

Meeting of:	CABINET COMMITTEE CORPORATE PARENTING
Date of Meeting:	7 MAY 2025
Report Title:	OVERVIEW OF HEALTH SERVICES PROVIDED TO CARE EXPERIENCED CHILDREN AND YOUNG PEOPLE REPORT
Report Owner / Corporate Director:	CORPORATE DIRECTOR SOCIAL SERVICES & WELLBEING
Responsible Officer:	NICOLA JONES SENIOR NURSE CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
Policy Framework and Procedure Rules:	There is no effect upon the Policy Framework and Procedure Rules.
Executive Summary:	The report provides an overview of Cwm Taf Morgannwg University Health Boards contribution to the support services afforded to care experienced children and young people in the region.

1. Purpose of Report

- 1.1 The purpose of this report is to present a broad overview of the health services provided by Cwm Taf Morgannwg University Health Board (CTMUHB), accessed by care experienced children and outlining how CTMUHB services can achieve the outcomes of the Corporate Parenting Charter – A Promise for Wales.
- 1.2 This report will highlight the key touchpoints within the health board that care experienced children are likely to access. The information provided will demonstrate how the health board is contributing to the overarching aim of the board to improve outcomes for children and young people who are care experienced.
- 1.3 CTMUHB has three local authorities that are within its boundaries and is requested to provide pertinent health information for all three authorities.
- 1.4 This report will also illustrate how the health board supports the six key priorities outlined in the Bridgend Corporate Parenting Board terms of reference;
 - *Having a voice*
 - *Good health and wellbeing*
 - *A comfortable safe stable home whilst in care and after*
 - *Educational achievement, training, and employment*

- *Ready for living independently*
- *Celebrating our children and young people's milestones*

2. Background

- 2.1 CTMUHB has been part of the Corporate Parenting Board in its current format since 2022. The health board signed up to the corporate parenting pledge in 2024 and is committed to work with partners to support the aims and objectives of the Corporate Parenting Board.
- 2.2 As a health board we are committed to ensuring that children, young people, and those who care for them have access to the appropriate healthcare and advice needed to support their physical, mental, and overall well-being. Every child has the right to the best possible health and care, as outlined in the EU Charter of Fundamental Rights, articles 24 and 39. By participating in the development of the corporate parenting strategy, the health board can ensure that the health needs of children and young people are captured by identifying and promoting joint working either within health and/or with partner agencies to achieve optimal results.
- 2.3 CTMUHB currently have 1,485 care experienced children residing within its footprint, of which 420 are placed within the locality of Bridgend County Borough Council (BCBC). It is worth noting that other children who are under the care of different local authorities are also placed within BCBC borders and will also have access to CTMUHB health service provision.

3. Current situation / proposal

Linked to the following priorities of the corporate parenting terms of reference 24/25

- **Having a voice**

- 3.1 The launch of the national CIVICA survey on the 1st of April 2025, will gather feedback from children, young people, and foster carers on their experience with mandatory health assessments. This will be conducted through three questionnaires: two age specific for children and one for foster carers. The findings will ensure that improvements in service delivery are informed by the voice and experiences of children and young people at both local and national levels.
- 3.2 Several Organisational developments support the corporate parenting boards six key priorities.
- 3.3 A Childrens Charter has been developed by CTMUHB to ensure children and young people are aware of their rights and subsequently have their rights met by services across the health board.

<https://ctmuhb.nhs.wales/patient-advice/support-for-children-young-people-and-families/ctm-childrens->

[charter/#:~:text=The%20rights%2C%20known%20as%20our,and%20young%20people%20of%20CTM.](#)

- 3.4 This charter is accompanied by a booklet and guidance for health board staff, providing direction on its implementation and core principles.

<https://ctmuhb.nhs.wales/patient-advice/support-for-children-young-people-and-families/ctm-childrens-charter/the-10-rights/assets/childrens-charter-booklet/>

- **Good health and wellbeing**
- **A comfortable safe stable home whilst in care and after**

- 3.5 The health board provides a dedicated health team committed to supporting its responsibilities in delivering additional services for care-experienced children in accordance with the Social Services and Wellbeing (Wales) Act (2014). The health board undertakes both initial and review health assessments for children who are placed within the CTMUHB footprint; the timeframe of these assessments are outlined in the legislation. These assessments can be undertaken by either a medical practitioner, nurse specialist or a health visitor.
- 3.6 Those children under five will receive a twice-yearly assessment and those over five receive a yearly assessment. In the last year the health board have completed 420 health assessments for children and young children who are currently within BCBC footprint. The health assessments offer a comprehensive and holistic overview of the individual's wellbeing and aid future health planning by supporting existing health conditions, while also incorporating relevant public health messages during the assessment. The health assessment also provides an opportunity to deliver public health messages to foster carers and residential placements who support children and young people. The health assessment captures the voice of the child or young person, including their feelings about their current placement. All the relevant information is gathered and used to develop a plan that will provide clear direction around both physical and emotional health. This health plan supports BCBC as the corporate parent, to be fully informed about what support and care is required to achieve optimal health and emotional outcomes.
- 3.7 The health team also attends monthly complex placement panel meetings across the three local authorities including BCBC to provide any additional health related information that may support placements and placement moves.
- 3.8 Care experienced children under five receive the Healthy Child Wales Programme which is a universal service which is needs led, by our health visiting team. The health board as part of the early year's transformation partnership signaled a change in Organisational culture towards greater respect, consideration and inclusion for the rights and voice of the pre-verbal infant. This has led to the development and adoption of Baby 'voice' a term to convey an understanding that babies have their own minds, want to communicate from birth and have unique non-verbal ways of expressing themselves. Specifying the unique needs and rights of the baby/ infant in the first years of life is needed in order to motivate infant oriented actions, policies, service design and delivery at health board, community and societal level.

<https://ctmuhb.nhs.wales/news/news-files/final-ctm-baby-amp-toddler-voice-poster-pdf/>

- 3.9 All unaccompanied asylum-seeking children placed by BCBC, within CTMUHB are offered an appointment with the medical advisor. This arrangement is in place as the health board recognise that these group of children and young people often arrive in the country without medical history, having experienced trauma, with limited prior health care and incomplete vaccination records.
- 3.10 In collaboration with partners of Cwm Taf Morgannwg Safeguarding Board, guidance has been developed to support staff working with care experienced children to obtain appropriate consent when children and young people are accessing secondary care services.

<https://www.cwmtafmorgannwgsafeguardingboard.co.uk/En/Professionals/ChildrenPoliciesAndProcedures/CTMGuidanceConsentforMedicalTreatmentforCLA.pdf>

3.11 Neurodevelopmental Service (NDS)

Although the majority of support in the region (both for families and within the Education System) is available based on need and not diagnosis, as a health board we recognise the frustration with long waiting times for Neurodevelopmental assessment and potential diagnosis. The health board also recognise the positive impact of having a diagnosis formally confirmed, even when this has possibly been suspected, both for the family / young person themselves, but also the wider system. As the health board is aware if this information there and part of wider service improvements a pilot program has been launched in Bridgend January 2025 to explore more efficient methods of triaging assessments, to reduce numbers on the waiting list for ND assessment and to improve waiting list times for all. The overarching aim will be to reduce the long waiting times for those children where an accurate diagnosis can be made from written information submitted at the point of referral by family / school. The pilot will be measured against a series of outcomes with the primary focus being reduced wait times. Service wide improvements are:

- New referral paperwork for school aged children launched at the beginning of January and positive response from school to date.
- Impact in terms of fewer referrals being received and accepted anticipated although we will need to see some data on this over the next 6 months or so.
- Microsoft Forms options available for families and schools which families are using a lot to submit information.
- Much more information is being gathered from families now at the start of the assessment process which they can add to while they are on our list.
- In January, February and March we have been accepting old and new paperwork but from the 1st April will move to new paperwork only.
- Development of a health board wide early years referral for to enhance information gathering – currently out for consultation.
- Welsh Government funding has been secured to support service enhancement and at the point of completion of this report, waiting times for

children who were referred to us when they were 2 or 3 years old is now 12 months. Waiting times for everyone else is still around 20-22 months, but gradually reducing. We committed to taking an additional 550 children off the waiting list this year with the funding and by the end of March 2025 we completed 750 extra assessments, as well as paying for over 1050 extra follow up appointments,

- Joint monthly clinics between NDS and CAMHS started in Summer 2024 and are being extended into 2025/26 because of their success. Dedicated NDS assessment / diagnostic capacity for high-risk children and young people known as CAMHS.

Linked to the following priorities of the corporate parenting terms of reference 24/25

- **Ready for living independently**
- **Celebrating our children and young people's milestone**

3.12 The health board offers opportunities for all young people including those in care, to gain work experience and apply for apprenticeships. Young people with additional needs can access project search to secure work placements.

3.13 Resources are in development to share with partner agencies to promote the opportunities and develop guidance to support care experienced young people to apply.

3.14 As part of the broader transition work within the health board, the team has created a leaflet which will have personal information and health history inserted to help young people navigate universal health services when transitioning to adult services.

3.15 The Medical director for CTMUHB is the strategic lead for planning approaches to transition care for children and young people. Work is in progress to develop this area of work, to include a transition and handover plan.

4. Equality implications (including Socio-economic Duty and Welsh Language)

4.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. This is an information report; therefore, it is not necessary to carry out an Equality Impact assessment in the production of this report. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

Long Term

- 5.1 The health board is committed to providing a dedicated health resource to support the health needs of children and young people who are care experienced. The Children and Families Care group also provides specific resources to care experienced children as there is a Clinical Nurse Specialist that supports the Medical Advisors in undertaking health assessments and developing care plans. There is also the health visiting service that provides the health child Wales Programme for all children under the age of five, and the school nursing service that provides additional services for school age children. Changes made to the neurodevelopmental service have been identified at a national level as good practice and supporting the life outcomes of children and young people. This sits within the six priorities of the Corporate Parenting Board.

Prevention

- 5.2 The public health messages that the health board embed in their services, particularly midwifery, health visiting, Children Looked After team, medical advisors, dental primary care and those Children who access secondary services will support good health and wellbeing.

Integration

- 5.3 The health board participates in the Cwm Taf Morgannwg Public Services Board, working to develop a collective public service that put people in our communities at the centre. Our communities will include our care experienced children who reside within CTMUHB footprint. There are other partnership boards including the Mental Health Partnership Board, the Area Planning Board, Community Safety Partnership and Regional Safeguarding Board. Service led agreements are in place with other local authorities to work with the Youth Justice Service to provided dedicated service and assessment time to those children who are known to the youth justice system.

Collaboration

- 5.4 The health board supports a collaborative approach through the attendance and membership of partnership arrangements as detailed above, also attendance of relevant panels that support the national corporate parenting agenda. These include, complex care planning panels, exploitation panels and youth offending forums.
- 5.5 The health board actively engages with service users to inform and improve service delivery, this includes the national CIVICA survey for health assessments, ongoing surveys undertaken within Paediatric departments and the dedicated Child Protection Medical Hub.

6. Climate Change Implications

- 6.1 There is no direct impact on Climate Change through the implementation of this report.

7. Safeguarding and Corporate Parent Implications

- 7.1 All CTMUHB staff are required to comply with Wales Safeguarding Procedures and complete mandatory training to meet this standard. Those involved in direct service provision and care planning for children and young people must undertake Level 3 training and hold a professional responsibility for compliance. Additionally, all health board staff must adhere to CTMUHB policies and protocols.

8. Financial Implications

- 8.1 CTMUHB team for care experienced children consists of one team leader, two full time nurses and 4 part time nurses, who undertake the statutory duty of undertaking health assessments. These posts are funded under the regional health board.

9. Recommendations

- 9.1 It is recommended that the Cabinet Committee Corporate Parenting notes the report and Cwm Taf Morgannwg University Health Board's contribution to supporting care experienced babies, children and young people.

Background documents

None