



North Central London
Integrated Care Board

**North Central London ICB
Board of Members Meeting
28 March 2023**

Report Title	Start Well: refinements to the children and young people's surgery care model	Date of report	15 March 2023	Agenda Item	2.1
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Name of Authorising Finance Lead	Phill Wells, NCL ICB Chief Finance Officer	Summary of Financial Implications Any financial implications of the potential service changes related to children and young people's surgery (including any financial implications specific to the proposed refinements to the children and young people's surgery care model) would be considered through the options appraisal process.			
Report Summary	Introduction The Start Well programme is a long-term strategic change programme which is key to improving outcomes and equitable access to care for those that use NCL maternity, neonatal and children and young people's services. We have brought several updates on the programme to the Board of Members of the Integrated Care Board ('the Board'), outlining progress to date including: a Case for Change that described a number of opportunities to improve our services and the outcome of an engagement period on the case for change. In the last update, we shared work that had been done to develop best practice future-facing models of care designed to improve patient pathways, experience, equitable access and outcomes in the future.				

The paper outlined that in order to implement some of the care models, a change to the way services are currently delivered may be required. The Board was asked to approve the recommendation to explore this possible service change through an options appraisal process for the maternity, neonatal and children and young people's surgery options appraisal.

The Board at their meeting on 29 November 2022 approved a recommendation to commence an options appraisal against the status quo on three specific areas:

- Maternity and neonatal services;
- The standalone midwifery led unit; and
- Paediatric surgery for very young children and low volume specialities.

Programme update

Since the Board recommendation point in November 2022 good progress has been made with the options appraisal on the recommendations around maternity and neonatal services. A separate paediatric surgery focused CRG has been established and a more detailed update on their work is provided below.

The Clinical Reference Group (CRG) have met five times; the Patient and Public Engagement Group (PPEG) have met five times; and the finance, analytics and estates group have met seven times. This work is still on-going.

Work on the options appraisal will come together in a full day workshop in the late spring which will be attended by programme board members and where they will review the proposed evaluation criteria across all domains in the round. This may be supplemented by further NHS England assurance over the summer.

The timeline is still being finalised and board members will be updated about the critical path and dates for future updates.

Paediatric surgery

With regard to children and young people's surgery, the November Board meeting agreed:

To proceed to an options appraisal in respect to the implementation of the proposed emergency and planned surgical children and young people's care models. This options appraisal would:

- a) Set out all possible site-specific options for the creation of a centre of expertise for the delivery of paediatric surgery for low volume specialities and very young children
- b) Additionally, set out the option of emergency care for defined specialties for under ones fast-tracking to the specialist unit. For all options identified in 3a there would be two permutations – with and without this fast-track pathway.
- c) Set out the appraisal of these options, compared to the status quo against a set of criteria to be agreed by this Board at a future meeting, but which would include at minimum an assessment of the impact of the option on quality, access, workforce, and finances (including capital) at both an organisational and system-level.

This update focuses primarily on work with the paediatric surgery focused Start Well Clinical Reference Group (CRG) to refine the children and young people's surgery (emergency and planned) care model and the implications of this for the options appraisal that will be carried out.

Refinements to the children and young people's surgery care models

The paper brought to the Board in November 2022 outlined a proposed new model for children and young people's surgical care, which describes our aspiration to provide improved care for children and young people. The future surgical care models propose the creation of a centre of expertise that would consolidate planned and emergency surgical activity (see pages 4-5 and 17-24 and Exhibit 5 of the November 2022 paper). The creation of such a centre would be designed to address the challenges identified by the Case for Change which found surgical pathways for children in NCL was fragmented, with particular challenges in the care for very young children.

Since the November Board meeting, three additional surgery focussed CRG meetings have taken place and have involved over 40 clinicians from across NCL hospital sites. These meetings were in addition to three surgery task and finish groups that took place prior to the November Board meeting. The additional meetings have been focused on further developing the care model which underpinned the recommendation approved by the Board to commence the options appraisal. This additional engagement has resulted in refinements to the model that was previously shared with the Start Well programme board and the Board and formed the basis of the recommendation to move to an options appraisal on paediatric surgery. The two key refinements that the CRG have been discussed and recommended by the CRG are:

- The care model in the November Board paper said that surgical activity for children between the age of 1-3 would be consolidated at the centre of expertise, with children 1 and under being treated in a specialist unit. There is clinical consensus that children under the age of one should be treated in the same way as those under the age of three. This is because the paediatric anaesthetic and surgical competencies to care for children under the age of three do not differ from those required to care for children under the age of one. For this reason, the CRG suggest that the options appraisal should consider the consolidation of emergency surgery for all children under the age of three and under the age of five for general surgery and urology.
- The care model in the November Board paper had not been explicit about the access arrangements for the centre of expertise for surgery. The CRG have further considered this aspect of the model and recommended that in order to improve patient pathways for children, there needs to be emergency access arrangements in place for a centre. The consensus is that this requirement could be satisfied with a paediatric emergency department, or an urgent surgical assessment unit which could act as a rapid receiving unit for transfers from other hospitals.

The CRG are continuing work and conversations about the children and young people's surgery care models (both planned and emergency). In particular they are considering:

- If volume and workforce requirements can be met on separate sites, it may be possible to separate some elements of planned surgery from emergency surgery. This is due to the to the different clinical co-dependencies required to deliver different types of paediatric surgical activity. This for example may include a separation of emergency and day case planned surgery. It is proposed that this will be tested through the options appraisal process.

The update to the proposed care model will be reviewed by the Start Well programme board once the model has been developed through the CRG.

Recommendation	<p>The Board of Members is requested to:</p> <ul style="list-style-type: none"> • NOTE the changes to the children and young people’s planned and emergency surgery care model • DELEGATE to the ICB Chief Medical Officer and Chair of the Start Well Programme Board, the review and endorsement of the revised children and young people’s surgical care models. • AGREE to proceed to an options appraisal in respect to the implementation of the proposed emergency and planned surgical children and young people’s care model. This recommendation replaces and supersedes recommendation 3a in the November 2022 Board paper. This options appraisal would: <ul style="list-style-type: none"> ○ Set out all possible site-specific options for the creation of a centre, or centres, of expertise for the delivery of children and young people’s surgery for low volume specialities and very young children ○ Set out the appraisal of these options, compared to the status quo against a set of criteria to be agreed by the Start Well Programme Board, but which would include at a minimum an assessment of the impact of the option on quality, access, workforce, and finances (including recurrent affordability, capital and cash availability) at both an organisational and system-level over an agreed time-horizon.
Identified Risks and Risk Management Actions	<p>The programme risk register was updated in February 2023 as the programme moved into the options appraisal phase. The top three risks as reported to the Programme Board are as follows:</p> <ul style="list-style-type: none"> • <i>System Planning System pressures such as RSV and further COVID surges, strikes together with other unforeseen pressures, lead to challenges with engagement and a subsequent delay in future elements of the programme.</i> To address issues a flexible plan is in place that builds in additional time and alternative processes should unforeseen circumstances lead to system pressure. • <i>Insufficient capital funding to support Start Well and/or changes to the financial position over time.</i> To mitigate this risk the programme is working with the ICS to understand the medium-term availability of capital across the system and the emerging prioritisation process for allocation. • <i>Public and stakeholder objections lead to delays to the programme.</i> Mitigations include a diverse Programme Board that includes a wide range of stakeholders to ensure a multi-agency system-wide approach is in place, regular review of the governance framework, a stakeholder communications plan to ensure all relevant stakeholders are engaged, updated and encouraged to feedback and a flexible, an evolving communications plan that underpins the programme and a patient and resident engagement strategy to ensure patients are front and centre of the review. This includes a Youth forum, youth mentoring and a Patient and Public engagement group (PPEG). The Chair of the PPEG also sits on the Programme Board.
Conflicts of Interest	<p>None to note. A comprehensive conflict of interest register for all members of the Programme Board is in place and forms part of each agenda as a standing item to ensure full transparency.</p>
Resource Implications	<p>The programme costs are an ICS system cost and funding has been identified to support this programme from ICS system budgets.</p>
Engagement	<p>A comprehensive communications and engagement plan is in place, with communication and engagement leadership fully embedded in the programme team and close working with partner communications and engagement teams in Trusts. The plan covers:</p> <ul style="list-style-type: none"> • Staff engagement and communication – with regular updates coordinated through a group of the communication leads from ICS partners

	<ul style="list-style-type: none"> Stakeholder engagement – with regular briefing and updates to key stakeholders, including MPs and local authority colleagues. Updates to the JHOSC and Health and Wellbeing Boards. Patient and resident engagement (including with children and young people) is central to the programme. A ten-week engagement period was held over the summer of 2022 following the publication of the case for change. A patient and public engagement group (PPEG) has been set up support the programme, as well as a youth summit and reverse mentoring programme involving young people for the programme leadership. Both are involved in the options appraisal process.
Equality Impact Analysis	<ul style="list-style-type: none"> The data analysis carried out for the Case for Change had a central focus on equality considerations, including patients with protected characteristics (particularly ethnicity) and a focus on deprivation. A full chapter in the case for change drew together the focus on equalities dimensions and this informed the approach to public engagement on the Case for Change over the summer of 2022. Alongside the options appraisal process, a comprehensive integrated impact assessment (IIA) will be carried out would cover all equalities considerations, alongside other dimensions such as quality, access, digital, sustainability and patient flow. As part of the process there would be a deep dive into any populations that are identified as potentially experiencing greater inequalities due to the proposal.
Report History and Key Decisions	<ul style="list-style-type: none"> September 2022 – next steps for the programme, governance and a report on the 10-week engagement period were presented at the Board meeting November 2022 – approval sought for the recommendation to move to an options appraisal around the implementation of the maternity, neonatal and children and young people’s surgery care models
Next Steps	<ul style="list-style-type: none"> Continued work with the CRG to agree the children and young people’s surgery care model Sign off of the children and young people’s surgery care model by the Start Well programme board Commence the work on the children and young people’s surgery options appraisal, as set out in the recommendations Plan actions to support an options appraisal including an integrated impact assessment Continue communication and engagement activities with staff and wider stakeholders.
Appendices	Not applicable.