NHS England – Meeting the Challenge of the Child Health National Pledge

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Children, Young People and Transition to Adulthood

NHS Confederation
11th July 2013
UK rises up Unicef child well-being ranking

The UK has moved up to 16th place in the table after being placed at the bottom of the ranking in 2007.

The well-being of British children has improved in a number of areas in recent years but they still lag behind many of their European neighbours, Unicef says.

The charity ranks the UK 16th out of 29 developed countries, up from 21st - and last - place in a 2007 table.

Action on smoking, drinking and obesity has seen success but further education and unemployment remain concerns.

Related Stories

'Wealth inequality' hits children
'Wide differences' in UK child poverty
UK is accused of failing children
National Context

Children lose out to demands of adults in NHS, says report. Failure to provide more than 'mediocre services' argues Sir Ian Kennedy - 2010
Children - Current UK Outcomes

• UK has a higher all-cause childhood mortality rate compared with Sweden, France, Italy, Germany and Netherlands

• Death rates for illnesses that rely heavily on first-access services (e.g. asthma, meningococcal disease, pneumonia) are higher in the UK than these other European countries

• Survival rates for childhood cancer lower than much of W. Europe

• Deaths from DKA higher in UK
Deaths in children 0-14 years

Ingrid Wolfe, Lancet, Mar 2013
Some costly failures of care...

• Half of children subsequently found to have meningococcal infection are sent home from the first primary care consultation

• Approximately 75% of admissions of children with asthma could have been prevented with better primary care

• Over a third of short stay admissions in infants are for minor illnesses that could have been managed in the community
Asthma mortality and children with wheeze

Ingrid Wolfe, Lancet, Mar 2013

10 year SDR per 100000 (0-14 years)

Percentage wheeze

- Mortality
- 6-7 age group
- 13-14 age group

Countries: Sweden, Portugal, Finland, Italy, Austria, Germany, Spain, United Kingdom
SUMMARY OF THE CHILDREN’S HEALTHCARE PROBLEMS

• Failures in acute care
  • Mortality
  • Crisis driven approach
  • 1 in 3 children < 1 yr admitted to hospital
• Rising burden of non-communicable disease
  • 36% neuropsychiatric
• Failure in long term condition management
• Major public health issues
• Outcomes for LAC
  • 60% of LAC have some level of emotional and / or mental health problem
• Safeguarding issues ongoing

AGAINST BACKGROUND OF UNACCEPTABLE VARIATION
The Achievement Gap Starts Early

- **1,116 words** (Children in professional families)
- **749 words** (Children in working class families)
- **525 words** (Children in welfare families)

Slide courtesy Edward Melhuish
The Forum was launched on 26 January and will be reporting to the Government with independent advice in July 2012 on:

• The health outcomes that matter most for children and young people

• How well these are supported by the NHS and Public Health Outcomes Framework

• How the different parts of the health system will contribute and work together in the delivery of these outcomes
Children & Young People’s Health Outcome Forum:
‘No decision about me without me’

Key Themes
- Promoting Health
- Acute illness
- Long term conditions
- Disability
- Mental Health
- Palliative Care

Life Course
- Premature/ LBW
- Early Years
- School child
- Teenager
- Young Adult

Cross cutting Issues 1
- Integrating services
- General Practice
- Safeguarding
- Looked after children
- Inequality
- Transition to adult services
- Choice

Cross cutting Issues 2
- Information and data
- Technology
- Education & Workforce development
- Clinical leadership
- Aligning NHSE and PHE care outcomes
- Levers of funding – PbR / CQUINs
- Networks – local / hub; specialised; national
Children and Young People’s Health Outcomes Strategy

Recommendations to SoS – outcome measures and indicators to match NHS and PH Outcome Domains

Specific issues raised requiring early consideration:
- Children’s training for GPs
- National strategic networks for:
  - children and young people’s specialist services
  - maternity and neonates
- Engage Public Health England structure with need for a life-course approach
- DH Pledge in response, March 2013, in partnership with NHS, Colleges, PHE, RCN, RCM
The first Mandate for NHS England was published on 13th November 2012.

It sets out what the Government expects in return for handing over £95bn of tax payers money to NHS England.

The NHS Outcomes Framework sits at the heart of this Mandate and the Board is expected to demonstrate progress across the entire framework.

The NHS Outcomes Framework will be organised around 5 national outcome goals/domains that cover all treatment activity for which the NHS is responsible. Networks will support local clinicians to deliver the Framework in local systems.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>Domain 1</td>
<td>Preventing people from dying prematurely</td>
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<tr>
<td>Domain 2</td>
<td>Enhancing quality of life for people with long-term conditions</td>
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<td>Domain 3</td>
<td>Helping people to recover from episodes of ill health or following injury</td>
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<td>Domain 4</td>
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<td>Domain 5</td>
<td>Treating and caring for people in a safe environment and protecting them from avoidable harm</td>
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Effectiveness

Patient experience

Safety
NHS Outcomes Framework
NCD Children, YP and Transition - Objectives

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

Reducing avoidable deaths – perinatal, neonatal, infant, focus on injury, childhood cancers

Reducing time spent in hospital

Unplanned hospitalisation

asthma, diabetes, epilepsy

Emergency admissions for conditions not usually requiring hospitalisation, improving recovery from injuries & trauma,

Improving Children, YP and Families experience of healthcare

(GP, OOH’s, A&E, acute IP care, end of life care)

Harm due to ‘failure to monitor’, delivering safe care to children in acute settings

Medication errors, infections
Additional Objectives

• Framework for consistent approach to Transition to adult services

• Mental Health on a par with physical health, measurable progress towards parity of esteem, roll out of CYP IAPT programme.

• Acutely sick child – supporting urgent care through Primary Care and OOH

• LTC’s in children – support and develop role of children’s database

• Role of community support nursing for LTC’s, Disability, Palliative Care

• PbR – Lead commissioning support of tariff for directly and CCG commissioned services for CYP

• Work with DH and DfE to support response to disabled children 2014 bill – access to services

• Identifying and addressing inequalities in vulnerable children: looked after, adopted, travellers, those in criminal justice system
The New System

Department of Health

NHS

Public Health England

(NHS England)

Clinical Commissioning Group

Monitor (economic regulator)

CQC (quality)

HealthWatch

Primary Care Specialised Providers

Local authorities (via health & wellbeing boards)

Local HealthWatch
Specialised Services Portfolio Board

Mental Health

Women and Children

Blood and Cancer

Trauma

Internal Medicine

Medical Genetics

Paediatric Surgery

Paediatric Medicine

Paediatric Cancer Services

Paediatric Cardiac Services

Metabolic disorders

Paediatric Intensive Care

Neonatal Critical Care

Paediatric Neurosciences

Complex Gynaecology

Specialised Maternity

Fetal Medicine

Multi-system disorder
Women’s and Children’s Programme of Care

- Specialised Service status achieved for Paediatric Palliative Care
- 35 Service Specifications and 5 Policies delivered across 12 Clinical Reference Groups – all clinicians committed and enthusiastic to ensure safe commissioning of whole pathway, from primary and secondary to tertiary care
- Children’s Services described in 43 of the former SSNDS
- Need identified for a **Generic Paediatric Service Specification**, to be appended to all Service Specifications where Children described. This could also have potential as guidance for CCG commissioning of Children’s Services, work in progress
- Develop work programme for 2013-14 & set priorities according to actions from Pledge
- Work alongside SCN’s
Patient and carer voice on CRGs

- Designed to provide objective input on needs of patients and carers using the services
- Inform service planning, redesign and specification with patient perspective
- Four places on each CRG for patient and carer members
- Will involve recruiting up to 300 members
- Work of CRGs should also be informed by patient insights and perspectives received via the area teams, and from wider stakeholders for each group
NHS Outcomes Frameworks

• Individual SCNs will be organised under one of the Domains
• Improvements to patient experience and patient safety underpin all NHS care, and hence embedded in work of all SCN’s
• Maternity and Children sit under Domain 3. Recovery from injury and illness, and maintains alignment with outcomes, focusing on episodic care
Geography

- 12 senate geographical areas
- One core support team per senate
- Number and size of each network is locally determined, to take account of patient flows and clinical relationships
## Different Types of Network

<table>
<thead>
<tr>
<th>NHS Outcomes Framework</th>
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<tbody>
<tr>
<td>Senates [12]</td>
<td>Strategic Clinical Networks</td>
<td>Local Professional Networks</td>
<td>Operational Delivery Networks</td>
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<tr>
<td>&quot;The conscious and guiding intelligence&quot;</td>
<td>“Engines for change and improvement across complex care systems”</td>
<td>“Gathering frontline knowledge and expertise”</td>
<td>“Mapping patient pathways to ensure access to specialist support”</td>
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<tr>
<td>Multi-professional</td>
<td>i.e. Cancer; CVD; Maternity and Children’s; Mental Health / Dementia / Neurological Conditions</td>
<td>i.e. Pharmacy; Eye health; Dental</td>
<td>e.g. Adult Critical Care; Neonatal Intensive Care; Trauma; Burns; Paediatric NM; Paediatric IC</td>
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<td>e.g. Academic Health Science Networks, Research Networks</td>
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### NHSCB Network Support Teams (AT-based)

Annual national priorities from the NHSCB Medical and Nursing Directorates
All supported by Improvement Body and Leadership Academy
Proposals for Children’s SCN Work Programme

- D1 – 40% premature babies hypothermic, temp< 36.5
- D2 – LTC’s – Depression - poorly defined and diagnosed
  
  Diabetes - poor HbA1c levels
  
  Asthma - only 7% of patients have management plan
- D3 - Paediatric Surgical Networks
  
  Transition to Adulthood Policy
- D4 – Palliative Care, end of life plans, choice of place of death
- D5 – DNA Policy, present, adhered to? Safeguarding implications
  
  Medication errors
  
  Paediatric safety thermometer – the deteriorating child
Children’s & Young People’s Services in the NHS

- **Opportunity** - Uniform commissioning – Direct and CCG
  National process with national engagement
  More equity, resulting in secure systems for delivery
  High level input from NHS

- **Challenge** - Service re-design moving towards integration
  Precise definitions of levels of skills and workforce needed
  Whole pathway approach with appropriate Transition to Adult Services
  Absolute clarity in Service Specifications

- **Conundrum** - To link all the parts of service pathways from Primary to Secondary & Tertiary care, working with CCGs to commission a care continuum with SCN support.

- **Solution** - SCN Work Programmes and Pathfinder Working Groups – eg developing guidelines for the CCG commissioned elements of the complex paediatric neurodisability/rehab pathway

- **Working Relationships** – Close working vital with: CRG’s and other POC’s, Children and Young People Health Outcomes Forum
  Royal Colleges including RCPCH – Standards, RCN, RCGP, RCM
  DH and DfE, PHE, HEE, NICE, CQC, Monitor, Charitable Sector.