

Children and Young People's Health Outcomes Strategy – Where are we now?

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Children – one population group – a diversity of needs and issues



Evidence for Action – Opportunity to do it

- Although there is evidence for improvements in some areas of children's health and their healthcare there are new challenges and much more to do.
- Reviews and Reports done over the decades show while there has been some progress, this has been uneven.
- The level of transformational change needed has not been achieved across all communities and organisations.
- A real opportunity now to make that change through the focus on outcomes within the proposed Health Reforms and the Children and Young People's Outcome Strategy, - launched today.

Kennedy Report on Child Health Services

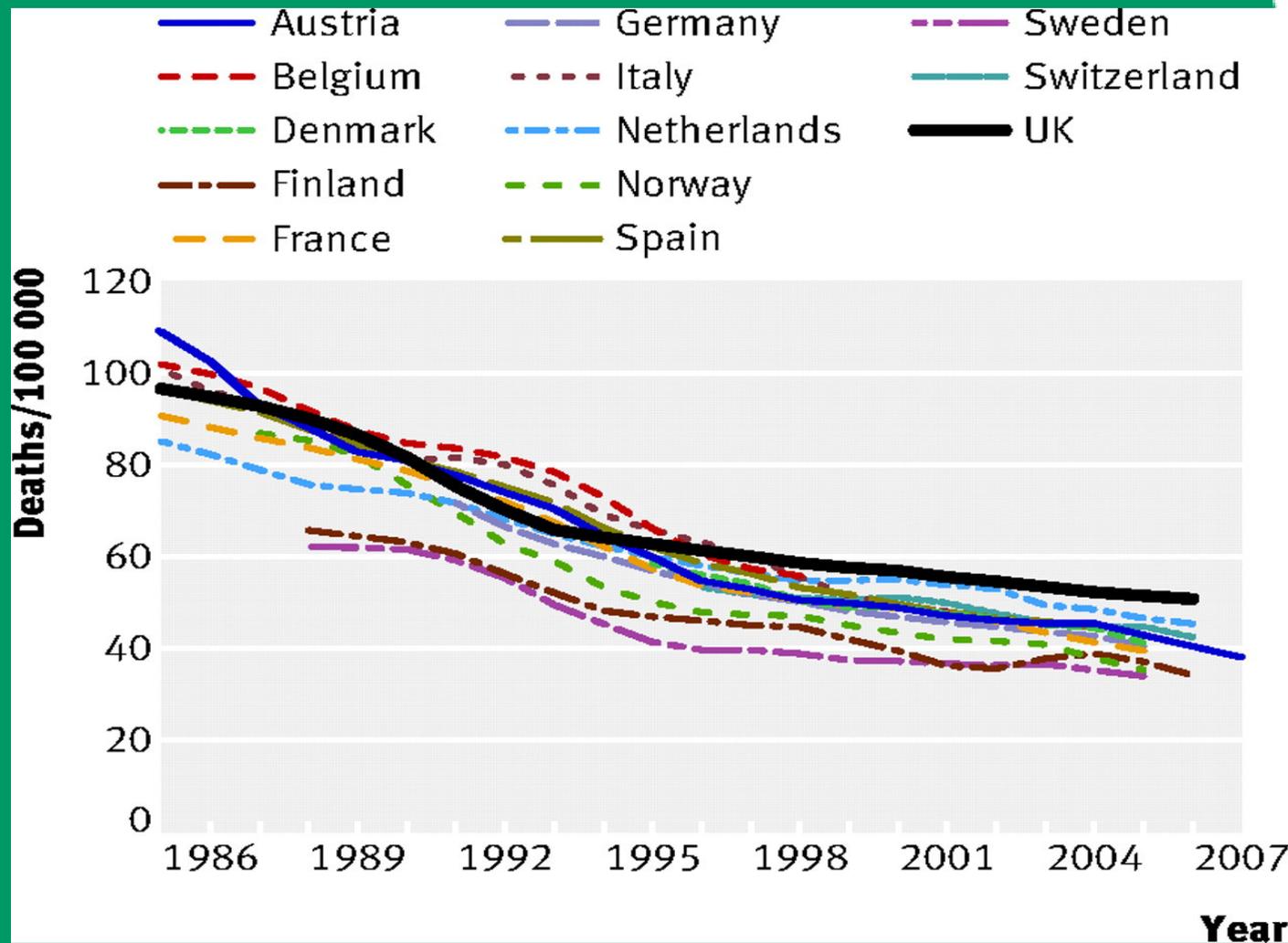


- Review by Professor Ian Kennedy clear that health services did not consistently meet the needs of children.
- Concluded that the quality of services for children and young people varies across the country. Assessments have shown that a large number of services are in need of significant improvement.
- However, the Report acknowledged and this is very important, that there are some excellent services from which others might learn.

International comparisons

- Comparisons with European countries on children's health data, this reinforce the need for change.
- The graph on the next slide is an example of this.
- What is noticeable is that while all countries improved since 1986, improvement in the UK has been slower.

All cause mortality in children in European countries



Health Reforms – levers for change

- The health reforms provide significant opportunities to support the changes that need to happen in children’s healthcare provision.
- “The Health and Social Care Bill, with its scope of comprehensive reform of the NHS structures, offers a real opportunity to address some of the well documented challenges the system presents in delivering services for children and young people”.

(October 2011: Joint statement from NCB, every disabled child matters, Council for Disabled Children and other children’s organisations)

Outcomes – a driver for progress

- Outcome measures can embed the cultural change so that the improvements continue beyond the life of the indicator.
- The NHS and Public Health Outcomes Frameworks will be crucial in shaping priorities locally within the new system and driving improvements in the quality of healthcare provision.
- The inclusion of a number of indicators relating to children and young people within the Outcomes Frameworks as well as other initiatives provides a solid platform for making the improvements needed.

Key priority areas for children and young people's healthcare provision

Public Health and Healthcare Delivery

- Promoting Health
- Sick Children
- Long-Term Conditions
- Disability
- Palliative Care
- Mental Health
- Safeguarding

Pregnancy and the impact on the health of children

- The lifestyle of a mother during pregnancy can have a significant impact on children's health, particularly in their early years.
- Issues such as smoking during pregnancy and the birth weight can be an indicator of potential health problems.

Low Birth Weight

These children have immediate and life-long risks to health and well-being :

Immediate :

- Poor health in first 4 weeks and high infant mortality

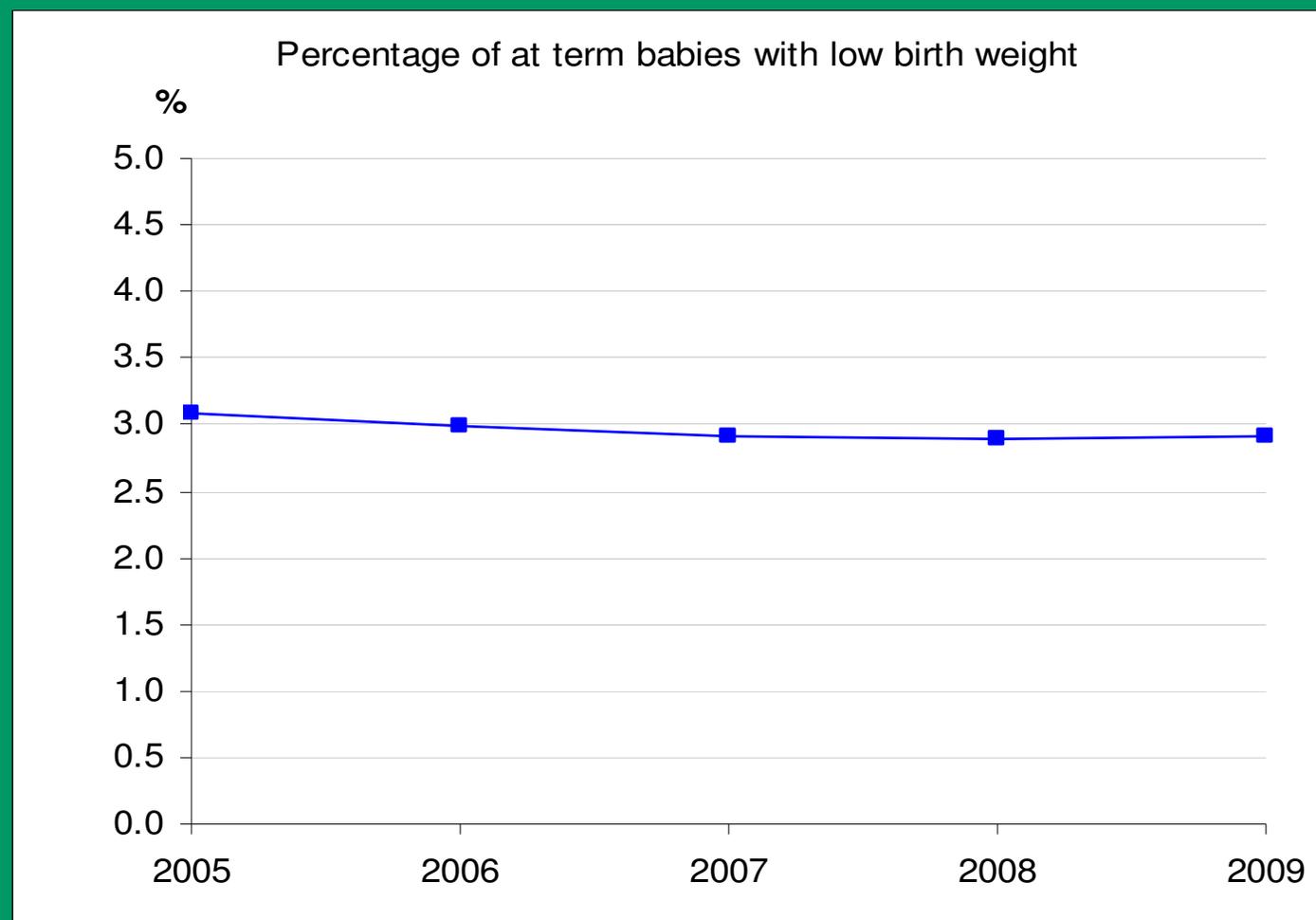
Soon :

- Delayed physical and intellectual development in early childhood and adolescence and, increased risk of mental health problems

Longer term :

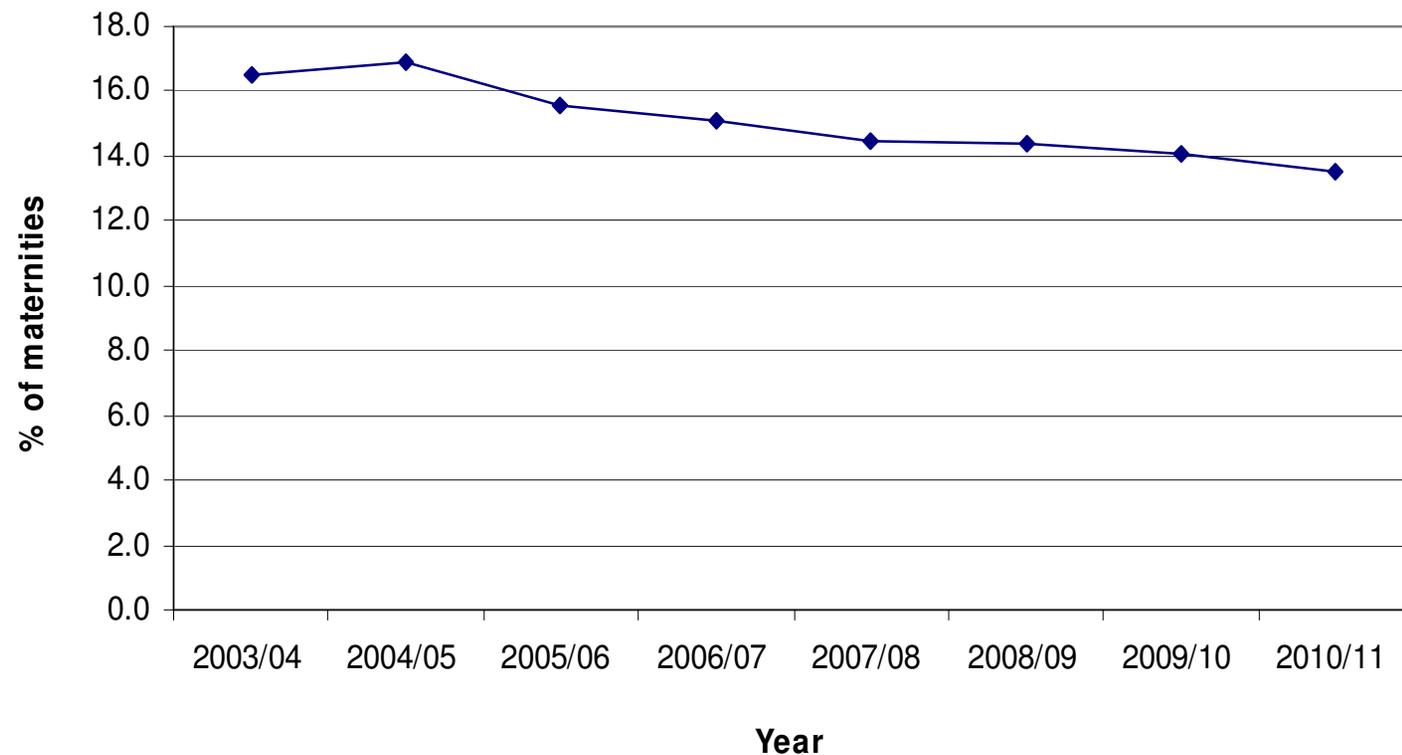
- Increased risk of premature death from coronary heart disease and hypertension, stroke and type 2 diabetes

Live birth at term (≥ 37 weeks) with low birth weight ($< 2,500$ g) in England



Smoking during pregnancy

Prevalence of smoking at time of delivery



National indicators - maternity

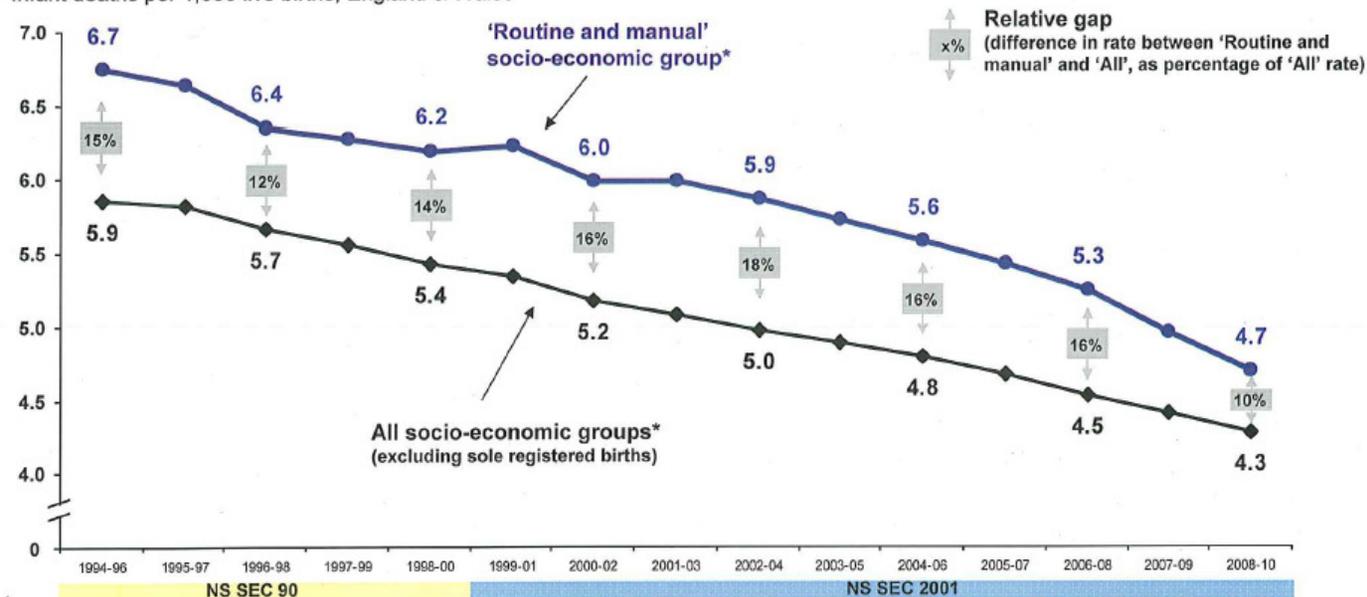
- A number of health related risk behaviours associated with maternity have shown progress over a number of years, but this has been slow and there remains significant room for further improvement.
- The Outcomes Frameworks have established a range of national indicators, which seek to drive further progress in the years ahead.

Health Inequalities

Inequalities in infant mortality by socio-economic group*

- Infant mortality rates have fallen across socio-economic groups
- The relative gap between the Routine and manual group and All socio-economic groups widened between 1996-98 and 2002-04, but has narrowed since then
- The infant mortality rate in the Routine and manual group was 10% higher than for All groups in 2008-10, compared with 18% higher in 2002-04

Infant deaths per 1,000 live births, England & Wales



* National Statistics Socio-Economic Classification (NS SEC), based on father's occupation. Based on births inside marriage or outside marriage registered jointly by both parents, i.e. **excludes sole registered births**. Figures for earlier years are based on an approximation to NS SEC categories ('NS SEC 90').

Data source: Office for National Statistics

Health Inequalities in infant mortality

- Key measure of progress in reducing health inequalities is:
 - The gap in infant mortality between manual and routine groups and the rest of the population

- Reductions in the gap between these groups over the past few years has been because of:
 - combined focus on social determinants (eg. child poverty and housing), and
 - specific health interventions (eg. smoking and nutrition)

- Significant increase in Health Visitors and doubling of the Family nurse partnership programme may have a substantial impact in reducing this gap further by implementing evidence based actions.

“Healthy Child Programme”



 Department of Health

Healthy Child Programme

Pregnancy and the first five years of life

 department for children, schools and families

 Department of Health

Healthy Child Programme

The two year review

 department for children, schools and families

 Department of Health

Healthy Child Programme

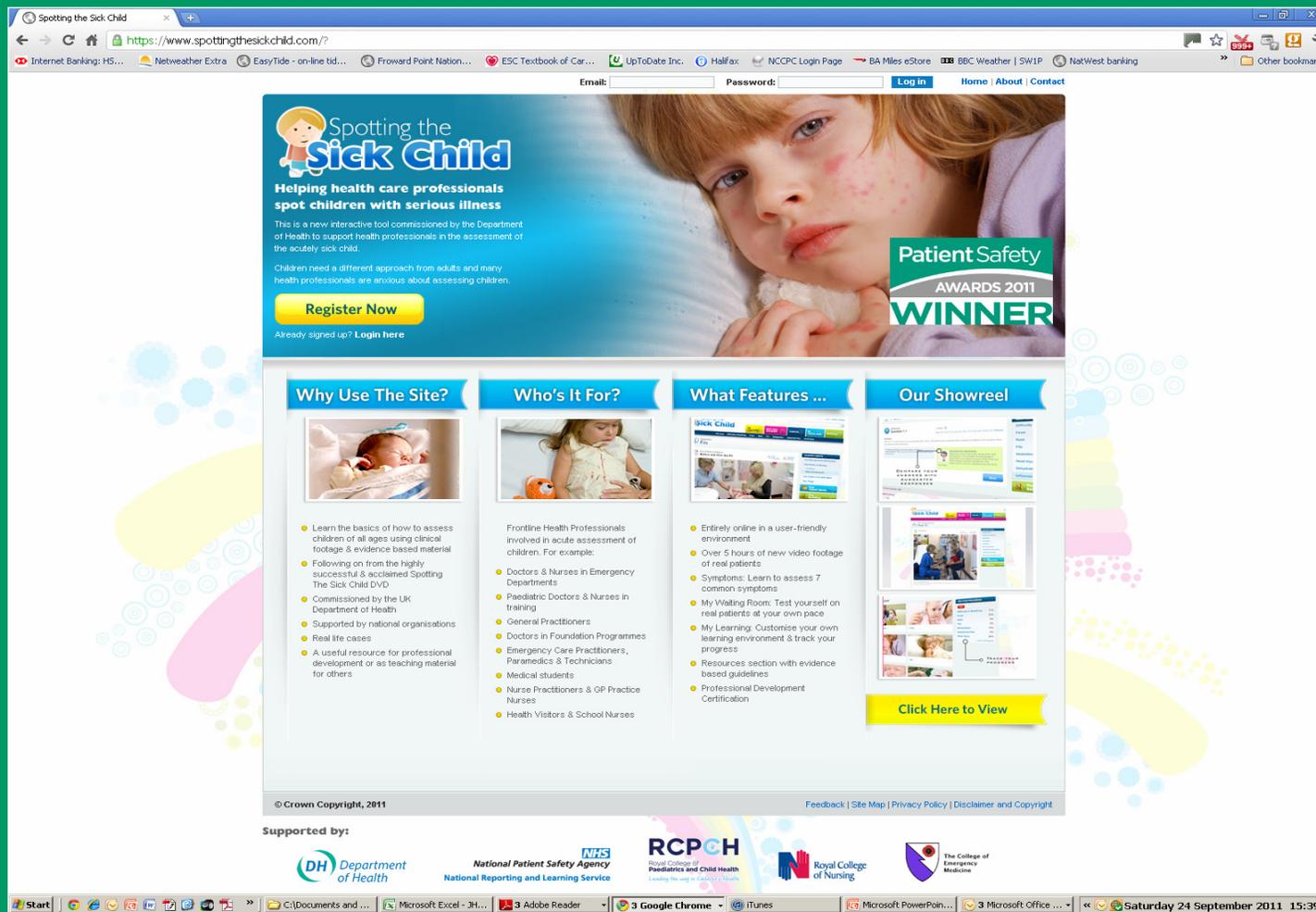
From 5-19 years old

 department for children, schools and families

Acute Illness

- Early diagnosis and effective treatment of those who are acutely ill is key.
- Study published in BMJ in 2011 suggested that only 25% of those with meningitis were diagnosed correctly on first assessment.
- Similarly, many children are being admitted to hospital inappropriately for short stays for conditions that could be effectively treated in the community.
- This is being driven by the majority of children being admitted via direct contact with the A&E rather than a GP referral.

Acute Illness



The screenshot shows a web browser window displaying the 'Spotting the Sick Child' website. The browser's address bar shows the URL 'https://www.spottingthesickchild.com/'. The website header includes a navigation menu with 'Home', 'About', and 'Contact' links, and a 'Log in' button. The main content area features a large banner with the title 'Spotting the Sick Child' and a subtitle 'Helping health care professionals spot children with serious illness'. Below the banner is a 'Register Now' button and a 'Login here' link. A 'Patient Safety AWARDS 2011 WINNER' badge is also visible. The website is organized into four columns: 'Why Use The Site?', 'Who's It For?', 'What Features ...', and 'Our Showreel'. Each column contains text and images related to the site's content. The footer includes copyright information for 2011 and a 'Feedback | Site Map | Privacy Policy | Disclaimer and Copyright' link. At the bottom, there are logos for the Department of Health, NPS National Reporting and Learning Service, RCPCH Royal College of Paediatrics and Child Health, Royal College of Nursing, and The College of Emergency Medicine. The Windows taskbar at the bottom shows the date as Saturday 24 September 2011 15:39.

Spotting the Sick Child
Helping health care professionals spot children with serious illness

This is a new interactive tool commissioned by the Department of Health to support health professionals in the assessment of the acutely sick child.

Children need a different approach from adults and many health professionals are anxious about assessing children.

[Register Now](#)
Already signed up? [Login here](#)

Why Use The Site?

- Learn the basics of how to assess children of all ages using clinical footage & evidence based material
- Following on from the highly successful & acclaimed Spotting The Sick Child DVD
- Commissioned by the UK Department of Health
- Supported by national organisations
- Real life cases
- A useful resource for professional development or as teaching material for others

Who's It For?

Frontline Health Professionals involved in acute assessment of children. For example:

- Doctors & Nurses in Emergency Departments
- Paediatric Doctors & Nurses in training
- General Practitioners
- Doctors in Foundation Programmes
- Emergency Care Practitioners, Paramedics & Technicians
- Medical students
- Nurse Practitioners & OP Practice Nurses
- Health Visitors & School Nurses

What Features ...

- Entirely online in a user-friendly environment
- Over 5 hours of new video footage of real patients
- Symptoms: Learn to assess 7 common symptoms
- My Waiting Room: Test yourself on real patients at your own pace
- My Learning: Customise your own learning environment & track your progress
- Resources section with evidence based guidelines
- Professional Development Certification

Our Showreel

[Click Here to View](#)

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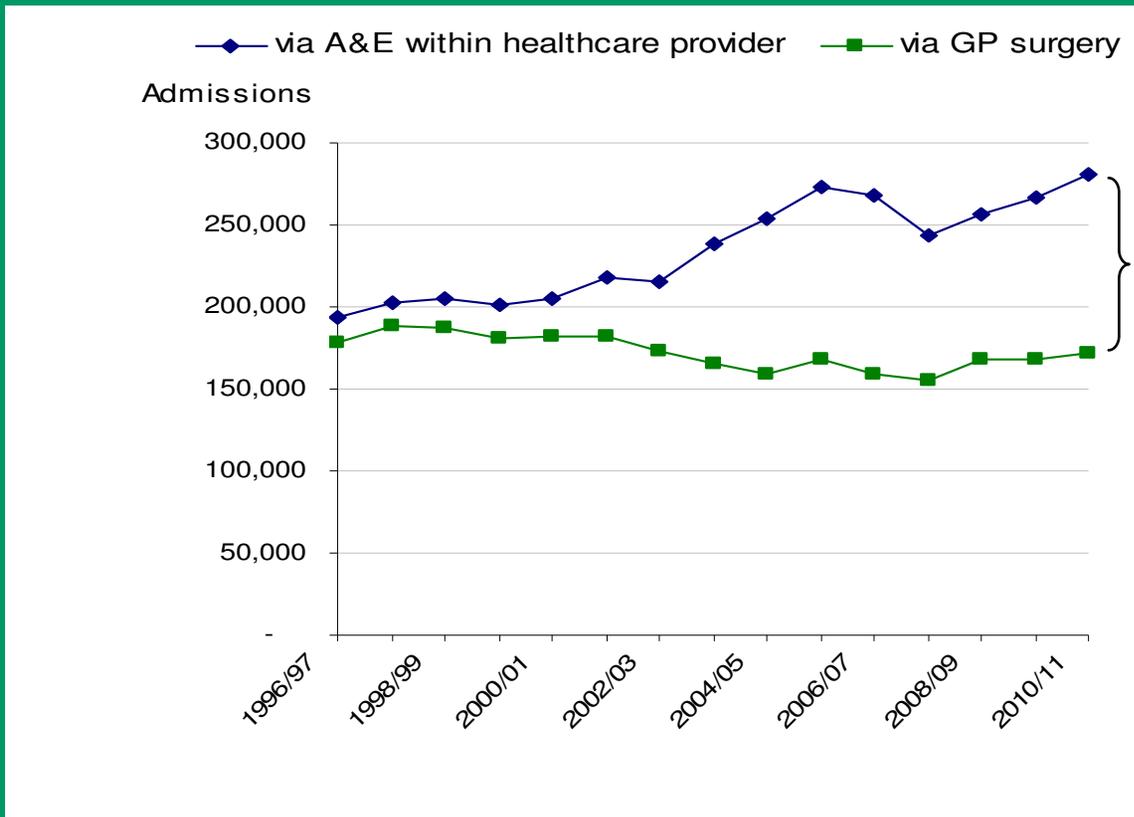
Supported by:

- Department of Health
- NPS National Reporting and Learning Service
- RCPCH Royal College of Paediatrics and Child Health
- Royal College of Nursing
- The College of Emergency Medicine

Medicines for Children and Young People

- **Licensing** : Half of medicines used in children are prescribed without a license or off-label. 2007 EU Regulation for Paediatric Use provides rewards and incentives for paediatric investigation plans to provide appropriate research to license medicines for children .
- **Safety** : NPSA 2009 - around one sixth of the 61,336 reported safety incidents in 2007/8 in neonates and children were medication incidents (commonly wrong dose, strength, frequency, quantity or wrong medicine).
- **Research** : DH funds NIHR-MCRN (medicines research network for children). Very successful with over 300 studies its portfolio and over half industry sponsored. However, less than 10% of studies are on unlicensed and off label medicines commonly used in children now.
- **Information**: RCPCH,NPPG and WellChild produce information leaflets for children and carers on medicines and how to administer them

Emergency admissions for 0-19s under care of Paediatric Consultant by method of admission



Long-Term Conditions

- Asthma 75% hospital admissions avoidable
- Diabetes 84% under 16s poorly controlled
- Epilepsy Up to 24% misdiagnosed

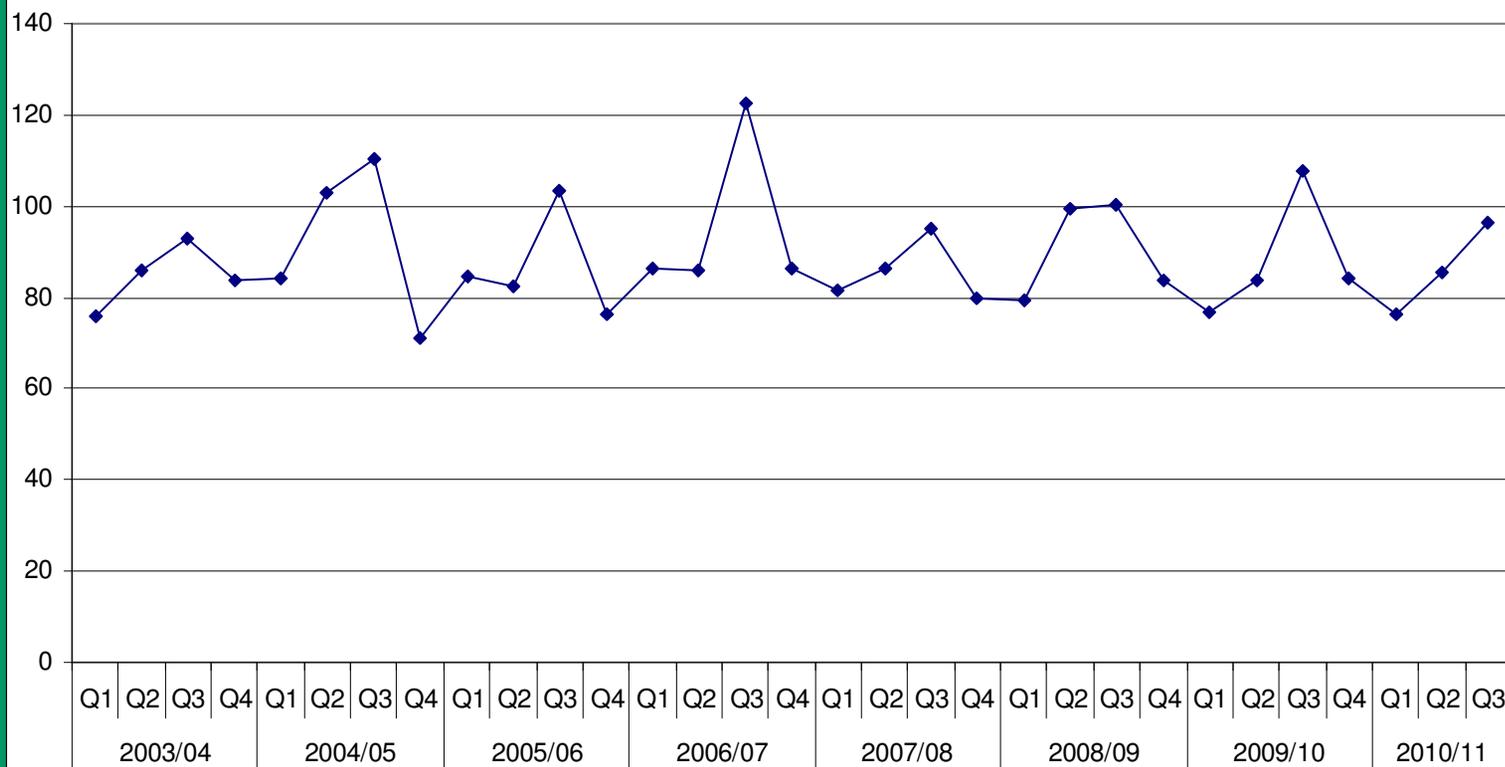


Long-Term Conditions

- **Children** with diabetes, asthma and epilepsy comprise well over 90% of all unplanned admissions to hospitals.
- Many admissions could be avoided through appropriate management of the condition in primary care and outpatient settings - eg. estimated that approximately 75% of asthma related admissions are avoidable.
- Indicator has been included in the NHS Outcomes Framework that seeks reductions in unplanned admissions associated with these three conditions.

Admission rates of 0-19 for asthma, epilepsy and diabetes

Asthma, epilepsy and diabetes combined rate of quarterly admissions per 100,000 of the 0-19 population



Children with disabilities

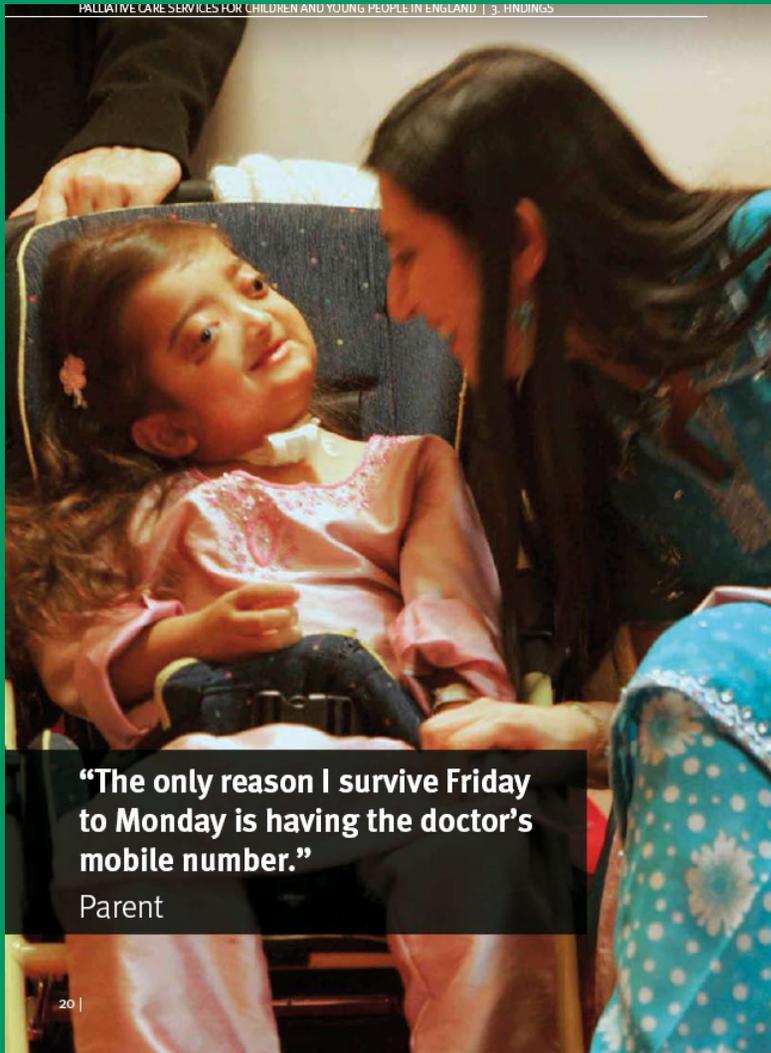
- 600, 000 (approx) children and young people with disabilities.
- In average sized health community of 80,000 children up to the age of 18, around 4,000 will have a physical disability.
- Numbers of disabled children and young people are increasing, largely due to medical advances (including better survival rates for premature babies) and improvements in care.
- Therefore, the need for effective transition to adult health and social care around 18 years old becoming more important.

Measuring progress for children with disabilities



- Difficult to identify one specific health outcome measure that shows whether health services are meeting the needs of children with disabilities.
- Integration and Joint Commissioning duties within the Health and Social Care Bill are particularly important for this group of children.
- Working with DfE to test ambition for the development of a single planning process
- Recent extension of AQP into wheelchair provision for children and young people.

Children's Palliative Care



Palliative Care – key component of child health system

- There are around 20,100 children aged 0-19 who are likely to receive palliative care annually
- Needs to be funded and commissioned as an integral part of an effective child health system
- Need a focus on network provision
- DH is seeking to develop a new funding system to facilitate this , while also collecting data to potentially inform an outcome measure for this sector.

Children's Mental Health : the context

- **One in ten children aged 5 – 16 years has a clinically diagnosable mental health problem.**
- **Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three quarters before their mid-20s.**
- **Self-harming in young people is not uncommon (10-13% of 15 – 16 year olds have self harmed).**
- **Some children significantly more likely to experience mental health problems than others – eg those with disabilities, LAC, and those living in families with complex and multiple problems.**
- **Cost of mental health problems in England estimated at £105 billion pa.**

Mental Health Strategy : key themes

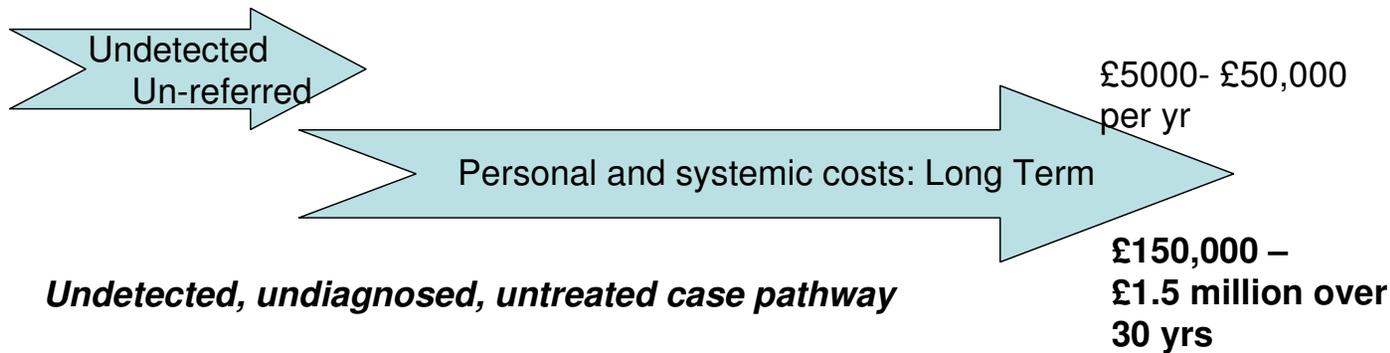
- **Life course approach to:**
 - **improve mental health and well being of the population and keep people well;**
 - **improve outcomes for people of all ages with mental health problems through high quality services that are equally accessible to all.**
- **Mental health to be given parity of esteem with physical health.**
- **Strong focus on early intervention and prevention and on evidence based intervention.**

Mental Health

Cost Effectiveness of ADHD Treatment

Fiscal Costs Estimates

Effectively treated



Improving access to Psychological Therapies for Children and Young People

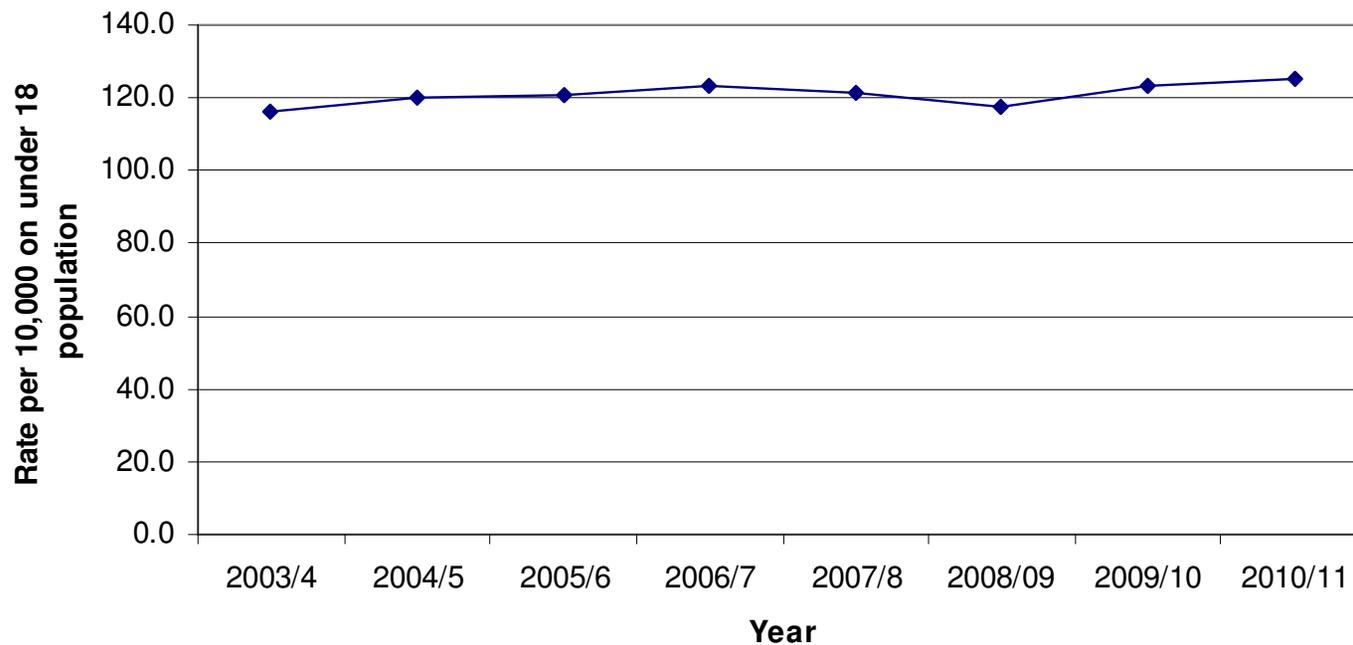
- **Transforming services for children and young people's mental health through IAPT by:**
 - **Embedding evidence based practice;**
 - **A strengthened focus on outcomes eg through session by session outcome monitoring;**
 - **working in partnership with children, young people and their families to build services that are more responsive to their needs.**

Safeguarding

- No specific measure that can be used to assess whether duties around safeguarding are being met
- There are proxy measures that can be used.
- Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people.
- The inclusion of an indicator around admissions as a result of unintentional or deliberate injuries is key for cross-sectoral and partnership working to reduce injuries, including child safeguarding

Safeguarding – Hospital admissions caused by unintentional and deliberate injuries in under 18's

Hospital admissions caused by intentional and deliberate injuries in under 18s



Safeguarding children – adding to the picture

- **Relevant indicators for safeguarding**
 - Children in poverty
 - Vaccination coverage
 - School readiness
 - Pupil absence
 - 16-18 year olds not in education, employment or training
 - First time entrants to the youth justice system
 - Hospital admissions for intentional self-harm
 - Hospital admissions for alcohol-related harm
 - Repeat incidents of domestic violence
 - Rates of violent crime including sexual violence

Safeguarding children – Munro review and more

Post-Munro work

- **Accountability framework and *Working Together* revision**
- **Joint inspections with a focus on the child's journey**
- **Performance information – DfE published agreed local information set, for use by LAs and partner agencies, December 2011; will consult shortly on a national set**

What else might help?

- **C4EO work on LA data profiles (including safeguarding)**
- **Development of infant : parent relation measures?**

Looked after children and young people

Developing well

- Emotional well-being of looked after children
- This indicator is part of the Public Health Outcomes Framework and is under development
- The mental health of all children is important. With half of adult mental health problems starting before the age of 14, early intervention to support children and young people with Mental Health and Emotional Wellbeing issues is very important. Under Section 10 of the Children Act 2004, local authorities have a duty to co-operate to promote wellbeing among children and young people.
- The cross Government Mental Health Strategy, No Health without Mental Health, identifies looked after children as one of the particularly vulnerable groups at risk of developing mental health problems.

Future: New Opportunities

- A focus on outcomes
- Improved data
- Better support for commissioners
- Stronger evidence base (clinical effectiveness and economic impact), New Standards
- Self-management, Patient Reported Outcome Measures
- New technologies

AND OF COURSE.....

- The development and implementation of the Children and Young People's Outcomes Strategy.