

Response ID ANON-YNUM-1YY9-5

Submitted to NHS@75: an invitation to have your say
Submitted on 2023-05-25 17:02:25

NHS@75: an invitation to have your say - page 1

1 What features, developments or services of the NHS are most important to celebrate and strengthen as we approach the 75th anniversary? You are welcome to include any personal experiences or contributions you've made, with insights into why they were successful.

What features, developments or services of the NHS are most important to celebrate and strengthen as we approach the 75th anniversary? :

By way of introduction and to set some context for my responses, I will summarise my current and previous roles. I am a children and young people's clinical adviser working for the Greater Manchester and Eastern Cheshire Strategic Clinical Network (GMEC SCN), NHS Greater Manchester (GM) Integrated Care. I am currently the RCPCH Ambassador for Greater Manchester.

I received this request on the 18th May and if my colleagues and I had had more time, we would have submitted a Greater Manchester and Eastern Cheshire Strategic Clinical Network combined with an NHS Greater Manchester Integrated Care response. My colleagues have seen my response and are aware that I am submitting this response. The RCPCH President, Dr Camilla Kingdon is also aware that I am submitting a response. If it would be helpful, we, as a GM team or with the RCPCH, could have a more in-depth discussion with the NHS Assembly team.

From 2009-14 I was the Royal College of Paediatrics and Child Health Workforce Officer and from 2014 – 2019 RCPCH Vice President for Health Policy. I have been a Consultant Paediatrician at the Royal Manchester Children's Hospital, Manchester Foundation Trust since 1993, retiring from clinical duties in 2019 and currently hold an Honorary position.

I started to work for the NHS at North Manchester General hospital as a medical house officer in August 1978 and this is my 45th year of service. I am retiring this year and will continue to advocate for the rights and needs of children and young people in their health care.

My key reflection is that I have been very proud to work for the NHS for 45 years and I strongly believe in the founding principles and values of the NHS Constitution. I sincerely hope the NHS will survive and that we as health providers are not forced to move towards an insurance based private health care model.

Since 2017, I have been privileged to have contributed to the GM Health and Social Care Partnership programme of work for CYP <https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2019/03/GM-Children-and-Young-People-Framework.pdf> and am currently assisting with the transition of this programme of work alongside the Greater Manchester Combined Authority led children and young people's plan <https://www.greatermanchester-ca.gov.uk/media/2115/gmca-children-young-peoples-plan-2019-2022.pdf> to develop an integrated CYP plan. I am working with sector partners in GM across physical, mental and population health, social care, education, criminal justice and voluntary sectors. Our collective ambition is to improve outcomes for CYP, and we are talking about a population of approximately 915000 up to the age of 25, 32% of our GM population. We will work with our population health leads to tackle inequality using the NHSE Core 20 plus 5 Framework for long term conditions, asthma, diabetes, epilepsy, oral and mental health and focus on our vulnerable groups. Our ambition is that all of our work programmes will be co-produced with children, young people and families. This evolving GM CYP plan will be embedded in the GM Integrated Care Partnership Strategy and joint GM Forward Plan. I see this journey as a success story in moving towards a preventative and integrated approach around the needs of CYP and incorporating their lived experiences and views. However, there is a long way to go to improve our CYP's outcomes and their health and wellbeing must be a priority for the NHS.

The work of the GMEC SCN which was set up in 2013 as a result of the 2012 DH Health and Social Care Act has enabled me, alongside a passionate team of clinical leaders, managers and CYP and families to strengthen the profile and health needs of CYP - the work of the GMEC SCN is now part of the Quality Improvement and Clinical Care Professional Leadership programmes within NHS GMIC. From a CYP perspective, our ambitions are to deliver the National CYP Transformation programme to improve outcomes for asthma, diabetes and epilepsy as well as contribute the health elements for improvement within the system wide GMCYP plan – these system wide programmes cover early years, healthy weight, looked after children, adolescents, the wider workforce, CYP with special educational needs and a key component is co design of the programmes with CYP and families.

From an RCPCH perspective, I was a member of a wider policy team which developed and audited service standards for the acute and community services and helped to influence the early development of Sustainability and Transformation Partnerships from a CYP perspective. I also worked with the previous RCPCH President, Professor Russell Viner and the NHSE CYP Transformation leads to shape and design the NHSE led CYP Transformation Programme of work.

In answer to this question, my reflections are that the NHS is getting better at acknowledging the needs of CYP and that NHS leaders realise the good health and wellbeing starts in infancy and childhood, backed up by good preconception and maternity health care. The themes by which you will analyse the responses to this survey demonstrate this. However, there is a lot to be done to tackle unwarranted variation in care, morbidity and mortality and the impact of poverty and inequality of people's health and lives. Children need to grow well in order to live well and their needs should be addressed equitably to the needs of adults. In GM, we want to see our evolving integrated GMCYP programmes of work demonstrating a real shift in the health and wellbeing of our CYP through to their adulthood.

From a paediatric perspective, the NHS has enabled some acute illnesses to be reduced or eradicated through vaccination programmes and better treatment as well as improved survival rates e.g., for cancer and other long-term conditions. There has been a wealth of technological developments and innovation to assist diagnosis and care. Genomics, a range of digital technology - Artificial intelligence, Virtual Reality and robotics - these will all play a big part in our future health care programmes.

2 Today, in which areas do you think the NHS is making progress? Please feel free to include more than one area.

Today, in which areas do you think the NHS is making progress? :

Please refer to my response to the previous question, particularly the last 2 paragraphs and in addition the move through Integrated Care Systems to a more collaborative, preventative and integrated way of working

3 Today, in which areas do you think the NHS most needs to improve? Please feel free to include more than one area.

Today, in which areas do you think the NHS most needs to improve?:

Hard decisions have to be made about how best to use the NHS funding and in an equitable way.

There is a need to prioritise health care to deliver preventative care from preconception right through to adulthood and to ensure that infants, children, and young people have an equal share in care and services. In Greater Manchester e.g. our outcomes for children with asthma, diabetes or healthy weight need to be improved and the numbers of CYP with mental health problems are escalating.

The health and wellbeing of our population in Greater Manchester can be potentially improved by the ambitions of our Integrated Care System in taking a cross sector, all- age life course approach. Health economics can back up population health interventions and show that early prevention and intervention in childhood and improving the care of those who need it most, can lead to better outcomes in adult life. Decisions should be influenced by robust evidence and the lived experiences of our patients. This includes trauma informed practice and identifying and tackling adverse childhood experience. Our CYP are our future citizens and have a right to lead a healthy life and achieve their goals so they must be given equal status when it comes to allocation of health care.

In order to direct the NHS in this way, it will need more resource, and which is allocated to the people who need it most, where social determinants of life adversely affect them throughout their life.

The architecture and governance systems for our Integrated Care System must be allowed to strengthen to enable us to be able to work effectively by joining up our programmes for physical, mental and population health, and cross sector with social care and most importantly from a child health perspective with education, VCSE and criminal justice sectors.

We urgently need a workforce strategy. The NHS has reached breaking point and cannot rely on the good will of our staff. A workforce strategy should be demand led, based on the needs of the population, address CYP health workforce gaps in paediatrics, school nursing and health visitings and encourage opportunities e.g., youth workers in teams managing CYP with long term conditions, CAMHS and CYP who are vulnerable. Improving and maintaining the wellbeing of our staff must be part of a future workforce strategy

Robust data collection must be improved to inform decision making to prioritise where and how to improve health care. There are many gaps in collecting data for CYP e.g., for children and young people with complex needs, autism and other learning disabilities. Data also needs to be joined up with data in the Education sector using the pupil number and with data in the criminal justice sector.

4 What are the most important lessons we have learnt from how the NHS has been changing the way it delivers care in the last few years?

What are the most important lessons we have learnt from how the NHS has been changing the way it delivers care in the last few years?:

Moving away from a competitive market to a more collaborative way of working. There is real potential in the Integrated Care Systems making a difference but there is still funding deficit which will not be resolved by sticking plaster initiatives. The Government need to prioritise health and to areas where there is poverty and inequality, otherwise our nation's health and productivity won't improve.

Working with our citizens to design and plan their care and services – this needs much more traction. I strongly believe that co design and co- production should be an integral part of every NHS quality improvement plan/programme. From a child health perspective is every child's right to have access to good health care and have their voice heard. We are embedding a rights based approach into our engagement mechanism with CYP using <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/> and the Lundy model <https://www.qub.ac.uk/Research/case-studies/childrens-participation-lundy-model.html#:~:text=Since%202014%2C%20the%20Lundy%20model,a%20sea%2Dchan>

Covid has made us work differently e.g., virtually but we must not lose the importance of face-to-face care and we also have a lot of catching up to do e.g., improving our early years interventions to close the gap with the national average in order to have our children ready for school and tackle the impact on CYP mental and physical health. We won't improve health and wellbeing of our citizens unless we tackle inequalities and social determinants of life, made worse by Covid, by working in partnership with our local authority and other sector partners; also, the VCSE sector has a lot to offer in supporting health care. We need to work with wider sector partners leading on transport, housing, planning and the environment if we are to improve CYP outcomes.

5 What do you think should be the most important changes in the way that care is delivered, and health improved in the coming years?

What do you think should be the most important changes in the way that care is delivered, and health improved in the coming years?:

Listen to CYP and use their lived experiences and wisdom in all policies and programmes which affect them. They have told us that they should be able to live with a health condition rather than a health condition define their lives.

By taking a population health/health economics approach to meet the needs of the population and continuing to use advice/recommendations provided by NICE.

Making sure we have a safe and sustainable workforce to deliver care.

Prioritising preventative and early interventional care and starting before birth, through infancy and through childhood to adulthood - if we have healthy children they will grow into healthy adults.

By collaborating effectively with sector partner e.g., joint commissioning, joint workforce, joining up the data and having an outcomes-based approach to care which include experiences and life achievements

Use the technological advances such as digital technology which are available to us but do not lose face to face care and listen to our CYP to make sure the technologies advances and ways of communicating work for them.

Make sure that research and innovation strategies equitably take into account the needs of CYP on a backdrop of tackling wider determinants.

6 What would need to be in place to achieve these changes and ambitions?

What would need to be in place to achieve these changes and ambitions?:

Making sure there are enablers in the system to make the ICS Joint Forward plan and ICP strategies work for our GM population and across other ICSs e.g., sharing effective ways of joint commissioning, joint workforce so that health and sector partners can work effectively together. Having the resources to succeed and definitely not changing the architecture of the NHS again. We also need to measure outcomes over the life course to inform our decisions.

Having a sustainable workforce

More funding for the NHS, taking into account my comments about prioritising preventative strategies and equitably funding child health.

Furthermore, child health improvement programmes should be an integral part of every NHS programme or policy unless specifically targeting adults or the elderly.

NHS@75: an invitation to have your say - page 2

7 And finally, do you have one example of a brilliant way in which the NHS is working now which should be a bigger part of how we work in the future? Please describe this example.

Do you have one example of a brilliant way in which the NHS is working now which should be a bigger part of how we work in the future?:

I am describing 2 examples.

Having a dedicated National CYP Transformation programme of work will potentially make a difference to the lives of CYP. By having this dedicated programme with an ambition to embed co-production with CYP and their families, shows that at last CYP are getting a stronger profile within the NHS – however we have currently a generation of CYP whose health outcomes have deteriorated , made worse by social determinants such as deprivation and ethnicity and due to the impact of Covid. As I have said earlier there is much work to be done using this survey's 6 P themes to collate responses. if we are to make CYP healthier , happier and to have successful lives.

Two clinical areas, and which combine clinical need with technology are:

- The use of digital technology to manage diabetes in childhood
 - The relatively new and innovative way of using virtual reality techniques in children
- e.g. <https://www.sheffieldchildrens.nhs.uk/news/immersive-virtual-reality-project-launches-to-help-children-diagnosed-with-rare-muscle-wasting-disease>

On a wider health services system footprint, Greater Manchester Health and Social Care Partnership evaluation has demonstrated benefit to its citizens. [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(22\)00198-0/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00198-0/fulltext)

It is essential that the Integrated Care Systems are now given given time and effective resource to demonstrate further improvement in our population's health and deliver the 6 Ps which NHS Assembly is using as its themes to analyse responses. I personally have used 6Cs as a guide to understand how integrated care can improve – Collaboration across health and sectors, Co – production with CYP , families and staff, Clinical and Care professional leadership and Connecting Care across boundaries

NHS@75: an invitation to have your say - page 3

8 If you are happy to provide your name, please do so.

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Dr. Carol Ewing

9 Where are you based?

North West

10 Are you responding on behalf of a group, network or organisation?

No

NHS@75: an invitation to have your say - page 4

11 Which group, organisation or network are you responding on behalf of?

Which group, organisation or network are you responding on behalf of?:

12 Roughly how many people were involved in the conversation that informed this submission?

Roughly how many people were involved in the conversation that informed this submission?:

13 Can you tell us a little about the group involved in the conversation that informed this submission?

Can you tell us a little about the group involved in the conversation that informed this submission?:

NHS@75: an invitation to have your say - page 5

14 Which of the following would you primarily classify yourself as?

NHS staff

If you selected 'other', please provide details in the text box below: