

**REPORT TO:** Health & Wellbeing Board

**DATE:** 9<sup>th</sup> March 2016

**REPORTING OFFICER:** Director of Public Health and Director of Commissioning and Service Planning.

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** Integrating Children's Health for Better Outcomes

## 1.0 PURPOSE OF REPORT

1.1 To inform the Board of developments for integrating children's services.

## 2.0 RECOMMENDATION: That the Health and Wellbeing Board

1. note the contents of this report; and
2. note that a paediatrician is available to work in the Halton community from Warrington and Halton Hospital Trust.

## 3.0 Supporting Information

An Integrating Child Health in Halton Workshop was held on 8<sup>th</sup> May 2016 with local acute trusts, community trusts, children's services, NHS CCG Halton and public health. The key note speaker was Dr Hilary Cass President of the Royal College of Paediatric and Child Health. The outcome was consideration to pilot an innovative programme of joint working between providers and the placement of a local paediatrician in the local community.

### 3.1 Vision

***Paediatricians, primary care, child health, public health and children's services locality teams working together in the community to improve outcomes for children and young people in Halton.***

#### **Context**

The shift of healthcare from hospitals into community settings has been a theme running through policy for paediatric health services in the United Kingdom since the Platt Report in 1959 (Ministry of Health, 1959). Based on the philosophy that families' lives should continue as normally as possible when children require medical treatment, National Health Service (NHS) reforms have sought to ensure that children and young people who are ill

receive timely, high quality and effective care as close to home as possible (DoH, 2004). New treatments and technologies in conjunction with a need to reduce demand on acute hospitals (DoH, 2006; Sibbald et al., 2007) have accelerated this initiative, which is also presented as desired by families (DoH, 2004).

Simon Stevens in his Five Year Forward View (2015) has advocated integration stating: *One new option will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care - the Multispecialty Community Provider.* The Royal Society of Paediatric and Child Health and the Royal Society of Gynaecologists and Obstetricians are both promoting an integrated paediatric care model and women's services model based in a hub. Dr Hilary Cass, OBE, who has just finished a term as President of the RSPCH and is now Paediatric Clinical Lead for Health Education England has recently presented the advantages of this approach at an Integrating Child Health for Improved Outcomes Workshop in Halton and it was well received.

### 3.2 Drivers for change

The UK's child mortality rate is the second worst in Western Europe, with an estimated 5 excess child deaths each day compared to the best performing country (WHO mortality database, 2012). In 2013, local paediatricians, GPs and service users demonstrated that up to 58% of new referrals to General Paediatrics at St Mary's Children's Hospital were avoidable. They also showed that up to 87% of follow up appointments were not in the most appropriate place.

Furthermore, while children make up two-fifths of a typical GP's workload, in some areas of the UK up to 40 – 50% of GPs have little or no formal paediatric training (Department of Health 2010 and The Royal College of General Practitioners).

Across greater Merseyside care for children has changed dramatically and more children than ever are accessing health services via Emergency Departments, Walk-in Centres, Urgent Care Centres and General Practice. Despite this, paediatrics is not a mandatory part of GP training in Liverpool, leaving some GPs deficient in the skills needed to offer broad care for children outside hospital settings (Ryan and Bowers 2015).

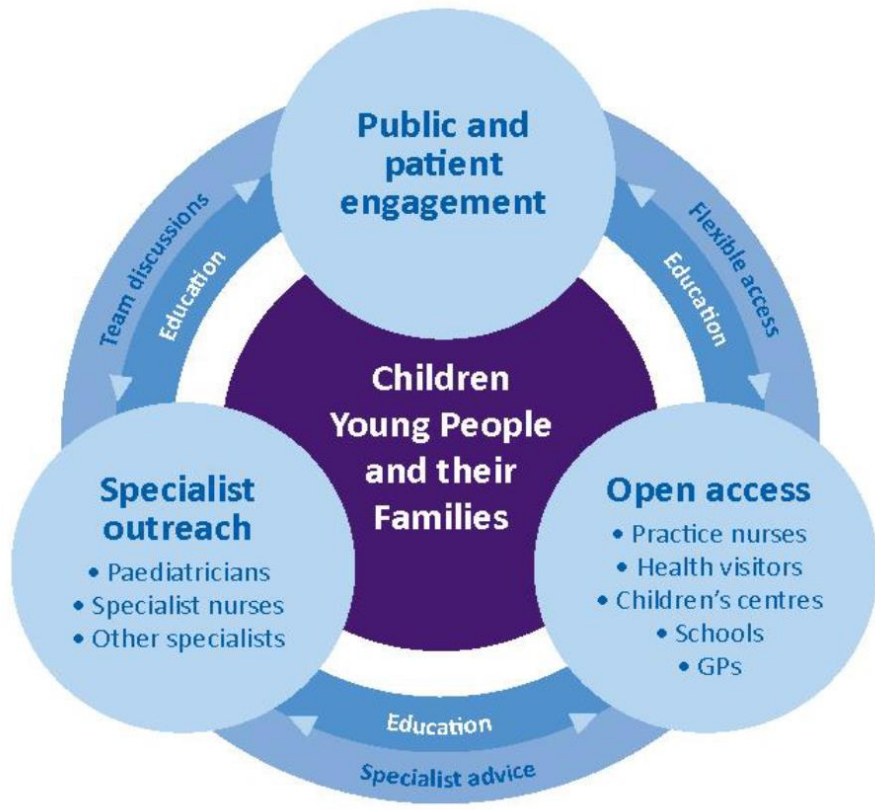
### 3.3 Other drivers include:

- Increasing demand for children's care across all aspects of the health system

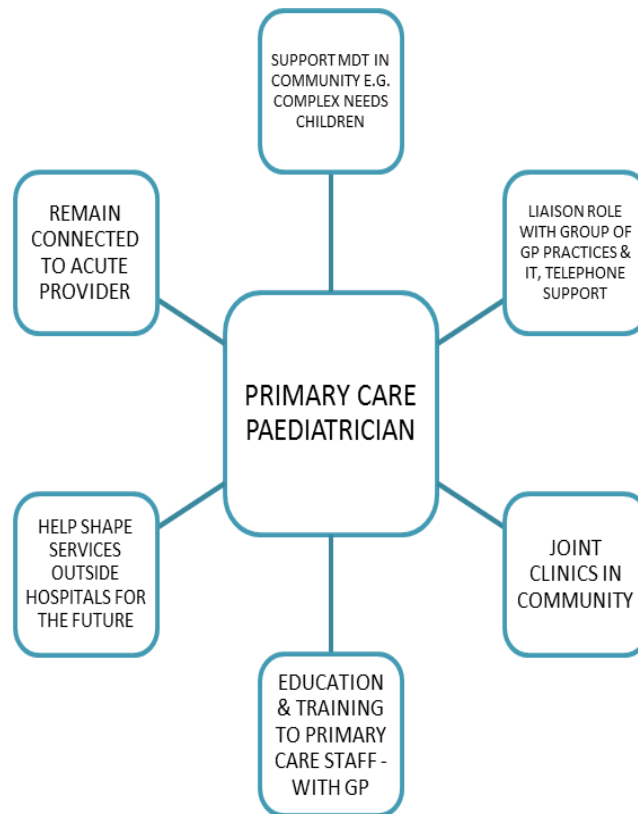
- Rising levels of A & E admissions for children.
- Increasing expectations of an educated population for specialist advice.
- The high and rising cost of hospital based care.
- The need to integrate medical, paramedical, public health and social care for children and improve outcomes.
- GPs are keen to avoid out-patient referrals and Emergency Department attendances for their patients if possible and want to engage with hospital specialists in more non-traditional ways e.g. education sessions, Multi-Disciplinary Team meetings, joint clinics.

### 3.4 **Aims and outcomes of an integrated service**

- Connects all involved professionals, to encourage shared learning, a 'whole person' approach to care, and increase parent and professional confidence in how child health services fit into primary care.
- Creates better outcomes for children, through coordinated care management, multi-disciplinary teams, and assessment and treatment in the right setting.
- Enhances paediatric skills, confidence and competence across the system.
- Reduces unscheduled care, inpatient admissions and paediatric outpatient referrals through improved out of hospital care, so families can be seen in a familiar setting with professionals they know and trust.
- Enables effective and easier access to specialist paediatric skills in for patients, families and GP surgeries alike.
- Develops specialist pilots (such as respiratory), into a general approach.
- Creates financial savings across the system.
- Development of an intermediate post combining GP and Paediatrician skills.



### 3.5 Example of a model in a GP/Children's Centre Hub



Example of how the Primary Care Paediatrician could work in the community (Ryan and Bowers 2015)

- **Liaison role**

The PCP would be allocated to a hub of primary care practices and would act as their liaison general paediatrician.

- **Clinics**

They would/ could perform 50% of their Ambulatory clinics in a local children's centre, where families could avail of many other services and other health interventions could be offered e.g. breast feeding advice, nutritional advice.

As a CPD opportunity, a GP from the practice could attend the clinic as an observer.

- **Pathways of Care**

The PCP could work with General Practitioners on further developing integrated care pathways from the community to the acute sector and through to discharge back to the community, building on the work already being done with condition specific pathways (e.g. asthma) and the Map of Medicine.

- **MDT meetings**

Multi-disciplinary meetings would take place on cases so the PCP could

feedback on the referrals, management plan, potential safeguarding issues and development needs of the child and highlight issues such as missed vaccinations or the need for parental support. These may be particularly pertinent to children with complex needs.

- **Education & Training**

The PCP would provide education and training to all grades of staff in the participating practices who are involved in the care of children. This could be a rolling programme but ideally would have input from the practice members to ensure their needs were being addressed.

The PCP could also involve other members of the wider Alder Hey/Whiston/Warrington team in these sessions as they saw fit.

- **Public Health Promotion**

The PCP would advocate for children's public health and social care issues to remain at the forefront of all Practice agendas.

This description is only an outline of the role the PCP might develop and much of it will be guided by the needs of the community and of the participating practices. In addition to a paediatrician working and driving care from children's centre hubs, other practitioners could be assembled around children in these hubs – developing the infrastructure and creating local 'one stop shops' for children's community care.



## Specialist outreach

The Hub will improve integration between primary, secondary and tertiary care, as well as supporting multi-disciplinary team case discussions between (for example) GPs, paediatricians, health visitors, social care, specialist nurses, midwives and schools.

There could be five outreach activities in participating surgeries, all working in combination:

- 1 GP-based child health outreach clinics.
- 2 Joint discussion on referrals and management.
- 3 Face-to-face education and learning.
- 4 Email or phone discussion and support.
- 5 Collaboration with specialist nurses for specific long-term conditions.



## Public and patient engagement

The Hub will embed key principles of co-working, ensuring that, from the beginning, the GP, acute clinicians and patients all work and talk together to make young people's care more seamless.

Children, young people and their families are at the heart of the Hub. They will do more than benefit from it; they will work together with clinicians through three key initiatives:

- 1 Practice champions.
- 2 Peer support.
- 3 Self management.



## Open access

As part of the Hub, open access works in two ways:

- Offered by the GP surgery to patients – same day telephone access to paediatric advice from a GP or Senior Nurse, or a same day appointment for under 16s if needed.
- Offered by specialists to GPs – easy access to a paediatrician through a telephone hotline and email.

Together, these services can significantly reduce use of unscheduled services, help GPs to triage, and – crucially – improve and smooth the family's experience of child health care.

### **3.6 Next Steps**

1. Agree a financial plan and work plan for paediatrician in community in Halton.
2. Agree GP hosts and pilot sites
3. Liaise with HEE for recognition as a pilot site

### **4.0 POLICY IMPLICATIONS**

- 4.1 Improved health and wellbeing for children.

### **5.0 OTHER/FINANCIAL IMPLICATIONS**

- 5.1 A financial plan to cover the costs of this post will be developed as part of the next steps.

### **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

#### **6.1 Children & Young People in Halton**

All of the issues highlighted in this report should contribute towards improving the health and wellbeing of children and young people.

#### **6.2 Employment, Learning & Skills in Halton**

#### **6.3 A Healthy Halton**

All issues outlined in this report focus directly on this priority

#### **6.4 A Safer Halton**

#### **6.5 Halton's Urban Renewal**

### **7.0 RISK ANALYSIS**

- 7.1 This position is low risk as WHHT already have a paediatrician in place that will take on this role.

### **8.0 EQUALITY AND DIVERSITY ISSUES**

- 8.1 All issues outlined within this report are in line with equality and diversity policy.



9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF  
THE LOCAL GOVERNMENT ACT 1972**

None within the meaning of the Act.