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To:
CEOs of NHS and Foundation Trusts
CEOs of Clinical Commissioning Groups
CEOs of Community Health Providers
CEOs of private and not-for-profit community providers
CEOs for community interest companies

Cc:
NHS England and NHS Improvement Regional Directors
Chief Executives of Councils
Directors of Public Health

3 June 2020

Dear colleague

COVID-19 restoration of community health services for children and young people: second phase of NHS response

This letter and annex contains guidance on the restoration of community health services for children and young people. It follows Sir Simon Stevens' and Amanda Pritchard's letter of 29 April 2020 setting out the second phase of NHS response to COVID-19. This document supersedes the prioritisation guidance for community health services first published on 20 March and subsequently updated on 2 April.

It is important that children, young people and families receive the care and support they need as we move into this next phase. The annex has been updated to support this.

Thank you for your support and the important work you and your teams are undertaking.

Yours sincerely

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Annex: Restoration framework for community health services – children and young people

Service		Commissioner	Location	Plan during pandemic	Details
Maintain or Stop					
1.	National Child Measurement Programme (NCMP)	Local authorities	Home and school	**Stop**	• Changes to services commissioned by local authorities should be agreed with directors of public health.
2.	Friends and Family Test	NHS England and NHS Improvement	Provider based	**Stop**	• Patients should remain able to give feedback about their experience or raise concerns. • If appropriate, consider directing to PALS, NHS.uk, Care Opinion (where feedback can be posted online), CQC or Healthwatch.
Partial restoration - phase back in other parts of the non-essential services, while retaining the ability to surge capacity if required					
3.	Audiology	Clinical commissioning groups	Clinic based (in community or acute settings)	**Continue essential services** • Repair, replacement and supply of spare parts and specialist batteries, and any other services if: ○ considered essential based on clinical judgement, and subject to appropriate precautions ○ the patient is at risk of future urgent care needs ○ hearing aid wearer is dependent on their instruments for social contact, personal safety and/or avoiding distress. • Children/younger adults with suspected foreign body in ear(s) or sudden, rapid unexplained hearing	• Continue essential services and phase back in other services, while retaining the ability to surge capacity if required. • Consider arrangements to review/restart delayed routine assessments. • Ensure provision for essential/urgent care, including diagnostic tests following newborn screening – eg ABR and follow-up as clinically necessary. • Aftercare for existing hearing aid users may be provided remotely. • Consider hearing aids in place of surgery for persistent otitis media with effusion in the short term – clinical decision to be made with ENT. • Delay routine assessment but make provision for essential/urgent care, including diagnostic tests following newborn hearing screening (in

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				loss should be directed to NHS 111/urgent treatment centres. • Paediatric audiology should continue to be able to manage newborn hearing screen-positive referrals and subsequent audiology management.	acute and community settings) ABR and follow up as clinically necessary. • Refer to audiology and otology guidance during Covid-19. • Note the British Society of Otology (ENT UK) otology guidelines for a graduated return to the provision of elective services during the COVID-19 pandemic.
4.	Vision screening	Local Authority	Home; clinic based	**Continue essential services** • Newborn visual checks (within 72 hours of birth) cannot be stopped as neonatal cataracts need to be spotted early. • 6-week check can safely be conducted at 8 weeks.	• Continue essential services and phase back in other services while retaining the ability to surge capacity if required. • Pre-school checks can continue to be delayed if capacity constraints exist.
5.	Child Health Information Service (Child Protection Activity)	NHS England and NHS Improvement	Office based	**Prioritise based on clinical judgement, including:** • Child protection information system transfers.	• Continue essential services (call and recall for immunisations) and phase back in other services while retaining the ability to surge capacity if required. • Providers to work with their designated professionals for safeguarding. • Consider skeleton service, where appropriate, sustaining call/recall programmes.
6.	Immunisations (school-aged services) For other community-based immunisation programmes, see row 16 in 'Continue service'	NHS England and NHS Improvement	Schools and clinic based	**Continue essential services** • Restoration and recovery of school-aged programmes commenced in line with local commissioning arrangements, ensuring the delivery of COVID-19 safe services.	

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7.	Children's allied health professional (AHP) services (including wheelchairs)	Clinical commissioning groups	Home; telephone	**Continue essential services** • Continue to carry out a local risk assessment and prioritisation of AHP caseloads and new referrals. • Continue to carry out a local risk assessment and prioritisation for wheelchair referrals for new or review assessments. Ensure essential repairs for wheelchairs currently in use continue where CYP's safety and ability to be cared for at home would be impacted. • Continue home visit for CYP with high clinical priority. • Offer support virtually and send advice packs to families.	• Continue essential services and phase back in other services while retaining the ability to surge capacity if required. • Continue liaising with other CYP community, acute and hospital teams if needed for discharge reasons. • For CYP with Education Health and Care Plan who have provision from core AHP (speech and language therapy/occupational therapy/physio) see SEND row in 'Continue service'.
Fully restore service, with some prioritisation where indicated and as capacity dictates					
8.	Pre-birth and 0–5 service (health visiting)	Local authorities	Home visits; clinic based	**Continue essential services** • Antenatal contact. • New baby visits. • Where newborn visits are undertaken, the newborn hearing screening should still take place for those services offering newborn hearing screening programme community model. • 6–8 week review. • Other contacts to be assessed and stratified for vulnerable or clinical need (eg maternal mental health) and is likely to include: ○ interventions for identified vulnerable families, eg FNP MESH	• Providers to work with their designated professionals for safeguarding. • Changes to services commissioned by local authorities should be agreed with directors of public health. • Continue to make referrals in line with local child safeguarding arrangements. • Also consider guidance on vulnerable children and young people. • Face-to-face contacts should be prioritised for families who are not known to services to mitigate known limitations of virtual contacts and support effective assessment of needs/ risks.

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				○ safeguarding work (MASH; statutory child protection meetings and home visits) ○ phone and text advice – digital signposting.	
9.	School nursing	Local authorities; CCG for specialist school nurses	Home visits, school and clinic based	**Continue essential services** Contacts/interventions to include: • Virtual contacts: phone, text, email, etc. • Emotional health and wellbeing support including mental health. • Safeguarding. • Specialist school nursing.	• Where appropriate consider COVID-19 guidance on vulnerable children and young people. • See row 21 below: 'Children and young people 0–25 years with special educational needs and disabilities (SEND)'. • Changes to services commissioned by local authorities should be agreed with directors of public health.
10.	Safeguarding	Clinical commissioning groups; local authorities	Home and clinic	**Continue essential services** • Prioritise home visits where there is a child safeguarding concern.	• Isolation may increase safeguarding risks for some families/households including children who need a social worker who may be vulnerable during this time. • Where community health practitioners identify risk of harm they should continue to make referrals in line with local child safeguarding arrangements, where relevant. Providers to work with their designated professionals for safeguarding. • Changes to services commissioned by local authorities should be agreed with directors of public health. • Consider time spend on SCRs.
11.	Continuing care packages,	Clinical commissioning groups	Home and telephone	**Continue essential services** • CCG to agree any prioritisation of packages following individual family	• For CYP with a PHB – consider how the PHB can be used flexibly to meet the outcomes set

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	including under 18 years and CYP with Personal Health Budget			risk assessments in conjunction with service providers. Consider the following processes: ○ risk assess existing packages with families and providers of care ○ review new requests to support discharge from hospital. Discuss on an individual family basis and consider need for increased training and new workforce ○ continue with joint funding panels (where in place) virtually with local authority education and social care teams ○ continue fast track for end of life ○ locally assess cases that are coming up for annual review and consider delaying non-urgent reviews ○ delay over 14 years of age transition reviews.	out in their Personalised Care Support Plan and reduce urgent care needs.
12.	Children's end-of-life and palliative care services	Clinical commissioning groups; local authorities	Home, Hospice	**Continue essential services** in line with the SOP: • For children and young people with palliative and end-of-life care needs who are cared for in a community setting (home and hospice) during COVID-19 pandemic (to be published in due course).	• Expect local teams to work together across community children's nursing teams, special school nursing, hospital teams and children's hospices to ensure there is capacity in the community for palliative and end-of-life care for CYP where needed. • Delivery of care in the family's preferred place may not be possible. • Refer to clinical guidelines for CYP with palliative care needs in all settings. • Changes to services commissioned by local authorities should be agreed with directors of public health.

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13.	Rapid response service	Clinical commissioning groups; local authorities	Home, clinic	**Continue essential services**	• Changes to services commissioned by local authorities should be agreed with directors of public health.
14.	Sexual assault services	NHS England and NHS Improvement and police and crime commissioners	Clinic, police stations	**Continue essential services** • May need to organise a provider pan-regional approach with fewer bases operating.	• Changes to services commissioned by local authorities should be agreed with directors of public health.
15.	Antenatal, newborn and children screening (and maternity-based immunisation services)	NHS England and NHS Improvement	Maternity units; clinic; general practice; home	**Continue essential services** Including: • Newborn bloodspot screening. • Newborn hearing screening (maternity and community models). • Sickle cell and thalassaemia. • Fetal anomaly screening (for Down's, syndrome, Edwards' syndrome and Patau's syndromes (Trisomy 21, 18 and 13). • Fetal anomaly screening (18+0 to 20+6 weeks fetal anomaly scan). • Newborn and infant physical examination. • Infectious diseases in pregnancy (see also rows on Immunisation services). • Pregnant women with diabetes should continue to be invited for retinal screening where possible, with individuals with the highest risk of sight loss being invited first. Consideration of screening alongside maternity appointments should be considered where possible to reduce	

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				the number of clinical appointments required in different venues. • Where possible, consideration should be given to vaccinating babies for neonatal BCG before discharge from the maternity department after birth rather than inviting them later for an additional appointment.	
16.	Immunisation programmes – antenatal and newborn (for school-aged programmes see 'Immunisations – school aged services')	NHS England	Antenatal clinics; maternity units	**Continue essential services** • Maternity and paediatric services should continue to deliver pertussis and seasonal influenza vaccines for pregnant women and selective neonatal BCG and hepatitis B vaccine (±HBIG) to eligible babies.	• Immunisation services will be more comprehensively covered by separate guidance from NHS England and Public Health England. • Primary care: routine and selective immunisation programmes should be maintained. This includes the seasonal flu programme.
17.	Child Health Information Service (screening and immunisation activity)	NHS England	Office based	**Continue** Support failsafe for the newborn blood spot screening tests. Support the call and recall function for routine childhood immunisation working in liaison with local GP practices, maintain active lists of those missed both in primary care and school-aged children and hepatitis B failsafes where commissioned.	• Consider skeleton service, where appropriate, sustaining call/recall programmes.
18.	Emotional health and wellbeing/ mental health support including community CYPMH service provision	Clinical commissioning groups; local authorities; NHS England and NHS Improvement Specialised Commissioning	Home visits, school; clinic based	**Continue essential services** • Provide community services including: ○ community children and young people's mental health services (CYPMH), sometimes known as CAMHS ○ CYP eating disorder services (including day services)	• Isolation may increase requirement for services for some individuals. • Particularly need to consider vulnerable CYP including children with a social worker – refer to COVID-19 guidance on vulnerable CYP • Consider virtual support.

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				○ outreach mental health services including school teams/mental health support teams ○ other dedicated services delivered in the community such as deaf mental health services.	• Changes to services commissioned by local authorities should be agreed with directors of public health, ideally on an STP footprint basis. • Refer to Managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages.
19.	Community paediatric service	Clinical commissioning groups	Home visits; school; clinic based	**Continue essential services** • Services/interventions deemed clinical priority. • Child protection medicals. • Risk stratify initial health assessments (urgent referrals need to continue; however, some routine referrals may be delayed with appropriate support, eg initial basic advice to parents/carers). Health assessments for Looked After Children and children being considered for adoption should continue and are not subject to risk stratification. • Learning disabilities annual health checks.	• Consider virtual support. • Where appropriate consider COVID-19 guidance on vulnerable CYP: See line 21 below: 'Children and young people 0–25 years with special educational needs and disabilities (SEND)'. • Further specialist guidance has been published to sustain onward referral for urgent and emergency MSK conditions in children (under 16s).
20.	Community children's nursing teams	Clinical commissioning groups	Home; telephone; school	**Continue essential services** • Risk stratification process must be in place to clinically prioritise caseloads across the following NHS at Home categories: ○ acute and short-term conditions ○ long term conditions ○ disabilities and complex conditions including those requiring continuing care and long-term ventilation	• Be aware that local service offer and provision may differ locally. • Continue to support early discharge from hospital by working with DGH and specialist hospital teams. • Continue to work with acute hospital, and primary care teams to support avoidance of admissions. • Continue to liaise with other teams such as schools, CYP community teams, district nurses, primary care teams, hospices and universal HV/SN where needed

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				○ life-limiting and life-threatening illness, including those requiring palliative and end-of-life care. • Continue to monitor rising risk of any deferred lower risk nursing interventions. • Continue to assess the need for training either virtually or face to face. • Continue to support advance care planning and be ready to respond rapidly where needed. • Facilitate self/parent to manage clinical care as soon as possible, eg administration of IM/SC medication, dressing changes, enteral tube changes. • Use digital technology to provide support. • Risk assess medical equipment where planned preventive maintenance is delayed.	Special School Nursing (where delivered as part of Children's Community Nursing): • Risk assess individual child's safety attending school versus staying at home where there are complex health vulnerabilities. • Liaise with special schools regarding appropriate social distancing and prevention of infection. • Work in partnership with special schools to ensure there are adequate, appropriately trained staff to manage clinical care needs during the school day. Where this is not possible, children may not be able to attend school until this can be achieved.
21.	Children and young people 0–25 years with special educational needs and disabilities (SEND) with an Education Health and Care plan (EHCP)	Clinical commissioning groups; local authorities	Home; school where needed; MDT clinic; telephone; other virtual support	**Continue essential services** • SEND community services must be prioritised for CYP 0–25 with an EHCP in place or going through an assessment for one. • CCG, providers and local authorities work together to risk assess CYP. • The Coronavirus Act requires reasonable endeavours to be made to ensure the provision in an EHC plan. Key SEND services are ○ therapies speech and language therapy/OT/physio	• This framework must be applied in conjunction with Department of Education COVID-19 guidance: Guidance on Vulnerable CYP and SEND Risk Assessments. • For legislative changes for SEND refer to: www.legislation.gov.uk/uksi/2020/471/contents/made • Continue with tribunals and single route of redress as per national guidance. • Providers must work with their designated clinical and or designated medical officers who support statutory duties for their CCG.

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				○ community paediatrics ○ community children's nursing ○ special school nursing.	• Children's teams to work alongside adult commissioners and community teams to support young people with SEND 18–25 to risk assess need for delaying transition. • Consider working together across health teams if families must move residence to ensure safe care and originating team keep on caseload where possible.
22.	Looked After Children teams	Clinical commissioning groups; local authorities	Home visits; school and clinic based	**Continue essential services** • Segmentation to prioritise needs (eg increased risk of harm from social isolation). • Safeguarding work – case review, not routine checks. • Telephone advice – could be undertaken regionally. • Initial review and assessments and health assessments for children considered for adoption.	• Providers to work with their designated professionals for safeguarding. • Consider using virtual platforms to facilitate attendance by key staff.
23.	Children's community learning disability teams/crisis services	Clinical commissioning groups; local authorities	Home and clinic	**Continue essential services**	• Consider virtual support. • Write to parents for support to develop contingency. • Consider daily huddles to prioritise cases for support in line with risk stratification processes. • Crisis services are critical to prevent further pressure on inpatient services. • Changes to services commissioned by local authorities should be agreed with directors of public health.
24.	Community forensic CAMHS	NHS England and NHS Improvement	Various health and other settings	**Continue essential services**	