

Children and Young People

Children and young people make up 21.7% of the population of Lincolnshire. Improving their health and wellbeing is an investment in future generations and the prosperity of this county. Although health outcomes for children and young people in Lincolnshire compare favourably when benchmarked with regional and national indicators of health and wellbeing, the UK in general has one of the highest child mortality rates in Western Europe.

The rising number of children and young people in Lincolnshire living with long term conditions and/or risk factors associated with the development of chronic disease in later life, such as diabetes, heart disease and some cancers is placing an unprecedented pressure on local health and care services. There is a growing body of evidence that economically and ethically investing in children and young peoples' health makes sense.

There has been a lack of a national strategy for Children, a fact addressed in the Long Term Plan that outlines that there will be a Children and Young Persons Transformation Programme developed which will provide strategic leverage to commission and provide integrated services that improve outcomes for children.

NHS Planning Guidance for 2019/2020 outlines the following priorities for Children and Young people

- Increased spend on CYP mental Health
- Improving mortality and morbidity rates for babies, children and young people

The first priority is integral to the local CAMHS and Future in Mind Programme. For the second objective, the following areas are being addressed:

Acutely Unwell Children

The work done to date has been in collaboration with ULHT primarily driven by their significant workforce challenges but also that many of children attending hospital have lengths of stays less than 12 hours. In 2018/2019, the Paediatric Assessment Unit Model was developed and implemented as an interim solution at Pilgrim Hospital in August 2018. Over 1200 children have accessed the service and the average length of stay has decreased from 43 hours to 7.5 hours. The next step is review the contracting and commissioning arrangements for the service so addressing the current zero length of stay which have increased due to outdated coding processes given the service change. Additionally over 2019/20, the model will be adapted for Lincoln County Hospital.

Work has begun to scope rapid access assistance for GP's with a daily hot line for 2 hours launched in February 2019 as a pilot but will require commissioning if the hotline averts/reduces attendance at Accident and Emergency or Urgent Care. Models for a rapid access clinic are also currently being scoped with the proposal of one clinic per week being drafted. The available evidence is that this model reduces attendances at A&E that are referred by the GP. This will be aligned to ULHT's job planning process and from a commissioning perspective will be activity that is currently being attributed to accident and emergency.

System wide urgent care pathways have been drafted and currently out for consultation with the Consultant Paediatricians. Over 2019/2020, the less acute children (rated green

and amber in the care pathways) will be treated in an urgent care or primary care setting supported by a rapid response for the acutely unwell child. The rapid response team is a recommendation made by the RCPCH in their review of paediatric services at ULHT. It is expected that this service will be outlined in a new Community Nursing Specification which is part of the current block contract.

Complex Children

To date, care is being improved through changing the CHC commissioning approach so that Lincolnshire is aligned with national policy as well as establishing a task and finish group to explore new models of CHC provision. Currently the service is provided third parties and there is a heavy reliance on high cost temporary nursing or zero hour contracted carers. The service is expensive and is not well rated by families. Options regarding service provision will be developed and progressed for Commissioners' authorisation and implementation. To further support those children with complex respiratory needs include those on long term ventilation, a rapid response respiratory service has been commissioned for one year. Over the first two quarters of 2019/2020, the service will be evaluated in real time as to how many admissions; presentations at accident & emergency have been avoided both at the regional centre and at the local health provider. A business case will be submitted Quarter 2 to 3 to achieve sustainability of the service. Lincolnshire service has already implemented the Cerebral Palsy Integrated Care Pathway; however due to the lack of access to the national database benchmarking and then reducing unwarranted variation is not possible. The programme aims to explore commissioning options to implementing the national database to Lincolnshire so that clinical outcomes can be improved and services develop to become more effective and efficient.

Long Term Conditions

During 2019/2020, the clinical pathways for CYP with long term conditions will be mapped with a gap analysis completed against best practice– this will have interdependences with other programmes most notably the diabetes transformation project particularly for those children who are transitioning to adult services. The services that will be mapped will be Asthma, Epilepsy and Diabetes all of which are leading causes of infant mortality so progressing the ambitions in the long term plan.

Autism

The Commissioners will continue to work with the Local Authority to agree a system wide autism, ADHD and associated disorders clinical pathway which is anticipated to be provided through an informal alliance arrangement with stakeholders. The outcome will necessitate more intervention at the low and moderate end of the autism spectrum and diagnostic process. The aim of the project is to fund the new service out of current allocations though there may be a change of weighting in that funding allocation amongst stakeholders

Care Closer to Home

The model of outpatient provision has been largely unchanged since the conception of the NHS. To deliver care closer to home, exploratory work will be undertaken aligning community paediatricians to children's hubs for those children under 5. For those children

over the age of 5 further joint working is required with the Neighbourhood Programme. Additionally through greater integration between GP's and Paediatricians either by locality and/or condition, technology could be utilised to establish one stop multi-disciplinary clinics for children and their parents preventing the requirement to travel either to local hospitals or regional if their condition is specific. Over 2019/2020, option of service provision will be scoped and developed for further consideration and commissioning in future fiscal years.