

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol
a Chwaraeon
Ymchwiliad i iechyd meddwl yng
nghyd-destun plismona a dalfa'r
heddlu
HSCS(5) CDN17
Ymateb gan Tŷ Hafan

National Assembly for Wales
Health, Social Care and Sport
Committee
Inquiry into Mental health in Policing
and Police Custody

Evidence from Tŷ Hafan

Information for the Health Social Care and Sport Committee on Children's Community Nursing

This paper has been collated with the Children's community nursing leads across Wales. It intends to provide information to the committee on the numbers of children's community nurses across Wales and to outline the need for an improved community nursing resource in paediatric palliative care to support end of life care in local communities.

Data relating to Community Children's Nursing Services resulting from a scoping exercise for the Chief Nursing Officer August 2017:

Population 0-15 years Wales: 557,079

Abertawe Bro Morgannwg

Population 0-15 years 92,476

Whole time equivalent (WTE) children's nurses within CCN services: 15.4

RCN Recommends 20 RN's per 50,000, therefore 37 WTE are required, there are 15.4 in post leaving a deficit of 21.6 WTE

Aneurin Bevan

Population 0-15 years 108,637

Whole time equivalent (WTE) children's nurses within CCN services: 28.55

RCN Recommends 20 RN's per 50,000, therefore 37 WTE are required, there are 28.55 in post leaving a deficit of 14.45 WTE

Betsi Cadwaladr

Population 0-15 years 123,619

Whole time equivalent (WTE) children's nurses within CCN services: 9.3

RCN Recommends 20 RN's per 50,000, therefore 49 WTE are required, there are 9.3 in post leaving a deficit of 39.7 WTE

Cardiff and Vale

Population 0-15 years 90,282

Whole time equivalent (WTE) children's nurses within CCN services: 26.57

RCN Recommends 20 RN's per 50,000, therefore 36 WTE are required, there are 26.57 in post leaving a deficit of 9.43 WTE

Cwm Taff

Population 0-15 years 55,708

Whole time equivalent (WTE) children's nurses within CCN services: 10.7

RCN Recommends 20 RN's per 50,000, therefore 22 WTE are required, there are 10.7 in post leaving a deficit of 11.3 WTE

Hywel Dda

Population 0-15 years 75,000 (2019 data)

Whole time equivalent (WTE) children's nurses within CCN services: 15.3

RCN Recommends 20 RN's per 50,000, therefore 30 WTE are required, there are 15.3 in post leaving a deficit of 14.7 WTE

Powys

Population 0-15 years 21,264 (2019 data)

Whole time equivalent (WTE) children's nurses within CCN services: 5.51

RCN Recommends 20 RN's per 50,000, therefore 8.5 WTE are required, there are 5.51 in post leaving a deficit of 2.99 WTE.

While this demonstrated a variation in numbers across Wales it is clear that there is a deficit across all Health Board areas.

Whether we have a clear picture of the district nursing and community nursing workforce in Wales, and the level of need for community nursing services (including future need). Do we have the evidence base to support effective workforce planning.

From this scoping exercise undertaken in August 2017 and more up-to-date information provided by two health boards, there is a very clear picture of the deficits in the children's community nursing workforce. In relation to paediatric palliative care, the NICE guidelines (2016) clearly demonstrate a need for choice,

and care closer to home. We know that this is an aging workforce and the specialist nurses in this area across Wales are rapidly approaching retirement age with no clear workforce plan for succession. Planning will remain challenging as there is currently no data available, or planned, to quantify the numbers of children and young people with life limiting and or life threatened conditions. This is a serious omission, which requires urgent attention. We believe that because the numbers of children are small within each health board area (though increasing); a whole Wales planning strategy is required to address this need.

Whether there is clear strategy, at national and local levels, about the future direction for district nurse-led community nursing services. How well aligned is this with the development of the primary care cluster model for example, and with the vision for health and care services set out in A Healthier Wales.

There are concerns that as this demographic group is small and highly specialised they will remain under the care of community, secondary and tertiary paediatricians and so may become lost to the planning and funding opportunities within the clusters. However, the impact on GP services from family related stress and anxiety for this client group is substantial. We at Ty Hafan are trying to take a leadership role here by developing joint community nurse posts with some health boards to provide more choice in end of life care. However, we cannot do this alone, and require better national planning to provide the best possible care to all.

How effectively community nursing teams are able to work with a range of professionals and agencies (including primary and secondary care services, social care services, and the voluntary sector) to deliver seamless, person-centred care.

The children's community nursing teams across Wales work well and effectively with us as a third sector provider for highly vulnerable children. However, they struggle to be able to meet the demands for care in the community due to numbers of nurses and the ability to maintain competency due to the small numbers of children in each area. We are working on a small-scale basis to develop joint funded posts to support the NICE guidelines and patient choice, but the limited resources available across statutory and third sector services is hampering this. A broader planning approach is required within the IMT's or at an all-Wales level.