

Children Services Scrutiny Committee

**Agenda
Item No.**

10th November 2020

10.

Briefing on Children`s Health Services in Walsall: CoVid impact

Ward(s) All

Portfolios:

Executive Summary:

This briefing summaries the current position of children and young people`s health services in Walsall in relation to changes as a result of CoVid pandemic.

Reason for scrutiny:

At the request of the Scrutiny Committee, CCG was asked to present a report summarising the CoVid impact on health services for children and young people in Walsall.

Recommendations:

That:

1. This briefing report is for noting by members of the committee and associate officers.

Background papers:

None although presentation together with this report will be presented by a CCG officer.

Contact Officer:

John Dunning
Children`s Commissioning Consultant (interim),
john.dunning1@nhs.net
07815 648091

1. Report

Date: 30th October 2020

Report by: John Dunning, Children's Commissioning Consultant (interim), Walsall CCG, john.dunning1@nhs.net

CCG (SRO): Geraint Griffiths-Dale, CCG Managing Director, Walsall CCG

Briefing on Children's Health Services in Walsall: CoVid impact

Introduction

Since the departure of previous commissioner, the CCG has secured the services of an interim commissioning consultant, John Dunning who will hold the commissioning portfolio and carry out an internal strategic review of children's commissioning arrangements for Walsall CCG and the health sector.

This briefing summaries the current position of children and young people's health services in Walsall in relation to changes as a result of CoVid pandemic.

Service changes

Acute Paediatrics	Acute Paediatrics (PAU and the inpatient ward) have in place timely referral pathways into the Paediatric Unit. This is ongoing and will not change.
Community Paediatrics	Paediatrics now covering the inpatient ward, elective case area, PAU 1 (respiratory) and PAU 2 (non-respiratory). This is to ensure safe segregation of non-covid/potential (or confirmed) covid patients.
Children's Outpatients	Restoration has been ongoing since June and July with a mix of face to face, telephone and virtual clinics used.
Community Nursing	No change to overall activity; staff wearing PPE to visit patients and to ensure service is maintained. They continue to deliver care in the community whilst supporting acute flow through the organisation.
Speech and Language	Review of all caseloads (approx. 2,500) in schools and early years settings with a minimal service currently in clinics. Any children not in a setting will receive a home visit if appropriate. Priority is being given to children with SEND and / or in the EHCP process and/or looked after children and those on the Child Protection register. The service to Special schools has resumed in full at pre-covid levels. The service to children with dysphagia has been maintained.
Occupational Therapy and Physiotherapy	<p>The teams continue to review all 1023 CYP across the services. All initial appointments are conducted via telephone/virtual via AccuRx and follow up face to face appointments are arranged as required. Priority is given to those who are high risk (RAG rated) or are SEND/EHCP/Safeguarding Service within Special school has resumed to pre-COVID levels (where school bubbles remain open). Mainstream schools support remains on assessment of individual need with priority been for those who have access issues and support is urgent to get a young person into a setting.</p> <p>During the initial phases - reduction in school referrals for OT services</p>

	and limited Health visiting and GP referrals for Paediatric Physiotherapy. Current waiting time remains 6-8 weeks.
School Nursing	School Nursing moved to a digital offer; already operate a text (ChatHealth) service for young people and for parents/carers and a Single Point of Access where parents/carers and professionals can call or email for advice and support. Lack of routine physical presence in schools remains a challenge.
Immunisations and Vaccines	Access to and appointments for childhood immunisations and vaccines have remained open during CoVid via GPs. Uptake has reduced mainly due to parental choice as result of lockdown measures but is now improving but not consistent across all GP practices. Vaccine UK operate the child flu programme for all Walsall children except 2-3yr olds and vulnerable cyp, which is via GPs. Further details including analysis of performance will be via presentation at forthcoming committee meeting.
Public Health	Walsall Public Health continues to commission the health visitors and school nursing service. Following a reduction in face to face visits at the start of lockdown, the services have recommenced face to face visits, seeing in all babies in their first weeks and offering support for vulnerable families and children. Child healthy weight is an issue in Walsall and support for healthy eating including food preparation and growing in schools and early years settings is given by Food for Life. A multi-disciplinary team is developing its pathway to support vulnerable mothers during pregnancy and identify the support available across Walsall Walsall have been successful in their bid to be part of the NSPCC GCP2 Ante natal pilot to further its work around raising awareness and reducing neglect. Walsall children's social workers and early help workers will be working in partnership with Walsall Manor midwives to test out the GCP2 antenatal tool.
CAMHS	Walsall CAMHS have in place Phase 3 restoration plans, and maintained face to face contact with children and young people throughout COVID for those that have needed to be seen, i.e. in crisis, eating disorder etc. Extensive rollout of virtual platforms and phone is in place. Increased request for struggling young people so moved to a greater face to face presence in order to provide a greater level of support. ICAMHS continue to see CYP up to 6pm and work with WHT The Manor Hospital, to 're-route' the young people and families to CAMHS rather than for them remain at the hospital – the greatest cohort currently coming through this pathway is autistic children who are just not managing. CAMHS, & Positive Steps are continuing with home visits, school sessions and other face to face appointments in clinic as well as virtual platforms etc. Group work has been resumed over Zoom and is working well however we do plan to move back to face to face when we are able. Reflexions (new school team) are starting to go out to some of the schools to see young people as we are aware that those young people currently presenting with low level need will escalate without intervention and in turn will turn to CAMHS for support.
PPE	The Black Country and West Birmingham PPE Cell had been supporting CCG CHC & PHB providers with PPE including FFP3 throughout the pandemic and continue to do so. Recently providers have been able to

	register and obtain PPE but this still excludes FFP3 masks for AGP, which the CCG continue to provide with the support of the LA supply route.
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Service Impact

Acute Paediatrics	<p>Acute length of admission on average 2 days. (There are some anomalies to this such as CAMHS patients who are awaiting tier 4 escalation or assessment.)</p> <p>Successful bid for winter pressures monies to support the paediatric workforce into the winter months and currently working through plans to maintain acute and elective activity using this money to reinforce our nursing work force.</p> <p>Acute paediatrics supported adult ITU by sending paediatric staff to assist in ITU in the height of the surge. The ward was also supported by Health Visitors who were identified to come in to back fill for those going to ITU.</p>
Community Paediatrics	<p>Paediatric acute activity dropped as per national picture in late March into April and May. This has steadily increased since June.</p>
School Nursing	<p>Waiting list for parenting groups and delivery of emotional health (resilience); groups will be starting virtually from latter part of Autumns term. Receiving a high number of referrals for emotional health and behaviour problems.</p>
CAMHS	<p>Referrals in to CAMHS reduced at the start of Covid including for those young people who present in crisis however, this simply delayed the demand. Over the months seen a greater need for all CAMHS services including Positive Steps, CAMHS and ICAMHS and excessive pressure is on the services to manage complex presentations. In April 2019 Core CAMHS received 193 new referrals in comparison to 89 in April 2020 however this has now increased to approximately double that rate with the complexities and risk factors involved being more considerable than ever. ICAMHS received 44 referrals in April 2019 in comparison to 19 in April 2020 however they are receiving approximately 15-20 referrals a month more than at their highest referral rate, the majority of this caseload as stated previously is due to autistic children with/without comorbidity who are going into crisis.</p> <p>Waiting lists throughout the service continue to be exceptionally problematic, despite reduction in referrals back in April/May lack of uptake and engagement in virtual appointments has added to caseload pressures. Clinicians have continued to engage young people in every way possible still offering face to face appointments for those at greater risk of crisis or disengagement however this has not always been possible which has provided added pressure to the service. Positive Steps referrals have remained at the same level throughout and therefore the CBT pathway in particular has a considerable waiting list for those young people suffering with anxiety and related symptoms. Core CAMHS now have a waiting list of approximately 54 weeks with young people going into crisis and the priority pathway needing to be used more often.</p> <p>The ASD clinic which currently has roughly 300 young people awaiting assessment, this is due to ADOS assessments not being conducted due to them being a face to face piece of work involving the use of items and resources which until recently was not allowed. The team are currently</p>

	<p>working extensively to support the ASD clinic to try and get young people assessed however we are having to do this on a criteria basis i.e. age, complexity etc.</p> <p>Many of the CAMHS team were re-deployed on to the wards to help support the inpatient crisis between April and July and many staff needed to isolate due to being symptomatic as well as the proportion of staff who are classed as vulnerable and need to remain at home. Staffing levels returning to typical pre-CoVid although shielded case and sickness remains as an issue.</p> <p>Waiting list across CAMHS are a longstanding issue the addressing of which has been delayed/ exacerbated by CoVid. This is a system risk as it response requires collective effort from CAMHS, social care, education, public health, early help and other community health services. Commissioners are working very closely to put in place remedial action plan and prioritise urgent cases for a response by CAMHS.”</p>
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Feedback

Paediatrics	Generally, received positive feedback from our patients and families – the only issue that is under ongoing review is that of visiting. Currently restrict to one parent/carer per patient with one formal complaint concerning this issue.
Health Visiting	Informal concerns/comments regarding the health visiting service and the lack of baby clinics currently being held however, the teams are working in alternative ways to ensure babies are safe and families are supported.
School Nursing	The school nursing service has been very active in terms of supporting the PHE agenda and supporting young people and children through some challenging times whilst out of school and the term in which they have returned to school into a ‘new norm’.
CAMHS	Currently managing many complaints due to waiting times. Misunderstandings around CAMHS services, which have remained open for F2F and virtual appointments throughout the CoVid pandemic. Parental concerns expressed around diagnostics and pre-post support for autistic children.

Proposed Actions:

- Create a data performance dashboard across the health service portfolio for CYP
- Establish a regular Children’s Health forum for all health partners, Local Authority, Education and Public Health to monitor the impact of the CoVid pandemic on Walsall CYP and services.
- Prepare detailed reports from each sector with data and evidence; keep under frequent review.