

Bundle Public Board 24 September 2020

4.9

Children's and Young People's Services in Hywel Dda / Gwasanaethau Plant a Phobl Ifanc yn Hywel Dda

Presenter: Andrew Carruthers

Children and Young People Health Services across Hywel Dda University Health Board

Appendix 1 - No Wrong Door - Recommendations

Appendix 2 - Assessment of Children and Young People Services within Hywel Dda

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

| | |
|--|--|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 24 September 2020 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Children and Young People Health Services across Hywel Dda University Health Board |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Andrew Carruthers – Director of Operations |
| SWYDDOG ADRODD: REPORTING OFFICER: | <p>Lisa Humphrey – Interim General Manager for Women and Children’s Services Julie Jenkins – Head of Midwifery and Women’s Services. Paula Evans - Directorate Nurse Paediatrics Margaret Devonald Morris – SDM/SN Community Liz Carrol – Director of Mental Health and Learning Disabilities Melanie Evans – Head of Learning Disabilities and Older Mental Health Angela Lodwick – Service Lead for SCAMHS and Psychological Therapies Mandy Nichols-Davies – Head of Safeguarding Janet Edmunds – Lead Nurse for Looked After Children Jane Deans – Head of Audiology Lesley Hill – SDM/SN Health Visiting and Early Years Barbara Morgan – SDM/SN School Nursing and Childhood Immunisation</p> |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

In June 2020, the Children’s Commissioner launched the report “No Wrong Door: bringing services together to meet children’s needs”. The context of the report relates to children with ‘complex needs’, acknowledging that there are many definitions attributed to this term. The report asserts that these definitions can often be narrow and should therefore be broadened to include all children who experience distress and require help and support from multiple agencies.

To enable benchmarking of health services against the recommendations of the Commissioner’s report, this paper provides a high-level position statement regarding the number of health services and the relationship between services that deliver care and support to Children and Young People (CYP) who reside in Hywel Dda.

Cefndir / Background

The population of CYP aged 0-18 years of age who reside in the Hywel Dda University Health Board (HDdUHB) area is 72,785. The breakdown per county of residence is:

| | |
|-----------------|---------------|
| Carmarthenshire | 38,613 |
| Ceredigion | 11,352 |
| Pembrokeshire | 22,820 |

Across HDdUHB the responsibility for services for CYP sits with six Directorates, which include:

- Corporate - for Safeguarding and Looked After Children
- Public Health and School Nursing
- Mental Health and Learning Disabilities - for Specialist Child and Adolescent Mental Health Services (SCAMHS),
- Therapies and Health Science
- Scheduled Care
- Women and Children's Directorate, which includes Sexual Health, Gynaecology, Maternity, Acute and Community Paediatrics.

Likewise, services in the Community span three different Local Authorities (LA), a significant number of General Practitioner practices and third sector providers. At any one time, CYP with complex needs could be receiving care and support from more than one of our health services, with a limited multidisciplinary approach and limited communication between services.

The Regional Partnership Board (RPB) came into being through the Social Services and Well-being (Wales) Act 2014, under part 9: Partnership Arrangements of the Act. The RPB began its work in 2016, with one of its priorities being the integration of services for children with complex needs. The focus should be on both preventative services for children and families, and care and support services for those CYP who require it.

Complex needs can be a result of, or a combination of:

- Long-term health conditions, including life-limiting conditions;
- Sensory impairment;
- Physical disability and associated conditions, such as learning disability and/ or autism;
- Display of risky, challenging and/ or harmful behaviours;
- Mental ill health;
- Learning Disability and/ or Autism;
- Adverse Childhood Experiences (ACEs), including growing up as a refugee/ asylum-seeker.

The RPB engaged fully with the Children's Commissioner in the gathering of evidence for the report, through submission of written evidence, an exploratory meeting with key officers from HDdUHB and LAs in December 2019 and subsequent attendance by the Commissioner at an RPB meeting in January 2020.

The engagement of people with learning disabilities in the development of services through the 'Dream Team' is cited within the report as an example of good practice. The planned development of regional residential provision for children and young people with complex needs as part of the Intermediate Care Funding (ICF) Capital programme is also noted.

The RPB considered the findings of the "No Wrong Door" report and its recommendations on 22nd July 2020 (see Appendix 1 attached). A full position statement and action plan to address the recommendations will be developed through a cross-sector regional children's group, co-chaired by the Director of Public Health, which will be convened in the autumn.

Asesiad / Assessment

The RPB is aware that its focus has been on adults, with limited focus on CYP. There is a plan to develop a Children's Board in 2020, co-chaired by the Director of Public Health and the Local Authority, bringing together the three Local Authorities, health and the third sector providers.

Without an overarching focus on CYP at a strategic level, health services continue to operate in silos, without the establishment of a common language, resulting in fragmented pathways of care. Services focus on individual conditions and not necessarily upon the holistic needs of CYP or their families, including the transition to adult services.

There is evidence that there are strengths within services delivered for CYP; however, there are many organisational risks, weaknesses and under-investment described within the respective Integrated Medium Term Plans and risk registers.

The Head of Regional Collaboration for the RPB and the six Directorates which deliver services for CYP have welcomed the Children's Commissioner's report 'No Wrong Door' as an opportunity to improve services for CYP with complex needs. Therefore, the six Directorates have collaborated for the first time to co-produce a high-level overview of the services we deliver for CYP. The full assessment, attached as Appendix 2 to this document, demonstrates that all the services are committed to providing high quality care for CYP, and highlights many areas of strength and good practice that exist. However, the assessment has highlighted a number of weaknesses and operational challenges, and a lack of a shared understanding of services available within the Health Board.

Four core themes have emerged as a result of an appraisal of the weaknesses, which include:

- Underinvestment
- Recruitment and Retention
- Engagement
- Care Pathways and Transition

Underinvestment

Over the years, services have developed to meet specific challenges and priorities for CYP - often in isolation, with an absence of overarching strategic direction or formal demand and capacity planning, and without positive engagement and the involvement of CYP. This has resulted in inequitable funding and resource allocation, and has contributed to the fragility and lack of co-production that exists within services for CYP.

An example of this is the significant increase in the recognition of neurodevelopmental disorders (NDDs). NDDs can cause CYP to experience increased anxiety and show behaviours that challenge, with a high rate of co-morbidity between ASD, Attention Deficit Hyperactivity Disorder (ADHD), mental health disorders, learning difficulties and learning disabilities. NICE recommends a multidisciplinary approach to the management of NDDs, which includes psychological support and interventions.

SCAMHS receive national funding for ASD, which has enabled the services to recruit and deliver a multidisciplinary approach, although funding does not address current demand and capacity. The consequence of this is long waiting lists for assessment and diagnosis for those children with suspected ASD.

There is no funding or multidisciplinary model in place for other NDD conditions such as ADHD and Tourette's. Similarly, there are long waits for assessment and diagnosis within Community Paediatrics for children with NDD conditions in the absence of a multidisciplinary model.

In 2017, three-year Intermediate Care Funding was received to provide a Positive Behavioural Intervention Service (PBIS) hosted by the Learning Disabilities Team, to provide interventions for children with behaviours that challenge. There is a clear need for such a service to address the emotional and financial costs when behaviours that challenge are not addressed effectively early on in life. In 2020, towards the end of the three-year funding period, in the absence of co-production and with a lack of overarching strategic direction, the Children's PBIS ceased.

Four out of the six Directorates that contributed to this paper referred to CYP with NDD as being 'vulnerable' and an area of significant concern.

The majority of services referred to old estate not being child-friendly or accessible, with a poor IT infrastructure to support multi-agency communication.

Many services described a lack of a specialist workforce or sustainable models of working, citing under-resourcing as a barrier to improving models of service delivery.

Services felt a need to develop outreach services for children; however many are unable to provide outreach, also citing under-resourcing as a barrier.

Recruitment and Retention

It is recognised that there are national shortages across all paediatric professions. Recruitment and retention, and lack of clear training opportunities in key areas such as medical and psychology services is a significant challenge for Hywel Dda, due to location, rurality and financial constraints. This is reflected in a number of vacancies within individual portfolios.

Engagement

The evidence suggests that there is little co-production, inter-service or stakeholder engagement when planning services for CYP. This includes the voice of CYP and their families themselves.

It is acknowledged that the Health Board's establishment of 'The Voice of Children and Young People' Group will facilitate the engagement of CYP themselves and that this group needs to be an integral part of defining our local priorities for the development of CYP services.

Care Pathways and Transition

Referral pathways between services are unclear or non-existent; this includes referrals to preventive services such as public health initiatives and tertiary services for children and their families.

Some of the most vulnerable children are in residential homes. Some are placed in Hywel Dda from outside the HB area, and there are difficulties getting services accepted for these children because of the different remit of SCAMHS in different Health Boards / NHS Trusts. There should be an equitable service for Looked After Children, irrespective of placing authority.

The Transition pathway and arrangements for Young People aged between 16-25 years of age are unclear due to services' commissioning and governance arrangements e.g. different

services and partner agencies provide care up to 16 years, 18 years or 25 years. There is a risk of a fragmented approach for young people aged between 16 – 25 years of age.

The Director of Operations is to establish a working group to identify key operational priorities over the next 18 months to inform the strategic direction of the Cross-Sector Regional Children’s Group which is co-chaired by the Director of Public Health, ensuring that the voice of CYP and their families is integral to the process of developing those operational priorities.

Argymhelliad / Recommendation

The Board is asked to accept this paper as a high-level position statement of services that are currently delivered for Children and Young People who reside within the Hywel Dda University Health Board area.

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|---|--|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | 733: Failure to meet its statutory duties under Additional Learning Needs and Education Tribunal Act (Wales) 2018 by Sept 2021 |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards | Governance, Leadership and Accountability 1. Staying Healthy 2.7 Safeguarding Children and Safeguarding Adults at Risk All Health & Care Standards Apply |
| Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives | All Strategic Objectives are applicable |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019 | 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 9. All HDdUHB Well-being Objectives apply |

| Gwybodaeth Ychwanegol: Further Information: | |
|---|---|
| Ar sail tystiolaeth: Evidence Base: | ‘No Wrong Door’ report Assessment of CYP Health Services |
| Rhestr Termiau: Glossary of Terms: | Included within the body of the report |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Not Applicable |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|---|
| Ariannol / Gwerth am Arian: Financial / Service: | N/A |
| Ansawdd / Gofal Claf: Quality / Patient Care: | See Assessment of Children and Young People Services within Hywel Dda report attached |
| Gweithlu: Workforce: | See Assessment of Children and Young People Services within Hywel Dda report attached |
| Risg: Risk: | 733: Failure to meet its statutory duties under Additional Learning Needs and Education Tribunal Act (Wales) 2018 by September 2021 |
| Cyfreithiol: Legal: | See Assessment of Children and Young People Services within Hywel Dda report attached |
| Enw Da: Reputational: | See Assessment of Children and Young People Services within Hywel Dda report attached |
| Gyfrinachedd: Privacy: | N/A |
| Cydraddoldeb: Equality: | N/A |

No Wrong Door – Recommendations

| No. | Recommendation | Responsible Service | Actions | RAG |
|-----|---|---|--|-----|
| 1. | As part of our national response to children and young people’s mental health and well-being needs following this period of lockdown, all Regional Partnership Boards should plan and implement a ‘no wrong door’ approach to mental health and well-being which could include integrated teams, panel and hub models to provide timely joined-up help, drop in centres and plans for integrated residential provision where needed. All Boards should review their current Area Plan to ensure they are taking sufficient action to address the needs of children and young people with complex needs and that local authorities and local health boards are truly working in partnership towards this. This should include consideration of the Plan in light of the Covid-19 pandemic and how this impacts on the remaining years of the Area Plan and longer term strategies. | RPB, all health, Local authorities and 3 rd Sector Providers | <p>The RPB considered the findings of the report and its recommendations were considered on 22 July. A full position statement and action plan to address the recommendations will be developed through a cross-sector regional children’s group, co-chaired by the Director of Public Health, which will be convened from the autumn.</p> <p>The RPB on 25/08/2020 has requested an updated report from health Teams regarding the impact of COVID-19, anticipated shifts in the need for care and support as a result of how services will need to adjust to meet these needs.</p> | |
| 2. | Welsh Government will need to support Regional Partnership Boards with their long term strategies. This support will be needed more than ever because of the current circumstances and should make clear how Welsh Government will make funding available to achieve better experiences and outcomes for children and their families. This should include system change that will help families experience a ‘no wrong door’ approach in every region such as integrated teams, panel and hub models to provide timely joined-up help, drop in centres and plans for integrated residential provision where needed. | RPB, all health, Local authorities and 3 rd Sector Providers | The engagement of people with learning disabilities in the development of services through the Dream Team is cited within the report as an example of good practice. The planned development of regional residential provision for children and young people with complex needs as part of the ICF Capital programme is also noted. | |

| No. | Recommendation | Responsible Service | Gap/Actions | RAG |
|-----|---|---|---|-----|
| 3. | <p>Regional Partnership Boards must ensure they are compliant with the newly amended Part 9 statutory guidance by:</p> <ul style="list-style-type: none"> Ensuring funding is not seen as 'held' by either the health board or the local authority and that these arrangements are subject to a written agreement between partners. The funds should be owned by the whole region and all services should feel they have an equal stake. In light of the new statutory requirement for section 12 duties to extend to Regional Partnership Boards, all Boards should review their current arrangements for engagement and coproduction with children and young people. RPBs should use my <i>The Right Way</i> framework for taking a children's rights approach to working with children and young people to guide their approach, alongside the National Participation Standards. This must include the Board itself hearing directly from children and young people and for children and young people to be empowered to shape the work of the Board. As part of their duty to support effective, integrated transition arrangements from children's to adult services, Regional Partnership Boards should publish multi-agency transition protocols, if they have not already, for children and young people with learning disabilities, considering how they deliver an approach so that the current multiple and pervasive issues of cross-local authority border and cross-sector disparities in transition arrangements are integrated as far as possible. | RPB, all health, Local authorities and 3 rd Sector Providers | <p>The RPB considered the findings of the report and its recommendations were considered on 22 July. A full position statement and action plan to address the recommendations will be developed through a cross-sector regional children's group, co-chaired by the Director of Public Health, which will be convened from the autumn.</p> <p>The HB have a working group, 'THE VOICE OF CHILDREN AND YOUNG PEOPLE' To facilitate the engagement and coproduction with CYP.</p> | |

| No. | Recommendation | Responsible Service | Gap/Actions | RAG |
|-----|--|---|---|-----|
| 4. | Welsh Government should amend <i>the Partnership Arrangements and Population Assessments Regulations</i> to require pooled funding for a 'no wrong door' approach for children and young people. | WG | | |
| 5. | The current Welsh Government review of 'safe accommodation' must lead to concrete action being taken to develop new residential provision in Wales for children with complex needs upon reporting. | RPB, all health, Local authorities and 3 rd Sector Providers | The planned development of regional residential provision for children and young people with complex needs is being developed as part of the ICF Capital programme. | |
| 6. | As the responsible body for the administration of funding for Regional Partnership Boards, Welsh Government needs to demonstrate leadership by clarifying their responsibility for the framework within which Regional Partnership Boards operate. Welsh Government should ensure that robust accountability mechanisms are in place for Regional Partnership Boards to report on their work on multi-agency arrangements for children with complex needs, including transitions to adult services. This should include proactively reviewing Regional Partnership Boards' Area Plans and monitoring progress against their ambitions through Annual Reports and meetings. | RPB, all health, Local authorities and 3 rd Sector Providers | Partly in place regarding reporting on the Annual Plan. In development through a cross-sector regional children's group, co-chaired by the Director of Public Health convened from the autumn. | |
| 7. | Regional Partnership Boards should work with the Together for Children and Young People Programme (2) to explore how they can better organise and publicise the role and work of the Regional Partnership Boards to make it more accessible to families. This should include accessible descriptions of multi-agency pathways for children with complex needs, as well as those projects which are of direct relevance to children and their families. | RPB, all health, Local authorities and 3 rd Sector Providers | The RPB considered the findings of the report and its recommendations were considered on 22 July. A full position statement and action plan to address the recommendations will be developed through a cross-sector regional children's group, co-chaired by the Director of Public Health, which will be convened from the autumn. | |

| No. | Recommendation | Responsible Service | Actions | RAG |
|-----|--|---|---|-----|
| 8. | Regional Partnership Boards should work with citizen and third sector representatives who work with children and young people with complex needs to make sure they are sufficiently involved in meaningful work as part of the Board and feel fully valued as equal partners by the statutory members on it. | RPB, all health, Local authorities and 3 rd Sector Providers | The RPB considered the findings of the report and its recommendations were considered on 22 July. A full position statement and action plan to address the recommendations will be developed through a cross-sector regional children's group, co-chaired by the Director of Public Health, which will be convened from the autumn. | |
| 9. | Welsh Government and the Together for Children and Young People Programme (2) should work with their partners and with Regional partnership Boards to organise further shared learning events to focus specifically on a 'no wrong door' approach for children and young people with complex needs. These shared learning events should include discussions of barriers between services' use of language (particularly but not confined to health, social care and education) around children with complex needs, in order to promote the new, broader definition under the revised Part 9 statutory guidance, as well as being guided by the National Commissioning Board Wales' definition. The events should also include discussions of the issue of how information is shared and resources are pooled and whether the current information sharing system needs improvement. | RPB, all health, Local authorities and 3 rd Sector Providers | | |
| 10. | Regional Partnership Boards should develop a memorandum of understanding with Public Services Boards on potential cross-over issues where these related to children and young people, which includes an agreement on how to approach those issues which would benefit from joint working between Regional Partnership Boards and Public Service Boards, such as having | RPB, all health, Local authorities and 3 rd Sector Providers | | |

| | | | | |
|--|--|--|--|--|
| | arrangements in place for funding applications or joint commissioning. | | | |
| | | | | |

Assessment of Children and Young People Services within Hywel Dda

The information to follow describes each health service delivered for CYP across HDdUHB.

Therapies and Health Science

The services that come under Therapies and Health Science include Speech and Language Therapy (SALT), Physiotherapy, Occupational Therapy, Dietetics, Podiatry, Orthotics, Pathology, Radiology, Audiology, and interfaces with Orthoptics, Psychology, Physiology and Arts Therapy.

Information received for this assessment relates to Audiology, which professionally sits under Therapies and Health Science, but operationally sits under Scheduled Care. Further work is required for the assessment of the other services which come under Therapies and Health Science.

Audiology

In the UK there are around 840 babies born each year with some form of hearing loss. By the age of three, one in 1,000 children is known to have a hearing loss. If left undetected, and untreated, hearing loss can have a detrimental impact on a child's life. Most hearing-impaired children are born to hearing parents who have no previous experience of deafness.

HDdUHB Audiology team has a dedicated Paediatric Team that supports children from 0 to 18 who have a hearing loss. This can range from a mild conductive hearing loss, which is relatively transient, through to permanent mild to profound sensory neural hearing losses, for which hearing aids or cochlear implants are required. The Paediatric Team comprises one Band 8a (acting up) and two Band 7 Audiologists. To support the team, some Band 6 staff see children over 4 years of age to complete their hearing assessments. Our Audiology Clinical Secretary supports the Paediatric Team and acts as the main point of contact for parents/ carers.

Strengths

- Actively engages in combined working, provides support for the ENT Team across the Health Board, and holds 'joint' clinics for children/ young adults when needed.
- Hosts regular MDT meetings which are attended, when needed, by: Speech & Language Therapy, Teachers of Hearing Impaired (TOHI), a Paediatrician, Health Visitors and Social Workers.
- Has representation on the Children's Hearing Services Working Group (CHSWG). The professional service users include Audiologists, Teachers of the Hearing Impaired (TOHI) Service, Education and Speech & Language Therapy.
- Has established links with Social Services for those young adults who need their input.

- All new referrals to the Paediatric Audiology Team are prioritised based on clinical and social circumstances. Children who we continue to review or support due to the provision of amplification or concerns about hearing thresholds have agreed review timescales, but parents / carers are aware that they can contact Audiology at any time should they have concerns and ask for the appointment to be brought forward.
- Good practice is evidenced through the involvement of all children and young adults in developing their management plans. Within Audiology we develop agreed 'Individual Management Plans' so that each child/ young adult knows what they are working towards, and these are reviewed at each appointment to ensure that they are still applicable.
- Quality Assurance is robust due to our involvement on the All Wales biennial Paediatric Quality Standards Audit. As part of this we survey the views of those children and parents who have accessed our services.

Weaknesses

- The inability to cross-refer to other services – to develop a strategy for CYP it would be beneficial if the Paediatric and Transition Audiology teams had the facility to refer to Mental Health Services or Child Psychology, as currently we are required to refer back to the GP to access this type of support
- The difficulty in establishing non-professional representation on the CHSWG to enable co-production.
- The lack of training for other children's services to have a clearer understanding of 'deaf awareness'.

Safeguarding and Looked After Children

Strengths

- HDdUHB has a Corporate Looked After Children (LAC) and all age Safeguarding service to ensure that safeguarding is everybody's business, and to provide quality assurance of safeguarding and LAC work.
- There is a need to sustain the capacity for all Child Protection medicals and adoption medicals. From a Safeguarding and LAC perspective the weaknesses identified by the service for CYP include:

Weaknesses

- Provision of services to meet the emotional health needs of CYP who do not meet SCAMHs criteria, with the dependency on the 'medical model' of diagnosis as identified in the 'Mind over Matter' report, 2018.
- Provision of adequate services and skills to address behaviours that challenge with the recent Positive Behaviour Intervention Service for CYP ceasing, as a

result of short-term funding via ICF and staff not attracted to work in fixed term posts.

- Transition arrangements need strengthening, should health services follow Local Authority (SSWBA (Wales), 2014) and services go to 25 years of age.
- Our most vulnerable children are in residential homes. We have 22 homes. We have a gap in LAC capacity to meet their needs. Again, this group of young people need services to meet their emotional needs and outreach sexual health services, and immunisations. These are young people who are not easy to engage with and need outreach at times. Some are placed here from outside the Health Board area and there are difficulties getting services accepted for them because of the different remit of SCAMHS in different Health Boards / NHS Trusts ('Mind over Matter' report, 2018). Again there should be an equitable service for LAC, irrespective of placing authority.
- Lack of diagnosis for children within CAMHS/ learning disability, ASD and they are not able to access services in adulthood without a diagnosis.
- Delays in access to Neurodevelopmental assessments.
- Long waiting lists for paediatrician appointments. Consideration is required as to how LAC can be prioritised within the service as children on ADHD medication are not being seen as regularly as they should, and because of escalating behaviours resulting in fostering placements being at risk of breaking down, which is not a good outcome for the child.
- The bureaucracy relating to specialist equipment required for LAC children with disabilities (placed from other areas - money follows the child). Placing Health Boards must be 'chased' to see if they will agree to fund equipment. It is difficult to find out who can give agreement, and this is different everywhere. It can take a while to get confirmation. This is contrary to the ethos that the equipment should be secured before payment negotiations begin.
- Clarity regarding the process relating to young people who are difficult to engage to ensure we are doing everything that is required to meet the health need.

Public Health Directorate

The services that come under the Public Health directorate include both health visiting and school nursing.

Health Visiting

The primary function of health visiting, which is a universal service, is to assess and support the child and family in the Early Years (0-5 years). The key priority of the service is to deliver the Healthy Child Wales Programme (HCWP) to all children living in HDdUHB. The HCWP represents a standardised approach to service delivery throughout Wales and was implemented in 2016.

All Health Visiting interventions are underpinned by key public health messages, targeting health inequalities, and aim to improve health outcomes for all children.

Strengths

- The service is committed to the safeguarding and the health and welfare of all children aged 0-5 years and aims to achieve key priorities that also include: supporting families to make long term health enhancing choices; ensuring secure emotional attachment for children through supporting positive parent child relationships; promoting positive maternal and family emotional health and resilience; assisting children to meet growth and developmental milestones enabling them to achieve school readiness; supporting the transition from home into the school environment and mitigating the effects of poverty on early childhood and ACEs.
- There are two models of service delivery within Health Visiting - namely Generic and Flying Start. Children living in the Flying Start post coded area will receive a more intensive Health Visiting service, supported by a multi-disciplinary team. The Flying Start service model is a positive reflection of multi-agency working. The success of this model within HDdUHB has enabled the Health Visiting service to work in partnership with the LAs in Carmarthenshire and Ceredigion to secure WG funding to develop Early Years Integrated teams for the Pathfinder pilot programme. These are currently being developed and will be monitored and evaluated.

Weaknesses

- Perinatal mental health support and access to the WG funding to improve service delivery;
- Reduced capacity among Health Visitors who are delivering immunisations to deliver the HCWP;

Current 9-5 model over geographical areas – to improve accessibility to families, adjusting ways of working as identified during the peak of the pandemic.

School Nursing

The School Nursing Service is a universal service and available to all CYP aged 5 to 16 years, and those up to the age of 18 years who attend school. School Nurses are Specialist Community Public Health Nurses (School Nursing) (SCPHN SN); they provide holistic, individualised community and population-level public health support.

All School Nursing interventions are underpinned by key public health messages, targeting health inequalities. The service is committed to safeguarding the health and wellbeing of school-aged CYP and aims to achieve key priorities which enable CYP to make long-term health-enhancing choices through health promotion and to mitigate the effects of ACEs.

Strengths

The School Nursing Service plays a key role in supporting the delivery of actions required to address a number of the Health Board's strategic objectives including:

- Delivering all school-based immunisations programmes. Vaccine delivery in schools prevents outbreaks of vaccine-preventable diseases. This method achieves greater equity, consistency and higher uptake rates.
- Encouraging and supporting children and young people to make healthier choices for themselves and reduce the number of children and young people who engage in risk-taking behaviours;
- Reducing overweight and obesity;
- Improving emotional wellbeing and resilience;
- The School Nursing Service takes an active part in the working party to develop a Children's Charter for Hywel Dda University Health Board.

Weaknesses

- The lack of recognition of the need to invest in CYP prevention services has led to under-investment for many years. Appropriate investment would enable the service to operate 52 weeks of the year rather than on a term-time only basis, ensuring the service operates in line with "A School Nursing Framework for Wales (WG 2017).
- Reduced capacity of SCPHN SNs to fulfil their role fully when delivering high volumes of immunisations in short periods of time, i.e. Schools Fluenz programme.
- The improvement of the digital profile of the service – including appropriate IT equipment and implementation of the approved all Wales School Nurse records on WCCIS

Specialist CAMHS

SCAMHS sits within the Mental Health and Learning disability Directorate.

SCAMHS provides mental health services for CYP and families across the Hywel Dda Health Board area. The service accepts mental health referrals up to the age of 18 years for all children, young people and their families who meet the eligibility criteria. However where a young person age 16-18 indicates that they wish their services to be provided within an Adult Mental Health facility, and they understand the implications, this will be negotiated and the adult service supported by SCAMHS.

The aim of the SCAMHS is to improve the emotional well-being, mental health and psychological well-being of all children and young people. This will be achieved by promoting positive mental health and well-being, reducing risk, building resilience and ensuring the delivery of needs-led services which are coordinated, responsive and accessible. To achieve this, there will be a continued focus on prevention, early intervention and the identification of needs, ensuring capacity in targeted and specialist services for those who require them.

Mental health disorders in CYP are equally as prevalent, with 1 in 10 CYP aged 5 to 16 suffering from a diagnosable mental health disorder. Between the ages of 1 to 12, 1 in 15 CYP deliberately self-harm.

The Specialist CAMHS Service provides:

- Primary CAMHS: Local Primary Mental Health Support Service (LPMHSS) :
- Secondary CAMHS: Secondary Mental Health Service

SCAMHS provides mental health services for both CYP and their families, which are community-based, consisting of multi-disciplinary teams and the provision of specialist services which are coordinated and provided from a central base. There are 4 multi-disciplinary locality-based teams, which cover all areas of HDdUHB, and service delivery is centrally coordinated from a resource in Carmarthen (Ty Llewelyn). Specialist Services are also coordinated from this central base covering all three counties.

These services are located within:

- Preseli Centre Withybush Hospital, Haverfordwest
- Canolfan Gwili , Glangwili Hospital, Carmarthen
- Elizabeth Williams Clinic, Llanelli
- Ty Helyg Bronglais Hospital, Aberystwyth
- Ty Llewelyn, Glangwili Hospital, Carmarthen

Within SCAMHS there is a range of specialist services which consists of:

- Forensic CAMHS
- Dual Diagnosis Substance Misuse
- Early Intervention Psychosis Service
- Psychological Therapy Service (CBT, DBT, Psychodynamic, Art Therapy, Systemic Therapy)
- Commissioned Services (LA & GP cluster)
- Psychology Services
- Children's Continuing Care Service
- Crisis Assessment and Treatment Team
- Occupational Therapy
- Autistic Spectrum Disorder Service
- School In-Reach Service Pilot (2 year project WG)
- Specialist Services for Looked after Children (county based)

Perinatal Mental Health Service

Mental health and the wellbeing of babies and children is inextricably linked to the mental health and wellbeing of their parents, in particular their mothers, and we also know that many mental health problems start early in life, often as a result of deprivation including poverty, insecure attachments, trauma, loss or abuse. Between 1 in 10 and 1 in 15 new mothers experience post-natal depression.

Infant Mental Health

The service is currently running a pilot called “Tiny Tiers” with the remit to provide support for professionals who work with under-fives, and who are concerned that mental health issues may be developing. The remit of the group includes community signposting and aims to promote the development of a resilient community around a child, sharing skills and knowledge and developing a network of support to facilitate infant mental health development.

Neurodevelopmental Service

All assessments for Autistic Spectrum Disorder (ASD) are undertaken by the multi-disciplinary ASD Team, which covers the Health Board footprint. There is a high demand on this service and the current capacity within the team is outstripped by the continuous high demand. The service is working collaboratively with Education and LAs to address this, adopting an early intervention approach to assessment to improve life chances for children with neurodiversity.

Referral Management

SCAMHS has a single point of contact and pathway for processing all referrals accepted from specialist health services professionals whose own knowledge base and training enable them to make an informed decision regarding the child or young person’s mental health. These include:

- General Practitioners
- Paediatricians
- Social Workers
- School Nurses
- Youth Offending Teams
- Accident & Emergency Departments
- Consultants (or consultant-led services)
- Educational Psychologists
- School Counsellors
- Police

Admission

Hywel Dda does not have any designated inpatient treatment beds for children and adolescents and all admissions for assessment/ treatment have to be accessed via the Tier 4 Adolescent In Patient services. Within Wales there is a regional CAMHS Unit provided in Bridgend for South and West Wales and a further CAMHS Inpatient Unit in North Wales, commissioned by the Welsh Health Care Specialist Services Committee (WHCSSC) on behalf of all Welsh Health Boards. There is no access to out-of-hours beds.

Where admission is required, out-of-hours locally, in respect of Mental Health concerns, the Practitioner co-ordinates admission to the age-appropriate bed, dependent on risk to the Paediatric setting (Rainbow bed) on Cilgerran Ward, Glangwili Hospital, Carmarthen or the adult age-appropriate bed on Morlais Ward, Glangwili Hospital, Carmarthen.

Strengths

- SCAMHS have fully implemented the Choice and Partnership Approach (CAPA) which is a service transformation model that combines collaborative and participatory practice with service users to enhance effectiveness, leadership, skills modelling and demand and capacity planning. The CAPA is operational across all SCAMHS services in Wales. All services who use this approach will be able to demonstrate what they are doing and to whom.
- Occupational Therapists and Occupational Therapy Support Workers are employed in a variety of roles within the adult, older adult, learning disability and SCAMHS services. Although the majority of Occupational Therapists are employed as therapists, there are a few who have been recruited into Mental Health Practitioner roles, particularly within Therapeutic Day Services and Primary Care. Although these roles have a generic remit, Occupational Therapists bring their specific skills in terms of occupational functioning, encouraging self-management, activity analysis, use of activity as a therapeutic medium and problem solving. Occupational Therapists are dually trained across physical and mental health settings, undertaking placements in health, social care and third sector organisations. Their experience of integrated working enables them to work across traditional boundaries between key stakeholders to help individuals access the support that they require in a prudent manner.

Weaknesses

- The demand on mental health services has increased year on year with a substantial growth in budget and workforce, although, recruitment in key areas such as medical and psychology services remains a significant challenge. From a medical perspective, research by the Royal College of Psychiatrists reveals large inequalities across the NHS in access to consultant psychiatrists. While Scotland has 10 consultant psychiatrists per 100,000 people, this falls to 8 in England and Northern Ireland and to 6 per 100,000 in Wales.
- The estates and accommodation are not fit for purpose and do not convey a pleasant or child-friendly approach. The IT infrastructure is outdated and fragile. The Directorate uses 'Care Partner' as its clinical recording system and anticipates further updates to the system whilst waiting for the introduction of WCCIS system.
- The demand for neurodevelopmental assessments for ASD continues to place significant impact on current capacity due to under-resourcing.

Women and Children's Services

Sexual Health, Obstetrics and Gynaecology, Acute and Community Paediatrics for the Women and Children's Directorate.

Sexual Health & Gynaecology

The Sexual and Reproductive Healthcare services within Hywel Dda offer a life-course approach to all CYP aged between 13-18 years.

- Services are available throughout the week (Monday-Friday) remotely, using telephone and video conferencing facilities, but also from five community and hospital-based sites across the three counties.
- Staff working within the service are all trained in Safeguarding (Level 3) and domestic abuse and have regular opportunities to update their knowledge as part of Continuous Professional Development.
- All CYP accessing the services are managed according to GMC guidance on consent and confidentiality, including assessing Fraser competence and national screening requirements for Child Sexual Exploitation (CSE).

Strengths

- Offer a 'one-stop' model of care, supporting sexual health advice, contraception needs as well as psychosexual support and health promotion.
- Staff within the department work closely with Public Health Nurses (Health visitors and School Nurses) and Safeguarding and Looked After Children Nurses to ensure robust referral pathways are in place to manage vulnerable and LAC.
- Training is offered to both Health Board and Local Authority (LA) staff and volunteers (i.e. foster carers, school nurses, health visitors and midwives).
- In conjunction with LAs training is provided via 'Healthy Schools', delivering peer mentoring programmes and sex education to CYP directly.

Weaknesses

- Access to services is a challenge due to the HB's rural area and lack of public transport or late opening facilities.
- There is currently no designated member of staff to work with CYP or support outreach.
- Lack of Social Media presence to advocate for CYP sexual health and promote the services.

Maternity

HDdUHB Maternity services provide care to all woman and families of reproductive age. Across the Health Board, Maternity Services are configured as:

- Acute in-patient Consultant-led services based in GGH and BGH, with midwifery-led care services, community-based antenatal and postnatal care.
- Pembrokeshire have community antenatal and postnatal care, and a midwifery-led care delivery unit at WGH.
- Across the HB there is antenatal provision for all woman and their families.

- 'Flying Start' midwifery provision, targeting families requiring extra support in pregnancy and providing bespoke antenatal education for women and families.

Strengths

- 24/7 Midwifery services across the Health Board;
- Specialist midwifery roles such as peri-mental health, safeguarding, bereavement, breast feeding support, diabetes, and a Consultant midwife;
- Seamless pathway with Public Health and Health visiting services;
- Choices of 'place of birth' include hospital, midwifery-led and home births;
- Maternity and Neonatal network coordinating standardised review and shared learning from maternal and perinatal morbidity and mortality incidences.

Weaknesses

- Improvement required in pathways in relation to smoking cessation, obesity/ weight management and ACEs (Maternity Care in Wales, July 2019).
- Continuity of carer – compelling evidence to support continuity of midwife and consultant in achieving positive outcomes (Maternity Care in Wales, July 2019).
- Requirement for All Wales Electronic case note recording.
- Challenges in Medical recruitment and retention (Maternity Care in Wales, July 2019). However, this does provide opportunities to create new roles that meet the needs of the community.

Acute Paediatrics

Across HDdUHB, acute Paediatric and Neonatal services are configured as follows:

- Two Acute Paediatric Inpatient Units – one serving Carmarthenshire and Pembrokeshire and one serving Ceredigion;
- Carmarthenshire unit has an age-appropriate dependent on risk SCAMHS bed supported by SCAMHS/ Mental Health practitioners;
- Single Special Care Baby Unit covering the Health Board with a neonatal outreach service and dedicated neonatal bereavement service;
- Paediatric ambulatory care units (all sites) with the current temporary exception to Pembrokeshire as an impact of COVID-19.

Criteria for in-patient admission is 0-16 years of age. However if under a Consultant Paediatrician for the management of specific conditions, for example oncology, admission will extend to 18 years of age provided that the condition they are being admitted with is the reason for admission until transitioned to adult services. An example of this can be for a 17-year old oncology patient requiring admission for febrile neutropenia.

Strengths

- All Nurses are Paediatric trained;
- Neonatal Outreach Team and dedicated bereavement service;
- Good working relationship between the Level 3 neonatal units allowing rotation of staff across Health boards.
- Neonatal unit moving across to a purpose built unit within the next 6 months.

- Pathways of care in place across specialities with ongoing development of further pathways e.g. 're-feeding'
- Referral to treatment time targets achieved prior to COVID-19. A plan is in place to recover lapsed waiting times due to COVID-19.

Weaknesses

- Low number of qualified speciality neonatal nurses.
- There is a lack of medical support across tertiary services for 16-18 years old in respect of high dependency and intensive care.
- Significant investment is required to improve the environment for acute admission and children's assessment units and outpatient departments.
- Recruitment and retention of all staff groups remain a challenge.
- Challenges around meeting follow-up waiting lists. Ongoing engagement with medical staff and development of virtual clinics are being put in place to mitigate this issue.
- Due to the temporary closure of the Paediatric Assessment Unit at WGH this has led to a reduction in outpatient facilities and in addition, due to social distancing, there are challenges in accommodating staff safely.

Community Paediatrics

The Community Child Health Service (CCH) provides services to CYP aged 0-18 years, which includes a range of statutory and non-statutory functions all of which require doctors and nurses to be part of a wider Multidisciplinary Team (MDT).

The current CCH MDT includes:

- Community Paediatric Consultants, Associate Specialist, Staff Grade Doctor, Psychologist
- Community Children's Nurses
- Specialist Nurses for Diabetes, Oncology and Palliative Care
- The integrated Neurodevelopmental (ASD) Service with SCAMHS
- Physiotherapists, Occupational Therapists, Speech and Language Therapists, Dietetics
- Public Health Nurses (Health visitors and School Nurses)
- Safeguarding and Looked After Children Nurses
- Genetic Counsellors working across all ages.

There is also a multi-agency disability service model in Carmarthenshire and Ceredigion employing specialist health visitors and nurses. In Pembrokeshire HDdUHB commissions a third sector provider to deliver a Child Development Service supported by health visitors undertaking key working for pre-school aged children and a Social Services Disability team. The configuration of these services is historic and reflects differing priorities within the former Health Board counties.

Strengths

- A workforce which is committed, flexible and creative in placing CYP at the centre, prioritising caseloads to deliver safe, quality care.
- Reviewing and re-defining the care pathways.
- Reviewing and addressing long waiters.

- Undertaking virtual clinics advanced by the COVID-19 pandemic, which will also assist in addressing high 'Did Not Attend' rates.
- Continuing investment and support for the training of HB Doctors and Nurses to achieve specialist registration.
- Highly skilled practitioners delivering on Paediatric Diabetes, Oncology, and Palliative Care.

Weaknesses

- Impact upon underinvested service - advances in technology, medicine, and palliation, all of which has required an increase in care and support. Examples of this is the management and treatment of Type 1 Diabetes in childhood intensifying over the last 15 years, transferring from twice daily injections to multi dose insulin injections, pump therapy and continuous glucose monitoring. The management and treatment of CYP who are palliative has intensified leading to 'hospital at home', with numerous 'end of life' events.
- Impact upon underinvested service - there is a significant rise in the recognition of neurodevelopmental disorders (NDD), presentation of mental health disorders, a greater reporting and awareness of safeguarding.
- Low-level support for CYP diagnosed with ASD.
- For other NDD conditions, particularly around ADHD there is no community practitioner support/ interventions for the CYP or family, likewise no psychology intervention as recommended by the National Institute for Health and Care Excellence (NICE, 2018, ng87).
- The demand for outpatient appointments outstrips capacity because of long-term medical vacancies in both Community and Acute Paediatrics.
- Current inability to meet the Welsh Government 26 week target for all new ADHD appointments.
- Need to improve the collaboration between both Community Paediatrics, SCAMHS and Learning Disabilities when it comes to the treatment and management of CYP where there is increased anxiety, behaviours that challenge and the need for antipsychotic and antidepressant medication. The clinical guidance recommends psychological and/or other interventions alongside medication for behaviours that challenge (NICE, KTT19, 2019). Unfortunately, due to short term ICF, the Positive Behaviour Intervention Service for CYP with Learning Disabilities and Behaviours that challenge, hosted and managed by the Learning Disability Service has ceased.
- The improvement of the digital profile of the service – including implementation of WCCIS to facilitate the improvement to the communication pathway.