

State of Child Health



Short report series:
Sustainability and
Transformation Partnerships

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1. Background

1.1 Sustainability and Transformation Plans/Partnerships

Following the NHS shared planning guidance 2016/17-2020/21 (published December 2015), every health and care system in England was asked to produce a Sustainability and Transformation Plan, showing how local services will become sustainable over the next five years, and ultimately deliver the Five Year Forward View. The aim is to close three gaps identified in the Five Year Forward View, namely the health and wellbeing, care and quality, and financial sustainability gaps.

Each plan was asked to find ways to achieve:

- Improvements to the way health and care is planned and delivered locally
- More person-centred care
- Better coordinated care.

Local health and care systems (providers, clinical commissioning groups, local authorities and others) came together in January 2016 to form 44 geographic 'footprints'. The footprints are not statutory bodies, but discussion forums to bring together health and care leaders at a local level.

All 44 plans were published at the end of 2016 (www.england.nhs.uk/stps/view-stps/). RCPCH conducted an initial analysis showing the key focus of activity involved:

- Moving large numbers of patients into community settings
- Closing beds and reducing the number or changing the function of emergency departments (and in some cases whole hospitals)
- Developing collaborative ways of working between hospitals
- Changing models of General Practice with a move towards federations
- Rolling out new models of care more widely, particularly Multispecialty Community Providers (moving specialist care out of hospitals into the

community) and integrated Primary and Acute Care Systems (joining up GP, hospital, community and mental health services)

- Improving Information Technology
- Prevention and public health (including tackling obesity and smoking)
- Mental health and delivering *Future in Mind*.

In March 2017, NHS England published the 'Next Steps on the NHS Five Year Forward View' (<https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>), renaming the plans to Sustainability and Transformation Partnerships (STP) and creating Accountable Care Systems in some localities.

1.2 Accountable Care Systems

Accountable Care Systems (ACS) are described by NHS England as an 'evolved' version of an STP (or groups of organisations within an STP) that works as a locally integrated health system in which NHS bodies (commissioners and providers), often in partnership with local authorities, take on collective responsibility for resources and population health.

NHS England expects transition to ACS to be staged with the first candidates drawn from successful vanguards and devolution areas. In future, some ACS may become Accountable Care Organisations (ACO), where commissioners have a contract with a single organisation for the majority of health and care services and for population health in the area. It is envisaged that ACO will lead to more effective patient commissioning and provision of care.

2. Issues arising from the RCPCH review of STP

2.1 Lack of a life course approach

Many illnesses that manifest themselves in adulthood have their roots in childhood. However, the majority of STP do not demonstrate appreciation of the long-term relevance or impact of child health services, or have plans which use a life course approach.

2.2 Lack of recognition of the needs of infants, children and young people

The majority of STP contain little mention of the health and wellbeing needs of children, except in relation to Child and Adolescent Mental Health Services; though notable exceptions are Birmingham and Solihull, and Greater Manchester, who do include children as a key priority and have set out in detail how they will improve care over the next five years. Cheshire and Merseyside STP hosts the only Acute Care Model Vanguard for women and children and is developing a dedicated work-stream.

The majority of STP do not acknowledge that current health service systems require redesign to meet the needs of children in the 21st century; for example compared to adult requirements, child health and wellbeing has greater reliance on the family, youth justice, voluntary and education sectors, and less on social care.

2.3 Limited engagement with clinicians and the public

Public bodies with responsibility for STP have a legal duty to involve the public in the exercise of their statutory functions (*Engaging local people: a guide for local areas developing Sustainability and Transformation Plans* NHS England, 2016). To date, STP have not demonstrated that they have met their statutory duties to engage with children, young people and their families, including vulnerable and hard to reach groups, and those with complex needs and disabilities. RCPCH also notes limited engagement to date with paediatricians and other child health clinicians.

2.4 Funding

One of the key aims of the STP is to achieve financial balance by 2020. Most STP have plans for achieving financial balance that appear highly aspirational, with many relying on assumed savings from reduced emergency department attendances, bed closures, and a reduction in the number of emergency departments, and in some cases whole hospitals.

2.5 Workforce shortages

Demand for children's healthcare is increasing, with the number of hospital admissions for children in England rising by 25% between 2013/14 and 2015/16, from 1.2million to 1.5million and attendances by children at Emergency Departments growing by 7%, from 4.5 million to 4.8 million over the same period. There are currently an estimated 241 whole time equivalent (WTE) career grade vacancies (i.e. consultant level paediatricians) and at least 752 WTE extra consultants are required to meet RCPCH Facing the Future standards. General paediatrics and neonatal rotas are currently having to cope with an average vacancy rate of 14%. STP do not make clear how these serious workforce shortages will be addressed.

2.6 Integration with public and preventive health

There is little evidence in the current STP of the essential integration of primary and secondary services with public and preventive health. This must be a key future aim of ACS and ACO.

3 Conclusions

3.1 Inadequate long-term vision

Most STP set out the case for change well and the RCPCH is supportive of the key themes of prevention, early intervention, more care delivered in the community, better mental health services, integrated working, improved specialist pathways with the potential for the development and implementation of managed clinical networks and better use of technology. However RCPCH is very concerned about the lack of detail underpinning this vision and the lack of profile given to infants, children and young people by the majority of STP. There appears to be wholly inadequate appreciation that the health and wellbeing needs of infants, children and young people are crucial to securing long-term population health and reducing the national burden of health care provision.

3.2 Clear need for improved child health and wellbeing

The RCPCH report “*State of Child Health*” (2017) (<http://www.rcpch.ac.uk/state-of-child-health>) highlights poor metrics of child health in the UK, and clear evidence of variation and inequality; for example one third of 11-year-olds are overweight or obese; around 32% of 5 year olds in the most deprived areas have tooth decay compared to 18% in the least deprived areas; 46% of mothers in the most deprived areas breastfeed at 6 weeks compared with 65% in the least deprived areas. Given these stark statistics RCPCH is not reassured that STP are fulfilling their obligations to meet the current needs of the infants, children, and young people, groups that collectively represent over a fifth of the population.

3.3 Engagement with the public and professionals

RCPCH considers it essential that engagement with clinicians and the public takes place at the earliest possible stage. We are yet to see evidence that clinicians, patients and other stakeholders have been adequately involved in the development of plans, nor details of mechanisms to ensure their continuing involvement once they are agreed.

3.4 Service redesign

RCPCH fully supports the STP emphasis on prevention and delivering more care closer to home. RCPCH has long advocated for the redesign of children’s services in accordance with our [Facing the Future standards](#); in summary, fewer, larger more specialised hospitals providing highly expert, consultant led and delivered care, supported by networked services delivering more care closer to home, safe, sustainable services in rural areas, and better provision in primary care, and is pleased to see this vision within many STP. However we find no assurances that required steps to implement these models of care will be put in place before beds or emergency departments are closed. Given the continued rise in emergency department attendances and admissions, savings projected by STP seem ambitious, and RCPCH considers it unacceptable that achieving financial balance has become the main driver rather than the development of best models of care for patients.

3.5 Workforce issues

There is a serious shortfall in the paediatric workforce. Numbers have failed to keep pace with patient numbers leading to dangerous pressure on an already stretched service and affecting the ability to provide a good training environment. There are substantial vacancies at consultant and trainee levels, and a low proportion of academic consultants. There is wide variation in the extent to which national service standards are being met and future workforce plans need to be developed which meet the needs of infants, children and young people for each stage of their life course. We are yet to see evidence that STP have addressed the implications of the severe current and projected workforce shortages (see RCPCH short report: <http://www.rcpch.ac.uk/system/files/protected/page/State%20of%20CH%20series-The%20Paediatric%20Workforce.pdf>) in drawing up their plans.

All STP projections also rely on improved primary and community care services to reduce admissions to hospital but the majority do not set out how they will deliver the *General Practice: Forward View* and tackle current GP recruitment problems.

3.6 The bottom line

RCPCH is disappointed by the evident lack of focus on the health and wellbeing needs of infants, children and young people in the majority of STP. There appears to be a lack of clarity around strategic direction, oversight, accountability and responsibility for STP as they evolve. RCPCH considers the likelihood of success of the STP and any new models of care to be seriously compromised by substantial workforce shortages and major funding constraints.

4. Recommendations

Infants, children and young people across the UK deserve a consistently high level of service and care regardless of where they live. STP will need to address specific local needs, however there must be central, national oversight of STP performance covering processes, experiences and above all outcomes. Any development must allow data to be recorded and analysed centrally as only then will stark health inequalities, as highlighted in the RCPCH's *State of Child Health* be addressed.

RCPCH calls upon NHS England and NHS Improvement to:

- Clarify areas and lines of accountability, responsibility, and governance for STP/ ACS/ACO
- Ensure that all ACS/ACO and/or STP, develop, implement and evaluate a strategic plan which meets the needs of infants, children and young people within their respective geographical footprints
- Define a core set of nationally consistent metrics to be captured by STP, that encompass processes, outcomes and patient experience relevant to infants, children and young people, and set out plans for nationally consistent evaluations of these metrics in order to assess the impact of the new models of care (*Next Steps on the NHS Five Year Forward View* (NHS England, March 2017) sets out plans to publish metrics at STP level)
- Require a named accountable lead for infants, children, and young people to be identified within each STP.

Each ACS/ACO or STP must:

- Have a named, accountable lead for infants, children and young people
- Have local paediatricians and child health or sector professionals involved in the development and implementation of its plans
- Have a strategic plan for infants, children and young people; which includes compliance with the NHS England's digital child health strategy.
- Establish transparent and robust accountability structures with clear governance arrangements which link to social care, education, youth justice and the voluntary sector

- Publish a public consultation plan which includes the views of children and young people and their families, including children with complex needs and disabilities and those who are vulnerable or hard to reach
- Ensure primary care and community services are strengthened before any hospital service closures take place
- Clarify how shortfalls in the paediatric workforce will be addressed.

RCPCH will:

- Continue to inform and work with Government, the Child Health Alliance and other relevant stakeholders to ensure that meeting the health and wellbeing needs of infants, children and young people is an integral component of all STP
- Provide reports, service standards and quality improvement tools to assist STP, and clinicians advising STP, in developing and implementing services for infants, children and young people
- Advise paediatricians directly involved in developing and implementing STP, through RCPCH area leads, senior officers, and organisational support
- Provide regular updates to inform paediatricians, young people and families, about the progress of STP
- Make available our experienced network of families, children and young people to assist in public engagement in the development and implementation of STP.

Resources

- State of Child Health Report 2017 (<http://www.rcpch.ac.uk/state-of-child-health>)
- Service standards: Facing the Future: Standards for Acute General Paediatric Services; Facing the Future: Together for Child Health; Standards for Children and Young People in Emergency Care Settings (currently being refreshed); Standards for Children's Surgery; Standards for Short Stay Paediatric Assessment Units; Bringing Networks to Life Please refer to the website for the full list <http://www.rcpch.ac.uk/improving-child-health/better-nhs-children/service-standards-and-planning/service-standards-and-plan>.
- RCPCH Audits: Epilepsy, Diabetes, Neonatal (<http://www.rcpch.ac.uk/improving-child-health/quality-improvement-and-clinical-audit/quality-improvement-and-clinical-audit>)
- RCPCH Workforce Census (<http://www.rcpch.ac.uk/improving-child-health/better-nhs-children/workforce-planning/workforce-planning>)
- Rota Vacancies and Compliance Survey 2016 (<http://www.rcpch.ac.uk/improving-child-health/better-nhs-children/workforce-planning/workforce-studies-and-data/rota-compli>)

- State of Child Health Services – workforce short report 2017 (<http://www.rcpch.ac.uk/system/files/protected/page/State%20of%20CH%20series-The%20Paediatric%20Workforce.pdf>)
- Invited Reviews Evaluation Report (<http://www.rcpch.ac.uk/system/files/protected/page/Invited%20Reviews%20Oevaluation%20report%202016.pdf>)
- Paediatric Care Online (<http://pcouk.org/>)
- Meds IQ (www.medsiq.org)
- &Us network (<http://www.rcpch.ac.uk/improving-child-health/us-voice-children-young-people-and-families/us-voice-children-young-people-an>)



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