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Ein cyf/Our ref: MA/EM/2870/21

Jayne Bryant MS
Chair
Children, Young People and Education Committee
Senedd Cymru
Cardiff Bay
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22 November 2021

Dear Jayne,

Thank you for your letter of 27 October following the Children, Young People and Education Committee general scrutiny session on 7 October.

We have addressed each of the Committee's additional questions as follows:

CHILD HEALTH STRATEGY

Children's health is a top priority for Welsh Government. Children and young people should be at the centre of excellent, integrated services that put their needs first, regardless of traditional organisational and professional structures. Welsh Government has previously agreed that an individual strategy is not necessarily the best way of achieving this.

The Parliamentary Review of Health and Social Services published in 2018 made a number of recommendations about the future of health and care provision in Wales. The Review called for one seamless system for Wales with one clear and simple vision of what care will look like in the future to meet the needs of the population. The Review recommended that care should be organised around the individual and their families and support provided should be without artificial barriers.

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A Healthier Wales: Our long term plan for health and social services published in 2018 was informed by the parliamentary review. It provides for a whole system approach which is equitable and where services will deliver high quality of care, and achieve more equal health outcomes, for everyone in Wales. Services should be designed around the individual and around groups of people, based on their unique needs and what matters to them, as well as quality and safety outcomes.

As part of our development of A Healthier Wales, a Children's Rights Impact Assessment (CRIA) was undertaken and found that children, young people and their families will benefit from safe and effective health care services, the continued provision of which is the Long Term Plan's overarching objective.

Under the Social Services and Wellbeing Act, all health and social services providers are required to undertake population assessments and publish area plans setting out how they meet the needs of particular priority groups – one of which are children and young people.

Health Boards and Local Authorities are reminded of their duties in relation to children and young people in the Social Services and Well-being Act Part 9 Statutory Guidance and the NHS Wales Planning Framework. The Framework includes a number of specific requirements relating to children and young people, including around the delivery of mental health services to children in their area, support for children with SEN, and compliance with safeguarding requirements, with LHBs expected to evidence their compliance in their Integrated Medium Term Plans which are subject to Welsh Government approval.

The Planning Framework is in turn underpinned by a range of Welsh Government strategies and initiatives relating to healthcare for children and young people, such as Screening and Immunisation Policy, Together for Children and Young People, the Healthy Child Wales Programme, and the Welsh Network of Healthy Schools. None of the duties or expectations included in these guidance documents, or the accountability arrangements embedded in the IMTP or Area Planning processes through which healthcare providers demonstrate their compliance with them, will be negatively affected by anything in the Long Term Plan.

The success of the Plan will be judged over time through the wide range of existing health and social care performance monitoring and assurance arrangements, and through regular progress reports on service transformation.

Multidisciplinary working is particularly important in relation to children's health, so the transformation proposed in the Long Term Plan to a system of seamless health and care provision will promote the wider adoption of integrated and effective interventions for children, resulting in greater positive health and wellbeing outcomes over time. The greater emphasis on preventive healthcare approaches will also benefit children and young people directly by increasing health literacy and embedding positive lifestyle choices and behaviours at an early age, whilst a programme of work is currently underway to explore how we create an early years system of health promotion both locally and nationally. In addition, health and wellbeing is also a core area of learning in the new curriculum developed for Wales.

A Healthier Wales is intended to secure the sustainability of safe and high quality health and social care services in Wales into the future and in doing so will directly a number of Articles contained within the United Nations Convention on the Rights of the Child.

The NHS in Wales and Welsh local authorities are the main providers of health and social care services for children and their families. These services support the survival and healthy

development of children as per Article 6, medical and social support to children with disabilities as per Article 23, and the provision of healthcare to children as per Article 24.

In relation to Articles 12 and 13, A Healthier Wales promotes the adoption of a person-centred approach to health and social care provision, putting the requirements and preferences of the individual at the heart of the system to achieve the outcomes that they say are important to them, rather than fitting people to the services that are available as can often happen now. To achieve this, greater emphasis will be placed on providing individuals with a greater say in the services they receive and the different care or treatment options available, and in enabling them to access all of the information held by services about their health and wellbeing, with support from health and social care professionals to help explain what that information means, and how to use it in ways that improve health and wellbeing.

In relation to Article 15, opportunities for children with disabilities or health problems to associate with others should be maximised through the provision of more health services in community rather than hospital settings, whilst a greater emphasis on health promotion and preventative approaches to healthcare will reduce health inequalities and support greater numbers of children to participate in active play and sports and enjoy the wider social opportunities that such activities bring.

In summary, the person-centred approach to healthcare set out in A Healthier Wales, when combined with other Welsh Government programmes aimed at supporting children, already provides the necessary rigour in ensuring that children are given the best possible start in life and supports them as they develop into young adults.

HEALTHY WEIGHT: HEALTHY WALES

We are continuing work on our Healthy Weight: Healthy Wales strategy and the Delivery Plan for 22-24 is due to be launched by the Deputy Minister for Mental health & Wellbeing in early 2022. This plan will consider the opportunities and challenges set out by the Covid-19 pandemic. Recovery has been carefully considered, in particular the short and medium impacts on behaviour across the population. Supporting children and families has remained a cross-cutting focus across actions within the draft plan with a continued consideration of health inequalities and narrowing the gap.

We have invested a further £5m over 2021-22 to bring together internationally evidenced programmes that will support crucial changes. Some key deliverables include:

- The delivery of a refreshed All Wales Weight Management Pathway which places a significant focus upon mental and physical health, with Local Health Boards developing local plans and increasing capacity.
- Transport for Wales have changed the on board catering for the better on journeys across Wales.
- The beginning of positive change in the food environment with the aim of making the healthy choice, the easy choice.
- Commencement of the development of a new All Wales Diabetes Prevention Programme, established pilots for a Children and Families Programme and continued to deliver an Active Wales Programme for the over 60s.
- Establishment of system teams across Wales who will focus on prevention and working with communities to identify and find local solutions.

Evaluation

Welsh Government had hoped to secure an independent evaluation of the strategy, however, this has been delayed due to the pandemic. A pre-assessment evaluation has been commissioned and officials are awaiting bids, to be received w/c 1 November. This will help to pull together the parameters for any future evaluation, where we know that trying to capture the full breadth of the strategy and the impact is going to need to be designed to consider the multi-component nature. This should influence decision making for the 2024-26 delivery plan. There are also a range of evaluations being established across programme delivery.

SPECIALIST PERINATAL MENTAL HEALTH INPATIENT SERVICE

Regarding 'Uned Gobaith', we identified the potential to refurbish unused infrastructure within Swansea Bay University Health Board to develop a bespoke Mother and Baby Unit on the Tonna site, enabling us to ensure a unit was operational as quickly as possible. This site was reviewed by the National Collaborative Commissioning Unit against the standards for inpatient Perinatal Mental Health Services (CCQI March 2018) and confirmed that it would be clinically appropriate on either an interim or a permanent basis.

The Welsh Government has asked WHSSC to undertake a further options appraisal to enable us to make an informed decision on whether continuing to use the refurbished unit at the Tonna Hospital site on a permanent basis, or developing a new build Specialist Perinatal Mental Health Inpatient Unit on the Neath Port Talbot site, would deliver the best outcomes. We have agreed that for the first 12 months of Tonna opening we will use this period to make an evaluation of the access to, and occupation of, that unit to make an informed judgement on what future action is required. This 12 month period concludes in April 2022.

Discussions are being held with NHS England to develop the option of a joint eight bedded Mother and Baby Unit which would offer provision for women from North Wales. The rationale for pursuing a joint eight-bedded unit is based on demand modelling undertaken by WHSSC (refreshed recently) and to provide a sustainable service provision for women in North Wales. We will provide a further update on this work and the timeframe for implementation shortly.

CARE LEAVERS

We remain committed to supporting care leavers to adulthood and independence and this includes improving the quality and range of accommodation options available for our care leavers and continuing the support offered through the St. David's Day Fund.

The £1m St David's Day Fund provides direct financial support to care leavers so they can access opportunities in education, training and/or employment that will help them make a successful transition towards independent living and successful adult lives.

In 2017–18, nearly 2,000 young people benefited from the fund and it continues to help care experienced young people. In the 2019–20 financial year, the fund was doubled to support young people in relation to housing and during COVID, the fund can been utilised to support young people who have been adversely impacted by the pandemic. An additional £1m COVID Hardship Fund has been developed, akin to the St David's Fund, to support any additional needs.

Officials in Social Services and Integration Directorate are working closely with Housing Policy colleagues to take forward our aims in this policy area and to build on the work undertaken in the last Senedd Term. Officials are working collaboratively with the third sector and local authorities with the aim of improving the transition from care to independent living and looking at the range of quality accommodation options available to care leavers.

Through our Third Sector Social Services Grants we are investing in and working collaboratively with the third sector to support young care leavers successfully live independently and address accommodation issues through our Action for Children's Skills+ programme.

Through the £3.6m youth homelessness innovation fund in the Homelessness Prevention Grant we are supporting projects delivering new and innovative housing approaches for young people. These projects are specific to vulnerable young people aged 16–25 at risk of becoming homeless or currently homeless, with a number focused specifically on supporting care leavers. There are currently 25 projects operating across Wales and an external evaluation of their effectiveness in supporting young people will be commencing shortly.

In order to improve the transition for care leavers Welsh Government officials in Social Services and Integration Directorate and those in Housing Policy are jointly undertaking a refresh of the Barnardo's Care Leavers Accommodation and Support Framework for Wales. Once finalised we will ensure there is training on implementation of the framework so that all agencies involved are aware of their roles and responsibilities and young people are better supported.

The accommodation offer for care leavers and young people more generally is of course a key aspect of the wider work to ensure everyone in Wales has a decent affordable home. The pandemic has given us an opportunity to transform housing and homelessness services' and begin the adoption of a truly inclusive approach to ensure no-one is left without a home. We are also strongly committed to moving from a position of reliance on temporary accommodation, to a system focused on prevention and rapid rehousing.

YOUTH JUSTICE

The Youth Justice and Female Offending Blueprints, published in May 2019, sets out a distinct approach to justice services in Wales, one that focuses on early intervention and prevention, seeking to divert young people away from crime in the first place, but also to deliver holistic and rehabilitative support to those who do enter the system.

Responsibility for the justice system rests with the UK Government, however delivery of justice in Wales is highly dependent on devolved services, with health & social services, education, learning & skills and housing, all playing key roles in both the prevention of offending and the effective rehabilitation of young people who offend. While the numbers of young Welsh people in custody has reduced significantly, many are in custody away from their homes, family and communities. The Youth Justice Blueprint sets out a commitment for realising how devolved and non-devolved services can work together to realise children's rights and develop a youth justice system in Wales which is based on rights-based principles.

We are taking a cross-government approach to these issues, with a shared commitment to the Blueprints across policy departments. An internal Welsh Government governance group has been established, with senior officials across relevant policy departments, including

Health, Education, Housing and Social Services. An example of the cross-government approach to this work was Cabinet agreement in January to a vision for the secure estate for Welsh children in justice system which described a new delivery model for secure accommodation whereby children would be accommodated in small homes, close to their communities with access to services and specialist support to meet their needs. The Deputy Minister for Health and Social Services and Minister for Social Justice have subsequently agreed with the Ministry of Justice to work together to deliver an outcome that will see children in the welfare and justice systems in Wales co-located in the same building / site, aligning with the vision and principles set out in the visions paper earlier in the year.

MENTAL HEALTH BUDGETS

We have recognised mental health as an important cross cutting area in our budget preparations. Allocations across Welsh Government make a contribution to supporting children and young people's mental health. We will be providing further details when we publish our draft budget on 20 December.

TY LLIDIARD

The Deputy Minister for Mental Health and Wellbeing has made her expectation clear that the work to make the necessary improvements at Ty Llidiard needs to be taken forward urgently. The Deputy Minister has received assurance that additional monitoring has been put in place and actions have been taken to ensure that the current service is safe and that individuals on the unit continue to receive a good standard of care. The Deputy Minister receives weekly updates regarding Cwm Taf Morgannwg University Health Board's (CTMUHB)progress against the agreed improvement plan for Ty Llidiard The health board has reinforced that it is fully committed to make these improvements and is working with the Welsh Health Specialised Services Committee(WHSSC) in order to implement the necessary changes. This is a priority area for the Deputy Minister who is following the situation and progress very closely.

The Deputy Minister also receives weekly updates from the all-Wales bed management panel which reviews the capacity and pressures on patient flow at both of our CAMHS units.

The Welsh Government has agreed a wider tier 4 improvement programme with WHSSC that will improve and strengthen support in both of our CAMHS units in Wales. As part of the additional £5.4m committed this year to improve CAMHS, £1.8million will directly support improvements in our two CAMHS units in Wales.

Additional information you asked us to provide

ESSENTIAL SERVICES STEERING GROUP 'DEEP DIVE' REPORTS

We do not hold individual health board reports into essential services and how these have been maintained during the pandemic. However, copies of the Group's reviews of children's and cardiac services are attached for information.

VACCINATION PROGRAMMES

COVID-19 Vaccination Programme

12-15 year olds

The JCVI found that there was a benefit to offering a vaccination to 12-15 year olds, but that this benefit was minimal from an individual health benefit perspective. They advised that the CMOs were better placed to advise on the wider public health benefits of vaccinating this age group. On 14 September, the four UK CMOs recommended on public health grounds that all children and young people aged 12-15 not already covered by existing JCVI advice should be offered a first dose of Pfizer-BioNTech COVID-19 vaccine. This recommendation was accepted by all 4 nations of the UK.

It was felt the additional likely benefits of reducing educational disruption and the resulting reduction in public health harm provided enough extra advantage to recommend in favour of vaccinating this group.

All health boards in Wales have opted to deliver through Vaccination Centres predominantly, but a blended approach across Wales is being adopted, as vaccination teams may need to go into special schools and some private schools where children and young people may be resident/boarding.

During half-term NHS Wales focused on vaccinating 12 to 15-year-olds, with many centres offering walk-in appointments.

We have administered **over 164,671,000 vaccinations** (data from 16/11) to the 12-15 cohort (take up is **51% as at 16/11**) and have achieved our aim, as set out in the Covid-19 Vaccination Strategy, published on 12 October, to offer all in this age range an appointment by 1st November.

We have also seen high numbers of school aged young people recently being infected with Covid-19, and unable to attend for their vaccine appointment, which is affecting the current take-up rate. Following recent changes to the Green Book, these young people will be re-invited 12 weeks after any COVID-19 infection.

We are conscious that some parents or guardians will be unsure as to whether or not to consent to their child receiving the vaccine and this may lead to lower take up in this age range. Appropriate information has been made available for children and young people and their parents to help make up their minds and discussion is encouraged.

16 and 17 year olds

The JCVI gave advice on 4 August to offer a **first dose** of Pfizer-BioNTech vaccine to all 16 and 17 year olds who hadn't been vaccinated. This was in addition to the existing offer of **two** doses of vaccine to 12-17 year olds who were in **'at-risk' groups** (as set out in the Green Book), those who are household contacts of persons (adults or children) who are immunosuppressed and young people who are within three months of their 18th birthday. We offered those 16-17 year olds a first dose by 20 August.

More recently, the JCVI published advice on 15 November, which recommended all 16 and 17 year olds in Wales who are not in an 'at-risk' group should now be offered a **second dose** of the Pfizer-BioNTech COVID-19 vaccine. The JCVI found that there was more

certainty in the data regarding the benefits from vaccination compared to the risks. All 4 nations of the UK have agreed to accept this advice.
The recommended interval for the second dose should be 12 weeks or more following the first vaccine dose or proven COVID-19 infection, whichever is later.

16-17 year olds will receive sufficient information on the potential risks and benefits of vaccination to allow them to make a valid decision about the second dose based their own personal circumstances. The JCVI has agreed an information leaflet produced by the UK Health Security Agency which can be used to support this process.

We have administered over **70,237 vaccinations** (data from 16/11) to this cohort (take up is at **75.6%).**

Other Vaccination Programmes

Childhood immunisation programmes have continued as essential services during the coronavirus pandemic, with appropriate assurance to parents and infection control measures put in place by practices. Monthly enhanced immunisation reports developed by the Vaccine Preventable Disease Programme in Public Health Wales are being used to monitor the impact of COVID-19 on uptake of routine childhood immunisations across Wales.

Latest quarter data suggests that vaccination uptake in young children and infants has remained stable throughout the pandemic. In the latest reporting period, Apr-Jun 2021, 91% of children were up to date with routine vaccinations by 5y of age (for the same periods in 2019 and 2020, this value was also 91%). The proportion of children up to date with all routine immunisations by four years of age has also remained stable and was 87.8% this quarter and 90.8% in five year olds.

Of all the teenage vaccines, uptake of the HPV vaccine appears to be the most impacted by school closures. Uptake of one dose of Human Papillomavirus Vaccine (HPV) in the 2020-21 school year 8 children (12-13 year olds) is currently 60.1%. Catch-up immunisations will be prioritised for those in this cohort who did not receive immunisations as scheduled. This is the second HPV cohort to include boys.

IMPROVING CHILDREN'S HEALTH

Childhood Obesity

Public Health Wales have been tasked with the development of a Children and Families programme pilot to support weight management at three sites across Wales - Anglesey, Merthyr Tydfil, Cardiff. This has been supported by an investment through Healthy Weight: Healthy Wales of £0.6m per annum until 2024 at which point evaluation of the programme will provide evidence for next steps.
We have been supporting the Veg Power campaign since it first ran in 2019, with the aim of making vegetables more fun for children. The 2021 campaign premiered on ITV on 29th May featuring celebrity vegetable voices from Dame Emma Thompson, Amanda Holden, and Jamie Oliver. The ad was supported by over £3m of advertising donated by ITV, Channel4 and Sky Media with additional media donated by 15 other media companies taking the campaign in to print, outdoor, cinema and online. In 2022 we aim to support the Veg Power campaign in providing bilingual resources to 60,000 pupils in Wales, across approximately 250 schools.

Preventive Dental Health

Designed to Smile is a targeted national oral health improvement programme for children (0-5 year olds) funded by Welsh Government and targeted at nurseries and schools in areas of social disadvantage where children have the highest levels of tooth decay. Tooth decay can lead to pain and infection with children losing sleep and having time off school. Studies show that children with tooth decay in their baby teeth are three times more likely to have decay in their adult teeth, so we need to make every effort to keep children decay free by 5.

The programme is much more than simply teaching children how to brush their teeth. It is an evidenced based, prevention and clinical intervention programme to avert tooth decay and provide children, and their parents and carers, with the knowledge they need to develop and maintain good oral health from a young age.

It has proved to be an enormously effective public health programme. We have seen a 13.4% reduction in levels of dental decay in 5 year olds since 2008 and we had over 90,000 children in over 1,200 schools and nurseries regularly tooth brushing as part of the scheme prior to the pandemic.

Designed to Smile was paused during the pandemic (school closures and infection control measures) but is due to restart in the autumn 2021 term. Community Dental Service staff are in the process of contacting settings to train teaching staff, gain parental consent and provide equipment to re-start the Daily Toothbrushing Scheme. The Fluoride Varnish programme will also recommence.

Smoking in Young People

Smoking impacts on the lives of children and young people throughout their childhood, from pregnancy to adolescence. Supporting children and young people to have a smoke-free childhood is key part of our vision for a smoke-free Wales.

We are currently consulting on our new Tobacco Control Strategy for Wales and the first Delivery Plan which sets out the specific targeted actions that will help us to reduce the harms from tobacco in Wales. The draft strategy establishes our ambition for Wales to be smoke-free Wales by 2030 which means achieving a smoking prevalence rate in adults of 5% or less over the next eight years.

We will be undertaking engagement activities to support the consultation and we will be working closely with key stakeholders to ensure children and young people in Wales have an opportunity to contribute to our consultation.

Physical Fitness

Through our Healthy Weight: Healthy Wales strategy we are developing a new Welsh ‘Daily Active’ offer for schools. This offer will adopt an age specific whole school approach, underpinned by a model of behavioural change. Central to the development of this new approach is the engagement of children and young people to draw together ideas, which would be incorporated into the design of a future model. This will be more responsive to current evidence, provide greater flexibility and aim to integrate a range of programmes into a coherent offer. A new bespoke Welsh model will build in evaluation from the start to assess health outcomes; and allow greater flexibility to work with schools in order to develop a suite of adaptable approaches and options to complement the new curriculum. Work is underway to establish a Task and Finish Group to lead on this work which is being led by Public Health Wales. It is anticipated that the Task and Finish Group will meet during December 2021.

Illegal Drug Use

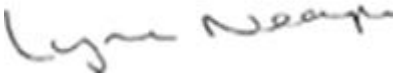
Through our Substance Misuse Delivery Plan 2019-22, which is rooted in a harm reduction approach, we recognise addiction as a health and care issue as opposed to one that is solely related to criminal justice. The overall aim is that people in Wales, including children and young people, are aware of the dangers and the impact of substance misuse and to know where they can seek information, help and support. We invest almost £55m in our substance misuse agenda per annum with £2.75m of this ring-fenced specifically to support work with children and young people.

As highlighted previously, the Welsh Government also invests £1.98m each year in the Wales Police Schools Programme (WPSP), which is match funded by the four Welsh Police Forces. The programme involves police officers going into schools and delivering lessons on a range of areas. The core programme includes substance misuse, anti-social behaviour, domestic abuse, bullying, online safety, sexting, child sexual exploitation and consent, delivering a balanced programme within primary and secondary schools. It focuses 50% on delivering the core content to meet the needs of pupils and schools and 50% with proactive interventions on safeguarding and incident management.

A review of the WPSP was carried out by the Police in November 2019. We are currently working with partners to implement the recommendations from the review and how they can complement and add value to work underway through the Joint Ministerial Task and Finish Group on a Whole School Approach, to improve emotional and mental wellbeing in learners.

We hope this information addresses the additional issues raised.

Yours sincerely,



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Essential Services Steering Group

Review of Essential Children's Services

March-May 2021

Authors: Mark Dickinson and Janet Davies, Co-Chairs

Date: 21 June 2021	**Version:** 3a (FINAL)

Purpose of Document:

This paper reports on a Review of Essential Children's Services conducted by the Essential Services Steering Group, with the support of NHS staff and Welsh Government officials.

The background to, conduct of, and key findings resulting from, the review are summarised and a number or recommendations are made.

Executive Summary

The following children's services were reviewed:

1. **Immunisation and Screening (for school aged children)**
2. **Access to General and Specialist Surgical Services**
3. **Child and Adolescent Mental Health Services (CAMHS)**
4. **Safeguarding**

This set of services was chosen to provide an overview of services which encompass preventative services and services that meet both acute physical and mental health needs, including specialist/tertiary elements.

Services are typically categorised as 'emergency', 'urgent', 'soon' or 'routine'. Essential services, however, include services from all of these categories. The key point being whether loss of access to services may be life threatening or significantly life impacting. This is particularly relevant for children, where a lack of timely access to preventative or treatment services can result in an adverse lifelong impact.

Although SARS-CoV-2 has minimal direct impact on the paediatric population, the pandemic has had a significant impact on the ability of children to access services, including essential services. It is, therefore, vital that when Boards are faced with prioritising and making difficult choices and decisions that the needs of children and young people are considered within the overriding ethical principles.

It is important to note that there are around 35,000 births a year in Wales. Therefore, any one school year can have a cohort of that size and accessing that number of pupils requires intensive planning.

To inform the review, written and numerical evidence was collected and a series of review meetings were held between members of the Essential Services Steering Group and relevant clinicians, officials and others.

Key themes emerging from the review are summarised below.

Immunisation and Screening

- There appeared to have been an assumption by health boards that, when schools were closed, school nurses were largely not required. There was, therefore, a widespread redeployment of school nurses in support of the COVID response, with a significant impact on the maintenance of essential immunisation and screening services to children as a result
- Human Papillomavirus (HPV), MenACWY and Td/IPV teenage booster vaccine coverage rates have fallen compared with previous years, with a variable picture across health boards

Vision and Hearing Screening

- From the evidence provided, both vison and hearing screening services have not been maintained to any significant degree

General and Specialist Surgery

- The pandemic has had a significant impact on the ability of children to access both specialist and non-specialist surgical services, across all the surgical specialties
- The impact has been greater for children accessing surgical services in Wales than for Welsh children accessing services in England

Child and Adolescent Mental Health Services (CAMHS)

- CAMHS services (both primary care and specialist CAMHS) were positioned as 'essential services' during the pandemic and a range of measures were put in place including additional investment, expanding support for low level mental health issues, and providing additional surge capacity. There were effective whole system governance arrangements in place and close oversight maintained
- Overall, services remained open and accessible throughout the pandemic but with adapted service models. Whilst referrals to specialist CAMHS remain higher than in pre-pandemic levels, services are more challenged by the acuity of presentations and the higher prevalence of eating disorders
- The overall impact now presents a range of challenges going forward and in recovery planning. For example, recent modelling for Wales suggests for 2021 a potential increase in demand for all-age primary care mental health services of up to 40%, which could translate into some 31,000 referrals. Additional demand in hospital services could see an increase of up to 25%, translating into some 10,000 referrals
- There is a need to consider how to better integrate mental health with physical health services. In all aspects of COVID planning and assurance there were separate arrangements for mental health which created additional challenges and the potential for inconsistency when compared to 'physical health' services

Safeguarding

- Despite the increased levels of vulnerability, and efforts made to continue to deliver relevant services and promote their availability, referral rates to safeguarding fell initially during the first lockdown
- NHS staff involved in safeguarding, including school nurses and members of the National Safeguarding Team (NST) have been diverted, or partially diverted, to support the direct COVID response

- Although essential 'core' safeguarding was maintained, there is concern about the negative impact on work to further develop and improve services, much of which was paused

The following are the primary recommended actions. The emphasis needs to be on the resetting and recovery of services in the aftermath of acute pandemic pressures, but it remains important to ensure that action is also taken to better protect children's services through any further COVID waves. A number of the issues identified are common to those identified in the earlier deep dive into cardiac services. These issues include the need for:

- a focus on the health and well-being needs of the workforce
- access to relevant and timely data and information about the performance of services
- access to support services, including diagnostics and therapies

Minimising the impact of COVID – protecting the interests of children

- Specific action is required to ensure a focus on children in the recovery programme and resulting plans
- Action must be taken to ensure that the interests of children are protected within an ethical and transparent decision making process
- A Children's surgical forum/Clinical Reference Group should be established in all health boards where this is currently not the case
- All NHS organisations should ensure that they are meeting existing statutory responsibilities for children
- Delays in treating/screening/vaccinating children can have a life-long (or significant, but delayed) impact on the health of a child and such risks need to be factored into prioritisation of service delivery and the deployment of staff
- A specific surgical prioritisation tool for children should be agreed for use across Wales
- Decision making and prioritisation must be informed by data that allows the impact on children specifically to be disaggregated. This should include data for 0-16 years, with data for 16-18 years captured separately, to ensure the impact of any transition to adult services is planned for
- The loss of a health-related setting (e.g. schools), should not simply result in a suspension of health related activity that normally takes place in that setting (e.g. school nursing)
- A particular focus is needed on the workforce given the impact of redeployment has seemingly been more profound for those staff working with children

1 Background and rationale for the review

During the first wave of the COVID pandemic, the Essential Services Group, with wide representation from Welsh Government and NHS Wales, oversaw the development and approval of an NHS Wales Essential Services Framework (informed by WHO guidance), an agreed list of services deemed to be essential and a range of supporting guidance for NHS Wales.

After the first wave of the pandemic, the full group was stood down, with work being coordinated by a core Steering Group. In late 2020, the Steering Group concluded that there was a need to take stock of the status of the delivery of essential services and to get a fuller understanding of:

- whether (or to what extent) relevant guidance is being complied with across Wales
- what the main challenges are in maintaining essential services in line with the guidance
- whether current guidance remains fit for purpose or needs to be revised or supplemented
- what other action could be taken/recommended that would support both the maintenance of essential services and the recovery of a wider range of services.

To do this, and in view of the wide and varied range of specified essential services, the Steering Group agreed to conduct a series of 'deep dives', to review specific areas, focusing on the above points. The aim was to convene a series of topic-specific sessions, bringing together members of the Steering Group, the relevant WG policy lead(s), the relevant national clinical lead(s) or body(ies) and, where applicable, network managers, informed by the:

- current essential services guidance
- evidence/data relating to service delivery (both 'hard' and 'soft')

It was anticipated that this exercise would identify the need for additional actions and guidance.

The first 'deep dive' was into cardiac services. Having initially looked at a condition specific topic, it was determined that a wider population approach would be undertaken next. The Steering Group, therefore, agreed that the second review should determine how essential services for children had been maintained. The following areas were prioritised:

1. **Immunisation and Screening** (for school aged children)
2. Access to General and Specialist **Surgical Services**
3. **Child and Adolescent Mental Health Services** (CAMHS)
4. **Safeguarding**

This set of services was chosen to provide an overview of services which encompass preventative services and services that meet both acute physical and mental health needs, including specialist/tertiary elements. Children under the age of 18 were in the scope of the review.

It is important to remember what is meant by 'essential' services. As the Essential Services Framework describes, services are typically categorised as 'emergency', 'urgent', 'soon' or 'routine'. Essential services, however, include services from all of these categories. The key point being whether loss of access to services may be life threatening or significantly life impacting. This is particularly relevant for children, where a lack of timely access to preventative or treatment services can result in an adverse lifelong impact. So, for example childhood immunisation services are routine, but are also classed as essential. Within the Essential Services Framework the need to consider timely interventions to prevent irreversible harm, as well as death, is emphasised.

In many ways, children have been disproportionately impacted by the pandemic. Their education and social development has been severely disrupted and the duration of 'lock down' has been for a larger proportion of their lifetimes to date. Although SARS-CoV-2 has minimal direct impact on the paediatric population, the pandemic has had a significant impact on the ability of children to access services, including essential services. It is, therefore, vital that when Boards are faced with prioritising and making difficult choices and decisions that the needs of children are considered within the overriding ethical principles, as articulated in the Welsh Government's 'Coronavirus: ethical values and principles for healthcare delivery framework' (https://gov.wales/coronavirus-ethical-values-and-principles-healthcare-delivery-framework-html):

- everyone matters
- everyone matters equally – but this does not mean that everyone is treated the same
- the interests of each person are the concern of all of us, and of society
- the harm that might be suffered by every person matters, and so minimising the harm that a pandemic might cause is a central concern.

2 Conduct of the review

2.1 Collection of evidence

The collection of evidence and supporting material was co-ordinated by the Welsh Government Women and Childrens Health Team. All areas involved supported the review through the provision of written evidence and participation in review meetings with members of the Steering Group.

An evidence gathering proforma was shared to help structure the information required under the following headings:

- Specification of essential services
- Guidance on essential services
- Assurance of essential services delivery
- Overall assessment of current essential services delivery
- Assessment of threats to essential services delivery during Winter 2020/21
- Specific recommendations to support the maintenance of essential services

Welsh Government policy leads also provided a written report on the provision and oversight of CAMHS services during the pandemic.

In addition, some specific work has been undertaken to gather direct views from children about their experience of accessing health services during the pandemic. In partnership with the organisation 'Children in Wales' an online survey of children was conducted and a focus group discussion held. The overall aim of this work was to consider the views and experiences of children and young people who have accessed or tried to access health services during the pandemic. A notable finding of this work (albeit not limited to access to essential services) was that, of the 34 participants that said they did have health problems that needed regular care or treatment, 16 said that they did not receive their usual treatment in the year since the pandemic started, 11 said that sometimes they had received their usual treatment and only seven said that they had received their usual treatment throughout. A full report on this work is included as Appendix 1.

2.2 Review meetings and interviews

2.2.1 Immunisation and Screening (for school aged children)

A review meeting was held on 11 March 2021. Participants included members of the Steering Group, representatives from Public Health Wales and NHS audiology services and additional WG officials. A list of participants

is included as Appendix 2. Participants presented in support of the written evidence provided, answered specific questions and participated in a discussion.

By way of context, it is important to note that there are around 35,000 births a year in Wales. Therefore, any one school year can have a cohort of that size and accessing that number of pupils requires intensive planning.

A key theme arising from the presentation and discussion was the link between the school setting and service delivery and the consequent redeployment of staff. There appeared to have been an assumption by health boards that, when schools were closed, school nurses were largely not required. There was, therefore, a widespread redeployment of school nurses in support of the COVID response (including the COVID vaccination programme). The fact that school nurses are needed to deliver a range of services to school aged children was lost and it is clear that there had been a significant impact on the maintenance of essential immunisation and screening services to children as a result. There was insufficient consideration of how these services could be delivered in other settings. At the time of the review many school nurses had not returned to their substantive roles. Also, when schools were reopened, there had been examples of schools being reluctant to allow access to health staff, as a result of concerns over the increased risk of transmission through increased footfall.

The impact of the loss of the school setting and the redeployment of, or lack of access to staff is described in the evidence paper at Appendix 3 and is summarised below:

Immunisation

- The 2020/21 school year 8 (12-13 year olds) will be the second cohort to include boys eligible for the Human Papillomavirus (HPV) vaccine. Uptake for the boys during the 2019/20 period was 53.4%, however as this was the first cohort of boys eligible for vaccination there is no data from previous years for comparison
- Coverage of the first dose of HPV vaccine in school year 9 (13-14 year old girls) in 2020/21 was 65.0%, down from 86.1% in 2019/20
- Coverage of the second dose of HPV vaccine in school year 10 (14-15 year old girls) in 2020/21 was 55.6% down from 81.3% in 2019-20
- Coverage of the MenACWY vaccine in the 2020/21 school year 10 cohort is 75.8% down from 84.6% in 2019/20
- Coverage of the Td/IPV teenage booster in the 2020/21 school year 10 is 75.7% down from 84.5% in 2019/20
- Coverage of one dose of MMR vaccine in the 2020/21 school year 10 (age 14-15 years) was 95.3% similar to uptake from the year before,

and coverage of two doses was 91.7% which was a slight increase from 91.6% in 2019/20

- Uptake of influenza vaccination in eligible schoolchildren in Wales increased from 69.9% in 2019/20 to 71.3% in 2020/21

With the exception of MMR and influenza this shows a concerning picture, with a variable picture across health board areas.

The Essential Services Steering Group is aware that some of the 2020/21 statistics presented during the review have been challenged on the grounds of data completeness. The review was, however, reliant on the data that had been entered and collated at the time and delays in data entry are themselves of concern.

The rational for vaccination against Human Papilloma Virus (HPV) at 12-13 years old is that this will provide the best protection possible before the start of sexual activity. Findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal) showed that 30.9% of males and 29.2% of females had first heterosexual intercourse before the age of 16. It is standard practice to vaccinate people before they are exposed to an infection and the aim is to vaccinate children before they are exposed to HPV. Studies of HPV vaccine indicate that younger adolescents respond better to the vaccine than older adolescents and young adults. Healthy children vaccinated at this age will need only two doses of vaccine rather than three doses if vaccinated at an older age.

The Joint Committee on Vaccination and Immunisation (JCVI) identifies school based vaccination programmes as potentially the most effective setting for improving uptake of immunisations, specifically in adolescents. Schools have become an increasingly important setting for delivery of immunisation programmes. They are an attractive venue for vaccination as they have the ability to reach large numbers of children in a short period of time. Additionally, recommendations from the *Inequalities in uptake of routine childhood immunisations in Wales 2018-19* (Public Health Wales, 2019) demonstrate the positive effect school based vaccine delivery has on reducing inequalities, and highlights the importance of ensuring measures are in place for ongoing checking and offering of outstanding vaccines.

The review was advised that a Task and Finish Group was being established to consider potentially innovative models to deliver an expanded influenza vaccination programme in schools in 2021/22. Options under consideration will include adapting variations of the mass vaccination delivery model for use in school settings. Although this work is primarily aimed at the children's influenza programme, the application of any learning or good practice emerging from these new delivery models could potentially be transformative for the delivery of children's immunisation programmes as whole.

Vision and Hearing Screening

Screening for reduced vision in children aged 4 to 5 years is primarily undertaken to detect children with amblyopia, a form of abnormal vision system development. The most common predisposing conditions are strabismus (squint) and refractive error (focusing problems requiring glasses). Early detection of amblyopia is necessary to avoid permanent visual impairment by allowing treatment to be undertaken within the sensitive period of neuroplasticity (growth and change) in the visual system. Treatments have been shown to result in improved vision helping children to reach their social educational potential.

The school entry hearing screen identifies children with temporary and permanent hearing loss of a range of types and severity. Due to the high prevalence of temporary hearing losses in children of this age, referral rates vary depending on the season and cold and flu profile of a given year. Detailed breakdowns of outcomes of children referred to ENT and audiology following screening were not available to the review. However, these children may receive grommet surgery, hearing aids or ongoing surveillance.

From the evidence provided, both vision and hearing screening services have not been maintained to any significant degree. This is of significant concern and detailed plans will need to be developed to ensure these children are not entirely missed. Efforts had been made to advise parents to attend high street optometric services or their GP for hearing issues while school services were ceased, but there is no data available to determine if this intervention had any impact.

2.2.2 Access to General and Specialist Surgical Services

The review meeting was held on 8 April 2021. Participants included members of the Steering Group, clinicians, representatives from WHSSC, the planned care programme and additional WG officials. A list of participants is included as Appendix 4.

Presentations were made in support of the written evidence provided and questions and discussion followed. The detailed information considered at the meeting is available at Appendix 5.

Key themes arising from the presentation and discussion were:

- Although existing evidence suggests that SARS-CoV-2 has minimal direct impact on the paediatric population, the pandemic has had a significant impact on the ability of children to access both specialist and non-specialist surgical services, across all the surgical specialties
- The impact has been greater for children accessing surgical services in Wales than for Welsh children accessing services in England

- The reduction in both inpatient and day case activity by Welsh providers has affected patients from across Wales, with all health boards having long waiting lists for children services
- Based on the limited data readily available during the review, over a third of Welsh patients on an active waiting list are waiting over 36 weeks, compared with a sixth of Welsh patients accessing treatment in an English centre
- Given the delays, a number of children currently waiting will transition to adult services before they are likely to receive treatment and this needs specific consideration
- There was a particular difficultly in accessing data relating to children waiting for general surgery. In general, figures are combined with adults on waiting lists. Traditionally, paediatric planned care delivery has not been a focus in monitoring arrangements having formed part of total waiting times and activity data. Detailed information for children is, however, collected for specialist surgery by WHSSC
- Although there has been a decrease of more than 50% in surgical activity in children at Cardiff and Vale UHB in 2020 when compared with 2019, the total number on the waiting list has only increased marginally, with the number waiting more than 26 weeks having increased four-fold. This is consistent with the trend in adult services
- The Royal College of Surgeons prioritisation tool was not considered to be appropriate for use in children, with a more holistic assessment being required for children's surgery. A number of different tools have emerged and are, increasingly, being used, but a consistent and equitable approach is not being used across Wales
- Workforce sustainability across health boards is unclear, including the situation with the movement of staff to COVID services during the pandemic who may not be back in their substantive posts. The impact of staff movement on retention is also unknown
- While beyond the formal scope of the review, clinicians warned of the likely difficult winter ahead, with anticipated increases in paediatric medical emergency activity, resulting from an increase in the incidence of other respiratory viruses. This will need to be factored into recovery planning, including HDU and PICU capacity

2.2.3 Child and Adolescent Mental Health Services (CAMHS)

Following discussions with mental health policy officials, a comprehensive evidence paper (Appendix 6) was provided and discussed by the Steering Group on 6 May. It is very clear that from the beginning of the pandemic there has been a strong focus on both defining and monitoring the provision of those services deemed essential. CAMHS services (both primary care and specialist services) were therefore positioned as 'essential services'.

Detailed advice was provided setting out the key functions that must be continue, making it clear that any discontinuation could potentially lead to avoidable harm and mortality. Whilst models of delivery may have adapted due to the restrictions, mental health and eating disorder services remained open for referrals.

A Mental Health Incident Group (MHIG) was established to provide assurance of delivery and a monitoring tool developed to track capacity and capability as well as ensuring issues and concerns were highlighted in a systematic way. This is considered to be good practice in ensuring whole system oversight was maintained during a time when routine performance management repowering was stood down.

Keep themes that have emerged include:

- There were and continue to be, effective governance arrangements in place to monitor service demands and challenges
- Data and information was available from a range of sources, including health boards, population surveys and third sector in order to provide a rounded view of the pressures and challenges services were facing
- It is too early to tell what the overall effect on suicide rates will be, but data that are available provide some reassurance
- A range of actions were taken to support services during the pandemic, including:
    - The establishment of a specific website to improve access to specific guidance and advice for mental health services and service users
    - Additional funding for inpatient surge capacity to ensure flexibility in managing demand; strengthening support for lower level issues; accelerated role out of video consultation
    - Refreshing the 'Together for Mental Health Delivery Plan 2019-22'
    - Temporary modifications to the Mental Health Act as an additional safeguard, albeit this has not been needed to be used
- Whilst referrals to specialist CAMHS remain higher than in pre-pandemic levels, services are more challenged by the acuity of presentations and the higher prevalence of eating disorders. There were fluctuations however in children waiting:
    - There was a dip in the number of children and young people (1,842, 368 per month) on the waiting list between April and August 2020. This compared to the same period 12 months ago where there 3,013 children and young people (603 per month) on the waiting list, a decrease of 39 per cent)
    - However, since August 2020 there has been 5,029 children and young people on the waiting list – this equates to 718 per month

  - There has been record high number of children and young people on the waiting list for the months of October 2020 to January 2021

- The numbers within primary mental health services at the start of 2020-21, especially April and May, were significantly lower than the norm. There were 350 and 365 referrals for these two months compared with an average of 750 referrals per month during 2019-20. The average of referrals over the last three months (Oct to Dec 2020) was 784 per month
- A review has been commissioned from NCCU to undertake a review of admissions to age appropriate beds as this is thought to have increased. We have been assured that any actions that come from this will be taken forward
- A key aspect of the learning from the pandemic response includes the need to better integrate mental health with physical health services. Whilst the arrangements established to ensure the continuity and availability of NHS mental health services during the pandemic were effective, these arrangements operated alongside and felt more separate from the central NHS Governance arrangements that were established. An example is identifying the need for and process to secure surge in-patient capacity. This work was not included as part of the central mechanism to plan and assure the capacity of broader NHS services and needed to be undertaken separately. In all aspects of COVID planning and assurance there were separate arrangements for mental health which created additional challenges and the potential for inconsistency when compared to the arrangement for 'physical health services'

The overall impact now presents a range of challenges going forward and in recovery planning. For example, recent modelling for Wales suggests for 2021 a potential increase in demand for all-age primary care mental health services of up to 40%, which could translate into some 31,000 referrals. Additional demand in hospital services could see an increase of up to 25%, translating into some 10,000 referrals.

Whilst specialist CAMHS continue to see levels of referral higher than pre-pandemic levels, the key concerns from health boards are the higher acuity and complexity of patient presentations and an observed increase in prevalence of eating disorders.

We sought additional information to better understand the picture with eating disorder services. Following a reduction in referrals during the first wave of the pandemic in 2020, the service are now seeing an increase in the complexity/acuity of patients and an increased prevalence of eating disorders. This has, in turn, led to an increase of the need for Nasal Gastric (NG) feeding. It is not yet apparent whether this increase is temporary following the pandemic societal changes during 2020 or whether this will be

a longer term change for which the service will need to adjust. We were assured that action was in hand to determine potential short and medium term solutions. While there is already an existing commitment to reconfigure services towards earlier intervention and focus on preventative services following a review in 2018, the impact of the pandemic has emphasised the need to focus on fully implementing these recommendations.

Overall, work is underway to update the framework for an all-Wales recovery plan for mental health and substance misuse services, covering all ages and tiers of care. The evidence paper sets this out in more detail.

2.2.4 Safeguarding

An initial review meeting was held on 22 April 2021. Participants included members of the Steering Group and additional WG officials. A list of participants is included as Appendix 7. A supplementary meeting was then held on 27 April including a limited number of members of the Steering Group and the lead from the Public Health Wales National Safeguarding Team. A list of participants in the supplementary meeting is included as Appendix 8.

The initial meeting was mainly focused on the Welsh Government perspective, with much of the emphasis being on the social services aspects of safeguarding. A paper describing the actions that had been taken is at Appendix 9. Although there is considerable interplay between NHS and local authority safeguarding teams, the delivery of safeguarding by local authorities is outside the scope of the Essential Services Group and, therefore, of the review. To ensure appropriate consideration of NHS services, the supplementary meeting focused on NHS safeguarding from the perspective of the National Safeguarding Team.

Key themes arising were:

- Conditions during the pandemic and, in particular, the consequences of 'lockdown', have provided circumstances in which children have been at greater risk of abuse and neglect and in which the signs of such abuse or neglect have been more likely to have remained hidden. As such, the need for appropriate safeguarding has been high
- From the early stages of the pandemic, WG officials maintained a close oversight the delivery of safeguarding. Locally, assessments were carried out to work out how to keep in contact with vulnerable children and young people
- Guidance was developed and issued at various points. In particular, Welsh Government issued guidance about the continuation of the Healthy Child Wales Programme regularly throughout the pandemic, emphasising that face to face contact should still be made where a

family needs additional support or where safeguarding concerns have been identified. WG received assurance that such visits were being undertaken wherever possible

- Despite the increased levels of vulnerability, and efforts made to continue to deliver relevant services and promote their availability, referral rates to safeguarding had fallen during the first lockdown
- Available data has demonstrated that school is the safest place for children, including through having access to education, friends and to socialise
- Additional funding has been provided to MEIC Cymru to assist with engagement and support
- NHS staff involved in safeguarding, including school nurses and members of the National Safeguarding Team (NST) have been diverted, or partially diverted, to support the direct COVID response
- The NST had operated through the pandemic at 'level 2 – partial operation'. Whilst it is the view of the NST lead that essential 'core' safeguarding was maintained, there is concern about the negative impact on NST work to further develop and improve safeguarding, much of which was paused. This is of particular concern in view of the increase in safeguarding work load that is anticipated as COVID restrictions are eased. The intention of Public Health Wales to return safeguarding to level 3 'full operation' is noted
- There had been issues around the collection and availability on comparable data on the delivery of safeguarding

3 Recommended action

The following recommended actions have been developed following the review meetings, the evidence submitted and subsequent discussions. They include both strategic actions, in relation to the future focus needed on children's services, and actions specific to the areas reviewed.

The emphasis increasingly needs to be on the resetting and recovery of services in the aftermath of acute pandemic pressures, but it remains important to ensure that action is also taken to better protect and maintain children's services through any further COVID waves. We are aware that some relevant action is already in train following circulation of the initial findings of the review.

A number of the issues identified are common to those identified in the earlier deep dive into cardiac services. These issues include the need for:

- a focus on the health and well-being needs of the workforce
- access to relevant and timely data and information about the performance of services

- access to support services, including diagnostics and therapies
- the use of virtual service delivery, where viable and appropriate

In addition, there are a many issues, and related recommendations, that are specific to children's services and/or which were particularly highlighted in this review.

Recommendations:

- It is important to recognise that, whilst direct morbidity and mortality from COVID in much lower in children than other age groups, in other respects the wider impact of COVID on children's lives has been profound (including on their mental health and wider aspects of their physical health). **Specific action is therefore required to ensure a focus on children in the recovery programme and resulting plans**
- Health board recovery plans must include specific elements, with target dates, on the recovery and catch up of:
  - surgical services for children (recognising that, currently, the backlog is continuing to grow)
  - childhood vaccination and immunisation
  - childhood screening
- Recovery plans must factor in:
  - workforce requirements
  - regional models of care
  - the recommendations of the national task and finish group on influenza vaccine
  - the recommendations of national work on moving audiology screening back to audiology
- Whilst acknowledging the hugely challenging nature of the decision making and prioritisation processes that are required in the current context, **action must be taken to ensure that the interests of children are protected within an ethical decision making process**. This must remain the case during recovery and any future curtailments in services in response to COVID or other crises
- It is proposed that a **Children's surgical forum/Clinical Reference Group** should be established in all health boards where this is currently not the case. Guidance from RCPCH sets out the role such a group should (Standards for Childrens Surgery, 2013)
- **All NHS organisations should ensure that they are meeting existing statutory responsibilities for children**, such as those under the Social Services and Well-being (Wales) Act 2014. The designated independent and executive members of the Board need to ensure they are actively fulfilling their roles on behalf of children. Boards need to receive comprehensive information to be assured that children's needs are being addressed.

- It is important to recognise that **essential services are about more than preventing mortality and <u>immediate</u> significant morbidity**. Delays in treating/screening/vaccinating children can have a life-long (or significant, but delayed) impact on the health of a child and such risks need to be factored into prioritisation of service delivery and the deployment of staff
- The current surgical prioritisation tool from the RCS is deemed not to be appropriate for use in children. We, therefore, recommend that **a specific surgical prioritisation tool be agreed for use across Wales**, building on those already in use or emerging. Similar prioritisation tools may also be required for preventative and medical services.
- There is a need to ensure that decision making and prioritisation is informed by **data that allows the impact on children specifically to be disaggregated and considered by age group**. This should include data for 0-16 years, with data for 16-18 years captured separately, to ensure the impact of any transition to adult services is planned for
- There is a need to ensure that the **loss of a health-related setting (e.g. schools), should not simply result in a suspension of health related activity** that normally takes place in that setting (e.g. school nursing). Any suspensions of services should follow evidence and risk based ethical judgements and creative solutions should be found for delivering services in other settings, where possible
- A particular **focus is needed on the workforce given the impact of redeployment** has seemingly been more profound for those staff working with children
- It is important that the findings from the consultation conducted in partnership with Children in Wales are considered carefully. **Boards should familiarise themselves with the content of the full report** (Appendix 1) **and should also ensure they are seeking feedback from children** routinely and acting on it

4 Next steps for essential services

Having conducted two deep dives, into cardiac and children's essential services, the Essential Services Steering Group has taken stock of what has been learned and recommended and has considered the key lessons and most appropriate next steps.

The deep dives have been exceptionally informative and have generated a number of important recommendations. A case could be made for the Essential Services Steering Group to continue to pursue a rolling programme of deep dives covering all the key clinical areas specified in the

NHS Wales Essential Services Framework. A number of factors, however, suggest that this would not be the most efficient or effective course of action:

- As things stand, it appears that the worst waves of the pandemic are behind us and, as such, a primarily backward looking review process is becoming less timely and helpful
- The deep dive process is very resource intensive, both for those involved in conducting and reporting on the reviews and those collecting and presenting evidence to them
- It is already clear that many of the key issues and lessons from such reviews will be common across all essential services

The most important overall conclusion stemming from the work to date is that the primary responsibility for ensuring the ongoing delivery of essential services during future COVID waves and other crises, and for recovering delayed activities, must rest with health boards and trusts.

Going forward, health boards and trusts must ensure that:

- the recovery and maintenance of all essential services covered by the Framework must be explicitly featured in recovery planning (including in specific recovery plans and IMTPs and the oversight of the implementation of those plans)
- future decisions about the prioritisation of the delivery of services (including decisions about staff redeployment) must be taken within a risk based and ethical decision making process that is overseen by boards
- they ensure access to, and make use of, timely and accurate data and information that enables boards to be assured that essential services are being delivered and statutory obligations met, including to children
- where full assurance cannot currently be provided, recovery planning must include the steps to be taken to rectify any gaps

Appendices

Appendix 1

YW Patient Experience Report.p

Appendix 2

Review of Children's Screening and Immur

Appendix 3

Review of Screening and Immunisation Ess

Appendix 4

Children's Essential Services - Surgery - 8

Appendix 5

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Paediatric planned care deep dive summa

Summary and analysis of surgical da

Paediatric recommendations - fr

Appendix 6

Essential Services - CAMHS Ass...

Appendix 7

Children's Safeguarding Essentia

Appendix 8

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Appendix 9

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Essential Services Steering Group

Review of Essential Cardiac Services

December 2020

Authors: Mark Dickinson and Janet Davies, Co-Chairs

Date: 11 February 2021	**Version:** 1 FINAL)

Purpose and Summary of Document:

This paper reports on a Review of Essential Cardiac Services conducted by the Essential Services Steering Group, with the support of the Wales Cardiac Network and WG officials.

The background to, conduct of, and key findings resulting from, the review are summarised and a number or recommendations are made. Reflections on the review, informed by feedback on earlier drafts of this report, are also included.

1 Background and rationale for the review

During the first wave of the COVID pandemic, the Essential Services Group, with wide representation from WG and NHS Wales, oversaw the development and approval of an NHS Wales Essential Services Framework (informed by WHO guidance), an agreed list of services deemed to be essential and a range of supporting guidance for NHS Wales.

More recently, the full group has been stood down (but not abolished), with work being coordinated by a core Steering Group, which has focused primarily on improving assurance of Essential Services delivery. In late 2020, the Steering Group concluded that there was a need to take stock of where we are and get a fuller understanding of:

- whether (or to what extent) relevant guidance is being complied with across Wales
- what the main challenges are in maintaining essential services in line with the guidance (both currently and over the rest of the winter period)
- whether current guidance remains fit for purpose or needs to be revised or supplemented
- what other action could be taken/recommended that would support both the maintenance of essential services and the recovery of a wider range of services

To do this, and in view of the wide and varied range of specified essential services, the Steering Group agreed to conduct a series of 'deep dives', to review specific topic/condition areas, focusing on the above points. The aim is to convene a series of topic-specific sessions, bringing together members of the Steering Group, the relevant WG policy lead(s), the relevant national clinical lead(s) and (where applicable) network managers etc., informed by the:

- current essential services guidance
- evidence/data relating to service delivery (both 'hard' and 'soft')

It was anticipated that this exercise would identify the need for additional actions, guidance etc. The development of this will be led by the Steering Group, with the full Essential Survives Group than being used, as required, as a 'virtual reference group' to consider and advice on the actions and guidance.

The Steering Group agreed that the first, pilot, 'deep dive' review should be focused on essential cardiac services, for the following reasons:

- it is a hugely important are in terms of 'burden of disease'
- the services deemed essential have been clearly specified

- there is a clear and highly motivated supporting structure (network, clinical lead, implementation group, policy lead)
- services have been highlighted for specific attention in WG planning guidance and accompanying correspondence (but have not had quite the prominence/profile as cancer services)

2 Conduct of the review

2.1 Collection of evidence

The Steering group chairs engaged with the Dr Jon Goodfellow, National Clinical Lead and Steve Davies, Wales Cardiac Network Manager and Caroline Lewis, WG policy lead who agreed to support the review through the provision of written evidence and participation in a review meeting with members of the Steering Group.

An evidence gathering proforma was developed (that can be adapted for use in future reviews on other topics) and provided to the Wales Cardiac Network for completion before the review meeting. The proforma included sections on:

- Specification of essential services
- Guidance on essential services
- Assurance of essential services delivery
- Overall assessment of current essential services delivery
- Assessment of threats to essential services delivery during Winter 2020/21
- Specific recommendations to support the maintenance of essential services

The proforma was completed and returned by the Wales Cardiac Network and is included as Appendix 1 to this report.

2.2 Review meeting – 17 December 2020

The review meeting was held on 17 December 2020 via Microsoft Teams. Participants included members of the Steering Group, representatives from the Wales Cardiac Network and additional WG officials. A list of participants is included as Appendix 2.

Jon Goodfellow and Steve Davies presented in support of the written evidence provided, answered specific questions and participated in a discussion.

Key themes arising from the presentation and discussion were as follows:

- in general, a level of essential cardiac services has been maintained throughout the pandemic in line with the guidance issued. The current guidance remains fit for purpose and no immediate changes were needed.
- maintaining essential services has been challenging and the pandemic has had a major impact on the delivery of cardiac services beyond those deemed essential in the guidance
- many of the most significant challenges relate to the exposure of longstanding weaknesses in cardiac services including:
  - workforce pressures
  - access to timely, accurate and consistent data about cardiac service delivery
  - timely access to key investigations, including CT coronary angiography (CTCA) as the default test for new suspected cardiac chest pain
- much has been done to successfully introduce remote working and virtual clinics, although progress has been variable across health boards
- returning to pre-pandemic ways of working will not adequately address the backlog of diagnosis, treatment and care that is arising; there is need for a more prudent approach to the acceptance of referrals and the provision of advice to primary care and an overall focus on delivering high value care.

3 Recommended action

The following recommended actions have been developed following the review meeting and have been informed by that meeting, the evidence submitted by the Wales Cardiac Network and subsequent discussions. As most of the issues considered within the review concern longstanding issues that have been thrown into stark relief by the pandemic, this is reflected by the medium to long term nature of many of the actions. The actions are more about the recovery of services in the aftermath of current acute pandemic pressures and closely reflect the content of the Wales Cardiac Network's emerging 2021/22 Work Plan and medium term plan. These plans are to be formally signed off, as part of the overall plans of the NHS Wales Health Collaborative, by NHS Wales chief executives, meeting as the Collaborative Executive Group, before the end of 2020/21.

The Network will lead and coordinate much of the activity required, but will need to do so in close partnership with NHS Wales organisations and WG. Some action will require formal system-wide approval. Where possible, leadership and indicative timescales for each recommendation are specified, but in some cases this requires further consideration.

Much of the work described will be influenced by, and will need to align with, the forthcoming National Clinical Framework and National Quality Framework.

3.1 Minimising the impact of COVID

Action	Lead	Timescale
Ensure high levels of vaccination in the workforce delivering cardiac services	Vaccination programme HBs	Q4 20/21
Ensure continued strict adherence to infection prevention and control measures throughout cardiac patient pathways	HBs	Ongoing

3.2 Workforce

Action	Lead	Timescale
In developing plans for recovery, including the addressing of backlogs, recognise the profound impact that the pandemic has had on the NHS Wales workforce:		
• Objectives and targets set should be realistic and achievable	WG/HBs	Ongoing
• A holistic package of support measures should be further developed, implemented and promoted for the NHS Wales workforce	HEIW (this is a wider 'whole system' issue that is already being progressed)	TBC
Progress work with HEIW, health boards and WG (via Dee Ripley) to address skill mix and staffing issues in cardiology:	Network (in close liaison with HEIW)	
• progress work across NHS Wales and with Swansea University to expand the cardiac physiology workforce (proposals to be taken to the NHS Wales Collaborative Executive Group in February for chief executive approval)		Q4 20/21
• develop a case for strengthening the heart failure nursing and community rehabilitation workforce		Q4 20/21 Q1 21/22
• determine if there any further changes in workforce models that need consideration over the medium term		Ongoing

3.3 Data and informatics

Action	Lead	Timescale
Progress work between the Wales Cardiac Network, health boards and NWIS to deliver improvements in cardiac informatics to improve patient care and the management and assurance of the delivery of cardiac services: • develop consistent data definitions (including those relating to aspects of waiting times) within the NHS Data Dictionary to facilitate the real time monitoring of the performance of cardiac services • ensure that cardiac services are appropriately included in the non-COVID data hub being implemented by NWIS • ensure further improvements in cardiac data collection, analysis and presentation, including via the use of the National Data Repository (NDR) to populate appropriate dashboards • ensure ongoing development of informatics support for remote consultation • progress work to ensure consistent access to and use of the Welsh Clinical Portal (WCP) by cardiologists to facilitate the management of patients and related communications (including, specifically, the ability to record and access patient risk level and priority level scores/assessments to facilitate a risk based approach to pathways – see below) • ensure the introduction of electronic test requesting (ETR) and the roll out of electronic hospital to hospital referrals within cardiology	Network (working closely with NWIS)	TBC (in conjunction with NWIS)

3.4 High value, prudent healthcare and recovery

Action	Lead	Timescale
Working through the Wales Cardiac Network, develop a 'recovery plan' for cardiac services: • maximising remote patient consultations and technology-enabled discussion between primary and secondary care, including via the use of Consultant Connect • adjusting the threshold for accepting referrals from primary care to be seen in clinics (in close liaison with primary care) • engaging with primary care to develop primary care led solutions • ensuring the delivery of advice and guidance to primary care in a timely fashion (e.g. using WCP and e-referrals) • minimising low value investigations in low risk populations • maximising the appropriate use of remote monitoring technologies in the community • appropriate matching of cath lab demand and capacity	Network (in support of the Heart Conditions Implement-ation Group)	Q4 20/21 Q1 21/22
Convene an all Wales 'cardiac summit' in March/April to review the emerging whole system recovery plan (primary, secondary and tertiary care) and agree immediate and longer term actions to ensure the provision of: • timely diagnosis • responsive acute cardiac care • ability to effectively manage chronic disease, including heart failure	WG	Q4 20/21 Q1 21/22

3.5 Diagnostic services

Action	Lead	Timescale
Ensure that, in prioritising provision of diagnostic services in response to COVID pressures, decisions are made that reflect risk of harm across major conditions, including cardiac	HBs	Ongoing
Assess CT coronary angiography (CTCA) demand and capacity and develop a case to expand capacity to meet appropriate demand and reduce patient recovery times as part of more prudent pathways. To address: • radiographer skills/training • access to CT scanner time	Network	Q4 20/21 Q1 21/22
Ensure that the need for timely cardiac diagnosis is factored into wider consideration of diagnostic service provision in Wales, including consideration of the development and implementation of 'community diagnostic hubs'	TBC	Ongoing

4 Reflections following the review

Since the Review of Essential Cardiac Services was conducted, earlier drafts of this report have been received and considered by:

- Essential Services Steering Group (discussed at meeting)
- Essential Services Group members (circulated for comment)
- Planning and Response Group (discussed at meeting)
- Acute Secondary Care Sub Group (provided to members)
- Directors of Planning Peer Group (provided to members)
- Wales Cardiac Network Manager and Clinical Lead
- Welsh Government Policy Lead and other colleagues

Constructive feedback has been received from members of the above groups, both during relevant meetings and subsequently. Some of the feedback received has been reflected in amendments and additions to the above sections of this report. Other feedback has led to the following reflections on the conduct of the review, which will be used by the Essential Services Steering Group to inform the conduct of, and participation in, future similar reviews:

- The review was too focused on the secondary care aspects of cardiac services, at the expense of consideration of primary care and

prevention, in particular. However, it will be important to ensure recovery planning has a holistic, whole system approach. Future reviews would benefit from more emphasis on primary care and more involvement from primary care colleagues.

- Many of the themes, lessons and recommendations arising from the review can be applied, or adapted, more generically across other service areas. This is both a strength of the review and a potential weakness. Future reviews should consider generic issues, but also seek to identify more service-specific insights and generate related recommendations.
- Some questions have been raised about the timing of the cycle of 'deep dive' essential services reviews and how this relates to the timing of the issuing of planning guidance and the development and submission of health board plans. The nature of the reviews, however, necessitates that they are conducted sequentially over a period of time and the timing of their starting was affected by the progress of the pandemic and the point reached in the work of the Essential Services Group. It is recognised that this will result in timing mismatches, but these cannot be avoided.

Appendix 1 – Written submission from the Wales Cardiac Network

Deep Dive - Cardiac Services 151222 FIN

Appendix 2 – Participants in review

Mark Dickinson, Chair, Essential Services Group, NHS Wales Health Collaborative

Jan Davies, Chair, Essential Services Group, Welsh Government

Steve Davies, Wales Cardiac Network Manager

Cath Bridges, Head of Healthcare Quality and Development, Welsh Government

Nicola Davies, Planning and Delivery lead, Welsh Government

Jon Goodfellow, National Clinical Lead, Wales Cardiac Network

Caroline Lewis, Policy lead, Cardiac, Welsh Government

Julie McCabe, Assistant Director, Delivery Unit

Karen Preece, Director of Planning, WHSSC

Dee Ripley, Deputy Chief Scientific Officer, Welsh Government

Rhian Williams, Head of Patient Experience, Welsh Government

Tom Vedmore, Secretariat, Essential Services Group, Welsh Government

Holly Williams, Secretariat, Essential Services Group, Welsh Government