Meeting	Plymouth Children and Young People's Trust Board
Date	9 December 2011
Title	Reducing children and young people's attendance and admissions to hospital: A Progress Report
Responsible Officer	Paul O'Sullivan, Joint Director of Commissioning, NHS Plymouth
Purpose of Item	The Children and Young People's Trust Board are requested to receive the progress report.
Recommendations	To provide an update on the work being undertaken to reduce avoidable attendance and admissions to hospital.
Consultation Record	
Meeting Notes:	

1.0 Introduction

The key to both reducing and delivering effective emergency and urgent care is ensuring that the whole system supports:

- a reduction of need through prevention
- care in the community including self-care, community care including pharmacies, primary care, Minor Injury Units (MIUs)
- appropriate routing of cases at the community / secondary care interface by suitably trained & supported staff
- provision of assessment and immediate management that reduces necessity for admission
- timely and safe early discharges

This highlights the breadth of scope of the project and the large number of stakeholders across the partnership who will contribute to making an impact upon admission levels. Given this, particular parts of the project will progress at different phases. Whilst this paper focuses on the 0-5 age group as the cohort who have the highest rates of admissions, it acknowledges that future work phases will address the needs of older children and young people particularly within the15-19 year age group. It is also noted that there is already ongoing work targeted at 15-19 year olds within the City, for example, the work to reduce attendances and admissions relating to alcohol.

On reviewing the data, it has become apparent that there are two different approaches to achieving the overall 30% reduction in avoidable use of hospital services for urgent care.

Broadly speaking, children and young people attend secondary care services for the following reasons:

1. ***Scheduled care*** which results from planned events such as outpatient attendances, planned admissions for therapeutic investigations, interventions, procedures and treatment.
2. ***Unscheduled care*** usually for acute episodes of illness and injury.

This paper will focus on the unscheduled care group.

The initial phase of the work has been to develop an understanding of the nature of the admissions and attendances to hospital by:

- Identifying the conditions/illness category that necessitate attendance and/or admission
- Analysing the above for factors that might contribute to the attendance/ admission
- Developing a work plan to address these factors.

The findings, presented previously, showed that:

- the majority of admissions to acute care were for the under 5's with a second rise in numbers in 15-19 years olds

- the main diagnostic conditions were respiratory, gastrointestinal, accidents and injuries and infection
- significant numbers were discharged within 4 hours and only 25% of children seen at the Children's Assessment Unit (CAU) went on to admission

This information forms part of NHS Plymouth's 'evidence bank' that is refreshed as part of the annual planning cycle and is used to determine commissioning or service improvement priorities (known as SIPs).

2.0 Project Management

A project plan is being finalised for SIP 3 (the project which specifically relates to children which sit alongside similar projects intended to reduce avoidable acute care for adults). The plan incorporates Prevention (Public Health), Self Care/Community Care (Primary Care) and the interface into Secondary Care and Single Point of Entry (Acute Care).

An advertisement has been placed for a GP lead who it is envisaged will become the Chair of the group and whose objectives will be to facilitate delivery of SIP 3. Membership of the group includes representatives from Public Health, NHS Plymouth, Plymouth Hospitals NHS Trust and Children's Centres. The group will meet every two months from the end January 2012 and in the meantime work continues on progressing aspects of SIP3.

Reporting arrangements will be to the Clinical Commissioning Group as well as the Children's Trust Executive and regular updates will be provided to the Children & Young People's Trust Board. With the changes within the health and social care systems currently, this will need to be reviewed and leadership and governance arrangements adjusted accordingly during the course of the project.

NHS Plymouth has identified ongoing part-time project management who will support the clinical staff and liaise with partner organisations.

3.0 Reducing the need for attendance and admission care through prevention

A review of the main age and diagnostic groups enabled us to identify the key areas of prevention that impact on admissions. These areas are:

3.1 Breastfeeding

There is a Plymouth Breastfeeding Strategy in place which is overseen by the multi-agency Strategic Breastfeeding Group. The strategy has nine objectives around which work is planned, delivered, monitored and evaluated. A designated breastfeeding coordinator is in place to support the strategy delivery. The strategy is to be revised to reflect the progress made and changes in national policy and evidence base. Further partnership work will be needed to progress a number of strategy objectives including continued activity to achieve and maintain BFI accreditation by NHS Plymouth and PHNT and University of Plymouth, and for breastfeeding awareness to be embedded in the school curricula and improved mother and baby signage across the City.

In addition the City's Children's Centres have successfully bid to be a Payment by Results (PBR) pilot and have selected one of the focus areas to be breastfeeding.

3.2 Smoking during pregnancy and exposure to second hand smoke (SHS):

This year "A Tobacco Plan for Plymouth" has been developed, agreed and ratified. A number of key outcomes contribute specifically to reducing attendance and admissions to acute care in children.

- Reducing the percentage of pregnant women who are smoking at delivery
- Reducing the percentage of families with children under 5 years where 1 or more parents smoke
- Reducing the prevalence of smoking in 15 year olds

The delivery plan includes tackling smoking in cars, smoke free homes, peer education and peer advocacy in school via the peer DECIPHER ASSIST programme and plain packaging. Further work will be ongoing to develop high impact actions across partners to deliver on these outcomes.

An additional area that the City's Children' Centres PBR pilot have decided to focus on is measuring the effectiveness of our interventions around second hand smoking and smoking during pregnancy.

3.3 Immunisation

Public Health takes a lead role in ensuring that there is universal provision, quality in access and good compliance for established routine and targeted immunisation programmes. Public Health leads the City-wide Immunisation Group which monitors uptake for the immunisation programmes and emergence of vaccine preventable disease. It works in partnership with primary care and colleagues in neighbouring organisations to enable a population approach to health protection and specifically to improve immunisation uptake.

The COVER programme (cover of vaccination evaluated rapidly) monitors immunisation coverage data for children in the United Kingdom who reach their first, second or fifth birthday during each evaluation quarter. This information is promptly fed back to Plymouth, creating the opportunity to improve coverage and to detect changes in vaccine coverage.

3.4 Prevention of gastrointestinal infection

All schools and other child care settings are able liaise with the Health Protection Agency to discuss the management for gastrointestinal infections/ outbreaks. They also receive "The Spotty Book" which is an A-Z on infectious diseases, exclusion criteria and hand hygiene measures.

For food borne infections Public Health colleagues within the Local Authority Public Protection Team ensure that through a programme of risk assessment, inspection, education, monitoring and testing, that commercially available food

is safe for human consumption. Public Health collaborates with the Public Protection Team and the Health Protection Agency in protecting the health of Plymouth residents when an unusual number of cases of a particular infection or outbreak occurs.

3.5 Accident prevention

Previously established as priority group 5 under the last Children and Young People's Plan, a multiagency group has been progressing work on accident prevention. This group has undertaken a needs assessment which identified the under 5's as the major contributor to admissions primarily through accidents in the home, falls and poisonings. As a result, a ROSPA funded project supported the development of the "Safe at Home" scheme. This scheme enabled families to have home safety assessments and if eligible (targeted at the most deprived families) free installation of equipment and follow up. Following cessation of the ROSPA funding, the project has been mainstreamed this year through the Children Centre contracts and all families are able to, upon request, access a home safety assessment visit and, where eligible, access to free installation. In addition, this year partner agencies also joined together during the Child Accident Prevention week in June to undertake a bus tour of children's centres providing a one stop shop opportunity for young families to consider their safety needs. Further work, over the coming year, will include the mapping of the current position within the City against NICE guidance on accident prevention. The subsequent gap analysis will be used to inform future actions.

Given the range of partners that contribute to accident prevention, the recommendation from the local needs assessment undertaken, and now included in the NICE guidance, it is likely that the mapping exercise will highlight the need for a Plymouth accident prevention coordinator. The development of a business case will be required following confirmation of this.

The NICE guidance is for commissioners and providers of health services, environmental health services, housing services and associations, local authority children's services, local authority health and wellbeing boards, local authorities and their strategic partnerships, local safeguarding children boards, police, fire and rescue services, Sure Start and children's centres and can be found at www.nice.org.uk

3.6 Cold Homes and Fuel poverty

Child poverty is a level 1 indicator for the City and is one of the 5 priority areas to be addressed under the new Children and Young People's Plan 2011-14.

Work is currently ongoing within the City to develop the strategic approach to tackling child poverty and ensuring this becomes everyone's business. The child poverty action plan being developed references the link to the need for high quality homes for families and children. The upcoming Housing Plan (2012-2017) for the City will be out for consultation in the New Year and it will be important that the link to housing quality for children and families is made and actions developed accordingly.

4.0 Care in the community

4.1 Self Care

Children's Centres are working with families to support first aid skills through one to one work and accredited courses with the outcome of increasing parental skills and confidence to prevent where possible and respond where required to children's minor accidents and injuries within the home and community.

The national drive and implementation of the Health Visitor Implementation Plan to increase the number of Health Visitors (48 additional by 2015 in Plymouth) detailed in the Government's document 'A Call to Action' will also increase the citywide capacity to support families in the community.

4.2 Primary Care

NHS Plymouth has recently implemented the use of a risk stratification tool which can be used in each primary care practice to identify patients at high risk of admission. This went live in September of this year. Whilst primarily designed to examine long term conditions in adults, there is opportunity to explore the data by age group and to look at particular conditions including asthma. Further work will be undertaken to examine this tool's potential to indicate areas for focussed work in primary care and to influence the tool design to incorporate or extract the data to support preventing admission for children and young people.

Further work with primary care will be progressed following the appointment of a GP lead for Children and Young People.

5.0 Secondary Care

5.1 Background

The single point of entry for unscheduled paediatric care has been the result of collaborative SIP 3 proposals between PHNT and the PCT. In January 2011, a detailed C&YP business plan,' Reduction in avoidable use of hospital services for Urgent & Elective care for Children & Young People 'was endorsed by both the PCT and PHNT. Various internal reconfiguration options have been explored. The end result determined the existing Emergency Department (ED) and Level 6 footprint is inadequate for a combined ED/Children's Assessment Unit (CAU) Short Stay Unit.

5.2 Moving Forward

Following a joint PCT and PHNT meeting in July, the planning department was given approval to proceed with developing options to provide an increased footprint with a facility which integrates the Emergency Department (ED) and Children's Assessment Unit (CAU) – Short Stay model of care. The facility will support an efficient children and young people's pathway for unscheduled care.

Two options are currently being explored and are being considered as a part of the overarching development control plan for the Emergency Department.
Detailed data and pareto analysis for both ED and CAU based on admissions, minors, majors, age, time of day, day of week was completed by Service Improvement in January 2011. This data will be refreshed in January 2012.

The timescale is dependant on the preferred option, enabling works required, phased developments, planning permission, traffic management, communication, consultation and the construction procurement methodology. An indicative capital project completion date is 2013.

A Strategic Outline Case to the Investment Committee target date is February 2012.

5.3 Service and operational changes to date

The GP to hospital registrar telephone hotline was established in October for direct and immediate advice from senior medical staff to primary care. The initial feedback is favourable and will be subject to formal analysis in January 2012.

6.0 Challenges for SIP 3

This paper has outlined progress to date along the care pathway from prevention, through self and community care to secondary care to reduce admissions and attendances at hospital. Whilst much has been achieved or is in progress, it is clear that the SIP 3 is large, wider ranging project and as such will require significant ongoing multiagency commitment.

The project has been influenced by a number of challenges that exist at each stage of the care pathway.

Maintaining the integration of the whole system method, so that there is a seamless approach to both prevention, enablement of self care and management of acute episodes of care, whilst also progressing specific parts of the pathway poses a logistical challenge.

The loss of a dedicated operational project manager/lead and more recently of a GP lead has also hindered the progression of the multitude of work streams.

Parallel work for specific adult pathways is beginning to show positive signs. There are benefits to be gained by integrating certain aspects of the children and young people's admissions into the wider system work that has been implemented to reduce adult admissions rather than as a stand alone project.

The progress made to date has provided a clear understanding and strong basis for further work to follow.