



Change NHS: help build a health service fit for the future.

BACAPH consultation response.

About BACAPH

British Association for Child & Adolescent Public Health (BACAPH) is a UK membership organisation that focuses on public health for children, young people, and their families. Our mission is to improve the health and wellbeing of children and young people now and in the future.

Our organisation acts as a Special Interest Group (SIG) for children and young people's public health in both the Faculty of Public Health (FPH) and the Royal College of Paediatrics and Child Health (RCPCH). Crossing the parent organisations for paediatric and public health professionals, BACAPH provides a unique interdisciplinary perspective on the complex problems of child and adolescent public health.

Consultation response.

Best things about the NHS.

In your opinion, what are the best things about the NHS? Please tell us up to 3 of the best things about the NHS today.

General.

- The NHS is probably the most equitable health system in the world, however it can do more to address the causes of inequity.
- The NHS is good value for money, judged by efficiency and effectiveness, but again there is room for improvement.
- **Evidence-based medicine is well established, but science-based policy and health service design research lags behind; this costs both lives and resources.**

Child health.

- Universal access to health services.
- Healthy Child Programme.
- Well trained paediatric and public health workforce.

Biggest challenges facing the NHS.

Priority for change.

Please select the 3 options you feel are most important to address.

General.

- Creating alignment (same direction) and synergy (working together) of the partners within integrated care systems requires further development, including distributive leadership skills.
- Service design based on service pathways and life course pathways requires further development.
- Population Health Management requires leadership, infrastructure development and learning networks.

Child health.

- Low birthweight and infant mortality declines have stalled and in some cases reversed, related to high levels of poverty and inequalities.
- Childhood obesity continues to rise, due to the obesogenic environment.
- Poor levels of school readiness and mental health with limited access to support services.

Organisational responses.

Priorities

What does your organisation want to see included in the 10 Year Health Plan and why?

1. **What.** Endorsement and development of the 2019 NHS Long Term Plan.

Why. Because the plan was developed with widespread consultation and consensus with the contents being sensible and practical. Unfortunately the COVID pandemic limited implementation.

2. **What.** Support further development of the care pathway approach in particular, financial flows that incentivise prevention and organisational collaboration, quality improvement and regulation.

Why. Because this is a person/patient centric approach to the design, delivery and improvement of services that helps shift the health service towards prevention instead of reactive care.

3. **What.** Creation of an equivalent to the NHS Constitution relevant to integrated care systems which endorse and operationalise human rights, for example, the UN Convention on the Rights of the Child. With the governance framework to operationalise the values.

Why. Because values determine culture and culture determines behaviour throughout the system. Essential to have all organisations/teams/professionals collaborating to deliver high quality care.

4. **What.** Investment in quality improvement and health systems and policy research throughout integrated care systems that can improve outcomes and reduce inequalities.

Why. The purpose of the 10 year plan is to improve access, experience and outcomes. To achieve this there has to be "improvement and implementation science" backed up with health systems and policy research embedded throughout any future system with support for communication, spread and adoption of new ways of working.

5. **What.** Investment in population health management capacity and capability, data infrastructure, and financial models with supportive governance to achieve the expected shift from intervention to prevention.

Why. Population health management is essential to achieve the change in direction from intervention to prevention.

6. **What.** Cross government department focus on a "health in all policies" approach to embed health, wealth and prosperity across all government departments.

Why. The good health of the population is essential for all aspects of productivity both within the health service and within society as a whole. Government should mirror "integrated care systems" with integrated working across departments.

7. **What.** A practical commitment to "greening the economy" with a simultaneous emphasis on improving equity of health determinants such as housing, natural environment, transport, education etc.

Why essential for human survival and planetary health in the long term.

8. **What.** Increasing "primary care" and "community" access and capacity particularly in/for deprived rural and urban communities. Ensure all staff are up to date with best practice evidence.

Why. Essential to achieve the objective of moving care from hospitals to community settings.

9. **What.** Catch up with NHS capital and equipment maintenance backlogs.

Why. Political priority.

10. **What.** Create interoperability (data sharing) for IT systems across ICS partners to aid day-to-day decision-making and longer term public health system planning.

Why. Using NHS and ICS data for population health and ICS decision-making is essential for all aspects of system management particularly quality improvement and generating new knowledge.

11. **What.** Prioritise services to improve health for children and families since they take their health gains through to adulthood, so potentially reduce future demand on services.

Why. Children are the investment for the future. Most long-term adult morbidity starts in childhood.

12. **What.** Invest in workforce training to enable the UK to be largely self-sustainable, especially nursing staff.

Why. Essential not to “asset strip” the workforce from less resource rich nations with poor health systems.

13. **What.** Create a sustainable tax system to provide social care to either complement or expand the NHS health system.

Why. Developing a social care system is essential to create better flows through the NHS to prevent “bed blocking”.

14. **What.** Inclusion of a child health impact assessment for all new government policy linked to sustainable development criteria.

Why. In both the short term and the long-term the health of children, representing future generations, is essential.

The shifts.

Shift 1: moving more care from hospitals to communities.

What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

Challenges.

- **Community capacity** for the transition, mindset (culture), infrastructure (buildings and equipment), workforce recruitment, training and retention.
- **Service design.** Service design based on pathways should be retained however the delivery of pathways may vary substantially depending on historical working relationships, opportunities and future investment.
- The **evaluation** of new ways of working will be essential to enable rapid spread and adoption of successful models. This will require investment in QI, research and evaluation skills.

Enablers.

- The UK has a large untapped intellectual capacity within the NHS and allied professional groups for the design, development, implementation and evaluation of health related care policies.
- The UK has a large health related charitable sector from which to draw experts through experience as stakeholders for policy development.

Examples of best practice.

- Baby Buddy evidence based app for pregnancy and early years integrated into maternity/early years services ¹
- Integrated Neighbourhood Teams for children, at primary care network level, and aligned with women's health hubs.
- Hospital at home initiatives including virtual wards²
- Little Hearts at Home.³

Shift 2: making better use of technology in health and care.

What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Challenges.

- Most NHS IT systems were developed on a business model of counting activity rather than supporting continuous improvement based on quality, equity and outcomes measures. As a result they are not fit for the purpose of detecting and rectifying the weakest link in care pathways.
- IT systems were designed to support organisations delivering care rather than people receiving care. A more person centred design is required to enable enquiries about health conditions, appointments, test results etc to be accessible (recognising safeguarding concerns).

¹ <https://www.bestbeginnings.org.uk/baby-buddy>

² <https://www.cuh.nhs.uk/patient-information/paediatric-virtual-ward/>

³ <https://www.alderheyinnovation.com/little-hearts-at-home>

- Within children's services there is no common identifier that links health, social care and education databases this severely limits their utility understanding health, planning care and quality improvement.

Enablers.

- The purpose of IT systems should be agreed between all the relevant stakeholders in order to establish the use of personal data for individual care and service planning/development.
- NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006) should enable Integrated Care Boards, trusts and Foundation Trusts to identify key information on health inequalities and set out their response in annual reports

Examples of best practice.

- BadgerNET Pregnancy and child health records⁴
- Alder Hey Innovation⁵

Shift 3: focusing on preventing sickness not just treating it.

What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Challenges.

Recognition and assessment.

- Health literacy. Understanding health must be part of the national education curriculum so young people entering adulthood understand how their bodies work, emotional well-being, healthy relationships and personal strategies to develop and maintain health throughout the life.
- The value, role and frequency of adult health checks (surveillance) for different groups in a population should to be established.
- Must not forget secondary prevention namely the prevention of comorbidities or disability associated with a primary condition. Essentially this is proactive condition management essential for long-term benefit.
- Caution around "medicalising" morbidities relating to social circumstances, lifestyles and behaviour for example high cost GLP-1 drugs for obesity management.

Causation and prevention.

- Causation factors are rarely collected in clinical practice, despite a biosocial assessment being part of history taking.

⁴ <https://www.badgernotes.net/>

⁵ <https://www.alderheyinnovation.com/projects>

- Current information systems cannot link factors related to causation to clinical outcomes. This impedes designing prevention strategies difficult.
- Greater recognition of the determinants of health related to an unregulated free market economy that pays employees poorly (so contributes to poverty related ill-health) and pollutes the environment (so contributes to pollution related ill-health). Some aspects of the economy contribute to ill-health for example nicotine related products, highly processed food with high levels of sugar fat and salt are obvious examples.

Enablers.

- Develop and evaluate patient focused symptom based artificial intelligence systems to clarify and direct people to the right service.
- Develop a working taxonomy for health determinants that can be incorporated into clinical practice to determine which determinants are relevant for an individual or presenting problem.
- Develop population health management approaches to tackle health determinants, starting with interventions of proven effectiveness, then moving to importance and being amenable to improvement.
- Consider a greater shift towards a strengths-based, person-led model of service development where public services are co-produced with individuals, families, and communities.

Examples of best practice.

- All Wales Injury Surveillance System (AWISS).⁶ The All Wales Injury Surveillance System (AWISS) is a population-based, multi-data sourced injury surveillance system.
- Marmot Places.⁷ A Marmot Place recognises that health and health inequalities are mostly shaped by the social determinants of health (SDH): the conditions in which people are born, grow, live, work and age, and takes action to improve health and reduce health inequalities.
- North East and North Cumbria ICB regional Health Literacy team⁸ which has been established to ensure services communicate information to all people in a way that is easy for them to understand. Work covers a wide range of areas, including bowel screening, maternity and medicines optimisation
- Poverty proofing⁹ healthcare services to remove financial barriers to healthcare access (including uptake of early intervention services) and reduce stigma

Ideas for change.

- **Short-term.**

⁶ <https://popdatasci.swan.ac.uk/portfolio/all-wales-injury-surveillance-system-awiss/M>

⁷ <https://www.instituteofhealthequity.org/taking-action/marmot-places>

⁸ North East and North Cumbria ICB regional Health Literacy team

⁹ <https://children-ne.org.uk/how-we-can-help/poverty-proofing-services/>

- Describe service pathways in a design format that is relevant for planning, providing, improving and regulating networks of care.
- Develop a framework for the quality improvement of pathways based on equity and intermediate and final outcome orientated measures.
- Translate these measures into data collection, analysis and presentation systems to create regular feedback to stakeholders.
- Start to invest in population health management infrastructure.
- Describe how organisations can become “learning organisations”.
- Embed quality improvement science throughout all ICS structures.
- Embed a “health in all policies” approach between government departments.
- **Medium term.**
 - Develop a comparable ICS “quality and outcomes framework” that will identify best practice together with a learning network that will enable adoption and adaption in other places.
 - Create learning networks that will quickly disseminate and adopt lessons from the network evaluation improvement cycles.
 - Create a national body to “horizon scan” in order to predict/plan changes in demography, disease and innovations - effectively to forward plan and predict workforce requirements.
- **Long-term.**
 - Tackling the determinants of health, in particular poverty.
 - Improving equity of access to a range of services with a focus on children and families. (Family centres, Sure Start centres).
 - Workforce development plan, focus on care of the elderly and the early years.

Examples with a child health focus.

Short-term

- Develop comprehensive exemplar service care pathways for three common acute conditions.
- Develop comprehensive exemplar service pathways for three common long-term conditions.
- Develop comprehensive life course pathways to improve the incidence of low birthweight, school readiness, obesity and mental health.
- Develop population health management capacity, implement interventions known to work, experiment with new initiatives.
- Develop equity measures, implement equity initiatives.

Medium term

- Develop a sustainable child health workforce plan.
- Embed population health management into ICB and ICP structures.
- Embed equity in ICS outcomes frameworks.

Long-term

- Ensure climate change goals are met.
- Support the development and implementation of strategies to achieve the sustainable development goals.
- Address the deficiencies of a free market economy resulting in poor health.

Integrated care systems.

- **National level discussions** with health and care system and local government leaders
 - There should be a consensus on “system design” that is universal but can be adapted for local use.
 - The interface needs a shared purpose and values that determines culture (collaboration rather than competition)
 - Leadership skills development-distributive rather than individualistic
 - Embedding improvement science within the whole system
- **Regional events** with clinical, operational, local authority and public health leaders
 - Describing service and life course pathways as a design and planning tool
 - Understanding improvement science and learning organisations.
 - Developing “measures that matter” (representing quality and outcomes) and their implementation.
- **Local engagement** through patient groups and wider system partners, supported by content developed in partnership with ICSs
 - Development and implementation of local quality improvement strategies starting with most frequent high-volume pathways.
 - Development of patient reported experience measures (PREMs) and patient reported outcome measures (PROMs).