

HEALTH AND WELLBEING BOARD

15 NOVEMBER 2022

CHILDREN AND YOUNG PEOPLE'S INTEGRATED CARE SYSTEM PROGRAMME

Board Sponsor

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Author

Children and Young People's Integrated Care System Programme

Priorities

This report is relevant to the following Joint Local Health and Wellbeing Strategy priorities:

- Mental Health and Wellbeing
- Healthy Living at All Ages
- Homes, Communities and Places
- Jobs and Opportunities

Safeguarding

This report has a direct impact on safeguarding children.

ICS Children Board aim - design and deliver an integrated system to improve health and wellbeing outcomes for Children & Young People.

Item for Decision, Consideration or Information

Consideration

Recommendation

- 1. The Health and Well-being Board is asked to:**
 - a) Note the development and delivery of the NHS Long Term Plan ;**
 - b) Note the risk in services delivery raised by the Herefordshire & Worcestershire Health & Care NHS Trust [HWHCT]; and**
 - c) Make recommendations for action to offset the risk and support delivery of the NHS Long Term Plan**

Background

- 2. Across the Herefordshire & Worcestershire ICS, Children and Young People (CYP) represent approx. 19% of our population (Public Health Profiles 2021). The NHSEI National Children and Young People's Transformation Programme was**

established to oversee the delivery of the children and young people's commitments in the NHS Long Term Plan, with clearly defined national, regional and ICS expectations. Paused during the Covid -19 pandemic, the programme restarted during 2021 and is responsible for the oversight of health services currently provided for the 0-19 age group across Herefordshire & Worcestershire ICS. This is extended to the 0-25 age group for SEND and Children Looked After (Appendix A)

3. The programme vision is that every child and young person in England will have equitable access to high quality health and care services which are tailored to their needs and available when they need them.

4. Accountability and assurance for delivery of the LTP and National Transformation Programme is held by ICS Children's Board which meets quarterly and brings together key partners across health, social care, education, public health, voluntary sector, parent carers, and reports into the ICS & Place Based governance structures. The Terms of Reference are attached at Appendix B.

5. Integrated Care Systems are required to report on the integrated health and care plans for children and young people's services that focus on 6 national priority areas, these priorities reflect local challenges, the Board have also incorporated 2 additional local priority areas. Multi-agency task groups have been established to take forward this work reporting into the ICS Children Board and local partner organisations.

6. The national priority areas are;

- **Obesity** - Across the ICS we have consistently higher rates of overweight and obese children than the England average, as identified by the National Child Measurement Programme (NCMP).
- **Infant Mortality** – Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social, and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and new born, the ICS infant mortality rate for those under 1 year of age is consistently higher than the England average.
- **Diabetes** – ICS prevalence of Type 1 Diabetes is in line with the England average, there are lower levels of Type 2 diabetes but with the higher than national average of childhood obesity this has significant potential to increase. Diabetes service peer reviews across the ICS identified significant concern with transition to adult care for this cohort of young people.
- **Asthma** – There is significant variation with rates of hospital admission across the 2 counties in the ICS, even allowing for variation in population numbers and compared with the national average rates overall are higher. Focus on implementing the National Asthma Care Bundle Standards (ACBS) and 'Getting the Basics Right' in respect of: annual reviews, Personalised Asthma Action Plans, regular inhaler technique checks, adherence to preventative medication and following minimum standards of discharge planning.
- **Epilepsy** - the most common significant neurological disorder in children under the age of 19: more than one in 220 children have epilepsy,

according to ICS Primary Care Registers 463 children have an epilepsy diagnosis, this does not reflect all the children supported by acute and community epilepsy services and further work is required to understand the extent of need across this group.

- **Acute, urgent & emergency care** – between 25%-30% of local A&E attendances are children or young people, few arrive via ambulance (approx 9%) and from local and national audits we know around 30-50% of these attendances could be managed in integrated care services linking primary and community care with paediatric expertise.

7. The local priority areas are;

- **Special Educational Needs and Disability (SEND)** – Two separate workstreams across the ICS led by the Local Authority on behalf of the local area system. In Worcestershire the focus is delivery of the Accelerated Progress Plan led by Worcestershire Children First on behalf of the local area system. Overarching intentions across the ICS are
 - Improving outcomes for vulnerable children and young people.
 - Supporting, listening to, and encouraging CYP to reach their full potential including, where possible, living independent lives.
 - Strengthening the focus on prevention and early intervention and to co-produce services to improve outcomes for children and young people.
- **Mental Health and Emotional Wellbeing Transformation Plan** - A single workstream across the ICS led by the Mental Health Collaborative and supported by 2 place based partnership groups. Overarching intentions across the ICS are;
 - Timely information, advice, and support
 - Improved mental health services within schools.
 - Excellent success in recovery and avoidance of crisis.
 - Increased awareness and reduction of mental health and emotional well-being concerns and stigma.

8. Quarterly progress from the priority areas is reported to the Programme Board via Highlight and Escalation Reports, these are attached at Appendix C

9. Risks to service delivery were raised by Herefordshire & Worcestershire Health & Care Trust at the Children & Young Peoples Strategic Partnership meeting on 21 September – “Challenges for Services Supporting Children and Young People with Complex Needs” is attached at Appendix D.

10. A recovery and mitigation plan is being prepared by Herefordshire & Worcestershire Health and Care Trust including Clinical prioritisation of need in response to the significant increase in referrals. Recovery plans are being developed, including communication with families and referrers about the current position, including clarification of referral pathways.

11. The ICB is working with Childrens Community Health Services to quantify current demand and capacity and agree measures to mitigate the impact for children & families

12. The outcome of an ICS wide external review of Paediatric Therapies is expected mid-November, this will include potential new models of service provision

13. Herefordshire & Worcestershire Health & Care Trust have established a multi-agency Transformation Programme which meets monthly focused on three key pillars to ensure delivery of benefits and improvements:

- **Optimal Core Services** (ensuring our services are fit for purpose and efficient, providing a customer journey that is customer centric)
- **Systems Transformation** (ensuring easier and smarter tools for our users, systems that are fit for purpose)
- **Workforce Management** (introducing new ways of working, operational management structures, career pathways, cultural change)

Legal, Financial and HR Implications

14. The legal, financial and HR implications of delivery of outcomes rests with responsible commissioners and providers.

Privacy Impact Assessment

15. To be undertaken in relation to HWHCT service delivery challenges

Equality and Diversity Implications

THE COUNCIL MUST, DURING PLANNING, DECISION-MAKING AND IMPLEMENTATION, EXERCISE A PROPORTIONATE LEVEL OF DUE REGARD TO THE NEED TO:

- ELIMINATE UNLAWFUL DISCRIMINATION, HARASSMENT AND VICTIMISATION AND OTHER CONDUCT PROHIBITED BY THE EQUALITY ACT 2010
- ADVANCE EQUALITY OF OPPORTUNITY BETWEEN PEOPLE WHO SHARE A PROTECTED CHARACTERISTIC AND THOSE WHO DO NOT
- FOSTER GOOD RELATIONS BETWEEN PEOPLE WHO SHARE A PROTECTED CHARACTERISTIC AND THOSE WHO DO NOT

HAVING DONE THIS, PLEASE USE ONE OF THE FOLLOWING THREE SUGGESTED PARAS IN THE REPORT:

A An Equality Relevance Screening will be completed in respect of the HWHCT service delivery challenges

Contact Points

NHS H&W ICB Contact Points
Business Support 0330 0534356

Specific Contact Points for this report

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Supporting Information

- Appendix A - Children and Young People's National Transformation Programme Workstreams
- Appendix B - ICS Children Board Terms of Reference
- Appendix C – ICS Children Board Highlight & Escalation Reports
- Appendix D Challenges for Services Supporting Children and Young People with Complex Needs

Background Papers

None