services being commissioned by Southend CCG to contact patients who had been recently discharged from Southend Hospital to support, navigate and advocate to ensure patients received the support out of hospital that they needed most. This links in closely with the Southend Coronavirus Action Helpline and other community resilience schemes to support vulnerable and shielded patients including the Good Neighbours Scheme.

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15. All rough sleepers within the borough were provided with temporary accommodation, with support from HARP, and General Practitioners

16. **TABLE 3**, overleaf provides a non-exhaustive list of schemes and actions put in place that have impacted on urgent and emergency care and patient in South East Essex:

Provider	Action	Projected Impact
NHS111	Staffing Resource (increased)	Respond to greater call volumes
Primary Care	Establishment of Respiratory Hubs	Disposal for NHS111 preventing risk of cross-infection at other sites.
Primary Care	Telephone and video consultation	Maintain access levels during COVID-19
EEAST	Emergency Clinical Advice and Triage, Hear and Treat (increased)	Reduced Conveyance to A&E
EEAST	24/7 Hospital Ambulance Liaison Officer (HALO) (extended)	Reduced Conveyance to A&E; Improved Turnaround Times
EEAST	Establishment of A&E Delivery Command Team	Providing holistic response to incident around patient safety, unblocking barriers and focus on performance.
SUHFT	ED Hot / Cold Split	Ability to focus support where required whilst reducing infection risk
SUHFT	ED Admission Threshold (increased)	Reducing unnecessary admissions and maintaining bed capacity
SUHFT (with support from system)	Integrated Discharge Team same day discharge (new)	Expediting discharge to maintain bed capacity
SBC	Establishment of Priory "Hot" home	Expediting discharge of COVID-19 positive or query patients
ECC	Establishment of Howe Green "Hot" home	Expediting discharge of COVID-19 positive or query patients
EPUT (with NELFT and PROVIDE)	Establishment of Community Hospital Model and Bed Bureau	Expediting discharge of patients requiring in-patient rehab; mitigating delays associated with care home and care provider anxiety around COVID status.
EPUT (Mental Health) and NHS111	NHS111 Mental Health advice line established	Helping manage patients in crisis and navigate appropriately; reducing A&E attendances; advising professionals.
EPUT (Mental Health)	Increasing admission criteria to in-patient units	Reducing onward admissions (often for social reasons) and ability to maintain bed capacity for those who most need it.
CCG	Redeployment of staff and support structure, including primary care to Care Homes	Education, support, minimizing delays and maintaining quality of care.
EPUT / CCG / Havens	Enhanced End of Life Support Including Additional Hospice Beds	Acute admissions avoidance and expedite discharge for end-of-life and palliative patients

TABLE 3: *COVID-19 Urgent and Emergency Care Associated Actions in South East Essex*

17. At this stage the direct impacts of these schemes have not been identified, but it would be

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sensible to review available data, impact and cost to determine future state.

18. For a number of these schemes, specifically those relating to community bed capacity, the national and strategic local direction is not yet clear as to their long-term future.

5). Care Home Support and Education

1. One of the most significant elements of CCG coordinated support during COVID-19 has been around care homes. A number of initiatives are detailed below which have been put in place.

2. **Care Home Hubs** – this was established at pace at the commencement of lockdown, with the initial focus being around Personal Protective Equipment (PPE), but also other support requirements for the care sector. Daily meetings take place with a multi-stakeholder approach across health and social care to monitor care homes COVID-19 and PPE status.

3. **Infection Prevention and Control (IPC)** – Essex Partnership University Trust (EPUT) Care Home Support Team were supported by the CCG's IPC team to play a central support function for local care homes. This included the "Super Trainer" comprehensive training programme which NHSE requested mid-way through the pandemic response. The South East Essex plac requirement was met through this approach by the 29th May deadline. 94 Older People's care homes in Southend-on-Sea were supported with training on IPC, PPE and COVID-19 testing training in just 14 days, via a telephone and then virtual or face-to-face approach where required.

4. **Equipment and Training for Care Homes** – the British Geriatric Society recommended that care home staff are able to check baseline clinical observations including vital signs (blood pressure, heart rate, pulse oximetry and respiratory rate). Telehealth solutions have been secured for all care homes across Mid and South Essex. As of 3rd June, 14 homes already have equipment in place in Southend, with a further 16 agreed to utilise the technology that will allow parameters to be set for clinical readings specific to patients with anything outside the baseline generating an alert which can then be actioned accordingly.

5. **Training Review** – The CCG was already working with local stakeholders prior to COVID-19 to review training provided to care homes. This is now being reinstated to ensure lessons learned from training are applied with recognition for best practice.

6. **NHSMail** – NHS England and the UK Government identified the need for all care homes to have access to fast and secure communications across the health and social care system as part of the COVID-19 response. NHSMail has been rolled out to 99% of all Southend care homes as of the 3rd June. A task and finish group has been established to support how the new email accounts are used consistently and appropriately going forwards.

7. **Facebook Portals** – The MSE Health Care Partnership was offered to be part of a pilot around addressing potential isolation and loneliness for care home residents during the COVID-19 pandemic. As such, 92 Facebook Portal units were allocated to Southend and Castle Point and Rochford care homes to make it easier for residents to virtually interact and communicate with their family relatives. The care homes have already expressed how beneficial this has been to combat isolation and loneliness and improve quality of life.

8. **Care Home Guidance Summary Group** – This was established to review the vast amount of guidance being release in response to changing COVID-19 pandemic response. Representation on this group was from different CCGs and professionals within the system to allow summarising

key information pertinent to care home staff which was then shared in an easy to use format.

9. **Health Care Partnership Care Homes Central Communications Strategy** – this aimed to streamline the dissemination of information, which initially during the COVID-19 response came from multiple sources. The main focus was a weekly bulletin sent to all care homes.

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6). Community Resilience

1. The Southend Coronavirus Action helpline was set up within 10 days, being operational by 26 March. Systems were put in place to buy and distribute food, collect and deliver medication and help with shopping, dog walking and provide other help for vulnerable residents unable to leave their homes.

2. Well over 5000 calls have been made to the helpline, with over 7000 outbound calls made to shielded people. Over 1100 separate households have been supported, with over 600 food parcels, over 600 shopping deliveries and over 550 people having their medication collected and delivered as well as 28 dogs walked. People have also been helped with access to money, their gas and electricity bills and befriending (figures as at 29 May).

3. The new service has been a whole community and cross council effort. In addition, to South Essex Community Hub and Southend Association of Voluntary Services (SAVS), the likes of Storehouse, Salvation Army, Everyone Health, Family Action, Good Sams (NHS volunteers), food retailers and wholesalers (including donations), community pharmacists and others working together was central to its success. South Essex Homes (SEH), customer services, ICT, communications, social care, performance, cleaning, facilities, Pier, commissioning staff and community development leaders, as well as, redeployed staff all stepped up to make this work.

4. Southend Coronavirus Action, a partnership between SAVS, South Essex Community Hub and the Council, was launched with a Facebook page. It asked volunteers to register their interest in helping others in their area with simple tasks. An impressive 929 volunteers stepped forward to offer help during the first 8 weeks of the crisis and of these 234 were placed for specific roles to support the community. This is in addition to the NHS call out which also has local volunteers registered.

5. The group also sought businesses who could volunteer their services and the project has moved into supporting a stronger asset based community development (ABCD) approach with locality leads working with community groups and ward councillors. The legacy of this work will support 2050 active and involved outcomes.

6. Building on this approach, Volunteer Southend, the Clinical Commissioning Group (CCG) and the council launched a Good Neighbours Scheme to encouraging everyone to connect with their neighbours. The scheme asks good neighbours to share their stories to inspire others to get involved. A starter pack of guidance has been produced to help anyone interested in connecting more with others in their local area.

7. All over 70 year olds (over 700) in council accommodation were contacted by SEH staff to ensure they were safe, to provide reassurance and offer support and residents in sheltered housing frequently reminded to maintain social distancing, given they are particularly vulnerable.

8. In addition, the Council has contributed £25,000 to the Southend Emergency Fund to support local third sector organisations working with those most affected by the COVID-19 crisis. It has also established a hardship fund to provide support to vulnerable individuals to enable further reductions in council tax for working age people in receipt of Local Council Tax Support.

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7). COVID-19 Impact

1. Southend-on-Sea has seen 405 confirmed cases of Coronavirus, or a rate of 222 per 100,000 (https://coronavirus.data.gov.uk) up until 3rd June 2020.

2. Southend-on-Sea has seen a death rate associated with COVID-19 of 43 per 100,000 people between the 1st March and 17th April (www.ONS.gov.uk). As of the 4th June, 159 Southend residents have sadly lost their lives where Covid-19 was a contributory factor (source: Public Health, Southend BC).

3. 223 patients have died from confirmed COVID-19 at Southend Hospital (data from MSE Hospitals group as of 2nd June)

4. Indirect impact as a result of associated mortality and morbidity and postponement to other routine elective health pathways is not yet known, but is likely to be significant, and forms a key focus on the reset and recovery workstreams.

8). Reset and Recovery

1. Each organisation is now considering what reset and recovery looks like as the landscape changes to a "new normal".

2. Southend Borough Council have published 6 political recovery priorities each with cabinet and officer lead:

   a. **Priority 1) Economic focus on a stronger and safer town**

   Southend rebuilds and supports a local economy and social infrastructure, that recognises recent challenges but is clear about the ambition for the future.

   b. **Priority 2) Green City and Climate Change**

   An ambitious place that is committed to tackling the climate emergency and takes steps towards making sustainable, long lasting and far reaching impacts across Southend.

   c. **Priority 3) Travel and Transport**

   Understanding the needs to move in, out and around Southend, our travel and transport infrastructure will address the present challenges and look to future options that support Southend's Green city ambitions.

   d. **Priority 4) People and communities**

   Understanding who is more socially excluded resulting from Covid-19. Working with people and communities to understand the issues, build capacity, resilience and finding solutions in response to the local and individual challenges.

   e. **Priority 5) Major projects**

   Delivering on key pieces of work that strongly position Southend socially, environmentally and economically for the future, enabling the town to draw in opportunities and secure investment.

   f. **Priority 6) How we learn and recover as an organisation**

   A proactive and forward-thinking council that embeds and sustains the recent transformation in how the organisation works. Continues to adapt, respond and reshape to current challenges, that future-proofs with the delivery of quality services.

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3. Southend Hospital's recovery plans focus on the following areas:

   a. **Re-starting clinically urgent non-COVID work** whilst maintaining separation between COVID and non-COVID areas.

   b. **Continued Zoning** of the Hospital (COVID and Non-COVID) supported by clinical leaders to ensure safety for patients and staff.

   c. **Emergency Department continues to operate as HOT and COLD with ability to flex as demand changes**

   d. **Longer term planning** around where services are provided over the next 18-24 months to support broader range of business as usual services alongside potential continued COVID demand. Aim to accelerate clinical strategy through this process where possible.

4. Southend CCG as part of the Mid and South Essex Health and Care Partnership have adopted a three-strand approach to reset and recovery to accompany the move to Phase 2 of the Incident Response as detailed below:

   d. **Acute**

   Including maintaining HOT/COLD segregation of the estate for the remainder of the COVID-19 response; how urgent cancer and routine elective work (outpatient services, surgery and diagnostics) can be restarted and capacity increased to manage the demand put on hold through COVID-19.

   e. **Primary, Community and Mental Health including Place based services**

   Adopting use of technology and virtual support to maintain a greater focus on healthcare delivered at "place" basis and as part of the Primary Care Network footprint.

   f. **Integrated Care System infrastructure**

   The future of healthcare delivery in Mid and South Essex with the estate and workforce to deliver.

5. It is likely that local Southend-on-Sea specific focus on reset and recovery in health and social care will be considered as part of the recently re-formed South East Essex Alliance which has it's first meeting on Friday 5th June 2020.

9). Conclusion

1. The COVID-19 pandemic has placed unprecedented challenges on provision of health and social care and other statutory services within Southend-on-Sea and South East Essex.

2. Individual organisations have had to respond rapidly and through expedited collaboration with partners to address systemic issues.

3. Pace of decision-making governance has been extremely fast and has allowed solutions to be implemented quickly and effectively.

4. How the system learns and applies this learning to future models of health and social care delivery is absolutely critical to ensure reset and recovery takes us to a new level of service provision that provides patients and residents in our place with what they need promptly and

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close to home.

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Whole System Approach to Strengthening Community Resilience

Southend Health and Wellbeing Board

Krishna Ramkhelawon – Director of Public Health

June 2020

Recovery & Restoration Themes

population health approach, actions to reduce health inequalities

focus on community and management of outbreaks

drive the new social values between the public and wider public services

capture opportunities arising to be more proactive closer working between partners

Slide 2

KR1 Krishna Ramkhelawon, 04/06/20

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Deliverables & Opportunities (Learning?)

Identify system leaders to focus on reducing health inequalities

Shared understanding of health and wellbeing post/during pandemic

Test and trace Collective approach to preventing new spike

Understand changes in public behaviour and attitude especially towards public services

Capitalise on digital knowledge exchange & capacity building

Southend Health & Wellbeing Board

Report of the Director of Public Health

To

Health & Wellbeing Board

on

10th June 2020

Report prepared by: Mary Orhewere, Consultant in Public Health Medicine

For information only		For discussion	X	Approval required	

Local Outbreak Control Plan

Part 1 (Public Agenda Item)

Purpose

This is to provide an update on the Local Outbreak Control Plan which is a key part of the national Test, Trace & Isolate (TTI) programme.

Background

The Test, Trace and Isolate (TTI) programme is a central part of UK government's Covid-19 recovery strategy. The primary objectives are to control the Covid-19 rate of reproduction (R), reduce the spread of infection and save lives, and in doing so help return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

Achieving these objectives will require a coordinated effort from local and national government, the NHS, General Practice, businesses and employers, voluntary organisations and other community partners, and the general public.

Local Outbreak Control Plans

Local planning and response will be essential. Local Government, NHS, the Local Resilience Forum and other relevant local organisations will be at the heart of the programme as upper tier local authorities develop Local Outbreak Control Plans. Response may include appropriate local containment strategies, the implementation of which is expected to be achieved within the existing legal framework and by appealing to the public's sense of civic duty and working with local community leaders.

Themes

The Local Outbreak Control Plan will be centred around seven themes:
1. Care home and schools (MOU agreement in place or in development with PHE)
2. High risk places, locations and communities of interest, e.g. sheltered housing, rough sleepers
3. Mobilise local testing arrangements and fast track of results
4. Contact tracing and infection control in complex settings
5. Integrating national and local data and scenario planning with the Joint Biosecurity Centre
6. Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities.
7. Governance arrangements and support.

Resources

The amount of £300m in national government funding is being provided to authorities in England to develop their local plans to reduce the spread of the virus in their area.

The local system will build on existing health protection arrangements, including but not limited to those delivered by local authorities, to put in place measures to identify and contain outbreaks, and protect the public's health. A detailed resource plan is being developed in collaboration with finance colleagues.

Governance and Local Boards

The governance structures and support arrangements are as follows:

- A Covid-19 Health Protection Board (to be created) will be responsible for defining these measures and producing the plans. It will be supported by and work in collaboration with the local emergency planning forums.
- A public-facing Board led by Council Members to communicate with the public.
- Cross-party and cross-sector working is strongly encouraged with a joint endeavour to contain the virus.
- The UK government will establish a National Outbreak Control Plans Advisory Board to draw on expertise from across local government. This is to ensure that the national TTI programme builds on local capability, and to share best practice.

Timescales

The Local Outbreak Control Plan is now in development, ahead of further phases of the national infection control framework but will need to align to our local TTI strategy. This plan will need to be agreed by the end of June

Communications

To support the development of the Local Outbreak Control Plan, the Council is participating in regular engagement and best-practice sharing sessions, including webinars and regular videocalls.

Local government leadership is central to the national programme, and at national level there is a local authority Chief Executive jointly leading on this strand of the TTI programme. This gives some assurance that the perspective and voice of local government is communicated authentically at national level.

Actions/Next steps

1. Develop a Southend Local Outbreak Control Plan in partnership with Essex County Council and neighbouring authorities.
2. Establish a public-facing Outbreak Control Oversight Board led by Council Members, as a sub-group of the Southend Health and Wellbeing Board, which will be advised by senior Council and Health officers, from which to communicate with the public.
3. That the Southend Health and Wellbeing Board delegates the responsibility for the production and implementation of the Local Outbreak Control Plan to a sub-group, the Local Health Protection Board. This latter will report into the Outbreak Control Oversight Board.

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Why Social Capital is more important now than ever

Southend Health and Wellbeing Board

Krishna Ramkhelawon – Director of Public Health

June 2020

After the storms.... Humanity prevailed

Building on the social movement

VOLUNTEERING

Volunteers

55% Of respondents **have utilised volunteers** in their Covid-19 response.

RAISING FUNDS FOR LOCAL GROUPS

Resources for the future

58% Of respondents say **they do not have enough resources** for the future.

SELF-CARE, SELF-MANAGEMENT

USE OF DIGITAL MEDIA AND PORTALS

Digital Technology

51% Of respondents **have utilised technology** to support their response.

Asset Based Community Development

1. **What can communities / individuals do for themselves (move out the way)**

2. **What can communities / individuals do with a little help from all partners (resources / time / removal of barriers)**

3. **What do we do with communities (support /service / co-designed)**

Learning Disabilities
Performance Report
Quarter 4 2019-20

Transforming Care

Transforming Care

ADULTS	CCG Funded Placements								NHSE Specialised Commissioning Funded Placements							
	Q1		Q2		Q3		Q4		Q1		Q2		Q3		Q4	
	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target
BASILDON & BRENTWOOD	5	2	6	2	7	2	6	2	3	3	2	3	2	3	2	3
CASTLE POINT & ROCHFORD	1	2	1	2	1	2	1	2	0	1	0	1	0	1	0	1
MID ESSEX	2	6	1	6	4	5	4	4	1	2	1	2	2	2	4	2
NORTH EAST ESSEX	8	10	8	10	5	10	6	10	9	9	7	9	7	8	7	8
SOUTHEND	3	4	5	4	5	4	4	4	2	2	2	2	2	2	2	2
THURROCK	3	2	5	2	3	2	3	2	0	0	0	0	0	1	0	1
WEST ESSEX	2	2	3	2	3	2	3	2	7	7	7	7	5	6	6	6
TOTAL	24	28	29	28	28	27	27	26	22	24	19	24	18	23	21	23

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CHILDREN & YOUNG PEOPLE (TCP Wide)	Tier 4 CAMHS Placements							
	Q1		Q2		Q3		Q4	
	Actual	Target	Actual	Target	Actual	Target	Actual	Target
TRAJECTORY	12	8	10	7	11	7	9	6

Adult CCG funded placements finished 1 above trajectory due to the transfer of 4 patients from NHSE funded beds and delays for 5 patients as a result of the deregistration of Old Leigh House. C&YP placements remain above target. The figures include 2 long stay patients who could transfer to adult services before the end of the year. An additional resource has been appointed to help avoid admissions and expedite discharges.

Learning Disability Mortality Review Programme - LeDeR

	No. of Notifications	Unallocated	In Progress	Complete	% Unallocated	% In Progress	% Complete
Basildon & Brentwood	24	2	12	10	8%	50%	42%
Castle Point & Rochford	22	3	9	10	14%	41%	45%
Mid Essex	46	0	31	15	0%	67%	33%
North East Essex	85	9	28	48	11%	33%	56%
Southend	38	2	13	23	5%	34%	61%
Thurrock	21	2	8	11	10%	38%	52%
West Essex	35	2	13	20	6%	37%	57%
Total	271	20	114	137	7%	42%	51%

- Data is correct as at 31st March 2020 and covers both local and NEC (CSU) cases, adults and children.
- We have overachieved our recovery plan target of 81 reviews and completed 87 of the local backlog by 31st March. CSU had a target of 98 and completed 5.
- We have allocated out all reviews (except those on hold pending other investigations) but have put a hold on requests for notes, so as to free up health and social care resources to tackle COVID 19.

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IMPROVING SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

Briefing for Health and Well-Being Board

Date: May 2020

From: Brin Martin, Director of Education and Early Years

Purpose of this report

There is a clear remit for HWBBs outlined in the [Special Educational Needs and Disabilities Statutory Code of Practice](#) in terms of disabled children. This briefing:

- provides an update on progress and future plans to complete the Written Statement of Action (WSOA) as a result of the SEND Area inspection in October 2018
- seeks HWBB views on future proposals, specifically around leadership, governance, and strategic oversight
- asks the HWBB to consider how its role can meet the statutory requirements

Background Review and objective

There has been much activity and success since October 2018 following the SEND Area Inspection and the subsequent WSOA plan agreed in May 2019. However several factors, including capacity and the impact of Covid-19, have meant that some actions in the WSOA have not been achieved in a timely manner. A recent desktop review of current plans and key documents by Southend Borough Council (SBC) Children's Services Independent Adviser included recommendations for reviewing our, the Local Area's, strategic approach, and by providing additional capacity and refocussing how progress and impact of the plan are measured.

At the WSOA improvement group on 21st May, proposals and activities were agreed, which included a recommendation to brief HWBB and commence discussions about their future role in strategically overseeing the Local Southend SEND Area offer and agenda.

There are five connected activities that have commenced to further improve progress and achieve the overall objectives of good outcomes for SEND children and their families, which will be a focus of additional activity over the next three months. These are:

1. Knowing ourselves: Self-evaluation (SEF)
2. Generating improvements
3. Measuring outcomes and impact
4. Preparation for Inspection
5. SEND Leadership and governance.

In terms of the latter, the oversight of the Health and Wellbeing Board as part of the local area strategic approach in terms of children with SEND relates to disabled children within the JSNA; joint commissioning; effectiveness of the local health and wellbeing strategies; receiving learning from comments about the Local Offer and child/parent views to help inform the development of Health

and Wellbeing Strategies. Further details behind these headline areas are interspersed throughout the Code of Practice, which will be expanded on as part of the work underway and potential future discussions with the HWBB.

Conclusion and Recommendations to HWBB

There is an opportunity to increase the profile of the work with children and young people with Special Educational Needs and/or Disability in Southend. To effectively fulfil our statutory obligations under the SEN Code of Practice and ensure the best possible outcomes for children and young people with SEND we need to refocus, reshape and improve our offer. This will need strategic oversight and challenges from key partners, many of whom sit on the HWBB. Therefore the HWBB is asked to.

1. Engage with the leadership and governance workstream to review and determine the appropriate level and role of the HWBB in the strategic oversight and governance of SEND on an ongoing basis as laid out in the SEN Code of Practice and good practice in local area leadership.
2. Recognise that SEND area partners will need to undertake a range of actions in order to ensure that the required improvements in the local offer outcomes for children and young people with SEND in Southend are met at pace.

Should HWBB approve the above recommendations, regular update reports would feature on subsequent HWBB agendas in relation to progress against the five areas identified above as part of the overarching SEND governance arrangements.

University of Essex

A Better Start Southend
our children
our community
our future

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COVID-19 and families in Southend:

Research and report by:
Lauren O'Connell, Professor Vasilios Ioakimidis, Dr Ewen Speed and Vanessa Baxter. University of Essex, School of Health and Social Care.

(Preliminary report) May 2020

COMMUNITY FUND

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Background

A Better Start Southend (ABSS) is a national-lottery funded programme which responds to the link between economic deprivation and poor life chances. It provides free services to families with babies and very young children (age 0-4) in the 6 most economically deprived wards in Southend. The programme aims to improve children's diet and nutrition, social and emotional development, and speech, language and communication, thus improving their longer-term life chances. The COVID-19 pandemic and associated 'lockdown' restrictions have changed daily life across the whole of the UK, in ways that will likely have long lasting consequences for individuals, families, and communities. These consequences will be impacted by economic deprivation.

There is a well-established link between economic deprivation, ill health, and poor life chances. For example, healthy life expectancy for males in the most deprived areas of England is 51.7 years, compared to 70.4 years in the least deprived areas[1].

Early figures on COVID-related deaths suggest that individuals in areas of economic deprivation are more likely to die as a result of the virus than those in the least deprived areas. Rates for deaths occurring between March 1st and 17th April 2020 show that in the most deprived areas of England the mortality rate for COVID-19 was 55.1 per 100,000 population, but in the least deprived areas it was more than half that at 25.3 per 100,000[2].

According to the latest available figures for COVID-related deaths by local authority (as at 23rd May 2020) the rate was 199.5 deaths per 100,000 population for Southend-On-Sea. This compares to Sunderland, which had the highest rate of 493.5 per 100,000, and Rutland, which had the lowest rate of 83.1 per 100,000[3].

In addition, evidence suggests that certain social groups may be particularly detrimentally affected by COVID-19, including multigenerational families in crowded housing (Kenway and Holden, 2020) and certain minority ethnic groups (Platt and Warwick, 2020).

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[1] Public Health England, 2019

[2] Office of National statistics, 2020

[3] Gov.uk, 2020

COVID-19 will alter the priorities of ABSS services and the ways in which they work with families. The evidence-base that these services draw upon needs to relate to the population in Southend, and their unique local conditions and economic circumstances. Research to contribute to the evidence base on the impact of COVID-19 within Southend is currently being undertaken and is detailed below.

Research overview

The aims of the current research are to examine:
- The impact of the COVID-19 pandemic and 'lockdown' restrictions on families with babies and very young children in A Better Start Southend wards.
- How ABSS services might respond effectively so that they can continue their work to improve the health and wellbeing of very young children and their families in Southend during the pandemic and its aftermath.

There are two phases to this research. Phase one, which has been completed and informs this preliminary report, involves surveys with parents and focus groups with practitioners (see *methodology* for further detail). Phase two will involve interviews with parents and leaders in key organisations in Southend. Insights from both of the two phases will be combined into a final report. There is also potential for a third research phase involving a comparative analysis of studies in other A Better Start sites or other relevant available data.

Key Conclusions

Findings so far highlight the wide range of challenging and positive experiences among families in Southend during the pandemic. Specific conclusions and implications drawn from this stage of the research are:

1. The COVID pandemic may have adversely affected the mental and emotional wellbeing of parents in Southend, and parents would like help, support and information in this area.

2. There are varying levels of parental concern about children's learning, social development, and emotional wellbeing. While worries about children's learning and schooling needs are significant for some, others have reported improvements in this area, and in the quality of time spent with children.

3. Many parents are experiencing a range of improvements in family and community life during this time. Services should work with families to embed these benefits and improvements over the longer term (where possible).

4. Domestic violence may have increased but this is largely 'hidden'. This is one aspect of wider concerns about there being a small, 'inaccessible' population of families experiencing serious hardship.

5. Virtual and remote service provision may be proving effective. Strategies need to be implemented to support this provision over the longer term.

6. Parents prefer non-interactive ways of receiving additional support that is specific to the COVID pandemic

Executive Summary and Preliminary Conclusions

Overall, findings suggest that there have been a wide range of challenging and positive experiences among families in Southend during the pandemic. Practitioners' perspectives and experiences suggest that at the 'worst end', COVID–19 has exacerbated or contributed towards food poverty and other difficulties accessing food, domestic violence and other problematic family relations, mental distress and behavioural difficulties in children.

However, for others, the situation may not have posed serious difficulties and for some may have provided benefits and opportunities, such as spending more time together as a family, strengthening social bonds and community support, less distracted time with babies and young children, and a beneficial shift in social roles within the family.

Some of these experiences are also captured within the survey findings, although problematic aspects surrounding more extreme hardship are not reflected here. This is because these are not experiences that can be captured in a survey, and because it is the more 'accessible' and 'engaged' families that have completed it.

Specific conclusions and related implications from this stage of the research are as follows.

Conclusion 1: The COVID pandemic may have adversely affected the mental and emotional wellbeing of parents in Southend

- Parents are experiencing more social isolation, which may lead to lowered emotional wellbeing, increase pre-existing mental health difficulties, and reduce the individual's support network.
- Relative to other areas, parents' concerns about their own emotional wellbeing/mental health are high.
- This is an area in which many parents would like help, support or information.
- Detection of postnatal mental health struggles may have decreased due to reduced contacts with GPs and wider family members.

- Individuals may be less likely to seek support for mental health difficulties during this period, if they interpret their struggles as 'normal' and 'expected' in the context of the pandemic, and/or if they perceive services as being less available during this time.

Conclusion 2: There are varying levels of parental concern about children's learning, social development, and emotional wellbeing

- Concerns in these areas are frequently self-reported by parents. Many indicate that they are worried about their child's learning and schooling needs.
- Practitioners' observe that schooling and learning issues are a significant source of concern for some families.
- However, many parents report increased quality of time spent with their children and some indicate that there are benefits to the whole family from having partners spend more time at home.
- For some, increased time together as a family seems to have impacted positively on social roles within the family.
- Some parents report having seen benefits in their children's learning and academic abilities. Reports of improved speech for a child were reflected in the accounts of both a practitioner and a parent.

Conclusion 3: Many parents are experiencing a range of improvements in family and community life during this time. Services should work with families to embed these benefits and improvements over the longer term (where possible)

- Parents report improvements in a range of areas including, for example, quality of time spent with children, community support and togetherness and learning new skills.
- Services should work to facilitate these improvements over the longer term, where possible. For families with children who access support for a particular need, such as those relating to speech and language, practitioners may be able to work with parents to identify which changes to family life during the pandemic led to the identified improvements and find ways to embed these over the longer term.
- Services that facilitate community engagement and opportunities for groups of parents (and others) in the local area to work collaboratively and support each other may be particularly beneficial in the aftermath of the pandemic.

Conclusion 4: Domestic violence may have increased but this is largely 'hidden'

- Practitioners identify concerns about domestic violence and the hidden nature of this problem, emphasising the lesser likelihood of this being recognised by professionals due to decreased contact with services.
- Concerns about domestic violence concur with national evidence which shows that domestic abuse killings doubled over a 21 day period in the lockdown, and that a national abuse helpline received 49% more calls (Jacobs, 2020).
- National evidence also shows that a potential increase in domestic violence does not reflect more individuals becoming violent, but that individuals "who are already suffering abuse are being attacked by their partners more often" (Williamson et al, 2020).
- Concerns about the hidden nature of domestic violence are one aspect of wider concerns about there being a small, 'inaccessible' population of families experiencing serious hardship.

Conclusion 5: Virtual and remote service provision may be proving effective. Strategies need to be implemented to support this provision over the longer term

It is too early to evaluate the impact of the transition to virtual and remote service provision, and/or how this has been received by parents. However, focus group findings suggest that, from the practitioners' perspective, these have generally been well received and engaged with.

National research has found that among individuals developing and delivering programmes aimed at young people (Martin et al, 2020), some practitioners seem interested in retaining elements of virtual or remote delivery post–COVID. Some points for consideration regarding ongoing provision (based on national research) include:

- When developing virtual and remote delivery, it is important to identify the core components of an intervention and maintain these (Martin et al, 2020)
- Virtual and remote interventions may be more successful if they involve an element of personalisation or some contact with a practitioner - as opposed to involvement that is entirely self-directed or non-interactive (Martin et al, 2020).
- Virtual and remote interventions may involve problems of attrition. Finding ways to keep people engaged, such as working with families to problem-solve

any difficulties they have in this area, is vital (Dittman et al, 2014; Martin et al, 2020).

Conclusion 6: Parents prefer non-interactive forms of delivery for receiving additional support that is specific to the COVID pandemic

In contrast to the above recommendation for online provision of interventions to involve personalisation and direct contact with a practitioner, overall parents prefer to receive support, guidance and information for issues of concern relating to the pandemic via non-interactive methods and/or relatively 'impersonal' methods, such as written materials, videos and via WhatsApp. This may reflect parents' wish to be able to access information at times that are convenient to them, or it may reflect a sense that these less-interactive methods are the most appropriate to the level or extent of the concerns they are experiencing.

Methodology

This report is based on preliminary findings from two research methods; online focus groups with 'front line practitioners' and a survey with families in Southend.

Focus groups with practitioners

A total of nine 'front line' practitioners[4] took part in one of three focus groups. These practitioners worked across a range of services, including those focused on breastfeeding support, speech and language, parent and community engagement, employability, family support, and mental health. The focus groups ran online (on Zoom) and each lasted approximately one hour. They centred around two broad questions:

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[4] All practitioners who participated in focus groups were ABS-affiliated and had had contact with families in ABSS wards during the COVID–19 pandemic. This included individuals whose main role was working on ABSS projects and services. It also included individuals working in partner organisations who were only partially involved with ABS.

- What challenges has the COVID-19 pandemic posed for children and families in ABSS wards?
- How might ABSS respond effectively to these?

Participants discussed the contact they had had with families during the pandemic, the ways the services they worked in were currently running and perceived difficulties and successes within this, challenges and difficulties faced by families during 'lockdown' as well as benefits, community and service responses in the local area, and ideas about what services, support and opportunities would likely benefit families.

Survey of families

An online survey was made available to families in Southend via a dedicated webpage, a link to which was shared on ABSS social media pages and emailed to potential respondents by practitioners working in ABSS services. This report draws on findings from the first 40 responses to the survey (data collection is ongoing). Full details of the survey respondents can be found in the Appendices.

All respondents were female (n=40), and almost all were White/British. Respondents ages ranged from 20 to 49, with over half (24) in the 30–39 age bracket. There is no representation from 'young parent' age groups.

Nearly all (37) currently had at least one child age 0–4 in their household. 33 respondents lived with a partner, and 6 were the only adult in their household. The total number of individuals in each household ranged from 2 to 7. The typical household included the respondent, a partner, and 2 or 3 children in the 0–4 and 5–10 age brackets.

33 respondents specified the ABSS ward in which they lived. There was at least one from each ward.

7 respondents had responsibility for one of more children (age 0–18) with a special educational or learning need, and 3 for one or more children with mental health/ emotional/behavioural difficulties. 1 respondent had a child/children receiving support from social services.

6 respondents suspected they have had (or currently have) COVID-19, but none had been diagnosed. 5 reported that another member of their household has had suspected COVID–19. In 2 households this included a very young child (0-4).

Half of respondents had used an ABSS service within the previous two years and 11 were currently using one.

NB: It is critical to note that the survey responses offer insight into a small section of families living in Southend, but that these are not representative of the whole range of circumstances faced by families in ABSS wards. It is unlikely that families experiencing extreme social, financial or domestic hardship will have completed the survey. In addition, the sample contains a disproportionately high representation of individuals who are engaged in A Better Start as volunteer parent ambassadors. However, while not representative of all families living in ABSS wards, the findings none the less provide some insight into the experiences of families in Southend, and it is anticipated that further survey data will be collected over the coming weeks.

Report structure

This report outlines findings in accordance with thematic areas identified during the focus groups. These are:

- Changes to ABSS services
- Local community responses and services
- Challenges and difficulties experienced by families
- Benefits experienced by families
- Perceptions of what will help.

For each area, findings from the focus groups are presented first, and then relevant insights from the survey are included.

Detailed Findings

Changes to ABSS services

Practitioners working in ABSS services reported that they had adapted the way they worked during the pandemic in order to continue delivery while maintaining social distance. They were all working from home (either mostly or entirely) and providing an adapted version of their service through online platforms and telephone calls. One service that a practitioner worked in had retained elements of personal contact through occasional home visits for cases where this was absolutely needed (e.g. where there were concerns about domestic violence).

In most cases, services were continuing support in the same vein as pre-COVID as far as possible and practitioners reported the need for families to have consistency and reliability in this respect. For some services, new work was taking place in order to specifically address COVID/'lockdown' related issues, such as by providing resources for families to undertake activities with children. One service had 'relaxed' their criteria for service participation and were able to 'keep on' individuals who did not reside in an ABSS ward, when they would not usually do so.

Many practitioners reported positive experiences of the work they had been doing and identified aspects that they wished to continue post-COVID. For example, one practitioner working in speech and language explained that they had created videos for families demonstrating techniques and shared them online, and that these were beneficial in comparison to the information they usually distributed which involved describing (as opposed to showing) techniques.

Generally, there was a perception that families were making good use of ABSS services during this time. Practitioners reported that families seem to have been more open to accessing services and engaging in new ways of communicating than they were prior to the pandemic, and that parents have been 'more accessible'. It was suggested that pre-COVID, online meet-ups would not have been popular as it is unlikely that many parents would have been willing to try new online platforms, but that they are in the current circumstances. A practitioner working in a service where

building relationships with young mums is fundamental was surprised with how effective this relationship building had been in the current conditions, and how engaged families had been. However, a practitioner in another service reported a lower than expected number of referrals during the pandemic. In addition, while overall there was a sense that distanced-working strategies were effective and that working in this way was 'doable', it was recognised that it was also more tiring and difficult than usual, and there were limits to what could be achieved.

Local community responses and services

There was a perception of local services, including those within and outside of A Better Start, as having largely been effective. Specific services and projects that were described as having been especially helpful include:

- ✓ The council coronavirus helpline – referred to as a helpful source of information/an important element of collaborative working in the community.
- ✓ Early help/early intervention teams – referred to as helpful for young mums who are struggling during this time.
- ✓ Westcliff library online sessions (toddlers 'sing along').
- ✓ Local Autism Spectrum Disorder (ASD) services (particularly Little Heroes charity) were described as doing essential work, due to children with an ASD diagnosis particularly struggling during this time. They were described by one practitioner as *"keeping everybody together and doing lots of things with families".*
- ✓ Safe steps (charity working with people affected by domestic abuse) – this was described as helpful for signposting.
- ✓ ABSS partners (e.g. family action, 'Let's Talk') were described by a practitioner in a different partnership organisation as having undertaken some very effective work.

In addition, the community response more generally - including that of parents in ABSS wards - was recognised as impressive. Parents were described as having been valuable in providing each other with social support and signposting other parents.

There was also a description of a parent being involved in teaching other parents a new skill online.

One practitioner explained that the collaborative element of responses by local services had been extremely helpful. However, two others discussed how there were missed opportunities to be more collaborative. One of these practitioners felt that more awareness of the work that other services are currently undertaking would improve the effectiveness of local support. Possible reasons given for missed collaboration opportunities included being physically apart from each other, each service needing to fulfil the needs of their own organisation, and difficulties making contact with other organisations. Linked to this latter reason, while local services and charities were generally described as helpful, there was recognition of difficulties in terms of the ways the services were running under the current lockdown restrictions. The adaptions local services have made to follow social distancing guidelines meant that contacts between them were experienced as 'less instant', especially due to individuals being unable to 'pop in' to places in person.

There was a common perception among practitioners that people have been less likely to access their GP during the pandemic. One practitioner explained that postnatal problems such as depression are usually addressed at postnatal checks, but these have not continued as usual. This practitioner also explained that they had observed inconsistencies across different GPs in terms of the services that were running as normal and those that were not. However, their view was that parents' use of A&E for their children and immunization appointments have continued as normal.

It was also observed by another practitioner that individuals were turning to a breastfeeding support group as the first port of call for certain issues with breastfeeding, when ordinarily people would see their GP for these issues. Another practitioner expressed their view that individuals struggling with depression and anxiety at this time may feel their problems are no worse than anyone else's, and may therefore be less likely to seek support – with this view of oneself, and a desire not to bother others, often being present in anxiety.

Some practitioners felt that there was a lot of tension and worry among families early on in the lockdown period, as individuals were getting used to new systems (such as the food delivery system) and making new claims for universal credit, but that this improved over time. There were also reports of a lack of awareness about the community help that was available, such as getting prescriptions delivered. It was

suggested that a leaflet from the council, which includes information about the coronavirus helpline and food and prescription deliveries, had not been received by everyone who was intended to receive it.

Overall in the focus groups, there was a sense that services and community responses were undertaking effective work. As one practitioner stated:

> *"It's amazing what people are pulling together and who they are helping. How they are thinking of new ways to support people during this period."*

However, it was also recognised that the structures that would ordinarily be present to support people were not consistent and were operating differently. It was understood that for families experiencing pressure and struggle, the combination of new lockdown-related challenges and an inability to access all services in the ordinary way were making things particularly difficult.

Survey respondents were asked whether they have found it more difficult than usual to attend health/wellbeing related appointments themselves or for their child, either in person or online. Half (20) indicated that they had. These appointments included those with GPs (including one participant who had missed a postnatal check), midwives and health visitors, hospitals and outpatient clinics, counsellors, the Lighthouse[5] and CAFCASS[6].

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[5] The Lighthouse child development centre provides specialised outpatient care for children up to 16 years of age with significant delay in more than one area of development and have or are likely to require the support from more than one secondary agency, service or discipline.

[6] CAFCASS are the Children and Family Court Advisory and Support Service. The represents children in family court cases in England.

Appointments missed with...

Service	Value
GPs	9
Midwives and health visitors	4
Hospitals and outpatient clinics	7
Counsellors	3
The Lighthouse	2
CAFCASS	1
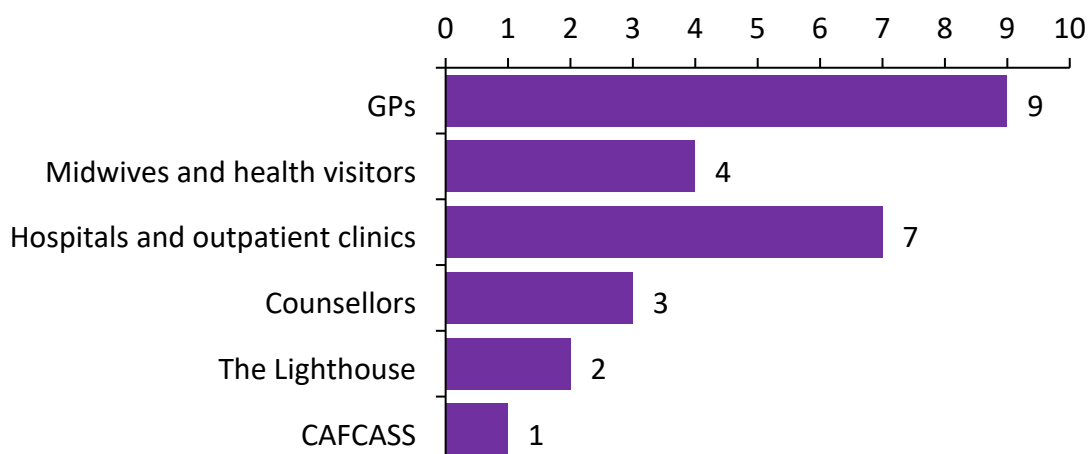
Challenges and difficulties experienced by families

Reports about families' experiences during the pandemic differed in accordance with the service that practitioners worked in. This is because different services address different needs and work with different social groups. For example, a practitioner working with families who struggle with mental health difficulties may report the impact of COVID-19 particularly in terms of how this has contributed to or exacerbated mental health struggles, but these struggles will not be present to the same extent across all families and social groups in A Better Start wards.

With this in mind, apparent challenges and difficulties faced by some families as discussed in focus groups include the following areas: Relationship stress, accessing food and medication, mental health and wellbeing, children's needs and schooling at home, employment and income, and social distancing.

Relationship stress and domestic violence

Some practitioners had observed an increase in the amount of tension and stress between adults in the families they worked with, and the general perception was that this was worst for those families who were already experiencing 'disharmony' or social or communication difficulties prior to the pandemic.

A practitioner working with young mums explained that family relationships had become more strained than usual, and that the individuals she works with are often

already experiencing difficult relationships. They understood that relationship difficulties were exacerbated by certain living arrangements during lockdown, such as when the young mums lives in family homes where tension are present or lives alone. The practitioner, and the team that they worked with, had also been increasingly concerned about domestic violence. Where this was the case, families were linked with domestic support services.

Another practitioner in a different organisation explained that domestic violence is a "massive concern" for their service. This is especially because the channels through which practitioners would ordinarily come into contact with individuals experiencing domestic violence were currently closed off and they are unable to make direct contact with them because it would pose risk. The practitioner explained that they are trying to pre-empt the likely increase in disclosures further down the line, but that the true extent of the problem is unknown.

This practitioner also discussed how the true impact of the pandemic on families cannot currently be known. Their biggest concern at this time is not seeing vulnerable families and not having contact with children. Related to this, there was a discussion in the focus group about the problem of some families being unreachable, especially if they do not have the technology or understanding of technology required to access support online. There was concern that there are people 'suffering in silence' because they do not have the required communication link or individuals checking in on them, and nor are they seen in community organisations in the way they ordinarily would be.

A practitioner in another organisation referred to one individual involved in a recent instance of serious domestic violence that they had supported.

Survey findings show that 7 out of 34 respondents (not all responded) indicated that they were 'very stressed/worried' about their marriage or romantic relationship, and 11 indicated that they were 'somewhat stressed/worried'. This supports practitioners' suggestions that some families may have been experiencing strained relationships.

During the COVID-19 outbreak, how stressed/worried have you felt about marriage/romantic relationship?

| Category	Value
Very stressed/worried	7
Somewhat stressed/worried	11
Not at all stressed/worried	16
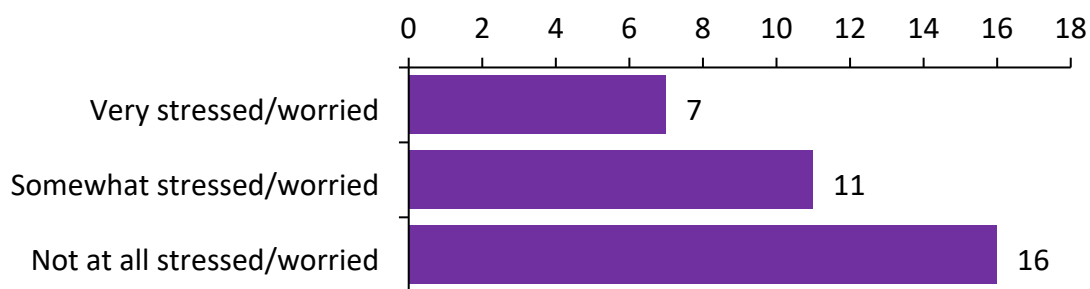
Accessing food and medication

Occasional cases of food poverty were described by a small number of practitioners, and some had had contact with families who were relying on food parcels. Practitioners attributed difficulties accessing food to both financial struggles (see below) and self-isolation/other practical difficulties.

Practitioners also discussed the widespread problem of an inability to access food due to food shortages and how this was particularly difficult for some groups, such as families with young children who are not flexible in what they eat, and individuals with specific anxieties around certain foods.

Difficulties accessing medication was not a concern that practitioners raised.

During the COVID-19 outbreak, have you found it more difficult to get the food you need for you and your family?

Almost three quarters of survey respondents indicated that they had found it more difficult to access food during the pandemic. The reasons given were usually a lack of availability of food items in shops, shops being too busy, and being unable to get online food deliveries. Responses indicate that these issues were particularly a problem for those who cannot leave the house or queue in shops easily, due to not wanting to expose children to the virus, having a newborn baby, a disability, or being medically vulnerable. No survey respondents attributed the problem of accessing food to a reduced income, and although one respondent indicated that they had used a foodbank during the pandemic, they also stated that this was not for the first time. It is likely that reliance on donated food and an inability to afford food is prevalent among the most economically deprived and marginalised groups, who are unlikely to have completed the survey.

No, 11

Yes, 29
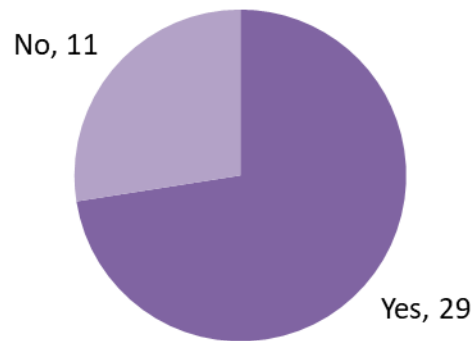
During the COVID-19 outbreak, have you found it more difficult than usual to access medications for you and/or members of your household?

Just over a quarter of survey respondents indicated that the pandemic had made it more difficult to access medication. Respondents' descriptions of this usually referred to the reduced availability of paracetamol based painkillers and allergy medications in shops. However, other problems were also reported, such as not being able to

Yes, 11

No, 29
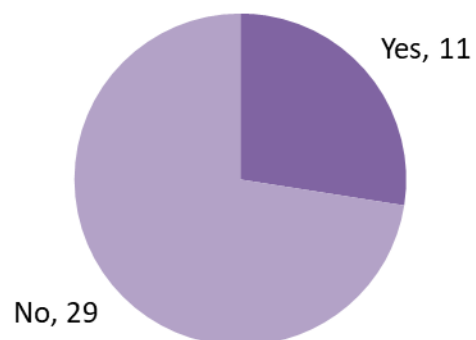
contact a GP, not being aware of changes in accessing repeat medications, and not having the relevant appointment to discuss medications. This suggests that the reduced capacity of GP services was problematic in relation to medication use.

Health and wellbeing of parents

Practitioners explained that individuals ordinarily struggling with relationship difficulties, anxiety and/or low mood were finding their struggles worsened by a lack of contact with family members. Specific examples of this included young mums with relationship difficulties lacking support and parents with social anxiety being unable to benefit from the support of their own parents who would ordinarily take their children out for them. There was also an example given of a young mum experiencing extreme social isolation.

One practitioner explained that some parents felt isolated and were missing the simple, everyday contact with others, such as other parents at school. They felt that this was especially the case because these parents are used to being in social groups and supporting each other.

> *"(A concern is) parent isolation, having adult contacts. Even if it's when you're at school, having a chat in the playground really, dropping the kids off. That's been a really big thing [...] the parents we work with [...] are very used to being in those social groups and supporting each other"*

This practitioner also explained that families in contact with their service tend to instinctively wish to support others. They gave an example of an individual supporting elderly grandparents, and in turn struggling to look after their immediate family.

Some practitioners held the view that people's perceptions of health risks may be out of proportion to the actual risks presented, and that this was especially the case for individuals with social anxiety. There was a perception among one focus group that the media plays a role in exacerbating disproportionate worry and anxiety.

In the survey, 7 respondents indicated that they had a diagnosed medical condition or disability, 5 of whom felt that this had worsened during the pandemic. Most of
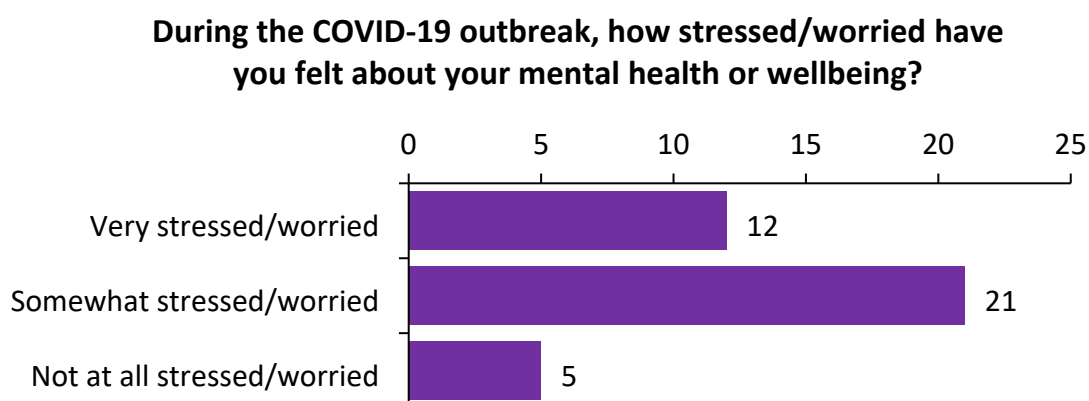
these 5 respondents had a diagnosed mental illness, sometimes in addition to physical conditions. Explanations of why their problems had worsened included:

"More stress causing more anxiety."

"Anxiety around pregnancy and birth made worse by the current outbreak and having to spend time at the hospital. Haven't been able to have time with family and friends and have felt isolated."

"I can't access regular medical appointments or blood tests for check ups"

When asked whether they had felt stressed/worried about their own mental health/emotional wellbeing during the pandemic, a large proportion of respondents indicated that they were 'somewhat' or 'very' stressed/worried.

During the COVID-19 outbreak, how stressed/worried have you felt about your mental health or wellbeing?

Category	Value
Very stressed/worried	12
Somewhat stressed/worried	21
Not at all stressed/worried	5

Findings from both focus groups and the survey suggest that the emotional and mental wellbeing of parents during the pandemic is a concern for many families, and that there has been a reduced capacity for the support and presence of loved ones, friends, and services to alleviate this in the usual way.

Children's needs and schooling at home

Practitioners suggested that some families are experiencing a 'daily struggle' during the pandemic. Frequent examples were offered of individual families finding it very challenging to meet children's needs. It was suggested that it was particularly difficult for families with a child with special needs or an autism spectrum disorder

diagnosis, for parents who are single or disabled, and for those living in very small or overcrowded properties and/or who are self-isolating for long periods.

Home schooling was described as a big struggle for some families. According to practitioners, this seemed to be particularly the case for families with children of different ages, due to it being difficult to home school a child while also paying attention to the needs of others. There was also discussion of some families not having been provided much information from their child's school and being unsure what to look for themselves. Practitioners also discussed some parents' difficulties with understanding their children's school work, referencing those with learning difficulties and individuals who cannot read or write well.

Practitioners explained that some parents felt under pressure to act as a teacher and one suggested that social media adds to this.

> *"[The pandemic] is going to massively impact on the kids learning and I think the parents are struggling in that sense, because they kind of feel that they should be a teacher to their children, but they're not a teacher. And there is no [...] resource for parents on how to teach their kids. They feel like they're letting their self and their kids down because they can't do what they feel needs to be done."*

However, it was also noted that there are also many families who do not seem to be concerned about schooling at home, and some who were 'really embracing it'. It was also suggested that there is likely a group of parents for whom home schooling is not a priority, such as those who have experienced loss.

One practitioner discussed parents' difficulties managing time spent outside with very young children, due to them feeling they need to keep 'on the move', and because it is sometimes difficult to prevent very young children from going near others. Another described working with parents who were struggling with their children's 'fussy eating'. This practitioner understood this in terms of a broader 'change in behaviour' in the children during lockdown, which also included the child being more 'clingy'. The practitioner attributed these behaviours to factors such as a change in routine and the child having fewer opportunities to be independent (e.g. at nursery). However, this practitioner felt that their work with these families had been 'positive', and that on the whole most families "have been OK".

In the survey responses, just over half of respondents indicated that, for their child/children age 0–4, they were 'more worried than usual' about their learning or development needs.

During the COVID–19 outbreak, how often have you worried about meeting your 0-4 year old child's learning or development needs

Category	Value
More than usual	22
The same as usual	18
Less than usual	0
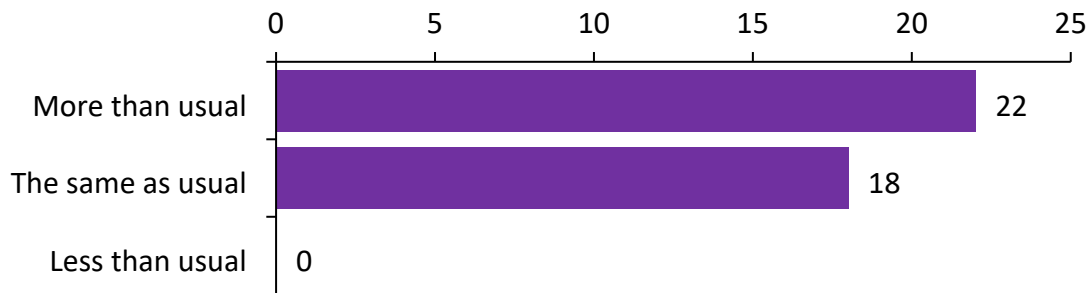
7 respondents indicated their level of concern about their child/children age 5–10, and nearly all of these (6) stated that they were 'more worried than usual' than their child's learning or schooling needs. This supports practitioners' observations that schooling and learning issues were a significant source of concern for some families.

Other areas of concern regarding the needs of children age 0–4 were: the child's emotional wellbeing, the child's health and the amount of exercise the child is getting.

Parents worried more than usual about their 0-4 year old child in terms of....

| Category	Value
My child's emotional wellbeing	27
My child's health	25
The amount of exercise my child is getting	22
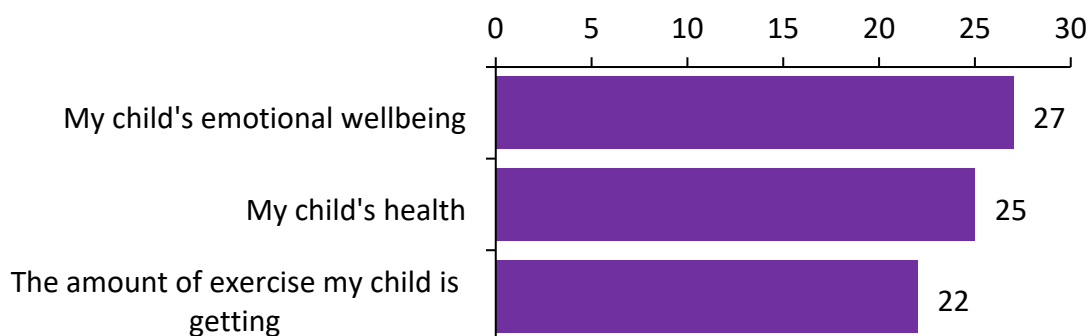
Regarding the use of outside space, just over half (26) of survey respondents reported having access to a private garden, and a further 3 reported access to a private balcony, small patio or roof terrace. 23 had access to a shared or public space, such as a shared garden or local green space. 2 respondents indicated that

they had no easy access to any private or public outside space. It may be that those without access to a private outside space have found it difficult to spend time outside with children, for the reasons discussed in the focus group,

When asked how stressed/worried participants felt about their living conditions (which could include concerns about access to outside space), around two thirds indicated that they were not at all stressed/worried.

During the COVID-19 outbreak, how stressed/worried have you felt about your accommodation/living conditions?

| Category	Value
Very stressed/worried	4
Somewhat stressed/worried	8
Not at all stressed/worried	26
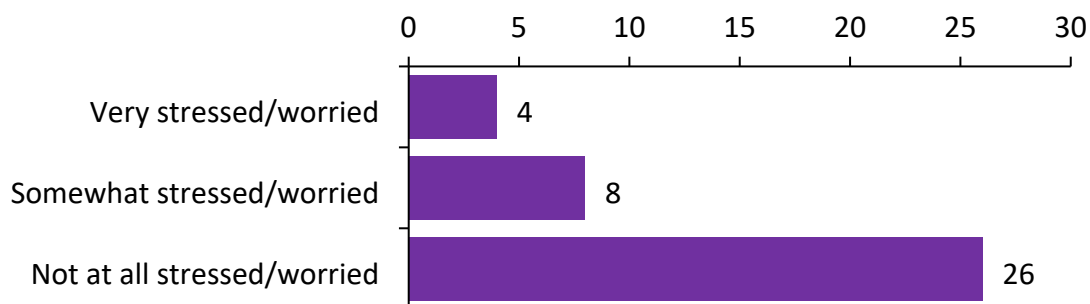
Employment and income

Overall, practitioners' perceptions were that there had not been a significant impact on individuals' income or employment among the families they worked with, apart from in a small number of cases. It was reported that mothers on maternity leave were not problematically affected, and nor were those on universal credit. For some practitioners, these groups accounted for the majority of individuals they worked with. One practitioner reported how among 'young mums', there was concern initially when partners were unable to access any work (due to being on zero hours contracts or working for family), but that they have since accessed universal credit.

Another practitioner described how many of the mothers they had contact with had an employed partner who had been furloughed and were on less pay. They explained that this led some families to struggle because they were not always "smart with money". Other examples included families who had lost opportunities to make a small business (e.g. selling products from home), and a woman who had had to stop work as a carer due to her daughter having serious health complications.

Among the 40 survey respondents, 24 were in paid employment (some of whom were also volunteers, attending university or on maternity leave) at the time of

completing the survey, and 16 reported being a homemaker/full time parent. Over half reported that their employment status and the nature of their work had not changed during the pandemic. Of the 14 for whom this had changed, 4 reported that they were furloughed, 5 that they were now working from home, and 4 had experienced other changes, such as taking maternity leave early.

Has your employment status or the location of paid work changed during the COVID-19 outbreak?

Response	Count
No	26
Yes, I am now working from home	5
Yes, I was furloughed	4
Other	5
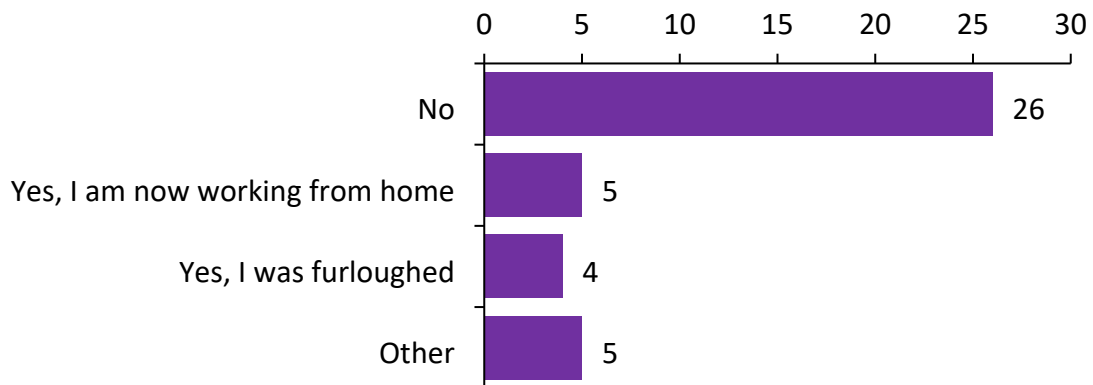
33 respondents reported that there is another adult in their household who contributes to household income. For many, the other adults' employment status had not changed during the pandemic although 7 were now working from home. 5 had been furloughed and 2 had been made unemployed (among other changes).

Did the other adult's employment status or the location of any paid work they do change during the coronavirus outbreak?

Category	Value
No	13
Yes, they are now working from home	7
Yes, they decreased their hours	1
Yes, they increased their hours	1
Yes, they were furloughed	5
Yes, they were made unemployed	2
Yes, they were unemployed but now have a job	1
Other	3
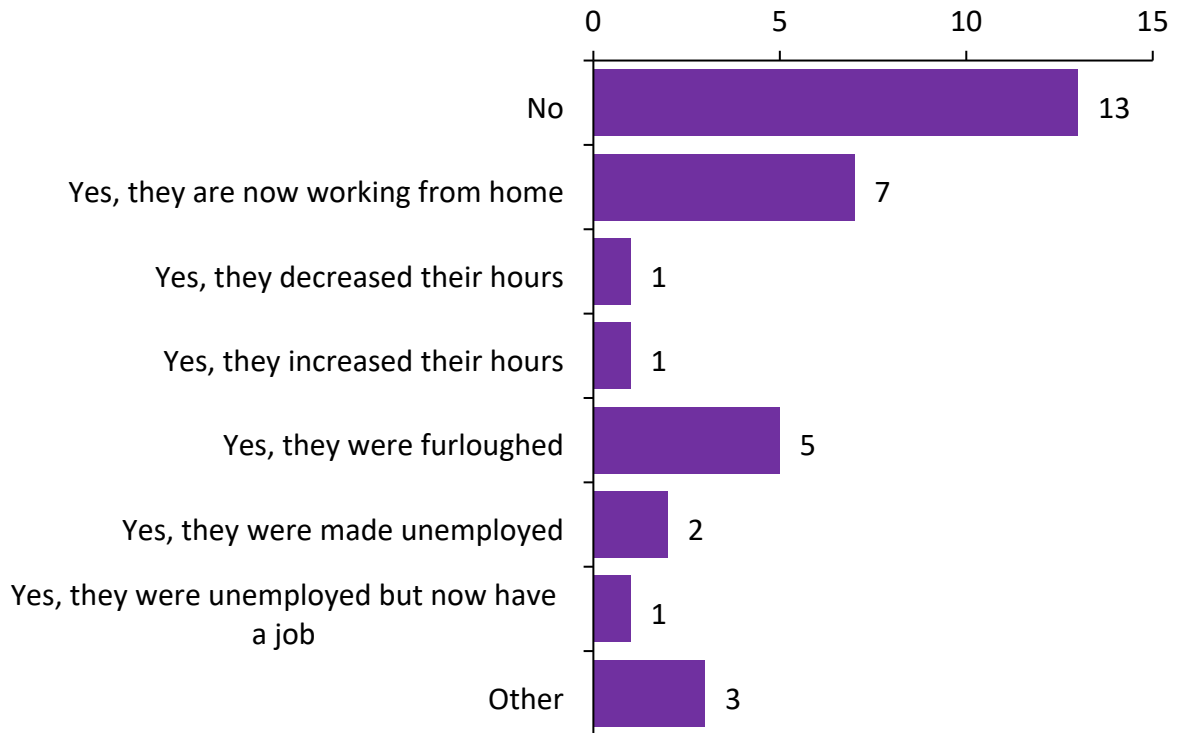
Of the total 40 respondents, 15 indicated that their household income had decreased during the pandemic, and 5 stated that they had put in a new claim for benefits. 8 of the respondents who reported a decreased income indicated that they were not experiencing any problems paying for essentials such as food and rent, but 6 indicated that they may experience some problems paying for essentials, and 1 that they definitely will.

Overall, have any recent changes in employment in your household because of COVID-19 affected your household income?

|	
No, there have been no changes	18
No, there have been some changes but our household income is the same	4
Yes, our household income has gone down	15
Yes, our household income has gone up	1
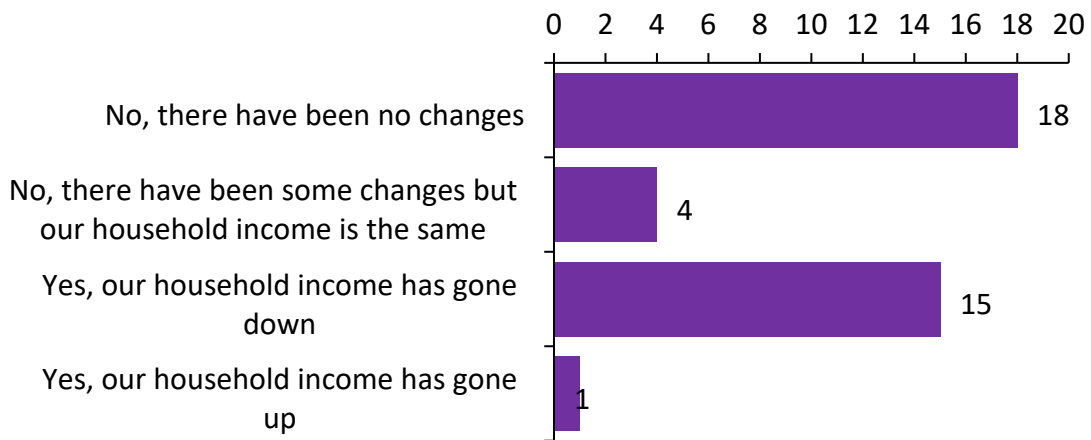
In line with the insights from practitioners, the survey findings suggest that there may be a proportion of families who have been negatively impacted financially by the pandemic, and an increasing number claiming benefits. However, only a small number of respondents stated that they were 'very worried/stressed' about work/employment. Around half were 'somewhat stressed/worried', and the remainder were not at all stressed/worried.

During the COVID-19 outbreak, how stressed/worried have you felt about work/employment?

Very stressed/worried	4
Somewhat stressed/worried	19
Not at all stressed/worried	11
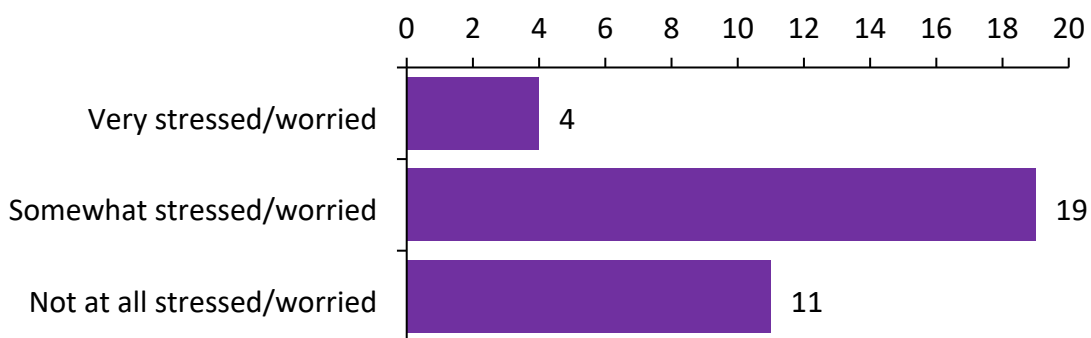
Social distancing

A few practitioners suggested that not all families appeared to be adhering to social distancing guidelines, although the majority did seem to be. Reasons for this were suggested, including a tendency for individuals to rely heavily on support from extended family. However, there were also examples given of individuals who were

distancing to an 'extreme', and not leaving the house at all. Practitioners felt that there is a wide spectrum of behaviour among families in terms of social distancing.

One practitioner described how the young parents in their service had not been getting reliable and consistent information about 'lockdown' (and the pandemic more generally). They explained that this group tends to not watch or read the news, that they don't have access to all information platforms (often due to not having up-to-date phones) and that they rely on hearsay, word of mouth, and family members for COVID information.

> *"A challenge for our young people has been is to get consistent information [...] we've had some that said it was just like the flu and they don't watch the news they don't read anything. And a lot of them are get them are getting their information from their families, when perhaps their families haven't got the up to date information. And then we've got others who have completely misconstrued the information that they have been reading about and have been seeing"*

Another practitioner pointed out how this contrasted to the older age groups that they work with, in that they seemed to be overwhelmed by receiving too much news, via media and a range of different services:

> *"A lot of the families that we work with [...] do have a lot of mental health issues and anxiety. What I have found talking to my families is they have too much information [...] through social media, the news and all these different services they're involved with has sent them all this stuff and they actually become overwhelmed by it all. And it's almost too much help."*

Most survey respondents (38) reported that they either 'strictly' or 'mostly' adhere to government guidelines, such as those relating to social distancing and handwashing. However, while no one reported that they disregard these entirely, a very small number stated that they follow guidelines only 'a little'.

Which of the following best describes how much, over the previous two weeks, you have tried to follow the recommendations from government authorities to prevent the spread of Covid-19?

Strictly: I follow all recommendations as closely as I can — 26

Mostly: I tend to follow recommendations most of the time or follow most aspects — 12

A little: I tend to follow recommendations only occasionally or follow minimal aspects of the recommendations — 2
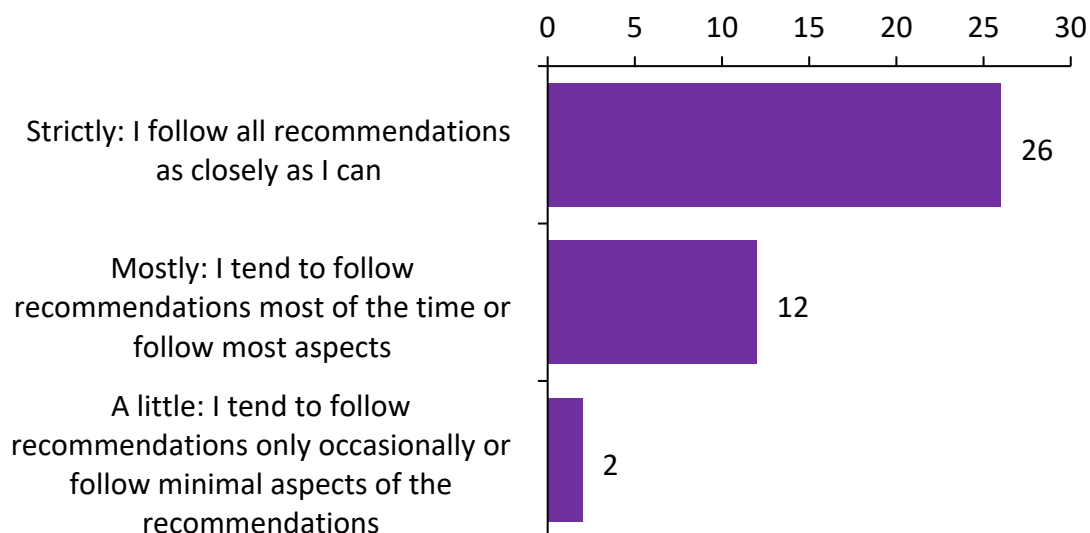
In addition, just over two thirds reported that they only leave the house for essentials, and try to maintain physical distance from others when out. A small proportion stated that they are 'strictly self-isolating', while. 8 respondents indicated that they sometimes leave the house for non-essential reasons.

Which of the following best describes how much, over the previous two weeks, you have tried to follow the recommendations from government authorities to prevent the spread of Covid-19?

Category	Value
I am strictly self-isolating and not leaving the home	4
I am only leaving the house for essentials, and I try to maintain physical distance from others when out	28
I am going out our home less than usual but still sometimes go out for non-essential reasons, and I try hard to...	3
I am going out of my home less than usual but still sometimes go out for non-essential reasons, and I am not trying...	5
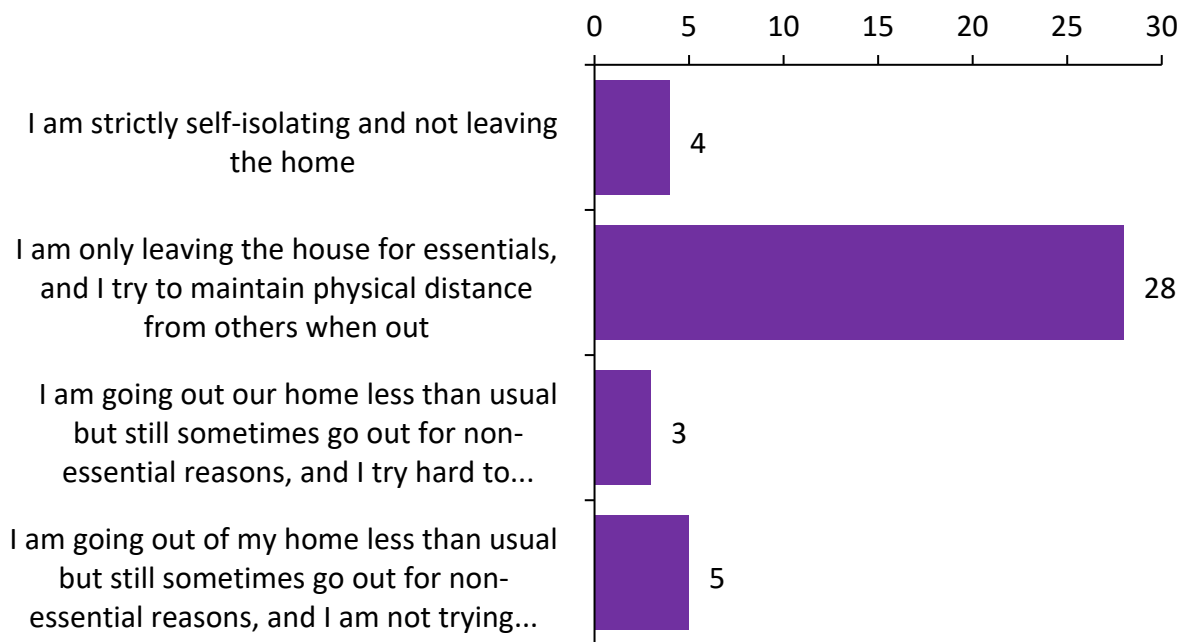
However, it is noteworthy that self-reporting of social distancing behaviours may not be an accurate representation of 'actual' behaviour, given that this may be considered a moral, and therefore 'socially sensitive' issue (van der Mortel, 2008).

Benefits experienced by families

A practitioner in one focus group stressed the importance of recognising positive aspects of people's experiences during this time, and what they have achieved:

> *"I think it's easy for us all try and find a problem to solve, and I think that one thing that is missing from this discussion is the positives that have happened. You know, what are the parents doing that is incredible, given the current situation. There's so many things in the community - positive things"*

There was a generally held view among practitioners that many families had benefited from spending additional time together as a family. More specifically, it was suggested that for those with young babies it has been beneficial to spend time together as a family without the stress of going to work (for those who are furloughed), whereas families with more than one child of different ages were finding the situation challenging.

A practitioner working in speech and language services reported mostly hearing positive feedback from parents during the lockdown. They explained that parents of children with delayed language have appreciated the time spent with their children with less rushing around, and that they feel more in control (as opposed to the therapist). Parents have also reported that their child's language has improved as a result. (However, this was not the case for those diagnosed with ASD – see above).

There were reports from one practitioner of babies breastfeeding more frequently due to families spending more time together and being in closer contact. There was also a report of instances of mothers switching from combination feeding to purely breastfeeding due to concerns about accessing formula milk. There was a discussion of the positive impact of individuals breastfeeding in terms of bonding for the mother and baby, and it was reported that some women had described breastfeeding during this time as 'calming'. It was also suggested that people learning about antibodies to COVID in breastmilk is a possible reason for individuals wishing to continue breastfeeding.

One practitioner who was involved in organising an online business course for parents reported that the families that they had had contact with did not report any

particular worries or challenges and seemed fairly relaxed. However, this practitioner also recognised that this likely reflects the fact that it is those in better circumstances who would be partaking in such a course in the first instance.

Examples of specific families who had had positive experiences were given by a range of different practitioners. These included:

- Young mums being very creative and resourceful finding ways to entertain their children indoors.
- A particular family who had previously been a concern for a practitioner being resourceful, communicating well and finding 'hidden depth' during this time.
- A family whereby a woman who has four children found that they have become closer during this period and the family is more relaxed.
- Young families experiencing role changes. Where male partners were not usually at home for their baby's 'bed time routine' due to the nature of their work (e.g. night workers, factory workers), they now were, and this has been a benefit to some families.

Of the 37 respondents who completed the relevant questions, all identified at least one area in which they had experienced a little or lot of improvement during the pandemic, and most indicated two or more areas.

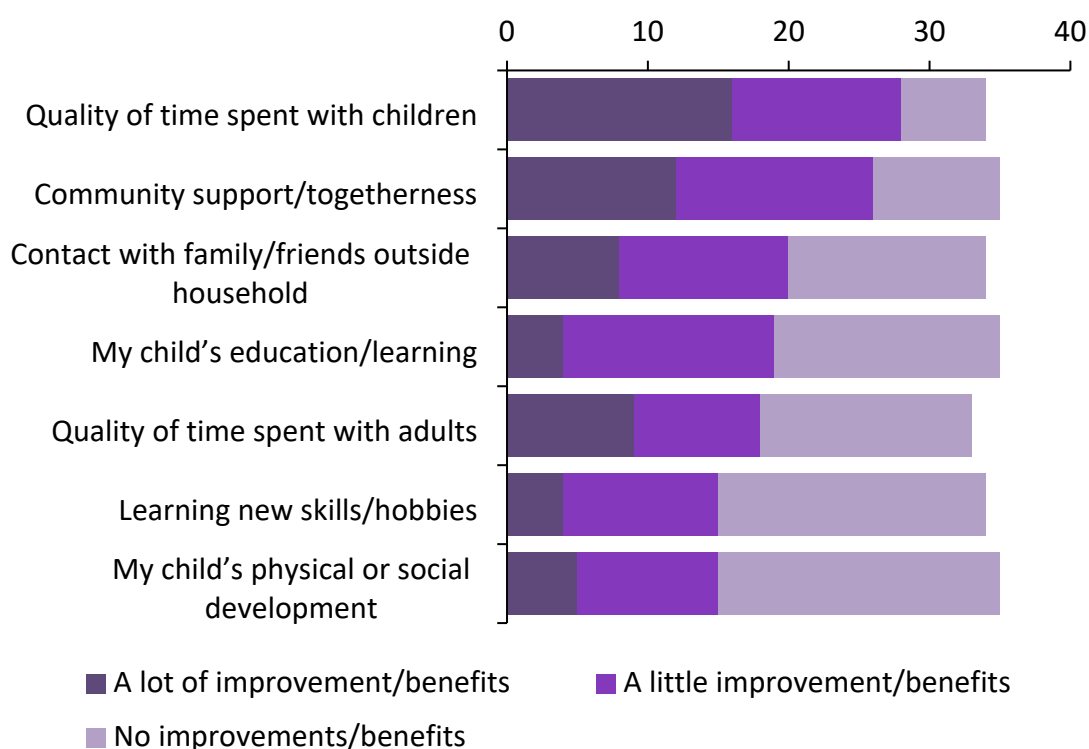### Areas of life that have improved during the pandemic

Legend:
- A lot of improvement/benefits
- A little improvement/benefits
- No improvements/benefits

Table 1: Areas of life that have improved during the pandemic

	A lot of improvement or benefits	A little improvement or benefits	No improvements or benefits
Quality of time spent with children	16	12	6
Community support/togetherness	12	14	9
Contact with family/friends outside household	8	12	14
My child's education/learning	4	15	16
Quality of time spent with adults	9	9	15
Learning new skills/hobbies	4	11	19
My child's physical or social development	5	10	20

These responses had brief descriptions of how a particular area of life (the one in which there had been the most benefits) had most improved during the pandemic. Most respondents described improvements in spending more time with children, having a partner at home and/or spending time together as a family. For example:

> *"Think it's been really beneficial to have quality time with my children without all the added outside pressure to keep up with expectations."*

> *"...My child having her father and mother in the home for more time."*

> *"...my husband cannot work due to lockdown, therefore he has taken on the primary care giver role, and now understands the frustrations and challenges that come with this role."*

Some also described improvements in their child's learning and development. Examples include:

> *"My children have improved in their academic skills from 1:1 daily input".*

> *"...My sons speech has improved and my daughter seems more confident in her own abilities."*

Some respondents also described community-related benefits:

"A sense of community has now enabled our whole street to communicate via Whatsapp and to help those in need down the street..."

Perceptions of what will help

Practitioners suggested that a 'loosening' of the normal rules and structure in terms of the threshold for accessing and remaining with a service would be beneficial during this time. One practitioner explained that there is a need to focus on the positive aspects of family life, and what families can do and are doing, rather than treating the situation as a 'problem to be solved'. They advocated for an informal, relaxed, friendly response in which parents are asked what they want to do, and what support they need to do this. It was also suggested by some that having a clear access point for up-to-date information, which is accessible via a range of platforms, would be beneficial as the lockdown ends and as any 're-peaks' in the virus occur:

"I think it would be more helpful to just let them know there's one number they can ring if they've got a question to ask [...] rather than try and send them there if it's this, go there if it's that [...] it's too much."
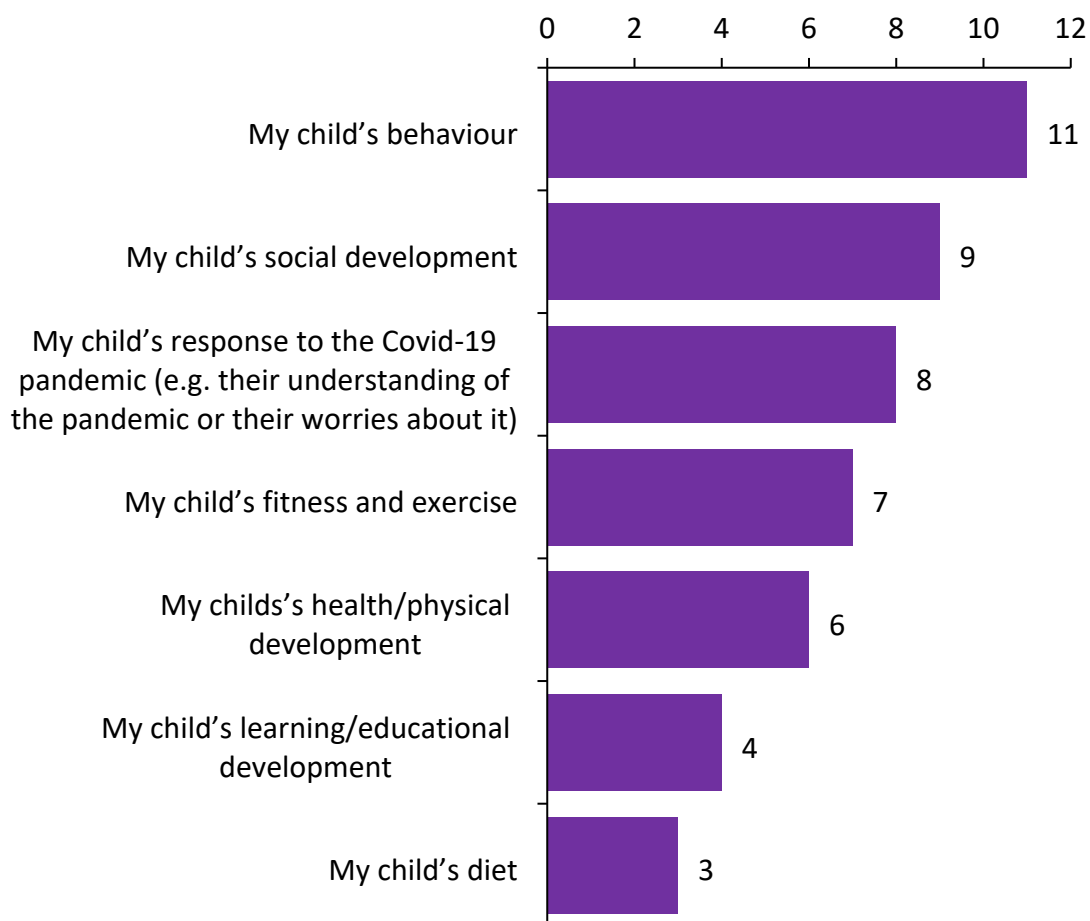
In one focus group there was a discussion of the need for organisations to recognise people's current priorities, and how these have changed during the pandemic. It was suggested that this needs to be held in mind when seeking to meet organisational targets, and that this would involve not 'pushing' aspects of their organisation onto families that they might ordinarily do.

Specific suggestions for practical service responses offered by practitioners included providing activity packs for children which include the resources they need to undertake activities, for example craft projects. It was suggested that this could support families using practical tasks with their children and that accessing resources can be a problem for those who cannot afford them or cannot leave the house. A book delivery service was also suggested. (Here, it is worth noting that there are local organisations delivering these resources and activities to children).

8 survey respondents indicated that they had already accessed help, support or information in relation to their own or a child's health/wellbeing for reasons related to the COVID-19 pandemic. This included breast feeding support, counselling services, ABSS, the Southend Borough council COVID-19 helpline, a child's teacher, official online sources (e.g. NHS), parent networks (e.g. NCT group), and an ABSS parent champion.

20 respondents indicated at least one area concerning their child (or children) in which they would like help, support, or information during the pandemic. Most commonly, this was regarding their child's behaviour or social development.

Would you like help, support or information in relation to the following areas to support you or members of your household through the Covid-19 pandemic?

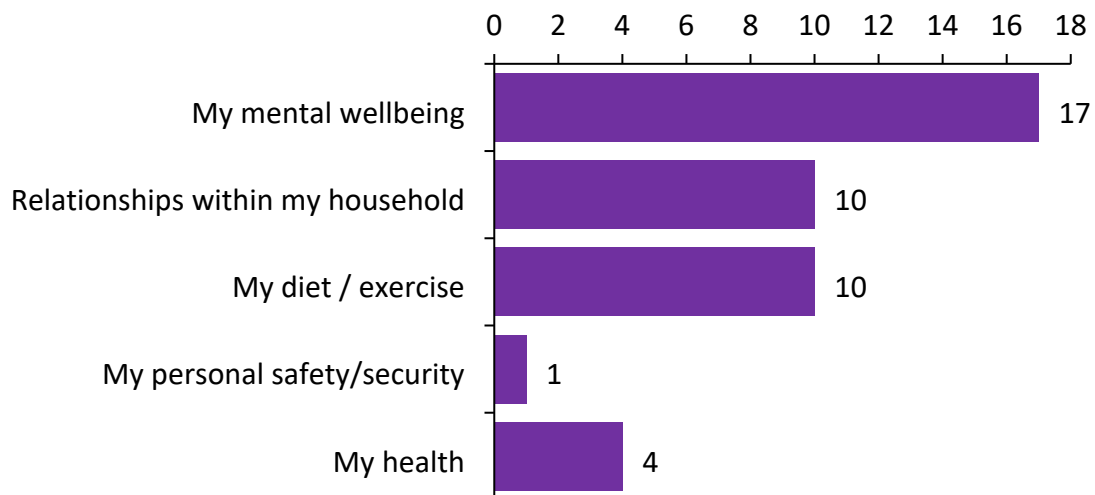| Area	Count
My child's behaviour	11
My child's social development	9
My child's response to the Covid-19 pandemic (e.g. their understanding of the pandemic or their worries about it)	8
My child's fitness and exercise	7
My childs's health/physical development	6
My child's learning/educational development	4
My child's diet	3

20 individuals indicated at least one area concerning themselves in which in which they would like help, support, or information during the pandemic. Most commonly, this was their own mental wellbeing.

Would you like help, support or information in relation to the following areas to support yourself through the Covid-19 pandemic?

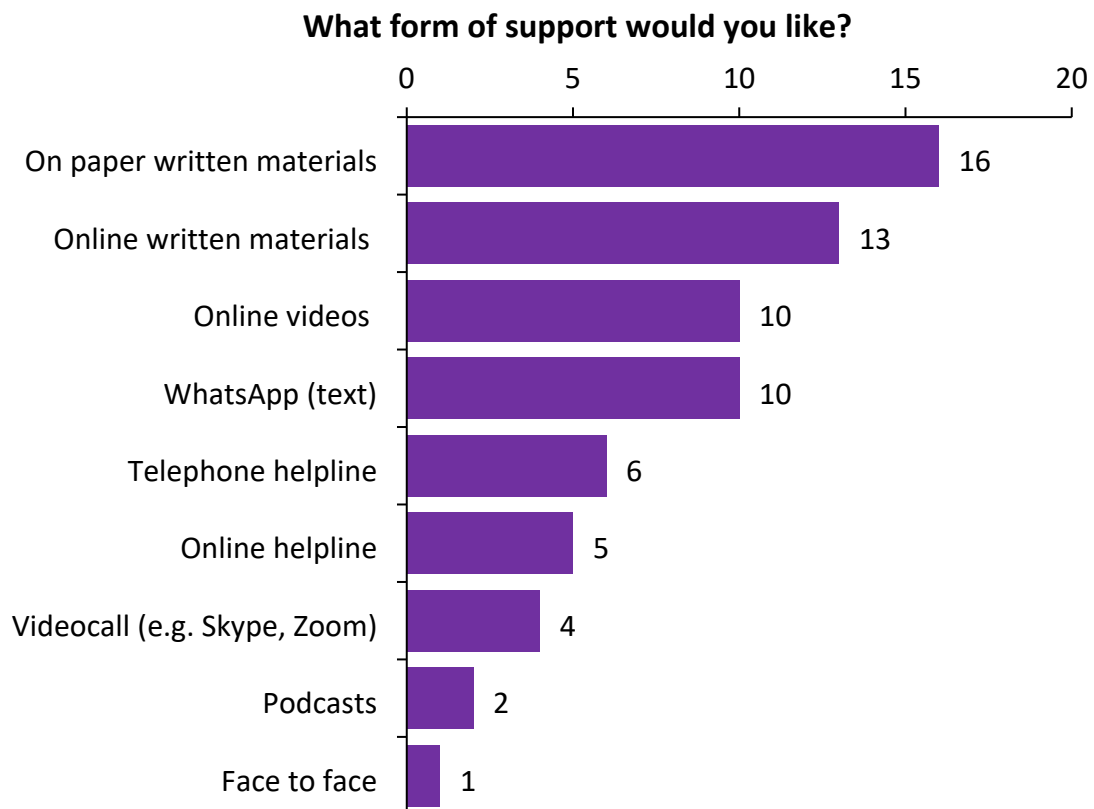| Area	Value
My mental wellbeing	17
Relationships within my household	10
My diet / exercise	10
My personal safety/security	1
My health	4

19 respondents who indicated at least one area (relating to a child or themselves) in which they would like help, support or information identified who they would like to receive this from (with some selecting more than one option). Around three quarters indicated that they would like support from a professional or professional service, just over half from a community of parents in similar circumstances, and just under half from another parent who is professionally trained in supporting others.

From whom would you prefer to receive help, support or information?

Area	Value
From a professional / professional service	15
From a community of parents in similar circumstances	10
From another parent who is professionally trained in supporting others	8
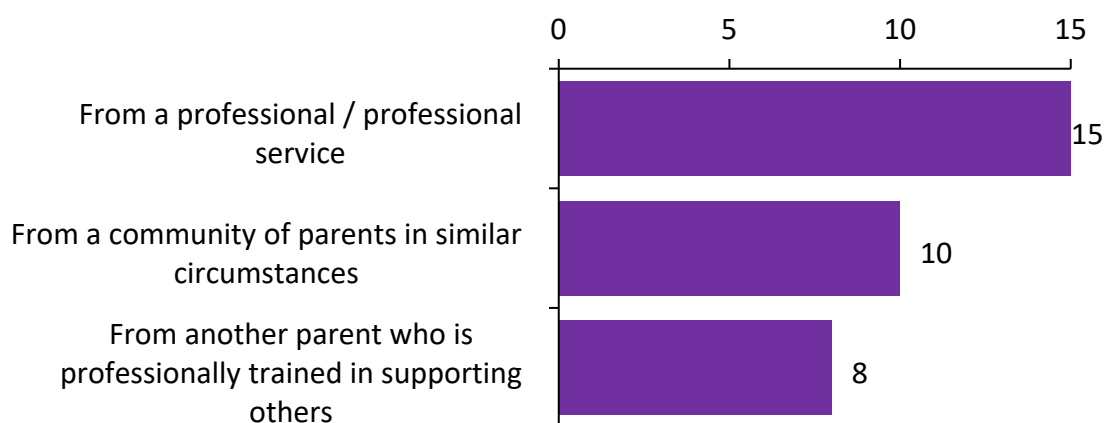
Most of the respondents (19) who indicated wanting help, support or information in at least one area also identified their preferred form for this. Paper and written materials were the most commonly indicated preferred form, followed by online videos and WhatsApp messaging. Overall, there was a stronger preference for non-interactive forms of support.

What form of support would you like?

Form of support	Count
On paper written materials	16
Online written materials	13
Online videos	10
WhatsApp (text)	10
Telephone helpline	6
Online helpline	5
Videocall (e.g. Skype, Zoom)	4
Podcasts	2
Face to face	1

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Appendices

Appendix I: Demographics

Gender, ethnicity and age

All respondents (40) were female. Most were White British and just over half were aged 30-39.

Table 2: Responses to question '*What is your ethnic group?*'

Ethnic category	No. of respondents
White/British	37
Black/Black British	2
Asian/Asian British	1

Table 3: Responses to question '*How old are you?*'

Age bracket	No. of respondents
20-29 years	9
30-39 years	24
40-49 years	7

Appendix II: Age of respondents' children and ward

Age of children
An inclusion criterion for completing the survey included having a child age 0–4.

Almost all respondents (37) had at least one child age 0–4. The remaining 3 all indicated that they had one or two children in the 5–10 age range, but had used at least one A Better Start service within the previous two years, suggesting that these children had only recently transitioned out of the 0–4 age bracket.

ABSS Wards
A second inclusion criterion was living in an ABSS ward.

33 respondents specified the ABSS ward in which they lived. Of the 7 remaining, 2 reported that they lived in 'Southend' more generally (1 of these respondents had used an ABSS service). 1 respondent lived in St Lukes, 2 in Southchurch, 1 in Great Waking and 1 in Leigh on Sea. However, the individual in Leigh on Sea and 1 who lived in Southchurch had used an ABSS service within the previous two years, suggesting that they may have recently moved.

Among the 33 who specified the ABSS ward in which they lived, there was at least one from each ward, although the overall distribution was not even.

Table 4: Responses to question '*Which ward is your house in?*'

ABSS ward	No. of respondents
Kursaal	8
Milton	8
Shoeburyness	10
Victoria	3
Westborough	3
West Shoebury	1

Appendix III: Households

Table 5: Responses to question '*How many rooms are in your house (not including bathrooms or toilets)?*'

Number of rooms*	No. of respondents
2	4
3	9
4	8
5	8
6	3
7	3
8	3
9	1

*excludes any toilets/bathrooms

Table 6: Responses to question '*Do you currently have access to any of the following spaces for your child to play or relax outside?*'

Space	No. of respondents
Private garden	26
Shared garden	6
Private balcony, small patio, or roof terrace	3
Nearby public space (park, woods)/other green space in easy walking distance	16
Shared balcony, small patio, or roof terrace	1
Other	3
None of the above	2

Appendix IV: Adherence to government recommendations

Table 7: Responses to question '*Which of the following best describes how much, over the previous two weeks, you have tried to follow the recommendations from government authorities to prevent the spread of Covid-19? (e.g. following advice about maintaining social distance, washing hands, and responding to symptoms)***'**

Extent of following recommendations	No. of respondents
Strictly: I follow all recommendations as closely as I can	26
Mostly: I tend to follow recommendations most of the time or follow most aspects	12
A little: I tend to follow recommendations only occasionally or follow minimal aspects of the recommendations	2
Never: I don't follow recommendations at all	0

Table 8: Responses to question '*Which of the following best describes how much, over the previous two weeks, you have been self-isolating? (By this we mean keeping physical distance from others and staying in your home)***'**

Self-isolation	No. of respondents
I am living my life as normal and I am not self-isolating	0
I am going out of our home less than usual but still sometimes go out for non-essential reasons, and I try hard to maintain physical distance from others when out	3
I am strictly self-isolating and not leaving the home	4
I am going out of my home less than usual but still sometimes go out for non-essential reasons, and I am not trying hard to maintain physical distance from others when out	5
I am only leaving the house for essentials, and I try to maintain physical distance from others when out	28

Appendix V: Employment status

Table 9: Responses to question '*What is your current employment status?*'

Employment status	No. of respondents
Homemaker/full-time parent	16
At university	1
Volunteer	6
In full-time employment	8
In full time employment and furloughed	1
In part-time employment (20 hours a week or less)	10
In part time employment and furloughed	2
On maternity leave from full or part time employment	3