Part 1: Open to the Public – Item No.

REPORT OF Steve Dixon and Charlotte Ramsden

TO

Childrens Commissioning Committee

ON

11 November 2020

TITLE: Children, Young People and Families Impact Assessment Framework Covid-19

RECOMMENDATIONS:

- Childrens Commissioning Committee are asked to note the content of the report
- Childrens Commissioning Committee are asked to note the link to the recovery plan process and be assured that this work is ongoing

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EXECUTIVE SUMMARY: The document that has been collated to develop a whole system approach and engage with a wider range of partners to really help us understand the impact and the emerging issues and to track back how we are progressing. The impact assessment identifies some of the positive impacts to enable us to learn and evolve and to consider opportunities going forward as well as the negative impacts that the pandemic has created, currently there is no benchmarking or comparators with other GM authorities available but this has been escalated via the Strategic Clinical Network.

KEY DECISION: NO

DETAILS:

The impact assessment document has been developed based on the Wales Impact assessment and adapted for use in Salford to enable a system wide response to the impact of Covid 19 and allow us to monitor on an ongoing basis the impact

Children, Young People and Families Impact Assessment Framework Covid-19

Overarching Context:-

Impact Assessment to improve knowledge and understanding of the wide-ranging impacts of the Staying at Home and Social Distancing Policy, during a complex and evolving situation. It is intended that this will help us to identify actions to mitigate negative impacts and enhance positive impacts of the policy and further inform strategies for recovery and renewal.

The following has been developed from a number of sources and provides a strategic overview of the impact of COVID 19.

Positive impacts:-

- Mobilisation of society as a whole to protect those who are more vulnerable, contributing to increased community cohesion and resilience for example the local SOS network. A rapid increase in use of digital technology, which has helped people to stay connected with loved ones, continue working, continue with their education, and access key services such as health and social care.
- Significant engagement and support from the VCSE sector
- The strengthening of family and friendship bonds, for example through increased contact through social media and digital technology.
- Home working has provided greater flexibility for some individuals, enabling individuals to achieve a better work-life balance. Home working may have increased productivity.
- There has been rapid action to place those who are homeless in accommodation.
- The protection of those who are vulnerable, for example by providing food for children who are eligible for free school meals – localised Holiday Health programme established.
- A reduction in overall crime rates and juvenile nuisance
- Reduced car use and traffic, along with improved air quality and reduced NO2 emissions.

- An increased appreciation of the importance of physical activity, including in promoting mental well-being. For some of the population, physical activity levels have increased.
- Increased use of technology in Health and Social Care provision virtual clinics – telephone and video conferencing
- Revisions to patient pathways
- Increase in self-care
- Evidence that some children have experienced improved wellbeing during COVID

Negative Impacts:-

The Staying at Home and Social Distancing Policy has had an unintended negative impact for nearly all population groups and across a range of policy areas and health and well-being determinants.

- Population groups: Low-income households have been disproportionately affected in a number of ways, including economic and financial impacts; some impacts have been partially mitigated by the national financial support measures such as furloughing.
- All groups have been affected by reduced interpersonal and social contact, resulting in feelings of isolation and loneliness.
- Worsening of mental well-being across the population (such as depression and feelings of confusion, anger, anxiety and loneliness, and increased suicidal ideation), as well as an exacerbation of mental health conditions.
- Those most at risk include women, women with children, those on low incomes, healthcare workers, those with existing mental health conditions, those who have been shielded and older people and people of any age who live alone
- Those who work in sectors which have closed due to restrictions, resulting in people losing jobs, or experiencing reduced income
- Impact on self-employed and business owners, and business closures in communities/town centres
- Women and children who are more likely to have experienced violence including domestic violence and sexual abuse.
- Those who usually rely on others to provide care and support in the home may have faced difficulties in obtaining this due to movement restrictions.
- Babies, children and young people (including young adults) have had their education interrupted, have experienced major changes to their routines and structures and have experienced reduced opportunities for socialising with peers.
- Children from low-income households are more likely to have been adversely affected.
- The closure of childcare settings and schools has meant that some children may have lost access to a place of safety. Children could be at greater

risk of adverse childhood experiences (ACEs) due to a range of factors dependent on the family situation.

- Key workers who have continued working have been placed at increased risk of contracting the virus and of experiencing mental health impacts such as anxiety and distress.
- Black, Asian and Minority Ethnic (BAME) groups, who have been identified as having worse health outcomes as a result of contracting COVID-19, and who may also have experienced an increase in hate crimes.
- Impact of bereavement, weddings, births and other significant life events
- Impact of anxiety regarding academic qualifications and meeting access requirements for further/higher education courses
- impacts on young people transitioning from primary to secondary, to FE and HE and/or into work, with fewer job opportunities for young people
- Challenges of home-schooling and stresses of child care, combined with home working
- Difficulties relating to working from home for some people due to busy house, noisy neighbourhood and/or lack of appropriate space to work
- Impact for some people on not having access to 'face to face' services and practical/hands on support in the home

Determinants of health and well-being:

- Negative impacts on the economy resulting in reduced income and spending, increased unemployment, and closure of small businesses; the subsequent health impacts will continue to be felt when measures have been lifted.
- Reduced public transport use, which is likely to continue with the easing of restrictions; this is anticipated to result in an increase in the number of car journeys. This could impact on achieving active and sustainable travel policy goals.
- Reduced use and / or reduced access and increased waiting times for some health and care services, such as hospital Emergency Departments, and the suspension of a number of healthcare interventions, potentially leading to increased morbidity and mortality from non-COVID-19 health conditions.
- An increase in health harming behaviours such as snacking and an increase in alcohol consumption.
- Increased domestic abuse
- Social media use has increased the spread of misinformation and feelings of stress and panic.
- Crowded or poor housing quality exacerbating existing health conditions and negatively impacting on mental well-being.

Opportunities:-

There are a number of **opportunities** to promote and protect population health and well-being and reduce health inequity. These include (not in any order of priority):

- Accelerated use of digital technology across many aspects of daily life including the delivery of Health and Social Care.
- Improved working arrangements across Primary and Secondary Care.
- Building on the Self-care opportunities
- Increased use of home and agile working, such as promoting flexible working practices such as staggered start and finish working times, and more flexible service opening hours.
- Moving to a sustainable economic development model, where health and factors contributing to population well-being are at the forefront of decision-making.
- Building on the increase in volunteering to harness the strengths of the VCSE Sector, thereby promoting community cohesion and ensuring greater resilience to the ongoing pandemic response.
- Promoting healthy behaviours related to alcohol, tobacco, diet and physical activity and reinforcing whole system approaches to health protection and well-being in schools.
- Promoting and supporting opportunities for active travel and increasing public transport provision and use in the longer term.
- Advocating interventions that will protect against future outbreaks (whether COVID-19 or other infectious diseases), such as improved health literacy on hygiene measures.
- Reducing car use / ownership and increased car sharing, and associated environmental benefits

Considerations:-

- Mitigate against worsening health inequity as a result of the policy through: monitoring the impacts on different population groups over the short, medium and longer term; and ensuring that any support measures and interventions are targeted proportionately at individuals and communities who are most affected or to those that most need support (prioritising services).
- The policy has negatively impacted on the mental well-being for the whole population. Ongoing mental health and well-being support is needed for individuals and communities particularly affected even when policy restrictions are lifted, as this phase may cause further uncertainty and fear. Mental well-being needs to be a key consideration of policy changes and integral to the recovery and renewal phases.
- The needs and views of babies, children and young people should to be central to decision-making on issues such as the re-opening of childcare

settings and schools, provision of services for children, and supporting children's mental health and wellbeing. Early action across the whole system is needed to support babies, children and young people from low-income households who have been most affected by the Social Distancing Policy, in order to mitigate long-term impacts on their life chances

- The jobs and livelihoods of a significant proportion of the population have been affected, with ongoing uncertainty about how many more will be impacted Mitigation measures should be targeted at specific groups with greater need, such as individuals and families on low income, those living in areas of deprivation, and those who have / or are at risk of losing their jobs. The health and wellbeing impacts of an economic downturn need to be considered in conjunction with the potential impacts of Brexit and negotiated Free Trade Agreements.
- There is little evidence regarding the potential impacts of phasing out and reintroducing the policy. Decision makers should identify how easing restrictions or introducing measures in future will impact on health, well-being and equity. This should include identifying population-level impacts, for example on excess morbidity and mortality. HIA should be embedded in policymaking and planning processes, particularly for areas where there is limited evidence on impacts, to allow policy adaptation or for mitigation measures to be introduced at an early stage.
- A number of opportunities for improving population health and well-being have emerged as a result of the pandemic and the policy response, such as increased home working or use of digital technology .Recovery planning should build on learning from the emergency pandemic response, including the rapid scale and speed at which collaborations have been forged and action taken, and the unique opportunity to embed the Sustainable Development Principle and tackle other emergencies such as climate change.
- Both retrospective and prospective analyses of evidence, data and health intelligence can provide timely insights into the impacts on the population of the virus and the policy response measures. As well as gain insight into the acceptability and effectiveness of future policies and plans, for example in the event of further pandemic waves. Monitoring population health and well-being impacts of COVID-19 and response measures is being undertaken by Public Health and can be used by decision makers to identify the optimal balance between COVID-19 control measures and minimising unintended negative impacts over the longer term.

Summary Specific Impact of COVID on Children and Young People:-

- Increased mental health or wellbeing concerns, and increased levels of distress and complexity of presentations (including suicidal ideation and self-harm)
- Increased loneliness and isolation missing friends, family and school
- Disruption (and inequity of access) to education – impact on exams, and transitions
- Lack of safe space – including not being able to access their youth club/ service and lack of safe spaces at home

- Challenging family relationships
- Impact of an increase in the incidence of Domestic abuse
- Lack of trusted relationships or someone to turn to
- Increased social media or online pressure – for some digital poverty and access to technology
- Higher risk for engaging in gangs, substance misuse, carrying weapons or other harmful practices
- Higher risk for sexual exploitation or grooming
- Impact may be higher for those already experiencing ACE's
- Not being able to access health care in the same way or independently or privately
- Reduced amount of physical activity

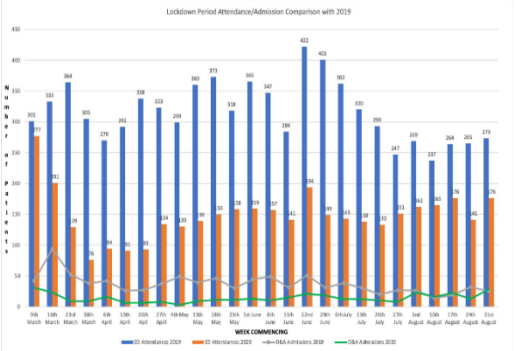
Local impact Analysis:-

Reflecting on the context provided above and utilising the approach in the table below we are asking services at a local level to assess the impact of COVID 19 on Children and Young people in Salford. Where possible we would like to get a feel for how this year compares to last year in relation to recorded data it is acknowledged that this is not a true indication of the impact but it will provide us with a baseline from which to assess changes. We are specifically interested in the narrative relating to the impact set against the context already described. It is important to harness both the positive and negative effects and to incorporate the learning from changes to delivery and how best we might take these forward in developing new pathways and ways of working. The table below provides the framework to support the collection of localised information.

Type of impact		
Positive/Opportunity Impacts that are considered to improved status or opportunity to do so		**Negative** Impacts that are considered to diminish health status
Likelihood of impact		
Confirmed	Strong direct evidence e.g. from a range of sources that an impact has happened or will happen	**Confirmed**
Probable	More likely to happen than not. Direct evidence but not	**Probable**

	from limited sources.	
Possible	May or may not happen. Plausible, but with limited evidence to support.	**Possible**
Intensity or severity of impact		
Major	Significant in intensity, quality or extent. Significant or important enough to be worthy of attention, noteworthy.	**Major**
Moderate	Average in intensity, quality or degree	**Moderate**
Minimal	Of a minimum amount, quantity or degree, negligible.	**Minimal**
Duration of impact		
Short term (S)	Impact seen in 0 – 1 year	**Short term (S)**
Medium Term (M)	Impact seen in 1 – 5 years	**Medium Term (M)**
Long Term (L)	Impact seen in > 5 years	**Long Term (L)**

Children, Young People and Families Impact Assessment Framework COVID 19			
Salford Hospital Attendances at PANDA	Data for period Jan – July 2019	Data for period Jan – July 2020	Comments

Provided by Alison Pike			
COVID Impact analysis Impact description both positive and negative	**Short term (6-12 Month) impact**	**Longer term (12 – 24 Month) impact**	**Comments**
Reduction in attendance at Panda unit through Covid period. Now increasing but not yet back to usual levels.	**Probable** **Moderate** Impact likely to be immediate as Panda attendances are for immediate / acute ill health. Possible immediate complications from late presentation/delayed treatment	**Possible** **Moderate** Possible delayed complications from late presentations / delayed treatments leading to complications in the longer term	Evidence collected for RCPCH survey does not suggest a high number of late presentations.
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
Panda Unit has continued to run normal services throughout Covid period but has put in place innovative	Panda Unit will continue to run normal services	Panda Unit will continue to run normal services	Panda Unit has remained open and able to see any sick child that presents throughout covid. Innovative solutions that have been used to see patients off site will be

solutions to see / advise patients in their own home where possible to avoid the physical need to attend the unit.			evaluated and considered for longer term use as appropriate
Other health services have been operating and treatment may have been sought appropriately elsewhere (e.g. PrimaryCcare) or recovery successful without additional support needed.			
Attendance at School Provided by Cathy Starbuck	Data for period Jan – July 2019	Data for period Jan – July 2020	Comments
	Average % attendance will be 95%	% attendance ranged from 5-50% in schools since March – July	For vulnerable children this reached a maximum of 25% for children with social workers and 20% for children with EHCPS
COVID Impact analysis Impact description both positive and negative	**Short term (6-12 Month) impact**	**Longer term (12 – 24 Month) impact**	**Comments**
	Probable **Major** Impact on the children's education progress, particularly vulnerable groups. In Salford, in line with the North West, attendance is well below the national average. This is due to the high numbers of positive cases that are impacting on schools and the knock on impacts of pupils who are having to self isolate due to being contacts. In October 2020 around 2700 pupils on average were isolating on any one day which is around 7.5% of the cohort. The % of other absences are about	Not yet known	

	4% higher than would normally be expected due to school avoidance due to anxiety of parents.		
	Probable **Major** Impact on safeguarding outcomes, particularly vulnerable groups. Early analysis shows that the attendance of vulnerable groups such as the EHC cohort and those pupils with social workers is below that of their peers. The attendance of children in need and those on child protection plans is weaker than Looked after children	Not yet known	
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
	Strategy to promote and support attendance in place, with specific support for vulnerable groups.	Not yet known	
	Schools make effective use of additional intervention funding to enable pupils to catch up	Not yet known	
Young People not in education, employment and training (NEET) aged 16/17	Data for period Jan – July 2019	Data for period Jan – July 2020	Comments
	Jan – 5.6% Feb – 5.7% Mar – 5.6% Apr – 5.5% May – 5.4%	Jan – 5.2% Feb – 5.4% Mar – 5.2% Apr – 5.6% May – 5.6%	These are NEET only figures and do not include the 'Not Known' figure which is usually around 1.5%

Provided by Sarah Scanlan	June – 6% July – 6.5%	June – 5.9% July – 6.2%	
COVID Impact analysis Impact description both positive and negative	**Short term (6-12 Month) impact**	**Longer term (12 – 24 Month) impact**	**Comments**
	Probable **Major** NEET has increased slightly but we expect a higher spike into the autumn once year 11 leavers settle down and other young people have completed provision in the summer and have not moved into employment/further training. Retention in full time education could also become a greater issue.		
	Probable **Moderate** Government schemes with grant incentives to employers may support some young people into traineeships and apprenticeships.		
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
	Weekly updates on NEET from Connexions from Sept – Dec (and beyond where necessary).		

	Closely working with providers to ensure YP are handed over to services where there is no onward progression in place. Also ensuring any early leavers are well supported to prevent long term NEET.		
	Working with local employers to encourage placement opportunities, alongside government schemes.		
Early Help Provided by Becky Bibby	Data for period Jan – July 2019	Data for period Jan – July 2020	Comments
Early Help	1,293 requests for Early Help Support during the above period (Q4 18/19-Q1 19/20)	1,007 requests for Early Help support during the above period (Q4 19/20-Q1 20/21)	Referrals during Q1 20/21 (Apr-Jun 20) were down 52% on the same period the previous year. Reduction in referrals from universal health services and schools account for greatest impact on demand.
Universal 18-month Assessment	No comparative data for this period.	262 requests for 18-month child development check during the above period (Q4 19/20-Q1 20/21). These were all received during Q1 (Jan-Mar 20).	There were no (zero) referrals during Q1 20/21 (Apr-Jun 20).
School Readiness	In academic year 2018/2019, the percentage of children achieving a good level of development (GLD) was 68% and the national GLD was 72%.	No data available for this period.	No EYFSP took place in 2020 due to Covid.

Speech and Language	During Summer Term 2018/19, a total of 2,196 WellComm Assessments were completed: 'Green' rated: 56% 'Amber' rated: 17% 'Red' rated: 27%	During Summer Term 2019/20, a total of 113 WellComm Assessments were completed. 'Green' rated: 57% 'Amber' rated: 21% 'Red' rated: 22%	
COVID Impact analysis Impact description both positive and negative	**Short term (6-12 Month) impact**	**Longer term (12 – 24 Month) impact**	**Comments**
Early Help	**Probable** **Moderate** Expecting increased volumes of referrals for Early Help during Q3 20/21 as schools re-open. Referral volumes are already approaching pre-COVID levels. **Probable** **Moderate** Restricted use of home visits impacts on the ability of the service to effectively engage and work in partnership with families, particularly vulnerable groups.	**Probable** **Major** Referrals for families who may not have previously experienced contact with children's services and anticipated increase in complexity and prevalence of need within families would present capacity challenges for the service.	
Universal 18-month	**Possible**	Not yet known.	

Assessment	**Moderate** Delay to the roll-out of the universal 18month assessment may impact on child development outcomes, particularly vulnerable groups.		
School Readiness	**Probable** **Major** Anticipated negative impact on school readiness, particularly vulnerable groups.	Not yet known.	
Speech and Language	**Probable** **Major** Anticipated negative impact on speech and language, particularly vulnerable groups.	Not yet known.	
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
Early Help	Reduction in new demand during lockdown enabled a focus on managing risk and support for existing caseloads. All cases RAG rated and risk managed and reviewed through weekly partnership Triangulation meetings.	Opportunities to have a mixed model of engagement with families that includes online, video, telephone and face to face contact. Prioritisation of face to face contact for vulnerable families.	

	Triangulation meetings in place across all localities Individual risk assessments and visiting schedule in place for all families. Estimated 95% of visits undertaken virtually using new technology. All practitioners have undertaken a self-audit on current caseloads to enable managers to monitor when every child was last seen. Early Help Schools Coordinators collaborating with schools and partners to deliver a multi-agency support pathway for EBSA (Emotionally Based School Avoidance). Developed a universal/targeted online early help offer, including Solihull parenting courses.	Explore how further development of online offer may extend reach into communities to enable self-help and free up capacity to support vulnerable groups. Peer volunteer programme being considered.	
Universal 18-month Assessment	Universal 18 month checks resumed in West Locality from June 2020. Roll-out of universal 18 month checks across the city to resume from November 2020.	Not yet known.	

School Readiness	Starting Life Well are working with colleagues across GM and have set up a series of free sessions to focus on Year 1 recovery curriculum. Extra EYFS schools' coordinators' meetings planned for autumn term (1 per month) to support EY school leaders with the challenges of the new school year Salford webpages to support Home learning have been completely updated with sections for each age range of children from 0-5 with accompanying Key Learning expectations	Not yet known.	
Speech and Language	Suggested that WellComm screening which is currently used on entry to nursery is also used on entry to reception this year to give a baseline starting point and clear individualised learning objectives for teachers to use to move children on successfully	Not yet known	
0-19 provision Provided by Michelle Ward	Data for period Jan – July 2019 **Jan-March Q4 2018/19** | **Data**	Data for period Jan – July 2020 **Jan-March Q4 2019/20** | **Data**	Comments *Reviews done within time frame

	*NBV	96%		*NBV	97%	
	*6-8 week review	90%		*6-8 week review	90%	
	*9 month review	88%		*9 month review	88%	
	*2-2 ½ yr review	83%		*2-2 ½ yr review	87%	
	Breastfeeding rate at 6 weeks	41%		Breastfeeding rate at 6weeks	49%	
	April-June Q1 2019/20	**Data**		**April-June Q1 2020/21**	**Data**	
	*NBV	97%		*NBV	98%	
	*6-8 week review	89%		*6-8 week review	90%	
	*9 month review	90%		*9 month review	92%	
	*2-2 ½ yr review	87%		*2-2 ½ yr review	96%	
	Breastfeeding rate at 6 weeks	48%		Breastfeeding rate at 6weeks	53%	
	NCMP Coverage reception and Yr 6 above 96%			NCMP coverage Reception 67.5% NCMP Coverage Year 6 92.1%		NCMP Programme has ceased during COVID
COVID Impact analysis Impact description both positive and negative	**Short term (6-12 Month) impact**			**Longer term (12 – 24 Month) impact**		**Comments**
	Confirmed **Major** Increase in breastfeeding figures should have a positive impact on infant and maternal mental health and physical health.			**Confirmed** **Major** Increase in breastfeeding figures should have a positive impact on infant and maternal mental health and physical health.		

	Probable **Moderate** Decrease in face to face contacts has led to a reduction in safeguarding referrals to the Bridge.	**Probable** **Moderate** Increase in safeguarding referrals as face to face visits take place.	
	Probable **Moderate** Possible decrease in early identification of need to put in appropriate professional advice, support and treatment.	**Probable** **Moderate** Identification of needs at a later stage requiring intervention rather than prevention.	
	Possible **Moderate** Decrease in identification of childhood obesity through NCMP thus impacting on child health.	**Possible** **Moderate** Decrease in identification of childhood obesity through NCMP thus impacting on child health.	
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
Service has followed national advice for community services, maintaining contacts but providing these virtually where possible and safe to do so.	Service will follow NHSE set plans for future programme delivery .	Service will follow NHSE set plans for future programme delivery.	Triangulation meetings provide a way for families who are struggling to be identified and supported.

Any concerns raised through virtual contacts are followed up and supported as normal.			
Free School Meals Provided by Cathy Starbuck	Data for period Jan – July 2019	Data for period Jan – July 2020	Comments
Pupils eligible for Free School Meals	Range during this period is 7592-8192	Range during this period of 9550 -10610	This increase in uptake is far more than in previous years. The increased uptake could be due to increased eligibility in the population due to increased poverty or that the FSM vouchers available via the schools during the period of school closure has made applying for FSM more attractive to some families.
COVID Impact analysis Impact description both positive and negative	**Short term (6-12 Month) impact** **Confirmed** **Major** Increase in FSM uptake has increased significantly, and this will have a positive impact on pupil's take up of the Free school meals during this time and also the Pupil premium that schools will receive for pupils	**Longer term (12 – 24 Month) impact** **Confirmed** **Major** It is hoped that this eligibility will be maintained.	**Comments**

Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
• Need to retain this high level of take up. • Need to reinforce comms with families to ensure the eligibility is maintained			
Domestic Abuse **Provided by Claire Baddley and Jane Case**			
COVID Impact analysis Impact description both positive and negative	Short term (6-12 Month) impact	Longer term (12 – 24 Month) impact	Comments
Positive: from April to July Harbour Young People's Domestic Abuse Service offered support to practitioners in response to Covid to complete safety planning and de-escalation plans to support with the 738 CIN cases for domestic abuse and the 513 CP families with primal concern to be domestic abuse.	**Probable** **Moderate** Over this period, it's resulted in most families now having a robust save-lives safety plan and de-escalation plan.	**Probable** **Moderate** It is hoped that the service will be able to increase attendance numbers and engagement levels on groups once restrictions are less.	• Harbour is a new service developed through Covid that couldn't currently comment on increase as a result of Covid due to the short time the service has been running. • There has been concerns with IT access for young people. • LGBT engagement • BME engagement • Substance misuse and dependency to be high-lighted due to the increase in numbers reported vis the drug and alcohol services and mental health sector. • There has been issues with facilitation bases.

			• There has been issue with sexual health clinics for young people and training from their staff due to Covid and reduced numbers in the buildings
• Since the service started to work with young people directly in June 2020, we have had over 90 referrals into the service for 121 which is positive. • No groups are currently running due to Covid restrictions on delivery • Counselling provisions been set back until October 1st but is due to start shortly with a waiting list already. • Staff training for DART and TRAP	**Probable** **Moderate** This is impacting on the fact that groups can't take place and the delivery model and outcomes can't be delivered so aren't met. Covid prevented people accessing this support due to appropriate building space (can't happen at home due to following a trauma informed model) Being addressed currently. minor set back **Probable**	**Probable** **Moderate** In October groups are expected to be delivered weekly which shouldn't impact the 12-24-month contract overall. This should not impact on the number of counselling sessions bought because of the block booking ensuring a carryover in counselling hours for the next 3 months.	

funded through the BOND hasn't stated yet due to Covid restrictions on training delivery and the external providers being behind on delivery sessions • New resources implemented, process to support DA cases and practitioners guide has been introduced and the resource tool kit.	**Moderate** Covid enabled these tools to be introduced via Microsoft teams with most practitioners working from home and 22 training sessions to be delivered including 1 lunch bowl. This has supported in tightening practice when supporting cases and risk assessing more appropriately.		
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
• Jane case is leading on a new integrated strategy for domestic abuse including the young person's provision. • Perpetrator provisions been provisionally funded by the CCG over the next 12 months to support with a full family approach (Covid funding) • Dartington are completing an evaluation of harbour and developing the theory of change and trauma informed outcome framework in line with Covid			
Childrens Social Care Provided by Zoe Fearon and Chris	Data for period Jan – July 2019	Data for period Jan – July 2020	Comments

Pitchford			
	Awaiting data for this section		
COVID Impact analysis Impact description both positive and negative	Short term (6-12 Month) impact	Longer term (12 – 24 Month) impact	Comments
Children's Social Care	**Probable** **Moderate** Reduction in new referrals and demand demand during lockdown enabled a focus on managing risk and support for existing caseloads. All cases RAG rated and risk managed and reviewed through individual children's plans. Triangulation meetings in place across teams at the beginning and continued in the LAC service as very beneficial. Individual risk assessments and visiting schedule in place for all families based upon individual circumstances and level of risk/need Regular audits undertaken by QAU on	**Probable** **Moderate** Once children are back and school and visible to services then demand may significantly increase which will impact upon capacity. Children may have been living in risky situations without early identification due to a lack of contact with professionals meaning a higher level of need is identified when a contact is made. Significant increase in family tensions throughout lockdown may lead to increased cases of family breakdown which will impact upon the sufficiency of placements within the City. Increase in demand across the service meaning reduced capacity to respond.	

	Covid risk assessments in order to check consistency and quality.		
	Difficulty in engaging with families to ensure vulnerable children return to school Virtual engagement with the teenage cohort has been positive in some instances as they have been comfortable with the medium of engagement which has led to increased participation in some instances Potential increase in online exploitation due to a significant amount of time spent online during lockdown Increase in family tensions has led to significant injuries to children being identified. Technology has been a barrier for some families in terms of participation in meetings.	Children have missed significant amounts of their education	
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
	Individual children's plans have been regularly reviewed to ensure that risk assessment are clear in terms of whether	Increased attendance at meetings due to the availability of technology, time saving with not having to travel has been positive for	

<table>
<tr><td></td><td>face to face visits are required.

Staff have utilised a blended approach to visiting dependant on threshold and levels of risk.

Staff have had increased flexibilities around working remotely and planning the work week to ensure their time is utilised effectively.

Cases have progress and been closed in a more timely way due to increased scrutiny which has created some capacity in the system to deal with a potential increase in referrals.</td><td>staff.</td><td></td></tr>
<tr><td rowspan="2">Immunisations and Vaccinations Provided by Jane Ramm</td><td>Data for period Jan – July 2019
<table><tr><td>Imms 18/19 academic year</td><td>Data</td></tr><tr><td>SLB/Men ACWY Yr 9</td><td>2086 86.7%</td></tr><tr><td>*HPV1 (Female only)</td><td>1018 76.3%</td></tr><tr><td>*HPV 2 (Female only)</td><td>951 71.3</td></tr></table></td><td>Data for period Jan – July 2020
<table><tr><td>Imms 19/20 academic year</td><td>Data</td></tr><tr><td>SLB/Men ACWY Yr 9</td><td>1806 66.9%</td></tr><tr><td>*HPV1 yr 8 (Female)</td><td>1041 74.8%</td></tr><tr><td>HPV 1 yr 8 (Male)</td><td>1120 75.6%</td></tr><tr><td>*HPV 2 yr 8 (Female)</td><td>6 0.2%</td></tr><tr><td>HPV 2 Yr 8 (Male)</td><td>2 0.1%</td></tr></table></td><td>*School Based Delivery including female Jewish population that declines vaccine</td></tr>
<tr><td>COVID Impact analysis Impact description both positive and negative</td><td>Short term (6-12 Month) impact
Probable
Moderate</td><td>Longer term (12 – 24 Month) impact
Possible
Moderate</td><td>Comments</td></tr>
</table>

	Children remain unimmunised therefore susceptible to infections	Children remain unimmunised therefore susceptible to infections	
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
• Immunisation recovery plan in place for academic year 2019/20 whilst undertaking scheduled immunisation programmes • To complete scheduled immunisation programme in schools			
SALT Provided by Michelle Morris	Data for period Jan – July 2019 Info requirements not established	Data for period Jan – July 2020	Comments
COVID Impact analysis Impact description both positive and negative	**Short term (6-12 Month) impact**	**Longer term (12 – 24 Month) impact**	**Comments**
Challenges	**Probable** **Moderate** Families not all having access to suitable IT or not wanting virtual input has led to: • Not all children have been able to access SLT input • Quality of assessment & interventions has been affected • Children/young people waiting longer for direct interventions	**Probable** **Moderate** • Longer term impact of the "word gap" having an adverse impact upon children's vocabulary development and widening existing differences which will impact upon children's communication skills and achievement within school. • Children being missed or not receiving timely support may lead to	

	• Risk of children being missed due to need to 'catch up / prioritise' when dealing with backlog • Possible negative impact of lockdown on children's health / communication meaning they aren't attending school/settings or feel able to access SLT input (e.g., clinic appointments) • "Word gap" being heightened due to reduced access to services and parent/carers not accessing/receiving support from professionals to promote communication • Schools may be limited in the support they can offer due to need to maintain Covid secure environments. • Families feeling anxious about travelling to different settings may lead to them not accessing appointments. • Reduced social opportunities for children/young people means reduced language opportunities and models. This is likely to impact upon development of social skills	communication difficulties increasing and having a negative impact upon behaviour, motivation and attendance in school. • If many of our families are technology poor than they will continue to miss out on any virtual offer from the service around strategies, training and intervention. • Continued local lockdowns and limits to group numbers will lead to reduced social opportunities for children/young people means reduced language opportunities and models. This is likely to impact upon development of social skills	
Positives			Feedback from impact of

	Confirmed **Major** • Strengthened online offer (website and helpline) • Better access to info for families / professionals (if they have access to appropriate technology) • Service developed flexible access and range of access for service users • Staff have better access to IT and flexible working • Work with schools to support them using catch up funding appropriately • Parental engagement has been positive	**Confirmed** **Major** • Continued flexibility and offer from the service to meet needs in a more creative way. • Improved multi-agency approaches to working.	teletherapy from children/young people, parents/carers and schools indicating a positive impact
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
	• Maintain flexibility of service provision and strengthen access to online support information • Maintain parental engagement • Promote and maintain Thrive model of provision for children with SLCN and support schools, settings and other		

	professionals in their understanding of what they can be doing to support development of communications. Development of systems to support data collection to show input and impact from SLT.		
EHCPs Provided by Geoff Catterall	Data for period Jan – July 2019	Data for period Jan – July 2020	Comments
	277 requests for EHC needs assessments (236 from professionals; 41 from parents).	230 requests for EHC needs assessments (185 from professionals; 45 from parents).	Although a reduction in EHC requests, it was not as low as anticipated. There was a slight rise in parental requests which would be expected as parents have requested assessments during lockdown partly based upon their home learning experiences.
COVID Impact analysis Impact description both positive and negative	Short term (6-12 Month) impact	Longer term (12 – 24 Month) impact	Comments
	Probable **Major** Although schools remained open for children with EHCPs during lockdown, attendance was below or at the national average as many families opted to keep their children at home. Children broadly fell into 2 categories: 1. Children and young people whose needs could be met at home. For	**Probable** **Major** • Educational services may continue to be affected by staff shortages, school closures, or other limitations. • Catch up opportunities • Funding pressures • Re-assessments of needs – pressures on services	The *Coronavirus Act 2020* gave the Secretary of State powers to issue a notice to temporarily disapply educational requirements, which are usually required by law. This included requirements on the local authority to secure education and health care provision under an EHCP. The duty was still fulfilled if the LA made 'reasonable

	example, those children who were not receiving personal care from their setting, or whose limited need for personal care could be met in their home. 2. Children and young people who were at significant risk if their education, health and care provision and placement did not continue. These children could not safely be supported at home. • Managed via co-produced risk assessments • Massive disruption to children's routines caused by school closures – struggle to adapt to the new routines (especially for those with complexity of needs relating to autism) • Impact upon emotional and mental wellbeing. • Increased anxiety and sometimes, agitation. • Changes to the way that therapies have been delivered have impacted at first, but this has been managed well, ultimately to children's improving outcomes.	• The continued 'challenge' around social distancing and implications of changes to guidance being shared with children. • Anticipated rise in requests for EHC needs assessments where children are not able to 'catch up'.	endeavours' to fulfil these requirements. This meant that some of the support children received was altered.

	• Not being able to see friends was very upsetting and frustrating for some. • Not all EHCP children understood the reasons for the multiple changes to their daily lives. • Parents distressed at trying to explain the pandemic and feeling of 'not being able to cope' • Reports from some parents of their children having 'regressed' during the lockdown period. • Friendships have changed. • Emotionally based school avoidance as some children are quite fearful of other adults, having been with close family for such a long period of time. • Heightened feelings of insecurity. • Some families report increases in distressing behaviours. • Sense of being overwhelmed • Use of IT has been hugely successful in a lot of situations but does not suit all EHCPs		
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
• Continue with virtual multi agency meetings where families are comfortable with this approach			

- Clear communication and co-production with families is key
- Blended learning has worked well for a number of EHCPs, but not all – personalised approaches

CAMHS referrals Provided by Emily Edwards	Data for period Jan – July 2019	Data for period Jan – July 2020	Comments
CAMHS	Nr Referrals: 2179 Nr Referrals Accepted: 1730 Nr of Not accepted referrals: 449 Waiting Times Ref to 1st Contact (Weeks Avg): 3.8 Waiting Times Ref to 2nd Contact (Weeks Avg): 8.3 DNA's (new appt): 17% DNA's (ongoing appt): 12%	Nr Referrals: 1604 Nr Referrals Accepted: 1360 Nr of Not accepted referrals: 244 Waiting Times Ref to 1st Contact (Weeks Avg): 3.6 Waiting Times Ref to 2nd Contact (Weeks Avg): 8.4 DNA's (new appt): 16% DNA's (ongoing appt): 15%	CAMHS reduction in referrals in Q1 (871 in 2019 vs 451 in 2020), though July data shows referrals now nearly at usual levels. Current caseload – 1798 cases open with 40 cases per caseload on average. CAMHS has noted a significant increase in inappropriate referral from April 2020, reflecting the fact that other parts of the system were not 'open as usual', particularly Education and social care, and 42nd st provision was closed to paper based referrals. Waits to 2nd have increased slightly in 2020 but this is skewed by holding onto referrals due to implementation of the new Neuro Development pathway.
42nd Street	Core Service	Core Service	No paper based referrals have been

	Nr Referrals: **277** Nr people on waiting list: **576** Referral to assessment (weeks): **9.7** Referral to treatment (Counselling): **41.4** Referral to therapeutic support: (Complex): **41.0** Referral to treatment (Early Help): **24.0** % DNA's (At assessment): **11%**	Nr Referrals: **100** Nr people on waiting list: **593** Referral to assessment (weeks): **15.01** Referral to treatment (Counselling): **48.06** Referral to therapeutic support: (Complex): **68.46** Referral to treatment (Early Help): **12** % DNA's (At assessment): **3%** <u>Online referrals</u> To date (Oct 19-June 20), Salford YP have accounted for 27% of all referrals into on-line support and 72 YP have been supported. For Q1, April – June 2020: 38% all referrals, 61 YP supported, 12 current 9 awaiting start.	accepted since April 2020, however young people already in the system have continued to be assessed and supported (via the core service, via ICR and GM offer to schools/schools directly commissioned) , and new referrals have been routed via the on-line offer (see data below). In this time 115 YP came off the waiting list, however waiting times have lengthened and waits for Counselling and 1-2-1 Psycho-social support went up by an average of 5 weeks in July 2020. The level of complexity and risk relating to 1-2-1 PS support has increased notably during COVID, and endings have been more difficult.

<table>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td>All Age Liaison Mental Health (GMMH) – Panda under 18 Presentations (under 18s)</td><td><table><tr><td></td><td>Total</td></tr><tr><td>Nr Referrals</td><td>292</td></tr></table></td><td><table><tr><td></td><td>Total</td></tr><tr><td>Nr Referrals</td><td>239</td></tr></table></td><td>Referrals down in Q1 20/21
Only 18 referrals in April and May 2020, but increased in June with referrals approaching normal levels.
Direct impacts of COVID noted in assessments in Q1 (see below data)</td></tr>
<tr><td>GM Crisis Care Pathway – Rapid Response Team (GM commissioned)</td><td colspan="2">GM CCP has now been running for 1 year with the first full year report providing data from June 201 – June 2020. Please note that this is a GM provision and that YP crises do not respect boundaries and can therefore YP can be supported by any GM team, not just the team which is responsible for the area in which they reside or in which their GP is registered. However, the following headlines show a steady increase in GM CCP activity over the year and a notable growth pan GM in crisis presentations & attended contacts from April – June 2020.
<u>GM data:</u>
June 2019 (65 referrals) vs June 2020 (102)
In 6 months from Jan – June 2020 (454 referrals) vs (343) from July- Dec 2019
<u>Salford:</u>
Referrals by CCG June 2019 - June 2020 – 50 referrals (Salford lowest of all in GM)
Central Team (<u>Salford referrals</u>) April to June 2020 = 13, July 2020 = 6 (of which 5 accepted, 1 declined due to mum calling an ambulance rather than RRT)
<u>RRT attended contacts by team and patient registered CCG (April – June 2020):</u>
Central Team (Salford CCG contacts) = 147 (joint 5th highest in GM with Oldham) after Manchester, Bolton, Wigan and Bury.</td><td>Note that GM CCP reporting is relatively new and a first year review in pending.</td></tr>
<tr><td>COVID Impact analysis</td><td>Short term</td><td>Longer term</td><td>Comments</td></tr>
</table>

Impact description both positive and negative	(6-12 Month) impact	(12 – 24 Month) impact	
CAMHS	**Probable** **Major** Good levels of engagement in new digital offer which CAMHS implemented at pace. Service maintained and increased opening hours during Covid. Anticipated increased demand/referrals over the coming months. Referral numbers now approaching pre-Covid levels. Service has reported increased levels of distress and number of admissions.	**Probable** **Major** Close monitoring is required to assess longer term impact / anticipated increase in referrals (surge), whether increase of YP not known to CAMHS, nature of presentations and levels of distress/risk and admissions. It is hoped that roll out of new Thrive in Education offer and dedicated MH Support team will help manage increase demand / reduce number of inappropriate referrals and provide earlier help.	
42nd St	**Confirmed** **Major** Positive development of online offer during COVID and use of phone/video has been beneficial for some young people, but not for all. Some people paused to await F2F offer. Service closed to new / paper-based referrals during Covid with plans to reopen from Oct. Anticipated increased demand in referrals (minimum 10% surge, more likely to be 20%+) expected over the coming months.	**Probable** **Major** Close monitoring of service demand and capacity and nature of presentations is required to inform further investment/mitigation. The on-line offer has been a significant development and at pace and is now at capacity. This has been reported to GM and CCG commissioners and is identified as a current risk.	

	Waiting times and pressures service capacity are at significant risk of increasing further as referral pathways are re-opened. Increased levels of distress/risk reported, self-harm & suicide ideation. Endings have been more difficult and those young people accessing ongoing support have taken up more service capacity than usual. <u>On-Line</u> 42nd were soft launching an online offer on Salford following a successful CCG innovation funded pilot. However, in response to anticipated COVID demand pressures and closure of paper-based referrals to core service, 42nd st have trained core staff to offer to existing YP on caseload and as a new self-referral route into the service. See data above. This now needs to be incorporated into core service monitoring reports.		
AALMH (GMMH) – Panda under 18 Presentations	**Probable** **Moderate** Nearing the end of lockdown, we saw an increase in demand for YP with a diagnosis	**Probable** **Moderate** Longer term impacts will be closely monitored.	

	of (or suspected) ADHD and ASC, who were struggling as a result of Covid/lockdown measures. In May, the service noted that CV19 was directly linked to 63% of presentations. Of those affected, 71% had a diagnosis of ADHD or ASC.		
GM CCP/RRT	**Possible** **Moderate**	Not yet known.	
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
CAMHS	See joint work started with 42nd St and Early help below. Service opening hours extended to 8am-8pm to allow maximum appointments to be offered, currently proving 18 assessments per week for routine referrals on reduced staffing capacity model compared to usual 36 appointments, but now increasing to 25 per week capacity. If referrals increased significantly (e.g. up to 50+), CAMHS can manage but waits for assessment will increase from 3 to 6-8 weeks. Capacity has been increased in duty function to provide timely support for urgent cases (support within 7 days) and consultation for the wider system. All referrals/risks are reviewed via weekly MDT meetings. CAMHS report effective working with GM CCP RRT.		
42nd St	As described above. Risks identified/reported – impacting on waiting times and capacity of service to respond, especially as referral pathways are reopened. Recommendations made to CCG for urgent increased funding / capacity, (COVID related). GM commissioners have met with 42nd St to review COVID data and recovery plans, risks and issues are understood and being managed in line with locality plans. Manchester CCG have commissioned a full independent review of 42nd St service delivery and this will be useful in informing long term plans in Salford and joint commissioning with Manchester CCG.		

	A first meeting with CAMHS, 42nd St and Early Help on 07.09.20 has identified a number of areas for joint work to support 42nd St pressures and explore opportunities for sharing a proportion of new referrals/discharge (step down) of cases into Early Help provision (including opportunities for joint development & delivery of group work between Youth service and 42nd St) , and to determine is any cases should be stepped up/re-directed to CAMHS. Further investigations and review of sample cases will inform whether any joint COVID surge plans can be trialled to assess and manage new 'COVID specific' referrals.		
AALMH	Service continues to monitor increasing demand and nature of presentations. AALMH can now refer to RRTs though this hasn't been reported in Salford.		
GM CCP / RRT	First full year evaluation pending.		
Adult Mental Health Referrals Provided by Judd Skelton and Clare Mayo	Data for period Jan – July 2019	Data for period Jan – July 2020	Comments
IAPT Referrals (talking therapies)	Average referrals for the above period were 1448 across the IAPT system.	Average referrals for the above period were 1075.	Significant drop in referrals in April 2020 to 666 which is comparable to 1332 in April 2019. Current referrals (September 2020) are 1381 which is only slightly under the 1469 referrals for September 2019.
Beyond		Data for May – July 2020 Referrals to the Beyond line from Spirit of Salford were approx. 250	Referrals to date (September 2020) showing as 456.
Crisis and Crisis			

	April	May	June	July	August

<table>
<tr><td>Prevention</td><td colspan="2"><table>
<tr><td>A+E Liaison Referrals in 2019</td><td>583</td><td>625</td><td>585</td><td>680</td><td>562</td></tr>
<tr><td>A+E Liaison Referrals in 2020</td><td>341</td><td>434</td><td>531</td><td>549</td><td>545</td></tr>
</table>

Referral rates remain consistent with pre COVID levels. However increased acuity remains a factor in the presentation of patients being seen by mental health liaison. Service reports increased acuity with 57% of assessments leading to mental health services following up / referral. 7% of presentations progressing to formal mental health act admission. Admission rate remains stable but at an increased level due to this. There has also been a small increase in the number of section 136 patients being brought to Salford services.</td><td></td></tr>
<tr><th>COVID Impact analysis Impact description both positive and negative</th><th>Short term
(6-12 Month) impact</th><th>Longer term
(12 – 24 Month) impact</th><th>Comments</th></tr>
<tr><td>IAPT</td><td>Probable
Major

Anticipating increased numbers of referrals over the coming months. Referral numbers are already approaching pre-Covid levels.</td><td>Probable
Major

Presentation of people who may not have experienced contact with mental health services previously.
Capacity of the service may be challenged to meet the increased prevalence.</td><td></td></tr>
<tr><td>Living Well + Beyond</td><td></td><td></td><td>Living Well programme is linked</td></tr>
</table>

	Major **Confirmed** Contact via the Spirit of Salford line for people needing mental health support as a result of COVID-19 and associated restrictions. Anticipated that this cohort will continue to present and may increase – although this may not be via the Spirit of Salford pathway.	**Major** **Confirmed** Opportunity to consider how the Living Well and Beyond models continues to interact to inform a future model.	into the work re Trauma informed care and resilience / Aces work across CYP provision.
Crisis Prevention	**Moderate** **Possible** Increased acuity of presentation to A+E Liaison MH team. Risk that this will lead to increased support requirements on the Liaison Team, Home Based Treatment Teams, Inpatient services and CMHTs.	**Moderate** **Possible** May lead to capacity challenges in mental health teams. Increased demand / acuity in A+E may impact on national targets and outcomes for individuals.	
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
IAPT	Services offering delivery online and telephone and have done so since February/March. Liaison between services and GP underway to support referrals. Commission of online therapy offers e.g. Silvercloud at a GM level have provided	Blended offer of service delivery planned for the future (mix of video, telephone and face to face). Prioritising exercise to identify vulnerable cohorts requiring face to face offers, taking into account equalities requirements. Group work being considered. Non IAPT Bereavement counselling being	

	additional support to the wider public.	explored in addition to exploring how IAPT may support people presenting with some aspects of bereavement needs.	
Living Well + Beyond	Anticipating that there will be a significant number of people who 'fall between the gap' between primary and secondary care. The Living Well pilot is operating across Broughton, starting with a handful of people referred to CMHT but do not meet criteria. This will be scaled up over the next few months to cover all referrals to CMHT for Broughton that are not eligible for the service. Wider reach across Salford is being anticipated for October 202-Jan 2021 Roll out to a second neighbourhood is anticipated for 2021 and a full business case for city wide implementation ahead of March 2022. Beyond service initiated May 2020 to support people not known to Greater Manchester Mental Health Trust (GMMH). Approx. 250 + referrals to date. Offers a mix of online interventions via VCSE providers. GMMH 24/7 helpline established in March	Wider Living Well reach across Salford is being anticipated for October 202-Jan 2021 Living Well roll out to a second neighbourhood is anticipated for 2021 and a full business case for city wide implementation ahead of March 2022. Beyond service funded for 12 months, after which it will align with Living Well, with some of the functions sitting in the Living Well MDT. GMMH 24/7 helpline planned to continue. VCSE Mental Health Grants Programme – priority areas for Living Well include: bereavement and families / carers (breaking the cycle of poor mental health). Large grants (£70k for 18 months) to be awarded in October 2020.	

<table>
<tr><td></td><td>to support people known to the service.</td><td></td><td></td></tr>
<tr><td>Crisis Prevention</td><td>Mental Health Clinical Assessment Service (CAS) in place, commissioned via GM.
Directs people through to the right part of the system to stream away from A+E where possible.
Considering a GMMH footprint approach to crisis provision / prevention.
Work underway to explore A+E streaming / diversion for up to 25% of people presenting in A+E with a mental health need.</td><td>Consideration of local mental health intermediate care bed approach to prevent admission.
‘Listening Lounge’ is a key element of the Living Well offer and would provide a ‘through the night’ offer of support, staffed with a mix of mental health practitioners and peer workers.
Developing crisis prevention infrastructure in the locality to underpin wider GMMH footprint and GM crisis offers.</td><td></td></tr>
<tr><td>Unemployment (Claimant Count) Provided by Alison Burnett</td><td>Data for period Jan – July 2019</td><td>Data for period Jan – July 2020</td><td>Comments</td></tr>
<tr><td></td><td>
<table>
<tr><th>Date</th><th>Salford</th></tr>
<tr><td>01 January 2019</td><td>5445</td></tr>
<tr><td>01 February 2019</td><td>5755</td></tr>
<tr><td>01 March 2019</td><td>5910</td></tr>
<tr><td>01 April 2019</td><td>6090</td></tr>
<tr><td>01 May 2019</td><td>6235</td></tr>
<tr><td>01 June 2019</td><td>6410</td></tr>
<tr><td>01 July 2019</td><td>6470</td></tr>
</table>
</td><td>
<table>
<tr><th>Date</th><th>Salford</th></tr>
<tr><td>01 January 2020</td><td>6685</td></tr>
<tr><td>01 February 2020</td><td>7055</td></tr>
<tr><td>01 March 2020</td><td>7225</td></tr>
<tr><td>01 April 2020</td><td>11850</td></tr>
<tr><td>01 May 2020</td><td>13980</td></tr>
<tr><td>01 June 2020</td><td>13825</td></tr>
<tr><td>01 July 2020</td><td>14225</td></tr>
</table>
</td><td></td></tr>
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	The claimant count figures rose 19% for January 2019 to July 2019.		
		We have seen a huge increase of 113% from January 2020 to July 2020 with a total of 7,540 more claimants The unemployment rate in Salford (as at July 2020) stands at **8.4%,** which is above the GM (8%) and UK (6.5%) rate. In the 18 months from January 2019 to July 2020, the claimant count has risen by 161%.	The claimant count consists of people claiming Jobseekers Allowance (JSA) and the unemployment elements of Universal Credit (UC).
COVID Impact analysis Impact description both positive and negative	**Short term (6-12 Month) impact**	**Longer term (12 – 24 Month) impact**	**Comments**
	Probable **Major** We've seen a huge rise in unemployment levels (claimant count) this year. Since COVID (March 2020) we have seen the count nearly double with an extra 7,000 claimants in Salford. The most affected age group is the 18-24-year olds. As of July 2020, the count for them sits at 2,805 which is 20% of the total.	Not yet known. Some scenario planning has been done at a GM level which varies from a modest recovery from winter 2020/21 through to the triggering of a deep recession.	

	Salford has seen a slightly higher increase than Greater Manchester which has seen a rise of 107% (73,739) since January 2020 with Salford at 113% (7,540). The national average increase since January 2020 currently stands at 120% (2,679,885). There is a real risk that unemployment levels could increase significantly as the Government support programmes, particularly the Job Retention scheme (Furlough), come to an end in the autumn. This will be further exacerbated if there is a second wave of COVID-19.		

Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)

- Labour market position being reviewed monthly.
- Commissioned frontline skills and work support services continue to deliver remotely and these services have been extended through to 2020/21 to ensure stability for residents and providers.
- National, GM and local offer has been promoted as part of Salford COVID response via City Council website, FindmyFuture and Skills and Work Helpline.
- Working with GM and local partners to shape and integrate local support and create opportunities, including maximising opportunities from new government programmes announced in the recent 'Plan for Jobs'.

<table>
<tr>
<td>Universal Credit Claimants Provided by Alison Burnett</td>
<td>Data for period Jan – July 2019
<table>
<tr><th>Month</th><th>Salford</th></tr>
<tr><td>01 January 2019</td><td>6766</td></tr>
<tr><td>01 February 2019</td><td>7885</td></tr>
<tr><td>01 March 2019</td><td>8643</td></tr>
<tr><td>01 April 2019</td><td>9546</td></tr>
<tr><td>01 May 2019</td><td>10186</td></tr>
<tr><td>01 June 2019</td><td>10868</td></tr>
<tr><td>01 July 2019</td><td>11446</td></tr>
</table>
The Universal Credit Claimants figure within Salford was 6,766 on January 2019 and rose to 11,446 in July 2019. This is an increase of 69%.</td>
<td>Data for period Jan – July 2020
<table>
<tr><th>Month</th><th>Salford</th></tr>
<tr><td>01 January 2020</td><td>14538</td></tr>
<tr><td>01 February 2020</td><td>15462</td></tr>
<tr><td>01 March 2020</td><td>16067</td></tr>
<tr><td>01 April 2020</td><td>22796</td></tr>
<tr><td>01 May 2020</td><td>27508</td></tr>
<tr><td>01 June 2020</td><td>28452</td></tr>
<tr><td>01 July 2020</td><td>29195</td></tr>
</table>
The Universal Credit Claimants figure within Salford was 14,538 on January 2020 and rose to 29,195 in July 2020. This is an increase of 101%.</td>
<td>Universal Credit covers six different types of benefit, including support for the unemployed (see above).</td>
</tr>
<tr>
<td>COVID Impact analysis Impact description both positive and negative</td>
<td>Short term
(6-12 Month) impact
Probable
Major

The increase in the number of universal claimants in the last 18 months has been substantial. The impact of COVID can be clearly be seen with a 101% increase in Salford from January 2020 until July 2020.

Greater Manchester has seen an 86% rise in UC claimants since January 2020 with the</td>
<td>Longer term
(12 – 24 Month) impact</td>
<td>Comments</td>
</tr>
</table>

	total now at 298,794. Salford has the 3rd highest increase rate in Greater Manchester only behind Rochdale with 120% and Stockport 113%. The UK has seen a 100% increase since January 2020, with a current total of 5,547,041 people claiming Universal Credit.		
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
Mitigation activity - please see summary above in relation to the unemployment (Claimant Count) figure.			
Youth Justice Service Provided by Kay Davidson	Data for period Jan – July 2019	Data for period Jan – July 2020	Comments
First Time Entrants to the Youth Justice System	46	12	Significant reduction in the number of Salford children and young people becoming involved with the YJS during the two periods. Linked to lock down, changes in police activity and court listings. There are now concerns about the number of children and young people being
Custody	13	8	
Prevention & Out of Court Disposals	93	57	

Court Disposals	62		22		released under investigation by the police or awaiting a court date so delaying intervention from the YJS and support to victims.
COVID Impact analysis Impact description both positive and negative	**Short term (6-12 Month) impact**		**Longer term (12 – 24 Month) impact**		**Comments**
		Confirmed		**Confirmed**	Dependant on Police and Court recovery plans.
		Moderate		**Moderate**	
		Medium Term		**Medium Term**	

Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)

The deputy GM major has taken a specific interest on the impact of COVID on the youth justice system. A number of initiatives are under way to deal with the back log of cases with the Police and Courts. Salford YJS has also extended its remit offer diversion (prevention) contact to families where a young person has a prosecution pending or there are concerns about their behaviour which might lead to them becoming involved in offending or anti-social behaviour.

Dental Care
Response provided by Harry Golby

The Salford locality is unable to complete an assessment of the impact of COVID on dental services for the children and young people of Salford, as the information / responsibility is not held at a locality level it rests with individual dental practices or their commissioner, the Greater Manchester Health & Social Care Partnership. The pandemic has had a very significant impact on dental services – the potential of transmission between clinicians and patients is higher than many other health services due to the nature of dentistry (i.e. investigations in the mouth, aerosol generating procedures) and this was initially compounded by lack of PPE. This meant many dental practices stopped seeing most patients and only offered basic advice, analgesia and assessment.

Emergency services were commissioned across Greater Manchester for who had been assessed with the highest clinical need. Over time dental services have

started to be restored but remain significantly short of pre-COVID levels. A daily SITREP from dentists shows on 26 August of the 35 dental practices in Salford 12 had not submitted a SITREP, 13 had described their situation as "Challenging but Coping", 10 had described themselves as "Coping" and 0 had described themselves as "Significantly Challenged". No information specific to children and young people was available.

Update from NHS England 04/11/20

On 25 March 2020, all NHS dental practices were required to make immediate changes to services due to the overriding need to limit transmission of COVID-19. These included: deferring routine, non-urgent dental care including orthodontics, establishing remote urgent care services, providing telephone triage for patients with urgent needs and setting up networks of urgent dental care (UDC) sites for face-to-face care where clinically necessary.

Every dental practice in Greater Manchester has now reopened and is able to offer patients face-to-face care. As a frontline service as we enter a second national lockdown, dental services will remain open. However, the level of service and number of available appointments have not yet returned to pre-March 2020 levels due to additional personal protective equipment (PPE) and infection prevention and control (IPC) requirements and current national guidance relating to social distancing measures. In addition, some practices may need to close for a short period if staff are required to self-isolate due to COVID-19. In this case, patients will be advised by the dental practice of how to access emergency and urgent dental care until face-to-face care is available again.

This means that dental practices may be unable to offer routine examinations and the full range of non-urgent care for some time. It will also mean extended wait times for some specialist dental services such as dental treatment under sedation or General Anaesthesia and Orthodontics.

All dental teams are working on safely restoring services, whilst maintaining capacity for emergency and urgent dental care. Parents and carers should be advised to contact their usual dentist if their child has dental pain. They may be unable to get a routine check-up appointment unless the child has a high-priority dental need which includes:

- child who has been taking painkillers and antibiotics and has continued to have dental pain or swelling
- treatment for a child whose general health affects their oral health such as those with diabetes
- child at high risk of dental disease and in need of regular treatment
- child who has suffered dental trauma

Across GM, Oral Health Improvement programmes for children are recommencing. These include distribution of toothbrushing packs, supervised tooth brushing in early years settings and fluoride varnish application. There is a focus on phased returns of these programmes to ensure staff and child safety. For

example:

- The GM Oral Health Transformation programme continues to reach over 40 000 children with tooth brushing packs distributed throughout the four priority areas.
- Training is now available online with bespoke packages available for health visitors, staff in early years settings and dental teams.

Dental commissioners are engaged with Local Dental Committees, Local Dental Networks and dental practices across GM to monitor and support the safe restoration of dental services, to improve access to dental treatment and reduce wait times as much as possible. For example:

- urgent dental centres will continue to operate, and additional urgent dental services are being commissioned
- children will be referred to community dental services or the hospital dental services for shared care and treatment so that patients may be offered the next available appointment at any GM site rather than waiting for an appointment closest to home that will take longer

People with dental problems are asked to contact their usual dental practice. Those who do not have a regular dentist can contact the local dental helpline 0333 332 3800 or https://www.nhs.uk/service-search/find-a-dentist

<table>
<tr><th>Childhood Obesity Provided by Michelle Whittaker</th><th>Data for period Jan – July 2019</th><th>Data for period Jan – July 2020</th><th>Comments</th></tr>
<tr><td>Childhood Obesity</td><td>National Child Measurement programme (NCMP)– academic year 2018/19

<table><tr><td></td><td>Reception</td><td>Year 6</td></tr><tr><td>Overweight and obese combined</td><td>24.4%</td><td>37.6%</td></tr><tr><td>Obese (including severe)</td><td>11.3%</td><td>23.1%</td></tr></table></td><td>Provisional data whilst waiting for data quality exercise.

<table><tr><td></td><td>Reception</td><td>Year 6</td></tr><tr><td>Overweight and obese combined</td><td>25.9%</td><td>38.7%</td></tr><tr><td>Obese (including severe)</td><td>11.2%</td><td>25.2%</td></tr></table></td><td>The NCMP programme runs over each academic year. Due to Covid the 2019-20 programme was ended early due to school closures however the 0-19 service had already achieved Y6 – 91.2 % and Reception 67.5%

Coverage for Reception year on 67.5% below the national target of</td></tr>
</table>

	Severe Obesity	2.6%	6%	Severe Obesity	Not available	Not available	85% due to school closures. The coverage may also be disproportionate across ward/school clusters.
COVID Impact analysis Impact description both positive and negative	Short term (6-12 Month) impact			Longer term (12 – 24 Month) impact			Comments
	Moderate **Possible** Children and young people have not been able to participate in structured physical activity in school or the community during lockdown. Physical activity has been encouraged nationally but we don't have insight to understand how this has been taken up. More recently some community sports activity has been allowed to restart however these are mostly outdoors and other indoor activities planning restart. Childrens food environment have also been changed whilst not being in school or childcare settings. Food type and shopping has been impacted for some families due to isolation. The financial impact on food has been significant with many families accessing food parcels and vouchers. The overall impact for obesity is			**Moderate** **Possible** Physical activity in school will take some time to restart and will need to be adapted to reduce the risk of COVID-19 spread. Although some community sports have restarted these have been mostly outdoors and there are significantly more males than females participating in these sports and a possible gender inequality. To reduce obesity requires intervention and only returning back to pre COVID19 activity will not on its own be sufficient. Healthy environments need to be created and increase in services available to address the issue. Increasing childrens obesity rates will have an increased longer impact on the family weight management service.			

	unknown but lack of physical activity and consumption of high fat or sugar foods will increase risk of obesity.		
Delayed Operations Provided by Eejay Whitehead and Alison Pike	Data for period Jan – July 2019	Data for period Jan – July 2020	Comments
COVID Impact analysis Impact description both positive and negative	**Short term (6-12 Month) impact**	**Longer term (12 – 24 Month) impact**	**Comments**
Demand for urgent and emergency surgery has been met. However waiting times for elective surgery are lengthening as infection risks and additional COVID-19 demand have continues to significantly reduce hospital capacity.	**Probable** **Major** All patients on waiting lists have been reviewed and given a clinical priority in line with Royal College guidance. Clinical capacity has been allocated for the clinical urgencies and those that need their surgery within 3 months. However, this does not mean that the other less clinically urgent patients are not being reviewed. A full clinical validation has been completed 3 times since lockdown to ensure any changes in condition are noted and the patient is expedited. This is a rolling process with particular focus given to	**Probable** **Major** A national programme of Clinical Prioritisation & Validation of Elective Waiting Lists has been established. This programme applies to both children and adults. The Federation of Surgical Specialty Associations has produced a clinical guide to surgical prioritisation – this guide, which is kept up to date, prioritises different surgical procedures (e.g. complicated appendectomy -priority 1a to be performed <24hrs, dental extractions which are responsive to standard pain killers – priority 4 to be performed >3 months). Patients on waiting lists will be	Focus will be to treat highest clinical priorities first and avoid 52wk+ waiters. Regular review and contact with patients whilst they wait will help mitigate clinical risks.

	those waiting the longest - any patients approaching 52 weeks are subject to a harm risk assessment. Quality Team in SCCG are seeking assurance on any 52 week breaches at RMCH - awaiting a response from the contracts team / commissioners at MCCG.	contacted for review to mitigate any risks of their condition deteriorating and their priority needing to change. This programme is likely to be in place for some time. Once fully established data should be available to support monitoring.	SCCG need assurance on how RMCH are manging any children who are waiting for 52 weeks plus.
SRFT	**Probable** **Major** Quality Team in SCCG have been doing some work with SRFT to try to understand how those currently on waiting lists are being clinically reviewed in order to minimise risk of harm. The focus has been on diagnostics waiters and those waiting for non-surgical treatment as there is national guidance for those waiting for.	**Probable** **Major** Long term impact on theatre capacity – will have extended waiting lists for some time to come with emergency / urgent cases receiving priority	
BFT			
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
RMCH	Increasing capacity to deliver elective surgery including new theatre at Wythenshawe and independent sector. A process has begun of allocating any additional sessions commissioned/allocated to the longest waiting patients across all specialities equally and fairly.		

SRFT			
BFT			
Long Covid risks and implications on young people and families Provided by	Data for period ?	Data for period ?	Comments
COVID Impact analysis Impact description both positive and negative	**Short term (6-12 Month) impact**	**Longer term (12 – 24 Month) impact**	**Comments**
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			
Young People and Parents Lockdown Views Provided by			Comments

COVID Impact analysis Impact description both positive and negative	Short term (6-12 Month) impact	Longer term (12 – 24 Month) impact	Comments
Service related mitigations (Please describe current/planned work to address the impact – including detail on vulnerable cohorts, new learning and what we would like to keep)			


Salford City Council
NHS
Salford
Clinical Commissioning Group

KEY COUNCIL POLICIES: Covid 19 Recovery Plan

EQUALITY IMPACT ASSESSMENT AND IMPLICATIONS:

ASSESSMENT OF RISK: contained within the document

LEGAL IMPLICATIONS Supplied by: N/A

FINANCIAL IMPLICATIONS Supplied by: N/A

PROCUREMENT IMPLICATIONS Supplied by: N/A

HR IMPLICATIONS Supplied by: N/A

CLIMATE CHANGE IMPLICATIONS Supplied by: N/A

OTHER DIRECTORATES CONSULTED: Multi agency review across Salford CCG, SRFT, MFT and SCC

CONTACT OFFICER: TEL NO: Debbie Blackburn
Deborah.blackburn@salford.gov.uk 0161 607 6678

WARDS TO WHICH REPORT RELATES: