

VOICES TRANSFORM AND INSPIRE CHANGE

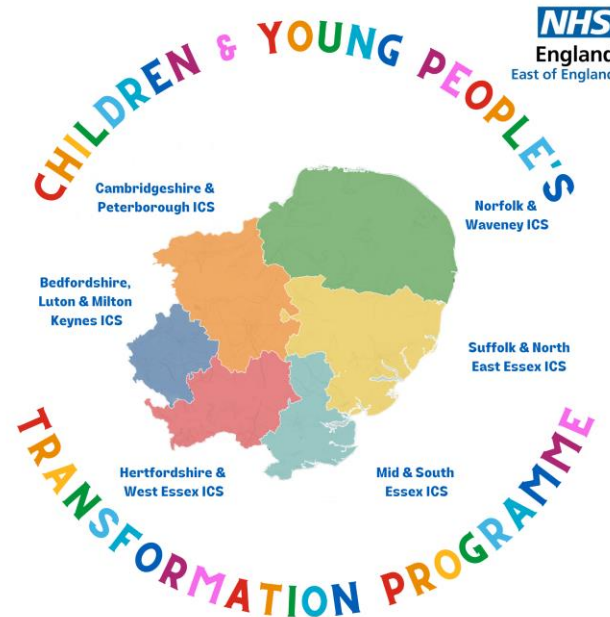
THE CHILDREN AND YOUNG PEOPLE'S TRANSFORMATION PROGRAMME

Core20PLUS5 Approach for Children & Young People

Dr Mary-Anne Morris, Clinical Director
Isabel Kerrison, Quality Improvement Manager
Children & Young People's Transformation team
NHS England- East of England

Children & Young People's Transformation Programme

To deliver the vision set out in the NHS Long Term Plan, a Children and Young People Transformation Programme was established to oversee the delivery of LTP commitments in relation to children and young people. The work of the programme is overseen by a **Children and Young People Transformation Programme Board** which brings together key partners across health, care and education.



We all know reducing health inequalities is a matter of fairness and social justice

- The 2019 NHS Long Term Plan(LTP) set out key commitments to accelerate action to prevent ill health and tackle health inequalities.
- The Marmot review (2010)- **give every child the best start in life**



10 years on... Marmot 2020

- 👎 Overall health inequalities have worsened
- 👎 Rates of child poverty, a critical measure for early child development, have increased since 2010/11 with over four million children affected.
- 👎 Child poverty rates are highest for children living in workless families

Poverty is bad for children

- Poverty has **lifelong** impacts....more likely to have a low birthweight, to die in infancy and to have poor physical and mental health as a child

Wickham S, Anwar E, Barr B et al Poverty and child health in the UK: using evidence for action Archives of Disease in Childhood 2016;101:759-766

- Growing up in poverty can have negative consequences for children's future life prospects

ONS (2020) Child poverty and education outcomes by ethnicity

- Compared to the overall population, children remain more likely to be in low income households

DWP (2021) Households below average income for financial years ending 1995 to 2020



COVID19 pandemic: impact on children and young people

2020-2022

- Education
- Social development
- Preventative health care
- Ongoing care delayed/reduced
- Safeguarding
- Mental health impact
- Lost patient voice – remote consultations

Legacy issues

- Physical health (obesity, long term conditions)
- Mental health
- Lost developmental/educational opportunities
- CYP voice is quieter
- Inequality with rates of recovery of planned care

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

CORE20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



CORE20 PLUS 5

Key clinical areas of health inequalities

1



ASTHMA

Address over reliance on reliever medications and decrease the number of asthma attacks

2



DIABETES

Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3



EPILEPSY

Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



ORAL HEALTH

Address the backlog for tooth extractions in hospital for under 10s

5



MENTAL HEALTH

Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

PLUS groups – do we really know who they are?

- Ethnic minorities
- Language
- Cultural
- Coastal communities
- Rural communities
- Looked after children and care leavers
- Traveller communities
- Refugee and asylum seekers
- Young carers
- SEN/Learning disabilities
- Youth and social justice
- **Others**

Are the PLUS groups the same for children and young people as adults?

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Maternity care is included in the adult CORE20PLUS



Office for Health
Improvement
& Disparities



Office for Health
Improvement
& Disparities



The health and wellbeing of children and young people in the East of England



Dr Marilena Korkodilos
Interim Deputy Regional Director for the East of England, OHID and NHSE
11th October 2022

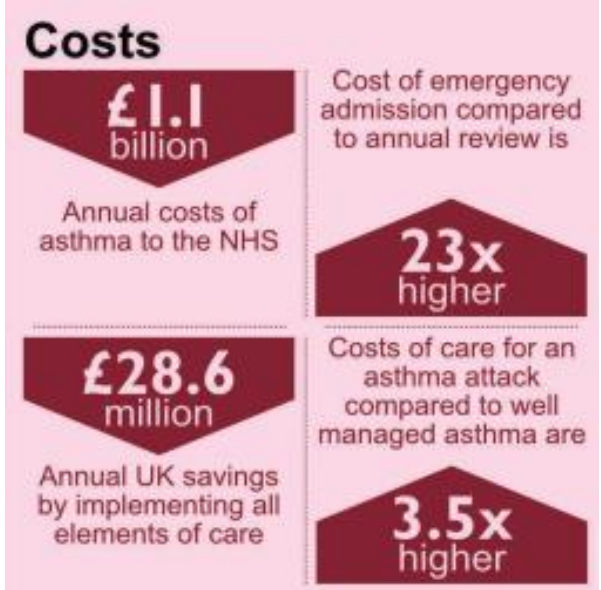
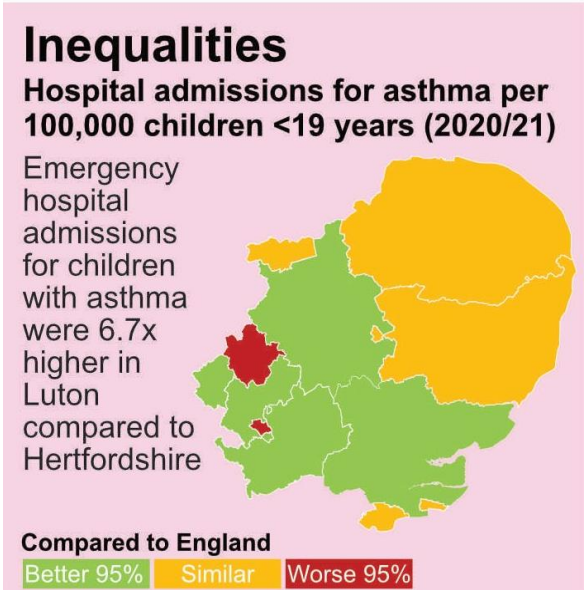
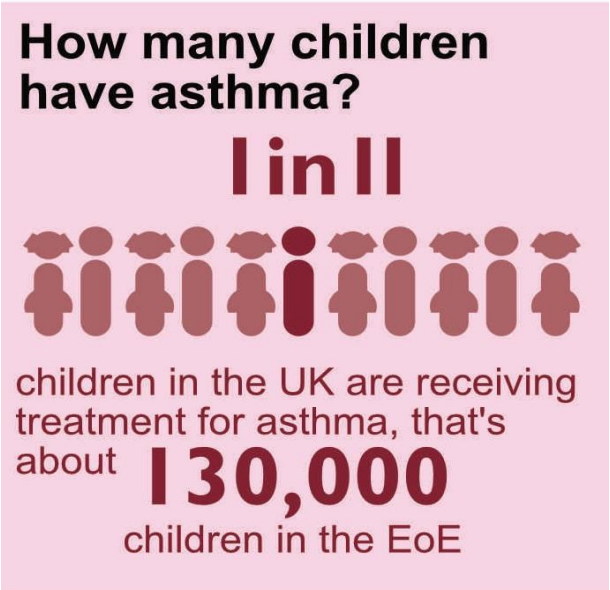
CORE20PLUS5

Reducing Healthcare
Inequalities for Children
and Young People in the
East of England

Dr Marilena Korkodilos
Interim Deputy Regional Director for the
East of England, OHID and NHS
6th January 2023

1. Asthma

Address over reliance on reliever medications and decrease the number of asthma attacks



Mortality rates for Asthma are higher in the UK than many European countries

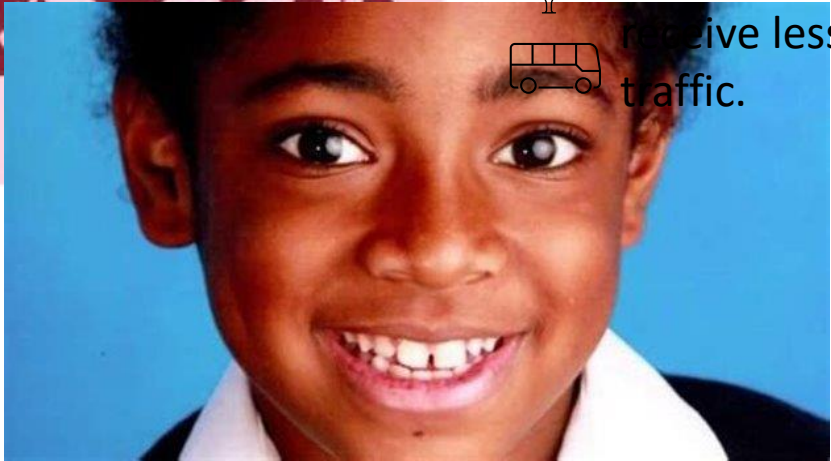
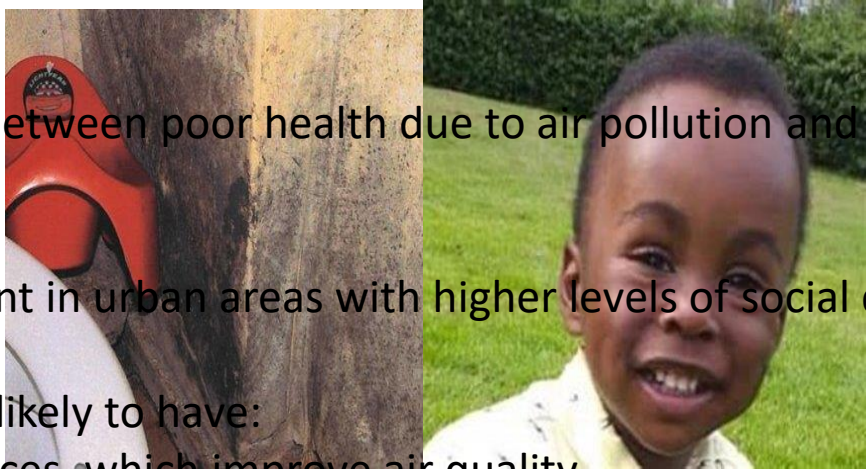


There is an established link between poor health due to air pollution and socio-economic deprivation.

Air pollution is more prevalent in urban areas with higher levels of social deprivation

These communities are also likely to have:

- less access to green spaces, which improve air quality,
- receive less spending on public transport necessary to reduce overall vehicular traffic.

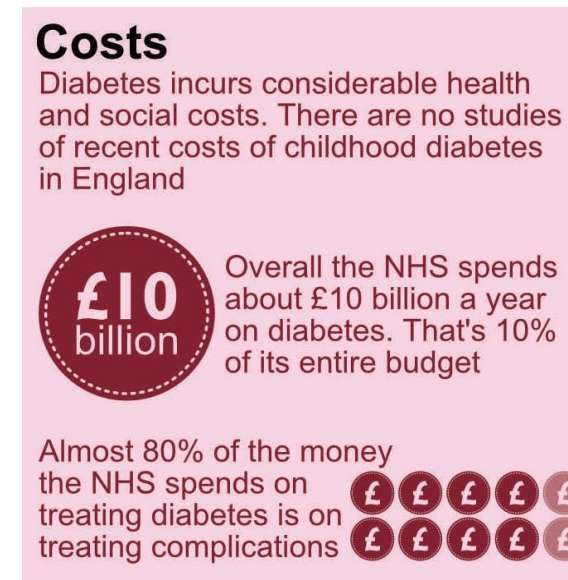
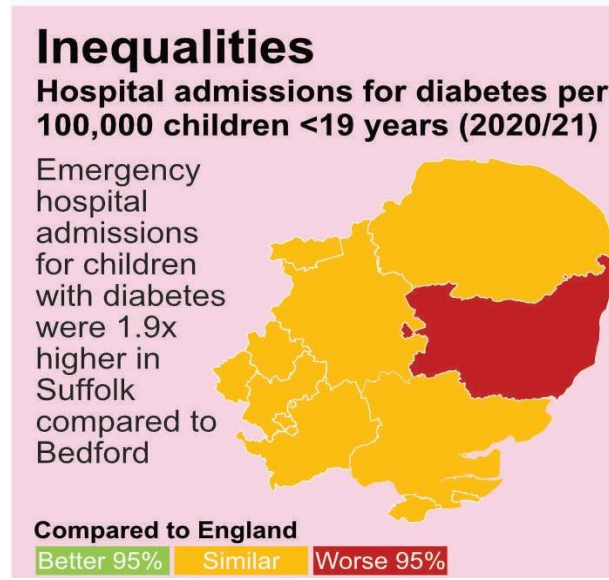
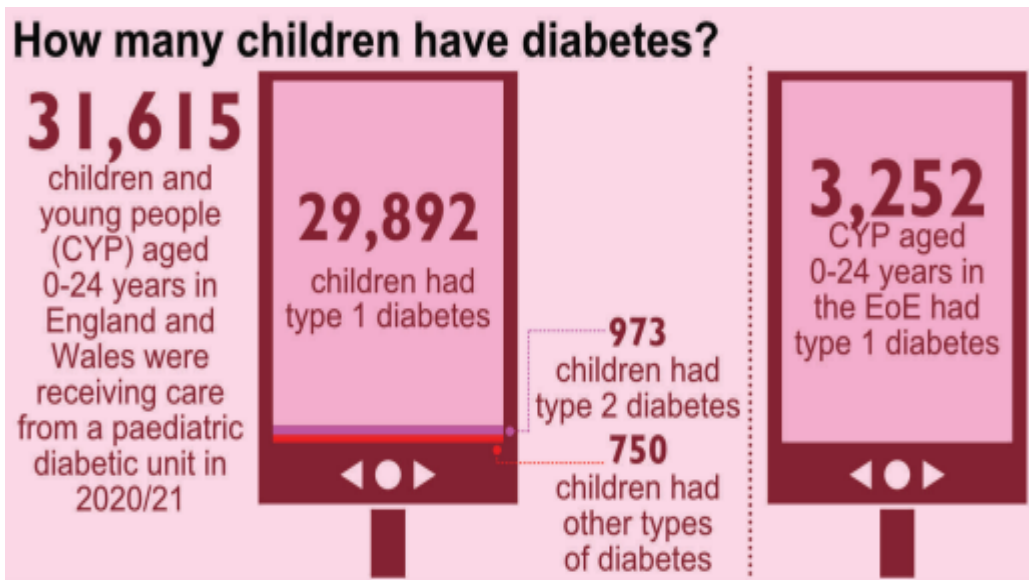


Ella Adoo-Kissi-Debrah: Air pollution a factor in girl's death, inquest finds

Awaab Ishak: Boy's death linked to mould in flat, inquest told

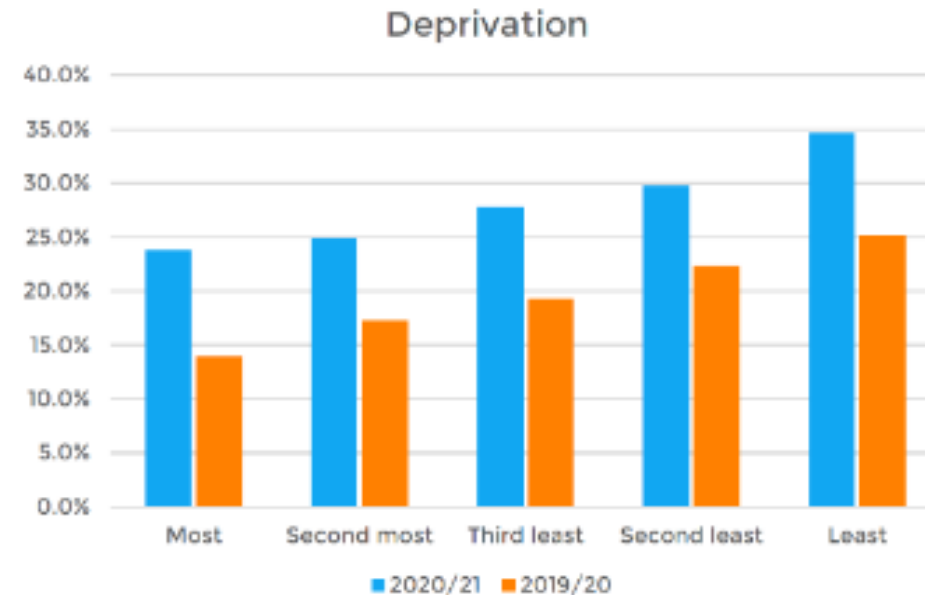
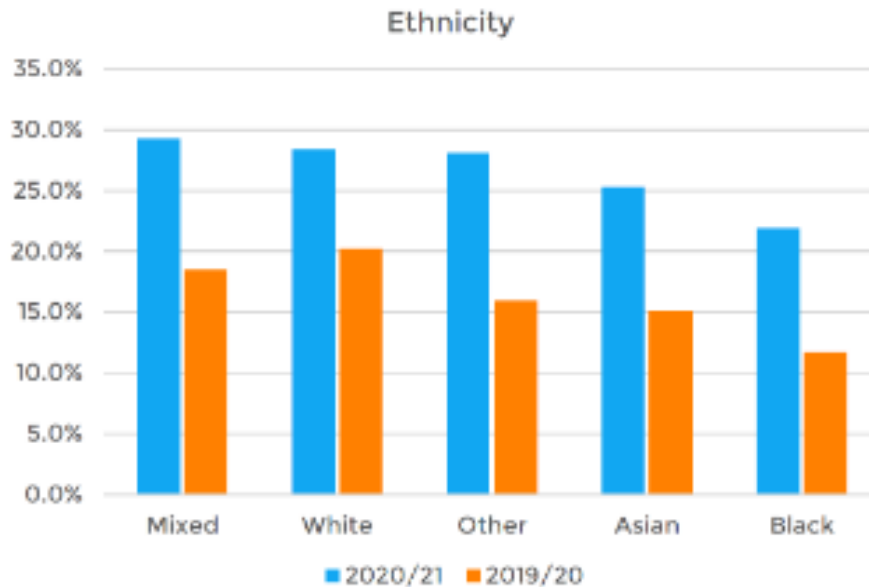
2. Diabetes

Increase access to Real-Time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds. Increase the proportion of those with Type 2 diabetes receiving recommended NICE care processes



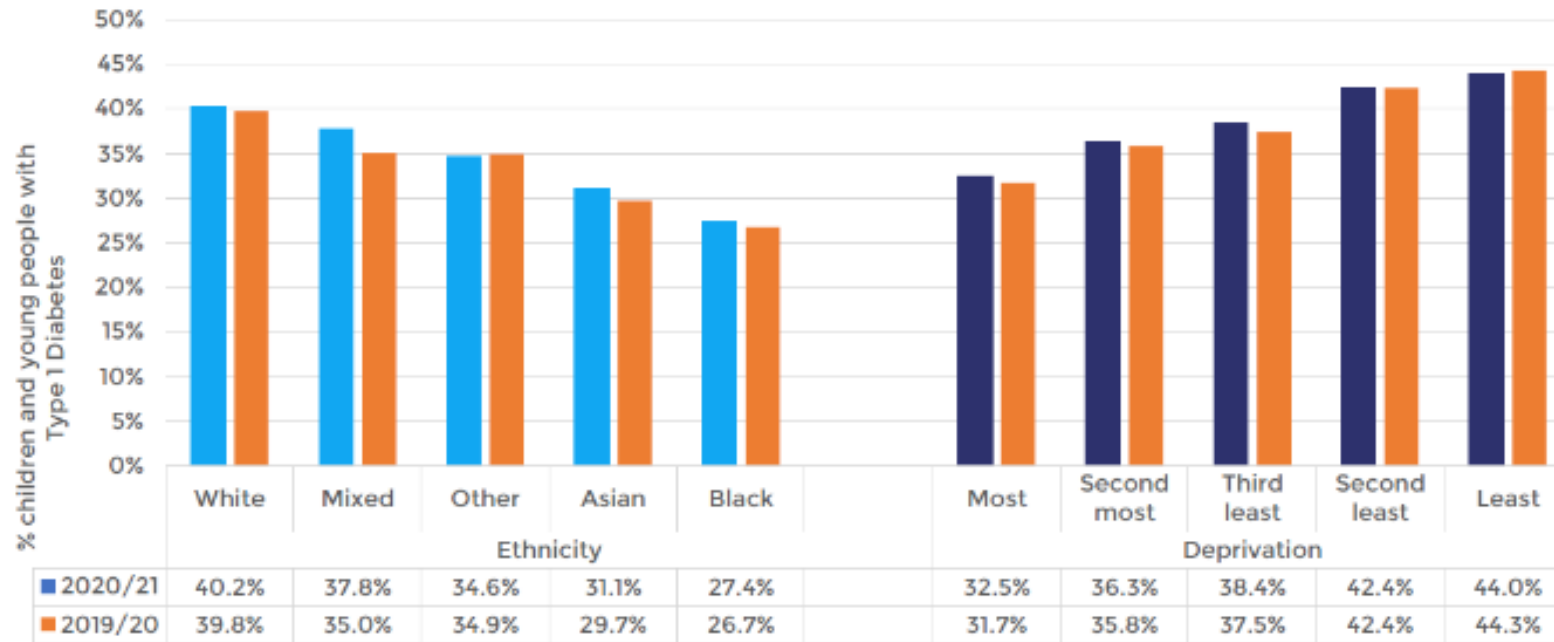
There are clear and widening inequalities in access to real-time continuous glucose monitoring (rtCGM) in CYP based on ethnicity and deprivation

Percentage of CYP with T1 Diabetes using a rtCGM by ethnic group and deprivation quintile, 2019/20-2020/21



There are also clear inequalities in access to insulin pumps in CYP based on ethnicity and deprivation

Percentage of CYP with T1 Diabetes using an insulin pump by ethnic group and deprivation quintile, 2019/20-2020/21



CYP living in more deprived areas, and those from ethnic minorities, have a consistently higher HbA1c

Ethnicity	most deprived	second most deprived	third least deprived	second least deprived	least deprived
White	67.5	64.9	64.3	62.2	60.7
Asian	67.7	64.0	64.4	63.8	60.6
Black	71.9	71.0	69.2	66.9	71.4
Mixed	70.9	67.3	66.1	64.7	63.3
Other	65.2	63.6	63.7	60.2	58.9

*The (red–white–green) colour scale indicates (higher–mid–lower) mean HbA1c levels

3. Epilepsy

Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with learning disabilities and autism

How many children have epilepsy?

1 in 200

CYP aged 0-16 years have epilepsy, that's about

51,000

CYP in England

Inequalities

Emergency hospital admissions for epilepsy per 100,000 children <19 years (2020/21)

Emergency hospital admissions of children with epilepsy were 6.2x higher in Luton compared to Southend on Sea

Compared to England

Better 95% Similar Worse 95%



Costs

Epilepsy incurs considerable health and social costs. There are no studies of recent costs of childhood epilepsy in England

£2 billion

Estimated annual (indirect and direct) cost of epilepsy in England (adults and children)

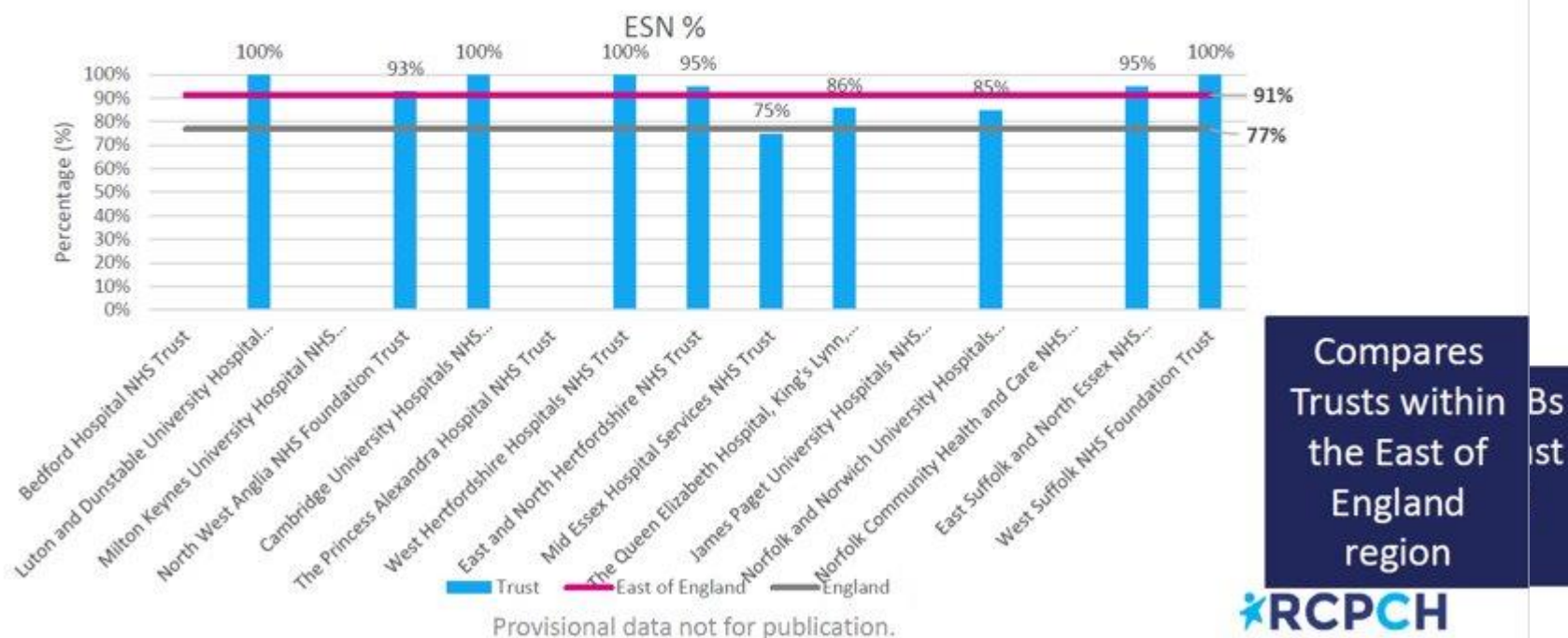
£268 million

Annual cost of misdiagnosis of epilepsy for UK adults and children

Access to Epilepsy Specialist Nurses is an integral part of epilepsy care and improves outcomes, however we know there is significant variation

Measure 1 - Trusts

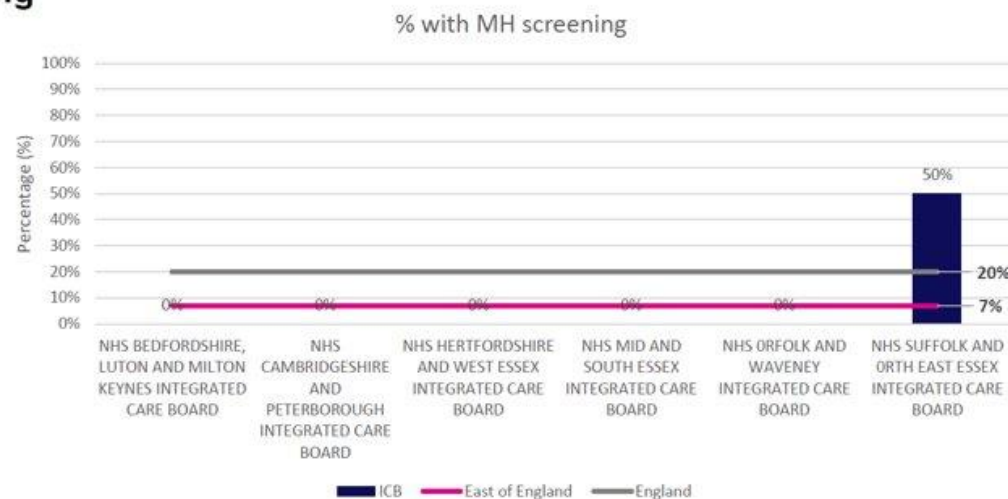
% of children and young people with epilepsy, with input by epilepsy specialist nurse within the first year of care



Huge variation in mental health screening

Measure 9 - ICB

Identity and % of Trusts routinely providing formal mental health screening



Provisional data not for publication.



Epilepsy clinics have a VERY high proportion of children and young people with learning disability, autistic spectrum disorders, ADHD, behavioural problems, mental health disorders, etc...

4. Oral Health

Address the backlog of tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under

How many 5 year olds have tooth decay?



About 1 in 5 children aged 5 years have tooth decay in the EoE

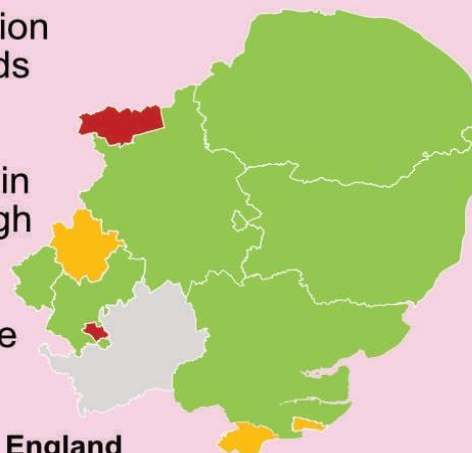


On average 3.4 teeth are affected and most tooth decay is untreated

Inequalities

Proportion of children aged five years with tooth decay (2018/19)

The proportion of 5 year olds with tooth decay was 2.6x higher in Peterborough compared to Central Bedfordshire



Compared to England

Better 95%

Similar

Worse 95%

Costs

Dental diseases place significant costs on the NHS



Average cost of a tooth extraction in hospital for a child aged under 5 years



Cost of tooth extractions in children <19 years in 2015 to 2016



Cost of tooth extractions in children <5 years in 2015 to 2016

Tooth Decay is largely preventable

Risk factors for tooth decay

Increased risk



Deprivation



Ethnicity



Poor diet



Poor oral hygiene



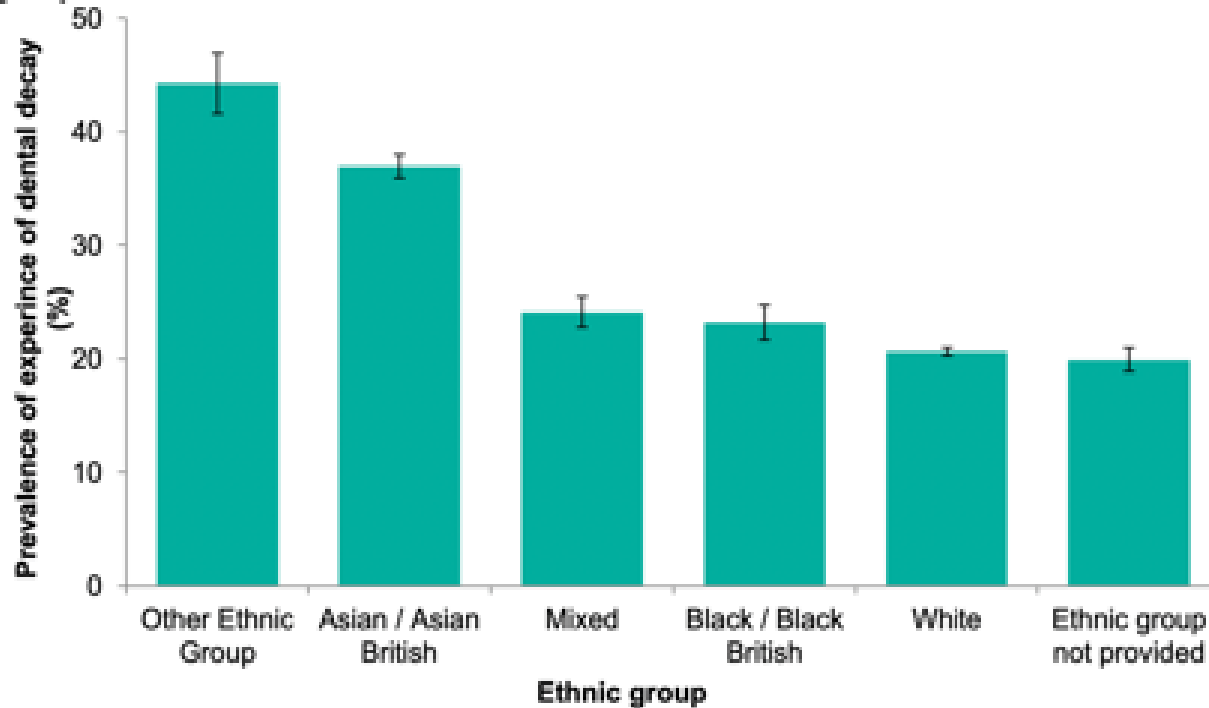
Tooth extraction is the number **one reason** why five to nine year olds are **admitted to hospital**



Tooth decay has a **significant impact on a child's health and wellbeing**

Inequalities amongst tooth decay by ethnicity

Figure 20: Prevalence of experience of dental decay in 5-year-olds in England by ethnic group 2019.

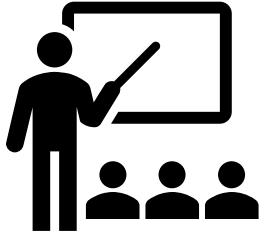


Error bars represent 95% confidence limits

The prevalence of tooth decay in 5-year children is :

20.6%	White British children
23.2%	Black children
36.9%	Asian children
59.6%	White Gypsy/Irish Traveller children

Vulnerable groups experience oral health inequalities



Children in Special Education Settings have a greater severity and extent of tooth decay in comparison to mainstream peers.

All children in SES:
higher number of teeth
affected by decay.

Age 5-12: visible plaque in
SES almost double.

Age 5: twice as likely to have had
one or more teeth **removed** (more
than likely in a hospital setting).

*First National Dental Health Survey of Special Education Settings (SES)
in England (Public Health England 2015).*

5. Mental Health

Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

How many children have a mental illness?



Inequalities

Hospital admissions for mental health conditions per 100,000 children <18 years (2020/21)

Emergency hospital admissions for children with mental health conditions were 2.8x higher in Suffolk compared to Thurrock



Compared to England

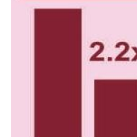
Better 95% Similar Worse 95%

Inequalities

Mental illness is:



higher in White British children compared to Asian/Asian British children



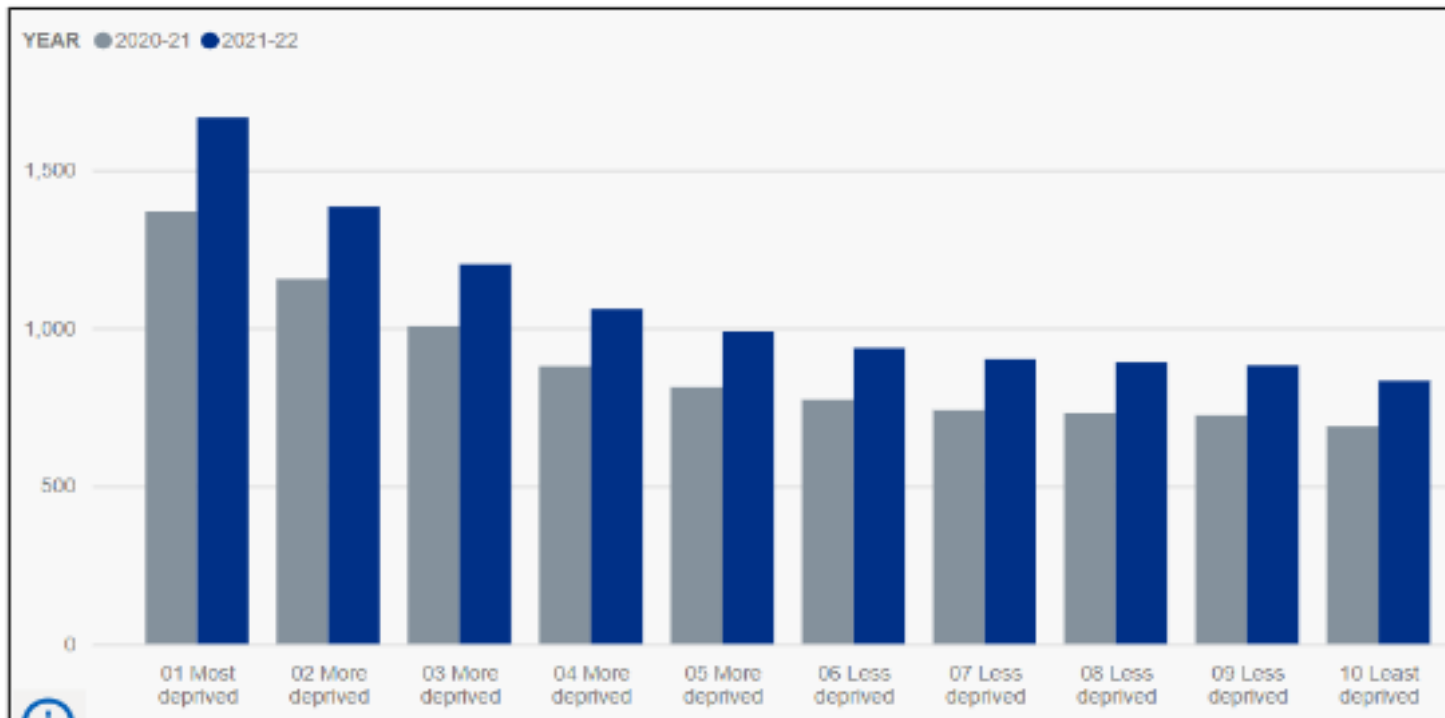
higher in children in the lowest income quintile compared to children in the highest income quintile



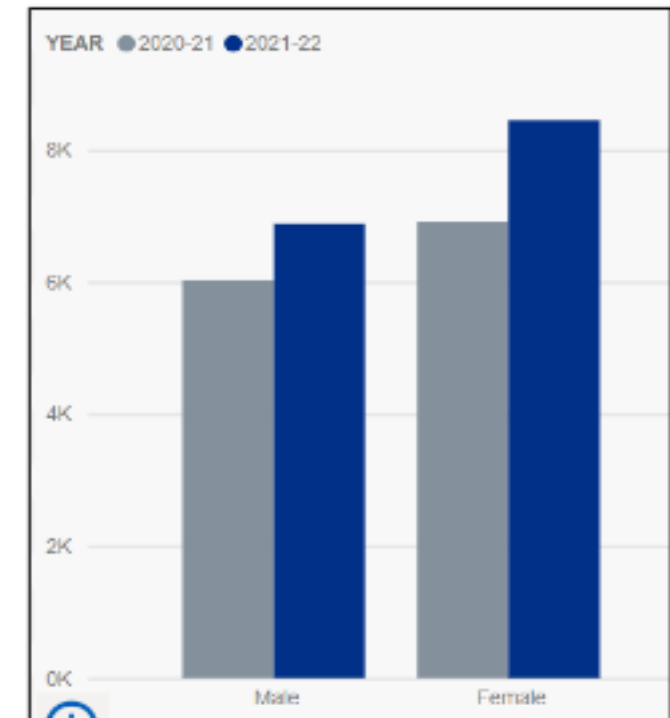
higher in children with special educational needs compared to children without special educational needs

There is clear variation in access rates – the most deprived populations have the highest rates of access – reflecting higher need

CYPMH access variation by deprivation decile, as rate per 100,000 population

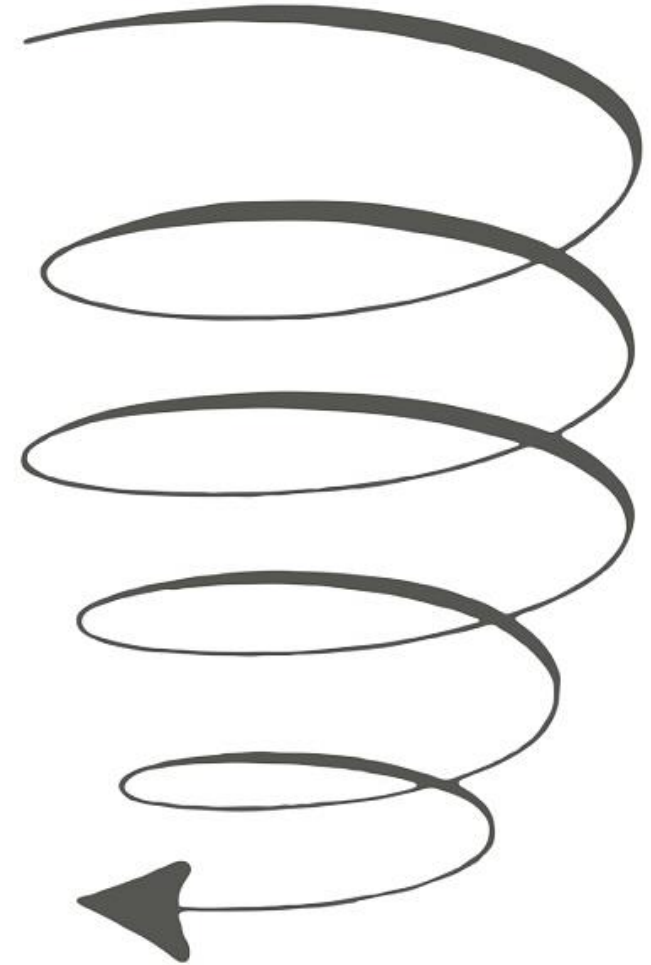


CYPMH access variation by gender, as rate per 100,000 population



Spiral of disadvantage

- Poverty
- Diet and nutrition
- Environmental pollution
- Educational opportunities
- Recreation and exercise
- Social spending
- Transport
- Healthcare – facilities, workforce, pathways
- Technology



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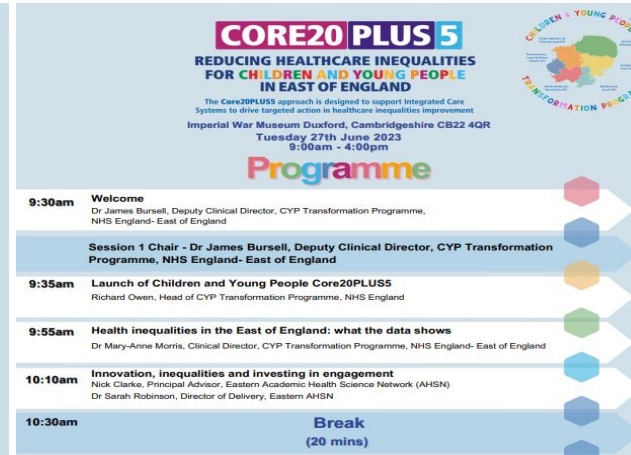
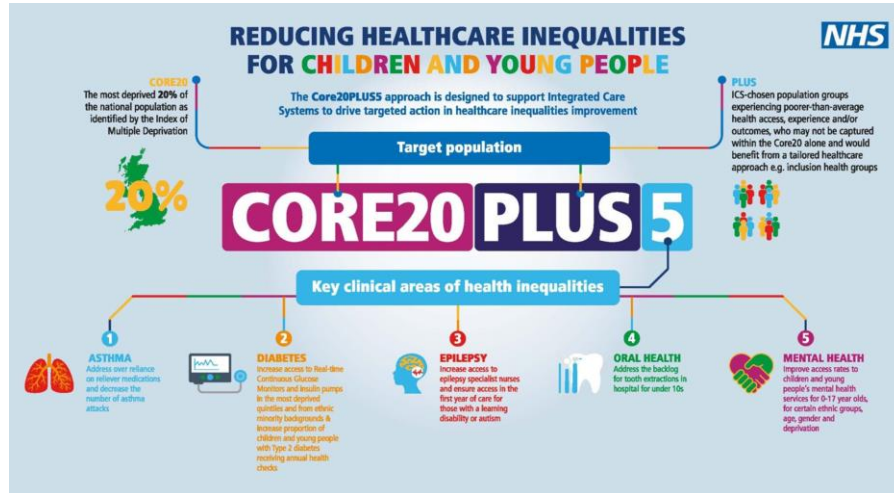


MENTAL HEALTH

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Regional Launch event

27th June

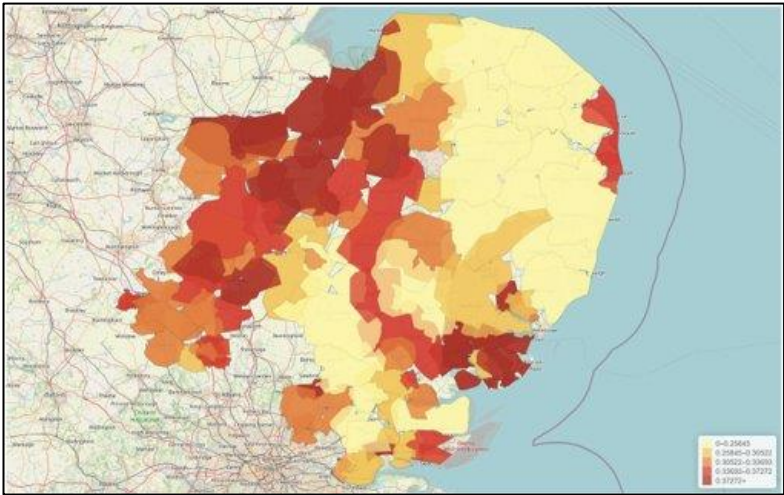


What actions are the CYP T taking?

- Embedded CORE20PLUS5 in our LTC workstreams
- Nurturing relationships with healthcare partners including ICBs
- Active participation with NHSE regional programmes
 - Mental health transformation
 - Health Inequalities
 - SEND/learning disabilities
 - Urgent and Emergency Care
 - Elective Recovery
- Advocate for CYP within the East of England and amplify their voice
- Profile of East of England within national teams
- Use a health inequalities lens to view pathways, projects and progress

Regional projects

Luton Community Asthma Day



NHSE Early Years Pilot- Thurrock

Mid and South Essex
Integrated Care
System

Family Hub Children and Young People Oral Health Programme - Thurrock

1. Proposed intervention - An Intervention-Based Approach for Supporting the Early Years

Oral Health

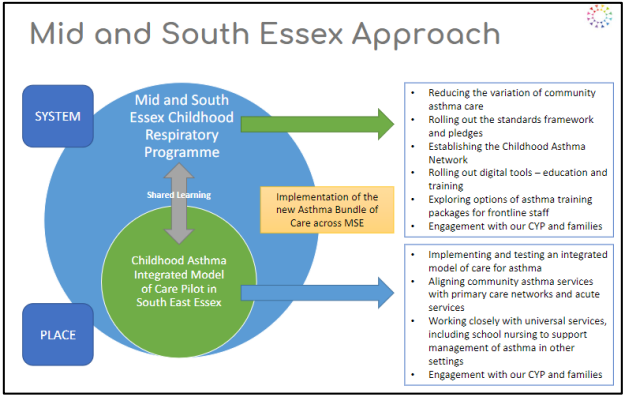
- Develop and embed **targeted supervised toothbrushing** programmes within educational settings in areas of deprivation
- Targeted provision** of toothbrush/toothpaste packs to communities may experience increased levels of tooth decay, such as those in more deprived areas or from vulnerable communities

EPILEPSY12 Better diagnoses Better care Better outcomes				
Paediatric Epilepsy BPT Checklist				
Nº	Service Criteria	Notes	Yes / No? (✓/✗)	Evidence
1.	Does your service see secondary care children with epilepsy on a Payment By Results basis?	<i>This tariff does not apply to block tariffs; new patient appointments; tertiary appointments.</i>	<input type="checkbox"/>	
2.	Does your service have a local epilepsy specialist nurse (ESN)?		<input type="checkbox"/>	Name(s):
3.	Does your service have a lead consultant paediatrician for epilepsy?		<input type="checkbox"/>	Name(s):
4.	Who are your service's 'Paediatricians with Expertise in Epilepsy'?	<i>On-going evidence of training and competency e.g. completed BPNA PET2 Evidence of peer review Typically >1PA/week clinical epilepsy work.</i>		Name(s):
5.	Is your service taking part fully in Epilepsy12 National Audit?		<input type="checkbox"/>	

Using Data to map high risk Asthma patients (Eclipse database)

Healthier Together

Improving the health of babies, children and young people throughout Hertfordshire and West Essex



NHSE Integration Pilot – CYP Asthma

Epilepsy Pilots: Epilepsy Specialist Nursing (MSE, BLMK, HWE)
Mental Health Screening model (C&P)

Digital Deprivation

Project with Health Innovation East
(formally AHSN)



Where will you see this work in action?

- Pilot projects – early years, dental, youth workers, CEW
- Education – Healthier Together and equivalents
- Asthma Data (Eclipse), Community specialist nurses, education, radio campaign, Air pollution
- Diabetes Access to Technology, transition, type 2 diabetes
- Epilepsy Specialist nurse support, mental health screening
- Dental health Early years pilots, data, making every contact count
- Mental health Self help, self referral, better access, innovative services

More information & resources



FutureNHS – ‘East of England Children & Young People Transformation Programme’

[East of England Children and Young People Transformation Programme
- FutureNHS Collaboration Platform](#)



Email: england.eoe.cyptransformation@nhs.net

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