

Senedd Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg

Welsh Parliament
Children, Young People and Education Committee

Ymchwiliad i effaith argyfwng Covid-19 ar
blant a phobl ifanc yng Nghymru

Inquiry into the impact of the Covid-19 outbreak on
children and young people in Wales

COV - 62
Ymateb gan: Bwrdd Iechyd Prifysgol
Aneurin Bevan

COV - 62
Response from: Aneurin Bevan University Health
Board

ABUHB Family and Therapies Divisional response to Pwyllgor Plant, Pobl Ifanc ac Addysg y Senedd/ Children, Young People and Education Committee May 2020

Family and Therapies have had extensive redeployment of staff and high sickness levels. Throughout the COVID response we have ring-fenced staff to support vulnerable children to a) maintain existing packages of care and support, b) mitigate effects of school closures, c) maintain essential services including public health functions to minimise potential non-COVID harm. All service changes were communicated within ABUHB including primary care, to service users and to partner organisations via various mechanisms.

There was an immediate review of all caseloads/patients to identify those in vulnerable categories including safeguarding risks. Care plans were developed and contact arrangements agreed. Continued provision of initial and review health assessments for children who are looked after.

We have used an integrated service approach to continue delivering the Healthy Child Wales programme above the WG revised COVID programme.

Examples: Immunisation hubs established and well attended to provide MMR to school aged children as part of Measles Reduction Plan, continued provision of Neonatal BCG to vulnerable babies.

Sparkle charity support workers were employed by ABUHB on temporary basis to provide respite hours at Serennu Children's Centre for particular families.

School Nurses directly contacted YP identified with concerns relating to emotional health and well-being. In April the team contacted 80 YP (examples of concerns raised are low mood, self-harming, eating disorders,

anxiety). Service well accepted. School nurse helpline in place for families and young people Mon-Friday 9-5.

Utilisation of Social Media to support YP, in particular a focus on Emotional health and wellbeing.

A particular example of good practice highlighted here:

<https://ihv.org.uk/news-and-views/voices/remaining-responsive-during-the-covid-19-pandemic-developing-new-ways-of-delivering-public-health-nursing-services/>

Specialist CAMHS COVID-19 Response and activity (from Mid-March 2020)

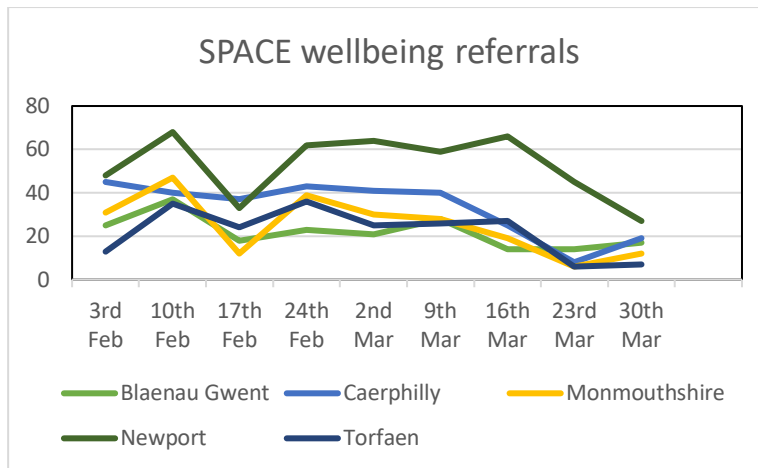
14th May 2020

COVID related service developments

1. **Expansion of Emergency Liaison service to 24/7** to offer a rapid response to telephonic triage, mental health advice, safe discharge planning to reduce hospital admissions for children and young people presenting in acute crisis
2. **Direct access helpline to public:** Introduction of consultation phone line for professionals as well as public in order to offer professional advice, support, signposting and guidance
3. **Whole service approach:** Flexible working patterns, shift systems and remote ways of working, equity in workload and contingency plans using traffic light system

Specialist CAMHS Activity and performance:

1. **Virtual clinics:** Majority of CAMHS activity continued virtually by Use of video consultations (Attend anywhere) and telephone follow up appointments
2. **Single Point of Access to Childrens Emotional (SPACE)- Wellbeing** – continued to operate with virtual consultations and meetings. New referrals were accepted and virtual assessments were carried out in accordance to RTT targets. Referral numbers are down:



3. **Follow up appointments:** Brief and more frequent virtual consultations and appointments were offered and solution focussed approach was the main intervention provided.

We could not continue:

1. Group therapies and traditional ‘pure to model’ therapies that needed regular face to face contact.
2. Completion of Neurodevelopmental assessments that need direct observation for assessing verbal and non-verbal areas of communication and behaviour
3. Home visits and community based interventions

Post- COVID Priorities (using lessons learnt from COVID service plans):

1. Extension of Emergency liaison services to provide rapid response to children and young people presenting in crisis thereby reducing the number of admissions to acute hospitals.
2. Consultation phone line open to public as a way of ‘self-referral’ into SPACE/CAMHS in order to improve access to timely professional advice and support (Mon-Fri 9-5).
3. Embrace digital resources to Offer the choice of virtual clinics for families that opt in.
4. Offer evidence based interventions, face to face, for those who could not progress from brief solution focussed approaches
5. Focus on improving the integrated pathway for Neurodevelopmental assessments and interventions.
6. Partnership working and collaboration with other agencies in managing children with complex needs.

7. Extended CAMHS operating hours to support flexible working for staff and to enable families to access services better than a 9am to 5pm service.

COVID Service evaluation: Feedback from Staff and Families

Attend Anywhere feedback:

“Was easy to follow”

“The service has been very efficient so far”

“I thought the video call was most helpful”

Parent feedback on use of consultation phone line:

Thank you so much for your swift response after my phone call today to Ty Bryn with concerns for my Son XX The service I received was excellent with my concerns about my sons mental health listened to and the appropriate actions taken with a follow up consultation planned.

Staff evaluation obtained by questionnaire (May 2020):

24 responses which were mainly positive indicating themes such as better work-life balance, teams pulling together, ‘we can do it’ approach, staff and patient safety, management support.

Barriers mainly were around lack of enough IT resources to carry out all aspects of work remotely.

Post-COVID CAMHS :

1. There is a likelihood that the number of referrals may increase significantly when the lockdown ends which may be due to the impact of emotional trauma, bereavement, social stressors or other ‘hidden’ difficulties such as domestic violence, substance misuse or other adverse life experiences.
2. Needs-based, trauma-informed approaches of support – To develop integrated multiagency pathways of support to deliver trauma informed interventions to meet the needs of children and young people and to build and expand on the existing SPACE-Wellbeing panels for delivering interventions at the front door.

Paediatrics

Acute Paediatric services at the Royal Gwent and Nevill Hall Hospitals have remained fully open for assessment and inpatient admission of children. Wards were prepared quickly to sustain capacity and maintain safety for acutely unwell children while protecting the public and vulnerable staff. Presentations declined significantly, particularly at the start of the crisis. In response, the Health Board has used social media to urge parents to seek advice for unwell and injured children. This has included the regular posting of Barts' guidance for parents, which depicts the various pathways by condition, and a video clip message from the Health Board's Paediatric Clinical Director, XXXXXXXXXXXXXXXXXXXX. A parent or guardian are permitted to accompany those children admitted hospital. Early hospital discharge has been supported by our developing 'Care Closer to Home' initiative run by the Community Children's Nursing service with extended hours.

Outpatient consultations necessarily reduced following the introduction of new emergency rotas and the redeployment of medical staff. Safeguarding procedures have been maintained 24/7 but referrals are reduced probably due to a drop off in community interface (schools/nurseries, social worker visits). Urgent face to face Outpatient consultations are available for those children most at risk via 'hot' clinics in Serennu Children's Centre and other areas e.g cardiac echo provision. Telephone consultations are offered for routine new and follow up patients, and this is being enhanced through the roll out of 'Attend Anyway' video technology. Outpatient capacity will increase with the imminent return to pre-Covid medical rotas but delivered to prioritised patients with social distancing measures.

Specialist Nurses are available to offer telephone advice to families of children with chronic conditions, and offer home visit and appointments by exception e.g patients with diabetic pumps.

The future will embrace new technologies and ways of working with advantages for patient travel, estate, environment and cost.