

## **Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)**

**This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)**

### **HSC PSS 61**

**Ymateb gan: | Response from: Coleg Brenhinol Pediatreg ac Iechyd Plant | Royal College of Paediatrics and Child Health**

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## **Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee**

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

### **C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?**

**Q1. Which of the issues listed above do you think should be a priority, and why?**

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We agree that all of the priorities identified are important.

Public health and prevention: ensuring that we don't go back to the pre-pandemic status quo, but deliver the improvements identified before Feb/March 2020.

Our 2020 [State of Child Health](#) report captured information across a range of indicators and could be seen as a pre-pandemic benchmark of children's health and wellbeing. Understandably, government action relating to a number of these indicators was disrupted by the pandemic, but the challenges identified in the report have not gone away. We need to understand what progress is now being made to improve children's health across a range of public health issues including



childhood obesity, smoking during pregnancy, breastfeeding rates, preventative dental health; and smoking in young people.

One helpful outcome of Committee work could be to focus attention on these issues, either individually or grouped together as a bigger piece of work, and establish whether the Welsh Government is on track to deliver on existing commitments on public health and prevention and if not, make recommendations for improvement. These commitments include:

- On oral health, the 'Designed to Smile' programme and commitments made as part of [A Healthier Wales](#) "Year-on-year increase in the proportion of people who have seen an NHS dental practitioner in the last 2 years (1 year for children) in all Health Boards"; "Continued child oral health improvement 5 & 12 year old surveys"
- On preventing and addressing childhood obesity, '[Healthy Weight: Healthy Wales](#)'
- On breastfeeding, the '[All-Wales Breastfeeding Plan](#)'
- At a strategic level, [A Healthier Wales](#) was clear on the need for public health and prevention to be prioritised and set out the need to deliver "a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health."

Running through each of these issues is the impact of inequalities. We highlighted this in relation to oral health, childhood obesity and breastfeeding in our [State of Child Health](#) reports. We have previously called for specific targets for key areas of child health inequalities, with clear accountability across Government.

Children and young people identified before the pandemic, that increasing use of technology to support health was important. Delivery of virtual services was expedited through the pandemic, highlighting issues for children and young people who face device poverty, do not have access to safe spaces to talk to health professionals from home or do not know how to access digital health services. This needs to be reviewed in terms of the forward-thinking approach for public health and prevention, to ensure anything created is accessible to all children and young people and not reliant on them being digital natives.

We would encourage the Committee to consider what actions it can take (which may include a full inquiry) to provide scrutiny of the government's response to health inequalities; whether the current strategic framework for reducing inequalities is successful; and whether government is doing enough in to ensure that tackling health inequalities is a priority in recovery from the pandemic.

### **The health and social care workforce, including organisational culture and staff wellbeing**

Pre-pandemic, we published [Workforce Census: Spotlight on Wales](#), which drew upon the most accurate and up to date data available to us in 2019 to present a picture of the paediatric workforce. This report made recommendations specific to Wales in five key areas:

- Planning the child health workforce
- Recruiting, training and retaining more paediatricians
- Incentivising the paediatric workforce
- Planning for and expanding the non-medical workforce

- Expand the primary care workforce

Of course, much has changed since then but the issues identified and recommendations made remain relevant. We have since published a [snapshot of general paediatric services and workforce in the UK](#) – a study about general paediatric services and workforce conducted in September 2019, prior to the COVID-19 pandemic. The results reveal a stretched general paediatric service, with a great deal of variation in services across the UK. It draws similar findings and recommendations.

The COVID-19 pandemic has meant that we have not carried out a workforce census since then, so we do not have accurate and updated data to report. Whether planners have access to high quality data on which to base workforce planning and proactive modelling to reflect the changing needs of children and young people and child health services [has been a longstanding concern](#).

We have since published '[Impact of COVID-19 on child health services between December 2020 and February 2021](#)' which shows findings from child health services across the UK about the impact of the COVID-19 pandemic, from the end of November 2020 to the end of February 2021. The findings demonstrated that over winter 2020/21, paediatric services in the UK were under pressure. The report also noted the backlog of need that paediatrics needs support to address. We are concerned that this coming winter could be even more difficult for paediatric units, who could be responding to significantly higher rates of respiratory illnesses other than COVID-19, notably RSV.

Earlier this year, we published [Paediatrics 2040](#), which presented a vision for the future of paediatrics in the UK focusing on four areas - data, innovation, models of care and working lives. One of the key themes running through this project is a need for greater focus on the wellbeing of the child health workforce. We asked 294 members the question, "In 2040, what is the top thing you want to be different about the working lives of paediatricians?". The [top responses](#) were working hours, flexibility, better treatment and protection of paediatricians, and more staff.

Children and young people through the Paediatrics 2040 programme identified a number of skills, attitudes and areas of knowledge that workers need when working with them in health settings. Their priorities focused on how to ensure workers are aware of youth issues and identities, for example LGBTQ+ health needs; that they are able to adapt to their age and stage needs, creating materials and being able to hold conversations that meet their needs; and that they are able to look at children and young people's needs across workforce planning, data collection, innovation and creating new models of care.

With this in mind, we ask the Committee to consider:

- Providing ongoing scrutiny of support for paediatric and child health preparedness this winter, when we may see significant additional pressures from increased numbers of common childhood viruses, including RSV.
- Committing to a programme of work looking at how services and the staff who run them are supported to recover from the experiences of the pandemic, with a focus on well-being.
- Broader scrutiny of the paediatric and child health workforce to understand capacity, gaps and government and HEIW strategy in delivering a fully staffed NHS based on robust workforce data and modelling.

## Access to mental health services

Over the course of the pandemic, we [published data](#) showing a sharp rise in the proportion of inpatient beds taken by children and young people due to a mental health admission. Anecdotal feedback from paediatricians suggests an increase in complex and severe presentations due to mental health.

Children and young people consistently identify mental health as a priority in our engagement work both in Wales and UK-wide. Children and young people with long term conditions in Wales and throughout the UK have told us that there are challenges around mental health support for them, needing all health services to be able to:

- Provide up to date sign posting information to support self-care, early intervention and prevention with staff being trained in mental health first aid
- Have access to specialist services that can provide psychological support around their health conditions
- Be able to also provide quick access wider specialist mental health support that isn't connected to their health conditions

We ask the Committee to consider:

- Demand and capacity within neurodevelopmental (ND) services: paediatricians have highlighted the need to understand ND services as a whole so that we have a better picture of demand and capacity throughout Wales, not just of autism services but the whole ND pathway. During the consultation and development of the [Code of Practice on the Delivery of Autism Services](#), several stakeholders raised concerns about capacity within ND services. Now that the Code has been published, it would be timely to investigate this. Outputs could include a review with evidence gathering; and a report to understand bottlenecks and pinch points within services, with recommendations as to how we can ensure services can meet demand not just for autism services but for all ND services, regardless of diagnosis.
- Continued monitoring by the CYPE Committee of delivery of the Mind Over Matter report and the impact of the pandemic on children's mental health, picking up where the previous CYPE Committee left off. One of the original Mind Over Matter recommendations was around training all professionals working with children and young people basic skills around mental health: it would be helpful to understand progress on this and the report's other recommendations.
- Long term strategy and delivery for children's mental health: the Together 4 Children and Young People programme (T4CYP) has a relatively short term funding model as we understand it. It may be helpful to take evidence from stakeholders to understand the Welsh Government's long-term thinking and strategy around children and young people's mental health and the services that support them.
- Adverse Childhood Experiences (ACEs): we would hope to see ongoing scrutiny of work to develop 'trauma informed' programmes and to ensure that key stakeholders are working in a joined-up way, particularly given the changes and challenges to youth services over the period of the pandemic.

## Evidence-based innovation in health

Over the course of the last Senedd term, researchers from the child health research unit at Noah's Ark Children's Hospital for Wales highlighted the difficulties in attracting funding for paediatric research in Wales compared with adult research in Wales, or with paediatric research elsewhere in the UK. The consistent message from the paediatric research community in Wales is that the structural issues persist and disadvantage paediatric medical research in Wales.

We propose that the Health and Social Care Committee undertake a one-day inquiry into paediatric research in Wales; or give specific consideration to paediatric research as part of a wider review of medical research in Wales.

### **Access to COVID and non-COVID rehabilitation services and access to services for long-term chronic conditions, including musculoskeletal conditions**

One of the things that the Covid pandemic has exposed is a lack of rehabilitation services for children and young people, especially around chronic fatigue. Although there is currently no agreed case definition for 'Long Covid' in children, the issue has gained significant profile and this has shone a light on an existing issue. Paediatricians around Wales have reported a lack of referral options for children and young people presenting with symptoms such as fatigue, with no services at all for children in many parts of Wales. In paediatric physiotherapy and rheumatology, paediatricians have reported long waiting lists.

Regardless of whether need is driven by viral infection; social, familial and educational impacts of the pandemic; or causes that have nothing to do with COVID-19 and which existed long before COVID-19, paediatricians would like to see rapid improvement.

An impact or outcome of Committee work around this could include clarity on gaps in services and demand for these services; along with providing government and service planners with recommendations to take forward. It would be helpful to hear from paediatricians and those who deliver rehabilitation services (especially around fatigue, but also musculoskeletal services) and from children or young people who have accessed these services, or are trying to do so.

## **Blaenoriaethau allweddol ar gyfer y Chweched Senedd**

### **Key priorities for the Sixth Senedd**

**C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:**

- a) gwasanaethau iechyd;**
- b) gofal cymdeithasol a gofalwyr;**
- c) adfer yn dilyn COVID?**

**Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:**

- a) health services;**
  - b) social care and carers;**
  - c) COVID recovery?**
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### **Gwasanaethau iechyd**

#### **Health services**

##### **Allergy services for children and young people**

Allergic illnesses are common affecting different aged children in a variety of ways. Issues with the universal provision of excellent management of infants and children with eczema exist. For older children with allergic hayfever, access to disease modifying immunotherapy is restricted and not equitable throughout Wales. Access to a new oral desensitisation treatment currently being licensed for peanut allergy will be an issue we face over the coming Senedd term.

We propose a one-day inquiry looking at allergy services throughout Wales to highlight inequalities and make recommendations for providing excellent services throughout Wales.

##### **Medication safety in paediatric medicine**

Children are at particular risk of medication errors due to their wide ranges of weights, calculations used for medications and the variety of unlicensed preparations that exist. The lack of universal electronic physician support prescribing systems means that children remain at a higher risk of medication errors. Research by Dr Tuthill and colleagues found that in Wales, over a two-year period, a total of 50 tenfold medication errors were reported in children; 20 of these errors reached the child and there were 30 near miss cases. This yields a minimum annual incidence of 1 tenfold error per 3,797 Paediatric admissions, or 4.6/100 000 children resident in Wales.

We ask the Committee to consider how it could approach scrutiny of medication safety and the lack of an electronic prescribing physician support system throughout Wales, to reduce the chance of these medication errors continuing at this rate.

## Impact of digital first services on children and young people

We ask the Committee to consider scrutiny of the impact that digital first services will have on children and young people, their rights and their access to information when they need it in a safe space. See our [Covid Book Club](#) and [resources](#) on children and young people's views on virtual health services.