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| Are you responding on behalf of an organisation? | Yes |
| Organisation | RCPCH |

1. About the RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 20,000 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

The voices of children and young people are at the heart of everything we do. Guided by the UNCRC, the RCPCH &Us Network facilitates children and young people to have their voices heard in decisions that affect them (Article 12) and work with them to help shape services, so they have the best healthcare possible (Article 24).

2. Background

The RCPCH have responded to this consultation from the perspective that this draft Framework constitutes Phase 1 of the development of an ICS model for Northern Ireland (NI) and that Phase 2, viz. the development and approval of the final draft ICS model will be based on meaningful learning from Phase 1 as well as appropriate consultation and impact assessments.

3. Section 3 describes and defines what an Integrated Care System (ICS) model is which provides the blueprint for how we will plan, manage and deliver services in NI moving forward. Do you agree that this is the right approach to adopt in NI?

The RCPCH welcome the aim of collaborative working and ascribe to the World Health Organisation definition of integrated care, viz. 'health services organised and managed so that people get the care they need, when they need it, in ways that are user friendly, achieve the desired results and provide value for money.¹ The definition within the consultation document is congruent with this. We stress that there needs to be a joined up, cogent approach to ensuring all services that support children's health and wellbeing are configured in a way which truly delivers on this definition. We recognise that the basis of the new model must be focused on the principle of local level decision making, underpinned by a population health approach with a focus on improving outcomes, however, at this early stage, it is unclear how budgeting, often the crux of successful implementation of system change, and those responsible for it will delineate between early intervention and prevention and daily 'firefighting' spending. If a key purpose of the approach is to reduce health inequality, it is crucial that this is considered from the outset.

The RCPCH would also welcome clarity on the proposal that the future fully developed ICS will have a "great deal more delegated authority and responsibility for managing resources for local population areas" as we do not believe it is appropriate to consider children's services within a geographical context only in NI. The *Models of Care* section of our *Paediatrics 2040* publication sets out that horizontal, vertical and longitudinal integration are key to delivering whole population approaches to care. The publication details six broad patient segments (Healthy child, Vulnerable child, Child with a single long-term condition Child with complex health needs, Acutely mild-to-moderately unwell child, Acutely severely unwell child) which can be used to inform patient pathways.

¹ RCPCH (2021) *Paediatrics 2040*, available at: <https://paediatrics2040.rcpch.ac.uk/our-evidence/models-of-care/future/#page-section-2>

Service themes (such as safeguarding, mental health care, transition) cut across all of these segments.² Cognisance should be paid to this publication when progressing the ICS Framework at Phase 1.

The RCPCH commends the detail at section 3.3 of Annex A; that the involvement and knowledge of local communities is the foundation of the proposed model in order to ensure decision making is informed by all available evidence and identified need. However, available evidence is insufficient in terms of data collection and utility, as identified by our *State of Child Health 2020* report.³ There is a clear need to enhance the collection, availability and sharing capacity of child health and wellbeing data to ensure the new system can achieve the stated aims.

4. Section 5 sets out the Values and Principles that all partners will be expected to adhere to. If applicable, please comment on anything else you think should be included.

The RCPCH commend the values and principles that all partners are expected to adhere to, however, we believe that there is still significant work to be done in terms of creating a culture across the piece within the HSC System which is receptive to this style of partnership working. The IPPR recently detailed the importance of culture in terms of getting integration to deliver improvement.⁴ We recommend ensuring this is a priority focus in Phase 1 development. We particularly welcome the commitment to the gathering, analysis, sharing and use of population level data along with known evidence-based interventions to inform decision making and evaluation. Prioritising robust systems of data collection which is recorded in such a way as to truly benchmark performance will be key to the success of the shift to an ICS and ultimately improved outcomes.

5. In line with the detail set out in Section 7 do you agree that the Minister and the Department's role in the model should focus on setting the overarching strategic direction and the expected outcomes to be achieved, whilst holding the system to account?

In setting the strategic direction and expected outcomes, RCPCH members have stated that the Department must ensure that the detail is explicit and agreed and must be cross-comparable and compatible across multiple sectors of public service. Similarly, standards of care should be imbedded within the overarching strategic direction and given parity of importance with expected outcomes. A robust and transparent accountability framework which erodes any ambiguity would be useful in terms of outcome measures relevant to the needs of children throughout their life course. This needs to be part of the planning from inception to ensure the proposed programme of cross-government action to improve the health and wellbeing of the population and reduce health inequalities is realised.

The RCPCH is concerned that Section 7.2 of Annex A sets out that at the initial development stage, a population health and wellbeing profile will be built using a wide variety of quantitative and qualitative data. As already pointed out, there are significant gaps in data availability across a range of child health indicators in NI. Bolstering the ability to implement robust mechanisms to collect and utilise child health and wellbeing data to appropriately and accurately commission services is pivotal to the successful operation of the proposed ICS.

6. Section 8 sets out what the ICS model will look like when applied to NI. It is based on the principles of local level decision making which will see a shift of autonomy and accountability to local ICS arrangements. Do you agree with this approach?

Child health outcomes are the product of complex, inter-connected social, economic, personal and political factors. A child's health is inevitably influenced by the world and environment around them, not only by the

² Ibid

³ RCPCH (2020) *State of Child Health*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/nations/northern-ireland/>

⁴ IPPR (2021) *Solving the puzzle: Delivering on the promise of integration in health and care*, available at: <https://www.ippr.org/research/publications/solving-the-integration-puzzle>

quality of care they receive from the health system, but also by the services they are able to access, ultimately, children's health should be considered at both regional and local levels.⁵ We elucidate further on various tiers within the model under each question heading.

7. As detailed in Sections 8 and 9, a Regional Group will be established to undertake an oversight, co-ordination and support function for the ICS. Do you agree with this approach?

The Regional Group tasked with providing oversight and co-ordination to the planning and delivery of regional and specialised services must be appropriately placed and have the requisite expertise to account for the networked and interlinked maternity, neo-natal and paediatric services at this level in NI. In the same vein, acute services and CAMHS need careful management within the proposed new model. RCPCH members have stated that the understanding of the concepts of 'local', 'regional' and 'specialist' will need to be clearly defined to ensure that variation and non-standardised pathways are not carried forward and that ideally, gaps in service across NI are eliminated.

It is essential that clear guidance and/or criteria on what falls under the regional remit and therefore what can or cannot be delivered or developed by Area Integrated Partnership Boards (AIPBs) autonomously is prioritised early in the phased transition process toward an ICS.

It is encouraging that supporting the establishment of relevant partnerships between organisations and sectors form part of the Group's remit, this should be carried out holistically and inclusively.

8. As detailed in Sections 8 and 10, do you agree that the establishment of Area Integrated Partnership Boards (AIPBs) is the right approach to deliver improved outcomes at a local level?

It is proposed in the Consultation document that the AIPBs will have responsibility for overseeing the work of the integrated care partnership (ICP) in their area and the governance of all affiliated structures. However, while the ICPs in NI have focussed on a broad range of issues, so far much of the focus has been placed on improving services for adults with long term conditions and older people's care.⁶ While each AIPB will provide the local direction and priorities for its area, in line with Departmental overarching direction, the RCPCH believes that commissioning boards must have enhanced knowledge of child health and wellbeing and demonstrate leadership in their respective commissioning roles so that the needs of children are met for the populations they serve in the new system. It is imperative that there is adequate child health representation and voice at this level.

9. Do you agree that AIPBs should ultimately have control over a budget for the delivery of care and services within their area?

On the face of it, it seems like a sensible approach that budgetary control sits with the overall planners tasked with delivering services in a given area. However, those holding budget need to have a clear understanding of the service user population they are serving, this is particularly so in terms of paediatrics and children's services. Moreover, given competing priorities and constrained resource, there should be a level of budget protection for children's health and care services within AIPBs. This would help ensure that the commitment in the Programme for Government to give our children the best start in life can be realised.

10. As set out in Section 10, do you agree with the proposed minimum membership of the AIPBs?

No. While the RCPCH does welcome the broad range of strategic and operational level representation proposed for the AIPBs and believes the positions appear appropriately balanced to carry out the anticipated functions, child health and wellbeing experts as well as appropriate representation of the voice of children and young people must be integral to the membership of the AIPBs. 'Facing the Future: Standards for children with ongoing

⁵ RCPCH (2020) *State of Child Health*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/nations/northern-ireland/>

⁶ Health and Social Care Board, *About IPCs*, available at: <http://www.hscboard.hscni.net/icps/about-icps/how-can-you-get-involved/>

health needs' recommends Service planners and health organisations have a dedicated lead for children at executive or board level.⁷

11. As set out in Section 10 of the framework (and noting the additional context provided in Annex A of the document), do you agree that initially each AIPB should be co-chaired by the HSC Trust and GPs?

It appears practical to have primary care as well as those responsible for secondary, tertiary and social care co-chair the AIPBs initially. In terms of children's health, *Facing the Future; Together for Child Health* sets out that service providers, planners, commissioners and users should work together across hospital and community services, primary and secondary care and paediatrics and general practice to design and deliver efficient and effective care, which is responsive to the physical, mental, emotional and all-round wellbeing needs of local children and their parents and carers.⁸

12. The framework allows local areas the flexibility to develop according to their particular needs and circumstances. As set out in Section 10, do you agree that the membership and arrangements for groups at the Locality and Community levels should be the responsibility of the AIPBs to develop, determine and support?

It remains to be seen at this stage, however, a broad, holistic and diverse range of representation is needed to not simply communicate the needs of children and young people, but to ensure that their voice is heard in line with UNCRC requirements so help ensure that care is delivered in the manner in which children and young people wish to receive it.

It is important that the principles set at Ministerial level are reflected in local level working groups.

13. General comments

In line with European Network of Ombudspersons for Children and recommendations from NICCY, the RCPCH believes that a Child Rights Impact Assessment (CRIA) is needed for sea change programmes of work such as this. CRIAs examine the potential impacts on children and young people of laws, policies, budget decisions, programmes and services as they are being developed and, if necessary, suggests ways to avoid or mitigate any negative impacts. This is done prior to the decision or action being set in place.⁹

RCPCH Quality Improvement (QI) Central houses a range of resources and case examples of integrated care model delivery for children and young people around the UK.¹⁰ Much more cognisance needs paid to how the new ICS will meet the needs of our infants, children and young people and how siloed configuration can be ameliorated.

14. What children and young people told us

RCPCH &Us,¹¹ the network of children, young people and families, undertook engagement work in a number of locations in NI, both in person in 2019/2020 and online in 2020/2021 with children and young people to understand their needs from health services. With a rights-based approach, looking particularly at Article 12 and 24 UNCRC, children and young people's views echo some of the stated aims of the proposed ICS for NI.

Children and young people have told us that health systems in NI need to:

⁷ RCPCH (2018) 'Facing the Future: Standards for children with ongoing health needs', available at: https://www.rcpch.ac.uk/sites/default/files/2018-04/facing_the_future_standards_for_children_with_ongoing_health_needs_2018-03.pdf

⁸ RCPCH, RCN, RCGP (2015) 'Facing the Future; Together for Child Health', available at: https://www.rcpch.ac.uk/sites/default/files/Facing_the_Future_Together_for_Child_Health.pdf

⁹ European Network of Ombudspersons for Children (2020) 'Child Rights Impact Assessment' available at: http://enoc.eu/?page_id=3718

¹⁰ RCPCH QI 'Integrated Care', available at: <https://qicentral.rcpch.ac.uk/resources/systems-of-care/integrated-care/>

¹¹ RCPCH &Us available at: <https://www.rcpch.ac.uk/work-we-do/rcpch-and-us>

- *Provide opportunities for children and young people to be able to share views, be involved in decisions that affect them and contribute to the design and development of fit for purpose services*
- *Mental health services need to be prioritised, giving children and young people support across a range of settings, treatment tiers and have a range of trusted adults at different level so of specialisms to support them*
- *Reducing inequalities faced by children and young people when accessing rural/urban services, having to use devices or data to access digital health systems, don't have access to appropriate information around LGBTQ+ experiences or sexual health due to the schools or communities they are in or due to poverty*
- *That children and young people want the chance to learn about making positive life choices that keep them healthy, happy, and well*
- *Increase funding to child health services, so that there are well resourced places to go, with well-trained people to see who can communicate effectively with children and young people*
- *Increase education to children and young people so that they can use the right health service at the right time*

(RCPCH &Us (2020) Voice bank, NI)