



RCPCH podcast: Interview with Professor Simon Kenny, National Clinical Director for Children and Young People at NHS England

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Camilla Kingdon 00:05

Welcome to this Royal College of Paediatrics and Child Health podcast. My name is Camilla Kingdon. And I'm President of the RCPCH. And I'm delighted to welcome this morning Professor Simon Kenny, who's National Clinical Director for Children and Young People at NHS England. Welcome, Simon.

Simon Kenny 00:24

Hi Camilla, and thanks for the invitation and really pleased to be here. And hopefully people will find it quite interesting.

Camilla Kingdon 00:33

I'm absolutely certain they will, I think it probably would be helpful. For the uninitiated, if you wouldn't mind explaining a little bit about what the National Clinical Director role is, and perhaps how you came to, you know, take the post and a bit about your background.

Simon Kenny 00:50

So I'll probably start with a bit about me first, and then go on to that. So I'm a paediatric surgeon, I work at Alder Hey Children's Hospital in Liverpool. I started at Alder Hey in 1991. I know you'll be really surprised to know because I look so young, but it's true. And I started as consultant in 2003. And like everybody I got really involved in clinical practice for the first few years and then started to take on some trust leadership roles.

And from that I went into the Getting it Right First Time programme. And that gave me an opportunity to visit 90 hospitals in that time and meet lots of people, including lots of paediatricians involved in the surgical care of children. And it's that sort of eye-opening experience really. That programme's working really well. We've made some really big inroads in terms of reducing number of children having unnecessary appendectomies, circumcisions. We're starting to look at concentrating expertise with the most difficult general and neurological cases. And so it's been a real success.

And on the back of that, I was encouraged to apply for the National Clinical Director role, which wasn't something I'd ever particularly thought about doing. But I'm really glad that I was asked to do it. For those of you don't know what that is, it does sound as though you would be mastered the

universe or something like that. And it's not quite like that, unfortunately. But essentially, within NHS England, there was a relatively small presence for children. Very small, really. So when we first started - and what was great was on the back of the Royal College, working very closely with NHS England - for the first time, children were in the Long Term Plan. And my predecessor, Jackie Cornish had put a lot of foundations in place working with the College, in terms of that.

Simon Kenny 02:58

So when you look at the Long Term Plan, there are lots of different components. For children, they're spread all throughout the Long Term Plan. And one of the big jobs as an actual ,Clinical Director was pulling those elements with the team into a coherent plan to move it forwards and deliver that. And we started to make some pretty good progress with that, and I'm sure we'll come on to that. So that's part of the job - is working with the transformation team on that.

The other bit is a much wider brief, and that's really responding to any children's issues. And also getting involved as the Chair of Specialised Commissioning the Women's and Children's programme of care. So, so actually quite a broad remit with a number of issues. And so the job can involve anything from the delivery of programmes of care, at national level, working with regions or even individual providers at some time on particular issues, but also advising government and stakeholders when other children involved in health care policy.

Camilla Kingdon 04:10

Simon, can I just ask you... it just strikes me listening to you, describing your roles, it's absolutely immense. And I find this a bit of a challenge in my President role. How do you do justice to the kind of core objectives while there's so many other competing expenses, the pandemic? I mean, I imagine at the moment you're thinking a bit about quite a lot about the response to the situation in Ukraine. How do you prioritise. How do you keep a hold on your kind of core priorities but at the same time, be nimble enough to respond to emergencies and new events?

Simon Kenny 04:55

By having a really good team. And one of the things that we wanted, and we've got is excellent programme management. So it is really easy to get diverted by the issue of the day. And every day, there's a new issue and something happens, and it can consume you. And we all have that as clinicians, don't we? We've all got the acute things right in front of us. But then you've got the bigger things. So, you know, on a basic level, you could be sitting in an outpatient clinic, and there'd be some quite fundamental wrong with that outpatients clinically you've got to sort out, or you could get bogged down in the acute issues. And it's the same thing.

So it's about just having that ability to stand back and, and see that you've got those acute issues to deal with, but also give the appropriate amount of time to those long term things.

I think one of the issues is being a clinician at the same time. But I also strongly believe that you can't do this job if you're not actually seeing patients. I think there isn't a day go by that I don't see something in that I see with my own patients reflected in a consulting room or in the operating theatre, that I don't see those, those issues playing through into some of the national issues that we deal with.

Camilla Kingdon 06:18

Yes. And that's incredibly valuable, isn't it to have that perspective. And also, I guess, considering the implications for the workforce, as much as the children that we care for. The last two years have obviously been heavily dominated by the pandemic. And I just wondered, before we start talking a little bit about the future, whether you've got, we could just hear your reflections on the pandemic, and I'd be really interested to hear what you're proudest of in terms of the achievement of you and your team in the in the last couple of years.

Simon Kenny 06:51

Yeah, so what we didn't really say is that I took on this role, sort of in the few months prior to the pandemic, so, and the team was quite small, as I said, we just had - I think there were about six of us then as it hit. And there's sort of 30 or 40 people in NHS England now. So it was really, I think, looked staring into a potential abyss of what might happen, and having to rapidly gain the clinical information. So working with the College, working with providers, setting up some really basic stuff, which lots of College members helped with in terms of starting to understand the disease phenotype and how it might affect children. But also, from a very early stage, being aware of the non-clinical impact of COVID, the non indirect impacts of COVID. And sort of setting up very rapidly, data networks that allowed us to start to detect trends and respond to those.

Simon Kenny 07:57

And I suppose one of the sort of big things that happened was the Emergency Powers Act of March 2020, which let us suddenly remove some barriers in information governance that had been there. And so we were able to join up some large data sets very quickly, which gave us that sort of oversight, and, and also a glimpse of what might happen in future and how we might use that to drive and respond to issues with children's health care. So, in terms of that, that is a sort of really boring thing to say that I was proud of. But I think getting that in place really helped us respond.

I think the bits that came out of that are probably are more clinically relevant are our ability very early on to recognise that the way the message of stay at home to save lives had potential impacts on children, and then redesigning 111 pathways within 24 hours of potential issues being raised. We responded to that, I think, drawing together and recognising the hyperinflammatory condition PIMS-TS, and responding to that was another sort of really important element.

And then I never dreamt that I would be standing in front of the Chief Medical Officer and Committee on vaccination and immunisation, as a surgeon, talking about the impact of COVID-19 on children and briefing Secretary of State on that. The practical implications of that were that we collectively as an NHS were able to inform vaccination policy, and also shielding policy for children, and that hopefully has meant that children aren't unnecessarily being kept out of the school environment, out of a social environment, because we know that the non-COVID costs are so high. So I think that's the bit that I'm, you know, I've been really pleased to be part of.

Camilla Kingdon 10:15

I couldn't agree with you more, I say the kind of wider consultation that the Chief Medical Officers undertook, on the back of the decision around vaccinating children, I thought it was absolutely fascinating. And it was a brilliant opportunity for us as paediatricians and paediatric surgeons to be able to start talking about the importance of children, not just in health terms, but education, you know, mental health, the interface between primary and secondary care - all the things that

actually I think as, as children's doctors, we sort of take for granted, because we always see children in the context of their families. And we always consider the fact that they can or can't go to school. But I think that's not a common way of thinking about patients in the NHS in, you know, when you're talking about adult...

Simon Kenny 11:04

I agree, I think one of the good things was being able to talk to directors of public health in the last few months as well. And to really put that context about the impact on children. We've seen a doubling in the incidence of children with severe obesity. Oral health has taken a dive, and it was from a low point already. And as you've alluded to mental health issues are massive. And so it's, it's I hope that people get that holistic message that we've got to look at the whole child. And I agree that it's not something that adult medicine necessarily does. But it feels like we've still got a big job to do with that.

Camilla Kingdon 11:44

Yes, yes. So for those of you listening to this podcast, Simon chairs a meeting, we all get together on a Tuesday morning. And Simon, you've brought a wealth of different people from different professional backgrounds to that meeting, and it's kind of grown and grown hasn't it, over the last year or two? And, and in many ways it now epitomises that kind of holistic approach to child health and wellbeing. Did you want to talk a little bit about how you've deliberately gone out and sought perspectives from, you know, health visitors, school nurses, the wider healthcare workforce?

Simon Kenny 12:23

Yeah, so I think that this meeting is a particularly important one. And we recognise that very early on. And every time you try and reduce the frequency of that meeting, something else happens, that means to improve it again. So I suppose at the heart of it is, it's a meeting of public health policymakers, and NHS England, and the Royal College of Paediatrics and Child Health. And then there is an additional number of people that can come in. I know very often invited in we've particularly got strong representation from community from institutions... from the Chief Nurse, for health visitors, but also in community, in terms of framing that community response, and then as an education as well. So the Department of Education are represented in that meeting. And it's a very open discussion. It's not held sort of in a very high, level way. But I think it has helped people to understand different perspectives.

Simon Kenny 13:32

And I think it shows and as we move into integrated care, you can see that that kind of meeting which we've been holding at a national level, there's a lot of learning that we can take from that and start to put into regions and into integrated care system, because it's the same people who need to be in the room. You cannot respond to children's health, and just have people from the NHS sitting in the room because it just doesn't work.

Camilla Kingdon 14:00

Yeah, yeah. And so I suppose that then leads us neatly on to sort of having a bit of a think about what the priorities are going forward. I mean, you've alluded to some of the enormous challenges we've got around some of the kind of public health issues around obesity, mental health, really

concerning vaccine uptake, particularly thinking about MMR. We've got some enormous challenges and a lot of work to do. Does that invigorates you, or do you think it's all a bit overwhelming?

Simon Kenny 14:39

I wouldn't be doing this job if it didn't invigorate me. But you know, I I'm human, and we're all human. And there are times when you can't see the enormous impact. And I think the media doesn't help because, you know, and it's human nature, isn't it? For every 20 thoughts we have, I think, 19 of them are negative and one of them is positive. I think part of it is just recognising that.

So, you know, if you look at some aspects, and I think particularly mental health and weight gain are two issues that have got a potential to have significant effect on the health, wealth and happiness of our future nation. And so it's possible to get down about that. But then, when you see children and you work with them, it gives you the hope that we can get through this and it inspires you to keep going.

Camilla Kingdon 15:38

Absolutely. In terms of working with children. How, how do you bring children and young people into decision making? How do you hear the voice of children?

Simon Kenny 15:53

Yeah, so I think I think we've all been on a journey with that, haven't we, Camilla? From a clinical basis. I've really changed my practice in the last few years and at Alder Hey, we've moved very much more towards processes where we determine what children want, it's an approach that's been used in mental health for a while, but actually sort of, rather than parents and doctors defining outcomes, getting children to define what they want. And obviously, that that needs work and time.

And it's one of my great pleasures in life working with children long term and watch them grow up and particular issues with continence and things. From a national perspective, I'm really pleased by the programme. The other thing, by the way, at Alder Hey, and I'm sure it happens elsewhere. But every new consultant appointment gets interviewed by a children's panel, which I'm reliably unfortunately, I dodged that bullet. But I'm reliably informed it's the worst interview. But only because the children have got that clarity of thought and ask exactly the right questions.

Simon Kenny 17:03

But, and there's an there's strong elements of that within the national programme. So we've got the NHS, children's assembly, but we've also got a youth voice at board level. So we have four children and young people who represent that voice at board level. And we're very keen that this is happening at regional level, and hopefully that will happen at ICS level as well.

And we're also at pains to make sure that it's not just middle class, white children on that. We try and make sure that we get a regional representation and people from all forms of life and people with all forms of chronic illness. So we try and make it as representative as possible. And there isn't a single board meeting when that youth voice doesn't absolutely get to the core of problems. And defines very clearly what children and young people expect from us as well.

Camilla Kingdon 18:07

Absolutely. And often with a clarity that escapes us, sort of, older adults. Moving on from children, I suppose the other big area that certainly we're now... well, we've always been very focused on the workforce. But I think as we move beyond the pandemic, and think about recovery, it's shone a light on the workforce in a way that I don't think we've quite so coherently thought about and you know, the challenges in terms of the child health workforce are absolutely enormous. But they're also some fantastic potential opportunities around innovation, new ways of working, thinking differently about how we deliver care. What are your thoughts about developing the workforce? Do you have some, do you have any priorities? Or is that a topic that should sit more logically with within, say, the Royal College of Nurses, the Royal College of Paediatrics and Child Health? What's the role, your role in terms of the workforce?

Simon Kenny 19:14

You're absolutely right, that the workforce is a key. I would say it's workforce, as well as processes, pathways of care. They're intimately associated and we're in a moment of really rapid change. And we saw that in the pandemic was the move to, you know, round about one in five consultations are now done virtually from previously it was two and 100. So and we've got net zero on the horizon as well. So there's lots of interconnected strands. So you cannot just talk about the workforce, but I think it is important. So the changes are - and technologically it's both its terms of information technology, but also diagnostics, whole genomic screening, new therapies. And we've got the workforce challenge of a slightly artificial divide between nursing and the medical workforce, and allied health professionals, and we've all seen in our careers, those artificial divide start to get less and, you know, with nurses moving into prescribing roles and diagnostic roles at times, and similarly without health professionals.

Simon Kenny 20:38

So I think, from a national perspective, it's about trying to understand that and how that might work, particularly when we struggle with on call rotas and providing high standards of care with a purely medical model. So it's about working with to understand how we can develop a unified strategy, lots of strands to it, and different approaches. I think, probably the most significant area for me at the moment is community. And we've got significant backlogs in terms of community services for children with potentially less emphasis being put on that than inpatient activity, which is something that we are challenging, because the implications for children if they have a hearing or learning or mobility problems that that we can help with are significantly because there are temporal components to how we respond. Autism diagnosis is a really good example. And it's an area which we know as the national team, we need to work with colleges to improve that and to try and make sure that the children who most need those early community interventions get them.

Camilla Kingdon 22:00

And I have to say, Simon, I - we - so welcome your focus on community and child health services, because I think we all acknowledge it's been it's been ignored for too long. And, you know, recently when, through various College events, we talked publicly about, for instance, the hidden waiting lists in community child health and a huge regional variation - you know families can wait six months for an autism assessment in one place, but three years in another place. So these challenges, I think, have existed for a long time, but we haven't talked about them enough. And I've certainly had some really, I have felt quite sort of moved by the emails I've received from

community paediatricians say thank you so much for talking about it, because we've been struggling to get our voices heard for so long. And these problems have existed long before the pandemic, and yet nobody's shown any interest. So I think, you know, from a College perspective, we really welcome your, your focus on community child health.

Simon Kenny 23:11

Thanks. And I think there's great opportunities there because you hear about some great things going out there. But it does involve change, and change is a challenge. But we're there to try and help the workforce get through those changes. But I do quite like to give some challenges out as well. And I think that's our role really. And change is quite often a difficult journey, and we all have different ways of dealing with it. But I think we just need to - what I would say is that the change processes I've been involved with, ultimately people to end up in a different and a better place. But it's not easy all the time for people because it's very easy to get into a slight groove. And we will have to sort of embrace that change.

Camilla Kingdon 24:04

So, so thinking about sort of longer term, I'm really struck by the number of paediatricians who say to me, you know, I am surrounded by health inequalities, I'm really worried about sustainability and climate change. And these issues are coalescing on the next generation. So I'm just interested to know whether for instance, sustainability, climate change the inequalities, area of work, I guess diversity and inclusion fits into this kind of big, difficult area that we absolutely have to embrace. I'd love to hear you talk a little bit about where you see your team moving in these areas in the future.

Simon Kenny 24:56

Yeah, so you ask really easy questions don't you Camilla? I think I'll start with inequality and then I'll go on to green NHS really. And they are related, there's no doubt about it. But the message, I think the national child mortality database report last year showed huge variation in healthcare outcomes right across the board in every area, apart from, slightly mysteriously, trauma. And the pandemic also underlined that, that you could clearly see the impact of ethnicity and deprivation on outcomes, probably more for adults than children. But those messages are still there. So there isn't a single data set that you can look at that doesn't tell you that message and the Long Term Plan clearly recognized that.

So all our data metrics and things that we're looking at, we try and look at it through that inequality lens. I think, in terms of programmes of care, we've got, you know, I think the main thrust clinically, at the moment are in epilepsy, asthma and diabetes, as well as obesity.

Simon Kenny 26:22

And in each of those, one of the key objectives is how do we reduce inequality across this and so for diabetes, it's the access to wearable devices and non invasive continuous monitoring and potentially feedback devices. In epilepsy, it's ensuring that they can have their annual reviews, medication reviews, access to surgery, when it's needed. Asthma - it goes right into air quality, housing planning, as well as the basic checks and things. So I suppose it's easy to talk about in broad terms, but I think you can't look at a single clinical condition and not see how we can do it as well as defining the problem. And part of it is being able to see that.

Simon Kenny 27:18

And IT can help. So at the moment, we've got CPIS, which is a child protection information system that flags up children who are who have care orders on them, flags it up when they attend acute care settings. And we can all see that in our electronic patient records and in our interactions. The reality is, is that we've got about 200,000 children on that. But the reality is there are about 2 million children who are vulnerable. But you can see how we can use those kind of technologies to start to identify those children when they come to clinic. And part of it is about the children who don't come to clinic as well. And so from a central policy direction, it's really important.

But from an individual clinical perspective, it's also really important that we think about those things. And hopefully, that our programmes will help that. It's always easy to sort of say that national programmes won't, but I'm getting pretty good feedback at the moment that this thing is starting to do. If they're not already having an effect, they will have an effect in the next few years. And that's really exciting to see that. So that's inequality.

Simon Kenny 28:36

Greener NHS is a fascinating issue. And virtual consultations is interesting. So I hadn't realised that - but when you think about it, it's self-evident - but it costs about £32 on average for a family to bring a child to clinic. And so there is potential roles for virtual consults and things like that to both allow, have that saving - obviously, you've got to address data properly - but to save that family that expense, but also impact on the number of tonnes of carbon dioxide which get emitted with parents bringing children to clinics. So I think we have to be quite careful about who and why we bring them but there's really good reasons for having those face to face.

And then we've got issues like inhalers and CFCs and things like that. And there's a real balance and strong opinions about, you know, how children, taking on potential clinical risks for moving towards reducing CFCs. So, there's a lot of issues that we have to think about from a policy perspective.

Simon Kenny 29:53

And it's going to be a big ask, actually, in the NHS if you think about how we do things and single use items that we use. So we will see it increasingly as we move towards 2030. And what's great is that our children and young people's voice are really promoting this. And they're sort of leading by example, I think that's great to see.

Camilla Kingdon 30:20

Yes, yes. Thank you. Thank you very much, Simon. That brings our conversation this morning to an end. And I want to thank you very much indeed Simon for so willingly taking part I think this has been a really interesting and illuminating conversation. I am absolutely convinced that pediatricians or anyone listening to this podcast will have a much clearer idea about your role and your team, and what your priorities are going forward. I think we've learned a lot. So thank you very much indeed for so generously giving us your time.

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