

# CHILDREN & YOUNG PEOPLE'S HEALTH OUTCOMES FORUM

October 2013

## Children and Young People's Health Outcomes Forum response to Health Education England mandate refresh

### Introduction

This is a response from the Children and Young People's Health Outcomes Forum (CYPHOF), at the request of the Minister, to provide three key recommendations for the Health Education England Mandate refresh which the Forum believes will improve care for children and young people.

As a point of principle, every Health Education England Mandate recommendation, and its short term deliverables should be applicable to the children's workforce unless it is a specific recommendation for the adult or elderly care workforce, and include specific reference to transition from young people's services to young adult services. The recommendations should also be developed and delivered in the context of the Francis (1) and Berwick reports (2). Most importantly participation by children, young people and families is integral to all Health Education England work streams.

To support the 3 recommendations, we summarise the context and provide a progress report from key partners, since the publication of the CYPOF Report (3) and the System's (4) response to the Report.

### Background

One of the most important reasons why children and young people's health outcomes are poor in so many areas, and over the life path from infancy to adulthood, is that too many staff are still not adequately skilled, and do not have sufficient training in children and young people's physical and mental health or in communicating with children and young people to enable them to undertake their work safely and well. This is evident both for planned and unplanned care. In the UK some staff who provide care for children and young people have had training only in adult healthcare. All professionals that come into contact with children in Sweden for example where there is better child health outcomes must have completed specific paediatric training, while many other countries across Europe also have systems which enable access to paediatricians in primary care.

Children, young people and their families have told us they wish to access high quality, evidence based safe care and treatment, as close to home as possible. Children and young people also told us the importance of the following themes which have particular relevance to workforce development:

- care by professionals who have had training in working with children and young people
- their concerns that General Practice and transition from children's to adult services do not meet their needs
- health staff to show respect to children and young people and recognition of their right to be involved in decisions about their health and care
- care to be delivered by competent professionals who communicate well with children and young people and provide a joined up approach to their care.

These points are also well made in two other recent publications published by the National Children's Bureau (5) and Action for Sick Children (6).

Failure to ensure an appropriately skilled and competent children and young people workforce has in the past led to significant shortfall in numbers of trained staff. For example, the Centre for Workforce Intelligence report about children's nursing (7) resulted in decreased commissions for undergraduate programmes. However, a report of the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) (8) clearly identified a significant shortfall in the availability of registered children's nurses to fill posts in areas such as emergency care departments, children's surgical wards and day case surgical units providing services for children and young people.

We are aware children are currently not receiving recommended levels of consultant-delivered health care for much of the time. The RCPCH published and have audited ten standards for acute paediatric care in *Facing the Future: A Review of Paediatric Services* in 2011 (9). However, only 25.6% of units across the UK report a consultant being present at times of peak activity on weekdays, and only 20.0% at times of peak activity at the weekends.

### **What has been happening since the System response to the Forum report was published**

In April 2013, the RCPCH and RCN hosted a Children's Health workforce in partnership with the College Youth Forum and over 200 professionals from a range of services attended. The Colleges also emailed their members to feedback on key workforce challenges. The outputs from both of these exercises further supported the Forum's recommendations for improving primary care competencies, particularly for GPs and in developing a more integrated approach to address the physical and mental health needs of the child, as well as the need to break down boundaries between primary and secondary care with clear pathways of care provided by members of the multidisciplinary team. Other key recommendations were to:

- further develop consultant delivered care within a phased consultant career,
- develop extended and advanced nursing roles particularly in the community setting,
- further develop school health programmes, to involve CYP in service design,
- educate parents to deal with minor illness,
- provide better information resources for families and to use apps and web based information (10)

The Forum is in the process of preparing a response to the Francis report and the following excerpt captures the essential knowledge, skills and competence related to babies, children and young people:

- make every contact with children and young people count – using every opportunity to talk with them about their health and wellbeing, and the choices they may make
- support parents and families to access health promoting services and to make the best choices for their child, building on strengths within the family unit
- share information across pathways, with other agencies and with children and young people
- analyse and evaluate best evidence to inform judgements, decision-making, service planning, commissioning, processes and systems to promote health, reduce illness or the potential for harm and complications arising from intervention or hospitalisation (i.e. medication errors or hospital acquired infection)
- lead, develop and participate in continuous learning from feedback from children and young people.

The Forum has also recommended in its response to the Francis Report that there must be sufficient undergraduate and post-graduate education programmes, as well as continuing professional development to ensure the workforce (across the whole pathway) has the knowledge, skills, competence and capacity to meet the specific needs of children and young people with acute, long term, complex, palliative care, mental health and emotional well-being needs, as well as to promote health and address public health issues across a given population. The importance of early years and early intervention is vital, as well as ensuring that the entire workforce has specific training and education in adolescent health issues so as to ensure effective transition to adult service provision. Cultural competence across the workforce is also crucial, as well as an emphasis upon quality and service improvement.

### **The priorities for Health Education England**

The Forum having considered its previous recommendations believe that the following three aspects are the most immediate and critical to secure safe, sustainable and high quality patient centred care for children, young people and their families. These recommendations expand on the workforce, education and training recommendations made in the Forum report to set the necessary strategic direction.

**A Lead Local Education and Training Board (LETB) to be identified to champion the children and young people's workforce, education and development to deliver a first class service for children and young people in order to improve standards and outcomes, and reduce unwarranted variation.**

The need for clear and strategic leadership is crucial. There is a tendency for the focus of activity to be adult/older person orientated. The Bristol Royal Infirmary Inquiry (11) clearly highlighted the result of poor leadership and the lack of specific focus on the needs of children and young people. There is recognition by professionals that services for children and young people must be redesigned to

meet their specific needs, with the integration of primary, community and secondary care provision. Evidence indicates that much of adult disease has its roots in childhood. Studies have highlighted the importance of early help and early intervention, as well as the importance of a child's early years in this respect.

A lead LETB would be able to work strategically with the Royal Colleges and other key stakeholders to set a clear vision for the education and development of the children and young people's workforce, as well as to aid the spread of good practice and innovation. In addition this would also allow future developments to build on good practice examples such as that related to IAPT.

**Health Education England to use robust information and evidence to scope and map the future workforce, training and education developments necessary to meet children and young people's needs across urban and rural areas using e.g. the local Joint Strategic Needs assessment, data from the professional bodies, and data from other validated sources such as the Child Health Intelligence Network and NHS Atlas of Variation.**

The Forum believes that Health Education England must work closely with the Strategic Clinical Networks (SCNs) and Clinical Senates for Children and Maternity services. The SCNs have been established to develop best models of practice, improve outcomes and reduce unwarranted variation in care. In the future staff must be trained to work across the existing primary and secondary care divide, with skills and competences determined by the contemporary needs of children and not by existing professional silos. Modes of delivery and acquisition of knowledge, skills and competence, particularly at post graduate level must be flexible and sustainable, as well as accessible at a distance. The training and education needs of the voluntary sector must also be taken into account.

Here are examples of information which will assist the LETB. The Royal College of Paediatrics and Child Health has submitted a project proposal to develop commissioning service specifications for ten childhood conditions, extending pilot work already conducted on four, namely Down's syndrome, alcohol misuse, acquired brain injury and food allergy. This work will test new models of service integration and workforce, training and education requirements.

The RCPCH has also published the 2011 census which has shown:

- A slowing down of the consultant growth rate to 2.3% per annum.
- A substantial reduction in the SSAG workforce by 17%
- Continuing falls in the number of academic paediatricians.
- The unsustainable number of trainees, despite the paradox of not enough doctors to support safe rotas
- A decline in community paediatric career grade workforce.
- An increase of 2% in the number of women consultants to 48.6%
- 20% of consultants now work less than full time working.
- Less than 70% of services report that they comply with Facing the Future standard relating to safeguarding

The outcomes from the proposed scoping work by a lead LETB in one geographical area must in principle be transferable to other geographical areas. There should also be a robust mechanism established by Health Education England and other partner organisations such as the Local Area teams, Strategic Clinical Networks and the range of Commissioning groups to ensure that other LETBS implement the key outcomes in their respective workforce planning and training strategies, and that their workforce strategies are aligned and agreed with the receptive partner organisations. This would encompass measures to ensure that the public health workforce including health visitors and school nursing workforce have the right knowledge, skills and competence.

**The Forum remains committed to its recommendations for General Practice published in July 2012. These are as follows and require action:**

- **The RCGP proposal to extend GP training to allow for adequate training in paediatrics and physical and mental child health is supported;**
- **all GPs who care for children and young people should have appropriately validated continuing professional development reflecting the proportion of their time spent with children and young people;**
- **all general practices that see children and young people should have a named medical and nursing lead;**
- **all general practice staff, whether they are practice nurses or other members of the team, are adequately trained to deal with children and young people.**

**An additional recommendation is that Health Education England will ensure the first contact workforce in primary, community and emergency care will have the knowledge, skills and competency to promote health and wellbeing, as well as to assess, advise, treat and diagnose children and young people.**

CEMACH (12) identified that many children die due to staff failure to recognise an ill child. Evidence also highlights that detection and recognition of childhood cancers for example is lower when compared with other European countries, and that % of admissions for asthma could have been more appropriately managed in primary care (13)(14).

It is therefore particularly important that all staff likely to have “first contact” , with children and young people, understand the care culture in children and young people services and have the relevant clinical knowledge, skills and competence. This may require enhancing existing skills for some groups of professionals, for example GP and primary care staff including Out of Hours. Or it might mean the employment of children’s nurses in advanced practice roles, community children’s nurses based in GP practices or the up skilling of school nurses and practice nurses who are not from a children’s nursing background. At the current time approximately only 30% of GPs have had specific paediatric training. The CYPHOF, the RCPCH and the RCGP have articulated the need for an additional year for GP training, with child health being an essential part of GP training in the future.

## **Going Forward**

Essentially in the short term there needs to be the development of a 5 year workforce plan, with a longer term 10-15 year workforce plan to ensure that the right workforce is developed for the right future model of care.

The Forum would welcome the opportunity to work with Health Education England and to assist with taking the recommendations and work indicated forward.

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