Getting it right for children and young people - overcoming cultural barriers in the NHS service to meet their needs

A review by Professor Sir Ian Kennedy
September 2010
A summary and critique for BACCH members

Introduction
The importance, timing and content of this report should not be underestimated. It identifies and addresses the cultural issues both within the NHS and between the NHS and its partner agencies in respect of services relating to children and families.

The report challenges many of the proposals in ‘Liberating the NHS: equity and excellence’ primarily that choice, competition and contestability should be the main drivers for change. Instead Sir Ian Kennedy proposes integration, partnership and collaboration as the way to improve services.

Some of the recommendations, if successfully implemented, would fundamentally transform the way children’s services are planned, commissioned, delivered, measured and improved.

This critique intends to inform the reader of the key recommendations and issues that need to be addressed to achieve a sustainable culture of continuous improvement.

The context: concerns and barriers to improvement

Sir Ian describes the concerns across the ‘whole system’ as follows:

“the more I sought to analyse what the NHS was doing, the more it became clear that I had to focus not just on the NHS but on the NHS’s interactions with other organisations and services. The culture in and of the NHS deeply affects how it sees itself and others as it is seen by others. It became clear that examining the NHS’s position in a wider system of care and support is a crucial element in understanding and improving the NHS’s provision of services to children and young people”(1.6)

“The NHS is traditionally divided into a number of sectors. The separations have, over the years, developed a life of their own and, are far from being a convenient way of organising the service, and deeply affected the way in which the whole of the NHS has come to serve the population….they were not designed with patients in mind and patients have had to cope with them…. over the years the system has become increasingly complex” (2.1)

“the danger is real that services lose focus on whom they are there to serve, as each service or clinical team provides the best it can without sufficient regard to have children and families view of the “whole picture” of the care they are receiving” (3.39)

The five most important barriers to improvement are grouped under the headings:

1. getting policy right
2. the vehicle for change
3. changing the NHS
4. the NHS working with others
5. changing/challenging how people work.

Sir Ian also highlights specific concerns which we will all recognise (more details are included in the appendix). These include:

- The priority given to children within the bigger NHS
- Failure to achieve expectations
- Getting policy right for children and young people
- Services not working together
- Access to services
- Lack of relevant information
- The configuration of services
- The need to improve workforce competence
- A need to promote positive health
- Improve leadership throughout children’s services

The proposals

Sir Ian Kennedy is clear that services should be designed around the needs of the child and family (recommendation 33). In essence this means that services must be planned and delivered using child and family focused pathways, with teams working together in networks across health, education and social care. Wherever possible services are delivered as close to home as is safe and sustainable and omissions or duplications of provision are avoided. Of paramount importance is the need for early intervention to avoid unnecessary long term costs and for commissioners to ensure seamless transitions (see examples outlined in paragraph 4.46).

Recommendations for practice

Sir Ian makes many recommendations including:

- **Centralising the responsibility for children’s focus to policy/planning** within government (4.22) to ensure a holistic approach, reduced tensions between departments and a single policy focus.

- **Joint funding of services** (recommendations 3, 11) with funding for children separated from funding dedicated to the care of adults and being reflective of the Local Partnership agenda and plan.

- **Formation of dedicated Local Partnership in every Local Authority** (recommendations 4, 31) with the power and responsibility for establishing an integrated vision, planning and delivery of children and young people’s health and health care (4.40).

- **Ways of working of Local Partnerships** (recommendations 5, 6, 7, 8, 9, 10, 12, 13, 38) which will be include seeking the views of children and young people, integrating providers and combining the commissioning of services based on the following principles:
  - a holistic focus on children and young people with a duty to ensure that local organisations work together
  - appropriate ways of ensuring accountability to the public
  - an emphasis on efficiency in the provision of services
  - with children and young people actively engaged and involved (4.35)

There is also an emphasis on the integration of the workforce across health, social care and welfare, ideally employed by the same organisation, preferably the Local Partnership.

- **Access to services/information** (recommendations 14, 15, 16, 17, 30, 35) including the establishment of a single point of access to health services 24/7 for children and young people (generally through primary care/general practice) and dedicated information collection and resources to aid decision-making and choice.

- **Workforce and training** (recommendations 18, 20, 34, 36, 37, 38, 39) recognising that all providers of services for children should share a common curriculum, that all primary care team staff should receive training in the care of children and young people and that there should be at least one professional who has specialised knowledge in the complex of care of children and young people in all GP practices. Further more there should be greater integration (in training and provision) between health, social care and education and also at the interface between young people and adult services.

- **Commissioning** (recommendation 12, 13 and 22) with commissioners using their influence to design effective, efficient and equitable complementary services around children young people based on pathways of care.
- **Priority and investment** (recommendation 21, 24, 25 and 32) with a significant shift in the allocation of resources towards the promotion of health and well-being, focusing both on the early years and transition to adult services.

- **Information for improvement** (recommendation 26, 27, 28 and 29) with the introduction of incentives for organisations to work together to create positive outcomes, which are judged and measured by children, families and professionals and reflect a broad range of measures concerning the health, health care and welfare of children and young people.

- **Leadership, innovation and improvement** (recommendation 23) with the need to identify, train and nurture future leaders and innovators.

**A critique**
Professor Sir Ian Kennedy provides once again an insightful report on the state of children’s health services and the cultural reasons why children remain a low priority within the NHS and society, along with the difficulties in sustaining improvement across services for children and families.

We broadly agree with his analysis and proposals. At the heart of his recommendations are three cultural themes that run wider than just the NHS they are:

1. **Alignment** - the need for alignment and integration at a national policy level, between the various government departments, at a local level between the services and commissioners of services and at a patient level with better care coordination.

2. **Workforce** - the importance of investment in training to improve individual competence and the abilities of individuals to work in teams for improved outcomes

3. **Leadership for improvement** - empowering professionals to engage with the system and lead innovation, change and continuous quality improvement.

**Implications for practice**
The practical implications of adopting these themes as the drivers for improvement in children’s services are profound. Central is the respect of children’s rights including the right to a health promoting society, access to high quality services, available when needed and active participation in decision-making at all levels.

**Alignment** - If services are to be truly organised around children and families, and the journeys they take then policymaking, commissioning, delivery and regulation of services need to be aligned, with financial flows, workforce planning, information and quality improvement following the same principles.

The proposal for a single integrated organisation which either commissions itself or actively holds commissioners to account, and also provides services that brings together the teams currently working in health, education and social care, would be a dramatic step forward.

In this model choice, competition and contestability would be replaced by cooperation, collaboration and commitment to continuous quality improvement as the primary drivers. This requires visionary leadership across teams which traditionally have had different cultures, separate organisational bases and divided training programmes. Bringing all these together with a single purpose to provide an integrated service to children and families could liberate resources for investment in the priority areas of early years, transitional care and mental health provision.

While there would still be organisational boundaries to manage for example between primary healthcare services and local community services, between services for young people and adult services, these would be substantially fewer than currently exist.

**Workforce** – while there are many workforce recommendations including the need for primary care professionals to be competent to work with children and young people, perhaps the most important is for professionals who work together to train together so as to form ‘competent teams’. Additionally, there is a need for a shift in approach from ‘team around the child’ to ‘team around the family’ particularly true for the vulnerable families where there are parent health issues. This is an important recommendation and it will take time to implement and the benefits to be realised.
Leadership for improvement - Leadership is critical to introduce, nurture and implement continuous quality improvement across professional groups and teams across networks. The process of identifying, and then improving the weakest link in the pathway should create shared responsibility between the various teams involved. The creation of feedback within the system from both users and professionals is critical in order to identify and prioritise the areas for improvement.

While alignment, workforce competence and leadership for improvement are the major cultural issues that need to be addressed, specific recommendations are also made for:

- integrated delivery through the Local Partnership
- combined commissioning - across health, local authority and criminal justice systems
- combined and ring fencing the budgets including the “well-being” and healthcare budget for children services
- moving away from targets and outcomes to “satisfaction” as an outcome being expressed both by children and families, as well as by professionals
- greater investment in early years services to promote health and well-being
- responsibility for policy relating to children’s healthcare and wider well-being must be brought together
- the training and competence of primary health care teams, especially addressing the mental health problems that face children and young people
- the development of clinical networks which should enable the right care, to be delivered to the right children, in the right place, at the right time, by the right people
- improving the transition between children and adults services
- the need to link preventative strategies with services that provide interventions
- a measurement system that informs and engages both patients and professionals, supports better decision-making and identifies where services need improvement

We would support each of these individual recommendations, but also recognise the synergy between them and the importance of joint implementation with our partner agencies.

While there is much to endorse and recommend within this report, there are recommendations that require further exploration and careful examination, and which must not be used to undermine the main recommendations. Included in this category would be

- the recommendation for information officers based in every primary care team,
- the use of ‘satisfaction’ as the primary ‘outcome’,
- the recommendation for some young people’s services to extend to the age of 25,
- how the interface with the criminal justice system would work in practice,
- how specialist commissioning would be arranged,
- the commissioning of adult services working with adults who are also parents and
- whether acute paediatrics and maternity services should be integrated into the Local Partnership (then ‘in-reaching’ into hospital settings)

Likewise, there are important issues that have not been covered. What is abundantly clear is the need to thoroughly debate the issues raised in this report, to reach agreement across agencies and professional groups involved, while engaging children, young people and families in the process to arrive at a model of service delivery that addresses the very real concerns highlighted in this report.
Appendix 1: Specific concerns about children’s services

The priority given to children
- Children and young people receive a disproportionately lower priority than adults (3.5)
- Low levels of overall spending on children’s health services (3.10)
- Lack of early years investment
- Mental health needs not recognised and addressed (43)

Failure to achieve expectations
- Poor outcomes compared to Europe (3.3-3.4)
- Concern regarding the quality of services (3.2, 3.8)
- Poor experience (3.9)

Getting policy right
- The separation of wider policy from children’s policy (16)
- The fundamental differences in departmental philosophies (4.15, 4.16)
- The isolation of policy for health and health care (17)
- The lack of integration of policy for adults and policy for children (18)
- The lack of a shared vision (purpose and values) between all agencies (20)
- The need to reduce complexity and confusion (25, 47)

Services not working together (3.34)
- Lack of coordination between the complex array and interplay of organisations, units and teams (10, 11)
- The lack of join up with other agencies (13, 2.15-2.20, 3.45, 3.47, 3.51)
- Failure to share relevant information (14, 2.21-2.22)
- Transition is experience as a disruptive discontinuity of care (3.40)

Access to services (3.33)
- Difficulties accessing primary care (2.6)
- Inappropriate use of emergency services (2.7)
- Mental health services (2.10, 3.22-3.24)
- Specialist services co-location (3.18, 3.19)
- Therapy services (3.26-3.28)

Lack of relevant information
- Failure to share relevant information
- A bias away from children in the quality and outcomes framework (31)
- Data in many areas is poor or nonexistent (33)

Configurations services
- Missed opportunities (3.55)

Need to improve workforce competence
Specifically
- Primary care (3.12, 3.13)
- Mental health
- In transition care

A need to promote positive health
- A cultural bias of the NHS towards only diagnosis and treatment (31)
- The single most important cultural shift is to invest in the development of children in their early years (3.56-3.61)
- Need to emphasise the role of the NHS, with others, in promoting the well-being of children (1.8)

Improve leadership throughout children’s services
- Children need strong leaders who will advance their interests at all levels (30)
- Many professionals feel beleaguered or beaten down, frustrated (40)
- Professionals must show leadership through rediscovering themselves, what they stand for and their sense of purpose (4.11)