

College Strategy 2021-24

In conversation with: Robert Okunnu, Director of Membership, Policy and External Affairs and Dr Mike McKean, Vice President for Policy and consultant respiratory paediatrician at the Great Northwest Hospital

Advocating for Child Health, Now and in the Future

Robert Okunnu 00:02

Welcome to the RCPCH podcast where we examine the issues that matter to paediatricians and the communities they serve. My name is Robert Okunnu and I'm Director for Membership, Policy and External Affairs at the College. I lead the team of College staff that support much of its policy and advocacy work. We started an exciting new series in our block house, where we sit down with College senior leaders and fellow members to bring you four episodes that will take a deep dive into our College Strategy. In this episode, we are talking with Dr. Mike McKean, Vice President for policy and consultant respiratory paediatrician at the Great Northwest Hospital. And we're going to be discussing advocating for child health now and in the future. Welcome, Mike.

Dr Mike McKean

Hi, Rob.

Robert Okunnu

Now, this is a really good moment to talk about the landscape on policy and advocacy. So for example, earlier this year UK move towards a position of living with COVID. But what does that mean for our policy priorities today? And actually, what's the College working on? These are some of the questions people may be interested to hear answers to. And I really welcome the fact that we're able to spend some time today discussing that, not least because one of the key aims in the College strategy is to speak with confidence and authority on the health issues that matter to children, young people, and also on those policies that speak to our own values and our mission. But before we get into some of the detail, it'll be great for our listeners to hear a little more about you. So, what would be particularly good is to just find out more about your career as a paediatrician and how you came to apply for this busy and dynamic role at the College.

Dr Mike McKean 02:08

Thank you, Rob. So yeah, I've been a consultant for about 20 years. So up here in Newcastle. And I guess I've always had an interest in children's health. And that was sparked very early on in my first job, which was as a paediatric SHO, I thought I was going to be a GP. But that inspired me to, to think

about Paediatrics and really understand that, you know, the impact you can have on a person's life is quite profound, really, particularly when they're young. And they've got the rest of their lives ahead of them. And let alone the thoughts of the impact on the family as well. So, I've become a paediatrician and worked as a respiratory paediatrician for 20 or so years. And I've really enjoyed my work up here, got involved in helping establish our new children's hospital. And I was very fortunate enough to be the Clinical Director for seven or so years. And that opened my eyes really to thinking about systems and thinking about how things work or sometimes don't work and the barriers that come to good health care. And I guess, that led me to becoming vocal about children's health and trying to see more of a priority for that. Because despite having some good health services around us, sometimes the outcomes for children are not good.

So, I was I was asked a few years ago, four years ago now to establish and set up the first children's health and wellbeing network in the northeastern North Cumbria. And that really opened my eyes to thinking not only about systems for hospital care, and how we work together, but also thinking about networks that are more involved in prevention and early interventions, and indeed thinking about interface with school as well, which is so important for children's well being as well. So that that's really opened my eyes to thinking about how can you shape systems? And I guess that's where policy comes in. And sometimes when you realize there's difficulties and problems as well as moaning about them as as I'm prone to do and leavers are. Sometimes I you know, it's important also to say, well, how can I influence and shape that and that's really what attracted me to this this role.

Robert Okunnu 04:32

That's fantastic. And you've been in post now, just over three months, and how are you finding being VP for policy? It's quite a big brief.

Dr Mike McKean 04:40

It's a huge brief. And, you know, if I'd known in advance how big maybe that would have given me pause for thought. I think I still would have done it because I'm going to be very honest, I'm absolutely loving it and enjoying meeting new people thinking about the challenges that face children and young people, and trying to think about ways in which we can influence things to make it better for them. And, you know, I've been incredibly privileged, I think, but also impressed by the will and the sheer determination I see in a lot of people, not only in College, but in NHS England and other groups that are really trying to push to see children achieve better health and wellbeing.

And, no one's you know, it's not this sort of great group of people who are suddenly making big things happen. It's not at all like that. It's a struggle. It's a fight, perhaps. But the will and determination has really impressed me. And so, I feel very privileged to be working alongside some new people and thinking with them about how we advise, how we shape and how we perhaps introduce change that could be positive for children in the future.

Robert Okunnu 06:08

And that nicely brings us on to such a dynamic policy environment at the moment. Now, we know that paediatricians are naturally very strong advocates for Child Health. And throughout the pandemic, we saw a lot of interest from our members, and the broader child health community on policy and advocacy

work, be that from engaging government about free school meals through to how the vaccine programme was rolled out for children. Now we're seeing the rising cost of living, widening health inequalities, and how that may be impacting families on the sharp end. Are you able to tell us why you think members are so moved by some of these topics.

Dr Mike McKean 06:50

I think members are so moved by these topics, because we see it every day in front of us, in our clinics, wherever we're working in the hospital wards out in the community. We see the impact of what are fairly big issues impacting an individual's life and their siblings and their family. And there's been no better example than the pandemic for this, but there are many others too. And when we see that, and people suffering, struggling, struggling to get good advice, good guidance, or indeed good basic care sometimes, then that sort of hits us quite hard as professional people. We shouldn't ever forget that not only are we professional people, we're human beings too. And when you see something not very good in front of you or someone suffering, then it's ingrained in us to say, well, we should be able to do something about it, what can we do about it? Or how can we help that person do something about it.

So I think the policy briefs at the moment are huge. And there are many, many issues that we could talk about and think specifically about. But before we go into that detail, I'd like to also say one thing, which members may, and I think I knew but didn't really appreciate this, is that the role the College has within guiding and supporting, nudging, and also sometimes banging down the door of the systems that are around us to try and improve things.

The College I think, is held in great, great esteem by NHS England and by the devolved nations health services too and they really do look to us for support and guidance. They want to know our thinking, and I do get a strong impression early in my time as vice president that we do get listened to as well. Now, they don't always take all our advice report because clearly they don't and perhaps they shouldn't do. But to know that we have got a strong voice and know that people do listen, I think is really important. But of course, there are many layers aren't there, there are many layers of which healthcare is governed. And it's nice to know that, you know, at the centre of NHS England, certainly, and I'm sure in the devolved nations too, that the College has got the ear of senior officials and senior people in those structures. But there's many layers to going down into regions and going into local areas and into towns and cities. And how do we therefore create that influence throughout that system is perhaps one of our biggest challenges.

Robert Okunnu 09:54

And in that, there is definitely something about the unique perspective of paediatricians and what they see in their everyday practice, would you be able to just say a little bit more about that?

Dr Mike McKean 10:08

Yes, and I think so what we see in our practice from every day, I think, is some very important things. Firstly, it's important for us to accept and know now that we are all incredibly busy. And it is absolutely genuine, I think for all my colleagues that I interact with, in a clinical sense. I've never known us to be as busy as we are now. And that isn't just a post pandemic kind of phenomenon, that's been going on through the pandemic but also, it started well before that, too. But it's incredibly busy at the moment.

And I think that's brought several big challenges. So I should mention very quickly and briefly are the mental health problems that we are seeing, we're seeing poor mental health in too many young people. And it's not just the severe end of severe psychiatric problems, or severe feeding problems. But we're seeing also, it really is, it feels like a tidal wave of have lots of anxiety related issues, functional issues, that are causing huge problems for children, young people and their families.

I think that's a massive area for us to look at. The College has got a lot of focus on this, and has made a lot of resources available that we're hoping can guide paediatricians because no longer can we simply write a referral letter and say, well, it's got to be a psychiatrist that sees this, because they're overwhelmed as well. And I think we have to think holistically about someone's health really, should we be thinking about physical health and mental health as separate. And I would strongly argue that we should just be thinking about health and well being. And if somebody's got an anxiety problem, then we perhaps need to equip ourselves to at least knowing the first steps and how to support them as well. So I think the College is already moving in that direction. And I know there's a lot of information there now that we're trying to share as well.

There are many others, too, that I can mention, waiting lists, it's on everybody's mind at the moment. And sadly, children's waiting lists are increasing. And I'm sure that is really, you know, has a relationship to the pandemic. But many people would say this has been going on for a little while now. And how do we tackle that? And how do we somehow ensure that children are not just lost in the mass of adults, that are waiting. The impact on a child's life of waiting can be quite profound, and much more so sometimes in an adult, because of the missed opportunities that may have the impact on their development, and the missing of school. And also the chaos it creates, while you're waiting for someone in the family who may need to miss time off work, and childcare issues, which can bring financial pressures on a family too, as well as the shared anxiety and worries of a parent.

So you know, the impact of a child sitting on a waiting list for either complex or simple treatment can be quite profound, even, you know, kind of even tooth care, can have a massive, massive effect on a child's crucial stages of development. And yet we're seeing too many children waiting and waiting. And the College is very much engaged with the NHS structures in trying to work out how do we speed that up? How do we facilitate actions that can actually start to have an impact there?

And the final thing I'd say that's fairly high on our priorities at the moment is safeguarding. I mean, one would say it's probably always a priority, we are ingrained to think about how do we make sure our children and young people are as safe as possible. And that brings in a wide range of issues that paediatricians will be aware about. But I think it's still a concern and well, how do we support systems to do this well? How do we get the balance right, between a punitive and top down kind of system as opposed to a supportive system as well? I just can't say enough about how impressed I am about the College's work and leading some of our safeguarding guidance, but it's also an ongoing process. These need reviewing, need updating, and we need to continually think about how we train, support not only paediatricians but any people who are working with children, and doing that, in conjunction with our colleagues in social work in our nursing colleagues is so important.

Robert Okunnu 14:56

Absolutely, Mike and I know that later on in our conversation we're going to talk a little bit more about the safeguarding, child protection, vulnerable children agenda and the work that the College has been doing. I'd like to focus now, a little more broadly more generally, to hear your thoughts on health services and just your perspective on what the opportunities and challenges are at the moment.

Dr Mike McKean 15:24

I think we're going through an exciting time, I would say, but it's very much a time of change. Many people might also say, well, it's always been a time of change and healthcare. So, one constant of healthcare does change because things develop don't they. And we get sometimes better understanding, better knowledge and more tools in the kit to try things. And all that's very positive. But also, it's then that you get the problem of how do you develop your systems to deliver that as well as possible. And of course, what comes with that is the ever potentially, ever increasing budget demands of that. So I think this time of change, because everybody knows we're going through a change in structures in England and that is integrated care.

The devolved nations, I think it's important to know, they are thinking about integration, and in fact, doing a lot of integrated care already. And so I think this applies to all paediatricians, really. But in terms of England, we know that we're now setting up an integrated care systems, where my number is 42 of them across the England, with boards that are going to be formed. And this is a big change. So they will take over the role of commissioning lots of the regional local services, not all of them, but a large amount of them now. But they will also not only take over the role of commissioning, but also trying to support people in delivering care. That isn't just healthcare, but social care, and it will, for children, young people impact on education as well.

So this theoretically could see a reduction in some of the barriers that we've probably always experienced in terms of setting up services and delivering them in better way. However, it's going to be a monumental change, with a lot of change of structures, a lot of change of staffing as well in the organisational structures that support health care. And my guess is, it is going to take some time to bed in now over that bedding in period, which is going to be at least one to two years, I think that's a time of opportunity. It should not be a time when we say well, let's just wait and see how things settle. Because I think we will potentially miss opportunities if we do that. I think the opportunities are to create influence. Because when we're thinking about policy, we know very well you just need to listen to the news in the morning and read a paper that you know that there's going to be some big, big things that the NHS has got to somehow tackle.

And that's the waiting list of which the vast majority are adults sitting on waiting lists. It's cancer, again, the vast majority of sufferers will be adult. Dementia, again, one that's adults too. And a lot of the chronic diseases are really seen through a lens of cardiac or respiratory diseases that are diabetes, that are affecting adults. And somehow we've got to try and create a good sense and a good understanding and make a good argument to say actually, if you really want to impact on all of them for the future and reduce people getting them in the first place, then that the crucial period of time is our children. And that's both in maternal health, early childhood as well as later childhood. That's the place where you're going to get your biggest bang for your buck. It's where, if you can, make a difference, then the downstream health effects could be profoundly positive.

So how do we make that case in a policy environment really, which is to change or make a case to ensure that when integrated care boards are thinking about how they set themselves up, that really children and young people have got a strong voice. And we can talk about how to do that. But I'd start by saying this is a massive opportunity because of the Health and Care Act has ensured that there will be a member of that board who will be ultimately responsible for children's health and well being. That's a massive thing for children and young people. It wasn't actually in the Health and Care Bill, before it went through Parliament, and with lobbying from some great institutions like Barnardos, but also our College, we've managed to ensure that there is a clear line of responsibility now. So I think there's an opportunity there Rob.

Robert Okunnu 20:20

Certainly when we think about the Health and Care Act, that's mainly England legislation. But when we think about the conversations that paediatricians can have locally, these are principles that they can talk to more generally, I know, in our conversations, here, we, focused on the three golden threads. So if you're able to just to elaborate a little bit more about that, because those are principles that could work in any nation in the UK.

Dr Mike McKean 20:50

Absolutely. So when we're thinking about trying to think in a clearer way, sometimes you want some clear principles. And when you're thinking about integrated care, and how this could benefit children, and what the opportunities might be, I think it's also being aware of the language of what people are thinking about, and that you could use. And these three golden threads that you mentioned, I think, are very simple but also very important to be able to articulate and it applies to anybody who's thinking about integrated care wherever you are.

And those three golden threads will include, obviously, the first way, first golden thread overseas health inequalities. So the whole principle of setting up integrated care systems is to really fundamentally change health inequalities, to help us deliver better health care, to everybody. Equal access to high quality health care, no matter where you live, it's a great aspiration. It's what the NHS is built on. It's been refreshed, and it's there at the core of what integrated care is.

The second thread, I would say that's data and digital as a tool and a golden thread to achieve things, we need to use the communication tools that are out there. We need to collect good data to enable us to know where we're going, where we've been, and where our directions will be in the future, and to understand the challenges around us.

And the third and very important golden thread too is the people and in fact, you would argue is possibly the most important thing is the people who help support health and wellbeing. Now the people, our workforce, we shouldn't forget, it's not just paediatricians and nurses, it's the many, many different people who work with children, young people. I would say it's not just in healthcare, therapists as well as nursing doctors, but what about the voluntary sector? What about the education sector who are all working hard, purposefully, to try and support children and young people? How do we, how do you

harness that quite diverse workforce, and that will be one of the challenges for integrated care, but also great opportunity for us as paediatricians to have a strong voice within that.

Robert Okunnu 23:26

And in that paediatricians are really good at collaborating and being partners in the system?

Dr Mike McKean 23:32

I think it speaks to this concept of integrated care. And when I first started thinking about it, it really spoke to me because most of us, possibly all paediatricians, are working in multidisciplinary environments. We cannot achieve what we need to do with children and young people without a multidisciplinary team often. So we're very used to working in collaboration. And I'm absolutely convinced we can continue to work in collaboration, not only within a hospital environment, but also out in a community setting. It already happens in our community, paediatricians are absolute experts of doing this. And how can we, then, share that expertise in that approach, as we reach out into the education system and into the voluntary sector, in order to try and support our children, young people, I say in a more equitable way.

Robert Okunnu 24:29

Thanks, Mike. I'm going to circle back a bit because we touched on safeguarding and we said that we would talk about that some more. As we come through the pandemic, what's your read on the current environment?

Dr Mike McKean 24:46

I think the current environment is incredibly worrying. I think the pandemic itself really shone a spotlight on the vulnerability of children. And we were all very aware that many children who were perhaps not safe, let's face it did not have access to care support and systems that were designed to try and keep them as safe as possible. And it created a huge amount of problems and a lot of concerns. And of course, it's a tricky area, because sometimes things don't go well at all. And there have been some high profile and absolutely tragic deaths of children who shouldn't have died, such as Arthur and Star that were in the in the news, sadly for what they went through. And it's probably, I'm sure is on the mind of every paediatrician, of every nurse, of every social worker, that, you know, is that going to happen on my patch? It's, you know, a horrible, horrible thought.

It's never more important than for us to be thinking well, how do we strengthen our support for children and young people who are vulnerable and vulnerable to being not safe? And how do we work in partnership with our local government colleagues? How do we work in partnership with our schools and education system? And of course, how do we work to ensure that children get the best support they can. And if we have to redefine that support, and really protect children through the child protection system, how do we do it?

The College has a huge voice in this and has a strong track record in thinking about child protection systems, both within the training systems that the College leads, but also in the advocacy work. It's good at working with partnerships with colleagues in other Colleges and other organisations in order to ensure that we're trying to provide the best support that's out there. Paediatricians, I think, we have

quite a huge role, and a huge amount of ownership of this problem, we have a huge stake in it, and people do look to us for that. It's a real privilege for us. It's a really difficult area. But I know it's one that we will continue to work very hard for. And it's certainly a big area for policy, and one that myself and the Child Protection Committee are very focused on.

Robert Okunnu 27:31

Thanks, Mike. Now, you've given such a snapshot flavour of what it's like to do the work that you do. And I know that there are lots of other areas we didn't talk in much detail. But, I know that there is the health improvement committee work, and that you are supported on the various policy areas by officers, helping you with the brief, and not just on mental health and child protection, but on health improvement.

And there is a team also in the nations where we make sure that we are connected on those big, big areas and take a UK wide approach. But now that you've outlined where the College has been focused, trying to make a difference in this work, what would your advice be for a College member who wants to get more involved themselves in policy and advocacy?

Dr Mike McKean 28:32

I think my advice would be, if you are drawn towards thinking, what can I do not just in my day job? What could I do to help influence a better system? I would say it starts actually in your day job. The first step, I think, is to step back and think more broadly about the children and families that are coming in front of you. So one of the areas of health improvement they've been very focused on is poverty, for example, and another area is obesity. Now, I don't know about other paediatricians out there, because I haven't really talked about this a lot myself, but I have put my big size 10s into it so many times when talking to families about obesity and getting the conversation wrong and trying to understand the problem and trying to help educate and support. And I've learned through getting it wrong so many times. I have ways now of communicating and using my language carefully that I think can truly help at times. Now, it may be a limited impact. But I've learned that over time.

We've now got to do something similar, I think with poverty and getting a language right to help understand poverty, to be able to have a conversation with a family who may be struggling to make ends meet. I think we're going to see that increasing now over this next year, particularly with the state of the economy. So, we've got to learn how to understand problems and the context with which families come to see us. So, I think that is where I would start by trying to understand that in your own working environment. And then if you find that you're interested in this, and you want to explore this more, there are some great opportunities. Now, there's, clearly some important College offices, which are all voluntary offices for various things, including safeguarding, but also health inequalities too.

But I think that there's also opportunities too, to get into this in different ways within the devolved nations and within England. Within England, at the moment, there is an ambassador programme, which will support the integrated care systems. And each of the 42 integrated care systems will have an ambassador. There are some empty and vacant posts there, it's on the College website. And if anybody wants to get involved in this, it's very much a supportive group. We talk together, I talk with them, we bring in other people to talk about what is integrated care to try and understand it. But also to

give them some tools and opportunities for which when they want to knock on a door of a new chief executive or medical director, about children's health issues that they feel they're informed and then have got the ability to put a case forward. So there's the ambassador programme within England, I think it's great, and a great opportunity.

And if it's not that, then it's simply finding out about your local networks, there are many networks all across the UK. Get involved in children's networks of all sorts, so that you are not just thinking about your own patients coming in front of you, but you're starting to think about the system within which you're operating, and you're part of because that can really open your eyes to what's going on outside. And also to start to meet people who might be like minded. And as you meet people you'll find they are like minded and want to work with you. And that can be really inspirational and enable you to start tackling some of the problems and to get some wins.

By wins, I mean, you know, to make a difference, to see something change that you may have influenced is very rewarding, not only for yourself, but I'm sure for your young people. So yeah, start small, I would suggest but don't be afraid of being ambitious. And to grow into this, and I think there's some great routes for developing, particularly in health inequalities at the moment.

Robert Okunnu 32:44

Thank you, Mike. At the College, we also have some other opportunities for members, particularly those that like to engage with their local MPs. We have something called the parliamentary panel where members are able to get involved in our public affairs and campaigns work. And we draw on their experiences very much for that, because their experience on the ground can really help increase the influence and impact that we have as a College. And certainly if any members would like to join the parliamentary panel and sign up to our emails and finding out about what we're doing, in Westminster, for example, or any other events or opportunities, they can sign up to that monthly email and they can hear more.

We're drawing to a close now. Mike, do you have any further thoughts you'd like to share before we wrap up?

Dr Mike McKean 43:34

Yeah. So I think I'd like to end Rob by empowering us to think about something that I think is both fantastic and simple in understanding, but also perhaps difficult to do. And it's an opportunity that paediatricians have got, and I think it's like, wielding a lightsaber. And that is simply the voice of children and young people. And I found that it's sometimes really difficult to move things and to create change, and I struggle with it and struggle to articulate it.

Whereas when a child or young person, you know, speaks about their life, their experiences, their struggles, their aspirations, that's always more powerful than anything I can say. And if, I've learned one thing over the last few years is, if I can help support children and young people to express themselves, about their wishes, how they want their services to support them and their aspirations for the future, and how they want their lives to be.

And if we can open that up and share, that is a very powerful opportunity. Like I say, it's the lightsaber we have that can really be wielded to do a huge amount of good for children and young people. So I just wanted to share that. If there's one thing that we can all do is to give voice to our young people, and then enable their voice to be heard.

Robert Okunnu 45:47

Great, thank you so much, Mike. I'm afraid we've now ran out of time. Thank you, again, for sharing your perspective on what it means to speak with confidence and authority in our policy and advocacy work. It's been hugely enlightening. And to our audience, thank you for listening to this RCPCH podcast. Please do check our webpages@rcpch.ac.uk To keep up to date about the work we do and how you can get involved. Please also stay tuned for future episodes in this series on our strategy over the coming months. Bye for now.