

Public Accounts Committee Inquiry: Introducing Integrated Care Systems

Written evidence submitted by the Royal College of Paediatrics and Child Health: October 2022

About us

The **Royal College of Paediatrics and Child Health (RCPCH)** is responsible for training and examining paediatricians, setting professional standards and informing research and policy. RCPCH has over 21,000 members in the UK and internationally. 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.

1. Integration and children's health

- 1.1. RCPCH welcomes the integration of health and care services that have been formalised in legislation through the Health and Care Act 2022. Child health outcomes in England are some of the worst in Europe and the data shows us that inequalities in outcomes are widening across a number of indicators.^{1,2}
- 1.2. The integration of services is of particular importance in tackling these trends and for children and young people's health more broadly. Our flagship project, State of Child Health 2020 noted that greater integration and working in partnership to deliver shared priorities is essential to reduce inequalities, to prioritise public health and prevention, and to improve health services for children.^{3,4}
- 1.3. In 2021, RCPCH published Paediatrics 2040, which considered what the child health service of the future needs to look like. It set out a vision for what we need in order to meet demand, with integration being identified as one of three key enablers alongside innovation and inclusion.
- 1.4. Within this it highlighted the need for the development of integrated care for CYP at scale including improved integration across physical and mental health, better integration between existing data systems (specifically integrating hospital and primary care, and also to integrate key educational data with health data), training in paediatrics integrated into the training pathways of other specialties such as general practice, child psychiatry and public health, and research integrated at all levels of new paediatrics care pathways in primary, secondary and tertiary care.⁵
- 1.5. We hope to see paediatric models of care that are truly child centred, rather than built to suit existing systems, with communication and adaptation as the key ingredients in any system.⁶
- 1.6. We recognise that integration at a local level is even more important post-pandemic, as NHS and community services look to address the backlog of required care, and the increased demand that has developed as a result of the broader impact of the pandemic and increasing levels of child poverty.
- 1.7. In order to achieve this, robust and coordinated planning is essential to ensure there is an adequately resourced and appropriately integrated child health workforce able to address these issues and provide the highest quality care to children and young people.

¹ <https://www.rcpch.ac.uk/resources/child-health-england-2030-comparisons-other-wealthy-countries>

² <https://stateofchildhealth.rcpch.ac.uk/evidence/>

³ <https://stateofchildhealth.rcpch.ac.uk/>

⁴ <https://stateofchildhealth.rcpch.ac.uk/evidence/nations/england/>

⁵ <https://paediatrics2040.rcpch.ac.uk/our-vision/#page-section-7>

⁶ <https://paediatrics2040.rcpch.ac.uk/our-vision/#page-section-6>

- 1.8. The College notes that substantively joined-up, cross-sector care has the ability to drive improvement in child health outcomes and ensure children and young people access the care they need, when they need it, from the most appropriate person and team.
- 1.9. There are several specific areas where integration will be helpful but will require a concerted effort from Integrated Care Boards and other systems. Examples include:
 - 1.9.1. Early intervention – an integrated approach between maternity, public, physical and mental health services, as well as education and voluntary sector services should enable a greater focus on early interventions.
 - 1.9.2. Mental health – we need to see better services for all children with poor mental health that encompasses prevention, early intervention, and better access for all. This requires an integrated approach.
 - 1.9.3. Community care – integration presents an opportunity to better support vulnerable children, including those with complex healthcare needs, autism or early language development, in the community.

2. ICS requirements on children and young people

- 2.1. In addition to placing ICSs on a statutory footing which in and of itself RCPCH welcomes, the Health and Care Act 2022 also places a number of important requirements on ICSs that will put the needs of children and young people at the heart of integrated health and care services.
- 2.2. These requirements, which were the result of extensive sector and parliamentary advocacy, include:
 - 2.2.1. A requirement on Integrated Care Boards (ICBs) to set out the steps it will take to address the needs of children and young people under the age of 25 in their five-year forward plans.
 - 2.2.2. A duty on ICBs to consult people to whom services are provided on the commissioning and provision of services including children, young people and families.
 - 2.2.3. For NHS England to ensure their statutory guidance provides that each ICB must have an executive lead who acts as Children’s Lead, with responsibility for championing the needs of babies, children and young people under the age of 25.
 - 2.2.4. For the Department of Health and Social Care to ensure guidance produced on Integrated Care Partnership’s (ICP) Integrated Care Strategy contains provisions for the strategy to consider child health and wellbeing outcomes and integration of children’s services. This guidance also needs to set out an expectation that the ICP should consult local children’s leadership, and children and young people and families themselves, on the strategy.
 - 2.2.5. A commitment in legislation to publish a report, within a year, that will describe the Government’s policy on information sharing in relation to children’s health and social care and the safeguarding of children and will include an explanation of the Government’s policy on a consistent identifier for children.
- 2.3. Too often the unique needs of children and young people are overlooked by systems. Illustrating this, analysis by YoungMinds showed that 77% of sustainability and transformation partnerships failed to sufficiently consider children’s needs.⁷ In 2019, RCPCH’s own appraisal of STPs found a lack of recognition of children and young people.⁸
- 2.4. In addition, analysis by Barnardo’s showed that out of the 42 existing ICSs just one ICB, North London Partners in Health and Care, listed a strategic lead for Children, Young People and Maternity on their

⁷ https://www.theyworkforyou.com/psc/2021-22/Health_and_Care_Bill/08-0_2021-09-16a.322.5

⁸ https://www.rcpch.ac.uk/sites/default/files/2018-04/sustainability_and_transformation_partnerships_-_may_2017.pdf

Integrated Care System Senior Leadership Team. 17 had no stated children or young people leads on their boards, while 24 did not list their ICB members.⁹

- 2.5. Therefore, it is extremely positive that the Government recognised the need for this Act needed to include a greater focus on children and young people and introduced these concession amendments.
- 2.6. RCPCH is especially pleased that NHS England is required to ensure statutory guidance sets out that each ICB must have an executive children's lead. We believe this is vital for much-needed strategic leadership locally to ensure a system wide view across all services for children and young people, for the delivery of high quality, safe and effective integrated services.
- 2.7. We note that NHS England are yet to publish their guidance on the executive children's lead and would encourage them to do this and share it with ICBs as soon as is possible.
- 2.8. The College's Facing the Future Standards for children with ongoing health needs gives a flavour of what a dedicated lead for children could do. It states the executive lead will consider all the issues relevant to the child (including their mind, body and social needs) to ensure agencies and organisations are working together to deliver high quality services. The executive lead is responsible for developing and publishing health strategies and policies, including transition, and a named person in senior management is accountable for implementing them.¹⁰
- 2.9. More recently, through our Ambassador Forum, our members have recommended the lead:
 - 2.9.1. Have experience and a good understanding of child health
 - 2.9.2. Be focused on babies, children and young people rather than have this included as part of a wider portfolio
 - 2.9.3. Should incorporate a holistic view of child health that includes prevention and addressing inequalities and the lead
 - 2.9.4. Have the power to meaningfully consult CYP with regards to areas and services that impact on them and this feedback should influence decision-making

3. RCPCH future work on ICSs and children and young people

- 3.1 RCPCH recognise this is a transitional year and that ICSs will need time to establish themselves and act on the requirements set out in the Health and Care Act 2022 and associated statutory guidance from NHS England and DHSC.
- 3.2 The College will use the coming months to appraise the extent to which ICP strategies and joint forward plans consider the needs of children and young people. This will aim to share best practice and provide a summary of progress as these new systems further establish and embed themselves. We will be happy to share our report with the Committee once it is published early next year.
- 3.3 In recognition of the important opportunity ICSs present to child health, the College has prioritised an offer to local system development by appointing a network of RCPCH Ambassadors, paediatricians with local knowledge and experience of children's services supported by the expertise of the College, who engage with leaders within their ICS to advocate for the needs of children and young people to be understood and prioritised.

4. What are children and young people looking for from Integrated Services?

⁹ <https://bills.parliament.uk/publications/43078/documents/795>

¹⁰ https://www.rcpch.ac.uk/sites/default/files/2018-04/facing_the_future_standards_for_children_with_ongoing_health_needs_2018-03.pdf

4.1 The RCPCH &Us Network¹¹ seeks voices and views from children, young people and families to inform and influence the work of RCPCH. In line with our duty to involve, we asked children and young people in 2022 what they are looking for from an integrated health service. They said:

Children:

- Clothes, food, bed banks in the same place as the doctors
- Doctors, dentists, nurses, people to talk to (mental health) in one place
- Free bus to get there
- Enough medicines and medical tools for everyone
- Education on staying healthy
- More colourful walls
- More staff
- Cooking room
- Choices of fun activities

Young People:

- better joined up communication between services so they did not have to explain themselves repeatedly to different people or different services, especially about mental health or long-term conditions
- More support during the night. That's when I go under
- Work in partnerships to ensure safety
- Services that link together better like physical health, mental health, sexual health
- More information shared between the hospitals, pharmacists, GPs in a joined-up way
- Wait times need to be less especially for mental health or long-term condition diagnosis
- Communication is key. It's not very good at the moment
- It's hard becoming an adult & knowing what to do re medical admin
- Making help more accessible, approachable for all and a more comfortable experience
- check-ins rather than check-ups to feel it is personalised care and that you matter to them
- control over which health services had access to their information and who they told, e.g. GPs, parents/schools being told without permission
- More help with mental health from listening to self-harm to identity
- better booking systems that allowed them to make appointments with different health services
- more information about what kind of services were available to them and they wanted more sign posting
- multiple health services in the same physical space so they did not have to travel to different locations for different health support services

4.2 In collaboration with the South Yorkshire and Bassetlaw ICS, the RCPCH&Us network has also produced a short leaflet that outlines how ICSs can amplify children and young people's voices, work collaboratively and support meaningful engagement.¹²

For further information please contact:

Bruce Warwick, Public Affairs and Campaigns Lead
Royal College of Paediatrics and Child Health, London, WC1X 8SH
Tel: 020 7092 6006 | Email: bruce.warwick@rcpch.ac.uk

The Royal College of Paediatrics and Child Health is a registered charity in England and Wales (1057744) and in Scotland (SCO 38299)

¹¹ <https://www.rcpch.ac.uk/about-us/our-team/children-young-people-engagement-team>

¹² <https://www.rcpch.ac.uk/resources/children-young-peoples-engagement-your-ics-integrated-care-systems>