North Central London
Integrated Care System

NHS

Start Well

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

Case for Change: Summary

What is this document about?

The Start Well programme brings together people from across the NHS in North Central London (NCL) working in partnership with staff and patients to think about how services are working. We want to understand whether we are delivering the best possible maternity, neonatal, children and young people's services to meet the needs of people living in Barnet, Camden, Enfield, Haringey and Islington, and those from neighbouring boroughs and beyond who choose to use our services.

This document is a summary of a longer 'Case for Change' that sets out the findings from our review of how maternity, neonatal, and children and young people's services are currently delivered. The Case for Change document highlights opportunities for improvement, and it will be the basis of an engagement period with patients and residents, staff and wider stakeholders in order to decide next steps (as explained at the end of this document).

This document has been published by NCL Integrated Care Board (ICB).

What is the Start Well programme looking at?

In November 2021, the partner organisations which now make up NCL's Integrated Care System (ICS) formally launched a long-term programme looking at maternity, neonatal, children and young people's services, called the Start Well programme (or "Start Well").

The areas of focus for the programme are elective (or planned) and emergency services for children and young people, and maternity and neonatal services at:

- North Middlesex University Hospital NHS Trust (North Mid)
- Royal Free London NHS Foundation Trust which covers three hospitals: Barnet Hospital, Royal Free Hospital and Chase Farm Hospital
- University College London Hospitals NHS Foundation Trust (UCLH)
- Whittington Health NHS Trust (Whittington Health)

The programme also touches on services provided by specialist providers, including Great Ormond Street Hospital for Children NHS Trust (GOSH), Royal National Orthopaedic Hospital NHS Trust (RNOH) and Moorfields Eye Hospital NHS Foundation Trust (Moorfields). The links between the local hospitals and specialist hospitals, particularly GOSH, have been considered as part of the review.

There were several drivers for starting this work now:

- The clear calls to action set out in the NHS Long Term Plan and the initial Ockenden Report
- The learning from the temporary changes to local children and young people's services in NCL during the COVID-19 pandemic
- External reviews of services by the CQC, and NHS England
- The health inequalities further highlighted through the pandemic and the urgent need to address them
- The opportunity to build on existing partnership working as we move into becoming a formal integrated care system

Community, mental health services and primary care are not being reviewed as part of the Start Well programme, but interdependencies between them and the services within scope of the programme are being carefully considered.

We want this document to be as inclusive of everyone's experiences of health care as possible and it therefore refers to 'pregnant women and people' when describing those that use maternity services to include individuals whose gender identity does not align with the sex they were assigned at birth.

Vision for services in NCL

The foundations of lifelong health are built during pregnancy, at birth and in childhood. In NCL, we want to ensure that patients and service users receive the best care and outcomes possible when using maternity, neonatal, children and young people's services.

The birth of a child is a life-changing experience for a woman or person and their family. The experience and outcomes of maternity and neonatal care can go on to have far reaching, life-long impacts for both the pregnant woman or person and their baby. If NCL is to achieve one of its core aims of 'starting well' then the experience of maternity and neonatal services is a key component of this.

Maternity services should be safe, compassionate, personalised and family-friendly. NCL has a diverse population with different needs and maternity services should be set up to empower pregnant women and people to make informed decisions about their maternity care. All pregnant women and people should have access to the same high-quality outcomes of maternity care.

The first few years of life have a profound effect on physical, cognitive and emotional development in childhood, likely influencing health and wellbeing outcomes in later life. Health and wellbeing support and intervention spans a vast array of services provided by multiple cross-sector organisations such as education, the NHS, the voluntary sector, child and adolescent mental health services (CAMHS) and local authority services. When a child or young person is unwell, it can be a really worrying time for them, their family and carers. Accessing the right information, advice or treatment for children and young people, at the right time is crucial.

Working as an integrated care system in NCL, our collective ambition is that we provide services that support the best start in life, both for our residents and for people from neighbouring boroughs and beyond who chose to use our specialist services.

About maternity, neonatal, children and young people's services in North Central London

Local services

Understanding the local services and health and care needs of children, young people, and pregnant women and people helps us to plan and understand whether our services are meeting the current needs of local people. We know that many people who use our maternity, neonatal, children and young people's services live outside of NCL, so it is important we also consider these populations alongside those of the NCL population when reviewing our services and considering how to plan for the future.

In NCL we have:

4 hospital Trusts providing paediatric services, across five hospital sites each with a co-located emergency department

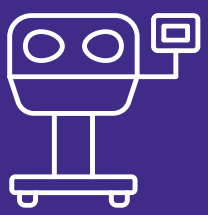
3 hospital sites providing specialist services

5 obstetric-led units, with co-located midwifery-led units

5 home birthing services

1 freestanding midwifery-led unit

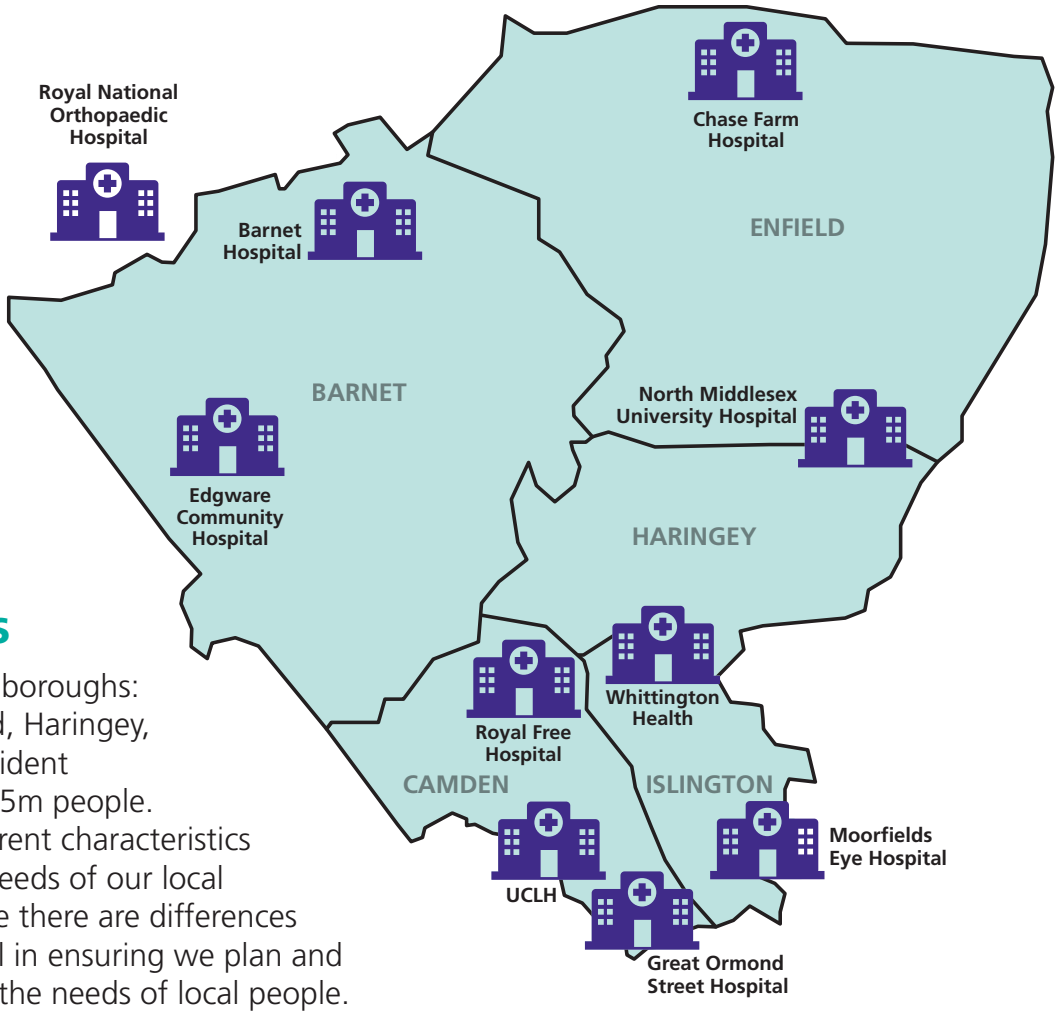
2 neonatal intensive care units (NICU) (level 3)



3 local neonatal units (LNU) (level 2)

1 special care neonatal unit (SCU) (level 1)

Where services are located



Local health and care needs

NCL covers five London boroughs: Barnet, Camden, Enfield, Haringey, and Islington, with a resident population of around 1.5m people. Understanding the different characteristics and underlying health needs of our local communities, and where there are differences between them, is critical in ensuring we plan and deliver services to meet the needs of local people.

The Start Well programme has identified key themes regarding population health and care needs of our local residents, including the following:

The number of women and people living in NCL giving birth has been declining

Over a quarter of the NCL population is currently women of childbearing age, defined as those aged 14-49. There are around 1,000 fewer births a year now compared to 2018. The number of births vary between the different areas. Due to the difference in population size, there are more children being born in the more deprived areas of NCL: between 2018 and 2020, there were more than three times as many births in the most deprived areas, compared to the least deprived areas. Although the number of births has been declining for people living in NCL, we do know there are a number of patients who don't live in NCL but do give birth at an NCL unit. When planning for our local services, these patient inflows need to be reviewed against the declining birth rate in the NCL populations.

There are variances in the prevalence of long-term conditions in pregnant women and people in NCL

For example, within NCL Asian pregnant women and people are more than twice as likely to have diabetes in pregnancy, compared to White pregnant women and people (21% vs. 9%). Similar differences are seen for other long-term conditions during pregnancy.

The number of children and young people living in NCL is projected to decline

Around 21% of NCL's 1.5m residents are children and young people, defined as those aged 0-18 (317,600). By 2041, the population is projected to decline by 10%.

Children and young people living in NCL are particularly diverse

Just over a quarter of children and young people in NCL identify as White British, a quarter as White other and 10% as Black African. 20% of children in NCL do not speak English as their first home language. Also, there are areas of deprivation in NCL in which an estimated one in five children and young people under the age of 16 years are living in poverty. There is a link between income deprivation and ethnicity in NCL, with children from some ethnicities being more deprived on average than others. Children and young people of Black ethnicity are generally more deprived than other communities, with over 80% of Black African and Black Caribbean children living in areas which are in the 40% most deprived areas.

There are lots of children and young people across NCL living with long-term health conditions

Many long-term conditions, such as asthma and diabetes, can be well managed and improved with the right support. However, we know that there are wider factors, such as income deprivation, which can influence the prevalence of long-term conditions.

More than one in 10 children in NCL have asthma, making it the most prevalent long-term condition. However, there is an unequal asthma burden in NCL, with significantly higher prevalence in the 40% most deprived areas. This trend is also seen in other long-term conditions, including diabetes, epilepsy and also in other areas such as learning disabilities, where children and young people in the 20% most deprived areas have a significantly higher prevalence of these conditions.

What local residents have told us are priorities

From speaking to local residents and reviewing research undertaken by local organisations, we have identified priority areas that local people would like us to focus on.

In summary, pregnant women and people want:

- Improved communication between hospitals and patients
- Improved one-to-one communication between individual staff members and individual patients
- Personalisation of care and continuity of care
- Equality and inclusion in relation to the experience of care
- Improved quality of the environment in which pregnant women and people, and babies receive care

Children and young people want:

- Improved communication between hospitals and patients
- Improved one-to-one communication between individual staff members and individual patients
- Improved environments in which children and young people receive care
- Recognition of the importance of the link between physical and mental health

Maternity and neonatal services – opportunities for improvement

There are many examples of local successes across NCL in respect of maternity and neonatal services.

'Magnolia Midwives', North Middlesex University Hospital

The 'Magnolia Midwives' service at the North Mid was the first of its kind in the UK. The multidisciplinary model brings together midwifery care, obstetrics, psychiatry, psychology and social workers, to support women with moderate to severe mental health issues during their pregnancy.

NCL neurodevelopmental pathway for neonates

The five neonatal units in NCL have been working together for a number of years and have implemented a consistent neurodevelopmental follow-up pathway for high risk infants that have been admitted to neonatal units.

Family care rooms, Barnet Hospital

The UK's first care rooms allowing parents to stay close to their premature babies 24 hours a day, opened at the Starlight neonatal unit at Barnet Hospital in 2014. The rooms allow a newborn baby to receive treatment in a private, family-centred setting. By limiting extraneous light and noise, the family rooms can support a newborn baby's brain development.

Royal Free London 'Keeping mothers and baby together pathway'

In response to an increase in neonatal admissions, the Royal Free London reviewed the reasons for the increase, and what could be done differently to ensure that as many babies as possible could stay out of a neonatal unit and with their family. Clinical guidelines across both Barnet Hospital and the Royal Free Hospital sites were reviewed and standardised, meaning that all babies would have initial observations at birth, then at hours one two and 12. This meant that babies were having observations done on the labour ward and postnatal ward in a consistent way that aligned with best practice guidance.

Whilst there are areas of excellent care across NCL, we are facing challenges in maternity and neonatal services. There are opportunities for us to improve the quality of local services, improve the outcomes for local people, address areas of differences, and provide a better experience for our patients, their families, carers and our staff.

Ensuring excellent experience, equitable access and optimal outcomes for pregnant women and people

There is variation in maternal outcomes and in the quality of maternity services provided across NCL. This means that not all pregnant women and people have the same outcomes and experience of services.

Reducing still births and promoting safer maternity care is a key priority for the NHS. The ambition as set out in the Long Term plan is to halve the rate of still births in England by 2025. Since 2018, Trusts have implemented a range of interventions that are part of the 'Saving Babies' Lives Care Bundle', in order to reduce stillbirth rates and neonatal deaths.

Reviewing nationally published data for the period between 2018 to 2020 there was variation in the still birth rate in NCL between boroughs, with Haringey and Enfield having the highest rates in NCL. During this period, a woman or pregnant person living in Haringey was almost twice as likely to have a still birth compared to someone living in Camden. More recent local, hospital level, data does seem to indicate an improvement on the borough position. Nonetheless, the differential stillbirth rate within NCL is stark, and there will need to be a determined focus as a system on investigating the reasons in particular for the high rate in Haringey and addressing the root causes through prevention and early intervention.

Currently, the number of pregnant women and people accessing perinatal mental health care in all boroughs is below the Long Term Plan ambition. Access to perinatal mental health services is a national priority and we need to go further to support those with mental health conditions before, during and after pregnancy.

In NCL there is a differential rate of admission to neonatal units depending on ethnicity and level of deprivation. Data on both shows that in 2020/21, admissions to neonatal units in of babies born to pregnant women and people in NCL of Black ethnicity have twice the rate of admission to a neonatal unit than babies born of White ethnicity, and those of Asian ethnicity have 1.5 times the rate of babies born to White women and people.

We need to focus on supporting pregnant women and people to access the right services for their individual needs. This means considering the diversity of our residents, and the importance of models such as continuity of carer during pregnancy, to ensure that maternity services are designed around pregnant women and people.

Better utilisation of the range of maternity capacity offered in NCL

Pregnant women and people can choose to deliver their baby in a range of different settings. Currently, the units in NCL are not used equally, with many pregnant women and people either choosing to deliver, or being recommended to deliver, in an obstetric (specialist doctor) led setting. Data shows that for some sites in NCL, use of their midwifery-led units is around 30% or under, whilst obstetric-led units are dealing with significant capacity pressures. This means that currently, pregnant women and people giving birth in NCL are not choosing to give birth in midwifery-led settings in large numbers, or their more complex medical needs means this would not be recommended.

During times of high demand or low staffing levels, some obstetric-led maternity units are sometimes forced to temporarily close for a short time to ensure the safe care of the pregnant women and people they are looking after. This suggests we are not using current capacity in the best way possible.

Staff have also reflected that the complexity of births in NCL may be increasing. There may be many factors contributing to this, such as the age of the pregnant woman or person at the time of birth, and prevalence of conditions such as diabetes, obesity and hypertension at the time of pregnancy.

Ensuring pregnant women and people access the birth setting of their choosing where possible, is important. There is an opportunity to explore whether the current maternity capacity is aligned with the needs of local people who use these services.

Supporting maternity workforce sustainability

Maternity workforce sustainability is a national challenge and the recent Ockenden report has further highlighted the impact that unsafe staffing can have on the experience, care and quality of maternity services.

We know that there are challenges in recruiting and retaining maternity staff across our sites. For our units to comply with the new staffing standards, we need to recruit an additional 27 midwives across the system. To help fill these gaps, collaborative work is taking place between units. However, further work is required to recruit into the funded posts, to ensure that vacancies do not impact upon patient care and the experiences of staff working in maternity services. Midwifery recruitment is a national challenge and will continue to be a focus in NCL.

Matching neonatal intensive care capacity and need

The NHS has different kinds of neonatal units to look after babies that are born very early (premature) or that are unwell when they are born. These increase in the complexity of care that they can offer. Special care units (SCU or level 1) look after babies with the least complex conditions requiring neonatal care, local neonatal units (LNU or level 2) are the next step up in care, and neonatal intensive care units (NICU level 3) look after the most premature or unwell babies. They are also sometimes called level 1, 2 and 3 units, as they step up in their complexity of care.

All hospitals providing obstetric-led maternity care in NCL have a neonatal unit, however the type of these varies. The Royal Free Hospital is designated as an SCU (level 1), while at the other end of complexity, UCLH has a NICU (level 3). All the other units in our system are LNUs (level 2). GOSH does not have a maternity unit on site, but it does have a specialist surgical NICU (level 3). The maximum level of care offered at each hospital is described here, although they can also offer care at the levels below this.

Evidence highlights that some neonatal units in NCL that currently look after the smallest and sickest babies do not have enough cots. In 2020/21, the UCLH NICU (level 3) was on average 85% occupied, which is higher than the maximum threshold set out in the NHS neonatal service specification.

Not having enough cots for the most unwell or smallest babies can also make it difficult for neighbouring hospitals to secure a cot for labouring pregnant women and people who require a transfer to UCLH. In many cases, this can mean there is either a delay in transfer or that a pregnant woman or person must be moved to a unit outside NCL. Such situations can be extremely stressful for both families and staff. Evidence shows that in 2020/21, overstretched capacity at UCLH and GOSH meant that 40 babies from NCL LNUs (level 2) were transferred to a NICU (level 3) outside NCL.

We should be making sure that pregnant women and people and their babies are able to be treated as close to their home as possible, and we need to avoid unplanned transfers outside of NCL and further away from home. Looking ahead, we need to review the current number of cots in NCL to see if there are sufficient level 3 cots for babies that need care.

Consider the sustainability of the Royal Free Hospital special care unit

The Royal Free Hospital is the only hospital in NCL that has an SCU (level 1) and is therefore unable to look after very small or very unwell babies. We know from other areas in the country that the location of this type of unit in an urban area is unusual, particularly with other local neonatal units so close by. Typically, SCUs (level 1) are found in rural areas, to enable babies to be discharged to a unit closer to home once they have started to become more well.

Data shows that the Royal Free Hospital's unit looks after a very low number of babies compared to the other units in NCL, and the number of admissions to the unit has been declining by 12% every year since 2018/19. The occupancy of the unit is also low at 42%, meaning that over half of its cots are not occupied on any given day.

This level of activity means that the unit falls below the upper threshold suggested by standards set out by the British Association of Perinatal Medicine (BAPM). These standards are in place to ensure that staff caring for newborn babies needing respiratory support have the required experience and competencies to do so.

The low number of admissions creates a challenge for staff at the Royal Free Hospital to maintain the required competencies to look after babies needing respiratory support. The hospital has put actions in place that mitigate the clinical risk caused by low admissions; however, in the longer term, the clinical risk around the unit remains and it will continue to be difficult to staff the unit in a sustainable way as it is currently set up.

Minimising avoidable admissions to neonatal units

Maternity and neonatal services should be set up in a way that minimises separation of the woman or person who has given birth and their baby. The community outreach support available to neonatal teams at our hospitals can have an impact on whether a baby needs to be admitted to a neonatal unit and how long a baby stays in hospital.

Access to neonatal outreach programmes depends on where you live in NCL; the existing provision is not consistent between our boroughs and does not represent equitable access. For example, in Islington, phototherapy (used for the treatment of jaundice) is available in the community whereas for babies living elsewhere, they would likely have to stay in hospital to receive this treatment.

Currently access to neonatal outreach programmes depends on where you live in NCL. The existing provision is not consistent between our boroughs and does not represent equitable access.

There is an opportunity to increase the provision of these very important community services, to ensure babies and their families can access the same services, no matter where they live. This will help ensure babies are not staying in hospital for longer than they needed.

Addressing workforce vacancies and variation in provision and access to allied health professionals across neonatal units

There are high levels of staff vacancies in our neonatal nursing workforce. This places a strain on both staff and services and means that teams are having to rely heavily on temporary staff to fill gaps. Vacancies also mean that, in some instances, neonatal nurses are unable to be released to complete their qualification in neonatal service training – which is integral to the staffing of a safe neonatal unit. The staffing shortage also means that some of our units are unable to open all their cots in order to maintain safe staffing levels.

Across NCL, there is also a shortage in the number of allied health professionals (AHPs) in neonatal units. Compared to the staffing levels recommended by professional bodies, NCL is consistently below these levels for all disciplines. For example, units in NCL would need an additional three physiotherapists to be in line with recommendations.

Workforce shortages are a national challenge, and in NCL we need to think about how we can address the current staff vacancies collaboratively. Building on work undertaken elsewhere, hospitals could work in a more joined up and collaborative manner to help tackle the AHP staff shortages and explore innovative solutions.

Having the right maternity and neonatal estate

For pregnant women and people and their families, hospital facilities should provide privacy, preferably labour rooms with en-suite bathrooms and space for a birth partner to join the delivery when possible.

We are fortunate that there are some good facilities within NCL; however, we know that the current maternity and neonatal estate at the Whittington Hospital does not meet with agreed modern standards. For example, although there are en-suite facilities in the birth centre on the site, they do not currently have these on their labour ward rooms. For neonatal facilities, there are challenges around the space that is allocated to the unit for the number of cots that they have.

Across NCL we do not use some of our buildings as effectively as we could to allow parents to stay with their unwell babies. Parents should still be the primary caregivers and should be supported by the clinical practice team to deliver as much cot-side care as is feasible.

There is an opportunity to improve maternity and neonatal facilities within NCL, ensuring that facilities do not detract from the care or birth experience.

Children and young people's services – opportunities for improvement

There are many examples of local successes across NCL in respect of children and young people's services.

'Hospital at Home', Whittington Health

Whittington Health has set up a hospital at home service for children and young people living in the borough of Islington. Specialist community children's nurses work in partnership with acute paediatricians at both Whittington Health and UCLH to provide safe care at home for acutely unwell children and young people (0-18), enabling them to be discharged from hospital more quickly or preventing admission in the first place.

'ABC Parents', North Mid

In response to feedback, the North Mid set up ABC Parents to empower parents by sharing resources to keep children healthy and safe. The ground-breaking parent education programme offers two-day, free of charge, courses to parents and carers in Enfield and Haringey. The aim of the programme is to empower parents and carers to keep children healthy and safe.

'Super triage' and the 'power hour', UCLH

The UCLH children and young people's team has been working with GPs and commissioners from two primary care networks (PCNs) in Camden and Islington to improve integrated pathways between primary care and paediatric services. The model seeks to ensure patients receive the right care, in the right place, at the right time, and that this care is delivered through whole system partnerships, centred around whole families.

From speaking with young people and our staff, we know that there are challenges with respect to children and young people's services. As a system, there are opportunities to improve the quality of local services, reduce variation in outcomes and improve the wellbeing of our local children and young people.

Increasing emergency demand

Across NCL sites, our emergency departments provide urgent and emergency care for over 160,000 children and young people per year. The sizes of paediatric emergency departments across NCL varies. The numbers of children and young people seen in emergency departments in NCL also varies.

Evidence shows that the number of children and young people accessing emergency services in NCL has been increasing and is now higher than before the COVID-19 pandemic. Between April and December 2021, NCL sites were treating an extra 73 children and young people every day, compared to the same period in 2016.

Our staff have also reflected that the complexity of those accessing emergency services is changing. Data show that there are increasing numbers of children and young people attending emergency departments with low acuity conditions who could have potentially been treated elsewhere. While we know that some children and young people do require hospital treatment, many could be better looked after in the community. To ensure children and young people are accessing emergency care in the right place, more could be done to focus on joining up services between hospitals, GPs and community services. Work is already underway in some areas across NCL to help support this.

We also know that the current organisation of emergency care means that sites in the north, such as the North Mid and Barnet Hospital, are providing emergency services for a large catchment population. In the south of the system, there are three hospitals providing emergency care close to each other with much smaller catchment areas. With the pressures on emergency care, we need to think about how best to support our emergency departments, to ensure there are sufficient resources to meet the needs of those accessing care.

Improving long-term conditions management

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

Across NCL there are differences in the rate of admission, which shows we could be doing more to ensure that all children, young people and their families are able to access the support needed to manage their conditions. Addressing these differences in long-term conditions management will require a whole system focus.

Children and young people with asthma living in the most deprived areas were twice as likely to spend unplanned time in hospital than those with asthma living in the least deprived areas.

Organisation of paediatric surgical care

The current organisation of elective and emergency paediatric surgical care in NCL means we are not able to provide the best experience for children and young people, their families and our staff.

The physical differences in very young children, particularly for those aged under the age of three, mean that their surgical care is often provided by specialist sites such as GOSH. In line with national guidance, our local hospitals should be able to provide low-complexity paediatric surgical care for children over the age of three.

However, when it comes to emergency surgical care, evidence shows that some children and young people are being transferred for some treatments which NCL should be able to manage locally. From April 2020 to March 2021, 144 children and young people were transferred from an NCL provider to other hospitals for an emergency surgical procedure, with almost one in five moved to hospitals outside of NCL. For patients and their families, this can cause added stress and cost at an already stressful time.

From speaking with our staff, we know that the decision to transfer a child or young person is often based on the skills, confidence and availability of the team who are working on any particular day. Across NCL, there is a gap in paediatric anaesthetic provision at local sites, which is the main driver of transfer.

Our staff have reflected that more needs to be done across NCL to address the current skills gap, to ensure that our surgical pathways provide the best experience for our patients. It is important that the role of GOSH, as a specialist provider, is fully defined in the pathways.

We know from guidance and evidence elsewhere that a paediatric surgical network can improve access, support implementation of consistent models of care and improve quality of care. Organisations across NCL could consider this approach to help support paediatric surgery and ensure clear and consistent pathways.

Reducing long waits for elective care

Elective (planned) care should be delivered within 18 weeks and across NCL we are not meeting this standard of care. Data show that currently one in 46 children and young people in NCL are waiting for treatment. Of those waiting for care, over 330 have been waiting over a year and 1,600 over 18 weeks. At best, the waiting time for treatment for children, young people and their families is stressful and frustrating, and at worst it can see children and young people's health deteriorate and impact their wider lives.

1 in 46 children and young people are waiting for treatment

330 have been waiting over a year

1600 have been waiting over 18 weeks

In NCL, evidence shows that specialties have experienced different levels of backlog, and this means some children and young people are waiting longer for routine procedures than others. For example, ophthalmology, paediatric dentistry and ENT services have the largest number of children and young people waiting for treatment.

There are existing areas of collaboration in NCL in terms of delivering elective surgical care, which has supported organisations in tackling the growing waiting list; however, children and young people are still waiting too long to be treated. There is an opportunity in NCL to consider how to work together, building on areas of existing collaboration, doing more to better utilise the current resources within the system and optimise productivity to address the growing backlog.

Improving transition to adult services

The transition from adolescent to adult services is an important step and a poor experience can be associated with a deterioration in health. Transition preparation should begin as early as possible, ideally starting around age 14. There is no consistent definition in NCL around the age cut off for children and young people's services. This can mean that in one part of NCL a child will move into adult services at 17 years old, whilst in another area, they will not move until after their nineteenth birthday.

From speaking with staff, we also know improvements could be made to the transition of care model, including ensuring that hospitals work alongside community and mental health services. There is an opportunity to review the current transition models and consider how children and young people's services and adult services could work collaboratively and in partnership with families to support their child through to transition and beyond. This may mean that staff need further training and support to help manage effective transitions and expectations.

Recruitment and retention of the paediatric workforce

There is currently a high number of staff vacancies across the paediatric workforce, which is placing significant pressures on staff. Vacancy rates are particularly high in paediatric nursing, with rates ranging from 13% to 36% across the NCL sites. Often permanent staff are having to work to provide cover for vacant shifts which, at a time when staff have been under extreme pressure, is leading to significant burn out.

We know that there are national challenges with respect to paediatric nursing staffing shortages and there is an opportunity for organisations across NCL to work together to develop innovative workforce solutions.

There are strong drivers for thinking about the way in which maternity, neonatal and children and young people's services in NCL can be improved now.

The challenges we face, combined with the current variations in outcome and care, show that we are not always meeting the needs of our local populations and explain why we need to consider how we are currently delivering services. This review presents a real opportunity for NCL to make tangible improvements to our services to ensure we are delivering the best possible care for our local populations.

Get involved

We hope that the Case for Change (and this summary document) will help to get local people – patients, users of services, carers, and health and social care staff – talking in more detail about what the opportunities are for improvement across maternity, neonatal, children and young people's services in North Central London.

What do you think?

We want to receive the views of as many patients, public, staff and partners as possible to inform what happens next.

This includes residents of Barnet, Camden, Enfield, Haringey, Islington and neighbouring areas who might use hospital services in North Central London. We are particularly interested in hearing from anyone who has current or recent experience of these services, or anyone who might need these services in future, and their families and carers.

This summary document gives a brief overview. You can read the full Case for Change at: **www.nclhealthandcare.org.uk/start-well**

To give feedback you can:

- Complete the printed questionnaire and return it in the post using the Freepost address provided
- Complete our online survey **www.nclhealthandcare.org.uk/start-well**
- Write to us at:
  FREEPOST NCL NHS
  (No need for a stamp or postcode)
- Invite the programme team to speak to your group using the contact details below
- Telephone: 0203 816 3776

We can provide support for those who may need some additional help to participate. This document is available in large print, Easy Read or Braille on request. We can also offer translations and additional support if English is not your first language.

Please contact us on the details below if you need additional help to participate or would like to give feedback verbally. You can give feedback from 4 July to 9 September 2022.

Contact us

Email: nclccg.startwell@nhs.net

Telephone: 0203 816 3776

Mail to: **FREEPOST NCL NHS**
(No need for a stamp or postcode)

QR code: Scan for the questionnaire