CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	29 July 2021
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Three Year Draft Plan for Children's Services
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	Lisa Humphrey, Interim General Manager for Women and Children's Services Tracey Bucknell, Interim Service Delivery Manager – Community Paediatrics

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

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 definition of the term 'complex needs' needs to be broadened. 'Complex needs' should include all children who experience distress and require help and support from multiple agencies.

In September 2020, a paper presented to the Public Board meeting provided a high-level position statement regarding the number of and the relationship between health services that deliver care and support to Children and Young People (CYP) who reside in the Hywel Dda locality. The outcome of that Board meeting was a request for all services involved in the care of children to work together to adopt a unified approach to ensuring all CYP receive an equitable service. The Board also reaffirmed that engagement with key partners and stakeholders was integral to the development of any plans, to ensure that all CYP receive the right care from the right service at the right time. Representatives from Children's Services developed a 'Plan on a Page' (attached at Appendix 1) in June 2021. The objective of the plan is to support the implementation of an equitable service for CYP.

A key enabler to ensuring the successful implementation of the proposed plan will be the establishment of a working group to ensure the voice of CYP is captured by giving consideration to the United Nations Convention on the Rights of the Child, engagement with 'Voices of the Children and Young People Steering Group' and 'Iechyd da' and Third Sector. This will ensure that the CYP Working Group understands what matters to CYP and highlights early identification of the key areas of focus. A fundamental outcome of the CYP Working Group will be to provide assurance to the Health Board that the services delivered for CYP are fit for purpose, inclusive and accessible, in line with the 'No Wrong Door' approach. Other key aims identified are to create opportunities for participation and engagement with service users, ensuring that they have a voice in the development of service delivery models, whilst tackling the current inequalities they face in health care provision today. Co-production of streamlined care pathways will meet the needs of our future generations, inclusive of those approaching transition to adult services. It is also intended that the group will take an outcome based

approach to the longer term planning of children's services which will focus on action that will support wellbeing through their life-course.

Cefndir / Background

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.

In addition, due to poor retention and recruitment within the Community Paediatric Consultant cohort, there are extraordinarily long waits for new patients to receive their first appointment; this includes ADHD – a NHS Delivery Framework Target. In addition, there are challenges with achieving the follow-up requirements to support CYP with an ADHD diagnosis who are prescribed controlled drugs, which require robust monitoring and review.

Asesiad / Assessment

There is evidence that there are strengths within services delivered for CYP; however, there are also many organisational risks, weaknesses and historical underinvestment described within the respective Integrated Medium Term Plans and risk registers. Four main areas of weakness have been identified:

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

The current organisational structure of the Health Board has become a barrier to services adopting a coherent and aligned approach to delivering care for CYP and has led to services who deliver care for children and young people often working separately, with missed opportunities for integration and partnership. Whilst many services are working towards the same objectives, pathways are misaligned and therefore professionals are restricted in their ability to place CYP at the centre of their own care. If services were to continue working as they are currently, gaps in care provision will remain inevitable, reducing the opportunity for early intervention. Reducing the risk of 'silo working' within the Health Board has the potential to impact positively in many ways, including improvement in the quality of the care we deliver and reducing duplication of roles within services. There is also potential for improvement in cost efficiency – in line with Value Based Healthcare objectives.

In order to increase engagement and establish the desired consistent approach, an executive-led working group is currently being established, which will include the presence of an

Independent Member of the Board to ensure that the voice of CYP is captured, as the three year plan is initiated during the coming months. This working group will include representatives from strategic workforce planning, the Improving Together framework and Value Based Healthcare team to ensure that there is alignment to the Board's strategic objectives. The working group is due to meet by mid-August 2021; it aims to ensure all services come together in order to reduce the gaps in provision and coordinate care pathways. The working group's fundamental purpose is to deliver patient-partnered care. This reformed mechanism for delivering proactive rather than reactive healthcare will also afford services the ability to work collaboratively, increase productivity and develop shared priorities to achieve optimal health outcomes for CYP.

The working group will be accountable for the following, which will inevitably evolve over the next three years (Draft Terms of Reference attached at Appendix 2):

- Be accountable for identifying key priorities to inform a three-year plan. To be agreed and implemented as a phased approach for delivery in 2022/23. (Due Date October 2021)
- Focus on the identification of longer-term priorities and associated action planning that takes a population health approach to future children's health service provision.
- Feed into and report progress to the Children's Board subcommittee of the RPB.
- Develop a draft implementation plan 2022/2023 for consideration by the Board. (Due Date December 2021)
- Produce a road map- to illustrate how the CYP Working Group will deliver on the plan.
- Agreed implementation three-plan to inform IMTP for delivery in 2022/2023 (Due Date March 2022)

Actions already implemented to address certain of the issues, in order to mitigate risk:

- Installation of new innovative technology (QBTech) to aid diagnostic decisions and support accurate diagnosis of ADHD. The implementation of QBTech will enable clinicians to measure the core ADHD symptoms including inattention, activity, and impulsivity
- A plan to recover current delays in assessment has been devised - current data analysis demonstrates the following:
  - 392 CYP waiting for confirmation of potential ADHD (as at 30/04/2021)
  - 336 (86%) waiting in excess of 26 weeks
  - Three new referrals each month (This is likely to increase considerably due to the COVID-19 pandemic).
  - Predicted QBTech diagnoses between July 2021 and March 2022 = 215
  - Predicted waiting list for ADHD at 31/03/2022 = 204
- A review of current roles and responsibilities within Community Paediatrics
- An in-depth review of demand and capacity for CYP waiting for a diagnosis of ADHD/ASD
- A review of Pembrokeshire Children's Service modelling, which is ongoing. The current pandemic has afforded the directorate with the opportunity to evaluate current pathways. This discussion is evolving, and will continue to gather momentum over the coming months. Data collection and analysis, along with continued engagement with both staff and other stakeholders will drive the discussion forward
- Further development of the Specialist Looked after Children (LAC) Nurse for Residential care. Established in December 2019, this innovative role has received positive feedback from both service users and key stakeholders. This role is already evolving in response

to the ever-changing needs of this vulnerable and complex population, developing creative new ways of working with these hard-to-engage young people. The role remains in its infancy; it is difficult to assess at this stage whether the role will improve long-term health outcomes. However, the initial findings are positive and show that the increased engagement with the LAC nurse from these young people addresses their behaviours and choices that could affect their health in the future.

Argymhelliad / Recommendation

The Board is requested to:

- **CONSIDER** this update of the issues identified to date and **ACKNOWLEDGE** the actions already being implemented;
- **SUPPORT** the establishment of the Children and Young People Working Group and **AGREE** the associated delivery timescales.

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 Score - 12
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 Termau: Glossary of Terms:	Iechyd da – Youth Health Team ADHD - Attention Deficit Hyperactivity Disorder ASD – Autism Spectrum Disorder
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:**	Not Applicable
Ansawdd / Gofal Claf: **Quality / Patient Care:**	See Assessment of Children and Young People Services within Hywel Dda report attached (Appendix 3)
Gweithlu: **Workforce:**	See Assessment of Children and Young People Services within Hywel Dda report attached (Appendix 3)
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 (Appendix 3)
Enw Da: **Reputational:**	See Assessment of Children and Young People Services within Hywel Dda report attached (Appendix 3)
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

Planning Objective

Develop an equitable service for Children and Young People (CYP) ensuring CYP receive the care that they need. Bring together services to meet the needs of the children. This is within the context of 'No Wrong Door' launched by the Children's Commissioner in June 2020. This relates to children with 'complex needs', acknowledging that there are many definitions attributed to this term. The organisational values should be at the heart of this programme.

PROJECT SCOPE

The objective will encompass working together with various groups:

- <u>The six directorates across HDdUHB who have responsibility for CYP:</u>
1. Corporate - for Safeguarding and Looked After Children
2. Public Health and School Nursing
3. Mental Health and Learning Disabilities - for Specialist Child and Adolescent Mental Health Services (SCAMHS)
4. Therapies and Health Science
5. Scheduled Care
6. Women and Children's Directorate, which includes Sexual Health, Gynaecology, Maternity, Acute and Community Paediatrics.
- Three local Authorities(LA)
- GP Practitioners
- Third Sector Providers
- Regional Partnership Board

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. Four main areas of weakness have been identified:

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

Phase 1: Establish a working Group.
Phase 2: Furnish Operational Lead with report for Children's Service 3 year Plan.
Phase 3: Installation of QBTech to support ADHD.

392 CYP waiting for confirmation of potential ADHD(as at 30/04/2021)
336 (86%) waiting in excess of 26 weeks
3 new referrals each month (The Service expects that to increase considerably as a result of the pandemic)
Predicted QBTech between July 2021 and Mar 2022 = 215
Predicted waiting list for ADHD at 31/03/2022 = 204

Phase 4: Roles and responsibilities (Community Paediatrics)
Phase 5: ALN code of practice
Phase 6: ASD
Phase 7: Feed into PRB

Consideration will include:

- Accessibility
- Focus on embedding values, equality and inclusiveness.
- Include the new planned customer service offer
- 'No Wrong Door: bringing services together to meet children's needs' Children's commissioner for Wales.
- UN Convention Rights of the child
- Voices of the Children and Young People Steering group
- Iechyd dda and 3rd sector

PROJECT RESPONSIBILITIES

Responsible Officers:
Executive Lead: Andrew Carruthers
Strategic Lead: Lisa Humphrey, Liz Carroll
Delivery Lead: Tracey Bucknell

Programme oversight through:

- Executive Team, Children's Board, RBP, QESAC, Working Group (to be established)

Governance through:

- **QESAC, Women & Children's Directorate Leads, SCAMHs**

Delivery through:

- 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; Local Authorities (LA); GP Practitioners; Third Sector Providers; Regional Partnership Board.

OUTCOME

- Working collaboratively responds to the needs of CYP.
- Rethink how services are delivered – providing the opportunity to establish a 'No Wrong Door' approach.
- Clearly define and understand pathway across disciplines.
- The use of new technology will support care for CYP at the right time, by the right people.
- Reduction on the wait for ADHD/ASDO diagnosis and management.
- Collaboration of the individual services to provide assurance that an equitable service is delivered, accessible to all across the three counties
- Enabler to provide assurance to the HB the services delivered for the CYP are fit for purpose, inclusive and accessible
- Tackle the current inequalities in health care provision for CYP in our Health Board
- Create opportunity for participation and engagement with service users ensuring they have a voice in the development of future service delivery models
- Production of streamlined care pathways for all CYP inclusive of those transitioning to adult services
- Develop new integrated service model for CYP with mental health & learning disabilities.
- Develop new integrated service model for CYP not accessible to SCAMHS who require behavioural support (PBIS)

KEY DATES & DELIVERABLES

KEY PHASE	BY WHOM	BY WHEN
(i)Establish a Children and Young people's working group, engaging with the six directorates identified, the third sector and users. Establish TOR. Identification of appropriate Chair	SDM – Community Paediatrics	June 2021
(ii)The Children and Young people's working group to identify the key priorities to inform a plan for delivery in 2022/2023.	Children and Young people's group.	October 2021
(iii)New working group to feed into and report progress to the Children's Board sub-group of the RPB.	Children and Young people's group	Ongoing
(iv)The Children and Young people's working group to develop a draft implementation plan for 2022/2023 for consideration by the Board.	Children and Young people's group	December 2021
(v)Agreed implementation plan to inform IMTP for delivery in 2022/2023	Children and Young people's group	March 2022
Install QBTech to support diagnosis of ADHD	SDM – Community Paediatrics	30/06/2021
Review current working practices. Consider roles and responsibilities within Community Paeds.	SDM/Clinical Lead Community Paediatrics	30/06/2021
Ensure Additional Learning Needs (ALN) code of practice is delivered	All	In line with ALN Delivery
Ensure that demand and capacity for CYP waiting for a diagnosis of ADHD/ASD is evaluated and monitored	SCAMHS/Community Paeds	31/08/2021

	• Contribution will also be sources from colleagues within Workforce & OD; Senior Leaders; IT Services; line managers; staff and TU representatives.					

	Description	Likelihood	Impact	Score	Mitigating Actions
RISKS	Lack of financial investment	High	Unable to provide the right care, by the right people at the right time		Ensure that processes are developed and available resource used efficiently, to ensure the best service possible is given.
	Lack of IT	Medium	Unable to monitor demand and capacity. Unable to provide virtual care where appropriate		Work closely with IT, to ensure clear understanding of requirements.
	Recruitment and Retention	High	Resource unavailable to deliver project actions and achieve outcomes		Clear plan on staff resource to be allocated to project
	Work pressures / time constraints impacting on ability to work collaboratively across service areas/ departments		Lack of buy-in to solution as not developed collaboratively across CYP responsible directorates/ partners		Stakeholder communication plan to be developed to ensure buy-in. Executive level support to drive cross department working

EDUCATION & DEVELOPMENT

Key enablers in bringing a new people culture to life
Driving the strategy delivery on the ground of the 3 strategic objectives:

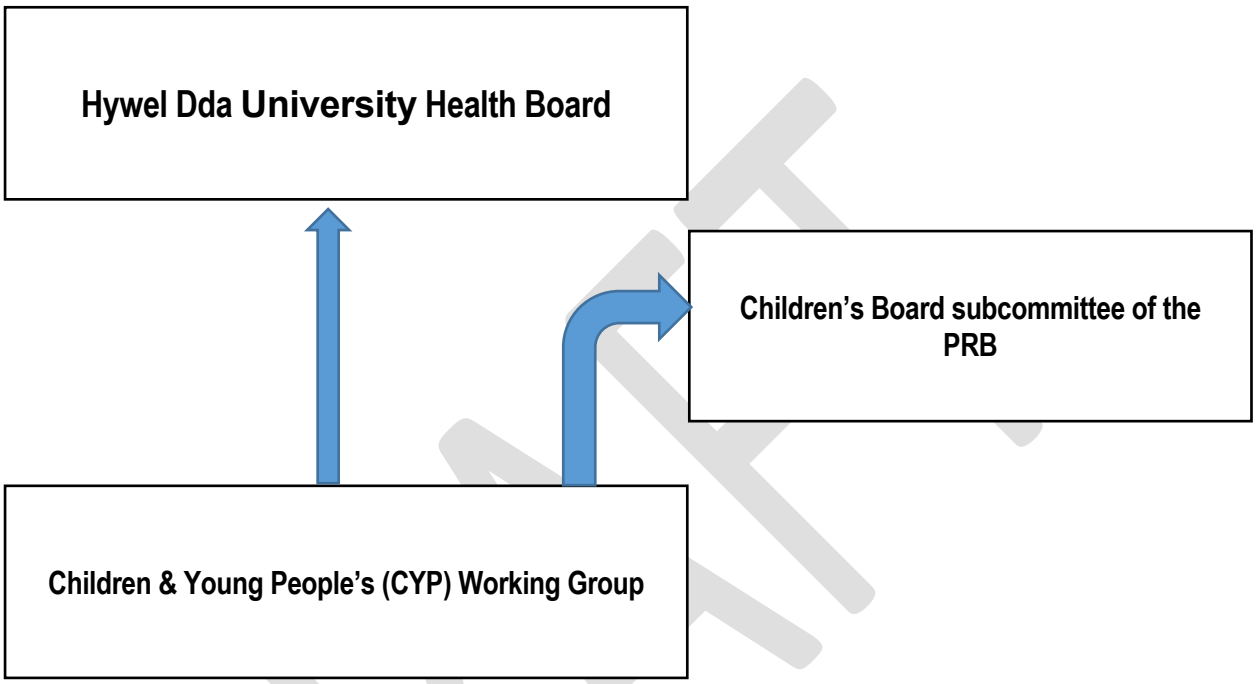
- Putting People at the Heart of everything we do
- Working together to be the best we can
- Striving to deliver and develop excellent services

- Shared vision across directorates/ partners and joint working as required

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

TERMS OF REFERENCE

CHILDREN AND YOUNG PEOPLE'S (CYP) WORKING GROUP



Version	Issued To	Date	Comments
V0.1	W&C Directorate	17.05.2021	LE initial draft
V0.2	W&C Directorate	19.05.2021	Tracey Bucknell
V0.3	W&C Directorate	20/05/2021	Tracey Bucknell
V0.4	W&C Directorate	28/05/2021	Tracey Bucknell
V0.5	W&C Directorate	18/06/2021	Tracey Bucknell

1. Constitution

1.1 The Children & Young People (CYP) Working Group is a group established of the Hywel Dda University Health Board (HDdUHB). Constituted from INSERT DATE OF CONSTITUTION HERE.

2. Membership

2.1 The CYP Working Group shall comprise of the following:

Members

Name	Role
Andrew Carruthers	Director of Operations (Joint Chair)
Ros Jervis	Director of Public Health (Joint Chair)
Delyth Raynsford	Independent Member
Lisa Humphrey	Interim General Manager for Women and Children's Services (Joint Vice Chair)
Liz Carrol	Director of Mental Health & Learning Disabilities (Joint Vice Chair)
Alison Wride	Finance Business Partner
Angela Lodwick	Head of S-CAMHS
Bethan Lewis	Interim Assistant Director of Public Health
Angharad Davies	Senior Nurse – Community Paediatrics
Barbara Morgan	SDM/ SN School Nursing and Childhood Immunisation
Ceri Lewis	Senior Finance Business Partner
Donna Redfern	Service Support Manager (Administrator pending new recruitment)
Dr Damitha Ratnasinghe	CL – Acute Paediatrics
Dr Martin Simmonds	CL – Community Paediatrics
Dr Warren Lloyd	Medical Director – MH&LD
Jane Deans	Head of Audiology
Janet Edmunds	Lead Nurse for Looked after Children
Julie Jenkins	Head of Midwifery and Women's Services
Lesley Hill	SDM/ SN Health Visiting and Early Years
Mandy Nichols-Davies	Head of Safeguarding
Melanie Evans	Head of Learning Disabilities and Older Mental Health
Paula Evans	Directorate Nurse – Paediatrics
Tracey Bucknell	SDM – Community Paediatrics (Interim)
Tracey Walmsley	Senior Workforce Development manager
TBC	Engagement Team

2.2 Reporting Members

To be determined

3. Quorum and Attendance

3.1 A quorum shall consist of no less than a third of the membership and must include as a minimum the Chair or Vice-Chair of the CYP Working Group

3.2 Any senior officer of HDdUHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.

3.2 The CYP Working Group may co-opt additional independent external 'experts' from outside the organisation to contribute to specialist areas of discussion.

3.3 Should any officer member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.

3.4 The CYP Working Group may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

3.5 The Chairman of HDdUHB reserves the right to attend any of the Group's meetings as an ex officio member.

4. Principal Duties

4.1 The CYP Working Group has two key and connected roles. The first bringing all relevant children's services across the organisation together to identify key priorities for service improvement and develop a holistic three-year improvement plan. Alongside this the CYP Working Group will also take an outcomes-based approach to developing a longer-term plan which will focus on action for children that supports wellbeing through their life-course, addresses inequality and is informed by the voices of our future generations.

4.2 The CYP Working Group will:

4.2.1 Be accountable for identifying key priorities to inform a three-year plan. To be agreed and implemented as a phased approach for delivery in 2022/23. (Due Date October 2021)

4.2.2 Focus on the identification of longer-term priorities and associated action planning that takes a population health approach to future children's health service provision.

4.2.3 Feed into and report progress to the Children's Board subcommittee of the RPB.

4.2.4 Develop a draft implementation plan 2022/2023 for consideration by the Board. (Due Date December 2021)

4.2.5 Produce a road map- to illustrate how the CYP Working Group will deliver on the plan.

4.2.6 Agreed implementation three-plan to inform IMTP for delivery in 2022/2023 (Due Date March 2022)

5. Agenda and Papers

5.1 The agenda will be based around the CYP Working Group's work plan, identified risks, matters arising from previous meetings, issues emerging and requests from CYP Working Group Members. Following approval, the agenda and timetable for submission of papers will be circulated to all Members.

5.2 Standard agenda items will include a review of highlight reports, action log, and risks and issues log (including those to support and/or escalate); project or model progress reviews on a rotational basis; and a discussion of key messages.

5.3 All papers should have relevant sign-off before being submitted to the CYP Working Group. Door: Task & Finish Group Co-ordinator / Secretary

6. Frequency of Meetings

6.1 The CYP Working Group will be agreed at the first meeting The Chair of the CYP Working Group in discussion with Members will arrange any additional meetings as determined.

6.2 The Chair of the CYP Working Group, in discussion with the CYP Working Group Co-ordinator / Secretary, shall determine the time and place of meetings of the CYP Working Group and procedures of such meetings.

7. In Committee

7.1 CYP Working Group can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Accountability, Responsibility and Authority

8.1 The CYP Working Group will be accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

8.2 The requirements for the conduct of business as set out in HDdUHB's Standing Orders are equally applicable to the operation of the CYP Working Group

9. Reporting and Assurance

9.1 CYP Working Group, through its Chair and Members, shall work closely with the Board's other Committees as required, including joint/sub committees and groups, to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business;
- Sharing of information.

9.2 In doing so, the CYP Working Group shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

9.3 CYP Working Group may establish additional Groups or task and finish work-streams to carry out on its behalf specific aspects of Health and Care Strategy Delivery Group business. CYP Working Group will receive a written update following each work-streams meetings detailing the business undertaken on its behalf.

9.4 CYP Working Group Chair shall:

9.4.1 Report formally, regularly and on a timely basis to the Board on the CYP Working Group activities. This includes written updates on activity as well as the presentation of additional reports, as required;

9.4.2 Ensure appropriate escalation arrangements are in place to alert the HDdUHB Chair, Chief Executive or Chairs of other relevant Committees/Sub Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the University Health Board.

10. Review Date

10.1 These Terms of Reference shall be reviewed on at least an annual basis for approval by the Board.

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 multidisciplinary 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 multidisciplinary 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 midwiferyled 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 Helth practitioners;
- Single Special Care Baby Unit covering the Health Board with a neonatal outreach service and dedicated neonatal breavement 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 longterm 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.