



England

National Update: Children and Young People

C&M ICB Board – November 23

Presented by:
Louise Shepherd CBE

Children and young people's health – Summary

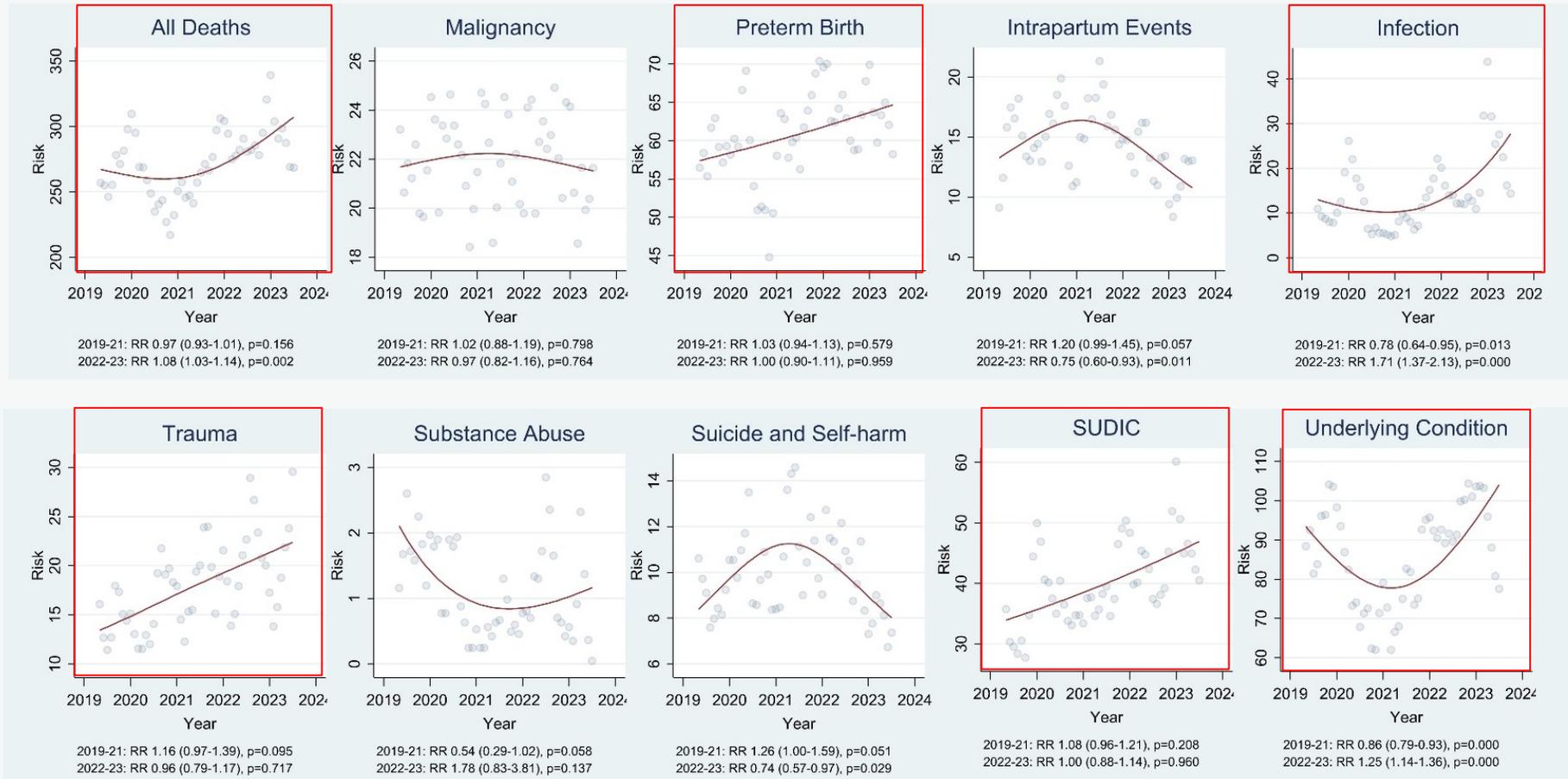
The health and outcomes for children and young people are deteriorating. Significant capacity constraints across paediatric care are impacting on children's access to key services.

Key challenges include:

- **Rising child mortality**
- Pressures in **urgent and emergency care and challenging winters for paediatrics** with seasonal pressures beginning in the summer
- We are already seeing significant pressures in **paediatric critical care, with national occupancy at 96.4%** and several units reporting 100% occupancy
- Backlogs in paediatric **elective care**, with a slower pace of recovery for CYP compared to adults
- **Backlogs in community services**, the biggest increase is among the community paediatrics (ASD/ADHD) and speech & language therapy
- Rises in **demand for mental health services**
- Rising numbers of children living in **poverty/suffering food insecurity**
- An increase in the number of **children attending reception who are obese or overweight**
- **Link between poorest outcomes and inequalities**, with higher asthma rates and higher levels of obesity reported in CYP from BAME groups. Children from the most deprived areas have more than twice the level of tooth decay than those from the least deprived

Childhood deaths in England – National Child Mortality Data (NCMD) trends

The risk of childhood deaths in England has increased in all areas. The proportion of deaths in children of non-white ethnicity in 2022-2023 has risen to 66%. Infection and underlying condition initially decreased in 2019-2021 but has now continued to increase after the peak of the pandemic.

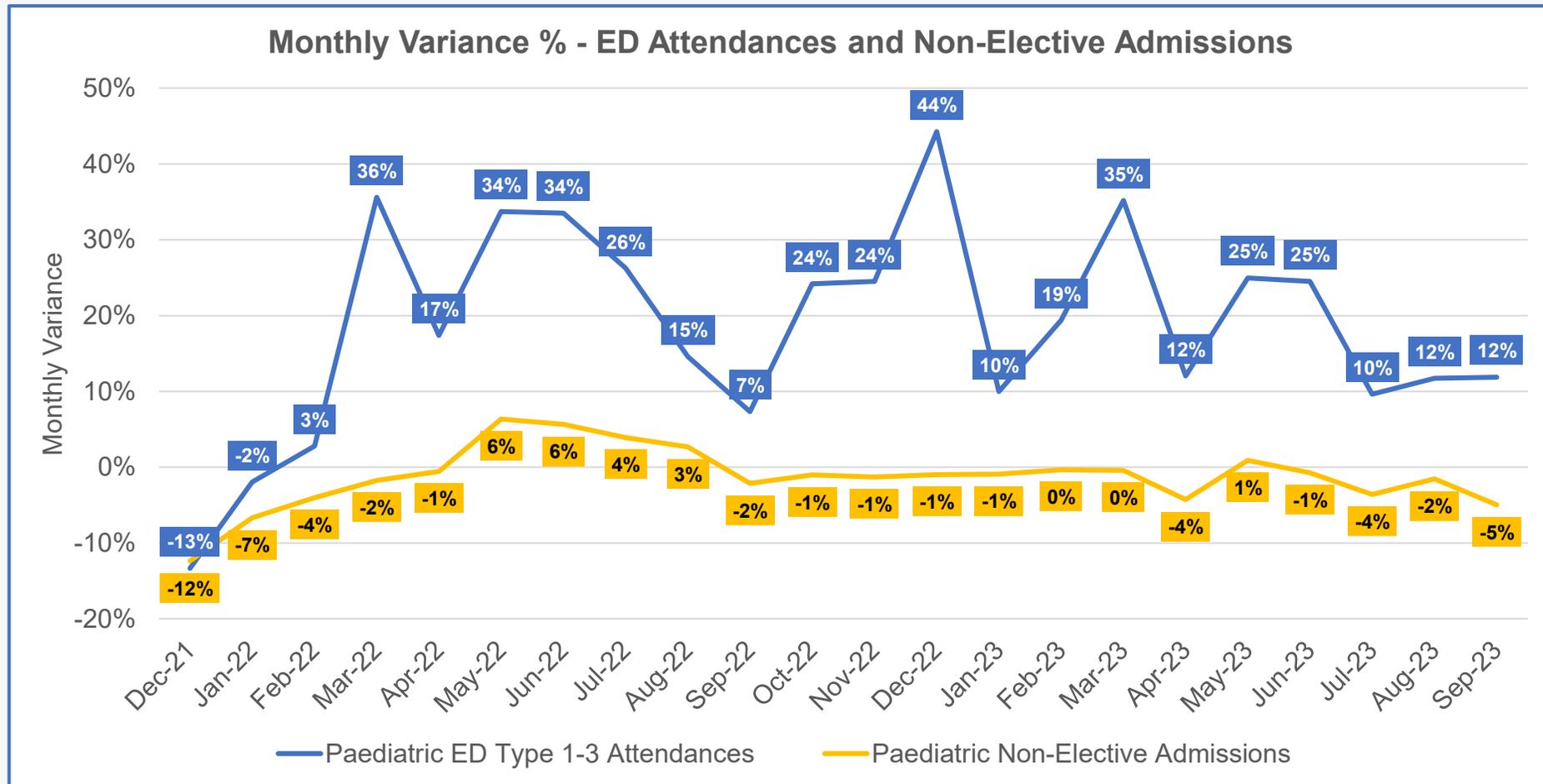


• Graphs show risk of death for each month (per 1,000,000 children per year). Line and footnotes show predicted trends

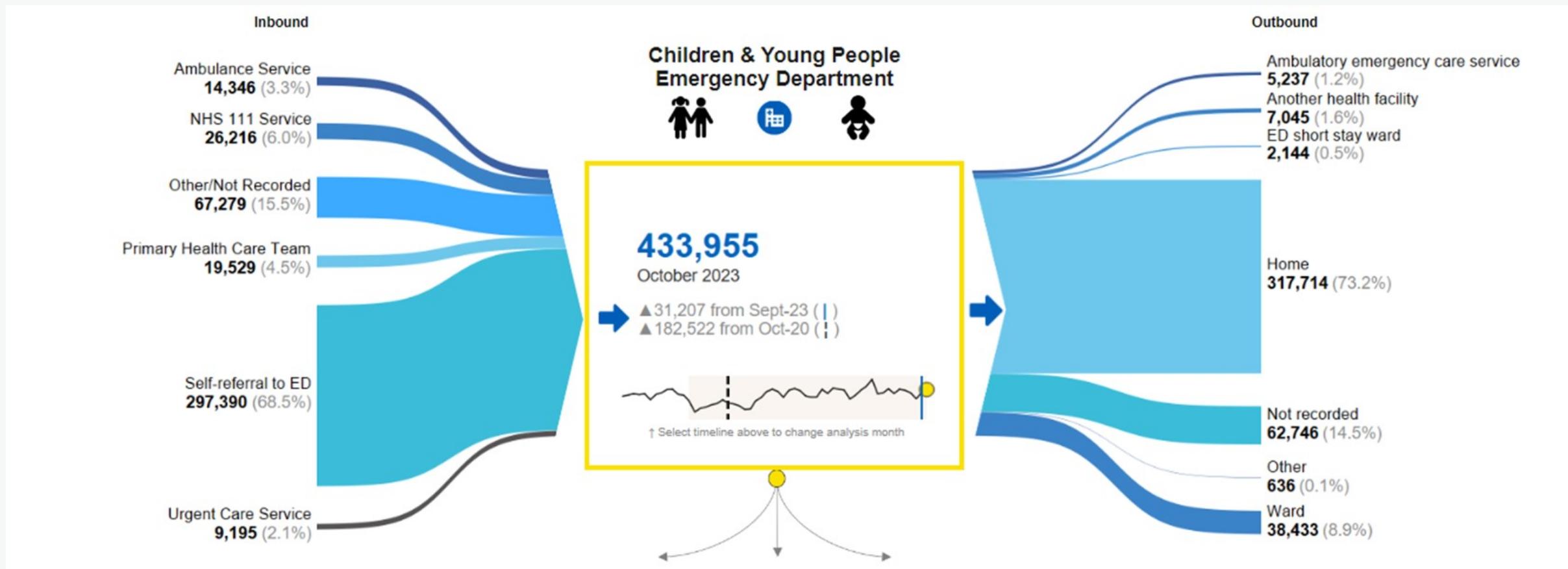
Areas of deterioration

A&E attendances and non-elective admissions – comparison with pre-pandemic year

There have been significant increases reported in A&E presentations, however, they do not translate into increases in emergency admissions – highlighting the opportunity to reduce pressures in UEC by strengthening preventative and community-based approaches, e.g., parental health literacy, access to advice, management of long-term conditions.

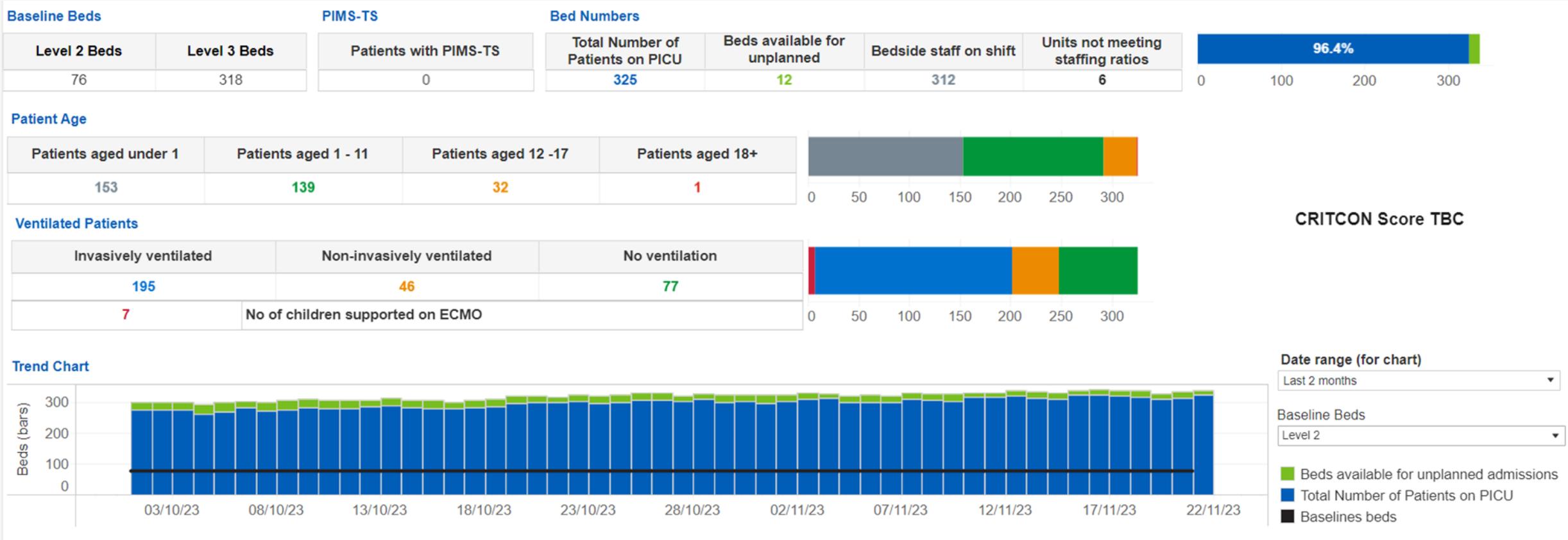


Urgent and emergency care flow – paediatric activity



Paediatric Intensive Care Unit Dashboard (as at 21 November 2023)

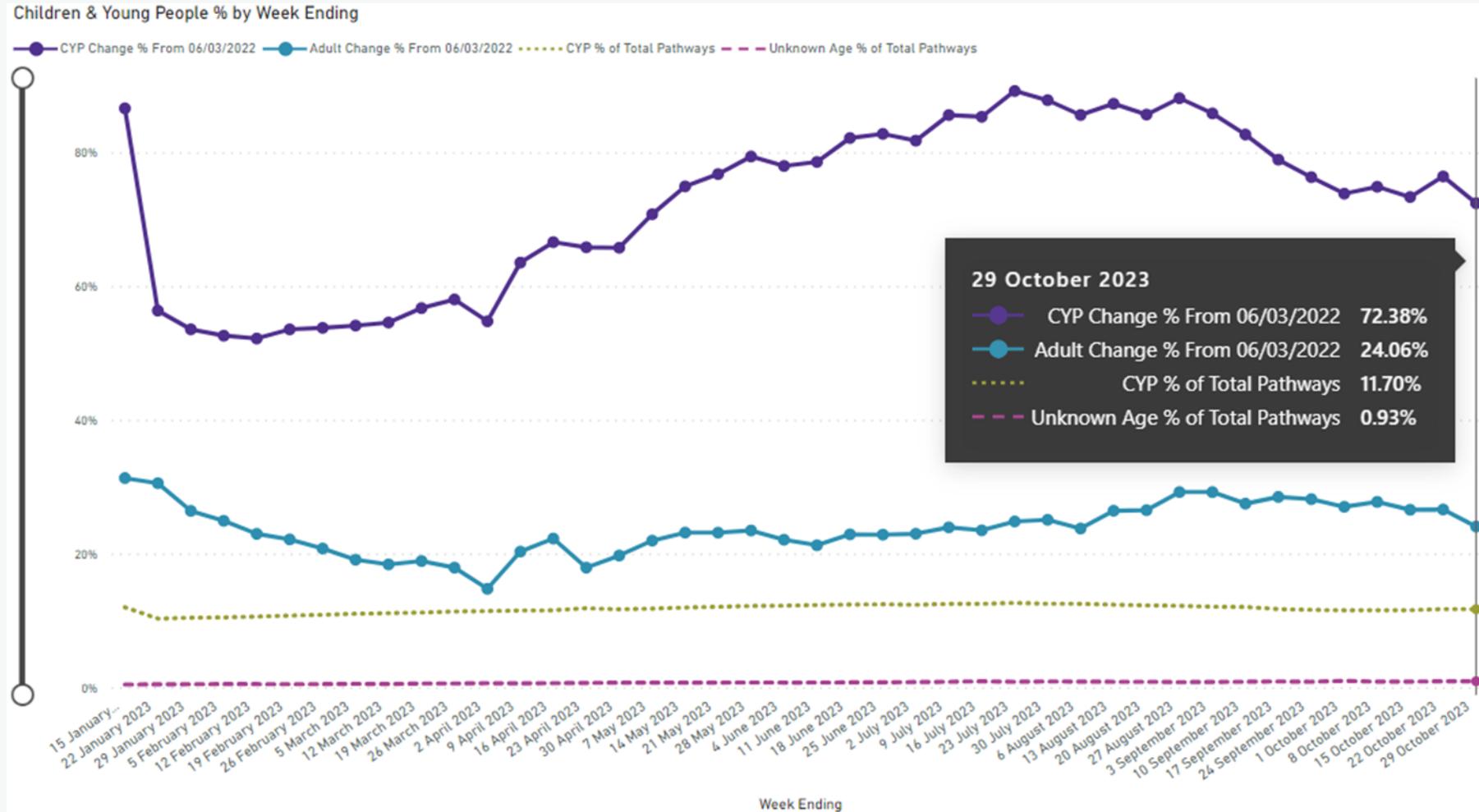
We are already seeing significant pressures in paediatric critical care, with national occupancy at 96.4% and several units reporting 100% occupancy. Paediatric ECMO capacity is an issue due to PICU staffing. There are c.40 additional Level2 HDU beds to be opened in next year, with recurrent specialised commissioning investment. Additional areas of focus include conflict resolution work and implementing palliative care outreach into PCC to allow early intervention, reduce conflict and reduce long term PCC occupancy. This is likely to free up PCC resource which is urgently needed, particularly to support congenital cardiac services (please see annex).



For queries please email NHSI.NationalAEDashboardSupport@nhs.net

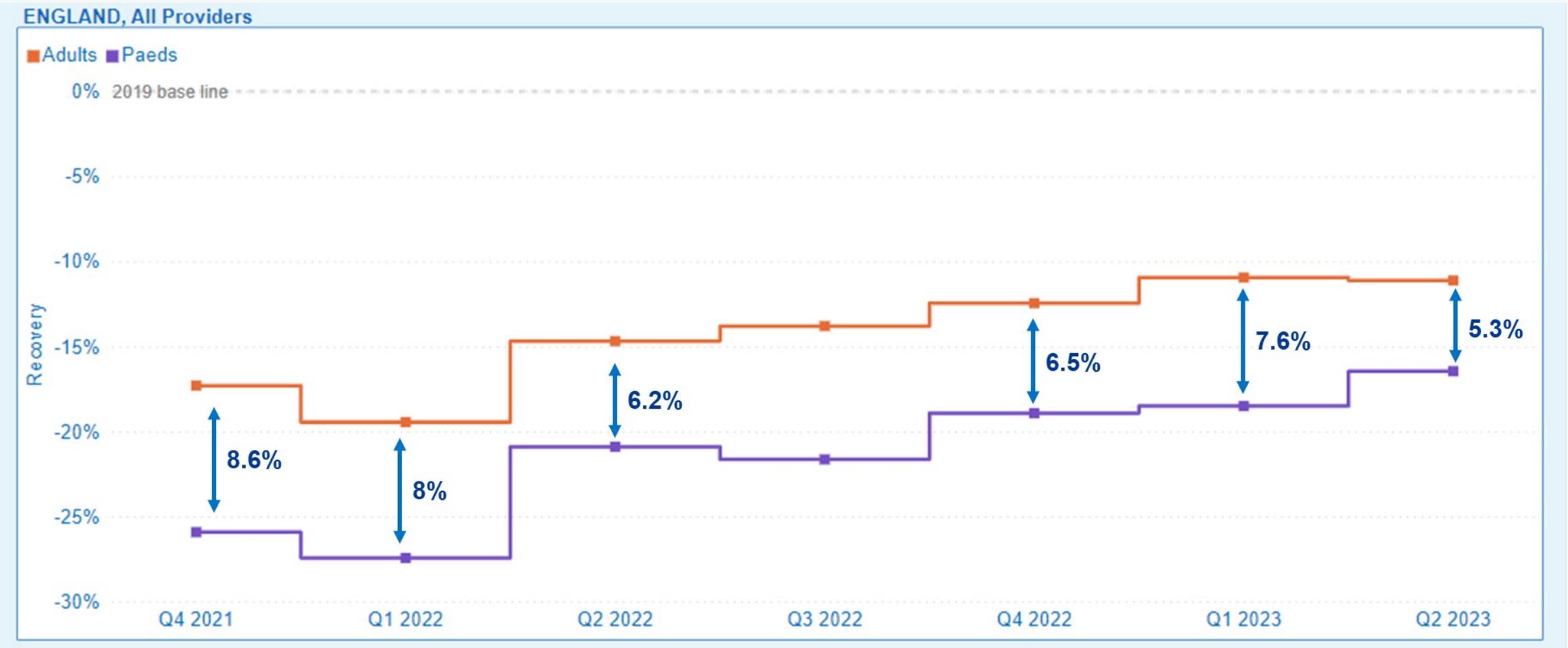
Children's waiting lists are still increasing faster than adults, particularly for those waiting over 52 weeks

While the growth of the overall paediatric waiting list appears to be levelling, the percentage increase of those waiting 52ww+ is significantly higher among children and young people, compared to adults.



The gap between adults and children's hospital elective recovery has narrowed, however, significant challenges remain

Aggregated quarterly data (focus group specialities* only) indicates that elective activity has been increasing and the gap between CYP and adults narrowed, however, activity remains below pre-pandemic levels and below the level of recovery achieved for the adult population. Continued collective efforts are therefore required to close the gap between CYP and adults.

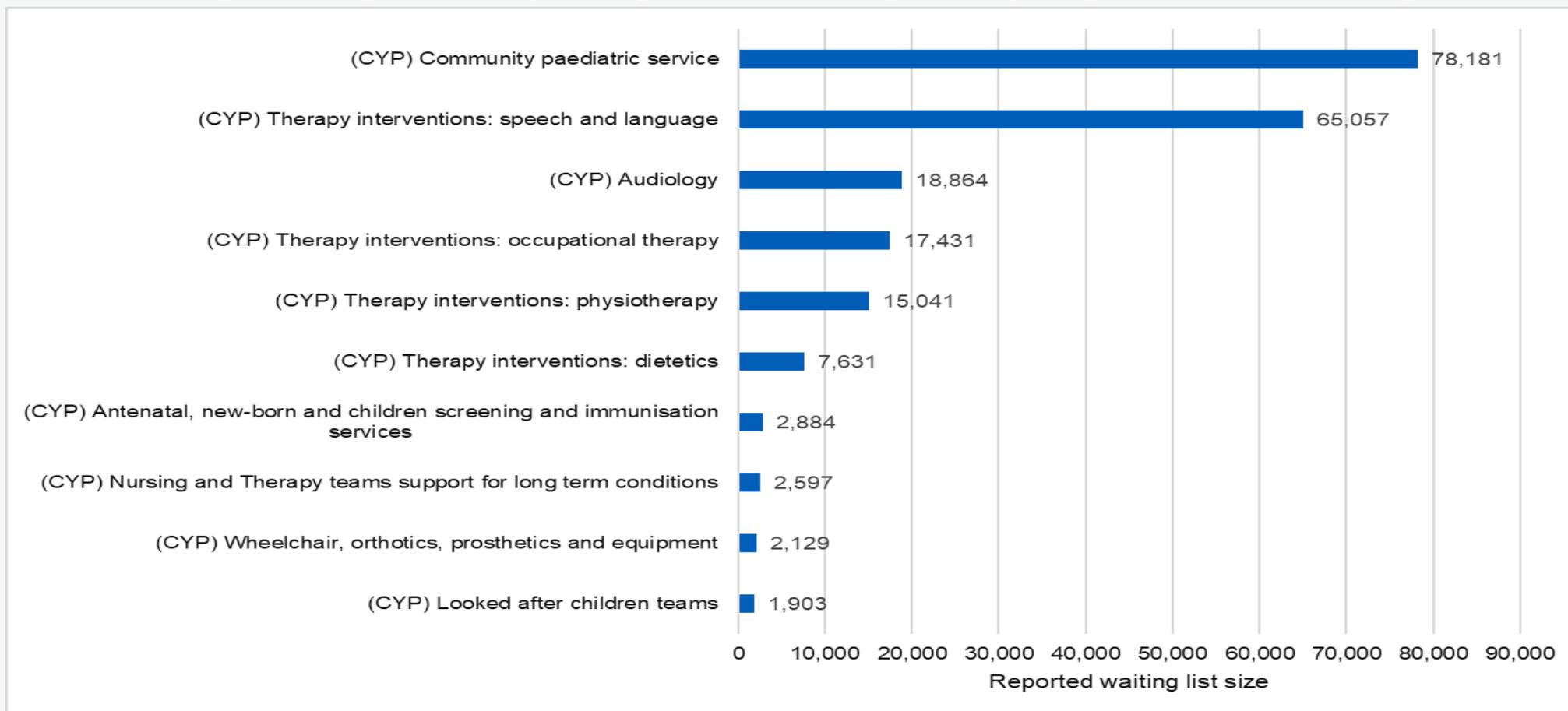


*Focus group specialties include: ENT, Dental, Cardiac, Spinal, Ophthalmology, Trauma & Orthopaedics, Surgery, Plastic Surgery, Urology, Rheumatology

CYP Community speech and language, and paediatric waiting lists are increasing

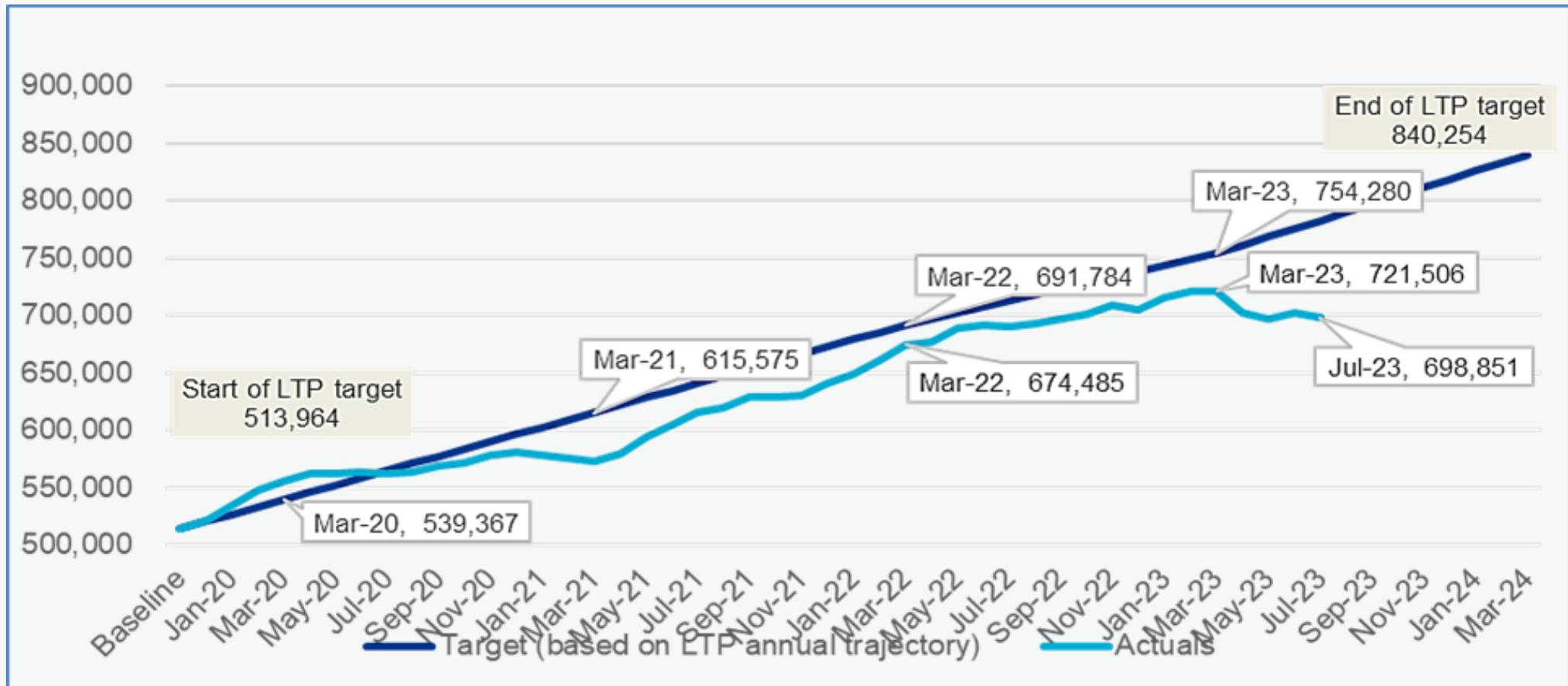
CYP are facing growing waiting times for vital community services, which impact their health, development and education. Speech and language services and community paediatric services report the longest median waiting times. Autism assessment demand exceeds capacity by 30%.

Please note, the CHS Sit-rep data completeness requires improvement, currently underreporting the scale of the challenge.



Demand for CYP mental health services is increasing

The NHS Long Term Plan has increased investment into CYP mental health services on top of existing mental health spend. This has enabled c. 700,000 CYP aged 0-17 to access NHS funded support in the rolling 12 months to April 2023, an increase of almost 40% since the start of the LTP. However, rising prevalence and demand continue to impact on access and waiting times for mental health services.



Children & Young People's Mental Health



70% of children with autism have at least one mental health condition.
(Simonoff *et al.*, 2008)

Only **just over a quarter** (27.9%) of children and young people who experience both a learning disability and a mental health problem have had any contact with mental health services.

(Emerson and Hatton, 2007 and Toms *et al.*, 2015)



One in six 7-16 year olds has a mental health problem.

This is an alarming rise from one in ten in 2004 and one in nine in 2017.

(NHS Digital, 2022)



Children from the **poorest 20%** of households are **four times** as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%.

(Morrison Gutman *et al.*, 2015)

Children and young people with a learning disability are **three times** more likely than average to have a mental health problem.

(Lavis *et al.*, 2019)



Children from racialised communities are **less likely** than their white peers to access traditional mental health services.

(Education Policy Institute, 2017)

However, they are **twice as likely** to access mental health support via court orders (social care or criminal justice related orders).

(Edbrooke-Childs and Patalay, 2019)



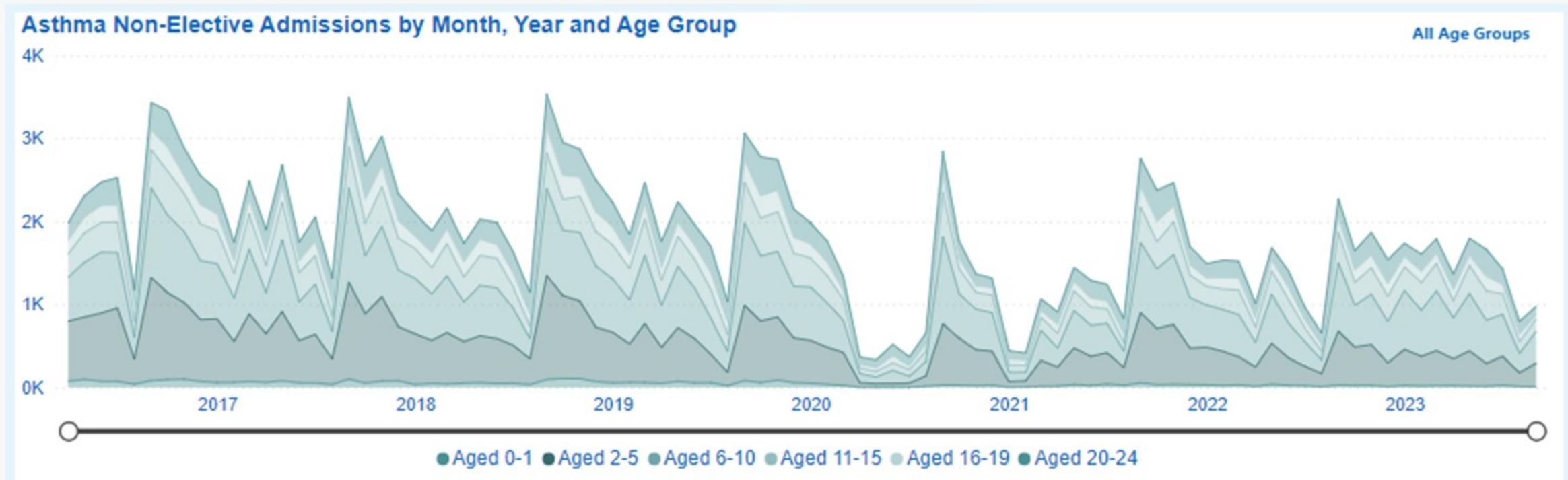
3/4 of children in care have a diagnosable mental health problem.



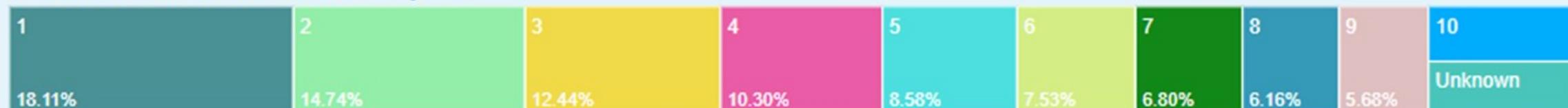
There is an average **10-year delay** between young people displaying first symptoms and getting help.

Asthma exacerbations rates are higher among children from more deprived areas

While there have been marked reductions reported in paediatric emergency admissions due to asthma exacerbations, children from more deprived areas are more than three times more likely to be admitted to hospital due to asthma exacerbations, compared to children from least deprived areas.



Asthma Non-Elective Admissions by IMD

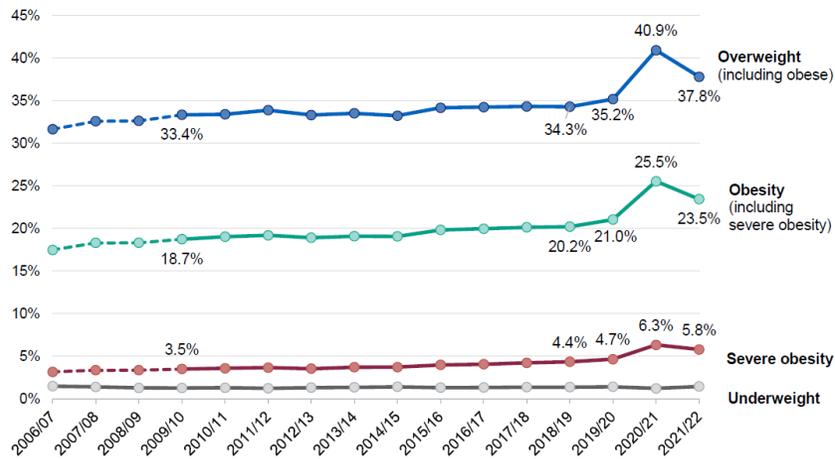


Children and young people face rising inequalities

Obesity

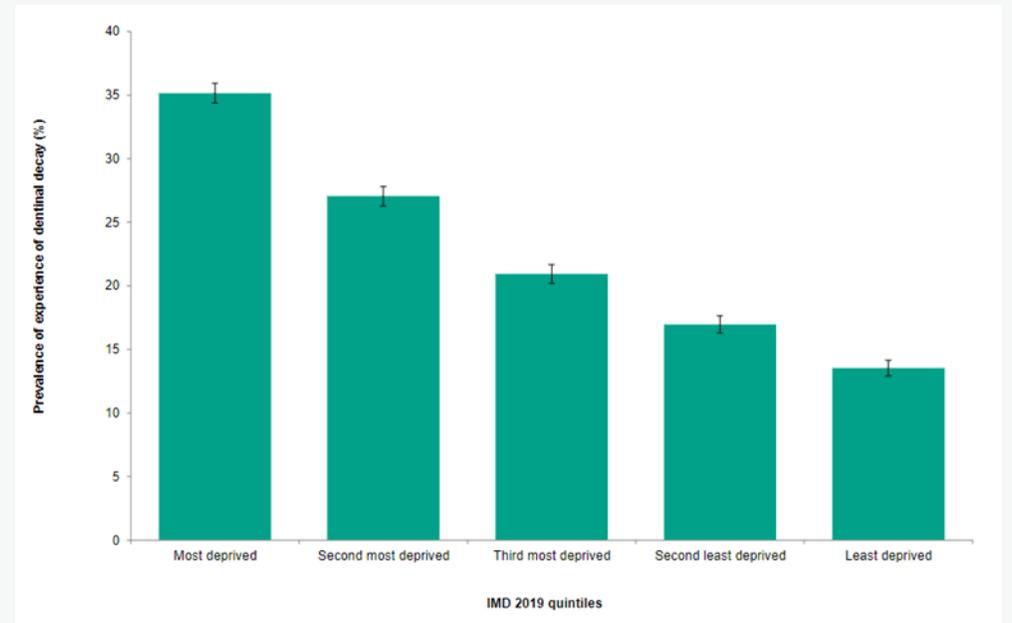
- Childhood obesity has been increasing. Approximately 2.5 million children in England are affected by excess weight or obesity.
- 1.22 million are severely obese and eligible for treatment according to NICE guidance. The proportion of children who are severely obese in reception (3%) doubles in year six (6%).

Trends by body mass index category for children in Year 6 2006/07 to 2021/22



Oral health

- Dental decay is the most common oral disease affecting CYP, and the number one cause of admission to hospital for 6-10 year olds, yet it is largely preventable.
- [The Oral Health Survey of 5-year olds in England](#) shows 23.4% of 5-year olds have dental decay. CYP from the most deprived areas have more than twice the level of tooth decay than those from the least deprived.



**What action are we taking
Nationally?**

Cross-organisational Board for CYP

In October we launched the **NHS England CYP Board**. This formally brings together key programmes across NHS England delivering key national commitments for CYP and will provide the Strategic Delivery Committee with a quarterly update.

Collectively we agreed the key priorities for CYP and will monitor progress against these areas:

1. **Recovery of CYP services** including addressing the elective backlog and **transforming community services**.
2. **High quality care for major childhood conditions** including mental health, long term conditions and complications from excess weight.
3. **Managing demand within urgent and emergency care** with better access to paediatric advice in primary/ community care.
4. **Whole system approach to improve child health outcomes** through supporting ICBs to take a population approach for CYP, supporting better coordination of care for the most complex needs (including SEND) and reducing health inequalities through the Core20Plus5 for CYP framework.

Children and Young People's Transformation Programme

Obesity

- Established **21 hub and spoke** clinics to treat complications arising from excess weight in children and Young People, which are now seeing patients.
- We are **developing the evidence base** around the patient cohort and what works in providing care, with a view to launching scalable models that provide universal coverage.

Asthma

- Published the **first national Asthma Bundle** setting our standards of care in CYP Asthma following extensive clinical and patient engagement.
- **ICS CYP asthma leads are in post** and implementation of the recommendations in the bundle is now underway.

Diabetes/Epilepsy

- Set **national priorities to improve care** and outcomes for CYP with diabetes and for CYP with epilepsy.
- Published the **first national Epilepsy Bundle** setting our standards of care in CYP epilepsy
- We are **working with regional and local partners to reduce variation** in epilepsy and diabetes care

UEC/NHS 111

- Established a national **NHS 111 paediatric Clinical Assessment Service PCAS pilot**, due to be scaled up nationally
- Worked with partners to develop CYP content in the **UEC recovery plan**
- We are working with programmes to **roll-out of RSV vaccine**. Timelines TBC, awaiting ministerial sign-off

Spotting Deterioration

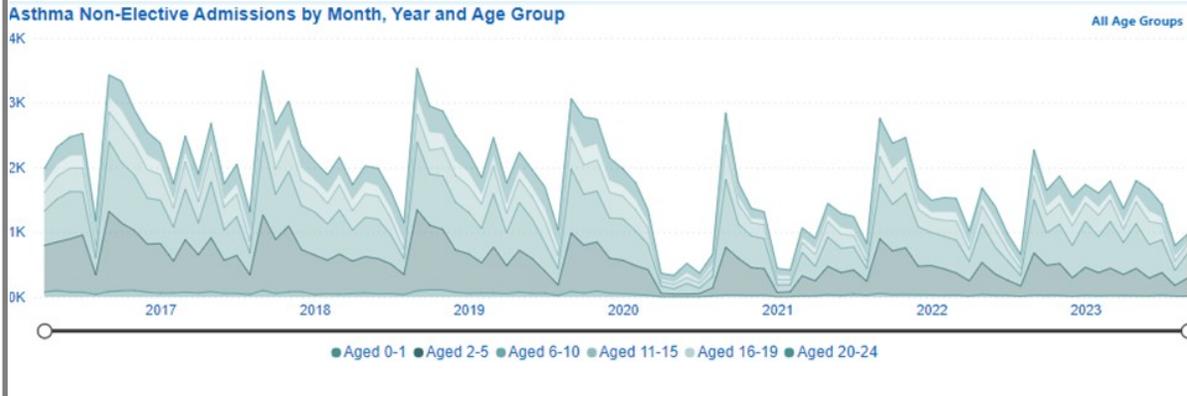
- Published a **standardised national Paediatric Early Warning System to spot deterioration**. We will implement a paediatric early warning system within inpatient settings in 2023/24.
- The system will adapt and expand into ED, community, ambulance and primary care, creating aligned tools to deliver a cross-system approach to acute deterioration in paediatrics.

Integration

- Appointed 14 pilot sites to test and develop new ways of working to **integrate care across systems and across health, social care and education**, with an aim to provide learning for ICBs and ICPs.
- We will use the learning to **scale-up more integrated models** to improve CYP experience, outcomes and quality of care.

Programme: Core20Plus5 for CYP

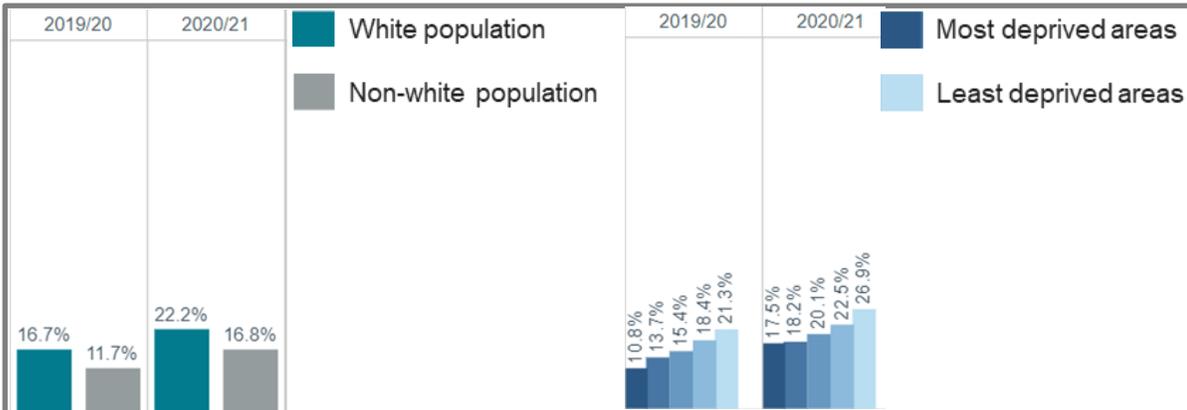
Asthma – there have been marked reductions in emergency admissions for CYP with asthma. However, significant regional variation remains, with highest rates reported in London and Midlands.



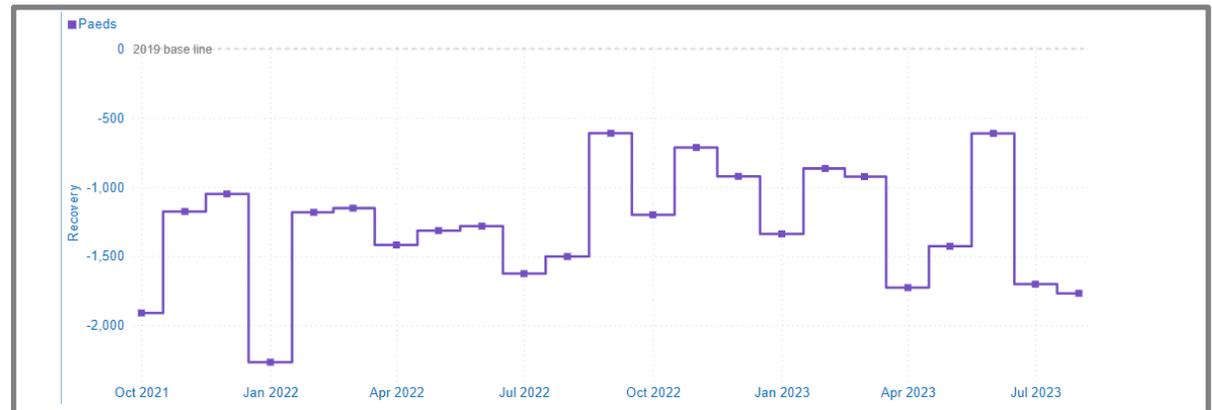
Epilepsy – access to specialist care is improving. The % of CYP with epilepsy who have access to Epilepsy Specialist Nurse within 1st year of care has increased in 6 out of 7 regions, apart from NEY.



Diabetes - Based on clinical audit data access to CGM has increased, however, persistent inequalities remain in access to CGM based on ethnicity and deprivation.



Oral Health – Elective activity services for CYP oral health (tooth extractions) remains significantly below 2019 baseline, particularly in the East of England, North West and South East.



Through the medium-term strategy, we want to ensure that the wider health and care system works for CYP. To improve care, we will fast track a 'left shift' to ensure high quality services are available in the community

Continuous improvement to embed paediatric expertise into the community and primary care

We will develop thriving neighbourhoods and enabling the 'left shift' for children and young people through three key actions

Embed **paediatric expertise** into the community and primary care

Develop the **supportive workforce** within integrated neighbourhood teams to increase productivity and free up clinical capacity. This includes ensuring those with **complex care needs** have a key worker

Redesign the community **therapy offer** to maximise support for CYP with therapy needs and **neurodiversity**

To accelerate the left shift - we will invest in four high impact interventions



We will improve care for CYP with **neurodiversity** needs such as autism and ADHD



We will redesign **community services** with a focus on therapies (i.e. speech, language and communication needs)



We will expand the service offer to every ICS for CYP living with complications related to **severe obesity**



We will manage demand for emergency care with better access to paediatric advice through **PCAS** and remote monitoring

Implementation will be further fast tracked by investing in enablers



Develop a supportive workforce to relieve the pressure on clinicians

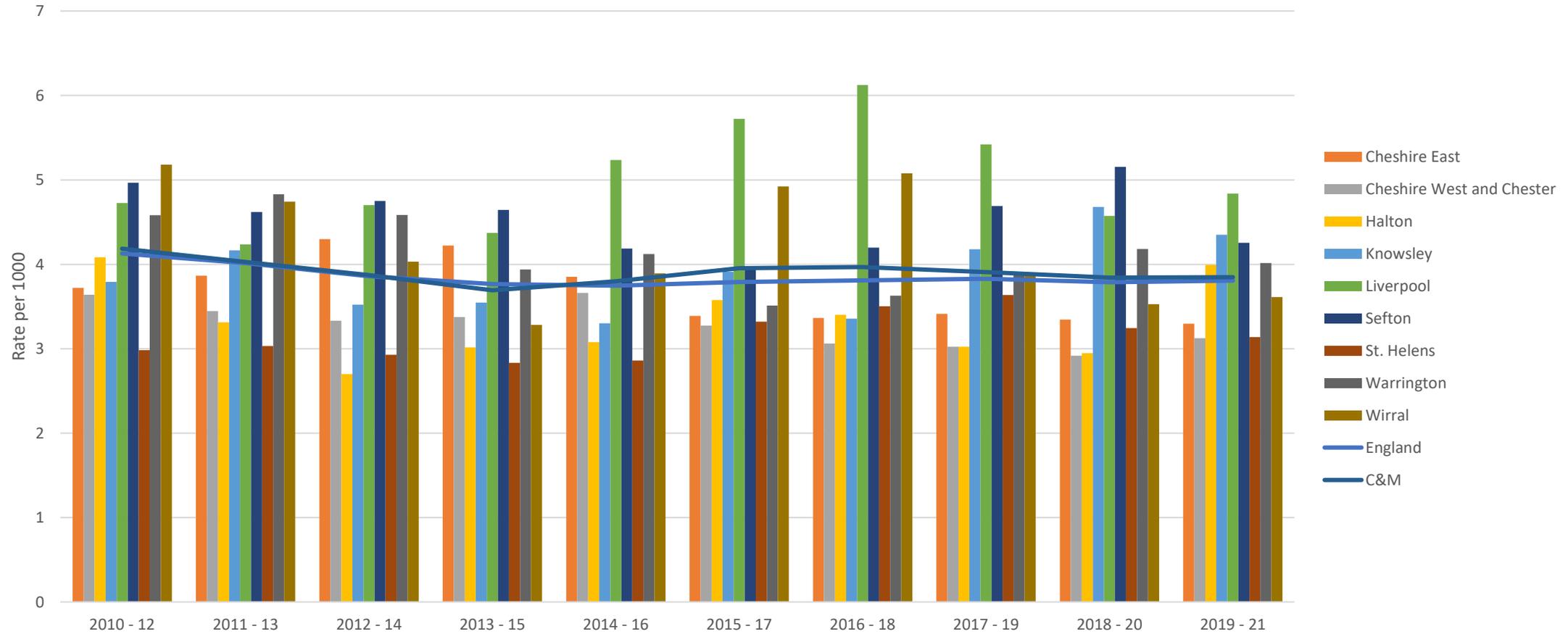


Using technology and data to enable new ways of working



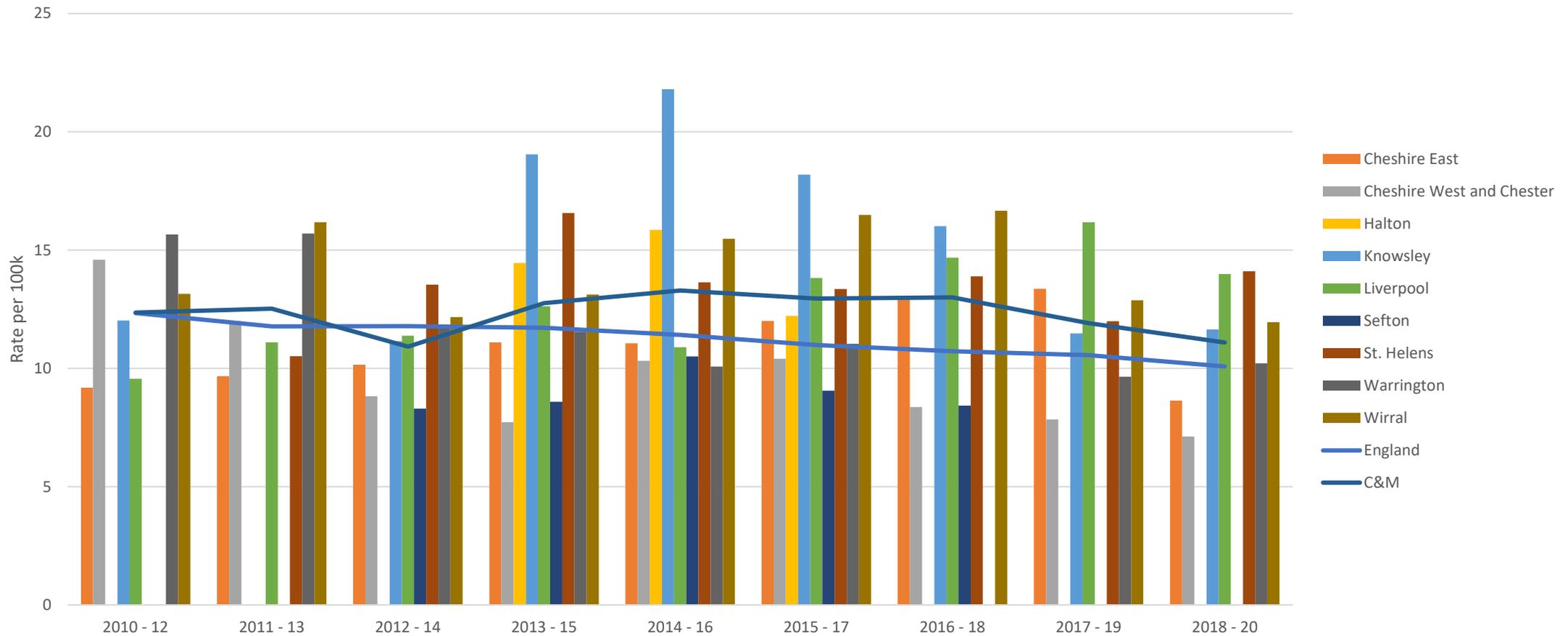
Clear structures, accountability and priority setting

Infant Mortality



Source: PHE Fingertips

Child Mortality (for CYP 0-17 years)



Source: PHE Fingertips

Front Door

C&M Provider-Based Trend Charts

Front Door Matrix

Front Door Charts

Front Door Data Table

Select Provider:

All

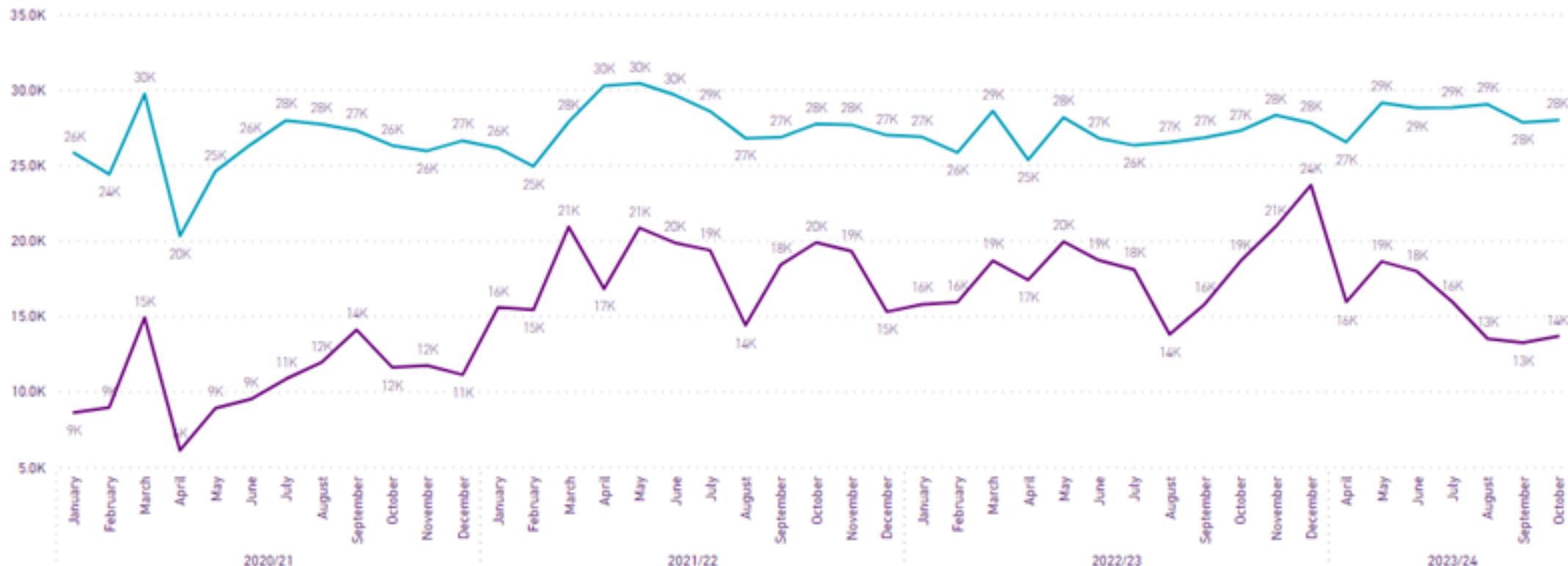
Select Age Range:

Age 0-17

Selected Period: October 2023

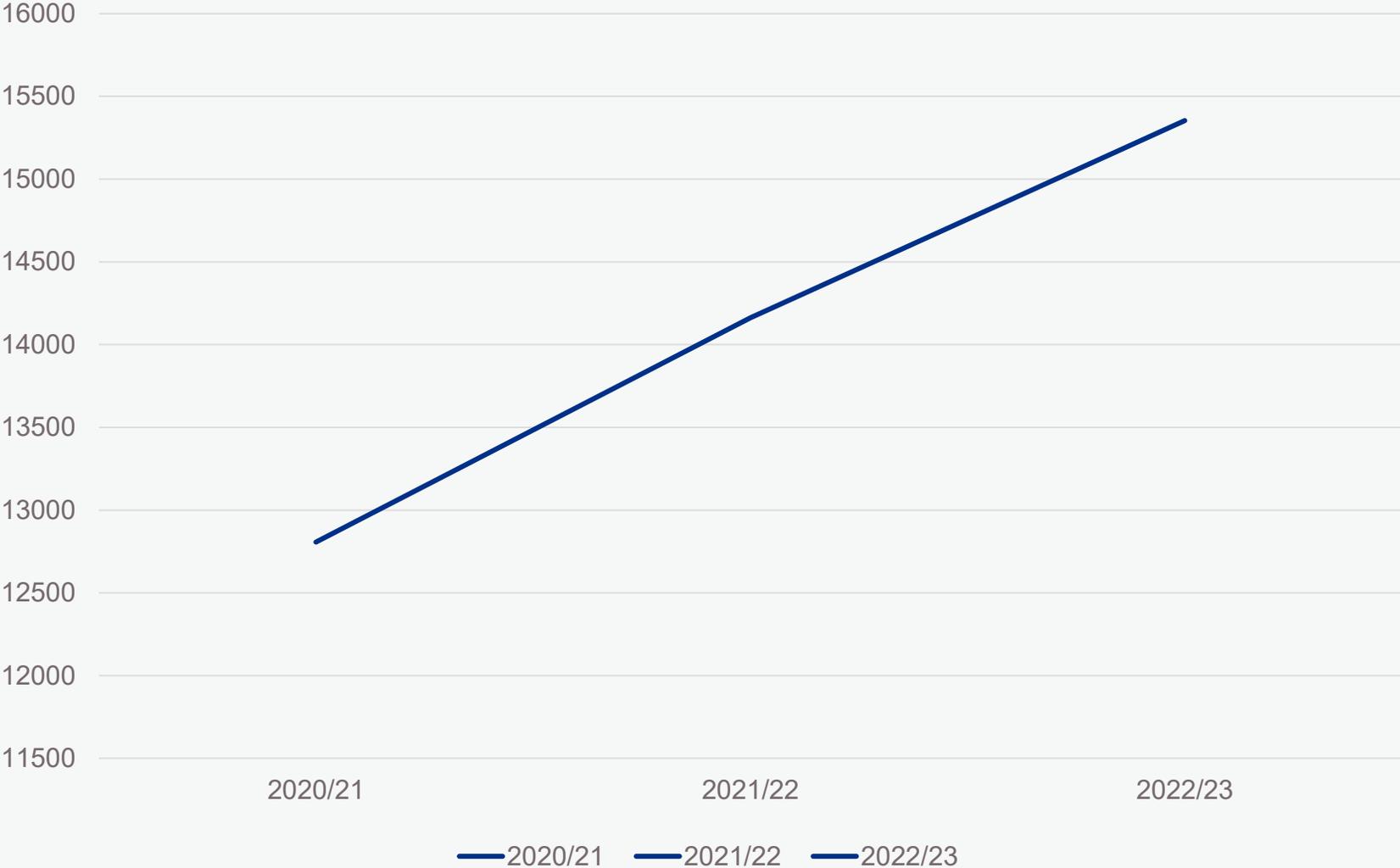
Cheshire & Merseyside Monthly Count: AED Attendances and NEL Admissions

— Type 1 AED Attendances — NEL Admissions



SLCN & SEND: Cheshire & Merseyside

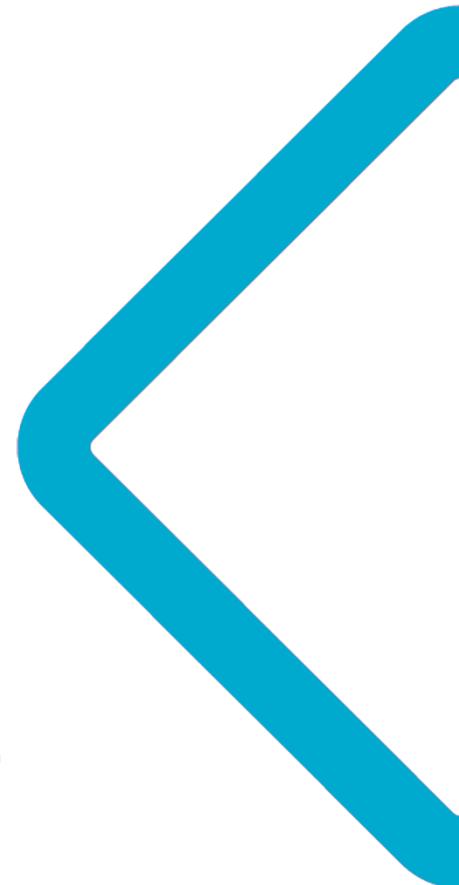
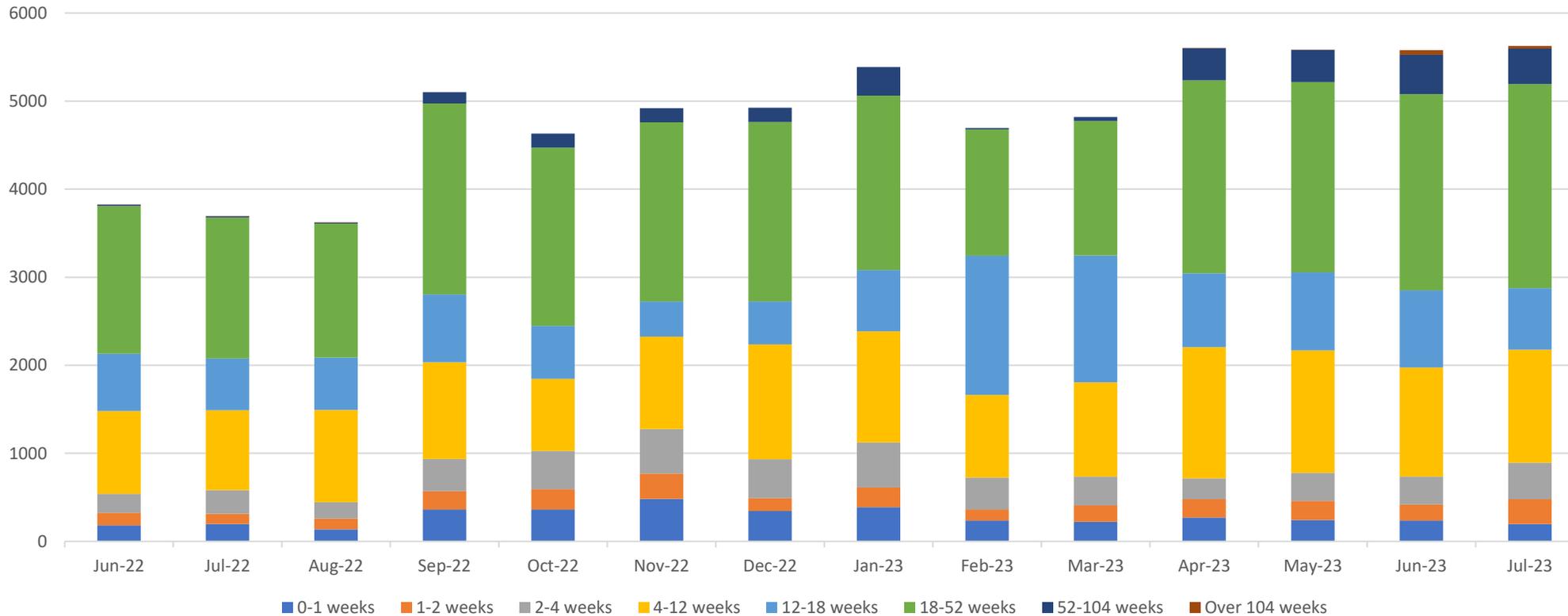
SLCN as Primary Need: SEN Support/EHCP



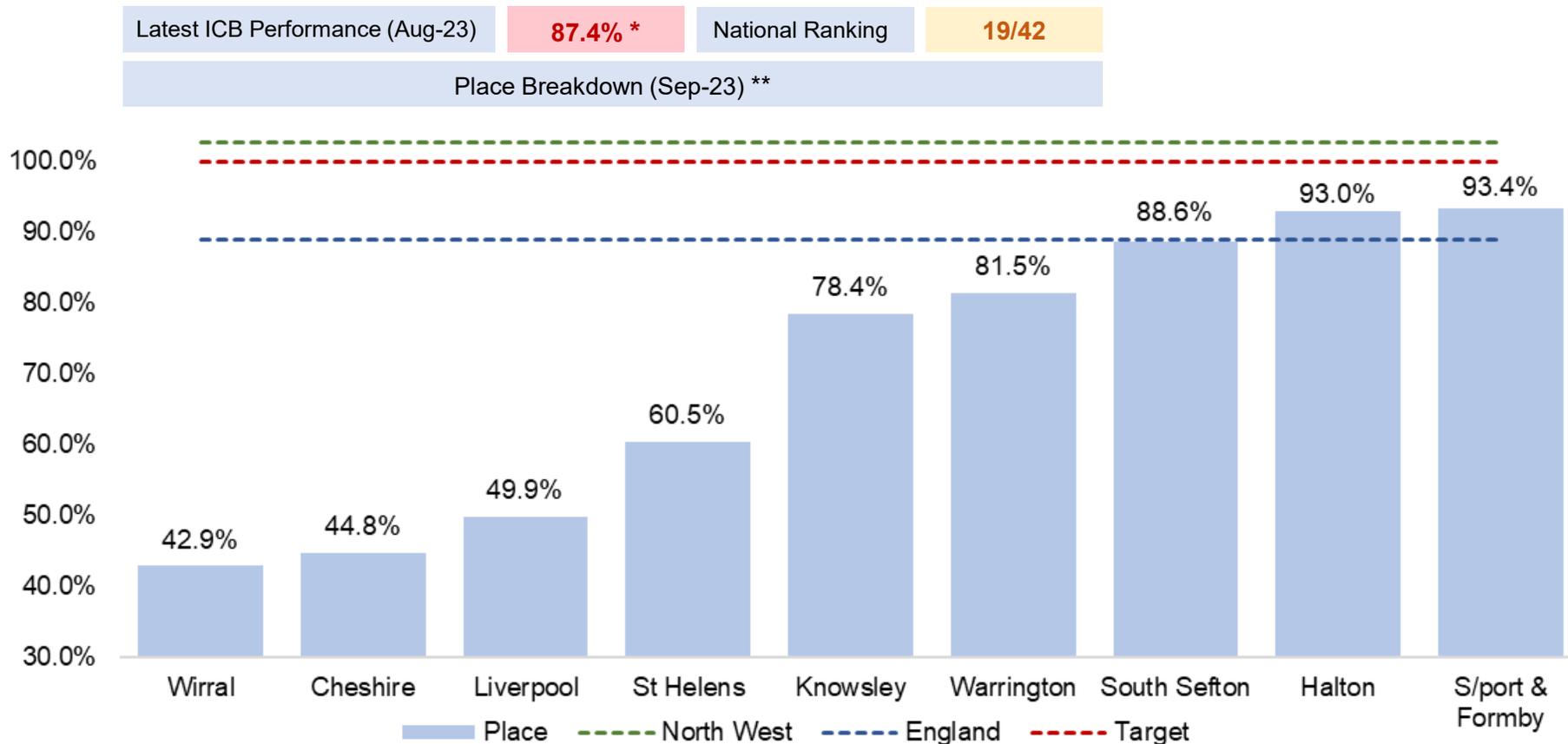
Source: NHSE SEN2 Dataset

SLT Waiting List Data

Children's SLT Waiting List: Broken down by wait times



Access rate to CYP Mental Health Services (12 Month Rolling)



Issue

- The CYP Access target for C&M is 36,072 to be achieved by 31st March 24 (LTP Period), the national NHS Mental Health Service Data Set (MHSDS) indicates that the C&M CYP Access target is not currently being met.

Action

- Historically CYP Access has been led at Place level. Work is underway to bring together CYP Place Leads to consider Access to mental health support for CYP across Place and ICB System with collective oversight.
- A data quality plan is in place to ensure data capture of all CYP mental health providers to reflect a more accurate picture. This also includes VCSE providers.
- C&M CYP Access Development Workstream developing plans to recover the trajectory.

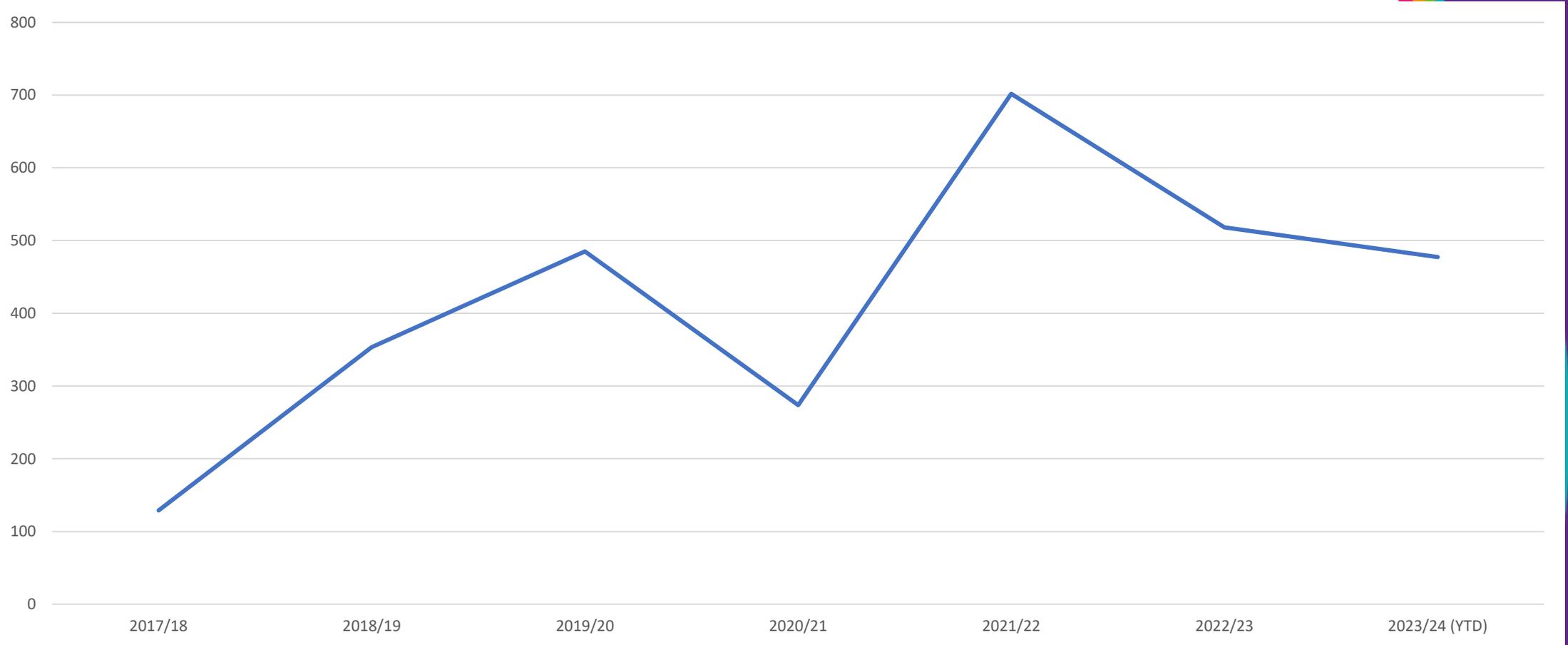
Delivery

- As of August 2023, ICB data reported via MHSDS illustrates a performance of 31,725 1+contacts. This is the highest access level for C&M over the last 2 years and performance is steadily increasing towards the nationally set target.

* ICB data uses number treated verses target

** Place data uses number treated verses no. referred

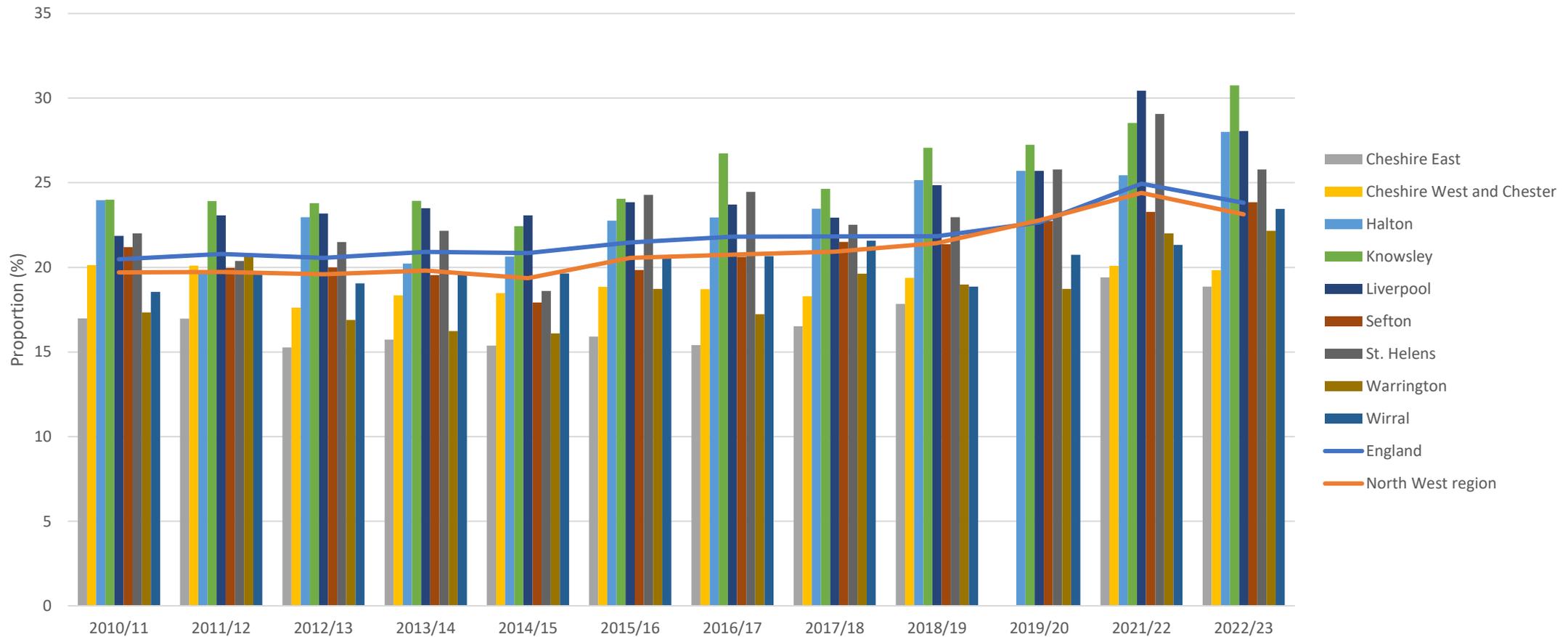
Emergency Asthma Attendances (CYP 0-24) per 100k : NHS Cheshire & Merseyside ICB



Data Source: [NHS CYP Transformation Programme Dashboard](#)

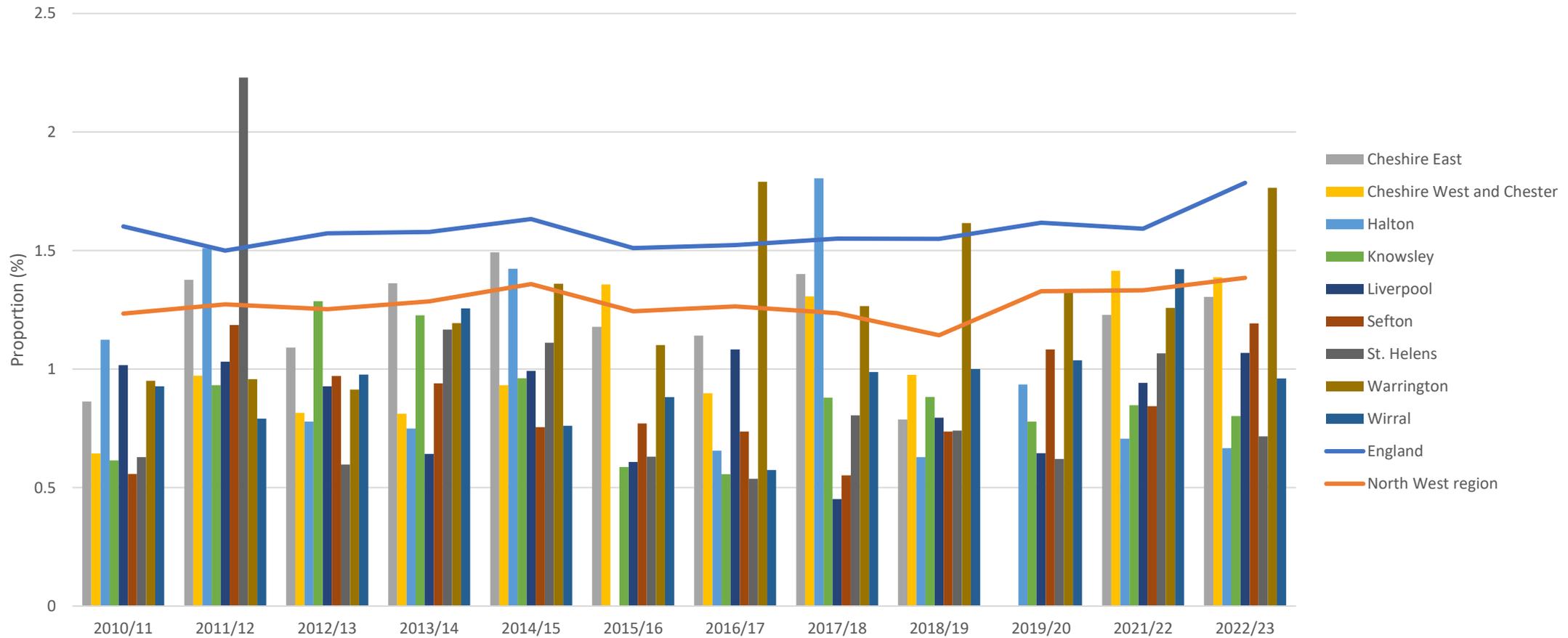
Healthy Weight / Obesity

Y6 prevalence of obesity (including severe obesity)



Source: PHE Fingertips

Healthy Weight / Y6 prevalence of Underweight



A group of children are gathered around a large sheet of paper, drawing various school supplies and educational items. The drawings include a globe, a microscope, a lightbulb, a ruler, a backpack, a computer, a calculator, a pair of scissors, a girl at a desk, a boy with a magnifying glass, a girl with a book, a girl with a gift, a girl with a number chart, and a girl with a math problem. The children are using various colored markers and pencils to create their drawings. The text "C&M are tackling this through a CYP System approach" is overlaid on the center of the image.

C&M are tackling this through
a CYP System approach

CYP – C&M System Approach

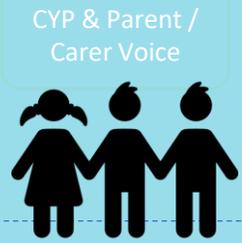
Key:

NHS

PSHIP

Strategic

Delivery



Health & Care Partnership
 Priorities : All Together Fairer (Marmot) including Starting Well, CYP, Housing

ICB CYP Committee
 Priorities (initial): CYP Appropriate Places of Care/MH, Neurodiversity, Oral Health, Edge of Care

DCS Network

9 x Places

ICB Statutory

VCSE Network

SEND
Safeguarding
CHC All Age

CYP Looked After
Safeguarding & Ofsted &
SEND inspection outcomes
/ judgements

Beyond – CYP Transformation Programme
 C&M ICB Priorities inc. NHS Long Term Plan delivery

- Respiratory / Asthma
- Emotional Wellbeing & Mental Health Integration
- Learning Difficulties, Disabilities and Autism
- Healthy Weight and Obesity
- Epilepsy
- Diabetes
- Oral Health

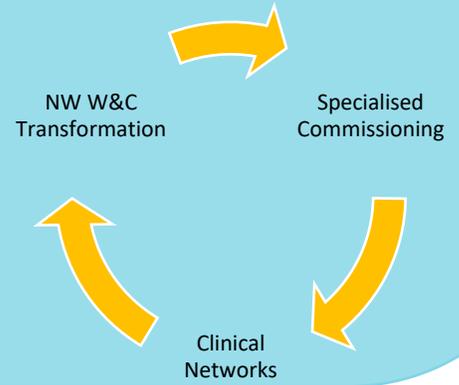
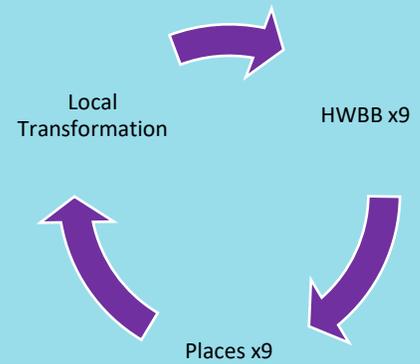
Starting Well / First 1001 Days
 Health Inequalities
 Transition
 SEND
 Safeguarding

CMAST CYP Alliance

Elective Recovery
Diagnostics
Workforce
UEC / Innovation

MHLDC

MH Transformation
CYP SALT
UEC
Virtual Ward



C&M CYP Committee – 1yr Plan

Q3 23/24

Q4 23/24

Q1 24/25

Q2 24/25

CYP Committee Strategy development (6-12 months)
- Alignment with HCP Priorities

CYP Dashboard – Improving our Intelligence (9 months)

Initial Priorities (Now - 6 months +)



Key Messages



To enable continuation of this effort, the system needs;

- A. ICB members to routinely think... what about CYP?
- B. To consider the health intelligence the ICB is receiving & query whether it is stratified for CYP
- C. Sharp focus on CYP within C&M UEC arrangements
- D. Continue to drive the top CYP priorities & retain whole-system oversight of the big issues through CYP Committee