

Yorkshire & the Humber Children's Strategic Clinical Network Legacy Document



Yorkshire & the Humber Children’s Strategic Clinical Network Legacy Document

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Prepared by:

| | |
|------------------|---|
| Fiona Campbell | Clinical Lead, Y&H Children’s SCN |
| Clare Hillitt | Network Manager, Children’s and Maternity SCN |
| Emma Andrews | Quality Improvement Manager, Y&H Children’s SCN |
| Andrew Clarke | Interim Quality Improvement Manager, Y&H Children’s SCN |
| Laura Whixton | Quality Improvement Lead, Y&H Children’s SCN |
| Emmerline Irving | Quality Improvement Lead, Y&H Children’s SCN |

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1 Executive Summary

The role of the Children's and Maternity Strategic Clinical Network (SCNs) in Yorkshire and the Humber was to support co-operative action for the benefit of patients between the component parts of the health and social care system.

With direction from Clinical Leads, the 24 Y&H CCG's and NHS Specialised Commissioners the SCN developed work programmes in the following areas:

- Paediatric Surgical Provision (Children's Surgery and Anaesthesia)
- CAMHS
- Long Term Conditions (Asthma and Epilepsy)
- Transition of CYP to Adult Services

The SCN also provided support to the following collaborative commissioning programmes:

- South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire Working Together Programme
 - Surgery and Anaesthesia Programme
 - Children's Acute Care Pathways
- West Yorkshire Healthy Futures Paediatric Programme
 - LAC OOA
 - Paediatric Workforce

Finally, in recognition of the need for the voice of children and young people to drive improvements in services, outcomes and experience, the SCN developed 'CYP Involve', an involvement model to support any work stream across the Y&H SCN undertaking work with children and young people

1.1 Y&H SCN Achievements 2013-2016

| Work Priority | Achievements |
|------------------------------------|---|
| Engagement | The SCN delivered continual engagement with all Y&H Children's commissioners and providers. |
| Children's Surgery and Anaesthesia | Y&H Surgery and Anaesthesia Review Report |
| | Development of Y&H Surgery and Anaesthesia Quality Schedule |
| | Clinical Contribution to Service Specification |
| | Development of Children's charter – "Children and Young People's Charter for Having an Operation" |
| CAMHS | Delivered a series of CAMHS events |
| | Benchmarked CAMHS provision across Y&H |
| | Supported collaborative work around Looked After Children (LAC) |
| | Supported the development of SARC across Y&H |
| | Developed online discussion forum |
| Long Term Conditions | Y&H Asthma Service Report |
| | Asthma Services and Management Workshop |
| | Asthma Services and Management Workshop Report |
| | Y&H Epilepsy Service Report |
| Transition | Y&H Transition Scoping |
| | Support Leeds teaching Hospitals NHS Trust in development of Transitions services and pathways |
| | Transition Toolkit and Commissioner Guidance |
| | Children and Young People Transition Charter |
| Collaborative Commissioning | Support the SYB/MY/ND working together programme for Children's Surgery & Anaesthesia and Acute Care. |
| | Provide wide clinical expertise on the development of the SYB/MY/ND Children's surgery & anaesthesia service specification. |
| | Supported the development of the West Yorkshire Healthy Futures LAC OOA and paediatric workforce work programme. |

2 Background

Children and Adolescent Health Services are complex, covering all specialities and when looking at improvements, are often approached by age rather than specialty. Child Health in general is improving. However despite improvements and steady mortality declines, in 2012 in the UK over 3,000 babies died before the age of one and over 2,000 children and young people died between the ages of 1-19¹

The report, 'Why children die: death in infants, children and young people in the UK', highlighted that there were significant areas of concern around infant, child and adolescent death rates in the UK. These included:

- The overall UK childhood mortality rate is higher than in some other countries
- The key areas where the UK rates appear to be relatively high are infant deaths and deaths among children who have chronic conditions
- Several reports have shown that health services do not always deliver optimal care for children and young people, and lives may be lost as a result.

This information needs to be considered in line with an aging workforce, the complexities of working with patients and their parents and carers, an already stretched system and it being a priority up against all of the other priorities within the health service. It was a very welcomed decision when children were identified nationally as an area of priority and focus by NHS England in 2012/13.

3 Establishment

In 2012/13, the NHS Commissioning Board, now NHS England, detailed how Strategic Clinical Networks would be established to take forward service improvement in a small number of areas. In April 2013, Yorkshire and the Humber (Y&H) established the Children's and Maternity (C&M) Network following the identification nationally of Children's Health Services as one of ten clinical priority areas.

The role of the Children's and Maternity Strategic Clinical Network (SCN) in Yorkshire and the Humber was to support co-operative action for the benefit of patients between the component parts of the health and social care system.

The work of the SCN was underpinned by the values of the NHS Constitution, and provided a unique way to address the requirement that "The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population". The activities outlined in the SCN work plans were the result of extensive consultation between all interested and involved parties: patients, clinicians, commissioners, service providers, system assurers and national clinical leaders.

3.1 C&M SCN Engagement Event – 19 September 2013

Following the appointment of the Clinical Leads for Children and Maternity, and to ensure maximum engagement in the work of the Yorkshire and the Humber Children's and Maternity Strategic Clinical Network, a multi-stakeholder engagement event was held in Leeds in September 2013.

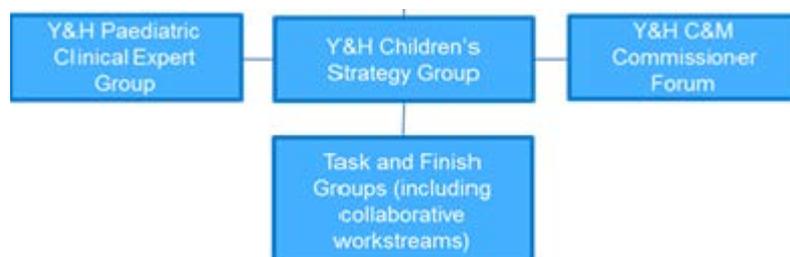
The purpose of the event was to hear from the National Clinical Directors for Children's and Maternity Services about their vision and priorities for the SCN at national level, how they envisage the SCN developing in Yorkshire and the Humber, to learn from stakeholders about their local priorities and to explore the possible structures through which the SCN would deliver work programme priorities. Stakeholders were asked to begin to map out:

- interdependencies between Children's and Maternity Services,
- links and interdependencies to other SCNs,
- links to ODNs and
- to consider the role of the SCN support team.

The outputs from this event shaped much of the resultant structure and work programme and many of those who attended became actively involved in the work of the network. A full report on this event can be obtained via the network office.

4 SCN Governance and Accountability

Following the stakeholder event in September 2013, the SCN management team established the following structure and agreed a work programme directly aimed at improving outcomes and experiences for children and young people across Yorkshire and the Humber.



4.1 Children's Strategy Group

The overarching governance of the Children's SCN was provided by the Strategy Group. This group was chaired by one of the CCG Chief Officers with a lead for children and maternity services within the three CCG collaborative commissioning consortia across Y&H (South Yorkshire and Bassetlaw, West Yorkshire and Humber and North Yorkshire). Up to the closure of the Y&H Children's Network in June 2016, the chair was Carol McKenna, Chief Officer, and Greater Huddersfield CCG.

The membership of the Strategy Group included:

- SCN Clinical Lead for Children
- Children's & Maternity SCN Manager
- Chair or Vice Chair of Children's Clinical Expert Group

- Clinical Commissioner Group Chief Officer Leads (x 3 representing each CCG collaborative)
- Provider Representation
- Area Team Representation
- Public Health
- Specialised Commissioning Service Specialist for Women & Children
- Paediatric Intensive Care (PIC) ODN representation
- SCN Quality Improvement Staff for appropriate agenda items
- Yorkshire Ambulance Service (and EMAS where appropriate)

This group was responsible for providing strategic direction to the SCN. All work programmes reported into this group and it met on a quarterly basis. Both the CEG and the Commissioner Forum reported to this group on all aspects of their work.

4.2 Children's and Maternity Commissioner Forum

Previous work within clinical networks had shown that commissioner engagement was integral to the development of work programmes and comprehensive engagement in service improvement.

In 2014, the CCG and NHS England Specialised Commissioners within Yorkshire and the Humber requested that the SCN establish a region wide Commissioner Forum. This would provide a platform for commissioners across the region to discuss common commissioning priorities, share best practice and also provide and obtain peer support. The agenda was driven by the commissioning agenda and national and local work programme priorities. The Commissioner Forum had an established communication pathway with the Clinical Expert Group (CEG) and made recommendations to the Children's Strategy Group.

This group was consistently well attended and valued by the children's commissioners across the region, who up to this point had not had a formal mechanism for collaboration and support.

Following the announcement in February 2016 of the cessation of formal NHS England support to children's services through Clinical Networks, the Children's CCG Commissioners agreed to continue to self-support and meet collaboratively. Discussions between the CCG Chief Officer Leads to consider the on-going support to the commissioning of children's services were planned.

4.3 Clinical Expert Group (CEG)

To ensure that the work of the SCN was influenced and driven by clinically evidence based practice, the Clinical Lead established a Clinical Expert Group. It has already been highlighted in this report that by their nature, children's health services are complex. The initial approach to the establishment of this group was to have clinical representation of children's health services from all trusts within the region, primary care and public health. The group that was established had a broad membership and an agenda driven by the national work priorities, the SCN work programme and items

raised by the group themselves. The Commissioner Forum and Children's Strategy Group also made requests of the CEG for advice and guidance where required.

The initial meetings were well attended. However, over time attendance reduced and thought was given to a revised model of working to ensure wider clinical engagement. It was agreed that the membership of the group should be retained, that the Group should function predominantly in a virtual manner allowing for discussions and consultation to take place where required and that the group would come together annually for a face to face meeting. It was acknowledged however that this was not the only way clinical input should be obtained and that there was a need for clinicians to come together locally to influence service improvement. The group agreed that the place for clinicians to come together within the SCN was primarily within the task and finish groups, where they could bring their specific expertise. With this agreement the network team called for nominations for representation each time a task and finish group was established.

At the last meeting of the Children's CEG in March 2016, it was agreed that this Forum would be continued across Y&H in a virtual self-supporting format to allow for information sharing and for virtual conversations. It was thought that that the linkages that had been established were a valuable resource.

4.4 Clinical Leadership

Inherent to the successful establishment and delivery of any Clinical Network is the leadership and advice of an experienced clinician. Dr Fiona Campbell, Consultant Paediatrician, Leeds Teaching Hospitals Foundation Trust (Leeds Children's Hospital) was recruited as Clinical Lead for the Y&H Children's SCN in May 2013.

The overarching job responsibilities as an SCN clinical lead were to:

- To engage with clinical teams and managers across different care settings to promote engagement, participation and ownership in service delivery models for these services across Y&H.
- To provide expert advice, clinical leadership and support to the SCN team to help facilitate the consistent delivery of care in line with national strategies, outcome frameworks and NICE guidance, through the development of Network-wide clinical protocols, agreements and clinical audit.
- To support the SCN in taking forward work or initiatives where there is divided clinical opinion and/or lack of national guidance; gaining clinical support and managing conflict effectively.
- To facilitate improvements in the care and quality of services for children and their families.
- Through the SCN, to support the development of consistently high quality services for patients and carers
- To contribute to the development of evidence-based policies and strategies and contribute to the future development/planning of services across Y&H
- To champion and support service improvement activities across the SCN

The Clinical Lead role was integral to the achievements made by the network, providing clinical expertise to the work streams and liaising with national and local colleagues to ensure that as far as possible all providers and organisations were

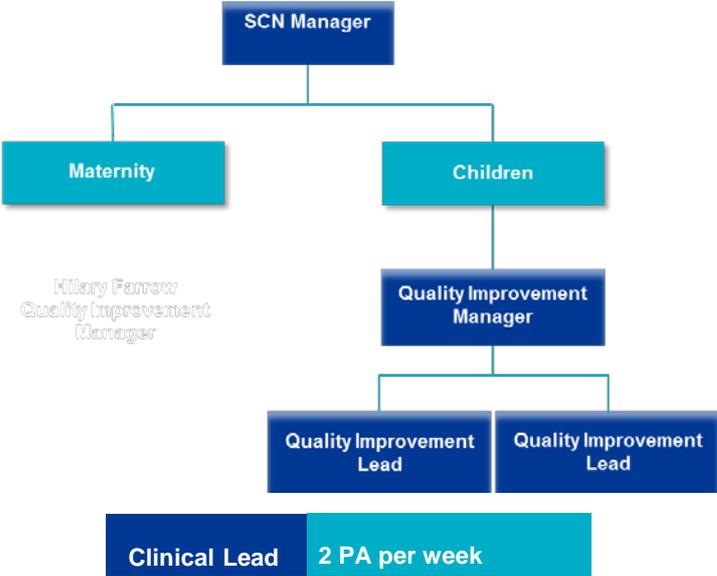
engaged. Dr Campbell also held a number of senior leadership responsibilities at a national policy and strategic level, which ensured that Yorkshire and the Humber were always up to date with, and where appropriate, involved in, national developments. The role of the clinical lead was to ensure that all work undertaken by the network was evidence based, widely consulted upon and clinically appropriate, Dr Campbell ensured that this clinical focus was central to every aspect of the work of the SCN, engaging colleagues across the region both collaboratively and individually.

Dr Campbell chaired all of the SCN Task and Finish groups during in the initial scoping stages and until clinical leaders with specific expertise and enthusiasm were identified. It then remained the responsibility of the Clinical Lead to attend the T&FG meetings and ensure that the wider SCN view was represented at all times.

Where work was undertaken outside of physical task and finish groups, the clinical lead reviewed all documentation and where required, liaised with other clinical and managerial experts.

4.5 SCN Support Team

The SCN was supported by a dedicated team as outlined below:



5 SCN Work Programme Priorities (2014/15 - 2015/16)

The SCN work programme priorities reflected national and local priorities for the CCG and NHS England commissioners of children's services. The main areas of work were aligned to the NHS Business Plan and NHS Outcomes Framework and initially identified as:

- Acute Paediatric Care Service Configuration (Domain 1/3/5)
- Reducing A&E Attendances and unscheduled / avoidable admissions (Domain 2/3)
- Unplanned emergency admissions for LTC's (Domain 2)
- Improved and integrated Care for children with a disability (linked to the Children and Families Bill 2013) (Domain 2)
- Paediatric Surgical Provisional (paediatric general surgery) (Domain 1/3/5)
- Child and Adolescent Mental Health Services (CAMHS) (Domain 1/3/5)
- Transition of Children and Young People (CYP) to Adult Services. (Domain 1/5)

With the support and direction of the Clinical Lead and the Y&H CCG and NHS Specialised commissioners the SCN then developed work programmes in the following areas:

- Paediatric Surgical Provision (Children's Surgery and Anaesthesia)
- CAMHS
- Long Term Conditions (Asthma and Epilepsy)
- Transition of CYP to Adult Services

The SCN also provided support to collaborative commissioning programmes as required and specifically to:

- South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire Working Together Programme
 - Surgery and Anaesthesia Programme
 - Children's Acute Care Pathways
- West Yorkshire Healthy Futures Paediatric Programme
 - LAC OOA
 - Paediatric Workforce

Finally, in recognition of the need for the voice of children and young people to drive improvements in services, outcomes and experience, the SCN developed 'CYP Involve', an involvement model to support any work stream across the Y&H SCN undertaking work with children and young people

5.1 Paediatric Surgical Provision (Children's Surgery and Anaesthesia)

5.1.1 Programme Aims and Objectives

Children's Surgery and Anaesthesia (planned and unplanned) was identified at the engagement event for the Children's and Maternity Strategic Clinical Network (SCN) in September 2013 as a priority for stakeholders across Yorkshire and the Humber (Y&H). This priority was endorsed by all 24 CCG's across Y&H and children's surgery was therefore included on the Y&H Children's and Maternity SCN's work programme.

In some areas of Y&H e.g. South Yorkshire and Bassetlaw / Mid Yorkshire / North Derbyshire (SYB/MY/ND), work was already being undertaken to examine the compliance with the RCS Standards and future sustainability of surgical services through the 'Working Together' Programme. Similar work was also under consideration by the West Yorkshire CCGs and therefore to ensure equity of approach it was agreed that services across the whole region should be examined through the SCN project.

The Yorkshire and the Humber SCN surgery and anaesthesia review project aims and objectives were:

5.1.1.1 Objectives

To provide safe and sustainable access to children's surgery and anaesthesia services delivered by trained and competent professionals as close to home as appropriate.

Evidence based sustainable models of care in line with standards and development of a regional service specification.

To improve clinical outcomes and experience for children and their families.

To reduce unnecessary referral and interventions.

5.1.1.2 Aims

To review if provision is safe and sustainable and there is equitable access to children's surgery and anaesthesia services. To review if services are delivered by trained and competent professionals as close to home as appropriate.

Explore evidence based sustainable models of care in line with standards and develop a best practice regional service specification.

To make recommendations to improve clinical outcomes and experience for children and their families.

To suggest changes that will reduce unnecessary referral and interventions.

5.1.2 Programme Delivery

The Strategic Clinical Network established a Task and Finish Group (T&FG) to deliver this programme of work. Members of the group included Surgeons,

Anaesthetists and Service Managers from all the 16 providers in the region along with commissioners and transport providers. The T&FG ran from September 2014 – March 2016 and discussions focussed on data collection and analysis, surgical service standards, trust self-assessment against standards and SYB/MY/ND service specification and thresholds review. Teleconferences were also held with each individual trust to gather more detailed service information and to discuss their self-assessment returns.

The SCN also worked very closely with the SYB/MY/ND Working Together programme, replicating their data collection and supporting the development of the service specification through wider clinical engagement from the rest of the region.

5.1.3 Achievements and Outcomes

5.1.3.1 Surgery and Anaesthesia Task and Finish Group Review Report

In June 2016 the review [report](#) containing all information gathered as part of the work programme was delivered to the children's commissioners at their Forum meeting. The recommendations in the report were presented and discussed. The recommendations were to:

1. Consider collaborative commissioning in Yorkshire and the Humber for Children's Surgery and Anaesthesia
2. Develop a Yorkshire and the Humber commissioned Managed Clinical Network for Children's Surgery and Anaesthesia
3. Undertake Trust Self-Assessment against Standards
4. Develop a Yorkshire and the Humber Appraisal Guidance Toolkit
5. Undertake a Yorkshire and the Humber Children's Surgery and Anaesthesia Workforce Profiling Audit
6. Investigate and produce future Service Configurations / Models
7. Implement a Yorkshire and the Humber Children and Young Peoples Charter for 'Having an Operation'.

5.1.3.2 Quality Schedule

Based upon recommendations from the relevant Royal Colleges, the T&FG produced a [Quality Schedule for Children's Surgery and Anaesthesia](#) which all providers across Yorkshire and the Humber agreed to implement, with the support of Children's CCG commissioners. This was an extensive undertaking and will help providers and commissioners develop their services to meet national guidance, resulting in safer care, a reduction in variation and an improved patient experience.

5.1.3.3 Service Specification

As part of the SYB/MY/ND paediatric surgery and anaesthesia service review a generic service specification was developed. The SCN T&F group played key roles in the development of this including:

- Providing wide clinical engagement and review of the specification for Y&H
- Collaborating on setting thresholds for all surgical interventions
- "Testing" the specification using various scenarios with clinical input from Y&H

5.1.3.4 Children's Charter

To support both the creation of a Quality Schedule and Service Specification, the T&FG worked with children and young people from all across Yorkshire and the Humber to find out what was important to them when having an operation. This resulted in the development of [a Children and Young People's Charter for Having an Operation](#). The words and comments of Barnardo's in Bradford, the Children's Surgical Ward at Bradford Royal Infirmary and all 15 Local Authority Members of the British Youth Parliament were collated into themes and directly quoted in the charter. This Charter has been shared with all providers across Yorkshire and the Humber to help improve the patient experience.

5.1.4 Clinical Leadership

The T&F group was co-chaired by Mr. Roly Squires, Consultant Paediatric Surgeon and Dr. Karen Bartholomew, Consultant Paediatric Anaesthetist and supported by the SCN Clinical Lead Dr. Fiona Campbell.

As the Clinical Lead for the SCN, Dr. Campbell also provided impartial clinical leadership for the SYB/MY/ND Working Together children's surgery work stream. She chaired public consultation and workshop sessions and sat on the core leadership team. This ensured that the SCN was constantly linked with this work and ensured that both pieces of work were aligned and that there was consistent clinical leadership involved across the whole region.

5.2 Children and Adolescent Mental Health Services (CAMHS)

5.2.1 Programme Aims and Objectives

CAMHS was identified at the engagement event for the Children's and Maternity SCN in September 2013 as a priority for stakeholders across Yorkshire and the Humber. This priority was endorsed by all 24 CCG's across Y&H and CAMHS was therefore included on the Y&H Children's and Maternity SCN's work programme. The aims and objectives were:

- To provide commissioning support and advice on the development of CAMHS and emotional health services within Yorkshire and the Humber through whole system collaboration.
- To develop and coordinate a common approach to the commissioning of best practice evidence based CAMH services to increase equity of access and reduce inequalities.
- Support the development and implementation of CYP IAPT and ensure that children are appropriately represented within 'Parity of Esteem' Programmes.
- To share best practice and innovative ways of working which address common matters effecting children and young people's mental health and emotional wellbeing.
- To ensure that the needs of children and young people were at the heart of the work programme.

5.2.2 Programme Delivery

In 2014 the Children's Network established a Y&H CAMHS Steering Group and agreed the scope of the work programme. The Steering Group included CCG commissioners, providers, NHS England Specialised Commissioning, Local Authority, Adult Mental Health and clinical representation. To boost cross-sector working the membership was later widened to include Health Education England, CYP IAPT, Children and Young People's Advocacy (through Chilypep), Public Health, Health and Justice, NHS England Director of Commissioning Operations, General Practice, Academic Health Science Network and Education/Schools. Key items on the work programme were Tier 3, 3.5 and 4 service development and interface, Looked After Children, transition to adult services along with continued facilitation of collaborative working across sectors,

In 2015 the Clinical Network established a Lead Commissioner Forum to support the development and implementation of Future in Mind and Local Transformation Plans.

5.2.3 Achievements and Outcomes

The Children's Clinical Network hosted a series of events to support service improvement:

| Date | Event topic |
|------------|--|
| 01.07.2014 | CAMHS Engagement Event |
| 30.10.2014 | CAMHS Y&H Benchmarking, TaMHS, Mental Health Crisis Care Concordat and Tier 4 Review Event |
| 12.12.2014 | Service Specification and Systems Modelling Event |

| | |
|------------|--|
| 20.03.2015 | Local Authority and Public Health Engagement |
| 24.03.2015 | National Taskforce Review, Looked After Children and Cross Locality Specialisms |
| 17.06.2015 | Tier 4 Access Assessment |
| 10.07.2015 | CAMH Intensive Treatment Services (Tier 3.5) National Learning Event |
| 25.01.2016 | Transforming Care and Eating Disorder Services |
| 04.03.2016 | Single Point of Access and Prevention (including resilience, early intervention and schools) |

Work was undertaken which:

- Established the Children’s Network as the ‘go-to’ team for commissioner queries relating to children and young people’s mental health
- Benchmarked the CAMHS provision across all areas of provision including, CCGs, NHS Providers, LA commissioned services and 3rd sector
- Supported the Healthy Futures CAMHS/Looked After Children Programme
- Supported the development of SARC across Y&H
- Developed an online discussion forum to host conversations and allow for document sharing
- Ensured the needs of children and young people were met in ‘all-age’ pathways such as Early Intervention in Psychosis, Liaison Mental Health and the Mental Health Crisis Care Concordat by working close with the adult Mental Health Clinical Network

With the release of Future in Mind the work programme for the Children’s Network significantly grew and the team worked to support the development of Local Transformation Plans through the establishment of the Lead Commissioner Forum, being a link to the National CAMHS Taskforce and sharing of guidance/advice. The team further supported Lead Commissioners with completion of a self-assessment tool against the 49 recommendations within Future in Mind. Once Local Transformation Plans were submitted the Children’s Network provided support and advice to the Director of Commissioning Operations’ team who assured the plans and continued to do so as part of the quarterly assurance process. Analysis of the Local Transformation Plans and national priorities formed the basis of the subsequent work programme moving in 2016/17 when the Children and Young People’s Mental Health Clinical Network was established.

5.2.4 Clinical leadership

From the offset the work programme had clinical input via a CAMHS Steering Group member who worked as a practitioner in Sheffield and had a history of collaborative working across Y&H. The Clinical Network later took on a GP Advisor who was able to further boost primary care relationships and provide an understanding of the wider primary care system.

5.3 Long Term Conditions (LTC)

5.3.1 Programme Aims & Objectives

In November 2013 the Y&H Children's SCN began to develop a focus on CYP with long term conditions (LTCs), in particular for those living with asthma or epilepsy.

In order to develop a scope for this work and support commissioners and providers across the region, it was important that to form a clear understanding of the priorities and challenges in relation to asthma and epilepsy. Gathering this information enabled the SCN team to develop a project overview, identify key themes and provide valuable clinical expertise, knowledge and insight to inform commissioning and provision of services across Y&H.

5.3.1.1 Asthma Aims

The asthma project brief was to:

- review LTC commissioning and provision for CYP across Yorkshire & the Humber.
- identify Best Practice for management of asthma (, and) to support a system wide reduction in unplanned emergency admissions.

5.3.1.2 Epilepsy Aims

The aim of the Epilepsy scoping project was to:

- understand and review the commissioning of service across Y&H for CYP living with Epilepsy
- understand and review the provision of services for CYP across Y&H living with Epilepsy.
- identify Best Practice for management of Epilepsy.
- develop recommendations to support and improve the commissioning and provision of Epilepsy services in Y&H

5.3.2 Programme Delivery

5.3.2.1 Asthma

In order to understand the current landscape and context for asthma provision locally, the SCN conducted a series of one to one meetings with CCG commissioners, providers, and other stakeholders across the region including; Asthma UK, nine CCGs commissioners (representing thirteen CCGs), the Respiratory Team at Leeds Teaching Hospital Trust and the Wakefield Public Health Respiratory Lead.

The SCN business intelligence team undertook a search for available asthma data and intelligence to support the scoping and commissioners across Y&H.

Scoping was also carried out nationally through the other eleven SCNs who shared their work and progress in relation to Asthma.

In addition to this the SCN was also part of the National Paediatric Asthma Initiative (NPAI). The NAPI was launched in 2014 and was a collaborative of professionals from across NHS England, Strategic Clinical Networks, Clinical Leads, Academic

Health Science Networks, respiratory networks, professional bodies and third sector organisations who have a responsibility for improving outcomes for children and young people with asthma. This provided the SCN to learn and share areas of best practice.

A full and comprehensive report (see achievements below) was developed as a result of all the scoping and engagement and this was presented to the Y&H Children's Commissioners for review. A Y&H best practice workshop was delivered as a result of this report.

5.3.2.2 Epilepsy

In order to understand the current landscape and context for Epilepsy provision locally, the SCN produced a scoping questionnaire circulated to all Y&H CCGs and providers. Responses were received from thirteen of the twenty four CCGs and ten of the fifteen providers. Epilepsy was identified as a priority for nine of the ten providers and for four of the CCGs.

In the delivery of this programme the SCN also collaborated with Epilepsy Action. The SCN Epilepsy report (see achievements below) provides the current position, results and recommendations as a result from the scoping.

5.3.3 Achievements and Outcomes

5.3.3.1 Asthma

- **Asthma Report:**

The purpose of this document was to share the insight and feedback provided by Y&H stakeholders from the scoping. It provides local and national evidence and ambitions in order to develop and define priorities and recommendations, including where working collaboratively across Y&H would assist in a system wide reduction in unplanned emergency admissions for CYP living with Asthma.

The report was shared with stakeholders and formed the basis of the Asthma Workshop held on 17th July 2015.

- **Asthma Services and Management Workshop:** At the request of commissioners the Y&H SCN hosted an Asthma Services and Management Workshop on Friday 17th July 2015 at the Met Hotel, Leeds. 30 delegates attended the event with representation from Commissioners, Primary and Secondary Care, Community Services, Public Health, School Nurses and colleagues from other SCNs. The evaluation and feedback from the event was extremely positive.

- **Asthma Services and Management Workshop Report:** The purpose of this document was to share the feedback and evaluation from the Y&H Children's SCN Asthma Services and Management Workshop 17th July 2015, including:
 - feedback from all the workshops and presentations,
 - overall event evaluation
 - recommendations for taking work forward across Y&H.

The report was disseminated to all delegates who attended the event and was presented at the Y&H C&M SCN Commissioners Forum on 2nd September 2015

5.3.3.2 Epilepsy

- **Epilepsy Report:** The purpose of this report was to:
 - share the insight and feedback provided by Y&H stakeholders from the scoping exercise
 - to provide local and national evidence and priorities/ambitions
 - to support the development and definition of priorities and recommendations where working collaboratively across Y&H would assist in a system wide reduction in unplanned emergency admissions for CYP living with Epilepsy.

This report was shared with stakeholders in June 2016.

5.3.4 Clinical Leadership

Dr Fiona Campbell provided Clinical leadership and advice throughout the delivery of the Long Term Conditions work programme.

Primary Care clinical advice was also provided through the SCN GP Advisor Dr. Eric Kelly. As the majority of patients will manage their long term conditions through primary care, this advice was essential in the delivery of this work.

The long-term condition priorities of Asthma, Epilepsy and Diabetes were set by NHS England. It was the intention of the clinical leadership team to support work in diabetes. The scoping exercise that was successfully rolled out in asthma and epilepsy was about to be undertaken in diabetes too when the decision was taken by NHS England to cease formal support for the Children's SCN from June 2016. This work was therefore not undertaken.

5.4 Transition from Children's to Adult Services

5.4.1 Programme Aims & Objectives

The Transition of children and young people (CYP) to adult services was identified at the engagement event for the Children's and Maternity SCN in September 2013 as a priority for stakeholders across Yorkshire and the Humber. This priority was endorsed by all 24 CCG's across Y&H and Transition was therefore included on the Y&H Children's and Maternity SCN's work programme.

5.4.1.1 Aims

- Develop evidenced based, systematic approach to the provision of transitional systems for C&YP to adult care.
- Support collaborative working in order to respond and meet the needs of CYP as they transition from children's to adult services
- Seek to provide a generic approach to transition which can be used by all Providers and Commissioners to improve quality of care and develop a patient centred approach.

5.4.2 Programme Delivery

The SCN hosted six Task & Finish Groups, the last meeting being held in January 2016. The T&FG had an associate membership of 45 with 23 core members representing 14 organisations, providers, commissioners and NHSE from across the health, social care, local authority and voluntary sectors.

The work undertaken by the task and finish group included:

- Stakeholder mapping of transition practices and services in Y&H trusts and CCGs
- Exploring the barriers and challenges to transition across the region.
- Identifying recommendations and solutions to the barriers and challenges
- Identifying nine key themes for transition
- Conducting a document review of existing tools and resources
- Identifying gaps in tools and resources
- Developing new tools
- Developing a toolkit and guidance

The Y&H SCN work was also linked with the CYP Transition National Working Group which focussed on three key areas:

- Transition for Long Term Conditions (LTCs),
- Child and Adolescent Mental Health Services (CAMHS)
- Learning Disabilities & SEN.

Members of the National SCN Transition Forum brought together expert knowledge and shared learning on what good services look like to improve health care for the local population now and for future generations.

5.4.3 Achievements and Outcomes

On 28th June 2016 the SCN launched the Transition Toolkit and Commissioner guidance.

The toolkit is developed to:

- ensure that providers and commissioners have a single point of access to a pathway, resources and key guidance.
- help service providers and commissioners, develop, improve, implement and embed good practice for children, young people and their families moving from children's to adult services.

A checklist is provided to assess current service provision, identify gaps, areas for improvement and to develop new services. By following the flowchart the user will be guided through the pathway and directed to resources to allow establishment of evidence based best practice services for the users' population.

The Toolkit, since launch, has attracted significant interest both locally and nationally. There is now a piece of work underway to move the web based toolkit onto NHS England's national web site for use and continual updates and improvements.

5.5 Collaborative Commissioning Work Programmes

5.5.1 South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire

Working Together Programme

- **Surgery and Anaesthesia Programme**
- **Children's Acute Care Pathways**

Programme Aims and Objectives

The aim of the Working Together Programme's (WTPs) was for partnership working between both acute providers and commissioners across South, Mid Yorkshire, Bassetlaw and North Derbyshire (SMYBND) seeking to enable transformational changes to services which individual organisations would not be able to achieve on their own. Commissioner and provider WTPs worked jointly to deliver safe, effective and sustainable solutions across Children's Services.

The high level aims of the "Children's" work-streams were:

- Children should be treated locally where safely possible.
- To ensure that children and their families receive the right care at the right time, in the right place and effective monitoring identifies shortfalls in practice and ensures they are addressed.
- To put in place a stable well-supported workforce that understands and delivers good practice and improved outcomes for children and young people.
- To ensure operational services provide value for money, taking account of the need to reduce costs and are effectively supported to maximise efficiency.
- Within the Y&H region there are a number of sub-regional work-streams with similar aims regarding children's services this project needs to ensure robust links are made with neighbouring commissioners to share learning, engage and identify the interdependencies and impacts when relevant via the SCN for Children and Maternity.

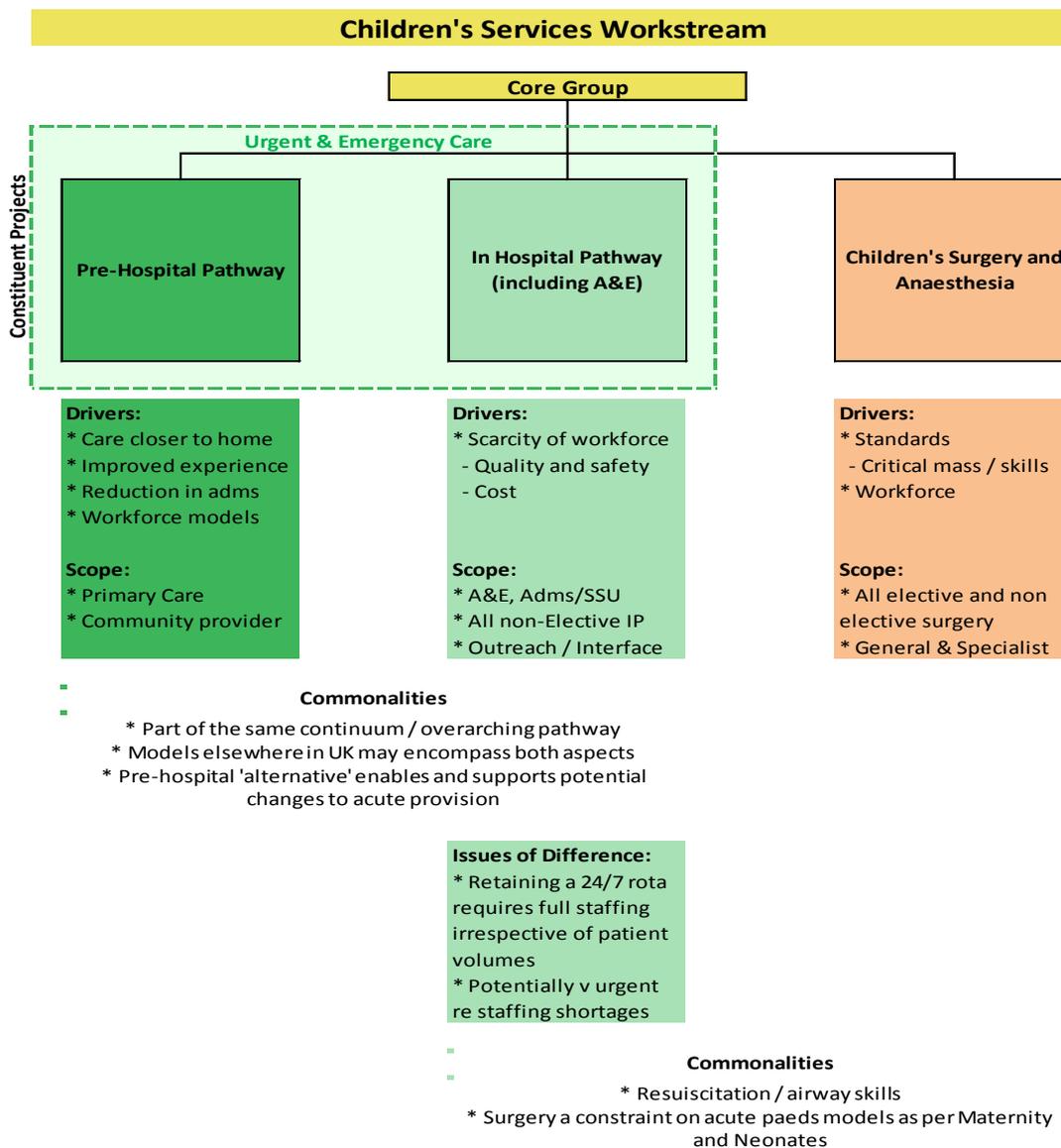
Programme Delivery

Two distinct areas of work were been identified under the children's services umbrella by the Joint Core Leadership Group, comprising of Provider and Commissioner WTP, Y&H Children's and Maternity SCN, Y&H PIC ODN, YAS, Y&H Embrace transport service:

- Children's surgery and anaesthesia
- Children's acute care pathway

Surgical aspects and those around the acutely unwell child were treated as separate projects under one umbrella work-stream. Additionally, aspects for the acutely unwell child fell into two halves – in hospital and out of hospital. The intention was that there were 3 individual, albeit inter-related, projects which sat under the WTP Children's Services umbrella which all had substantial interdependencies and are described below. The Core Leadership Group had oversight and managed the inter-dependencies as they arose.

Work-stream map



5.5.1.1 Children's Surgery and Anaesthesia Work-stream

Objectives

- Increase access to safe and sustainable children's surgery and anaesthesia delivered by trained and competent professionals provided as close to home as appropriate.
- Improve clinical outcomes, and the child and families experience of children's surgery and anaesthetic services.
- Reduce unnecessary referral and interventions.

Achievements and Outcomes

Phase One June 2014 – September 2015: Determining the Case for Change activities:

- Undertaking a baseline assessment of current services including:

- A self-assessment of providers against RCS standards for children's surgery and anaesthesia with a series of one to one validation meetings with each provider.
- The gathering of intelligence and data on surgical activity across all sub-specialties and workforce census
- A series of clinical workshops with provider organisations; clinicians and managers to:
 - Gain consensus of the issues, understand willingness to work differently across working together footprint
 - Identifying best practice models culminating in production of best practice guidance report.
 - Identify high level new clinical options and explorations of strengths and benefits of potential models
- Consideration of the populations need - Public Health Needs Assessment
 - Seeking external clinical scrutiny of work to date - Y&H Clinical Senate review and report in Sept 2015
 - Case for Change
 - Best Practice guidance
 - High level options appraisal
- NHS England Stage 1 (Strategic Sense check) assurance obtained September 2015 to proceed with phase 2.

Product: Case for Change Report

Findings:

- There was variation in providers ability to meet core standards
- There was variation in clinical thresholds for referral
- There were real workforce challenges within DGHs which were unsustainable in the short, medium and long-term
- As a consequence of the above there were issues of quality and safety which needed to be addressed.

Phase Two – October 2015 – September 2016

- Development of a service specification tested within a regional Clinical Task and Finish Group facilitated by the Y&H SCN, and reviewed by the Y&H Clinical Senate with recommendations adopted Jan 2016.
- Implementation of communications and engagement strategy; pre engagement with key stakeholders (staff, members of the public and patients, Health Overview and Scrutiny Committees).
- Advice and guidance provided by an expert assessment panel (3 March 2016) considered the outputs of review to date including the providers' response to meeting the service specification.
- Development of an options appraisal on a service model.
- Stakeholder event supported by Y&H SCN (14 April 2016) reviewed option's appraisal and designation process.
- Establishment of a Managed Clinical Network to operationalise the service specification through a designation process.
- Development of pre-consultation business case of options with impact analysis and mechanisms to mobilise and operationalise change for NHS Stage 2 Assurance and formal public consultation

5.5.1.2 Children's Acute Care

Objectives

- Improve clinical outcomes, and the child and families experience of children's urgent and emergency services within secondary care.
- To ensure children and young people have access to a workforce whose levels of staffing are sustainable, with the right knowledge, skill and competence across the C&YP care pathway delivered as close to home as appropriate
- To ensure operational services provide value for money, taking account of the need to reduce costs and are effectively supported to maximise efficiency

Achievements and Outcomes

Phase One November 2015 – August 2016: Determining the Case for Change activities:

- Undertaking a baseline assessment of current services
 - A self-assessment of providers against RCPCH "Facing the Future: Standards for Acute General paediatric services" (revised 2015).
 - The gathering of intelligence and data on paediatric acute activity, facilities and workforce census
 - CCG self-assessment against RCPCH,RCN,RCGP "Facing the Future Together for Child Health standards (2015)
- Two stakeholder workshops held with representation from paediatricians, service managers, GP's and commissioners to:
 - Review collated evidence, gain consensus of the issues, and determine the willingness and need to pursue this work further.
 - Reviewed best practice service models to inform future service model development.

Product: Case for Change Report

Findings:

- There is widespread and significant inability of acute providers to meet standards around medical workforce.
- There is a clear lack of system wide/ joined up planning and activity between acute and primary / community care services

Expressed as risks, this suggests clear risks around:

- Service sustainability in individual trusts
- Immediate local service resilience
- Quality and safety (through lack of continuity of care)
- Health community wide systems resilience.

Clinical Leadership

The Y&H SCN supported the work-streams by hosting a number of stakeholder workshops supported by the respective SCN clinical leads who chaired discussions. Each workshop had a clear focus, was supported by information and data and a write up of products was shared with stakeholders.

The service specification for non –specialised surgery was developed initially by the local task and finish group made up of clinicians and service managers from all provider trusts. Following this, the service specification was worked up with the SCN

wider Y&H task and finish group. This enabled wider engagement from a range of healthcare professionals and managers and sought to test assumptions of requirements for provision from initial clinical presentation to discharge; culminating in the production of the non-specialised service specification for children's surgery and anaesthesia.

As representatives of the core leaders group the SCN have provided a clear, senior clinical appreciation of our work to date, without fear of partisan bias and assures us that our plans are safe, clinically appropriate and sustainable. Moreover, the SCN have an appreciation of the wider strategic context within Yorkshire and the Humber, and this helps us consider our plans in light of wider developments which we might not otherwise have been alerted to.

5.5.2 West Yorkshire Healthy Futures Paediatric Programme

- **LAC OOA**
- **Paediatric Workforce**

Programme Aims and Objectives

The West Yorkshire Healthy Futures Programme commenced in August 2014 to support the review of a number of collaborative and strategic priorities for the 10 West Yorkshire CCGs and Harrogate and Rural Districts CCG (10CC and HaRD).

These priorities included stroke, cancer, urgent and emergency care and **paediatric** services. To deliver the aims and objectives, the programme developed the following:

- detailed business cases and actions plans to resolve the identified challenges.
- a strategic regional case for change,
- robust evidence to inform commissioning decisions.
- proactive regional dialogue
- an environment to enable WY providers to meet in a networked approach to discuss how they support improved service models, whilst recognising the major regional challenges that they face.

Programme Delivery

Programme delivery was provided by the Healthy Futures Programme on behalf of 10CC and HaRD. Each Programme had a senior Leadership Team comprised of a nominated CCG Chief Officer, Finance Director and CCG Clinical Sponsor with support from a member of the then NHS England WY Area Team and the Y&H Children's and Maternity SCN.

The Children's and Maternity SCN played a key role in facilitating and supporting the paediatric work programme, and as a result Healthy Futures was able to access the views of a wider group of commissioners, providers and clinicians, ensure wider engagement and test assumptions and recommendations across a wider range of healthcare professionals and managers across Y&H.

Clinical Leadership

The Y&H SCN supported the work-streams by hosting a number of stakeholder workshops supported by the relevant SCN clinical lead who facilitated discussions. Each workshop had a clear focus, was supported by information and data and a write

up of products was shared with stakeholders by the Healthy Futures Project Manager.

As representatives of the senior Leadership Team the SCN provided a clear, senior clinical appreciation of the work that was undertaken, specifically for the Paediatric Workforce work stream. This provided assurance to 10CC and HaRD CCGs that the outputs reflected the clinical evidence base provided by the Royal Colleges. Furthermore, the SCNs appreciation of the wider strategic context within Yorkshire and the Humber enabled consideration of solutions that spanned sub-regional footprints and identified areas of best practice that would support safety and improvements in outcomes and experience.

5.5.2.1 LAC OOA

Objectives

There is evidence to show that looked after children are particularly vulnerable to poorer health outcomes than their peers. A national survey found that two thirds of looked after children have at least one physical health complaint; these children are more likely than their peers to experience problems including speech and language problems, bedwetting, coordination difficulties and eye or sight problems and are ten times more likely to have special educational needs than their peers. In addition, looked after children are more likely to become smokers, regular drinkers or drug users. Both looked after young women and young men are more likely to become teenage parents than their peers.

The health needs of this group of children and young people are often linked to their life experiences, including the circumstances through which they became looked after and their experience of care.

National estimates for looked after children with mental health or emotional well-being difficulties range from 45% to 72%. This is compared to a rate of 8% of the general child and adolescent population. Due to their complex needs and life experiences, looked after children may need particular help to look after their own health which may place extra responsibilities on the health teams that care for them.

The 10CCGs of West Yorkshire and NHS Harrogate and Rural Districts CCG collaboratively commissioned a project, to be delivered through the Healthy Futures Transformation Programme, with the following key objective:

- To improve access to and the quality of provision of mental health and emotional well-being services for looked after children (LAC) placed out of area (OOA) whilst ensuring that services provided offer value for money.

It was agreed that a full review and assessment should be undertaken in order to discover the issues faced by looked after children in accessing mental health provision when in out of area placements and thereby enable solutions to be developed.

Achievements and Outcomes

An initial business case was written in consultation with children's commissioners, and managers and practitioners working with looked after children from across the Healthy Futures conurbation.

This outline business case provided a market analysis and needs assessment of mental health services for looked after children in WY. This was provided intelligence and data to develop an options appraisal including a benefits and risk analysis. The review showed that looked after children are experiencing difficulties in accessing mental health and emotional well-being services if they are placed outside of the CCG from which they originated. Provision for this group of CYP can be costly whilst the quality and outcomes of provision are unclear and unmonitored.

The final report and recommendations including seven options were presented to 10CC and HaRD CCGs in September 2015 for discussion and consideration.

5.5.2.2 Paediatric Workforce

Objectives:

- To identify workforce pressures and sustainability issues across West Yorkshire and Harrogate acute hospital sites and to consider collaborative approaches to solution generation.
- To identify variances across WY both in terms of activity and staffing models.
- To assess WY against key standards in acute paediatric care and consider ways in which to move closer to complete compliance through collaborative approaches.
- To develop a workforce scenario modelling tool for paediatrics for use across WY and to consider the impact of a change to staffing models.

Achievements and Outcomes

The review of acute paediatrics workforce was launched in December 2014, and considered workforce sustainability issues in both nursing and medical staff working in acute paediatrics across West Yorkshire and Harrogate. It also assessed the levels of variance in terms of activity and staffing, reviewed the services against national standards and developed a workforce modelling tool to support improvements in the area.

A final review report included the key findings and a number of proposals to achieve improvements for acute paediatric services and was presented to the Healthy Futures Programme Board in September 2015. The review highlighted significant resilience and sustainability issues across the region and the need to take action to resolve the difficulties. It was agreed that the priority of this programme within WY and any delivery vehicle to take forward these proposals should be identified in the next phase of the Healthy Futures Programme.

5.6 CYP Involve

5.6.1 Programme Aims and Objectives

The Children's Network aimed to involve children and young people in delivering and improving services across Yorkshire and the Humber, supporting them to be appropriate, effective and accessible, and to achieve positive outcomes.

5.6.2 Programme Delivery

In 2015 the Children's Network hosted a multi-stakeholder event to consider how this involvement can best be achieved, listening to suggestions from young people themselves as well as providers, commissioners and third sector organisations. The overarching themes from the day were that the Children's Network must be flexible in its approach and to tap into what is already established within Yorkshire and the Humber in terms of involvement activities and organisations who work with children and young people.

CYP Involve continues to be a key element of the Children and Young People's Clinical Network and a CYP Advisory Group is being developed.

5.6.3 Achievements and Outcomes

Each work programme item for the Children's Network was underpinned by a Patient and Public Involvement Framework, which resulted in appropriate user involvement per item.

- Involving children and young people resulted in the production of a 'Children and Young People's Charter for Having an Operation'. Production of this was shared nationally via a webinar with Kath Evans, the Children and Young People's Experience Lead for NHS England. The charter was created by asking approximately 200 children and young people what was important to them when having an operation. The team worked with the Y&H members of the UK Youth Parliament, Barnardo's and the Children's Surgical Ward at Bradford Royal Infirmary.
- A session with CAMHS service users via Chilypep in Sheffield resulted in the production of a 'What is Important to Me' guide in relation to expectations from CAMHS. This was shared with the Y&H CAMHS Steering Group and service providers to help keep the needs of young people in focus.
- As part of the Transition programme the team worked with young people to develop a young persons' charter for transition. This was shared nationally via a webinar with Kath Evans, the Children and Young People's Experience Lead for NHS England.

6. Thanks and acknowledgements.

The Y&H Children's SCN Team would like to thank the many stakeholders, too numerous to mention individually, who gave their time willingly and generously to support the work of the SCN to improve outcomes and experiences for children and their families across Yorkshire and the Humber.