

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and
Education Committee

Blaenoriaethau ar gyfer y Pwyllgor Plant, Pobl Ifanc ac Addysg |
Priorities for the Children, Young People and Education Committee

CYPE 39

Ymateb gan : Bwrdd Iechyd Prifysgol Betsi Cadwaladr

Response from : Betsi Cadwaladr University Health Board

Question 1 – Within the remit set out above: what do you consider to be the priorities or issues that the Children, Young People and Education Committee should consider during the Fifth Assembly?

1. How the Wales supports children who require Continuing care or joint funded packages. An all Wales framework for Joint Packages of Care would be welcomed.

2. How Wales recruits and trains its children's workforce especially in relation to mental health, Health visiting and neuro-disability services. The regulations under the Mental Health Measure are restricting the use of the full workforce, for example paediatric nurses working within CAMHS Teams are unable to undertake Mental Health Assessments under the Measure.

The number of commissioned places for the SCPHN degree in Health Visiting and School Nursing needs to be reviewed and increased to enable the Healthy Child Wales Programme to be implemented.

3. How WG can support Children to have the best start in life by investing in the first 1000 days of a child's life.

4. Flying Start has been welcomed and is making an impact however, the enhanced service provision is not available to school aged children. This gap in provision is marked and parents of teenagers in particular need continuity of support.

5. Perinatal mental health has a significant impact on the wellbeing of children. WG has invested some funding into Adult Mental Health

Services, which has been welcomed. To make an impact the emotional wellbeing of parents and parents to be, needs to be a priority for Health, Education, Social Services, and the 3rd sector

6. Obesity is increasing and requires a multi-factorial approach at a local and national level.

7. Children's services in Wales need to be able to respond to increasing numbers of children with poor and/or dysfunctional behaviour. This needs to be a multi-agency approach, providing support and solutions to families

8. There needs to be increased work to develop integrated services to address key vulnerability indicators within families, to build independence and resilience.

9. We welcome the investment received for End of Life care which is supporting out of hours nursing, however we recognise the expertise of the hospices and see their contribution as key. End of life care in children is fortunately in frequent but complex and intense and requires prioritisation for planning

Question 2 – From the list of priorities or issues you have identified, what do you consider to be the key areas that should be considered during the next 12 months (please identify up to three areas or issues)? Please outline why these should be considered as key priorities.

1. Children who have continuing health and social care needs. This group of children have poor outcomes in life generally. They often have complex social, emotional and health needs. They are also a highly mobile group and often move across the English and Welsh borders. Agencies consistently struggle to agree and fund packages as there low clarity about what is a health or social care need. This is further confused by trying to define whether a health need is a primary or secondary one. The net result is that families and children frequently wait months or years for agreements to be reached by which time significant harm has been caused to the child or the child

has missed vital opportunities to access opportunities which would support their progress.

2. There is universal agreement that the additional investment into children's mental health and neuro-disability funding will support children in Wales. The workforce development lags behind and we are finding it difficult to recruit staff with the correct expertise to fill posts. Often we recycle staff meaning that high vacancy levels remain. Within the NHS we have seen an increase in health visitor training places yet the child branch pre registration training numbers have not increased in a number of years despite requests to the contrary. If we are to staff the new sub regional neonatal service and meet minimum staffing levels in our children's services WG will need to invest in a children's workforce which has a transferable skill set to allow flexible roles to be developed. In addition the Mental Health Measure (Wales) presently excludes child branch registered nurses from being MHM compliant. This needs to be reviewed as a matter of urgency to avoid the loss of this valuable skill set to the service.

3 Healthy Child Wales has been universally welcomed. The fact that the WG expects implementation to be within Health Boards existing financial allocation is a major concern. In some HB's the shortfall in Health visitors is already an issue leading to them being unable to fill existing vacancies. Due to the variable case load size across Wales some HB's eg BCUHB are declaring a shortfall in excess of 29 WTE HV posts to fully implement the Healthy Child Wales Programme. Without additional support this will mean that Wales will continue to offer inequitable services to children. The evidence base is very strong for early years investment and we would urge the committee to consider how it best supports its providers to deliver on this agenda item.

4 Investment into health visiting and school nursing will ensure that the today's and tomorrow's parents are effectively supported enabling the First thousand days to be a nurturing, safe and healthy time and ensuring that the lessons from the ACE report are learned.