THE LORD DARZI REVIEW OF HEALTH AND CARE

APRIL 2018

The Royal College of Paediatrics and Child Health (RCPCH) is pleased to contribute written evidence to the Lord Darzi Review and would welcome the opportunity to give further oral evidence.

The RCPCH has over 17,500 members in the UK and internationally and sets standards for professional and postgraduate education. The RCPCH aims to transform child health through research, knowledge, innovation, expertise and advocacy, and achieve a healthier future for all infants, children and young people (ICYP).

1. What should our vision for the health and care system be in 2030?

Since the founding of the NHS, there has been a shift in the burden of disease in childhood away from infectious diseases to more chronic, long term conditions. One in seven 11 to 15 year olds now has a long term condition or disability[1]. To ensure that the health of ICYP in the UK matches the best in Europe, each government should develop an evidence-based child health and wellbeing strategy, coordinated, implemented and evaluated across the UK, with a clear accountability framework including professionals, the public and civil society. Investing in prevention and early intervention (including smoking, obesity, mental health, and safe behaviours) will ensure that ICYP grow up to be healthy, resilient adults. Better care, including preventive care, in infancy (including fetal life), childhood and young adult life would reduce the population burden of chronic ill-health in adult life and hence be a sound national investment.

GPs are the main healthcare providers for ICYP. The Facing the Future Audit 2017 shows the extent to which health services are fragmented with only 7.4% GP practices currently linked with a consultant paediatrician[2]. As parents' preference for initial advice is their GP a primary care led model of service delivery should remain the focus but this is hindered by less than half of GPs having had an opportunity to undertake paediatric training[3,4]. Audit results from Facing the Future: Together for child health standards provides vital evidence to show how poorly linked cildren's health services are across primary and secondary care settings[2]. All children's commissioners and health boards providing care to children and young people must ensure services are integrated across primary, secondary and tertiary settings. Enhancing paediatric training for GPs will help to improve children's journey through the care pathway and increase the confidence of primary healthcare professionals treating children.

There continues to be a steady rise in children attending urgent and emergency care services across the UK. Cuts to public health and social care budgets will no doubt be attributing to already fragmented out of hospital care for children, which may explain why children attend the emergency care setting more frequently than the adult population[5]. The future of urgent and emergency care for children is dependent upon building whole system networks that links across all urgent care and community settings. Organising urgent and emergency care services through clinical networks will ensure clear mechanisms for communication are in place to enable services to plan, deliver and share service arrangements across a large population. Placing paediatric expertise at the front end of the

care pathway (in primary care) will help mitigate the rising attendance of children and young people to urgent and emergency care settings.

The UK's departure from the European Union potentially will have a profound influence on biomedical research, including the pharmaceutical and medical device industries, regulation of medical products, and the underpinning UK preclinical and clinical research base. Child health research is not accorded the same appreciation as adult research and there is inadequate representation of children's interests in the UK life sciences industries strategy and few paediatricians on national research boards and committees[6]. ICYP are not small adults, and need biomedical and health services research that takes account of their changing physiology and addresses their problems directly. Research targeting the needs of ICYP is essential to improve the evidence-base for disease treatment and prevention, public health interventions, and health services configuration.

2 What is state of quality in the health and care system today?

Poor health of children in UK

The State of Child Health Report 2017 uncovered alarming inequalities in the health and wellbeing of children across the UK and a clear disparity with the rest of Western Europe. The report brings together data on key measures of the health of children and young people over a 20-year time period across 25 indicators ranging from specific conditions including asthma and diabetes, key drivers of morbidity including injuries, health determinants such as breast feeding and obesity to behaviours such as smoking and alcohol.

The RCPCH &Us Network delivers engagement, involvement and participation activities to support children, young people and families in sharing voices, views and solutions on child health topics. During 2017, children, young people and family members took part in sessions, challenge days and projects focused on key topics within the State of Child Health. Children and young people prioritised poverty, mental health, personal social and health education (PHSE) and communication as the issues that they felt most effected by. Views from the RCPCH &Us network is available in more detail.

The State of Child Health report makes clear recommendations using the evidence presented in order for the UK to improve health and wellbeing for its ICYP[7]. In January 2018, the RCPCH published One Year On reports for England, Scotland and Wales to show whether progress had been made on each of the recommendations. The picture remains relatively unchanged for ICYP in England, though Government has taken some steps in the right direction with the successful passage of the soft drinks industry levy through Parliament, however child poverty in the UK is at its highest level since 2010 and 100 out of every 1,000 young people under 19 are likely to have a diagnosable mental health disorder[8].

Child health in Scotland ranks among the worse in Western Europe, and the disparity between children living in the most and least affluent communities is unacceptably wide. 2018 is the 'Year of Young People' in Scotland and there is heartening evidence that the child health and wellbeing agenda is moving forward. At the end of 2017 the Child Poverty (Scotland) Act was passed by the Scottish Parliament, providing a positive first step towards reducing child poverty[9].

There have been positive developments and commitments made in Wales, including the passing of the Public Health (Wales) Act, an important achievement that will help protect children and young people from the serious harm caused by tobacco. However, there are particular concerns around the impact of poverty on child health in Wales[9].

The RCPCH Facing the Future Audit 2017 of standards for acute general paediatric services and standards for children using the unscheduled care pathway shows that children's services need more attention and resource[2]. There are not enough consultant paediatricians available to work during peak times in paediatric units across the UK. With substantial vacancies at consultant and trainee levels,

attracting medical students into paediatric training and ensuring trainees progress to complete their Completion of Training certificate is vital.

Inadequate child health workforce

There are not enough paediatric consultants needed to work in hospitals during peak activity[2]. The RCPCH State of Child Health Paediatric Workforce report provides crucial evidence to suggest that children's services are suffering from a shortage in the child health workforce[10]. There are currently an estimated 251 whole time equivalent (WTE) career grade vacancies and at least 752 WTE extra consultants are required in order to meet RCPCH Facing the Future standards. Similar challenges are faced by community paediatricians, with an alarming 25% shortfall in the number of community paediatricians, raising concerns over the system failing to cope with the growing demand and unprecedented pressures faced by specialist community children's doctors[11].

More detailed analysis of demand is needed by Health Education England in order that medical training numbers can provide the qualified workforce. Closer liaison is needed with Royal Colleges and other professional bodies to understand dynamics of the whole healthcare workforce[12].

The RCPCH Facing the Future Audit 2017 has shown that only 14.9% of acute general children's services are supported by a community nursing service that operates 24 hours a day, seven days a week[2]. The vacancy rate of 10.9% (2430 FTE) in paediatric nursing is a serious issue in addition to the sharp drop in school nurses that poses significant threats to children's health needs, particularly around their mental health[12,13]. School nurses have the skills and expertise to provide comprehensive support to children with mental health needs, as well as promoting health and lifestyle messaging and delivering sex and relationship education.

Inadequate investment in health

ICYP make up over 20% of the population, are high users of healthcare services, and hospital attendances and admissions continue to increase; yet preventive health services for ICYP are bearing the brunt of cuts to public health spending in England. The public health budget has had a £200 million cut in 2015-16 and is set to fall by at least £600 million in 2020/21; of the £50.5 million reductions planned for 2016-17 by local authorities, the biggest single cut was a £7 million reduction to services directly aimed at ICYP, such as health visiting, school nursing and childhood obesity programmes[14]. Public health is not afforded the same priority in the NHS which are reflected by the government's announcement to continue to cut public health budgets by 2.6% well into 2020[15].

3 What can we do to drive innovation in the health and care system?

An investment in interoperable information systems will enable services to access data across organisational and geographical boundaries to improve efficiencies and understand the needs of the local population. Ongoing work to develop healthcare terminologies via SNOMED CT will provide comprehensive coverage and greater depth of detail and content for all clinical specialties. An investment is needed by NHS England via an innovation fund that supports child health professionals with using data to inform local efficiencies.

The RCPCH hosts a breadth of quality improvement (QI) resources to support clinicians with implementing and monitoring local QI projects. Health organisations must ensure dedicated and protected time for clinicians is included in job plans to use for education in quality improvement and other academic/innovation interests to help drive innovation in the health system. A standardised, robust education offer in quality improvement, focussed on giving clinicians tools to not only design and implement solutions, but to do so in the context of their teams and wider clinical environment is needed in order to drive innovation. A mechanism to facilitate communication and sharing of innovation and practice improvements between health organisations will help to avoid fragmentation

and siloed working. Harnessing a culture that welcomes and encourages innovation, rather than prohibits it, is critical to informing a systematic solution rather than small scale 'magic bullets'.

4 What are the current and future funding requirements of the health and care system?

Prevention and early intervention, particularly in childhood, offer substantial value for money in reducing health burdens later in life. For example, parenting programmes to prevent conduct disorders pay back £8 over six years for every £1 invested with savings to the NHS, education and criminal justice systems[15]. Despite the growing recognition that there must be a shift from intervention to prevention, the NHS is currently spending over £5.1 billion on obesity-related costs[16]. By 2035, the increasing rate of diseases associated with obesity such as heart disease, Type 2 diabetes, stroke and cancer has been estimated to cost an extra £2.5 billion per year[17]. An investment in targeted and universal public health programmes for ICYP needs to be made to ensure that children grow into healthy adults who are able to work and therefore make contributions to the wider economy.

The NHS was ranked as the highest-rated health system again in 2017, despite ranking near the bottom for reported healthcare outcomes[18]. Large efficiency savings across the NHS are unrealistic and unsustainable, with the Chancellor's 2018 spring statement focusing again on adult social care[19].

The RCPCH are concerned about the accountability frameworks and funding arrangements of the Sustainability and Transformation Partnerships (STP), that are maturing into Integrated Health Systems. NHS England have committed to tie 70% of the national STP Fund against delivery of Trust specific financial control totals. Whilst an initial £325 million has been announced for "well-developed STPs" over the next three years, there is a lack of clarity around the contingency plans for paediatric services should they not meet targets[19].

5 What are the future funding options for the health and care system?

We are concerned about the use of private providers to deliver NHS services for ICYP, following concerns raised by RCPCH members; for example in relation to bids by Virgin Healthcare to provide community child health services in the South of England; RCPCH members who met with Virgin Healthcare during the tendering process highlighted that Virgin did not understand the service that was currently provided and thus offered an inadequate budget which is resulting in cuts to services. This also applies to safeguarding where local authorities are outsourcing the care of vulnerable ICYP to 'voluntary children's trusts' where it is unclear who carries the risk.

Many children's services lie at the interface between services commissioned by clinical commissioning groups, NHS England (specialised commissioning) and local authorities. This is causing fragmentation of services and a lack of accountability for the overall provision of children's services; due to the complexity and number of different agencies in the current health care system. We need a more patient-focussed approach and clear leadership to address these boundary problems ensuring accountability and transparency in decision making with better information on spend, quality, outcomes and patient experience.

The RCPCH have recommended that government must ensure sufficient resource is available to fund the workforce needed to meet a standard of care for children that is high-quality, safe and sustainable[2]. Children and young people are largely invisible within the priorities set out by NHS England and services for children and young people struggle for priority in strategic decision making. Developing a cross-departmental evidence-based child health and wellbeing strategy will help to inform the financial resource required to meet the needs of ICYP in the UK.

6 What changes to care models should be undertaken post Five-Year Forward View?

RCPCH *Facing the Future: Standards for acute general paediatric services* and *Facing the Future: Together for Child Health* make the case for whole system change in acute care paediatrics to meet the needs of ICYP[20,21]. The model recommends fewer, larger inpatient units which provide consultant delivered care and are therefore better equipped to provide safe and sustainable care. These units need to be connected by managed clinical networks of services across defined geographical areas. More care should also be delivered through community children's nursing teams who can support early discharges so that more children are managed at home and with better paediatric provision in primary care.

Despite recognition of the high mental health needs of ICYP and investment in the NHS in this area, services remain under staffed with a lack of resources leading to long term mental health problems continuing into adulthood and repeated hospital attendances and admissions. RCPCH members have raised concerns that, despite the welcome additional funding to NHS services for child and adolescent mental health, ongoing reductions to local authority and voluntary sector mental health services could negate the benefits of additional NHS spending. Integrated commissioning is essential and services should be structured around a local offer for mental health, supported by a family centred approach to care planning and information sharing and recognising the key role for schools to foster an improvement in mental health and wellbeing.

7 What reform to the system is needed to enable these changes to take place?

Compared to adults, ICYP have a greater reliance on the family and education sector and less reliance on social care[22]. Therefore, integrated health services for ICYP must connect to education and youth justice systems as well as to social care. Parents and children are frustrated by fragmentation and poor coordination between services and this leads to duplication and omission where families are forced into repeating the same information to different practitioners. Children and young people have told us that healthcare professionals should 'know about all the issues relevant in a young person's life like school work/university, physical and mental health, friends and family' and via engagement with our &Us Network, we know that children and young people are most concerned about poverty, mental health, personal social and health education, and communication[23]. For integration to work there needs to be good communication, shared records and, if professionals need to meet, recognition of the additional time needed both for travel and the meeting itself.

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