

## **27 June 2020: Public & Staff - Child Health**

<b>Facilitator</b>	John Boyman - Head of Public Relations – Strategic Projects	<b>Engagement Team</b>	GC SE
<b>Speakers</b>	Shirlene Oh – Director of Strategy and Partnerships, Hampshire Hospitals NHS Foundation Trust Dr Lara Alloway – Chief Medical Officer, Hampshire Hospitals NHS Foundation Trust Dr Nick Ward – Clinical Director for Child Health, Hampshire Hospitals NHS Foundation Trust Justin Wright – Child Health Lead for Integrated Community Services, Hampshire Hospitals NHS Foundation Trust Trish Le Flufy – Operational Service Manager, Child Health, Hampshire Hospitals NHS Foundation Trust Dr Clare Harris – GP and Clinical Director for Children and Families, West Hampshire CCG Rebecca McLeod – Consultant Community Paediatrician, Hampshire Hospitals NHS Foundation Trust Judith Bennett – Clinical Matron, Hampshire Hospitals NHS Foundation Trust		
<b>Registered participants</b>	30	<b>Participants on Zoom</b>	19
<b>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</b>  Mental health needs to be part of any new place. Something between A&E and waiting for CAMHS. Early intervention could Help stop hospital admissions			
<b>Questions/Comments raised during online event:</b>  QUESTION FROM REGISTRATION: Mental health needs to be part of any new place. Something between A&E and waiting for CAMHS. Early intervention could Help stop hospital admissions  ANSWER: We know it's a big gap. CAMHS is provided by a different provider. It's a really high priority that's being looked at with the CCGs and looking to develop liaison roles that will help bridge that gap, improve those links, especially for children who are attending A&E to try to get children out of hospital and back to home so long as it's safe place for them. We are aware of the need to work on the mental health of our young people and the impact that Covid-19 has had on that as well. ANSWER: In terms of the youngsters with mental health issues, it's certainly something we experience on the ward. It's a high priority.  COMMENT: We had a parent who described their child being on a cliff-edge. Her young person was admitted into hospital just before their 18th birthday. They could have accessed the crisis team straight away but it was decided to wait 6 weeks for CAMHS. This time the young person tried to take their own life again and this time succeeded. It's			

about understanding that the transition has to be dealt with very carefully when dealing with hospital admissions and knowing that a waiting time of 6 weeks is not viable for parents who are trying to support them. Also they can only access one service at a time and cannot access multiple services which could help them with other kinds of therapy. Only being able to access one service is quite restricting.

It's important to make sure that young people have a key worker to look after the healthcare and provisions of that young person and to make sure that families and the child/young person is supported, especially children with SEND and disabilities. Otherwise you come into the situation where, as we have found with Covid, nobody's communicating and nothing is getting done because the person thinks the other service is doing it.

ANSWER: Thank you. That was a really helpful summary of some of the issues. This project is a real opportunity to look very differently as to how we run our service. As you say, the silos in which we work and the difficulty to access multiple things at the same time is massive. To reassure you, we are not waiting until we have a new hospital to do this differently and there is a lot of work going on. Sometimes co-locating services makes it easier to work together.

QUESTION FROM CHAT: There has been mention of Covid, but no mention of Brexit. it's currently looking like we'll exit with no deal. The project sounds wonderful, considering the financial impact of Covid, combined with Brexit, how will financing be secured? will we end up dismantling what we have, before the new services are in place and financing runs out?

ANSWER: Financing - we've been in constant contact with the Department of Health & NHS England and Improvement. We had similar questions about the impact of Covid and Brexit. The message has always been to continue to develop your business case because there is commitment to have this funding and in the spending review this autumn, they will be requesting an agreement so that it will be formalised.

Services: how we propose to fund the services. We are working with our commissioners, and in fact we are working as in Integrated Care Partnership. There are some programmes of work already started where we are working across the traditional boundaries. This is collectively funded by the providers and commissioners in health and we will work with our social care and community colleagues to stand up those joined up services.

ANSWER: I completely understand the entirely appropriate concern there is around mental health for children. We're not the primary providers of mental health services for children but we do work closely with them. We have been working hard on increasing our liaison services for young people that attend hospitals in crisis and there's a wide scheme that's actively meeting at the moment.

ANSWER: We're working really hard to support young people without bringing them into hospital. We're working very closely with our social care colleagues and CAMHS to set up a system support from the time they feel they're at breaking point. We're looking at working more closely with 111 services so they can be signposted to community and voluntary services. We're looking to work more closely with volunteer groups who are already working with the emergency department to support them from the time they might arrive and to support them back out into the community with additional mental health support for the CAMHS

teams. These things take time to build up and build relationships with partner agencies. Work is well under way but hopefully it will have positive outcomes for young people in the not too distant future.

QUESTION FROM CHAT: I do feel that there should be 7 day a week access to CCNs.

Our family member has cystic fibrosis. We used to have a dedicated CCN which was a massive support knowing that there was someone that knew what was going on. Then they stopped doing CCNs working at the weekend. Just having someone you could contact like a CCN was important and I suddenly felt like that support was taken away. Yes, you can phone CDU but they're busy at the weekend, and having a CCN who could just come out and see you to avoid having to take your child to hospital unless it was necessary. It was just really helpful and a great support and I think that it's something that's missing now.

ANSWER: Yes, we used to run a 7 day a week service but as time went on we needed to review owing to reduced staffing. We discussed at the time that CCNs needed to be available Monday to Friday so that they could attend multi agency meetings, school meetings and be around during the working week. We still provide service over bank holidays and Christmas to avoid that attendance at hospital and it's certainly something that we regularly review.

QUESTION FROM CHAT: It sounds like in order to make services sustainable we need to combine some services, which will realistically mean closing services one or both current sites. If we assumed all current patients would travel to a new site, I can see that would make HHFT's job more affordable. Given that Winchester and all the patch South of Winchester are actually far nearer Southampton, do we have any idea how many patients we'll be caring for on a new site and how many additional patients SGH will need to provide care for? By either car, public transport, foot and bike, Southampton is nearer and easier to get to than Basingstoke!

ANSWER: We currently don't have a location for a new site. There are 9 locations currently under site selection. We're going through a process of looking at the criteria - affordability, availability and deliverability. We will have some options and will engage people with these options. We'll be consulting on these.

QUESTION FROM CHAT: the delays in neuro developmental/asd assessments are only increasing and this impacts family support.

ANSWER: We recognise and know this and want more than anything to be able to put systems in place to try and improve that service.  
It's a national problem but equally it's not acceptable. Co-location and working together in a more streamlined way is always something we're trying to improve on. With new facilities you can think about the physical space and how you can get those teams to work more effectively together.

QUESTION ON CHAT: looking at the way PAU and Charlies/Sophies work - is there work to separate out the emergency care from the procedures? Particularly in winter when you have booked procedures, then the emergency cases also need to be seen - PAU seems to split the staffing but CDU still has GP emergency cases

ANSWER: We all recognise the workloads that go into these, and the pathway is not right and part of this hospital development will give us an opportunity to look at the way the services operate eg putting day surgery and day services into one unit. At the moment we're restricted with space. I'm excited that this is giving us some opportunity to look at the pathways and where they currently go and particularly who we work with and engage with the emergency department to get that flow right.

QUESTION ON CHAT: Within hospital services there has been a lot of talk of 'local where possible, central where necessary' - I am concerned that this is all moving towards all children with abdo pain (?appendicitis) and all children with testicular pain (?torsion) and potentially all pediatric in-patients being moved out of Winchester. Am I right to be concerned?

ANSWER: We don't know where the new site will be. This will be our chance to understand whether pediatrics needs to be centralised or not. No decisions have been made.

This is the opportunity to say what is important to you. We're aware that depending on where a new site we need to think of the impact on the people, other providers and all of us are busy and don't have space to have extra work. We're working on part of a bigger Hampshire and Isle of Wight system project and how the impact of moving will be on others. We will work through it, looking at travel times and see how it works for everyone. There may be some services which will benefit from being brought together.

QUESTION FROM CHAT: ENT and other units need to be SEND friendly and accessible, current access to these units are difficult for children and young people with SEN/Disabilities, could there be separate units/clinics for children/young people?

ANSWER: Totally agree. ENT daycare surgery - we have set up separate ENT clinics for children run by the pediatricians run mainly in outpatients at Basingstoke and we're hoping to introduce it at Winchester too.

With the new hospital, it would be good to have these run on one site and having pediatric specialists working with the ENT surgeons to run the clinics and so we can have the area designed for children with special needs. We are currently within the adult ENT setting but have to make it child friendly each time we have a clinic.

QUESTION FROM CHAT - is there any chance in the future of a children's psych ward (low security)

ANSWER: We have highlighted the need for care of our young people particularly as they go through the transition. A key worker is absolutely the way forward. This gives us the opportunity for a transition ward which will encompass children and their mental health needs, and looking at the needs of young people themselves.

ANSWER: We want to look at addressing the needs of children of all ages and also talking to partners about co-location of facilities or services around the hospital seeing it as a health and wellbeing campus.

ANSWER: We need to make sure our staff are appropriately trained and skilled to be able to support this particular age group. As children become teenagers life is more challenging. The particular skills needed to work with them and support them.

**QUESTION:** My son has had a lot of stays in the hospital. It's stressful when he goes in, as there aren't the things he needs to keep him sitting up straight. It's a struggle. There's nothing in place for him to be supported. There's nothing available for him and as parents we're constantly shushing him up the bed.

**ANSWER:** This is really good feedback for us to know. We previously had some of those facilities on the ward. We would like to provide this for him. We'll look into it and look to improve our service and provide that kind of care. But currently we can look at this.

### **Chat download anonymised**

Great seeing some of child health service users joining us today especially members of the HHFT Youth Forum group look forward hearing your views and comments...

Psychiatrist or counsellor full time within the hospital would be ideal

There has been mention of Covid, but no mention of Brexit. it's currently looking like we'll exit with no deal. The project sounds wonderful, considering the financial impact of Covid, combined with Brexit, how will financing be secured? will we end up dismantling what we have, before the new services are in place and financing runs out?

Totally agree with XX, access to a psychologist or counsellor is much needed.

non emergency mental health care could perhaps prevent some young people ending up as crisis admissions

the delays in neuro developmental/asd assessments are only increasing and this impacts family support.

I do feel that there should be 7 day a week access to CCNs.

It sounds like in order to make services sustainable we need to combine some services, which will realistically mean closing services one or both current sites. If we assumed all current patients would travel to a new site, I can see that would make HHFT's job more affordable. Given that Winchester and all the patch South of Winchester are actually far nearer Southampton, do we have any idea how many patients we'll be caring for on a new site and how many additional patients SGH will need to provide care for? By either car, public transport, foot and bike, Southampton is nearer and easier to get to than Basingstoke!

looking at the way PAU and Charlies/Sophies work - is there work to separate out the emergency care from the procedures? Particularly in winter when you have booked procedures, then the emergency cases also need to be seen - PAU seems to split the staffing but CDU still has GP emergency cases

thank you for addressing my question. I do worry about this. I worry that there will be more forced privatisation. This doesn't need to again need to be addressed here, but please can the question be taken forward to investigate resilience from privatisation, to ensure services remain open to all, not just the privileged...

Hi XX here from Children's Services, we are hoping to integrate CAMHs into our teams in our area offices as part of our multi-agency approach to supporting children and young people. Good for specialist and targeted support and improving communication between CSD and our partners.

Within hospital services there has been a lot of talk of 'local where possible, central where necessary' - I am concerned that this is all moving towards all children with abdo pain (?appendicitis) and all children with testicular pain (?torsion) and potentially all pediatric in-patients being moved out of Winchester. Am I right to be concerned?

Shirlene Oh, Director of Strategy & Partnerships: Hello, funding for the infrastructure will be from the government, there are no plans for private financing.

ENT and other units need to be SEND friendly and accessible, current access to these units are difficult for children and young people with SEN/Disabilities, could there be separate units/clinics for children/young people?

is there any chance in the future of a children's psych ward (low security)

That might not be the government's plan under Brexit moving forward. we've already seen much privatisation and selling off of services. We currently just don't know. But it needs to be addressed. Thank you.

That was for Shirley Oh, who kindly responded...

Are the 9 potential sites for a new hospital available for us to see please?

Shirlene Oh, Director of Strategy & Partnerships: Hi Fran, we need to understand if they are available, affordable and deliverable to provide a short list which we will put forward for consultation.

A thought on mental health support for parents of new born children – it was difficult to access appropriate care and the forms provided by midwives easy to manipulate – no one wants to admit they are struggling. having a more integrated approach that has the ability to go deeper if required is so important. Services especially for dads are lacking and have lost funding...

**Report written by: SE**