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Lynne Neagle MS
Chair of the Children, Young people and Education Committee
Senedd Parliament
Cardiff Bay
CF99 1SA

Dear Lynne,

I wish to express my thanks for allowing the Royal College of Nursing (RCN) Wales to present oral evidence to the Children, Young People and Education committee on the impact of COVID-19 on children and young people. Following your request, I am writing to you regarding the progress of the Healthy Child Wales Programme (HCWP) during COVID-19 pandemic.

At the beginning of the pandemic, health visitors were initially called into acute practice. This consequently depleted the numbers of available health visitors at the peak of the COVID-19 pandemic. Due to the unknown nature of the pandemic in the early stages and the challenges the NHS faced the RCN is understanding of the need to redeploy nursing staff. Nevertheless, this did have an adverse effect on the health visiting service, the HCWP and in particular home visits. Not all scheduled visits have been delivered during the COVID-19 pandemic. Consequently, RCN Wales members' have expressed concern regarding the monitoring of children's health and

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***Mae'r RCN yn cynrychioli nyrsys a
nyrsio, gan hyrwyddo rhagoriaeth
mewn arfer a llunio polisiau iechyd***

***The RCN represents nurses and
nursing, promotes excellence in
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development as well as access to support when domestic abuse and child abuse occurs.

Thankfully, it is our understanding that most, if not all health visitors have returned back to practice and are re-establishing as much of the HCWP as possible following social distancing measure, for example, contact has been adapted and visits are being undertaken on an individual need basis.

Simply put, the HCWP is currently varied across Wales, however arranging contact remains a priority to every Health Board. RCN Wales members have expressed that contact is primarily undertaken virtually using WhatsApp and phone call, however there are arrangements in place for home visits providing there is appropriate Personal Protective Equipment (PPE) in place.

Many health boards have chosen to deliver the initial family assessment by phone, this allows the health visitor to obtain family history, discuss baby feeding, sleep patterns and provide useful information. This is followed by a home visit in PPE to weigh the baby. If further visits are required, they will be carried out in appropriate PPE.

General Practitioners (GPs) have expressed that the COVID-19 pandemic has greatly increased the use of remote consultations and has seen an improvement of technology in general, within their setting. Whilst COVID-19 has presented a lot of challenges, it is important to note that the roll out of technology and innovation has

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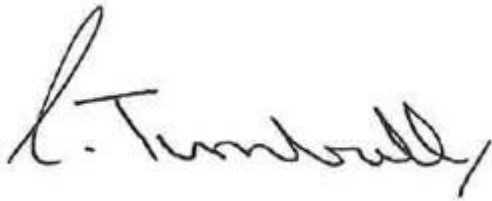
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been extremely beneficial to GP surgeries and this should be extended to health visitors and school nurses. With discussions of what the new normal will look like, it is important to establish that health visitors and school nurses urgently require an expansion of technology.

If you require a more detailed account of the impact of COVID-19 on the HCWP please do let me know.

Kind regards,



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