

Report Title	Children's Services Presentations		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Dr Nick Makwana, Group Director of Women's and Children's		
Meeting	Public Trust Board	Date	4 th July 2019

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

To note the wide range of services for children and young people provided by the Trust that show innovative and health outcome improvement practice. The following teams are profiled:

- Health visiting team
- School health nursing
- Paediatric allergy service
- Paediatric diabetes service
- Children's complex care team

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	x	Public Health Plan	x	People Plan & Education Plan	x
Quality Plan	x	Research and Development	x	Estates Plan	x
Financial Plan	x	Digital Plan	x	Other <i>[specify in the paper]</i>	

3. Previous consideration *[where has this paper been previously discussed?]*

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4. Recommendation(s)

The Trust Board is asked to:

- | | |
|-----------|--|
| a. | NOTE the wide range of services that are provided to children and young people served by the Trust |
| b. | ACKNOWLEDGE the innovative practice that has led to improvement in health outcomes of children and young people |
| c. | CONSIDER ongoing support for further development of these services |

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register					
Board Assurance Framework					
Equality Impact Assessment	Is this required?	Y	N		If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	N		If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the: Public Trust Board 4th July 2019

Children's Services Presentations

1. Introduction

1.1 The W&CH Group manage a range of speciality teams which are integrated into the care for Children and Young People within our communities. There is a wealth of good work already done that fits with the Trust's 2020 vision, and ongoing developmental work to further increase the health and well-being of the population we serve.

1.2 The following are examples of some of the services and how they have used innovation and new models of working to enhance delivery of health care to our communities:

- Health visiting team
- School health nursing
- Paediatric allergy service
- Paediatric diabetes service
- Children's complex care team

1.3 The Trust is fortunate to have a wealth of services available to Children and Young People that will enable a healthier future that will be shaped by innovation, and a passionate workforce who want to make a difference. Those children that do become unwell with illness will be cared for in services that meet their needs, and in line with local and national recommendations, with some services defining those recommendations.

2. Recommendations:

The Trust Board is asked to:

- a. **NOTE** the wide range of services that are provided to children and young people served by the Trust
- b. **ACKNOWLEDGE** the innovative practice that has led to improvement in health outcomes of children and young people
- c. **CONSIDER** ongoing support for further development of these services

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In collaboration with:

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Shawinder Basra-Dhillon, Clinical Lead for Health Visiting

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Lisbeth Hudson, Clinical Nurse Specialist, Paediatric Diabetes,

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27 June 2019

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the: Public Trust Board 4th July 2019

Children's Services Presentations: Health Visiting Team

1. Health Visiting Team

1.1 Health visitors are registered nurses/midwives who have had additional training in community public health nursing that includes enhancing health and reducing health inequalities through proactive, universal services for all children 0-5 years and for vulnerable populations targeted according to need. Health Visitors provide a professional public health service based upon the best evidence of what works for individuals, families, groups and communities.

1.2 There are 12 teams across Sandwell that deliver services geographically across Sandwell. The teams consist of Administrative staff, Nursery nurses, Health Visitors, Team Leaders, Practice Teachers, Supervision Leads and the Clinical Lead. In partnership with additional agencies, disciplines and organisations, health visitors lead the Healthy Child Programme (2018) to achieve the best outcomes for children and families. The service also includes the Best Start Team who deliver an intensive home visiting programme to support some of Sandwell's most vulnerable families children and families.

2.3 The Health visiting service offers services at the following levels:

- Community
- Universal
- Universal Plus
- Universal partnership plus

2.4 Positive areas of work to report

Accreditation and Awards

- Bronze accreditation for QIHD
- Funding for research to test the efficacy of our bespoke supervision - National award won (MacQueen Bursary Award) 'Health Visitor Perceptions of Vulnerable Families Supervision'
- Poster Prize Winners at Conferences: Tackling Poor Home Conditions; Multiple Birth Research
- CQC outstanding retained for Children's community

Partnership Working

- Membership to Sandwell Early Help Partnership at Gold level
- Partnership working with key organisations/agencies to support families and young children – magazine production, Antenatal Changes Programme, University of Wolverhampton and Birmingham City University, Institute of Health Visiting.
- Development of joint resources with our commissioners

- Development of Health Visiting Prescribing - working with SWBH Non-Medical Prescribing Group to manage prescribing register, audit and disseminate learning programmes developed by health visitors.
- Low Birth Weight Clinic
- Best Start Team & Vulnerable Families Team

Generated Local Neighbourhood Trust Interest

- Electronic working
- Implementation of Health Visiting Contact centre
- Development of robust No Access Procedure
- Vulnerable Families Supervision

Other positive areas of work

- Health Visiting Newsletter
- Case Studies to demonstrate the contribution of Health Visiting
- School Readiness Programme
- Development of Baby Clinic redesign
- SystemOne Group – supporting service development to maintain high standards of records keeping whilst maintaining a child focus
- Development of in-house Learning Programmes, Preceptorship and responses to Serious Case Reviews using innovative approaches like simulation and films – these are being considered as ‘income generation’ projects.
- Prescribing Development, Community Nursery Nurse Led Supervision
- Development of Champions for Perinatal Mental Health, Breastfeeding, Supervision, Special Education Needs and Disabilities.

2.5 Improvement in health outcomes – confirmed or expected

- Sustained improvements in KPIs – The Universal offer enables identification and delivery of additional support required by children, young people and families. To support those with additional needs.
- Collaborative working with other agencies to plan services and delivery of services – includes joint working to produce public health magazines; Ready Steady Baby, Ready Steady Play, Ready Steady Learn.
- Co-operative working agreement supports service delivery and planning for service delivery.
- Through participation in the Early Help steering group, the service plays an instrumental role in the design and delivery of Early Intervention and consequently the social determinants of health in Sandwell.
- By working in collaboration and in partnership with all services to deliver the 0-19 agenda, this will enable delivery of effective services to all children, young people and families dependent upon needs to ensure children have the best start in life.

2.5 Areas that need work / development over next 12 months

- Joint collaborative working to support the children, young people and families national agenda 0-19, alongside school health nursing to support the PHE Healthy Child programme: The 4-5-6 approach for Health visiting and School Nursing. With the additionality of supporting improving mental health and well-being, obesity, admission avoidance, effects of Adverse Childhood Experiences (ACEs).

- Active participation in the Early Years Foundation Academy project over the next year will enable decisions to be made with regards to projects to enable all across the health economy to plan and deliver services based on the needs of the population of Sandwell's children.

2.6 Support Requested from the Trust Board

- Support the PHE 0-19 Agenda, including developing staff resilience within the service at all levels.
- Develop potential leaders for future service remodelling across the national 0-19 agenda.
- Support with opportunities to increase the Health visiting commission to reduce health visiting caseload numbers in line with national guidance (Laming, Munroe).

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST**Report to the: Public Trust Board 4th July 2019****Children's Services Presentations: School Health Nursing****1.0 School Health Nursing**

- 1.1 Sandwell School Health Nurses deliver services that are visible, accessible and confidential to the population of Sandwell 5-19 year olds regardless of educational provision. This includes the delivery of school nursing services to all young people across the authority identified as attending a Community School or registered alternative provision, Electively Home Educated, Not in Education or Training, Travelling families and those that are new to the country and out of school. This service works with the Youth Offending team and addresses any identified health needs of young offenders. The service works in partnership to deliver universal, universal plus and partnership plus services to the C&YP, their families and the community in Sandwell.
- 1.2 School nursing delivers a universal public health service ensuring early help and extra support is available to children and young people (C&YP) at the times when they need it. Referrals are received and processed at a single point of entry generic email account where they are triaged and allocated to staff and an acknowledgment is sent to the referrer and an outcome following the intervention.
- 1.3 Service delivery includes school readiness project, school entry reviews and National Child Measurement Programme of reception and year 6 children. Personal Social and Health Education input is provided to primary schools addressing key public topics. The offer to secondary schools is in the form of road shows and includes transition, general health and wellbeing, including raising awareness of CSE, FGM, FM giving young people the opportunity to access information and talk to the school nurse. There is a drop-in provision in all secondary schools on a weekly basis, offering confidential support and advice on any health issue. In addition, there is parent drop-in offered at primary schools.
- 1.4 School Nurses will provide support, advice and interventions for a wide variety of health needs and will signpost or refer on as appropriate. An important part of the role is undertaking a holistic health assessment to identify and address the health needs of C&YP. Triaging and allocation process tracks all referrals into the service and identifies case load management.
- 1.5 In addition the school nurse supports C&YP who may have a long term medical condition. The service endeavours to support schools in managing the child's identified medical need that impacts on their school day. This takes the form of a written care plan which is outlined in the Management of Children with Medical Needs in School Guidance. The service also provides annual training to identified school staff. The school nurses support the SEND process and input into the meetings and EHC plan where appropriate.
- 1.6 A key role for the school nurse is safeguarding C&YP and this includes being an advocate for C&YP and capturing their voice. Attendance at Child Protection Conferences, Core groups and Review Case conferences is prioritised and monitored. There is an expectation that C&YP placed on a protection plan will have a holistic health assessment completed.

1.7 Positive areas of current work to report

SNAP

The service has developed the School Nurse Ambassador Project (SNAP) which is in its 7th year. The aim of SNAP is to recruit, train, support, and facilitate children and young people to become ambassadors for school nursing and public health within their own school communities for the duration of an academic year. The project supports children and young people gaining knowledge around public health as well as building confidence and skills.

Chathealth

Message texting service for young people to access confidential help and advice.

CSE

'Can't speak write it down' project for vulnerable children at risk of sexual exploitation but unable to discuss for fear of being overheard.

1.8 Improvement in health outcomes – confirmed or expected

Tackling obesity

The service continues to work with the local authority in developing the offer to families after National Child Measurement Programme (NCMP) screening, when a child has been identified as being very overweight, and ensuring service provision is in line with the outcomes of last year's pilot. In addition, the team support the secondary ambassadors to have a focus in this area, reviewing what is needed both locally and nationally, as well as looking at starting a social movement for change. From a universal point of view, the offer of healthy eating sessions is already underway and the service has recognised the need for these sessions to be extended to reach parents not just children. Moving forward these sessions need to look at community resource, alongside the realities of living in poverty in Sandwell and what that means for our families.

Emotional Health and wellbeing

School Nursing is a service that continues to be at the front line of services that are being offered to children and young people in an environment that they feel comfortable on their terms. School Nurses have a key role to play in leading the public health agenda across the health spectrum and should be utilised to maximise reach to CYP and families. It is proposed that a tool kit will be developed with a number of practical resources, along with tips and guidance inclusive of a journal document aimed at supporting CYP with low level self-harm.

1.9 Areas that need work / development over next 12 months

Since TUPE on the 1st April 2019 the service is working on a development plan to support the new service specification and proposed tender submission from SWB.

There will be close working with paediatric consultants to develop integrated pathways to improve school attendance and transition. *'We will ensure the wellbeing of the children we care for, in particular reducing lost days of school as a result of hospital care; and ensuring the safe transition of care to adult services at the appropriate time. (Quality plan objective 8)'*

1.10 What new innovations / developments will be in place in 12 months' time?

- Development of SNAP website
- School Nursing face book and twitter page

- Development of patient feedback app
- Parent text service
- Develop and implement the CSE 'Can't speak write it down' innovation across the Trust
- Emotional Health and wellbeing Toolkit

1.11 Support requested from the Trust Board

Continued support and recognition of school nursing as a vital component of the public health agenda both nationally and within the Trust.

Support to develop the innovations mentioned above.

Provide a platform for C&YP (SNAP) to be both involved in having their voice heard and involved in service development across the Trust.

Be involved in allowing the children to take over (Children's Commissioner Take over Day)

Time to shadow the service and truly understand the impact that the service has on C&YP, families and the community that they live in.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the: Public Trust Board 4th July 2019

Children's Services Presentations: Paediatric Allergy Service

1.0 Paediatric Allergy Service

- 1.1 The Paediatric Unit manages all allergic conditions: food, drug and venom allergy, difficult to manage eczema, asthma and allergic rhinitis. Living with allergy, in particular food allergy means constant vigilance, label reading and often social restrictions. As with food allergy, difficult to manage asthma and allergic rhinitis are linked to social and emotional isolation and reduced academic performance. Furthermore, it is not uncommon for children with allergies to experience bullying. Understandably parents often become over-protective of their children. Research suggests living with allergy potentially impacts on quality of life more than living with any other chronic disease.
- 1.2 Within the UK, healthcare professionals trained in allergy care are woefully lacking. One strength of our paediatric allergy team includes having a multidisciplinary team consisting of: Two Immunologists with paediatric and adult experience, a full time dietitian post, a Lead Allergy Consultant who is an European Academy of Allergy and Clinical Immunology Accredited Allergist, a Respiratory Consultant with an interest in Allergy, a newly appointed Paediatric Consultant with an interest in Allergy, a recently appointed Allergy Nurse Consultant, a newly developed Allergy Nurse Specialist (ANS), who has been developed from a Band 5 nursing post within the Trust. Furthermore there are staff nurses trained in allergy testing, a nurse with an interest in allergy and asthma management, a healthcare assistant recently trained in allergy testing, and play specialist support are provided by our outpatients department. Our service reflects world leading allergy services.
- 1.3 The Paediatric Team is enthusiastic and committed to improving patient care. The team is pioneering; encouraging research and development within the service it provides. The team also values the ongoing development of its nursing staff.
- 1.4 **Positive areas of current work to report.**

The recent appointment of an Allergy Nurse Consultant and additional Paediatric Consultant, means that each year we can now provide a further 2,230 allergy appointments. As a result of these appointments, the waiting time to be seen by an Allergy Consultant has reduced greatly.

Specific "Baby Slots" are now allocated every week with our Allergy Nurse Consultant. This means if babies are seen by GPs, ED or other Consultants they can be seen within 2 weeks, but often earlier. This enables the early diagnosis and the provision of regular monitoring as per National Guidelines. Furthermore, this allows for organising timely support to the family and may assist with early resolution and improvement of symptoms and essential dietetic input.

This year, both the ANS and the Allergy Nurse Consultant have completed an MSc Allergy degree adding to the specialist credibility of the service. As a result of this newly acquired knowledge, they have a more in-depth understanding of new ways to test for allergies, such as Component

Testing, the role of the micro-biome and prebiotics/probiotics and immunotherapy. The Trust now offers one clinic a week which is solely nurse led.

Completing the MSc Allergy course allowed the ANS to promote education and the opportunity to develop 2 Allergy Link Nurses employed on Lyndon 1, Lyndon Ground and D19. As part of her role she has also trained the majority of the Inpatient Paediatric nursing staff in the recognition of an allergic reaction, management of anaphylaxis, discharge planning and advice.

Our newly qualified ANS introduced the cost saving idea and service improvement strategy of encouraging us to become one of the first Trusts to promote the training of Healthcare Assistants in the skill of Skin Prick Testing. In collaboration with the nursing team the idea was considered and a Skin Prick Testing Technique Training Initiative was put in place which has proven to be cost effective and also helped contribute to the smooth running of the allergy service. Consequently, within the last 12 months one additional Staff Nurse and one Health Care Assistant have been trained to carry out skin prick testing. A further two Healthcare Assistants are currently undergoing training.

Dr Amrit Deshi, a Registrar completing a rotation within the Paediatric Allergy Unit recently won an award for presenting an audit at the European Academy of Allergy and Clinical Immunology. The audit highlighted the need of increased awareness amongst health professionals of allergy recognition and management. The Unit's Multi-Disciplinary Team (MDT) has presented at Local, National and International conferences and seminars, promoting innovative practices and promoting the Trust's Paediatric Allergy Service. The MDT, including the Lead Allergy Consultant, Allergy Nurse Consultant, ANS and the Paediatric Consultant with an interest in Allergy and Asthma have presented at a national allergy meeting at the Birmingham International Conference Centre. In addition to this the ANS has recently presented at the National Exhibition Centre to 100's of delegates, presenting data on Cow's Milk Allergy, diagnosis and management through clinical case teaching.

As a result of our innovative research and presentations, this year there is collaboration with UK allergy charities such as Allergy UK and the Anaphylaxis Campaign and world leading allergy care providers. Our ANS has developed relationships with allergy charities and pharmaceutical companies. In collaboration with Allergy UK, it is planned that she will assist with the development of allergy education tools that will be used for our Trust's website and the charity's website. She has had discussions with pharmaceutical companies with the aim of improving patient information. She has recently arranged with one pharmaceutical company to provide the Trust with anaphylaxis information sheets in 25 different languages.

The unit has developed a commitment to improving transitional care for its adolescents and their families. Unlike many other chronic diseases, there is currently very little to support adolescents with allergies in regard to transitional care. Part of our ANS's MSc Allergy dissertation focused on current research, policies and guidelines in relation to transitional care. Combining this knowledge and working alongside adolescents with allergies, their families, healthcare professionals involved in allergy care and allergy charities, she developed an allergy questionnaire which supports the transition process. The questionnaire assesses adolescents' understanding of their allergies and allergy management. Following ethical approval, the questionnaire was successfully trialled on a small group of adolescents. In collaboration with Southampton Children's Allergy Unit, a world leader in allergy provision, she is now looking forward to the opportunity that has been given to extend the research project and ensure the questionnaire becomes a National tool.

Over the last year, particular focus has been paid to providing innovative and additional treatments for our children with allergies, such as Nasal Phototherapy and Subcutaneous

Immunotherapy. Our ANS is the first UK NHS nurse to provide nasal phototherapy to paediatric patients. The emerging results from the Nasal Phototherapy treatments have been very promising. We have been contacted by the National Institute of Health Research to work in collaboration with them to produce new research in regard to Nasal Phototherapy. Our ANS embraces the idea of sharing the knowledge she has gained with other healthcare providers including the adult allergy service, which has subsequently decided to purchase nasal phototherapy equipment. Our ANC has presented this knowledge locally and internationally and will present this information at a national level later this year. The nasal phototherapy clinics are predominantly nurse led, providing good value to our Trust and a smooth pathway for our families.

Previously we were only offering Sublingual Immunotherapy. Now we also offer Subcutaneous Immunotherapy, which involves injecting a very small amount of the allergen under the skin. Immunotherapy treatment is carried out by our recently trained staff nurses from the Paediatric Outpatients Department.

In addition to the development of the Trust's staff, there is a specific focus on improving GPs and Allied Healthcare Professionals' understand of allergy and allergy management. A link has been made with a CCG Lead for GPs, and both the Allergy Nurse Consultant and the ANS have delivered training to trainee GPs. To-date one training session has been provided. However, due to the success of this session, discussions have started with the aim of continuing with this training provision.

1.5 Improvement in health outcomes – confirmed or expected.

The reduced waiting times for new referrals and baby referrals have resulted in more timely, appropriate assessment and suitable support. Timely diagnosis and management plans also reduce the need for numerous follow-up appointments and costly treatments, thus having a positive impact on the health economy.

Implementing the transition tool '*S.T.A.A.R.T. A.S. You Mean to Go On*' will enable us to provide adolescents with the information they want and need, resulting in individualised allergy care plans (ACPs). Individualised ACPs have the potential to improve allergy management and provide an opportunity for adolescents' voices to be heard, in line with current guidelines. The tool will be the first validated allergy transition tool.

Focus Groups will help improve the support network for adolescents and families; research suggests that this will improve families' emotional wellbeing and allergy management and also ensure our families voices are heard in regard to the development of our service.

Successful Nasal Phototherapy treatments should improve quality of life and have the potential to improve our patients' academic performance.

Having the option of Subcutaneous Immunotherapy speeds up the process of immunotherapy and provides the child and family with more choice, in line with current guidelines.

The current and ongoing Paediatric Nurse training aims to raise awareness of allergy and allergy management and improve the quality of care provided, and also enable a more timely discharge with appropriate support, education and signposting for children and their families. Providing education and support to our nursing team may help nurses' job satisfaction and the care provided to our families, overall potentially assisting with the improvement of allergy management within the community.

Current and ongoing support for Paediatricians, GPs and other Allied Healthcare professionals through collaborative education and presenting at conferences should improve allergy care and management within the community setting.

1.6 **Areas that need work / development over next 12 months**

- Continue to promote allergy care and the Trust's service by presenting our successes at Local, National and International conferences.
- Consideration for additional nursing recruitment, to cover annual leave, sickness and retirement.
- Reducing food challenge waiting list.
- Establishing an Adolescent Allergy Focus Group.
- Establish a Parents' Focus Group.
- Publish the transition tool, '*S.T.A.A.R.T. A.S. You Mean to GO On*', and promote its use as a National tool.
- Develop nurse led Transition Drop-in Clinics.
- Develop Nurse led Telephone Clinics.
- Continue with and monitor nurse training and education sessions.
- Develop teacher training and community nurse education programmes.
- Continue to develop GP and Allied Healthcare education.
- ANS to commence Medical prescribing course

1.7 **What new innovations / developments will be in place in 12 months?**

- As noted above but also including
 - Nurse led Immunotherapy follow-up
 - Improved collaboration with Allergy UK, to produce online education videos.
 - We are part of the Advice and Guidance for GP practices; we would like to have more contact with GPs rather than receiving so many referrals. Future plans include running joint clinics with GPs, which will focus on new teaching, so as to prevent unnecessary referrals. The possible format will include; discussing cases, providing guidance and giving advice rather than seeing patients for the GPs, using the successful model of the Diabetes Clinics.
- Development of education programmes for teachers and school nurses.

1.8 **Support Requested from the Trust Board.**

- Recognition of the high quality service provided by SWB
- Support with ongoing development of staff to allow further expansion of paediatric allergy provision.

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST**Report to the: Public Trust Board 4th July 2019****Children's Services Presentations: Paediatric Diabetes Service****1.0 Paediatric Diabetes Service**

- 1.1 The SWBH Paediatric Diabetes Service provides integrated holistic care to C&YP with diabetes aged 0- 19 years. Most of the children have Type 1 diabetes but we have seeing more children with Type 2 diabetes too. The service meets best Practice tariff and consists of Paediatric consultants, dietitians, Paediatric diabetes nurse specialists and Clinical Psychologist and secretaries/database coordinators. We work closely with adult diabetologists and diabetes nurses to ensure smooth transition, all children have a key worker. They have access to 24 hour telephone support for management of sick days and emergencies in order to help reduce hospital stays. We also offer home visits, work closely with schools to ensure all children have a school care plan and we also train the school staff to administer insulin and supervise other diabetes related care to the young ones. We hold an annual Training day for school staff in our area as well as offering 1:1 training where we need to sign the school staff as competent.
- 1.2 We embrace technology and offer our patients telephone clinics, insulin pump therapy, continuous glucose sensors and more recently hybrid closed loop technology. Patients are able to download their data at home and we can review it remotely and offer advice.
- 1.3 We routinely organise age appropriate group structured education to encourage self-management. We also produce a quarterly newsletter called 'Chatter' to keep CYP and families informed. On diagnosis, all children and their families are seen by our child psychologist and in addition, they get an annual assessment of their Psychological wellbeing using a tool called PIED.
- 1.4 To reduce a sense of isolation, we organise social events (funded by charitable donations). Our Christmas parties are very popular as our trips to adventure play areas, and bowling trips. Last year the Diabetes team took part in a fun 5K run where we raised over £1,300.
- 1.5 We contribute to Research and work closely with the Paediatric research nurses to ensure we meet recruitment targets. Work from the service has been presented to both National and International conferences
- 1.6 We have parent representatives on our NSF committee which meets quarterly to ensure we are meeting National and regional standards of care, review our audit reports and our work

programs. We also link in at this committee with the services in primary care/public health aimed at reducing overweight and obesity because of the link between childhood obesity and Type 2 diabetes.

1.7 Positive areas of current work to report

CYP attending consistently achieve one the best median HBA1c (a marker for diabetes control) in the region. We have been identified as positive outliers in The National Paediatric Diabetes Audit as CYP attending our service attain median HBA1c significantly better than National average and more of our CYP than National Average have had all their care processes completed

We also received very positive feedback at the last National Patients and Carers reported Experience measure PREM

1.8 Areas that need work / development over next 12 months

- Continue work with Primary Care to reduce rates of newly diagnosed children admitted in DKA
- We have recently recruited 2 new nurses to ensure our staffing levels meet best Practice Tariff so we will be training them to become Paediatric diabetes nurse specialists.
- The service and the Paediatric department will benefit from having a family support worker as many families struggle with social issues which have impact on their abilities to deal with diabetes related issues.

1.9 What new innovations / developments will be in place in 12 months' time?

- Development of our social media presence (Facebook, Instagram etc.) as way to reach the adolescents
- Further improvement in our Telephone clinics (as more of our nurses become trained)

1.10 Support requested from the Trust Board

Help raise awareness of the link between obesity and childhood Type 2 diabetes which is on the increase

Help to raise more charitable funds so that we can continue to fund our social events for CYP

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST**Report to the: Public Trust Board 4th July 2019****Children's Services Presentations: Children's Complex Care Team****1.0 Children's Complex Care Team**

1.1 The Children's Complex Care Team provides care to children and young people from 0-18 who are deemed eligible for Continuing Health Care. We deliver individualised packages of care, funded by health, to children who have disability, an accident or illness with health needs that cannot be met by existing services. The team is available 24/7 and support children and families out in the community setting. The team consists of unqualified Health Care Assistants and Registered Children's Nurses

1.2 Positive areas of work to report

This year we successfully tendered for a long term ventilation (LTV) package of care. The child's condition had deteriorated, and as a result required a tracheostomy and LTV. Due to the increased support and skilled intervention this child would require we were successful in recruiting to the package with Band 4 HCA's allowing an opportunity for promotion for our Band 3 HCA's.

As a result of securing our first LTV package, we have also been able to provide an out of hour's clinical advice service to children on our caseload and also operational support for our staff.

In 2017 The Children's Complex Care Team won the Children's Clinical Team of the Year at SWB's Star Awards. The work of the HCA's is challenging as they work in isolation with our most complex children who have life-limiting or life-threatening conditions. Our team has continued to provide high quality care in challenging times and circumstances and have continued to develop the range of services offered to this complex group of children.

1.3 Improvement in health outcomes – confirmed or expected

The aim of providing individualised packages of care to children and young people with complex health needs is to improve their quality of life - allowing them to spend more time in the community setting and allowing the family to lead a normal life and spend less time in hospital. It allows for families to have adequate respite and take a break from their caring responsibilities and allowing them to be parents.

By providing packages of care we are supporting the children to remain in school and this has resulted in a reduction lost school days.

By managing children when they are acutely unwell at home the staff working alongside the family have the skills and knowledge to recognise symptoms before deterioration occurs. We are able to effectively manage this at home and help reduce admissions into hospital.

1.4 **Areas that need work / development over next 12 months**

The families that require CHC are often in need of support sooner than we are able to provide it; our biggest issue is capacity and demand. Due to only having a small team we are often unable to start packages within three months of their CCG assessment and decision. We need to develop a business strategy where we have a larger core team of Nurses/HCA's that can be flexible and responsive when a new package has been authorised allowing for a quicker start date. This would also allow for Fastrack CHC for children and young people who are imminently end of life and allowing them to be discharged from hospital with appropriate support; allowing them to spend the remainder of their time at home with their family.

Being the provider of choice for complex care (LTV and CHC) for the borough of Sandwell and West Birmingham. We need to balance a high quality safe service, with the need to be cost effective - we are at risk from independent providers and other NHS Trusts.

Development of Non-medical Prescribing (NMP) and increasing the Clinical Assessment Skills of the Nursing Team would allow for assessment, implementation and evaluation of treatment at home.

We have a high staff turnover of Band 3 HCA due to the nature of the children we provide care to (life limiting, end of life, life threatening) and also due to the lack of career progression. By developing the service it would increase the variety of patients we care for as well as increased opportunities to learn.

A future area of development is children who have a Learning Disability or Autism and display challenging behaviour, although they do not have a nursing need, this group of children and young people are at risk of harm (including self-harm) to themselves and others. In order to care for these children we would need to develop skills in learning disability as we are not currently meeting these needs.

1.5 **Support requested from the Trust Board**

- Acknowledge the support required with development of a robust strategy to increase number of LTV packages so that a loss of an individual package will have less impact- both financially and with regards to staffing