

MEETING: Scrutiny Commission for Health Issues (APPENDIX A)

DATE: 15 SEPTEMBER 2016

**TITLE: TRANSFORMATION OF CHILD HEALTH & WELLBEING –
BACKGROUND REPORT**

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BACKGROUND INFORMATION

0 – 19 child health and wellbeing contracts

1. CCG Contract	2. CCC
Child and Adolescent Mental Health	Children's Occupational Therapy (S75)
Chronic Fatigue Syndrome and & Myalgic Encephalomyelitis	Early Support
Child Development Unit (P'boro)	Family Work/Early Help Service
Children in Care (CIC)	Family Nurse Partnership
Children's Continuing Care	Health visiting
Children's Development Centre	School Nursing
Children's Dietetics	Sexuality Support for Young People
Children's Occupational Therapy Service	Stars Bereavement
Community Children's Nursing	Youth Counselling Services (C33)
Community Nursing	Youth Counselling Services (YMCA)
Community Paediatric Audiology	Vision Screening
Community Paediatrics (Peterborough and Cambridgeshire)	
Community Paediatrics, including child	

<p>protection clinics</p> <p>Holly Ward Inpatients</p> <p>Looked After Children Health Services, including care leavers</p> <p>Paediatric Outpatients</p> <p>Paediatric Community Physiotherapy</p> <p>Paediatric Occupational Therapy Peterborough</p> <p>Paediatric Physiotherapy / MSK</p> <p>Paediatric SALT – Peterborough</p> <p>Safeguarding children and young people</p> <p>Speech and language Therapy (Children)</p> <p>Special School Nursing</p>	<p>3. PCC</p> <p>Community Breastfeeding</p> <p>Children’s Centres</p> <p>Connecting Mums</p> <p>Family Voice/Pinpoint – parenting support</p> <p>Family Nurse Partnership</p> <p>Health Visiting</p> <p>Looked After Children Psychology Service</p> <p>Medical Advisor Service to Adoption and Fostering Services</p> <p>School Nursing</p> <p>Targeted support in education settings</p> <p>3Ts</p>
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Responsibility for commissioning child health, public health services and specialist health is split between Local Authorities¹, CCG’s and NHS England (who focus on highly specialised inpatient specialist services, immunisation and screening, child health information system).

Specialist Child and Young Person Health Provision

- i. Cambridgeshire University Hospitals NHS Foundation Trust (CUHFT) provides emergency and inpatient services and a number of specialist services, with 18,700 attendances for 13/14 of which 14% were admitted
- ii. Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT) provides emergency, inpatient and Paediatric Assessment Unit (PAU) services for Cambridgeshire and Peterborough CCG and a significant South Lincolnshire population, with 15,900 attendances in 13/14 of which 14% were admitted
- iii. Hinchingsbrooke Healthcare NHS Trust (HHCT) provides emergency services for children and young people, with 8,400 attendances in 13/14 and a 15% admission rate.
- iv. Cambridgeshire Community Services NHS Trust (CCS) provide inpatient and PAU (CCS) services at the Hinchingsbrooke Hospital site.
- v. Community Children’s health services are provided by Cambridgeshire Community Services NHS Trust (CCS) in Cambridgeshire and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) in Peterborough.
- vi. Child and Adolescent Mental Health Services (CAMHS) are provided by CPFT across Cambridgeshire and Peterborough.

Current local commissioning arrangements are complex, with contracts and budgets held with multiple organisations. NHS England (NHSE), CCGs and the Local Authorities all commission significant parts of the system, for example:

- i. Acute hospital Paediatric and Maternity Services are commissioned as part of all-age acute services contracts by Contract Leads based in Locality Teams within Cambridgeshire and Peterborough CCG (Cambridge, Huntingdon and Peterborough). There is limited input from Specialist Children/Maternity Commissioners into performance/contract management for these services
- ii. Community service contracts are held by locality-based commissioners (Wisbech) with input from Children's Commissioners in performance monitoring. The Cambridgeshire Community Contract also includes Paediatric inpatient provision at the Hinchingsbrooke Hospital site, which therefore has closer oversight from Children's Commissioners than Cambridge and Peterborough hospitals
- iii. Specialist CAMHS is commissioned as part of a block contract with CPFT for Cambridgeshire and Peterborough. The contract is held by the Mental Health Commissioning lead (Cambridge). However, the Joint Commissioning leads for Cambridgeshire and Peterborough respectively, based in the Local Authority, have recently taken on responsibility for performance managing the CAMHS element of the contract. This has improved performance reporting.
- iv. *The issues in relation to specialist services is very similar to described above.* There are gaps where no services are provided. For example, there is no autism or Attention Deficit Hyperactivity Disorder (ADHD) diagnostic service for children aged over 12 years old in Cambridgeshire. Children and Young People have no access to Children's Community Nursing in North Fenland.²

Overview of Children and Young People's services by Provider

Provider	Summary of Services	Age Groups	Geographical Area Covered
Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT)	<ul style="list-style-type: none"> • Paediatric Inpatient Services • Paediatric Assessment Unit • Accident and Emergency • Outpatient and Elective Care 	0-17	Peterborough, N W Cambridgeshire and S Lincolnshire
Cambridgeshire University Hospitals NHS Foundation Trust (CUHFT)	<ul style="list-style-type: none"> • Paediatric inpatient services • Accident and Emergency • Outpatient and Elective care • Specialist Services 	0-16	S and E Cambridgeshire, W Suffolk, N Herts and regionally for specialist services
Hinchingsbrooke Health Care NHS Trust (HHCT)	<ul style="list-style-type: none"> • Accident and Emergency • Limited Elective Care 	0-18	Central Cambridgeshire (Huntingdonshire)
Cambridgeshire and Peterborough NHS Foundation	<ul style="list-style-type: none"> • Community Paediatrics (Peterborough) • Speech and Language Therapy 	0-17 CAMHS 0-16	Cambridgeshire and Peterborough (CAMHS) Peterborough – community children's services

Provider	Summary of Services	Age Groups	Geographical Area Covered
Trust (CPFT)	<ul style="list-style-type: none"> • Occupational Therapy • Physiotherapy • Community Nursing • Continuing Care • Child and Adolescent Mental Health Services (CAMHS) • Special School Nursing • Children Looked After Health Service 		
Cambridgeshire Community Services NHS Trust (CCS)	<ul style="list-style-type: none"> • Paediatric Inpatient Services (Hinchingsbrooke Hospital site) • Paediatric Assessment Unit (Hinchingsbrooke Hospital site) • Outpatients (Hinchingsbrooke Hospital site) • Community Paediatrics • Speech and Language Therapy • Occupational Therapy • Physiotherapy • Community Nursing • Continuing Care • Special School Nursing • Children Looked After Health Service 	0-17	Cambridgeshire (excluding Yaxley), March, Chatteris, where services are provided by either CPFT or Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QE1 HKL)

IMPACT ASSESSMENT

JSNA Needs Assessments³

This shows that some health outcomes for children and young People in Cambridgeshire and Peterborough are worse than elsewhere in England. The Following extracts highlight the main areas of need. For more detailed demographics please refer to the JSNA. The

following extracts highlight the main areas of need⁴:

1. A significantly **higher proportion of children in Peterborough (21.9%) live in poverty** compared to Cambridgeshire (12.1%) and England (18.6%).
2. **Live birth rates are significantly high in Peterborough and Fenland** compared to the national average. Around 1 in 15 births in Cambridgeshire (lower than nationally) and 1 in 12 in Peterborough (around national average) are of low birth weight.
3. **Teenage conceptions are significantly high in Peterborough**, but rates have noticeably decreased.
4. **Hospital admissions for alcohol appear to be on the increase in Peterborough**, which is against the national trend.
5. **Hospital admissions due to self-harm are significantly high in Cambridgeshire and Peterborough** compared to England, and after a notable increase the latest rates suggest there has been a slight decline in admissions, but rates remain significantly higher than England.
6. At the end of 2014/15 there were **618 children in Cambridgeshire and Peterborough subject to a child protection plan**, with rates significantly high in Peterborough compared to England. At the same time there were 876 children looked after across the area, again with rates significantly higher in Peterborough than England.
7. **A&E attendances in children aged under 5 years are significantly high in Peterborough** compared to England, with a notable increasing trend. Hospital admissions for accidental and deliberate injuries in 0-5 year olds is high in Fenland and Huntingdonshire compared to England.
8. **Over a third of children in Peterborough have one or more decayed, missing or filled teeth**, significantly higher than England.
9. As at 31 March 2015 there were **4,888 children in need across Cambridgeshire and Peterborough**, with rates significantly high in Peterborough (406.6 per 10,000) and significantly low in Cambridgeshire (227.6 per 10,000) compared to England (337.3 per 10,000).
10. *Increases in Emergency assessment in A&E*, both mental and physical health,
11. When compared with a peer group CCGs children from Cambridgeshire and Peterborough ⁵ are less likely to be admitted to hospital for an inpatient spell. Although children from Cambridgeshire and Peterborough have a similar likelihood of attending A&E than children from similar CCGs, they are much more likely to attend A&E for respiratory, gastrointestinal and ENT conditions. The number of hospital admissions for children with asthma at Peterborough is significantly above the national average whilst in Cambridgeshire the number of admissions is below the national average. (31)
12. Local documents such as the **Cambridgeshire Joint Strategic Needs Assessment (JSNA⁶)** ⁷recommend working together across the system to ensure all children get a good start in life, supporting good mental health and emotional wellbeing, and preventing the negative impact of alcohol and substance misuse, obesity, being overweight and the consequent inequalities in outcomes

13. CUHFT's acute paediatric services are at capacity⁸ whilst the paediatric inpatient services at the Hinchingbrooke Hospital site have relatively low numbers of inpatients⁹
14. In Cambridgeshire and Peterborough, the 2011 Census estimated that there were 2,170 children under 16 years of age with long-term health problems which limited them "a lot"¹⁰. These children are likely to require regular hospital care. The number of children with these issues is not evenly distributed across Cambridgeshire and Peterborough. There are higher rates around Peterborough, Ramsey, St Neots, Huntingdon, Papworth, March, and Cambridge City

Other financial factors are:

15. There has already been much work across the health system to ensure that care for patients is provided in the most appropriate setting. However, if demand continues to increase at a rate greater than the achievement of system efficiency savings, then the overall cost of health and care will continue to rise even though the system overall is becoming more efficient.
16. Impact of changes to General Medical Services (GMS) and Personal Medical Services (PMS) funding (local practices are experiencing a reduction in the contract value),
17. Impact of phasing out the Minimum Practice Income Guarantee (MPIG).
18. Current 'partnership' model is not financially sustainable across the whole system.
19. Incentives across the system require realignment to ensure resources are redirected to where there any changes in activity patterns.

GOVERNANCE

CMET, Health Executive, Local Authority Committees.

Partners recognise the complexities and scale of commissioning a programme of this size across two local authorities and multiple NHS organisations. However, this is an opportunity to take a fresh look at how to improve health and wellbeing outcomes and the experiences of children and their families through integrated services and pathways.

EQUALITY AND DIVERSITY

The new model of care will improve inequality and embraces diversity by:

Movement of care to community should lead to easier access to services, especially for those currently in areas distant from key hospitals. This should improve overall outcome inequality, providing improved access to rapid response paediatric services in primary care locally should reduce unnecessary journeys to Accident and Emergency, reducing Accident and Emergency attendances and admissions.

Regular outpatient clinics in the community should free up outpatient capacity in hospitals and reduce Did Not Attend (DNA) rates, as well as providing care closer to home

LEGAL

CCC, PCC and CCG have a number of statutory duties in relation to social care and health services for children and young people. Notable programmes that will influence the way this work is undertaken includes:

- Healthy Child Programme (HCP)
- Health and Wellbeing Outcomes in the Public Health Outcomes Framework¹¹ and Child Health Profiles¹²
- 1001 Critical Days Manifesto¹³ 2014
- The Royal College of Paediatric and Child Health (RCPCH)¹⁴

RCPCH published the Facing the Future, which set out revised standards for acute general paediatric services and Facing the Future Together, which set out revised standards for high quality diagnosis and care early in the unscheduled pathway and to reduce unnecessary A&E attendances and admissions.

PATIENT EXPERIENCE

It is intended the New model of integrated service for 0 to 19 years olds is to provide seamless patient experiences.

1. Care is coordinated with the team around the family. It should include the integration of expertise from universal service, GP, local voluntary and independent groups.
 2. There is a clear pathway from GP into early help to specialist and acute based on level of needs intervention required.
 3. We reduce reliance on acute hospitals and specialist provision, delivering more care outside these settings.
 4. We deliver high quality, sustainable acute services for children and young people
 5. Transitions and Preparing for Adulthood
 6. Managing demand
 7. Child and Family Focused:
 - The voices of children, young people and families are heard throughout the child and young person service and their needs drive planning and delivery in collaboration with clinical practice and social care.
 - Children and young people and families are active participants in the development and delivery of services and are involved in genuine shared decision making.
 - The service provided is appropriate to people's needs, taking into account a service user's condition, disability, maturity, race, culture, religion, sexuality, age, gender and communication abilities.
 - Continual learning and improvement is demonstrated with service users shaping the service and feedback routinely sought and acted on.
 - Offers a positive experience of pathways and transitions
 - Listen and involve child and young person offering informed choices
 - Connecting the whole system, streamlining the patient journey and improving the patient experience
 - All children have equitable access to services to meet their needs.
 - Timely access to Children and Young Person services with individuals waiting no longer than agreed good practice waiting times. Systems are in place to determine how waiting lists are prioritised and to manage peaks in demand.
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- Access is integrated to reduce the number of services that families have to come into contact with so that families see all the contacts they have with a variety of services as being 'joined up' and efficient. In practice this means that no matter which entry point is touched, access is coordinated, well-managed and seamless so that users are directed straight to the right part of the service.
- The service is able to work with cases more quickly, more appropriately and more effectively to resolve health issues and prevent them from becoming entrenched or chronic.
- Consistent health promotion is offered in terms of information, advice and signposting on a range of child and young person health related topics to support good health and well-being, with regard to agreed Information and support on range of services.
- Services should be delivered as close to home as possible and as early as possible.
- Services for children, young people, parents, carers and families work together effectively from the earliest opportunity to deliver the right service to the right person in the right place at the right time.
- The service delivers excellent value and generates efficiencies through a range of options that include integrated working and economies of scale.
- To ensure robust systems for sharing information, ensuring a seamless service and service improvements
- The best information and intelligence is shared between professionals, organisations and families to allow the best possible health and social care.
- Professional Delivery in multiagency settings and networks
- Services are delivered to consistent high standards, informed by best practice and available evidence.
- The service recruits, trains and supervises a range of professionals and practitioners to provide child and young person health services as appropriate. Clinical practices and governance arrangements are in place.
- Ensures the workforce with right skills to meet the needs at all stages of a child/family's journey.
- Services are client-led, provided within associated agreed codes of professional practice related, delivery of services and a quality assurance framework, and are timely, effective and inclusive.

CONCLUSION

The work of these 2 groups has, until now, run in parallel, but given the considerable overlaps and interdependencies, consideration should now be given to bringing the 2 elements together so that child and young person health & wellbeing services can be planned as a system.
