North Central London Integrated Care System

Start Well: Opportunities for improvement in maternity, neonatal, children and young people's services in North Central London

Case for Change overview
July 2022

Introduction: NCL's Start Well ambition

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To ensure our services for children, young people, maternity and neonates, deliver outstanding, safe and timely care for local people wherever they live.

Since November 2021, the partner organisations in NCL have been working together on the initial phase of Start Well: a long term programme looking at children and young people, maternity and neonatal services across NCL.

Partners from across the integrated care system have been working together to understand if we are:

- delivering the best services to meet the needs of children, young people, pregnant people and babies
- learning from, and responding to, national and international best practice, clinical standards and guidelines
- reducing inequalities in provision and health outcomes.

The focus is hospital **emergency and elective services for children and young people, and maternity and neonatal services** at North Mid, UCLH, the Royal Free, Barnet, Chase Farm and Whittington Health. The interface of services and pathways with specialist providers, including Great Ormond Street Hospital, are considered as part of the programme.

We have worked collaboratively, openly and transparently, and involved stakeholders throughout this initial phase.

Start Well reports into NCL's Children, Young People, Maternity and Neonatal Board under three clinical workstreams:

- Children and young people's **planned care** in acute setting
- Children and young people's **emergency care** in acute setting
- **Maternity and neonatal** services.

Communications and engagement activity to date

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We have carried out broad communications activity to introduce the programme to stakeholders including staff, partners, VCS organisations, borough partnerships, and MPs and councillors. During phase one we have **focused engagement activity** around:

- **Staff engagement** –
  - a series of staff briefings
  - clinical interviews and workstream reference groups
  - Leadership development workshops, coaching and action learning sets
  - staff feedback form open to all staff throughout this phase
- **Public engagement secondary information –** capturing insight from previous engagement activity as themed analysis for inclusion in the Case for Change; reports from Healthwatch, Maternity Voices Partnerships, national reports such as Better Births, trust patient experience information, evaluation of temporary changes to paediatric services during the pandemic, LMNS engagement with Birth Companions
- **Public engagement primary sources**
  - Online focus groups - themed discussions around maternity and neonates and children and young people's services
  - Feedback from the Start Well online patient panel and resident advisors to the workstreams
  - Insight discussion group with community organisations with women with experience of domestic Violence, Bengali/Syhleti speakers and young care leavers
  - Resident advisers recruited

The first phase has been a collaborative process, working with stakeholders from across the system

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Case for change development journey

Interviewed **60** clinical and operational leaders from across the NCL system

Supported leadership development through 1:1 coaching, action learning sets and **3** leadership development workshops

Captured wider **staff views and experiences** on the current state of services through a staff survey

Conducted **baseline analysis** and undertook an extensive **document and evidence review** to understand best practice

Tested outputs and captured clinical insights through **12** reference group meetings, **2** clinical workshops and **5** surgical deep dive sessions

Engaged with **patients and the public** through patient forum and focus group events

Start Well case for change development process

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Case for Change development has been collaborative, informed by outputs from the workstream reference groups, clinical workshops and surgical deep dives

- The Start Well case for change document outlines the opportunities for improvement for maternity, neonatal, children and young people services
- The document does not set out how to respond to the opportunities
- Throughout the development process, all Trusts have been engaged in a review and iteration process to refine and improve the document
- The document has now been presented at and endorsed by all NCL Trusts Boards and the Specialised Service Recovery Oversight Group

Opportunities for improvement: Maternity

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Ensuring excellent experience, equitable access and optimal outcomes for pregnant women and people	• **Stillbirth rate varies between boroughs**, Haringey had the highest rate with 6.3 per 1,000 population between 2018-20 compared to 3.2 per 1,000 in Camden • The babies of Black pregnant women and people are **twice as likely to be admitted to a neonatal unit after birth** compared to White pregnant women and people • Only **4.9% of pregnant women and people in NCL access perinatal mental health services** which is significantly below the 8.6% NHS Long Term Plan ambition
Better utilisation of maternity capacity offered in NCL	• Currently, the **range of units in NCL are not all used equally**, with many pregnant women and people either choosing to deliver, or being recommended to deliver, in an obstetric-led setting • For some sites in NCL, **use of their midwifery-led units was around 30% or under**, whilst obstetric led units were dealing with significant capacity pressures. • During times of high demand or low staffing levels, some **maternity units are sometimes forced to close** to ensure the safe care of pregnant women and people they are looking after
Supporting maternity workforce sustainability	• All Trusts received a recurrent uplift in funded establishment to meet birthrate plus, however in many instances **bank and agency are used to fill shifts** to ensure compliance with this target due to vacancies • For our units to comply with the new staffing standards we need to **recruit an additional 27 midwives** across the system • **Collaborative work is ongoing** to address the recruitment challenges, however further work is needed to ensure that vacancies do not impact upon patient care and the experiences of our staff

Opportunities for improvement: Neonates

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Matching neonatal care capacity and demand	• The UCLH NICU was on average **85% occupied which is higher than the maximum threshold** set out in the NHS neonatal service specification. • Over stretched level 3 capacity in NCL resulted in **40 babies in 2020/21 needing to be transferred** to a NICU outside of area
Consider the sustainability of the Royal Free Hospital Special Care Unit	• Royal Free hospital special care unit delivers **111 respiratory care days which is significantly below** the 365 day BAPM upper threshold • Low numbers of babies admitted to the Royal Free hospital special care unit **creates a challenge for staff to maintain the required competencies** to look after babies requiring respiratory support, although mitigating actions are in place to manage this in the short term. • High risk pregnant women and people giving birth at the Royal Free **need to be transferred to a hospital with a higher level of neonatal care** provision if the baby is likely to be high risk
Minimising avoidable admissions to neonatal units	• The existing provision of neonatal community outreach programmes is **not consistent between our boroughs** • For example, in Islington, phototherapy is available in the community whereas for babies living elsewhere, they would likely have to stay in hospital to receive this treatment
Addressing workforce vacancies and variation in provision and access to AHPs across neonatal units	• North Mid are **unable to open their full establishment of cot spaces** due to nursing vacancies • The London Neonatal ODN has highlighted that in NCL we **require an uplift in nursing establishment by 26.1 WTEs** to meet the Dinning Tool requirements • **AHP provision is inconsistent across units** – some have no access to certain therapists. The AHP staffing model in NCL is also fragile with staff working on units as part of their wider job plan.

Opportunities for improvement: Children and young people (1/2)

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Increasing demand for emergency care

- NCL sites are providing emergency care to an **additional 73 children and young people** a day compared to 2016/17
- A **higher number of low acuity cases are being treated in ED** and equally an increasing number of complex cases puts pressure on emergency departments
- Increasing levels of low acuity attendances suggests that some demand for acute services could be **better served in alternative care settings**

Improving long-term conditions management

- There are some children and young people with long-term health conditions that **do not get enough support to manage their health and wellbeing**, and this can lead to unplanned time in hospital
- Children and young people with long term conditions who **live in the most deprived areas are more likely to be admitted to hospital**
- For example, children and young people with asthma living in the **most deprived areas were twice as likely to spend unplanned time in hospital** than those living in the least deprived areas.

Organisation of paediatric surgical care

- There is variation between and within hospitals on whether a child can be treated on site, **depending on the confidence and skills of adult surgeons and anaesthetists** covering the emergency rota
- Children with **lower complexity emergency cases are being transferred to specialist hospitals**, causing treatment delays for some children. An example of this is children with testicular torsion.
- Within NCL the role of GOSH, a specialist surgical centre, without an emergency front-door, could be **more clearly defined** as currently it is difficult for local sites to manage daily emergency care
- Opportunity to consider the GIRFT and best practice requirements which outline the benefits of **of a paediatric surgical network** to support implementation of consistent models of care and improve quality of care.

Opportunities for improvement: Children and young people (2/2)

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Reducing long waits for elective care

- In NCL, 1 in 46 (32,000) children and young people are **currently waiting for treatment**
- For admitted care there are currently c.4,300 children and young people waiting for treatment at NCL sites. Of those waiting for care **over 330 have been waiting over a year** and 1,600 over 18 weeks.
- As of February 2022, there was c.24,000 children and young people waiting for a non-admitted care at NCL sites. Those waiting more than 18 weeks has increased by over 40% since May 2021.

Improving transition to adult services

- Across NCL there is a **challenge in providing consistent care across transition into adult services**
- There is **no consistent definition across NCL around the age cut** off for children's and young people's services
- There is an opportunity to **consider how to improve the current transition model of care across NCL** and work more collectively between children and adult services

Recruitment and retention of the paediatric workforce

- Vacancy rates are particularly high in paediatric nursing, ranging from **13%-36% across NCL sites**
- Often **our own staff are having to work to provide cover for shifts**, which at a time were staff have been under extreme pressure, is leading to significant burn out
- Considering the paediatric nursing workforce challenges in NCL there is an opportunity to consider how we could use networked approach to **develop innovative workforce solutions**

Meet national recommendations for the environment for paediatric surgical care

- Currently **not all sites provide dedicated paediatric theatres** or child-friendly environments
- The impact of the current estate and organisation means that **some sites are struggling to manage their activity,** and doing so in a way that doesn't meet best practice guidance
- Within NCL there are **challenges in respect to accessing paediatric high dependency beds**. This impacts planned and emergency surgical pathways and also some complex medical admissions.

Case for Change communications and engagement

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The Case for Change was approved by NCL CCG's Governing Body on 30 June, and is followed by a ten week period of engagement (4 July to 9 Sept) where we will seek views from staff, patients and the public, and wider stakeholders on its findings through a diverse programme of structured engagement opportunities.

A comprehensive communications and engagement plan is in place to support this Case for Change engagement phase.

The engagement offer is being developed to ensure we gain a broad range of views and enable involvement for all NCL stakeholders. Deeper engagement will be sought with individuals and groups with direct interest or influence, those with protected characteristics, and those more likely to experience inequalities, ill health or deprivation.

Specific activity will include:

- Communication and a briefing offer to MPs, Councillors, HWBBs, JHOSC and borough partnerships
- Timely communication, staff briefings and mechanisms for staff to feed in their views, developed with trust comms teams
- A full programme of patient and public engagement, including a questionnaire, discussion at forums/meetings, drop in events, interactive workshops, interviews, and online discussion groups, working with partners and VCS colleagues.
- Specialist engagement with children and young people
- Youth mentoring for clinical leaders.
- Publication of a report on feedback received on the case for change

The link to the Case for Change and engagement materials is: https://nclhealthandcare.org.uk/get-involved/start-well/

Timeline and next steps

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- We will publish a report summarising the feedback received on the Case for Change after the engagement period concludes on 9 September.
- At the end of September, the ICB Board will make a decision on next steps for the programme.
- The outcome will be communicated to stakeholders before the next phase begins.
- An **indicative timeline** for a major change process, if this is required following the decision point, is shown below.