



## Consultation response form

### Setting the mandate to NHS England for 2016 to 2017

#### Consultation Questions

##### **1) Do you agree with our aims for the mandate to NHS England?**

We agree with the aims of the mandate and particularly welcome the longer timeframe which will enable the system to strategically plan and deliver improvements more effectively. However, we would question how this matches the timescales set out for the new Vanguard who have been asked to demonstrate progress within a year?

##### **2) Is there anything else we should be considering in producing the mandate to NHS England?**

The development of the Mandate should be led by patients, including children, young people and their families, and must clearly take into account their views, for example, through the feedback from patient surveys. It is important to gather the views and opinions of hard to reach and vulnerable groups and to consider the life course approach particularly when young people are transitioning to adult services.

It is essential that the Mandate reflects the recommendations from key reports (particularly those commissioned by the Government) such as the Report of the Morecambe Bay Investigation (which includes the, currently unmet, recommendation to conduct a national review of paediatric services in challenging circumstances) and Future in Mind, and the Children and Young People's Health Outcomes forum report and follow up recommendations.

The mandate should also reflect the need for collaboration and joint working between NHS England and other organisations, including Public Health England and Health Education England.

##### **3) What views do you have on our overarching objective of improving outcomes and reducing health inequalities, including by using new measures of comparative quality for local CCG populations to complement the national outcomes measures in the NHS Outcomes Framework?**

We fully support the objectives to improve health outcomes and reduce variation - this must specifically include infants, children and young people.

The new measures of comparative quality for CCG populations are potentially useful and

would provide a measure of the performance of local health services. How will NHS England use the measures to support improvements in care quality and outcomes?

How will the impact of the current public health cuts be scrutinised to see if there is a detrimental impact on health outcomes and on CCG and NHS England's performance - how will this be taken into account?

We are concerned about the number of different performance measures being used/under development - could the measures be simplified and/or better aligned?

#### **4) What views do you have on our priorities for the health and care system?**

We strongly welcome the increased focus on public health and prevention and particularly the emphasis on children and young people. Early intervention can lead not only to better health and wellbeing of adults, but also cost efficiency savings - so early investment in children to reduce health inequalities and improve outcomes can have a beneficial long term impact on the health and wellbeing of the English population.

The current prevalence of childhood obesity portrays a frightening picture and is a stark warning about the future health of people in England. At present a third of 10 year olds are overweight or obese and based on current trends, half will be affected by 2020.

One in ten children and young people under the age of 16 have a diagnosable mental disorder and 50 percent of mental illness in adult life started before 15 and 75 percent by age 18. We would like to see more effort made to make the parity of esteem between mental and physical health a reality.

We welcome the aim to improve quality of life for people living with long-term conditions but again this must include infants, children and young people - one in seven (15%) of 11 to 15 year olds now have a long term condition.

We have seen a 28% increase in hospital admissions for infants, children and young people over the last ten years and, although they are generally admitted to hospital for shorter periods than adults, their conditions are less predictable and they are more likely to deteriorate quickly. Children admitted to hospital should be seen in a timely manner by a suitably experienced doctor, 24 hours a day, 7 days a week.

However, to deliver this required level of care there must be sufficient paediatric staff; 77% of respondents in the recent RCPCH rota vacancy and compliance survey survey said they were concerned about how their service is going to cope in the next six months. The current vacancy rate is 6.9% on tier 1 rotas and 19.5% on tier 2 rotas and the vacancy rate is highest on middle grade neonatal rotas (22.7%).

To ensure that we can continue to provide safe and sustainable consultant delivered care, and that services meet the required service standards in RCPCH Facing the Future standard for acute paediatric care and Facing the Future Together for Child Health for urgent care outside hospital settings (as well as other standards such as paediatric surgical standards) as recommended in the CYPHO Forum report, further consideration is needed to redesign the model of care for children so that specialist care is concentrated on fewer sites and children are cared for outside the hospital setting in their localities. Fewer, larger units need to be supported by managed clinical networked services (with

appropriate risk management and escalation) and more care delivered closer to home through community children's nursing teams and better paediatric provision in primary care. We welcome the proposed focus in the Mandate on delivering more care outside of the hospital but note that for children and young people in order to provide effective integrated care, there must be collaboration across health, social care and education services, and potentially with youth justice and third sector partnerships too. The RCPCH recommends that the Department of Health develops a cross-government strategy on child health, as a matter of urgency.

The RCPCH has highlighted its concerns to the current NHSE Maternity Review about the sustainability of the provision of paediatric services in remote and rural units. We ask NHS England to deliver recommendation 20 set out in the Report of the Morecambe Bay Investigation to conduct a national review of the provision of paediatric care in challenging circumstances, including areas that are rural, difficult to recruit to, or isolated. We also want to see the NHS England Vanguards for acute and emergency care to address the needs of infants children and young people in an equitable way to that of adults.

We welcome the emphasis on the importance of research and innovation but this must be matched by funding. Funding for child health research currently represents only 5% of the annual UK public and charitable research expenditure of approximately £2.2 billion, equivalent to less than £10 per child each year.

It is also important for collaborative working between the Department of Health, NHS England and Health Education England to improve the academic workforce capacity and develop a children's workforce which is fit for purpose.

NHS England also need to develop an implementation plan to take forward the recommendations outlined in the UK Rare disease strategy. In particular, integrated services need to be developed for children with rare disease. The saving to the NHS would be considerable in time and cost and would lessen the burden on children and their families.

**5) What views do you have on how we set objectives for NHS England to reflect their contribution to achieving our priorities?**

The approach is welcomed but with further clarity required as to how the recommendations from the Mandate will be fully funded and implemented, and what role(s) the RCPCH will have in future strategic implementation plans .