CYPE(6)-07-21 – Papur i'w nodi 6

Eluned Morgan AS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Julie Morgan AS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Lynne Neagle AS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
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Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/EM/2870/21

Jayne Bryant AS
Cadeirydd
Y Pwyllgor Plant, Pobl Ifanc ac Addysg
Senedd Cymru
Bae Caerdydd
Caerdydd
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22 Tachwedd 2021

Annwyl Jayne,

Diolch am eich llythyr dyddiedig 27 Hydref yn dilyn sesiwn graffu gyffredinol y Pwyllgor Plant, Pobl Ifanc ac Addysg ar 7 Hydref.

Rydym wedi mynd i'r afael â phob un o gwestiynau ychwanegol y Pwyllgor fel a ganlyn:

STRATEGAETH IECHYD PLANT

Mae iechyd plant yn brif flaenoriaeth i Lywodraeth Cymru. Dylai plant a phobl ifanc fod wrth wraidd gwasanaethau rhagorol ac integredig sy'n rhoi eu hanghenion yn gyntaf, waeth beth fo'u strwythurau sefydliadol a phroffesiynol traddodiadol. Mae Llywodraeth Cymru eisoes wedi cytuno nad strategaeth unigol yw'r ffordd orau o gyflawni hyn o reidrwydd.

Gwnaeth yr Adolygiad Seneddol o Iechyd a Gwasanaethau Cymdeithasol a gyhoeddwyd yn 2018 amryw o argymhellion ynghylch dyfodol darpariaeth iechyd a gofal yng Nghymru. Galwodd yr Adolygiad am un system ddi-dor i Gymru, gydag un weledigaeth glir a syml o sut beth fydd gofal yn y dyfodol i ddiwallu anghenion y boblogaeth. Argymhellodd yr Adolygiad y dylid trefnu gofal o amgylch yr unigolyn a'u teuluoedd ac y dylai'r cymorth a ddarperir fod heb rwystrau artiffisial.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Cafodd Cymru Iachach: ein cynllun hirdymor ar gyfer iechyd a gwasanaethau cymdeithasol a gyhoeddwyd yn 2018 ei lywio gan yr adolygiad seneddol. Mae'n darparu ar gyfer dull system gyfan sy'n deg a lle bydd gwasanaethau'n darparu gofal o ansawdd uchel ac yn sicrhau canlyniadau iechyd mwy cyfartal i bawb yng Nghymru. Dylai gwasanaethau gael eu dylunio o amgylch yr unigolyn ac o amgylch grwpiau o bobl, yn seiliedig ar eu hanghenion unigryw a'r hyn sy'n bwysig iddynt, yn ogystal â chanlyniadau ansawdd a diogelwch.

Fel rhan o ddatblygiad Cymru Iachach, cynhaliwyd Asesiad o'r Effaith ar Hawliau Plant (CRIA) a chanfuwyd y bydd plant, pobl ifanc a'u teuluoedd yn elwa ar wasanaethau gofal iechyd diogel ac effeithiol, a'u darpariaeth barhaus yw amcan cyffredinol y Cynllun Hirdymor.

O dan y Ddeddf Gwasanaethau Cymdeithasol a Llesiant, mae'n ofynnol i bob darparwr iechyd a gwasanaethau cymdeithasol gynnal asesiadau poblogaeth a chyhoeddi cynlluniau ardal sy'n nodi sut maent yn diwallu anghenion grwpiau blaenoriaeth penodol – un ohonynt yn blant a phobl ifanc.

Atgoffir Byrddau Iechyd ac Awdurdodau Lleol o'u dyletswyddau mewn perthynas â phlant a phobl ifanc yn Neddf Gwasanaethau Cymdeithasol a Llesiant, Rhan 9 Canllawiau Statudol a Fframwaith Cynllunio GIG Cymru. Mae'r Fframwaith yn cynnwys amryw o ofynion penodol sy'n ymwneud â phlant a phobl ifanc, gan gynnwys darparu gwasanaethau iechyd meddwl i blant yn eu hardal, cymorth i blant ag AAA a chydymffurfiaeth â gofynion diogelu, gyda disgwyl i BILlau ddangos tystiolaeth o'u cydymffurfiaeth yn eu Cynlluniau Tymor Canolig Integredig sy'n destun cymeradwyaeth Llywodraeth Cymru.

Mae'r Fframwaith Cynllunio yn ei dro yn seiliedig ar amrywiaeth o strategaethau a mentrau Llywodraeth Cymru sy'n ymwneud â gofal iechyd i blant a phobl ifanc, megis Polisi Sgrinio ac Imiwneiddio, Law yn Llaw at Blant a Phobl Ifanc, Rhaglen Plant Iach Cymru a Rhwydwaith Ysgolion Iach Cymru. Ni fydd unrhyw un o'r dyletswyddau na'r disgwyliadau sydd wedi'u cynnwys yn y dogfennau canllaw hyn, na'r trefniadau atebolrwydd sydd wedi'u hymgorffori yn y prosesau IMTP neu Gynllunio Ardal lle mae darparwyr gofal iechyd yn dangos eu bod yn cydymffurfio â nhw, yn cael eu heffeithio'n negyddol gan unrhyw beth yn y Cynllun Hirdymor.

Caiff llwyddiant y Cynllun ei farnu dros amser drwy'r ystod eang o drefniadau monitro a sicrhau perfformiad presennol ar gyfer iechyd a gofal cymdeithasol, a thrwy adroddiadau cynnydd rheolaidd ar drawsnewid gwasanaethau.

Mae gweithio amlddisgyblaethol yn arbennig o bwysig mewn perthynas ag iechyd plant, felly bydd y trawsnewidiad a gynigir yn y Cynllun Hirdymor i system o ddarpariaeth iechyd a gofal ddi-dor yn hyrwyddo mabwysiadu ymyriadau integredig ac effeithiol i blant yn ehangach, gan arwain at ganlyniadau iechyd a lles mwy cadarnhaol dros amser. Bydd mwy o bwyslais ar ddulliau gofal iechyd ataliol o fudd uniongyrchol i blant a phobl ifanc hefyd drwy gynyddu llythrennedd iechyd a sicrhau bod dewisiadau ac ymddygiadau ffordd o fyw cadarnhaol yn cael eu harfer o oedran ifanc. Mae rhaglen waith ar y gweill ar hyn o bryd i archwilio sut rydym yn creu system blynyddoedd cynnar o hybu iechyd yn lleol ac yn genedlaethol hefyd. Yn ogystal, mae iechyd a lles yn faes dysgu craidd yn y cwricwlwm newydd a ddatblygwyd ar gyfer Cymru.

Bwriad Cymru Iachach yw sicrhau cynaliadwyedd gwasanaethau iechyd a gofal cymdeithasol diogel o ansawdd uchel yng Nghymru i'r dyfodol a, thrwy wneud hynny, bydd yn cysylltu'n uniongyrchol ag amryw o Erthyglau yng Nghonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn.

Y GIG yng Nghymru ac awdurdodau lleol Cymru yw prif ddarparwyr gwasanaethau iechyd a gofal cymdeithasol i blant a'u teuluoedd. Mae'r gwasanaethau hyn yn cefnogi goroesiad a datblygiad iach plant yn unol ag Erthygl 6, cymorth meddygol a chymdeithasol i blant ag anableddau yn unol ag Erthygl 23, a darparu gofal iechyd i blant yn unol ag Erthygl 24.

Mewn perthynas ag Erthyglau 12 a 13, mae Cymru Iachach yn hyrwyddo mabwysiadu dull sy'n canolbwyntio ar yr unigolyn o ran darparu iechyd a gofal cymdeithasol, gan roi gofynion a dewisiadau'r unigolyn wrth wraidd y system i gyflawni'r canlyniadau y mae'n dweud sy'n bwysig iddo, yn hytrach na pharu pobl â'r gwasanaethau sydd ar gael fel sy'n digwydd yn aml yn awr. Er mwyn cyflawni hyn, rhoddir mwy o bwyslais ar roi mwy o lais i unigolion yn y gwasanaethau a gânt a'r gwahanol opsiynau gofal neu driniaeth sydd ar gael, a'u galluogi i gael gafael ar yr holl wybodaeth a gedwir gan wasanaethau am eu hiechyd a'u lles, gyda chymorth gweithwyr iechyd a gofal cymdeithasol proffesiynol i helpu i egluro beth mae'r wybodaeth honno'n ei olygu, a sut i'w defnyddio mewn ffyrdd sy'n gwella iechyd a lles.

Mewn perthynas ag Erthygl 15, dylid cynyddu cymaint â phosibl y cyfleoedd i blant ag anableddau neu broblemau iechyd gysylltu ag eraill drwy ddarparu mwy o wasanaethau iechyd mewn lleoliadau cymunedol yn hytrach nag ysbytai, a bydd mwy o bwyslais ar hybu iechyd a dulliau ataliol ym maes gofal iechyd yn lleihau anghydraddoldebau iechyd ac yn cefnogi mwy o blant i gymryd rhan mewn chwarae gweithredol a chwaraeon a mwynhau'r cyfleoedd cymdeithasol ehangach a ddaw yn sgil gweithgareddau o'r fath.

Yn gryno, mae'r dull sy'n canolbwyntio ar yr unigolyn ym maes gofal iechyd a nodir yn Cymru Iachach, o'i gyfuno â rhaglenni eraill Llywodraeth Cymru sy'n ceisio cefnogi plant, eisoes yn darparu'r trylwyredd angenrheidiol o ran sicrhau bod plant yn cael y dechrau gorau posibl mewn bywyd ac yn eu cefnogi wrth iddynt ddatblygu i fod yn oedolion ifanc.

PWYSAU IACH: CYMRU IACH

Rydym yn parhau i weithio ar ein strategaeth Pwysau Iach: Cymru Iach, a bydd y Cynllun Cyflawni ar gyfer 2022-24 yn cael ei lansio gan y Dirprwy Weinidog Iechyd Meddwl a Llesiant yn gynnar yn 2022. Bydd y cynllun hwn yn ystyried y cyfleoedd a'r heriau a ddaeth yn sgil y pandemig COVID-19. Mae adferiad wedi'i ystyried yn ofalus, yn enwedig yr effeithiau tymor byr a chanolig ar ymddygiad ar draws y boblogaeth. Mae cefnogi plant a theuluoedd wedi parhau i fod yn ffocws trawsbynciol ar draws camau gweithredu o fewn y cynllun drafft, gydag ystyriaeth barhaus o anghydraddoldebau iechyd a chau'r bwlch.

Rydym wedi buddsoddi £5 miliwn arall dros 2021-22 i ddwyn ynghyd raglenni â thystiolaeth ryngwladol i'w hategu a fydd yn cefnogi newidiadau hanfodol. Mae rhai o'r prif gyflawniadau'n cynnwys:

- Cyflwyno Llwybr Rheoli Pwysau Cymru Gyfan diwygiedig sy'n rhoi ffocws sylweddol ar iechyd meddwl a chorfforol, gyda Byrddau Iechyd Lleol yn datblygu cynlluniau lleol a chynyddu capasiti.
- Mae Trafnidiaeth Cymru wedi newid y cynnig arlwyo ar drenau er gwell ar gyfer teithiau ledled Cymru.
- Dechrau newid cadarnhaol yn yr amgylchedd bwyd gyda'r nod o wneud y dewis iach yn ddewis rhwydd.
- Dechrau datblygu Rhaglen Atal Diabetes Cymru Gyfan newydd, sefydlu cynlluniau peilot ar gyfer Rhaglen Plant a Theuluoedd a pharhau i ddarparu Rhaglen Cymru Egnïol i bobl dros 60 oed.
- Sefydlu timau system ledled Cymru a fydd yn canolbwyntio ar atal a gweithio gyda chymunedau i nodi a dod o hyd i atebion lleol.

Gwerthuso

Roedd Llywodraeth Cymru wedi gobeithio sicrhau gwerthusiad annibynnol o'r strategaeth, ond mae hyn wedi'i ohirio oherwydd y pandemig. Comisiynwyd gwerthusiad cyn asesu ac mae swyddogion yn disgwyl ceisiadau, i'w derbyn yr wythnos sy'n cychwyn ar 1 Tachwedd. Bydd hyn yn helpu i bennu'r paramedrau ar gyfer unrhyw werthusiad yn y dyfodol, lle gwyddom y bydd angen dylunio'r broses o geisio cipio ehangder llawn y strategaeth a'r effaith i ystyried y natur aml-elfen. Dylai hyn ddylanwadu ar benderfyniadau ar gyfer cynllun cyflawni 2024-26. Mae amrywiaeth o werthusiadau yn cael eu sefydlu ar draws y broses o gyflwyno rhaglenni hefyd.

GWASANAETH CLEIFION MEWNOL IECHYD MEDDWL AMENEDIGOL ARBENIGOL

O ran 'Uned Gobaith', nodwyd y potensial i adnewyddu seilwaith segur ym Mwrdd Iechyd Prifysgol Bae Abertawe i ddatblygu Uned Mamau a Babanod bwrpasol ar safle Tonna, gan ein galluogi i sicrhau bod uned yn weithredol cyn gynted â phosibl. Adolygwyd y safle hwn gan yr Uned Gomisiynu Gydweithredol Genedlaethol yn erbyn y safonau ar gyfer Gwasanaethau Cleifion Mewnol Iechyd Meddwl Amenedigol (CCQI Mawrth 2018) a chadarnhaodd y byddai'n briodol yn glinigol naill ai dros dro neu'n barhaol.

Mae Llywodraeth Cymru wedi gofyn i WHSSC gynnal arfarniad opsiynau pellach i'n galluogi ni i wneud penderfyniad gwybodus ynghylch ai parhau i ddefnyddio'r uned wedi'i hadnewyddu ar safle Ysbyty Tonna yn barhaol, neu ddatblygu Uned Cleifion Mewnol Iechyd Meddwl Amenedigol Arbenigol newydd ar safle Castell-nedd Port Talbot, fyddai'n sicrhau'r canlyniadau gorau. Rydym wedi cytuno y byddwn ni, am y 12 mis cyntaf ar ôl agor Tonna, yn defnyddio'r cyfnod hwn i werthuso mynediad i'r uned honno, a'r defnydd ohoni, i lunio barn wybodus ar ba gamau sydd eu hangen yn y dyfodol. Daw'r cyfnod hwn o 12 mis i ben ym mis Ebrill 2022.

Mae trafodaethau'n cael eu cynnal gyda GIG Lloegr i ddatblygu'r opsiwn o Uned Mamau a Babanod wyth gwely ar y cyd a fyddai'n cynnig darpariaeth i fenywod yn y Gogledd. Mae'r sail resymegol dros fynd ar drywydd uned wyth gwely ar y cyd yn seiliedig ar waith modelu'r galw a wnaed gan WHSSC (wedi'i adnewyddu'n ddiweddar) ac i ddarparu gwasanaeth cynaliadwy i fenywod yn y Gogledd. Byddwn yn rhoi diweddariad pellach ar y gwaith hwn a'r amserlen ar gyfer gweithredu cyn bo hir.

POBL SY'N GADAEL GOFAL

Rydym wedi ymrwymo i gefnogi pobl sy'n gadael gofal i fod yn oedolion annibynnol ac mae hyn yn cynnwys gwella ansawdd ac ystod yr opsiynau llety sydd ar gael i'r rhai sy'n gadael gofal a pharhau â'r cymorth a gynigir drwy Gronfa Dydd Gŵyl Dewi.

Mae'r Gronfa Dydd Gŵyl Dewi gwerth £1 miliwn yn rhoi cymorth ariannol uniongyrchol i bobl sy'n gadael gofal fel y gallant fanteisio ar gyfleoedd mewn addysg, hyfforddiant a/neu gyflogaeth a fydd yn eu helpu i bontio'n llwyddiannus tuag at fyw bywydau annibynnol a llwyddiannus fel oedolion.

Yn 2017–18, manteisiodd bron i 2,000 o bobl ifanc ar y gronfa ac mae'n parhau i helpu pobl ifanc sydd â phrofiad o ofal. Ym mlwyddyn ariannol 2019–20, dyblwyd y gronfa i gefnogi pobl ifanc mewn perthynas â thai ac, yn ystod COVID, gellir defnyddio'r gronfa i gefnogi pobl ifanc y mae'r pandemig wedi effeithio'n andwyol arnynt. Datblygwyd Cronfa Galedi COVID ychwanegol gwerth £1 miliwn, yn debyg i Gronfa Dydd Gŵyl Dewi, i gefnogi unrhyw anghenion ychwanegol.

Mae swyddogion yn y Gyfarwyddiaeth Gwasanaethau Cymdeithasol ac Integreiddio yn gweithio'n agos gyda chydweithwyr Polisi Tai i ddatblygu ein nodau yn y maes polisi hwn ac i adeiladu ar y gwaith a wnaed yn nhymor diwethaf y Senedd. Mae swyddogion yn cydweithio â'r trydydd sector ac awdurdodau lleol gyda'r nod o wella'r newid o ofal i fyw'n annibynnol ac edrych ar yr amrywiaeth o opsiynau llety o ansawdd sydd ar gael i bobl sy'n gadael gofal.

Drwy ein Grantiau Gwasanaethau Cymdeithasol Trydydd Sector, rydym yn buddsoddi yn y trydydd sector ac yn cydweithio â'r trydydd sector i gefnogi pobl ifanc sy'n gadael gofal i fyw'n annibynnol a mynd i'r afael â phroblemau llety drwy ein rhaglen Skills+ Gweithredu dros Blant.

Drwy'r gronfa arloesi ar gyfer pobl ifanc ddigartref gwerth £3.6 miliwn yn y Grant Atal Digartrefedd, rydym yn cefnogi prosiectau sy'n mynd i'r afael â thai i bobl ifanc mewn ffyrdd newydd ac arloesol. Mae'r prosiectau hyn yn benodol i bobl ifanc agored i niwed rhwng 16 a 25 oed sy'n wynebu risg o fod yn ddigartref neu sy'n ddigartref ar hyn o bryd, gydag amryw yn canolbwyntio'n benodol ar gefnogi pobl sy'n gadael gofal. Ar hyn o bryd, mae 25 o brosiectau'n gweithredu ledled Cymru a bydd gwerthusiad allanol o'u heffeithiolrwydd wrth gefnogi pobl ifanc yn dechrau cyn bo hir.

Er mwyn gwella'r broses bontio i bobl sy'n gadael gofal, mae swyddogion Llywodraeth Cymru yn y Gyfarwyddiaeth Gwasanaethau Cymdeithasol ac Integreiddio a'r rhai yn y maes Polisi Tai yn mynd ati ar y cyd i ddiweddaru Fframwaith Llety a Chymorth i Bobl sy'n Gadael Gofal Cymru Barnardo's. Unwaith y bydd hyn wedi'i gwblhau, byddwn yn sicrhau bod hyfforddiant ar weithredu'r fframwaith fel bod yr holl asiantaethau dan sylw yn ymwybodol o'u rolau a'u cyfrifoldebau a bod pobl ifanc yn cael eu cefnogi'n well.

Wrth gwrs, mae'r cynnig llety ar gyfer pobl sy'n gadael gofal a phobl ifanc yn fwy cyffredinol yn agwedd allweddol ar y gwaith ehangach i sicrhau bod gan bawb yng Nghymru gartref fforddiadwy o safon dderbyniol. Mae'r pandemig wedi rhoi cyfle i ni drawsnewid gwasanaethau tai a digartrefedd a dechrau mabwysiadu dull gwirioneddol gynhwysol i sicrhau nad yw unrhyw un yn cael ei adael heb gartref. Rydym hefyd wedi ymrwymo'n gryf i symud o sefyllfa o ddibynnu ar lety dros dro i system sy'n canolbwyntio ar atal ac ailgartrefu'n gyflym.

CYFIAWNDER IEUENCTID

Mae'r Glasbrintiau Cyfiawnder Ieuenctid a Throseddu Benywaidd, a gyhoeddwyd ym mis Mai 2019, yn nodi dull gwahanol o ymdrin â gwasanaethau cyfiawnder yng Nghymru, sef un sy'n canolbwyntio ar ymyrraeth gynnar ac atal, gan geisio dargyfeirio pobl ifanc i ffwrdd o droseddu yn y lle cyntaf, ond hefyd i ddarparu cymorth cyfannol ac adsefydlu i'r rhai sy'n dod i mewn i'r system.

Llywodraeth y DU sy'n gyfrifol am y system gyfiawnder, ond mae darparu cyfiawnder yng Nghymru yn ddibynnol iawn ar wasanaethau datganoledig, gydag iechyd a gwasanaethau cymdeithasol, addysg, dysgu a sgiliau a thai i gyd yn gwneud cyfraniad allweddol at atal troseddu ac adsefydlu pobl ifanc sy'n troseddu yn effeithiol. Er bod nifer y Cymry ifanc yn y ddalfa wedi gostwng yn sylweddol, mae llawer yn y ddalfa i ffwrdd o'u cartrefi, eu teulu a'u cymunedau. Mae'r Glasbrint Cyfiawnder Ieuenctid yn nodi ymrwymiad i wireddu sut y gall gwasanaethau datganoledig a gwasanaethau nad ydynt wedi'u datganoli gydweithio i wireddu hawliau plant a datblygu system cyfiawnder ieuenctid yng Nghymru sy'n seiliedig ar egwyddorion seiliedig ar hawliau.

Rydym yn mynd i'r afael â'r materion hyn mewn dull traws-lywodraethol, gydag ymrwymiad a rennir i'r Glasbrintiau ar draws adrannau polisi. Sefydlwyd grŵp llywodraethu mewnol gan Lywodraeth Cymru, gydag uwch swyddogion ar draws adrannau polisi perthnasol, gan gynnwys Iechyd, Addysg, Tai a Gwasanaethau Cymdeithasol. Un enghraifft o'r dull traws-lywodraethol o ymdrin â'r gwaith hwn oedd cytundeb y Cabinet ym mis Ionawr i weledigaeth ar gyfer yr ystâd ddiogeledd ar gyfer plant Cymru yn y system gyfiawnder a oedd yn disgrifio model cyflenwi newydd ar gyfer llety diogel lle byddai plant yn cael eu lletya mewn cartrefi bach, yn agos at eu cymunedau gyda mynediad at wasanaethau a chymorth arbenigol i ddiwallu eu hanghenion. Mae'r Dirprwy Weinidog Iechyd a Gwasanaethau Cymdeithasol a'r Gweinidog Cyfiawnder Cymdeithasol wedi cytuno â'r Weinyddiaeth Gyfiawnder i gydweithio i gyflawni canlyniad a fydd yn gweld plant yn y systemau lles a chyfiawnder yng Nghymru yn cael eu cydleoli yn yr un adeilad / safle, gan gyd-fynd â'r weledigaeth a'r egwyddorion a nodwyd yn y papur gweledigaethau yn gynharach yn y flwyddyn.

CYLLIDEBAU IECHYD MEDDWL

Rydym wedi cydnabod iechyd meddwl fel maes trawsbynciol pwysig yn ein paratoadau ar gyfer y gyllideb. Mae dyraniadau ar draws Llywodraeth Cymru yn cyfrannu at gefnogi iechyd meddwl plant a phobl ifanc. Byddwn yn rhoi rhagor o fanylion pan fyddwn yn cyhoeddi ein cyllideb ddrafft ar 20 Rhagfyr.

TŶ LLIDIARD

Mae'r Dirprwy Weinidog Iechyd Meddwl a Lles wedi datgan yn glir ei disgwyliad bod angen bwrw ymlaen â'r gwaith i wneud y gwelliannau angenrheidiol yn Nhŷ Llidiard ar frys. Mae'r Dirprwy Weinidog wedi cael sicrwydd bod monitro ychwanegol ar waith a bod camau wedi'u cymryd i sicrhau bod y gwasanaeth cyfredol yn ddiogel a bod unigolion yn yr uned yn parhau i gael gofal o safon. Mae'r Dirprwy Weinidog yn cael diweddariadau wythnosol ynghylch cynnydd Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg (CTMUHB) yn erbyn y cynllun gwella y cytunwyd arno ar gyfer Tŷ Llidiard.
Mae'r bwrdd iechyd wedi pwysleisio ei fod wedi ymrwymo i'r gwelliannau hyn ac yn gweithio gyda Phwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC) er mwyn gweithredu'r newidiadau angenrheidiol. Mae hwn yn faes blaenoriaeth ar gyfer y Dirprwy Weinidog sy'n dilyn y sefyllfa a'r cynnydd yn agos iawn.

Mae'r Dirprwy Weinidog hefyd yn cael diweddariadau wythnosol gan banel rheoli gwelyau Cymru Gyfan sy'n adolygu'r capasiti a'r pwysau ar lif cleifion yn y ddwy uned CAMHS.

Mae Llywodraeth Cymru wedi cytuno ar raglen wella haen 4 ehangach gyda WHSSC a fydd yn gwella ac yn cryfhau'r gefnogaeth yn y ddwy uned CAMHS yng Nghymru. Fel rhan o'r £5.4 miliwn ychwanegol a ymrwymwyd eleni i wella CAMHS, bydd £1.8 miliwn yn cefnogi gwelliannau yn uniongyrchol yn ein dwy uned CAMHS yng Nghymru.

Gwybodaeth ychwanegol i chi ofyn i ni ei darparu

ADRODDIADAU 'AT WRAIDD Y MATER' Y GRŴP LLYWIO GWASANAETHAU HANFODOL

Nid oes gennym adroddiadau byrddau iechyd unigol ar wasanaethau hanfodol a sut y cynhaliwyd y rhain yn ystod y pandemig. Fodd bynnag, mae copïau o adolygiadau'r Grŵp o wasanaethau plant a gwasanaethau'r galon wedi'u hatodi er gwybodaeth.

RHAGLENNI BRECHU

Rhaglen Frechu COVID-19

Pobl ifanc 12-15 oed

Canfu'r Cyd-bwyllgor ar Imiwneiddio a Brechu (JCVI) fod budd i gynnig brechiad i bobl ifanc 12-15 oed, ond mai ychydig iawn o fudd oedd o safbwynt iechyd yr unigolyn. Dywedodd y Cyd-bwyllgor fod y Prif Swyddogion Meddygol mewn sefyllfa well i roi cyngor ar fuddion ehangach brechu'r grŵp oedran hwn i iechyd y cyhoedd. Ar 14 Medi, argymhellodd pedwar Prif Swyddog Meddygol y DU, ar sail iechyd y cyhoedd, y dylid cynnig dos cyntaf o frechlyn COVID-19 Pfizer-BioNTech i bob plentyn a pherson ifanc 12-15 oed nad ydynt eisoes wedi'u cwmpasu gan gyngor JCVI presennol. Cafodd yr argymhelliad hwn ei dderbyn gan 4 gwlad y DU.

Teimlwyd bod y manteision tebygol ychwanegol o leihau tarfu ar addysg a'r gostyngiad dilynol mewn niwed i iechyd y cyhoedd yn ddigon o fantais ychwanegol i argymell o blaid brechu'r grŵp hwn.

Mae pob bwrdd iechyd yng Nghymru wedi dewis darparu drwy Ganolfannau Brechu yn bennaf, ond mae dull cyfunol ledled Cymru yn cael ei fabwysiadu, gan y gallai fod angen i dimau brechu fynd i ysgolion arbennig a rhai ysgolion preifat lle gall plant a phobl ifanc fod yn preswylio.

Yn ystod hanner tymor, canolbwyntiodd GIG Cymru ar frechu pobl ifanc 12 i 15 oed, gyda llawer o ganolfannau'n cynnig apwyntiadau galw i mewn.

Rydym wedi rhoi **dros 164,671 o frechiadau** (data o 16/11) i'r garfan 12-15 (cyfradd dderbyn o **51% ar 16/11**) ac wedi cyflawni ein nod, fel y nodir yn Strategaeth Frechu COVID-19, a gyhoeddwyd ar 12 Hydref, i gynnig apwyntiad i bawb yn yr ystod oedran hon erbyn 1 Tachwedd.

Rydym hefyd wedi gweld niferoedd uchel o bobl ifanc o oedran ysgol yn cael eu heintio â COVID-19 yn ddiweddar, ac yn methu â mynychu eu hapwyntiad brechu, sy'n effeithio ar y gyfradd dderbyn ar hyn o bryd. Yn dilyn newidiadau diweddar i'r Llyfr Gwyrdd, bydd y bobl ifanc hyn yn cael gwahoddiad arall 12 wythnos ar ôl unrhyw haint COVID-19.

Rydym yn ymwybodol y bydd rhai rhieni neu warcheidwaid yn ansicr a ddylid cydsynio i'w plentyn dderbyn y brechlyn ai peidio, a gall hyn arwain at gyfraddau derbyn is yn yr ystod oedran hon. Mae gwybodaeth briodol ar gael i blant a phobl ifanc a'u rhieni i helpu i benderfynu, ac anogir trafodaeth.

Pobl ifanc 16 ac 17 oed

Rhoddodd y JCVI ei gyngor ar 4 Awst i gynnig **dos cyntaf** o'r brechlyn Pfizer-BioNTech i bob person ifanc 16 ac 17 oed a oedd heb ei frechu. Roedd hyn yn ychwanegol at y cynnig presennol o **ddau** ddos o frechlyn i bobl ifanc 12-17 oed a oedd mewn **grwpiau 'mewn perygl'** (fel y nodir yn y Llyfr Gwyrdd), y rhai sy'n byw ar yr un aelwyd â phobl (oedolion neu blant) sy'n imiwnoataliedig a phobl ifanc sydd o fewn tri mis i'w pen-blwydd yn 18 oed. Gwnaethom gynnig dos cyntaf i'r unigolion 16 ac 17 oed hynny erbyn 20 Awst.

Yn fwy diweddar, cyhoeddodd y JCVI gyngor ar 15 Tachwedd, a oedd yn argymell y dylai pob unigolyn 16 ac 17 oed yng Nghymru nad ydynt mewn grŵp 'mewn perygl' gael **ail ddos**

o’r brechlyn COVID-19 Pfizer-BioNTech. Nododd y JCVI bod mwy o sicrwydd yn y data ynghylch manteision y brechlyn o’i gymharu â’r risgiau. Mae pedair gwlad y DU wedi cytuno i dderbyn y cyngor hwn.
Y bwlch a argymhellir ar gyfer yr ail ddos yw 12 wythnos neu fwy ar ôl dos cyntaf y brechlyn neu haint COVID-19, pa un bynnag sydd fwyaf diweddar.

Bydd unigolion 16-17 oed yn cael digon o wybodaeth am risgiau a manteision brechu i’w galluogi i wneud penderfyniad dilys am yr ail ddos yn seiliedig ar eu hamgylchiadau personol. Mae’r JCVI wedi cytuno ar daflen wybodaeth a gynhyrchwyd gan Asiantaeth Diogelwch Iechyd y DU y gellir ei ddefnyddio i gefnogi’r broses hon.

Rydym wedi rhoi dros **470,237 o frechiadau** (data o 16/11) i'r garfan hon (cyfradd dderbyn o **75.6%).**

Rhaglenni Brechu Eraill

Mae rhaglenni imiwneiddio plant wedi parhau fel gwasanaethau hanfodol yn ystod pandemig y coronafeirws, gyda sicrwydd priodol i rieni a mesurau rheoli heintiau wedi'u rhoi ar waith gan feddygfeydd. Mae adroddiadau imiwneiddio manwl misol a ddatblygwyd gan y Rhaglen Frechu yn erbyn Clefydau Ataliadwy yn Iechyd Cyhoeddus Cymru yn cael eu defnyddio i fonitro effaith COVID-19 ar gyfraddau derbyn brechiadau rheolaidd i blant ledled Cymru.

Mae'r data chwarterol diweddaraf yn awgrymu bod cyfraddau brechu ymhlith plant ifanc a babanod wedi aros yn sefydlog gydol y pandemig. Yn y cyfnod adrodd diweddaraf, Ebrill-Mehefin 2021, roedd 91% o blant wedi cael eu brechiadau rheolaidd i gyd erbyn eu bod yn 5 oed (ar gyfer yr un cyfnodau yn 2019 a 2020, roedd y gyfradd hon hefyd yn 91%). Mae cyfran y plant sydd wedi cael yr holl frechiadau rheolaidd erbyn eu bod yn bedair oed hefyd wedi aros yn sefydlog, sef 87.8% y chwarter hwn a 90.8% mewn plant pump oed.

O'r holl frechlynnau i bobl ifanc yn eu harddegau, mae'n ymddangos mai cyfraddau'r brechlyn HPV sydd wedi cael eu heffeithio fwyaf gan gau ysgolion. Ar hyn o bryd, mae cyfraddau un dos o’r Brechlyn Feirws Papiloma Dynol (HPV) ymhlith plant blwyddyn 8 yn 2020-21 (12-13 oed) yn 60.1%. Bydd brechiadau dal i fyny yn cael eu blaenoriaethu ar gyfer y rhai yn y garfan hon na chawsant eu himiwneiddio fel y trefnwyd. Dyma'r ail garfan HPV i gynnwys bechgyn.

GWELLA IECHYD PLANT

Gordewdra mewn Plant

Mae Iechyd Cyhoeddus Cymru wedi cael y dasg o ddatblygu cynllun peilot rhaglen Plant a Theuluoedd i gefnogi rheoli pwysau mewn tri safle ledled Cymru - Ynys Môn, Merthyr Tudful, Caerdydd. Mae hyn wedi'i gefnogi gan fuddsoddiad drwy Pwysau Iach: Cymru Iach o £0.6 miliwn y flwyddyn tan 2024 pan fydd gwerthusiad o'r rhaglen yn darparu tystiolaeth ar gyfer y camau nesaf.
Rydym wedi bod yn cefnogi ymgyrch Veg Power ers iddi gael ei rhedeg gyntaf yn 2019, gyda'r nod o wneud llysiau'n fwy o hwyl i blant. Cafodd ymgyrch 2021 ei lansio ar ITV ar 29 Mai, gydag enwogion fel y Fonesig Emma Thompson, Amanda Holden a Jamie Oliver yn lleisio'r llysiau. Cefnogwyd yr hysbyseb gan dros £3 miliwn o hysbysebu a roddwyd gan ITV, Channel4 a Sky Media, gyda chyfryngau ychwanegol a roddwyd gan 15 o gwmnïau cyfryngau eraill yn cyflwyno'r ymgyrch mewn print, yn yr awyr agored, mewn sinemâu ac ar-lein. Yn 2022, ein nod yw cefnogi'r ymgyrch Veg Power i ddarparu adnoddau dwyieithog i 60,000 o ddisgyblion yng Nghymru, ar draws tua 250 o ysgolion.

Iechyd Deintyddol Ataliol

Mae *Cynllun Gwên* yn rhaglen wella genedlaethol ar iechyd y geg i blant (0-5 oed) a ariennir gan Lywodraeth Cymru ac sy'n targedu meithrinfeydd ac ysgolion mewn ardaloedd o anfantais gymdeithasol lle mae gan blant y lefelau uchaf o bydredd dannedd. Gall pydredd dannedd arwain at boen a haint, gyda phlant yn colli cwsg ac yn cael amser i ffwrdd o'r ysgol. Mae astudiaethau'n dangos bod plant sydd â phydredd dannedd yn eu dannedd babanod deirgwaith yn fwy tebygol o fod â phydredd yn eu dannedd oedolion, felly mae angen i ni wneud pob ymdrech i gadw plant yn rhydd o bydredd erbyn eu bod yn 5 oed.

Mae'r rhaglen yn llawer mwy na dim ond addysgu plant sut i frwsio eu dannedd. Mae'n rhaglen atal ac ymyrraeth glinigol sy'n seiliedig ar dystiolaeth i osgoi pydredd dannedd a darparu'r wybodaeth sydd ei hangen ar blant, a'u rhieni a'u gofalwyr, i ddatblygu a chadw iechyd y geg da o oedran ifanc.

Mae wedi bod yn rhaglen iechyd y cyhoedd hynod effeithiol. Rydym wedi gweld gostyngiad o 13.4% mewn lefelau pydredd dannedd ymhlith plant 5 oed ers 2008 ac roedd gennym dros 90,000 o blant mewn dros 1,200 o ysgolion a meithrinfeydd yn brwsio dannedd yn rheolaidd fel rhan o'r cynllun cyn y pandemig.

Cafodd *Cynllun Gwên* ei oedi yn ystod y pandemig (cau ysgolion a mesurau rheoli heintiau), ond disgwylir iddo ailgychwyn yn nhymor yr hydref 2021. Mae staff y Gwasanaeth Deintyddol Cymunedol wrthi'n cysylltu â lleoliadau i hyfforddi staff addysgu, cael caniatâd rhieni a darparu offer i ailgychwyn y Cynllun Brwsio Dannedd Dyddiol. Bydd y rhaglen Farnais Fflworid yn ailgychwyn hefyd.

Ysmygu ymhlith Pobl Ifanc

Mae ysmygu yn effeithio ar fywydau plant a phobl ifanc drwy gydol eu plentyndod, o feichiogrwydd hyd at flaenlencyndod. Rhan allweddol o'n gweledigaeth ar gyfer cael Cymru ddi-fwg yw cynorthwyo plant a phobl ifanc i gael plentyndod di-fwg.

Ar hyn o bryd, rydym yn ymgynghori ar ein Strategaeth Rheoli Tybaco newydd i Gymru a'r Cynllun Cyflawni cyntaf sy'n nodi'r camau penodol wedi'u targedu a fydd yn ein helpu ni i leihau'r niwed sy'n deillio o dybaco yng Nghymru. Mae'r strategaeth ddrafft yn sefydlu ein huchelgais i Gymru fod yn ddi-fwg erbyn 2030, sy'n golygu sicrhau cyfradd ysmygu ymhlith oedolion o 5% neu lai dros yr wyth mlynedd nesaf.

Byddwn yn ymgymryd â gweithgareddau ymgysylltu i gefnogi'r ymgynghoriad a byddwn yn gweithio'n agos gyda rhanddeiliaid allweddol i sicrhau bod plant a phobl ifanc yng Nghymru yn cael cyfle i gyfrannu at ein hymgynghoriad.

Ffitrwydd Corfforol

Trwy ein strategaeth Pwysau Iach: Cymru Iach, rydym yn datblygu cynnig 'Bywiog Bob Dydd' newydd ar gyfer ysgolion yng Nghymru. Bydd y cynnig hwn yn mabwysiadu dull ysgol gyfan sy'n benodol i oedran, wedi'i ategu gan fodel o newid ymddygiad. Yn ganolog i ddatblygu'r dull newydd hwn mae ymgysylltiad plant a phobl ifanc i lunio syniadau a fyddai'n cael eu hymgorffori wrth ddylunio model yn y dyfodol. Bydd hyn yn fwy ymatebol i'r dystiolaeth bresennol, yn rhoi mwy o hyblygrwydd ac yn ceisio integreiddio ystod o raglenni yn gynnig cydlynol. Bydd model pwrpasol i Gymru newydd yn cynnwys gwerthuso o'r dechrau i asesu canlyniadau iechyd; ac yn caniatáu mwy o hyblygrwydd i weithio gydag ysgolion er mwyn datblygu cyfres o ddulliau ac opsiynau addasadwy i ategu'r cwricwlwm

newydd. Mae gwaith ar y gweill i sefydlu Grŵp Gorchwyl a Gorffen i arwain ar y gwaith hwn sy'n cael ei arwain gan Iechyd Cyhoeddus Cymru. Rhagwelir y bydd y Grŵp Gorchwyl a Gorffen yn cyfarfod yn ystod mis Rhagfyr 2021.

Defnyddio Cyffuriau Anghyfreithlon

Drwy ein Cynllun Cyflawni ar gyfer Camddefnyddio Sylweddau 2019-22, sy'n seiliedig ar ddull lleihau niwed, rydym yn cydnabod dibyniaeth fel mater iechyd a gofal yn hytrach nag un sy'n ymwneud â chyfiawnder troseddol yn unig. Y nod cyffredinol yw bod pobl yng Nghymru, gan gynnwys plant a phobl ifanc, yn ymwybodol o beryglon ac effaith camddefnyddio sylweddau ac yn gwybod ble y gallant gael gwybodaeth, help a chymorth. Rydym yn buddsoddi bron i £55 miliwn y flwyddyn yn ein hagenda camddefnyddio sylweddau, gyda £2.75 miliwn o'r swm hwn wedi'i neilltuo'n benodol i gefnogi gwaith gyda phlant a phobl ifanc.

Fel yr amlygwyd eisoes, mae Llywodraeth Cymru hefyd yn buddsoddi £1.98 miliwn bob blwyddyn yn Rhaglen Ysgolion Heddlu Cymru (WPSP), gyda chyllid cyfatebol gan bedwar Heddlu Cymru. Fel rhan o'r rhaglen mae swyddogion yr heddlu yn mynd i ysgolion ac yn cyflwyno gwersi ar amrywiaeth o bynciau. Mae'r rhaglen graidd yn cynnwys camddefnyddio sylweddau, ymddygiad gwrthgymdeithasol, cam-drin domestig, bwlio, diogelwch ar-lein, secstio, camfanteisio'n rhywiol ar blant a chydsyniad, gan gyflwyno rhaglen gytbwys mewn ysgolion cynradd ac uwchradd. Mae'n canolbwyntio 50% ar ddarparu'r cynnwys craidd i ddiwallu anghenion disgyblion ac ysgolion a 50% ar ymyriadau rhagweithiol ar ddiogelu a rheoli digwyddiadau.

Cynhaliwyd adolygiad o'r WPSP gan yr Heddlu ym mis Tachwedd 2019. Ar hyn o bryd, rydym yn gweithio gyda phartneriaid i weithredu argymhellion yr adolygiad a sut y gallant ategu ac ychwanegu gwerth at waith sydd ar y gweill drwy'r Grŵp Gorchwyl a Gorffen Cyd-Weinidogol ar Ddull Ysgol Gyfan, er mwyn gwella lles emosiynol a meddyliol dysgwyr.

Gobeithio y bydd yr wybodaeth hon yn mynd i'r afael â'r materion ychwanegol a godwyd.

Yn gywir,

Eluned Morgan AS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Julie Morgan AS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

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Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

Llywodraeth Cymru
Welsh Government

Essential Services Steering Group

Review of Essential Cardiac Services

December 2020

Authors: Mark Dickinson and Janet Davies, Co-Chairs

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Purpose and Summary of Document:

This paper reports on a Review of Essential Cardiac Services conducted by the Essential Services Steering Group, with the support of the Wales Cardiac Network and WG officials.

The background to, conduct of, and key findings resulting from, the review are summarised and a number or recommendations are made. Reflections on the review, informed by feedback on earlier drafts of this report, are also included.

1 Background and rationale for the review

During the first wave of the COVID pandemic, the Essential Services Group, with wide representation from WG and NHS Wales, oversaw the development and approval of an NHS Wales Essential Services Framework (informed by WHO guidance), an agreed list of services deemed to be essential and a range of supporting guidance for NHS Wales.

More recently, the full group has been stood down (but not abolished), with work being coordinated by a core Steering Group, which has focused primarily on improving assurance of Essential Services delivery. In late 2020, the Steering Group concluded that there was a need to take stock of where we are and get a fuller understanding of:

- whether (or to what extent) relevant guidance is being complied with across Wales
- what the main challenges are in maintaining essential services in line with the guidance (both currently and over the rest of the winter period)
- whether current guidance remains fit for purpose or needs to be revised or supplemented
- what other action could be taken/recommended that would support both the maintenance of essential services and the recovery of a wider range of services

To do this, and in view of the wide and varied range of specified essential services, the Steering Group agreed to conduct a series of 'deep dives', to review specific topic/condition areas, focusing on the above points. The aim is to convene a series of topic-specific sessions, bringing together members of the Steering Group, the relevant WG policy lead(s), the relevant national clinical lead(s) and (where applicable) network managers etc., informed by the:

- current essential services guidance
- evidence/data relating to service delivery (both 'hard' and 'soft')

It was anticipated that this exercise would identify the need for additional actions, guidance etc. The development of this will be led by the Steering Group, with the full Essential Survives Group than being used, as required, as a 'virtual reference group' to consider and advice on the actions and guidance.

The Steering Group agreed that the first, pilot, 'deep dive' review should be focused on essential cardiac services, for the following reasons:

- it is a hugely important are in terms of 'burden of disease'
- the services deemed essential have been clearly specified

- there is a clear and highly motivated supporting structure (network, clinical lead, implementation group, policy lead)
- services have been highlighted for specific attention in WG planning guidance and accompanying correspondence (but have not had quite the prominence/profile as cancer services)

2 Conduct of the review

2.1 Collection of evidence

The Steering group chairs engaged with the Dr Jon Goodfellow, National Clinical Lead and Steve Davies, Wales Cardiac Network Manager and Caroline Lewis, WG policy lead who agreed to support the review through the provision of written evidence and participation in a review meeting with members of the Steering Group.

An evidence gathering proforma was developed (that can be adapted for use in future reviews on other topics) and provided to the Wales Cardiac Network for completion before the review meeting. The proforma included sections on:

- Specification of essential services
- Guidance on essential services
- Assurance of essential services delivery
- Overall assessment of current essential services delivery
- Assessment of threats to essential services delivery during Winter 2020/21
- Specific recommendations to support the maintenance of essential services

The proforma was completed and returned by the Wales Cardiac Network and is included as Appendix 1 to this report.

2.2 Review meeting – 17 December 2020

The review meeting was held on 17 December 2020 via Microsoft Teams. Participants included members of the Steering Group, representatives from the Wales Cardiac Network and additional WG officials. A list of participants is included as Appendix 2.

Jon Goodfellow and Steve Davies presented in support of the written evidence provided, answered specific questions and participated in a discussion.

Key themes arising from the presentation and discussion were as follows:

- in general, a level of essential cardiac services has been maintained throughout the pandemic in line with the guidance issued. The current guidance remains fit for purpose and no immediate changes were needed.
- maintaining essential services has been challenging and the pandemic has had a major impact on the delivery of cardiac services beyond those deemed essential in the guidance
- many of the most significant challenges relate to the exposure of longstanding weaknesses in cardiac services including:
    - workforce pressures
    - access to timely, accurate and consistent data about cardiac service delivery
    - timely access to key investigations, including CT coronary angiography (CTCA) as the default test for new suspected cardiac chest pain
- much has been done to successfully introduce remote working and virtual clinics, although progress has been variable across health boards
- returning to pre-pandemic ways of working will not adequately address the backlog of diagnosis, treatment and care that is arising; there is need for a more prudent approach to the acceptance of referrals and the provision of advice to primary care and an overall focus on delivering high value care.

3 Recommended action

The following recommended actions have been developed following the review meeting and have been informed by that meeting, the evidence submitted by the Wales Cardiac Network and subsequent discussions. As most of the issues considered within the review concern longstanding issues that have been thrown into stark relief by the pandemic, this is reflected by the medium to long term nature of many of the actions. The actions are more about the recovery of services in the aftermath of current acute pandemic pressures and closely reflect the content of the Wales Cardiac Network's emerging 2021/22 Work Plan and medium term plan. These plans are to be formally signed off, as part of the overall plans of the NHS Wales Health Collaborative, by NHS Wales chief executives, meeting as the Collaborative Executive Group, before the end of 2020/21.

The Network will lead and coordinate much of the activity required, but will need to do so in close partnership with NHS Wales organisations and WG. Some action will require formal system-wide approval. Where possible, leadership and indicative timescales for each recommendation are specified, but in some cases this requires further consideration.

Much of the work described will be influenced by, and will need to align with, the forthcoming National Clinical Framework and National Quality Framework.

3.1 Minimising the impact of COVID

Action	Lead	Timescale
Ensure high levels of vaccination in the workforce delivering cardiac services	Vaccination programme HBs	Q4 20/21
Ensure continued strict adherence to infection prevention and control measures throughout cardiac patient pathways	HBs	Ongoing

3.2 Workforce

Action	Lead	Timescale
In developing plans for recovery, including the addressing of backlogs, recognise the profound impact that the pandemic has had on the NHS Wales workforce: • Objectives and targets set should be realistic and achievable • A holistic package of support measures should be further developed, implemented and promoted for the NHS Wales workforce	WG/HBs HEIW (this is a wider 'whole system' issue that is already being progressed)	Ongoing TBC
Progress work with HEIW, health boards and WG (via Dee Ripley) to address skill mix and staffing issues in cardiology: • progress work across NHS Wales and with Swansea University to expand the cardiac physiology workforce (proposals to be taken to the NHS Wales Collaborative Executive Group in February for chief executive approval) • develop a case for strengthening the heart failure nursing and community rehabilitation workforce • determine if there any further changes in workforce models that need consideration over the medium term	Network (in close liaison with HEIW)	Q4 20/21 Q4 20/21 Q1 21/22 Ongoing

3.3 Data and informatics

Action	Lead	Timescale
Progress work between the Wales Cardiac Network, health boards and NWIS to deliver improvements in cardiac informatics to improve patient care and the management and assurance of the delivery of cardiac services: • develop consistent data definitions (including those relating to aspects of waiting times) within the NHS Data Dictionary to facilitate the real time monitoring of the performance of cardiac services • ensure that cardiac services are appropriately included in the non-COVID data hub being implemented by NWIS • ensure further improvements in cardiac data collection, analysis and presentation, including via the use of the National Data Repository (NDR) to populate appropriate dashboards • ensure ongoing development of informatics support for remote consultation • progress work to ensure consistent access to and use of the Welsh Clinical Portal (WCP) by cardiologists to facilitate the management of patients and related communications (including, specifically, the ability to record and access patient risk level and priority level scores/assessments to facilitate a risk based approach to pathways – see below) • ensure the introduction of electronic test requesting (ETR) and the roll out of electronic hospital to hospital referrals within cardiology	Network (working closely with NWIS)	TBC (in conjunction with NWIS)

3.4 High value, prudent healthcare and recovery

Action	Lead	Timescale
Working through the Wales Cardiac Network, develop a 'recovery plan' for cardiac services: • maximising remote patient consultations and technology-enabled discussion between primary and secondary care, including via the use of Consultant Connect • adjusting the threshold for accepting referrals from primary care to be seen in clinics (in close liaison with primary care) • engaging with primary care to develop primary care led solutions • ensuring the delivery of advice and guidance to primary care in a timely fashion (e.g. using WCP and e-referrals) • minimising low value investigations in low risk populations • maximising the appropriate use of remote monitoring technologies in the community • appropriate matching of cath lab demand and capacity	Network (in support of the Heart Conditions Implement-ation Group)	Q4 20/21 Q1 21/22
Convene an all Wales 'cardiac summit' in March/April to review the emerging whole system recovery plan (primary, secondary and tertiary care) and agree immediate and longer term actions to ensure the provision of: • timely diagnosis • responsive acute cardiac care • ability to effectively manage chronic disease, including heart failure	WG	Q4 20/21 Q1 21/22

3.5 Diagnostic services

Action	Lead	Timescale
Ensure that, in prioritising provision of diagnostic services in response to COVID pressures, decisions are made that reflect risk of harm across major conditions, including cardiac	HBs	Ongoing
Assess CT coronary angiography (CTCA) demand and capacity and develop a case to expand capacity to meet appropriate demand and reduce patient recovery times as part of more prudent pathways. To address: • radiographer skills/training • access to CT scanner time	Network	Q4 20/21 Q1 21/22
Ensure that the need for timely cardiac diagnosis is factored into wider consideration of diagnostic service provision in Wales, including consideration of the development and implementation of 'community diagnostic hubs'	TBC	Ongoing

4 Reflections following the review

Since the Review of Essential Cardiac Services was conducted, earlier drafts of this report have been received and considered by:

- Essential Services Steering Group (discussed at meeting)
- Essential Services Group members (circulated for comment)
- Planning and Response Group (discussed at meeting)
- Acute Secondary Care Sub Group (provided to members)
- Directors of Planning Peer Group (provided to members)
- Wales Cardiac Network Manager and Clinical Lead
- Welsh Government Policy Lead and other colleagues

Constructive feedback has been received from members of the above groups, both during relevant meetings and subsequently. Some of the feedback received has been reflected in amendments and additions to the above sections of this report. Other feedback has led to the following reflections on the conduct of the review, which will be used by the Essential Services Steering Group to inform the conduct of, and participation in, future similar reviews:

- The review was too focused on the secondary care aspects of cardiac services, at the expense of consideration of primary care and

prevention, in particular. However, it will be important to ensure recovery planning has a holistic, whole system approach. Future reviews would benefit from more emphasis on primary care and more involvement from primary care colleagues.

- Many of the themes, lessons and recommendations arising from the review can be applied, or adapted, more generically across other service areas. This is both a strength of the review and a potential weakness. Future reviews should consider generic issues, but also seek to identify more service-specific insights and generate related recommendations.
- Some questions have been raised about the timing of the cycle of 'deep dive' essential services reviews and how this relates to the timing of the issuing of planning guidance and the development and submission of health board plans. The nature of the reviews, however, necessitates that they are conducted sequentially over a period of time and the timing of their starting was affected by the progress of the pandemic and the point reached in the work of the Essential Services Group. It is recognised that this will result in timing mismatches, but these cannot be avoided.

Appendix 1 – Written submission from the Wales Cardiac Network

Deep Dive - Cardiac Services 151222 FIN

Appendix 2 – Participants in review

Mark Dickinson, Chair, Essential Services Group, NHS Wales Health Collaborative

Jan Davies, Chair, Essential Services Group, Welsh Government

Steve Davies, Wales Cardiac Network Manager

Cath Bridges, Head of Healthcare Quality and Development, Welsh Government

Nicola Davies, Planning and Delivery lead, Welsh Government

Jon Goodfellow, National Clinical Lead, Wales Cardiac Network

Caroline Lewis, Policy lead, Cardiac, Welsh Government

Julie McCabe, Assistant Director, Delivery Unit

Karen Preece, Director of Planning, WHSSC

Dee Ripley, Deputy Chief Scientific Officer, Welsh Government

Rhian Williams, Head of Patient Experience, Welsh Government

Tom Vedmore, Secretariat, Essential Services Group, Welsh Government

Holly Williams, Secretariat, Essential Services Group, Welsh Government

Llywodraeth Cymru
Welsh Government

Essential Services Steering Group

Review of Essential Children's Services

March-May 2021

Authors: Mark Dickinson and Janet Davies, Co-Chairs

Date: 21 June 2021	**Version:** 3a (FINAL)

Purpose of Document:

This paper reports on a Review of Essential Children's Services conducted by the Essential Services Steering Group, with the support of NHS staff and Welsh Government officials.

The background to, conduct of, and key findings resulting from, the review are summarised and a number or recommendations are made.

Executive Summary

The following children's services were reviewed:

1. **Immunisation and Screening (for school aged children)**
2. **Access to General and Specialist Surgical Services**
3. **Child and Adolescent Mental Health Services (CAMHS)**
4. **Safeguarding**

This set of services was chosen to provide an overview of services which encompass preventative services and services that meet both acute physical and mental health needs, including specialist/tertiary elements.

Services are typically categorised as 'emergency', 'urgent', 'soon' or 'routine'. Essential services, however, include services from all of these categories. The key point being whether loss of access to services may be life threatening or significantly life impacting. This is particularly relevant for children, where a lack of timely access to preventative or treatment services can result in an adverse lifelong impact.

Although SARS-CoV-2 has minimal direct impact on the paediatric population, the pandemic has had a significant impact on the ability of children to access services, including essential services. It is, therefore, vital that when Boards are faced with prioritising and making difficult choices and decisions that the needs of children and young people are considered within the overriding ethical principles.

It is important to note that there are around 35,000 births a year in Wales. Therefore, any one school year can have a cohort of that size and accessing that number of pupils requires intensive planning.

To inform the review, written and numerical evidence was collected and a series of review meetings were held between members of the Essential Services Steering Group and relevant clinicians, officials and others.

Key themes emerging from the review are summarised below.

Immunisation and Screening

- There appeared to have been an assumption by health boards that, when schools were closed, school nurses were largely not required. There was, therefore, a widespread redeployment of school nurses in support of the COVID response, with a significant impact on the maintenance of essential immunisation and screening services to children as a result
- Human Papillomavirus (HPV), MenACWY and Td/IPV teenage booster vaccine coverage rates have fallen compared with previous years, with a variable picture across health boards

Vision and Hearing Screening

- From the evidence provided, both vison and hearing screening services have not been maintained to any significant degree

General and Specialist Surgery

- The pandemic has had a significant impact on the ability of children to access both specialist and non-specialist surgical services, across all the surgical specialties
- The impact has been greater for children accessing surgical services in Wales than for Welsh children accessing services in England

Child and Adolescent Mental Health Services (CAMHS)

- CAMHS services (both primary care and specialist CAMHS) were positioned as 'essential services' during the pandemic and a range of measures were put in place including additional investment, expanding support for low level mental health issues, and providing additional surge capacity. There were effective whole system governance arrangements in place and close oversight maintained
- Overall, services remained open and accessible throughout the pandemic but with adapted service models. Whilst referrals to specialist CAMHS remain higher than in pre-pandemic levels, services are more challenged by the acuity of presentations and the higher prevalence of eating disorders
- The overall impact now presents a range of challenges going forward and in recovery planning. For example, recent modelling for Wales suggests for 2021 a potential increase in demand for all-age primary care mental health services of up to 40%, which could translate into some 31,000 referrals. Additional demand in hospital services could see an increase of up to 25%, translating into some 10,000 referrals
- There is a need to consider how to better integrate mental health with physical health services. In all aspects of COVID planning and assurance there were separate arrangements for mental health which created additional challenges and the potential for inconsistency when compared to 'physical health' services

Safeguarding

- Despite the increased levels of vulnerability, and efforts made to continue to deliver relevant services and promote their availability, referral rates to safeguarding fell initially during the first lockdown
- NHS staff involved in safeguarding, including school nurses and members of the National Safeguarding Team (NST) have been diverted, or partially diverted, to support the direct COVID response

- Although essential 'core' safeguarding was maintained, there is concern about the negative impact on work to further develop and improve services, much of which was paused

The following are the primary recommended actions. The emphasis needs to be on the resetting and recovery of services in the aftermath of acute pandemic pressures, but it remains important to ensure that action is also taken to better protect children's services through any further COVID waves. A number of the issues identified are common to those identified in the earlier deep dive into cardiac services. These issues include the need for:

- a focus on the health and well-being needs of the workforce
- access to relevant and timely data and information about the performance of services
- access to support services, including diagnostics and therapies

Minimising the impact of COVID – protecting the interests of children

- Specific action is required to ensure a focus on children in the recovery programme and resulting plans
- Action must be taken to ensure that the interests of children are protected within an ethical and transparent decision making process
- A Children's surgical forum/Clinical Reference Group should be established in all health boards where this is currently not the case
- All NHS organisations should ensure that they are meeting existing statutory responsibilities for children
- Delays in treating/screening/vaccinating children can have a life-long (or significant, but delayed) impact on the health of a child and such risks need to be factored into prioritisation of service delivery and the deployment of staff
- A specific surgical prioritisation tool for children should be agreed for use across Wales
- Decision making and prioritisation must be informed by data that allows the impact on children specifically to be disaggregated. This should include data for 0-16 years, with data for 16-18 years captured separately, to ensure the impact of any transition to adult services is planned for
- The loss of a health-related setting (e.g. schools), should not simply result in a suspension of health related activity that normally takes place in that setting (e.g. school nursing)
- A particular focus is needed on the workforce given the impact of redeployment has seemingly been more profound for those staff working with children

1 Background and rationale for the review

During the first wave of the COVID pandemic, the Essential Services Group, with wide representation from Welsh Government and NHS Wales, oversaw the development and approval of an NHS Wales Essential Services Framework (informed by WHO guidance), an agreed list of services deemed to be essential and a range of supporting guidance for NHS Wales.

After the first wave of the pandemic, the full group was stood down, with work being coordinated by a core Steering Group. In late 2020, the Steering Group concluded that there was a need to take stock of the status of the delivery of essential services and to get a fuller understanding of:

- whether (or to what extent) relevant guidance is being complied with across Wales
- what the main challenges are in maintaining essential services in line with the guidance
- whether current guidance remains fit for purpose or needs to be revised or supplemented
- what other action could be taken/recommended that would support both the maintenance of essential services and the recovery of a wider range of services.

To do this, and in view of the wide and varied range of specified essential services, the Steering Group agreed to conduct a series of 'deep dives', to review specific areas, focusing on the above points. The aim was to convene a series of topic-specific sessions, bringing together members of the Steering Group, the relevant WG policy lead(s), the relevant national clinical lead(s) or body(ies) and, where applicable, network managers, informed by the:

- current essential services guidance
- evidence/data relating to service delivery (both 'hard' and 'soft')

It was anticipated that this exercise would identify the need for additional actions and guidance.

The first 'deep dive' was into cardiac services. Having initially looked at a condition specific topic, it was determined that a wider population approach would be undertaken next. The Steering Group, therefore, agreed that the second review should determine how essential services for children had been maintained. The following areas were prioritised:

1. **Immunisation and Screening** (for school aged children)
2. Access to General and Specialist **Surgical Services**
3. **Child and Adolescent Mental Health Services** (CAMHS)
4. **Safeguarding**

This set of services was chosen to provide an overview of services which encompass preventative services and services that meet both acute physical and mental health needs, including specialist/tertiary elements. Children under the age of 18 were in the scope of the review.

It is important to remember what is meant by 'essential' services. As the Essential Services Framework describes, services are typically categorised as 'emergency', 'urgent', 'soon' or 'routine'. Essential services, however, include services from all of these categories. The key point being whether loss of access to services may be life threatening or significantly life impacting. This is particularly relevant for children, where a lack of timely access to preventative or treatment services can result in an adverse lifelong impact. So, for example childhood immunisation services are routine, but are also classed as essential. Within the Essential Services Framework the need to consider timely interventions to prevent irreversible harm, as well as death, is emphasised.

In many ways, children have been disproportionately impacted by the pandemic. Their education and social development has been severely disrupted and the duration of 'lock down' has been for a larger proportion of their lifetimes to date. Although SARS-CoV-2 has minimal direct impact on the paediatric population, the pandemic has had a significant impact on the ability of children to access services, including essential services. It is, therefore, vital that when Boards are faced with prioritising and making difficult choices and decisions that the needs of children are considered within the overriding ethical principles, as articulated in the Welsh Government's 'Coronavirus: ethical values and principles for healthcare delivery framework' (https://gov.wales/coronavirus-ethical-values-and-principles-healthcare-delivery-framework-html):

- everyone matters
- everyone matters equally – but this does not mean that everyone is treated the same
- the interests of each person are the concern of all of us, and of society
- the harm that might be suffered by every person matters, and so minimising the harm that a pandemic might cause is a central concern.

2 Conduct of the review

2.1 Collection of evidence

The collection of evidence and supporting material was co-ordinated by the Welsh Government Women and Childrens Health Team. All areas involved supported the review through the provision of written evidence and participation in review meetings with members of the Steering Group.

An evidence gathering proforma was shared to help structure the information required under the following headings:

- Specification of essential services
- Guidance on essential services
- Assurance of essential services delivery
- Overall assessment of current essential services delivery
- Assessment of threats to essential services delivery during Winter 2020/21
- Specific recommendations to support the maintenance of essential services

Welsh Government policy leads also provided a written report on the provision and oversight of CAMHS services during the pandemic.

In addition, some specific work has been undertaken to gather direct views from children about their experience of accessing health services during the pandemic. In partnership with the organisation 'Children in Wales' an online survey of children was conducted and a focus group discussion held. The overall aim of this work was to consider the views and experiences of children and young people who have accessed or tried to access health services during the pandemic. A notable finding of this work (albeit not limited to access to essential services) was that, of the 34 participants that said they did have health problems that needed regular care or treatment, 16 said that they did not receive their usual treatment in the year since the pandemic started, 11 said that sometimes they had received their usual treatment and only seven said that they had received their usual treatment throughout. A full report on this work is included as Appendix 1.

2.2 Review meetings and interviews

2.2.1 Immunisation and Screening (for school aged children)

A review meeting was held on 11 March 2021. Participants included members of the Steering Group, representatives from Public Health Wales and NHS audiology services and additional WG officials. A list of participants

is included as Appendix 2. Participants presented in support of the written evidence provided, answered specific questions and participated in a discussion.

By way of context, it is important to note that there are around 35,000 births a year in Wales. Therefore, any one school year can have a cohort of that size and accessing that number of pupils requires intensive planning.

A key theme arising from the presentation and discussion was the link between the school setting and service delivery and the consequent redeployment of staff. There appeared to have been an assumption by health boards that, when schools were closed, school nurses were largely not required. There was, therefore, a widespread redeployment of school nurses in support of the COVID response (including the COVID vaccination programme). The fact that school nurses are needed to deliver a range of services to school aged children was lost and it is clear that there had been a significant impact on the maintenance of essential immunisation and screening services to children as a result. There was insufficient consideration of how these services could be delivered in other settings. At the time of the review many school nurses had not returned to their substantive roles. Also, when schools were reopened, there had been examples of schools being reluctant to allow access to health staff, as a result of concerns over the increased risk of transmission through increased footfall.

The impact of the loss of the school setting and the redeployment of, or lack of access to staff is described in the evidence paper at Appendix 3 and is summarised below:

Immunisation

- The 2020/21 school year 8 (12-13 year olds) will be the second cohort to include boys eligible for the Human Papillomavirus (HPV) vaccine. Uptake for the boys during the 2019/20 period was 53.4%, however as this was the first cohort of boys eligible for vaccination there is no data from previous years for comparison
- Coverage of the first dose of HPV vaccine in school year 9 (13-14 year old girls) in 2020/21 was 65.0%, down from 86.1% in 2019/20
- Coverage of the second dose of HPV vaccine in school year 10 (14-15 year old girls) in 2020/21 was 55.6% down from 81.3% in 2019-20
- Coverage of the MenACWY vaccine in the 2020/21 school year 10 cohort is 75.8% down from 84.6% in 2019/20
- Coverage of the Td/IPV teenage booster in the 2020/21 school year 10 is 75.7% down from 84.5% in 2019/20
- Coverage of one dose of MMR vaccine in the 2020/21 school year 10 (age 14-15 years) was 95.3% similar to uptake from the year before,

and coverage of two doses was 91.7% which was a slight increase from 91.6% in 2019/20

- Uptake of influenza vaccination in eligible schoolchildren in Wales increased from 69.9% in 2019/20 to 71.3% in 2020/21

With the exception of MMR and influenza this shows a concerning picture, with a variable picture across health board areas.

The Essential Services Steering Group is aware that some of the 2020/21 statistics presented during the review have been challenged on the grounds of data completeness. The review was, however, reliant on the data that had been entered and collated at the time and delays in data entry are themselves of concern.

The rational for vaccination against Human Papilloma Virus (HPV) at 12-13 years old is that this will provide the best protection possible before the start of sexual activity. Findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal) showed that 30.9% of males and 29.2% of females had first heterosexual intercourse before the age of 16. It is standard practice to vaccinate people before they are exposed to an infection and the aim is to vaccinate children before they are exposed to HPV. Studies of HPV vaccine indicate that younger adolescents respond better to the vaccine than older adolescents and young adults. Healthy children vaccinated at this age will need only two doses of vaccine rather than three doses if vaccinated at an older age.

The Joint Committee on Vaccination and Immunisation (JCVI) identifies school based vaccination programmes as potentially the most effective setting for improving uptake of immunisations, specifically in adolescents. Schools have become an increasingly important setting for delivery of immunisation programmes. They are an attractive venue for vaccination as they have the ability to reach large numbers of children in a short period of time. Additionally, recommendations from the *Inequalities in uptake of routine childhood immunisations in Wales 2018-19* (Public Health Wales, 2019) demonstrate the positive effect school based vaccine delivery has on reducing inequalities, and highlights the importance of ensuring measures are in place for ongoing checking and offering of outstanding vaccines.

The review was advised that a Task and Finish Group was being established to consider potentially innovative models to deliver an expanded influenza vaccination programme in schools in 2021/22. Options under consideration will include adapting variations of the mass vaccination delivery model for use in school settings. Although this work is primarily aimed at the children's influenza programme, the application of any learning or good practice emerging from these new delivery models could potentially be transformative for the delivery of children's immunisation programmes as whole.

Vision and Hearing Screening

Screening for reduced vision in children aged 4 to 5 years is primarily undertaken to detect children with amblyopia, a form of abnormal vision system development. The most common predisposing conditions are strabismus (squint) and refractive error (focusing problems requiring glasses). Early detection of amblyopia is necessary to avoid permanent visual impairment by allowing treatment to be undertaken within the sensitive period of neuroplasticity (growth and change) in the visual system. Treatments have been shown to result in improved vision helping children to reach their social educational potential.

The school entry hearing screen identifies children with temporary and permanent hearing loss of a range of types and severity. Due to the high prevalence of temporary hearing losses in children of this age, referral rates vary depending on the season and cold and flu profile of a given year. Detailed breakdowns of outcomes of children referred to ENT and audiology following screening were not available to the review. However, these children may receive grommet surgery, hearing aids or ongoing surveillance.

From the evidence provided, both vision and hearing screening services have not been maintained to any significant degree. This is of significant concern and detailed plans will need to be developed to ensure these children are not entirely missed. Efforts had been made to advise parents to attend high street optometric services or their GP for hearing issues while school services were ceased, but there is no data available to determine if this intervention had any impact.

2.2.2 Access to General and Specialist Surgical Services

The review meeting was held on 8 April 2021. Participants included members of the Steering Group, clinicians, representatives from WHSSC, the planned care programme and additional WG officials. A list of participants is included as Appendix 4.

Presentations were made in support of the written evidence provided and questions and discussion followed. The detailed information considered at the meeting is available at Appendix 5.

Key themes arising from the presentation and discussion were:

- Although existing evidence suggests that SARS-CoV-2 has minimal direct impact on the paediatric population, the pandemic has had a significant impact on the ability of children to access both specialist and non-specialist surgical services, across all the surgical specialties
- The impact has been greater for children accessing surgical services in Wales than for Welsh children accessing services in England

- The reduction in both inpatient and day case activity by Welsh providers has affected patients from across Wales, with all health boards having long waiting lists for children services
- Based on the limited data readily available during the review, over a third of Welsh patients on an active waiting list are waiting over 36 weeks, compared with a sixth of Welsh patients accessing treatment in an English centre
- Given the delays, a number of children currently waiting will transition to adult services before they are likely to receive treatment and this needs specific consideration
- There was a particular difficultly in accessing data relating to children waiting for general surgery. In general, figures are combined with adults on waiting lists. Traditionally, paediatric planned care delivery has not been a focus in monitoring arrangements having formed part of total waiting times and activity data. Detailed information for children is, however, collected for specialist surgery by WHSSC
- Although there has been a decrease of more than 50% in surgical activity in children at Cardiff and Vale UHB in 2020 when compared with 2019, the total number on the waiting list has only increased marginally, with the number waiting more than 26 weeks having increased four-fold. This is consistent with the trend in adult services
- The Royal College of Surgeons prioritisation tool was not considered to be appropriate for use in children, with a more holistic assessment being required for children’s surgery. A number of different tools have emerged and are, increasingly, being used, but a consistent and equitable approach is not being used across Wales
- Workforce sustainability across health boards is unclear, including the situation with the movement of staff to COVID services during the pandemic who may not be back in their substantive posts. The impact of staff movement on retention is also unknown
- While beyond the formal scope of the review, clinicians warned of the likely difficult winter ahead, with anticipated increases in paediatric medical emergency activity, resulting from an increase in the incidence of other respiratory viruses. This will need to be factored into recovery planning, including HDU and PICU capacity

2.2.3 Child and Adolescent Mental Health Services (CAMHS)

Following discussions with mental health policy officials, a comprehensive evidence paper (Appendix 6) was provided and discussed by the Steering Group on 6 May. It is very clear that from the beginning of the pandemic there has been a strong focus on both defining and monitoring the provision of those services deemed essential. CAMHS services (both primary care and specialist services) were therefore positioned as ‘essential services’.

Detailed advice was provided setting out the key functions that must be continue, making it clear that any discontinuation could potentially lead to avoidable harm and mortality. Whilst models of delivery may have adapted due to the restrictions, mental health and eating disorder services remained open for referrals.

A Mental Health Incident Group (MHIG) was established to provide assurance of delivery and a monitoring tool developed to track capacity and capability as well as ensuring issues and concerns were highlighted in a systematic way. This is considered to be good practice in ensuring whole system oversight was maintained during a time when routine performance management repowering was stood down.

Keep themes that have emerged include:

- There were and continue to be, effective governance arrangements in place to monitor service demands and challenges
- Data and information was available from a range of sources, including health boards, population surveys and third sector in order to provide a rounded view of the pressures and challenges services were facing
- It is too early to tell what the overall effect on suicide rates will be, but data that are available provide some reassurance
- A range of actions were taken to support services during the pandemic, including:
  - The establishment of a specific website to improve access to specific guidance and advice for mental health services and service users
  - Additional funding for inpatient surge capacity to ensure flexibility in managing demand; strengthening support for lower level issues; accelerated role out of video consultation
  - Refreshing the 'Together for Mental Health Delivery Plan 2019-22'
  - Temporary modifications to the Mental Health Act as an additional safeguard, albeit this has not been needed to be used
- Whilst referrals to specialist CAMHS remain higher than in pre-pandemic levels, services are more challenged by the acuity of presentations and the higher prevalence of eating disorders. There were fluctuations however in children waiting:
  - There was a dip in the number of children and young people (1,842, 368 per month) on the waiting list between April and August 2020. This compared to the same period 12 months ago where there 3,013 children and young people (603 per month) on the waiting list, a decrease of 39 per cent)
  - However, since August 2020 there has been 5,029 children and young people on the waiting list – this equates to 718 per month

- There has been record high number of children and young people on the waiting list for the months of October 2020 to January 2021

- The numbers within primary mental health services at the start of 2020-21, especially April and May, were significantly lower than the norm. There were 350 and 365 referrals for these two months compared with an average of 750 referrals per month during 2019-20. The average of referrals over the last three months (Oct to Dec 2020) was 784 per month
- A review has been commissioned from NCCU to undertake a review of admissions to age appropriate beds as this is thought to have increased. We have been assured that any actions that come from this will be taken forward
- A key aspect of the learning from the pandemic response includes the need to better integrate mental health with physical health services. Whilst the arrangements established to ensure the continuity and availability of NHS mental health services during the pandemic were effective, these arrangements operated alongside and felt more separate from the central NHS Governance arrangements that were established. An example is identifying the need for and process to secure surge in-patient capacity. This work was not included as part of the central mechanism to plan and assure the capacity of broader NHS services and needed to be undertaken separately. In all aspects of COVID planning and assurance there were separate arrangements for mental health which created additional challenges and the potential for inconsistency when compared to the arrangement for 'physical health services'

The overall impact now presents a range of challenges going forward and in recovery planning. For example, recent modelling for Wales suggests for 2021 a potential increase in demand for all-age primary care mental health services of up to 40%, which could translate into some 31,000 referrals. Additional demand in hospital services could see an increase of up to 25%, translating into some 10,000 referrals.

Whilst specialist CAMHS continue to see levels of referral higher than pre-pandemic levels, the key concerns from health boards are the higher acuity and complexity of patient presentations and an observed increase in prevalence of eating disorders.

We sought additional information to better understand the picture with eating disorder services. Following a reduction in referrals during the first wave of the pandemic in 2020, the service are now seeing an increase in the complexity/acuity of patients and an increased prevalence of eating disorders. This has, in turn, led to an increase of the need for Nasal Gastric (NG) feeding. It is not yet apparent whether this increase is temporary following the pandemic societal changes during 2020 or whether this will be

a longer term change for which the service will need to adjust. We were assured that action was in hand to determine potential short and medium term solutions. While there is already an existing commitment to reconfigure services towards earlier intervention and focus on preventative services following a review in 2018, the impact of the pandemic has emphasised the need to focus on fully implementing these recommendations.

Overall, work is underway to update the framework for an all-Wales recovery plan for mental health and substance misuse services, covering all ages and tiers of care. The evidence paper sets this out in more detail.

2.2.4 Safeguarding

An initial review meeting was held on 22 April 2021. Participants included members of the Steering Group and additional WG officials. A list of participants is included as Appendix 7. A supplementary meeting was then held on 27 April including a limited number of members of the Steering Group and the lead from the Public Health Wales National Safeguarding Team. A list of participants in the supplementary meeting is included as Appendix 8.

The initial meeting was mainly focused on the Welsh Government perspective, with much of the emphasis being on the social services aspects of safeguarding. A paper describing the actions that had been taken is at Appendix 9. Although there is considerable interplay between NHS and local authority safeguarding teams, the delivery of safeguarding by local authorities is outside the scope of the Essential Services Group and, therefore, of the review. To ensure appropriate consideration of NHS services, the supplementary meeting focused on NHS safeguarding from the perspective of the National Safeguarding Team.

Key themes arising were:

- Conditions during the pandemic and, in particular, the consequences of 'lockdown', have provided circumstances in which children have been at greater risk of abuse and neglect and in which the signs of such abuse or neglect have been more likely to have remained hidden. As such, the need for appropriate safeguarding has been high
- From the early stages of the pandemic, WG officials maintained a close oversight the delivery of safeguarding. Locally, assessments were carried out to work out how to keep in contact with vulnerable children and young people
- Guidance was developed and issued at various points. In particular, Welsh Government issued guidance about the continuation of the Healthy Child Wales Programme regularly throughout the pandemic, emphasising that face to face contact should still be made where a

family needs additional support or where safeguarding concerns have been identified. WG received assurance that such visits were being undertaken wherever possible

- Despite the increased levels of vulnerability, and efforts made to continue to deliver relevant services and promote their availability, referral rates to safeguarding had fallen during the first lockdown
- Available data has demonstrated that school is the safest place for children, including through having access to education, friends and to socialise
- Additional funding has been provided to MEIC Cymru to assist with engagement and support
- NHS staff involved in safeguarding, including school nurses and members of the National Safeguarding Team (NST) have been diverted, or partially diverted, to support the direct COVID response
- The NST had operated through the pandemic at 'level 2 – partial operation'. Whilst it is the view of the NST lead that essential 'core' safeguarding was maintained, there is concern about the negative impact on NST work to further develop and improve safeguarding, much of which was paused. This is of particular concern in view of the increase in safeguarding work load that is anticipated as COVID restrictions are eased. The intention of Public Health Wales to return safeguarding to level 3 'full operation' is noted
- There had been issues around the collection and availability on comparable data on the delivery of safeguarding

3 Recommended action

The following recommended actions have been developed following the review meetings, the evidence submitted and subsequent discussions. They include both strategic actions, in relation to the future focus needed on children's services, and actions specific to the areas reviewed.

The emphasis increasingly needs to be on the resetting and recovery of services in the aftermath of acute pandemic pressures, but it remains important to ensure that action is also taken to better protect and maintain children's services through any further COVID waves. We are aware that some relevant action is already in train following circulation of the initial findings of the review.

A number of the issues identified are common to those identified in the earlier deep dive into cardiac services. These issues include the need for:

- a focus on the health and well-being needs of the workforce
- access to relevant and timely data and information about the performance of services

- access to support services, including diagnostics and therapies
- the use of virtual service delivery, where viable and appropriate

In addition, there are a many issues, and related recommendations, that are specific to children's services and/or which were particularly highlighted in this review.

Recommendations:

- It is important to recognise that, whilst direct morbidity and mortality from COVID in much lower in children than other age groups, in other respects the wider impact of COVID on children's lives has been profound (including on their mental health and wider aspects of their physical health). **Specific action is therefore required to ensure a focus on children in the recovery programme and resulting plans**
- Health board recovery plans must include specific elements, with target dates, on the recovery and catch up of:
  - surgical services for children (recognising that, currently, the backlog is continuing to grow)
  - childhood vaccination and immunisation
  - childhood screening
- Recovery plans must factor in:
  - workforce requirements
  - regional models of care
  - the recommendations of the national task and finish group on influenza vaccine
  - the recommendations of national work on moving audiology screening back to audiology
- Whilst acknowledging the hugely challenging nature of the decision making and prioritisation processes that are required in the current context, **action must be taken to ensure that the interests of children are protected within an ethical decision making process**. This must remain the case during recovery and any future curtailments in services in response to COVID or other crises
- It is proposed that a **Children's surgical forum/Clinical Reference Group** should be established in all health boards where this is currently not the case. Guidance from RCPCH sets out the role such a group should (Standards for Childrens Surgery, 2013)
- **All NHS organisations should ensure that they are meeting existing statutory responsibilities for children**, such as those under the Social Services and Well-being (Wales) Act 2014. The designated independent and executive members of the Board need to ensure they are actively fulfilling their roles on behalf of children. Boards need to receive comprehensive information to be assured that children's needs are being addressed.

- It is important to recognise that **essential services are about more than preventing mortality and immediate significant morbidity**. Delays in treating/screening/vaccinating children can have a life-long (or significant, but delayed) impact on the health of a child and such risks need to be factored into prioritisation of service delivery and the deployment of staff
- The current surgical prioritisation tool from the RCS is deemed not to be appropriate for use in children. We, therefore, recommend that **a specific surgical prioritisation tool be agreed for use across Wales**, building on those already in use or emerging. Similar prioritisation tools may also be required for preventative and medical services.
- There is a need to ensure that decision making and prioritisation is informed by **data that allows the impact on children specifically to be disaggregated and considered by age group**. This should include data for 0-16 years, with data for 16-18 years captured separately, to ensure the impact of any transition to adult services is planned for
- There is a need to ensure that the **loss of a health-related setting (e.g. schools), should not simply result in a suspension of health related activity** that normally takes place in that setting (e.g. school nursing). Any suspensions of services should follow evidence and risk based ethical judgements and creative solutions should be found for delivering services in other settings, where possible
- A particular **focus is needed on the workforce given the impact of redeployment** has seemingly been more profound for those staff working with children
- It is important that the findings from the consultation conducted in partnership with Children in Wales are considered carefully. **Boards should familiarise themselves with the content of the full report** (Appendix 1) **and should also ensure they are seeking feedback from children** routinely and acting on it

4 Next steps for essential services

Having conducted two deep dives, into cardiac and children's essential services, the Essential Services Steering Group has taken stock of what has been learned and recommended and has considered the key lessons and most appropriate next steps.

The deep dives have been exceptionally informative and have generated a number of important recommendations. A case could be made for the Essential Services Steering Group to continue to pursue a rolling programme of deep dives covering all the key clinical areas specified in the

NHS Wales Essential Services Framework. A number of factors, however, suggest that this would not be the most efficient or effective course of action:

- As things stand, it appears that the worst waves of the pandemic are behind us and, as such, a primarily backward looking review process is becoming less timely and helpful
- The deep dive process is very resource intensive, both for those involved in conducting and reporting on the reviews and those collecting and presenting evidence to them
- It is already clear that many of the key issues and lessons from such reviews will be common across all essential services

The most important overall conclusion stemming from the work to date is that the primary responsibility for ensuring the ongoing delivery of essential services during future COVID waves and other crises, and for recovering delayed activities, must rest with health boards and trusts.

Going forward, health boards and trusts must ensure that:

- the recovery and maintenance of all essential services covered by the Framework must be explicitly featured in recovery planning (including in specific recovery plans and IMTPs and the oversight of the implementation of those plans)
- future decisions about the prioritisation of the delivery of services (including decisions about staff redeployment) must be taken within a risk based and ethical decision making process that is overseen by boards
- they ensure access to, and make use of, timely and accurate data and information that enables boards to be assured that essential services are being delivered and statutory obligations met, including to children
- where full assurance cannot currently be provided, recovery planning must include the steps to be taken to rectify any gaps

Appendices

Appendix 1

YW Patient
Experience Report.p

Appendix 2

Review of Children's
Screening and Immur

Appendix 3

Review of Screening
and Immunisation Ess

Appendix 4

Children's Essential
Services - Surgery - 8

Appendix 5

paediatric deep dive -
Appendix A- April 202

Paediatric planned
care deep dive summ

Summary and
analysis of surgical da

Paediatric
recommendations - fr

Appendix 6

Essential Services
- CAMHS Ass...

Appendix 7

Children's
Safeguarding Essentia

Appendix 8

Appendix 9