



WELCOME TO

The Integrating Health and Social Care Conference



Check Out Our
Agenda Here...



SCAN ME

15th September 2022- 08:00am – 15:30pm – Hatfields Conference centre

Conference hosted by Convenzis Group Limited



Her Majesty Queen Elizabeth II
1926 - 2022



THE INTEGRATING HEALTH AND SOCIAL CARE CONFERENCE 2022



Event Chair – Opening Address



Professor Maureen
Baker CBE

PRSB
Chair

Introducing Slido



Scan the QR code, Enter in your details it's that simple :)

Link - <https://app.sli.do/event/5XnFuhe7BiUpHRZm8S54iz/embed/polls/88bb2abe-c6d6-497a-bc59-04874d57c325>



THE INTEGRATING HEALTH AND SOCIAL CARE CONFERENCE 2022



SPEAKING NOW



Janine Ord

Head of Population Health Management
NHS Dorset

I will be discussing...

“Collaborative working to
design effective solutions
with the use of the
voluntary and community
sector”

Integrating care using a Population Health Management Approach

Janine Ord
Head of PHM
NHS Dorset





Insights



Actions



Outcomes

Dorset Population Health Management



Insights

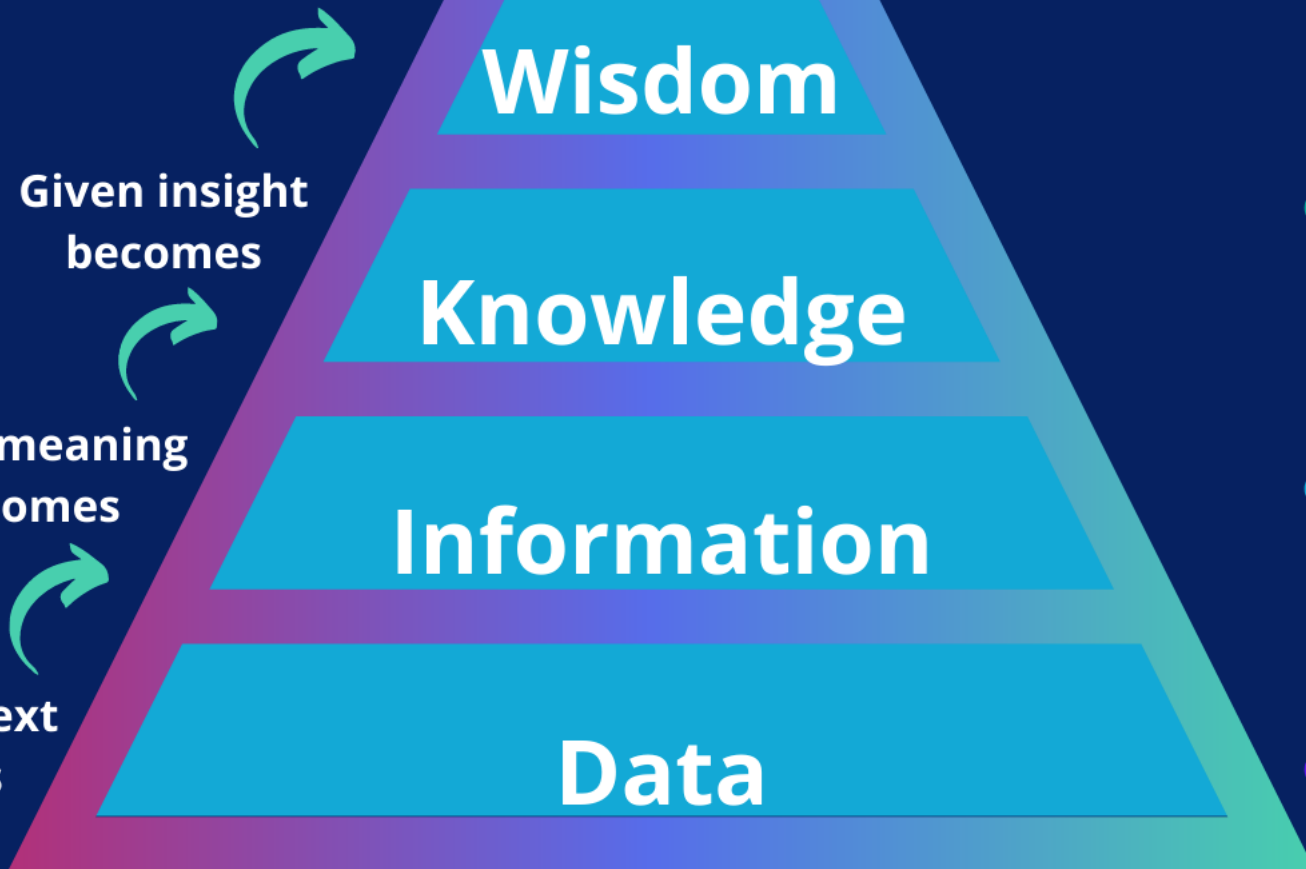
Given insight
becomes



Given meaning
becomes



Given context
becomes



Wisdom

Knowledge

Information

Data

Understanding,
integrated,
actionable

Contextual,
synthesised learning

Useful, organised,
structured

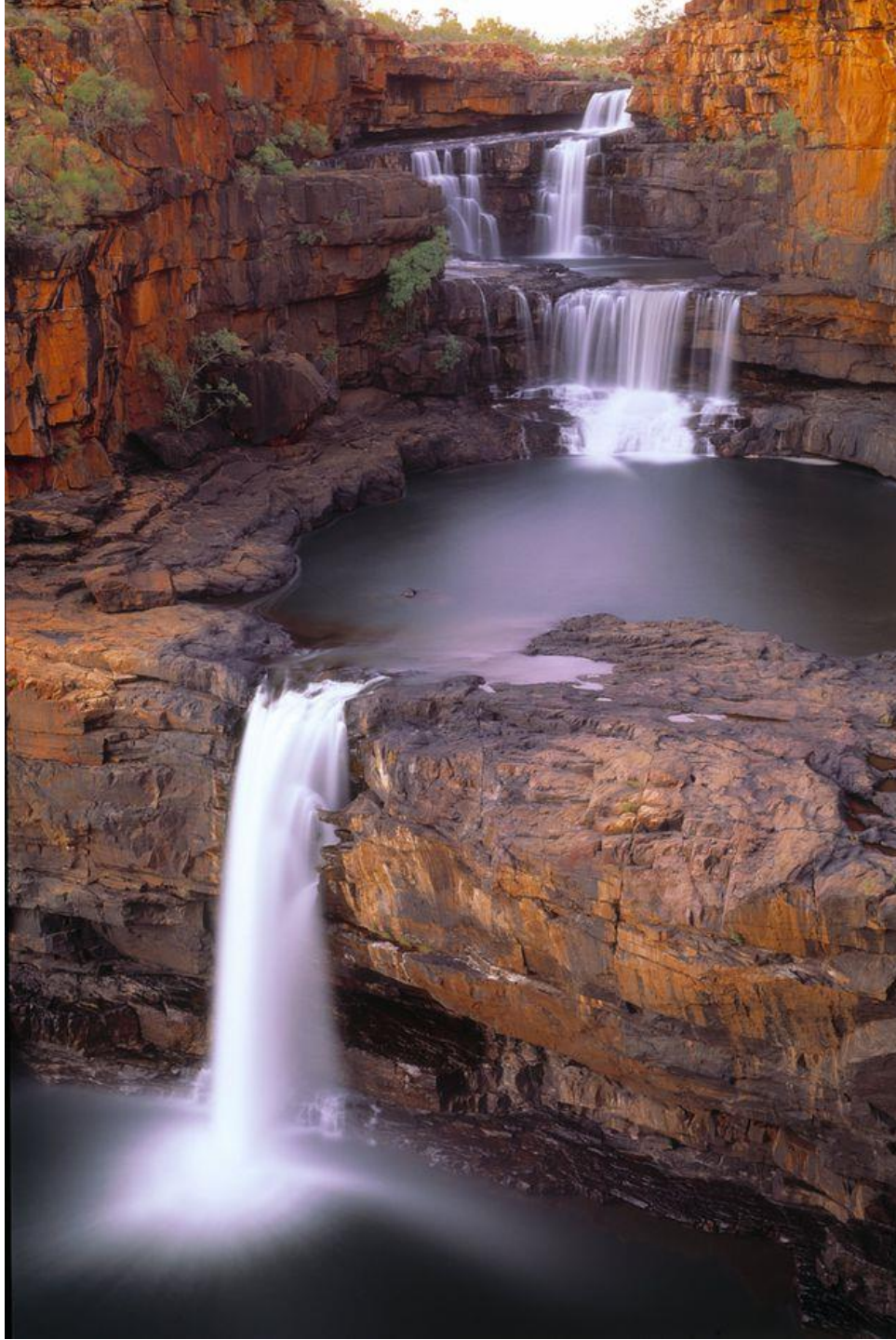
Signals, know
nothing



Insights



Insights



Here

Not Here



Actions

Actions

The 'So What' of PHM





Integrating Services



**DORSET & WILTSHIRE
FIRE AND RESCUE**



Active Dorset
Community Interest Company



Community Health Champions
...promoting positive well being





Outcomes



“In a really short space of time, you brought together multiple different services, came up with a plan, invited people in and achieved things that often in the NHS can take years to come together”

“So much enthusiasm ideas thoughts and experience”

“Amazing to see different community teams coming together”

“Using a PHM approach has opened our eyes to system-wide working”

“We are definitely integrating better as a team”





Insights



Actions



Outcomes

Dorset Population Health Management

Thank you for listening
Any Questions?



Insights



Actions



Outcomes

Dorset Population Health Management



THE INTEGRATING HEALTH AND SOCIAL CARE CONFERENCE 2022



UP NEXT...

zoom



**The Convenzis Outpatient Transformation
Conference 2022**



SPEAKING NOW



Sotiris Kalli and Chris Bayliss
From Zoom

Presenters



Sotiris Kalli

NHS & Healthcare AE
Zoom



Chris Bayliss

Head of Public Sector & Education
Zoom

Zoom usage in Health & Social Care



2/3rds of the NHS

More than 2/3rds of the NHS use Zoom



1 billion minutes

Used on Zoom across UK Government and Education customers in the past 30 days



Clinically Secure

DCB0129, DSP Toolkit, DTAC, Cyber Essentials Plus, ISO27001



Frameworks

GCloud 12 & 13
DFOVC

ICS Communication Challenges

The changing nature of work

The shift from location based working to hybrid working



Delivering simplified care with complex technology

The average public authority has 9 different communication systems.



Citizen expectations

Citizens expect to be able to access health and care services across different channels and want their enquiries answered first time

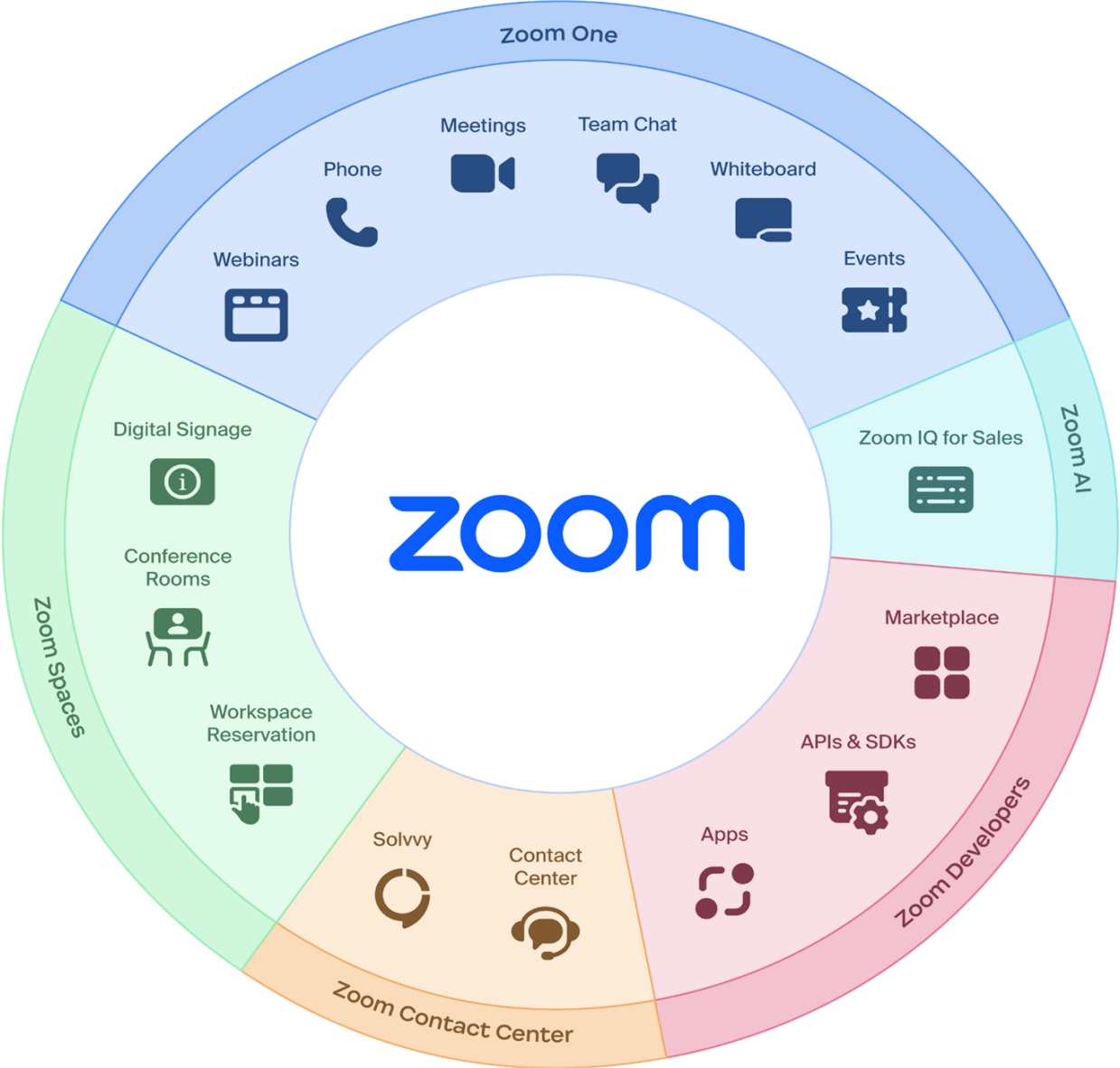


Budget pressures

Typically public sector organisations are spending >50% more on communications solutions than they need to

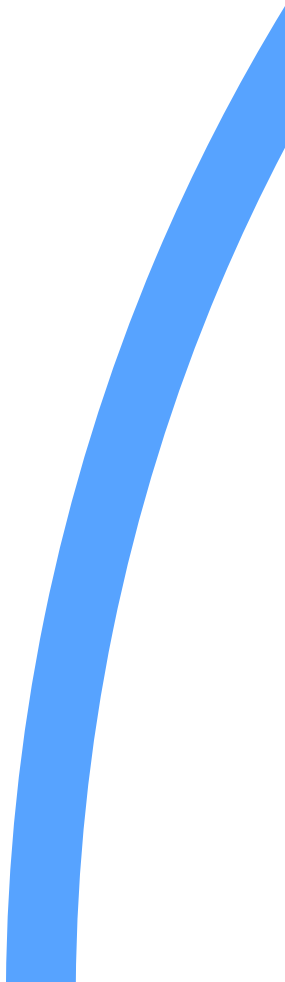


Zoom Platform





<https://www.youtube.com/watch?v=9aDvgfviBag>





Why did you deploy Zoom?



NHS

**Great Ormond Street
Hospital for Children**
NHS Foundation Trust



Dr Shankar Shridharan - CCIO

"In eight days, GOSH was able to deploy video-visit capabilities to 5,000 hospital staff and fully integrate Zoom into its electronic patient record (EPR) system...Zoom's user experience is seamless. It's built into our workflow so the doctor knows when the patient is there and vice versa. It's easy to use and the patient can contact us on any device".

North Staffordshire
Combined Healthcare
NHS Trust

NHS



Daniel Crick - Deputy CIO

"The Zoom platform has a very intuitive configuration interface making deployments simple and speedy. Combined with the excellent support from the team at Zoom it makes for a great addition to our suite of communication tools."

NHS
Midlands Partnership
NHS Foundation Trust



Martyn Perry - Associate Director of IM&T Transformation

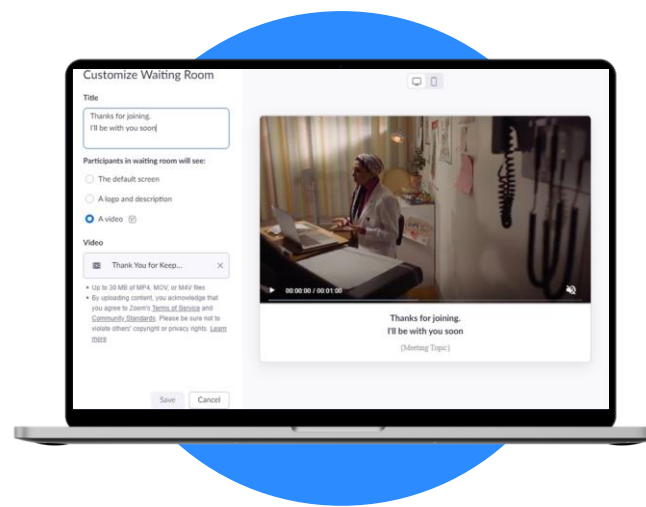
"MPFT NHS used Zoom extensively throughout the pandemic as the tool for our engagement, wellbeing and large scale digital events. We used the platform to host our MPFT Big Shout Out and have used the breakout room functionality for many collaborative workshops".

Health and Care Specific Features



Making navigation easier

Simplified browser based experience for patients joining sessions



Virtual Waiting Room

Share video content with patients ahead of them joining the session.
Chat with patients before they enter the session.

Epic

CernerEPR

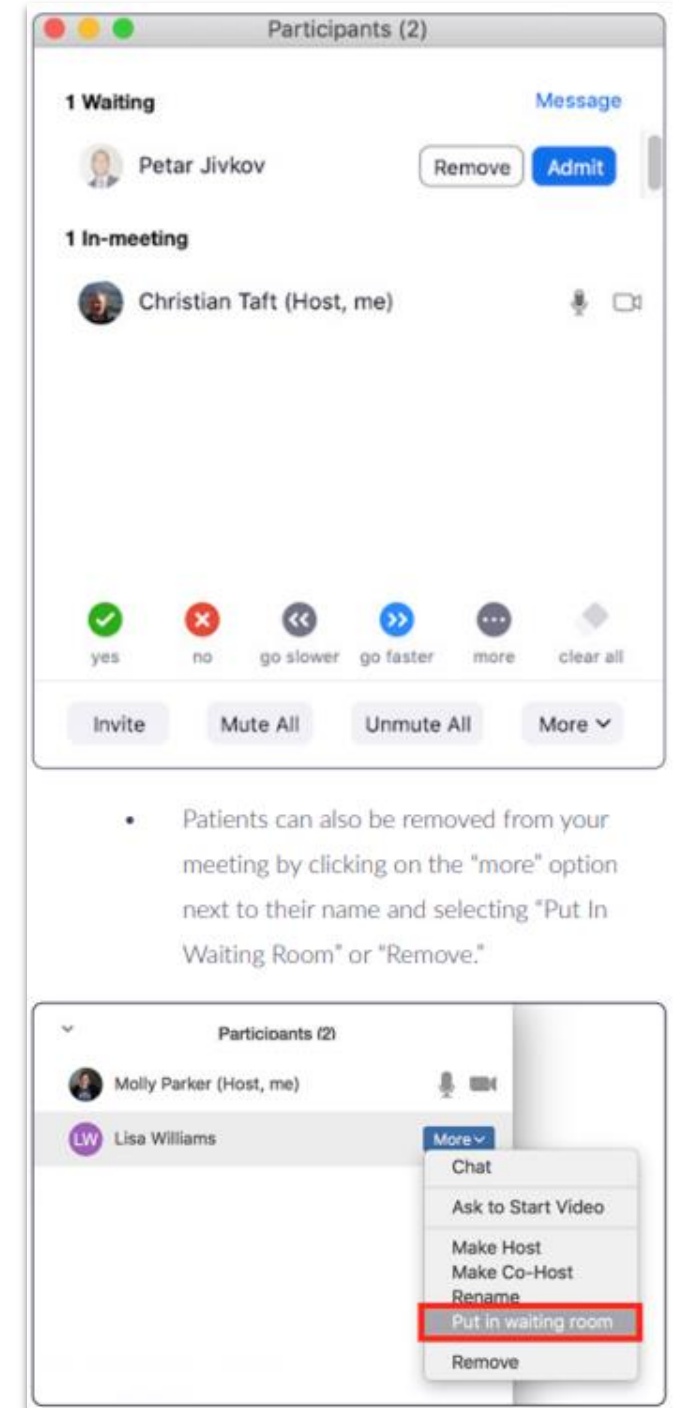
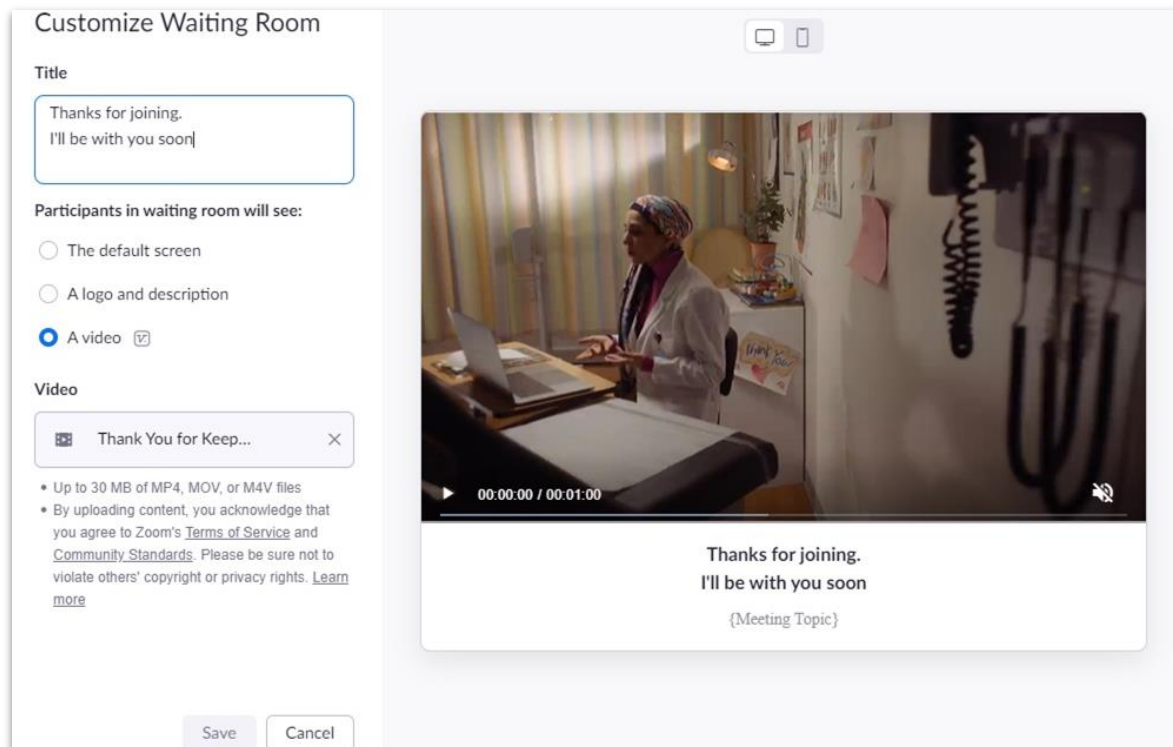


Healthcare App integrations

Over 100 healthcare specific applications integrate into Zoom

Example EPR System workflow's

- 1) Create 'persistent clinic' link in Zoom
- 2) Select 'zoom clinic' from drop down list
- 3) Schedule patient in 'zoom clinic'
- 4) Send patient joining details for 'zoom clinic'
- 5) Admit patient at specified time/date via Zoom waiting room



Live Translated Captions

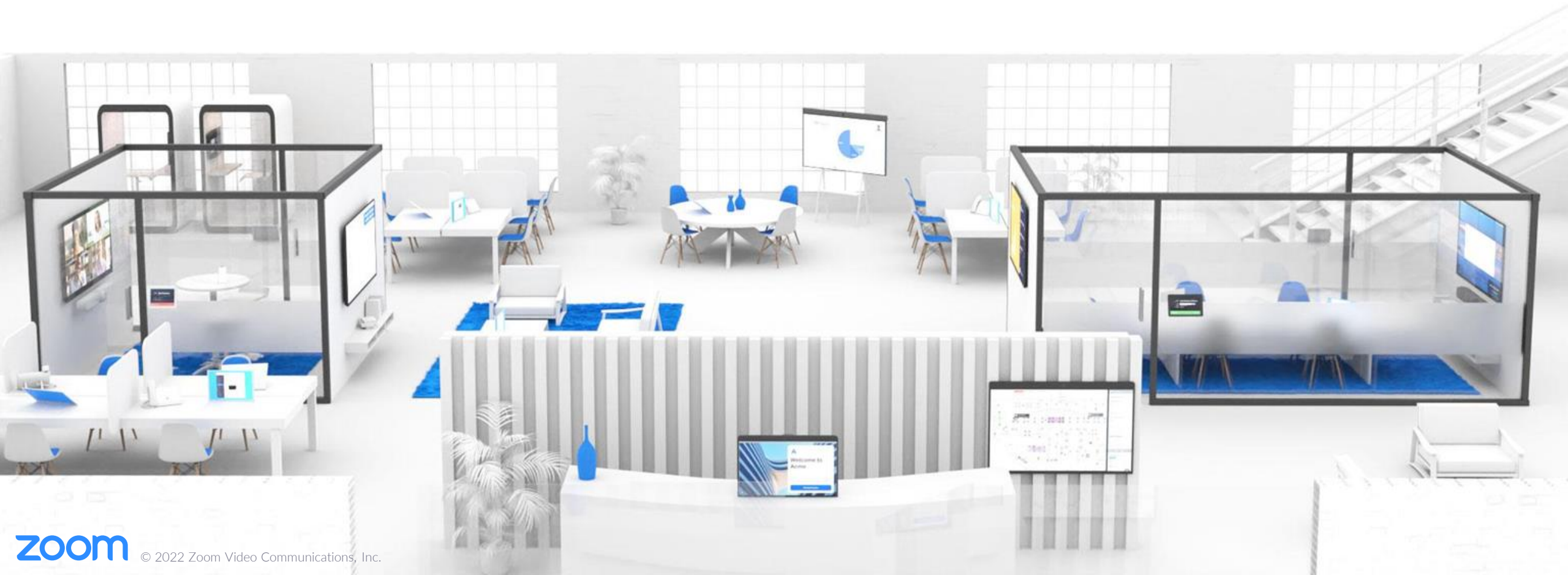
Supported languages currently include:

- French
- German
- Spanish
- Italian
- Chinese (Simplified)(Beta)
- Russian
- Japanese (Beta)
- Korean (Beta)
- Dutch
- Ukrainian



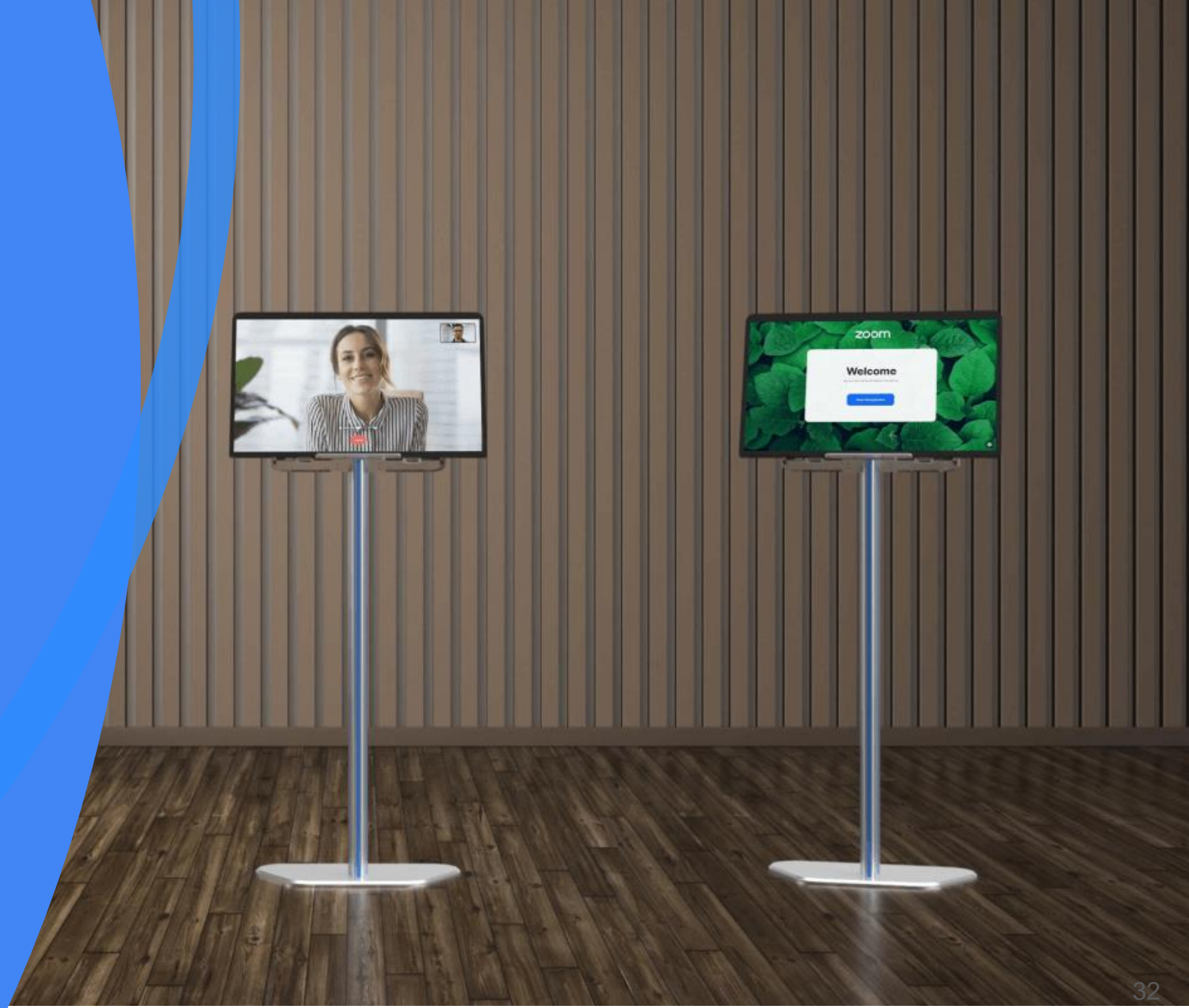
*Zoom One Business Plus or Zoom One Enterprise Plus account required for use

Zoom Connected Community Hub



Kiosk Mode Virtual Consultation

With Zoom Rooms Kiosk mode, engage face to face with a virtual receptionist anywhere an in-person receptionist could be - surgery, triage, outpatients... Brand the display and customize the message to match the environment and purpose.







Thank You!



zoom





The Convenzis Outpatient Transformation Conference 2022



Q&A PANEL





**The Convenzis Outpatient Transformation
Conference 2022**



MORNING BREAK, NETWORKING & REFRESHMENTS



THE INTEGRATING HEALTH AND SOCIAL CARE CONFERENCE 2022



Chair Morning Reflection



Professor Maureen
Baker CBE

PRSB
Chair



THE INTEGRATING HEALTH AND SOCIAL CARE CONFERENCE 2022



UP NEXT...

ZIO[®]

BY iRHYTHM



THE INTEGRATING HEALTH AND SOCIAL CARE CONFERENCE 2022



SPEAKING NOW



Dr Yassir Javaid

Cardiovascular and Diabetes Lead Northamptonshire ICS
Primary Care CVD lead East Midlands Clinical Network (2013-
2020)

I will be discussing...

“Streamlining patient
pathways: the role of new
technologies like Zio”



ZIO[®]
BY iRHYTHM





THE INTEGRATING HEALTH AND SOCIAL CARE CONFERENCE 2022



UP NEXT...





Catalyst





THE INTEGRATING HEALTH AND SOCIAL CARE CONFERENCE 2022



SPEAKING NOW



Connie Jennings

Director of Stronger Communities
whg

I will be discussing...

“Health, Hope and
Happiness”

Our People Your People Integrated Care in Walsall

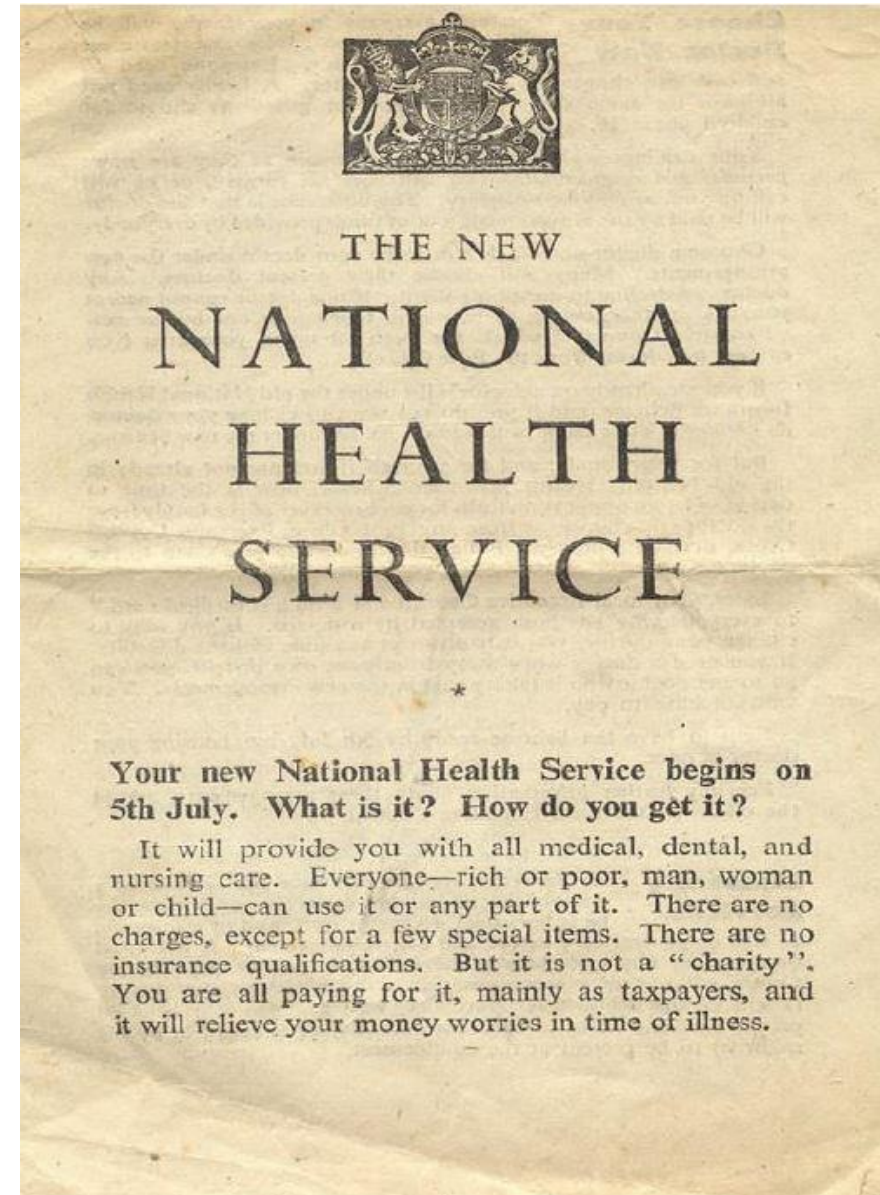
Connie Jennings
Director Stronger Communities
www.whg.co.uk



Health Champion

Aneurin Bevan 1897 – 1960

In 1945 as Minister of **Health** Bevan was also responsible for developing **Housing** programmes alongside establishing the **National Health Service**.



whg
Place Shaper
Health Maker
Social Purpose
Anchor Institution
Social Value

“The different between rich and poor is becoming more extreme and as income inequality widens the wealth gap in major nations, education, health and social mobility are all threatened.”

- Helene D.Gayle

Wider Determinants

Health Inequalities

- *Despite being the most in need of health services **social housing customers often** have the **least access** to services when compared to that of the general population.*



Operating Environment Social Housing

- 34% of people who live in **social housing** are impacted by a long-term health condition or disability
- Leading to a **lower life expectancy** a lower healthy life expectancy and an **overuse** and **over reliance** upon primary care and acute services
Kings Fund 2019



Operating Environment Walsall

All is not Well or Fair

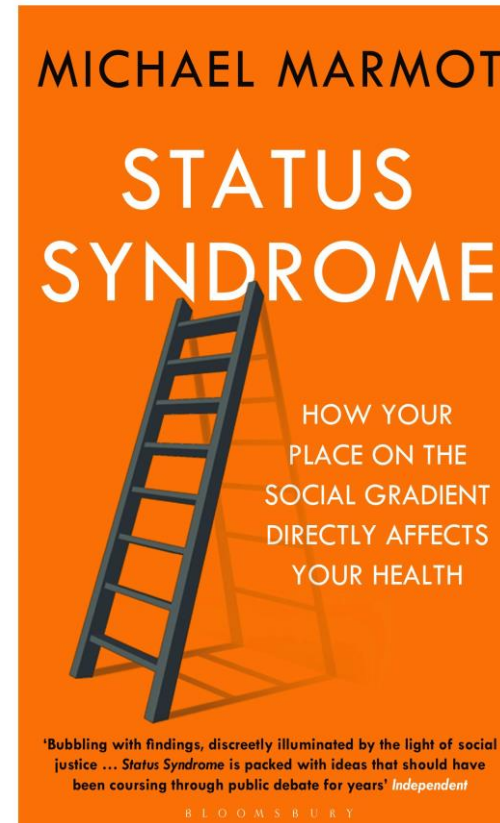
UE double the national average
8% v 4.7%

Walsall ranks **17th** for
Income deprivation

Over **25 %** of CYP
live in PP

Infant mortality rate
in Walsall **6.8** per
1,000 births

Healthy life
expectancy in Walsall
is just **56.40**



Operating Environment whg



Core20



80% of whg homes are located within a Core20 area across **80 LSOAs**.



52% of the population of Walsall live in a **Core20** area



Collaborating for Happier Communities

Walsall Together an **Integrated Care Partnership** bringing together health, social care, **housing** and community and voluntary organisations to..

Improve physical and mental health outcomes , promote wellbeing and reduce inequalities in Walsall !



Integrated Care at its best !



Social Prescribing

- ✓ **91.4 %** positive change in their wellbeing score WEMWBS
- ✓ **91.7%** of people increased levels of **confidence and self esteem**
- ✓ Social Value created **£2 million**
- ✓ **30%** of participants gained employment , skills, quals
- ✓ **Reduction** in visits to GP for issues such as debt , housing , poverty .



Our People Your People

Treatment is Working

- ✓ Work 4 Health
- ✓ Diabetes
- ✓ A.C.E Asthma
- ✓ Digital Academic Research

Needs Treatment

- Prevention v Crisis
- Changing landscape
- Cost of Living





**More Than Bricks and Mortar
Housing Associations Health Makers Place Shapers
Its Good To Talk !**

Connie Jennings
Director of Stronger
Communities

Best Job In The World

07921934922

Connie.jennings@whgrp.co.uk



The NHS Patient Safety Conference 2022: Breaking a culture of defensiveness



Q&A PANEL





**The Convenzis Outpatient Transformation
Conference 2022**



Networking and Lunch

Please head downstairs



THE INTEGRATING HEALTH AND SOCIAL CARE CONFERENCE 2022



Chair Afternoon Reflection



Professor Maureen
Baker CBE

PRSB
Chair



THE INTEGRATING HEALTH AND SOCIAL CARE CONFERENCE 2022



UP NEXT...





**THE INTEGRATING HEALTH AND SOCIAL CARE
CONFERENCE 2022**



SPEAKING NOW



Courtney Attewell, Commercial Manager at L&R Medical

I will be discussing...

**“Workforce and clinical
transformation through
partnership working”**

Workforce and clinical transformation through partnership working

Courtney Attewell, Commercial Manager, L&R



The burden of wound care is escalating...

3.8

**million
patients**

managed by the NHS
with a Wound

**£8.3
billion**

Annual estimated
healthcare cost
associated with
wounds

49%

of chronic
wounds healed
within 12
months

71%

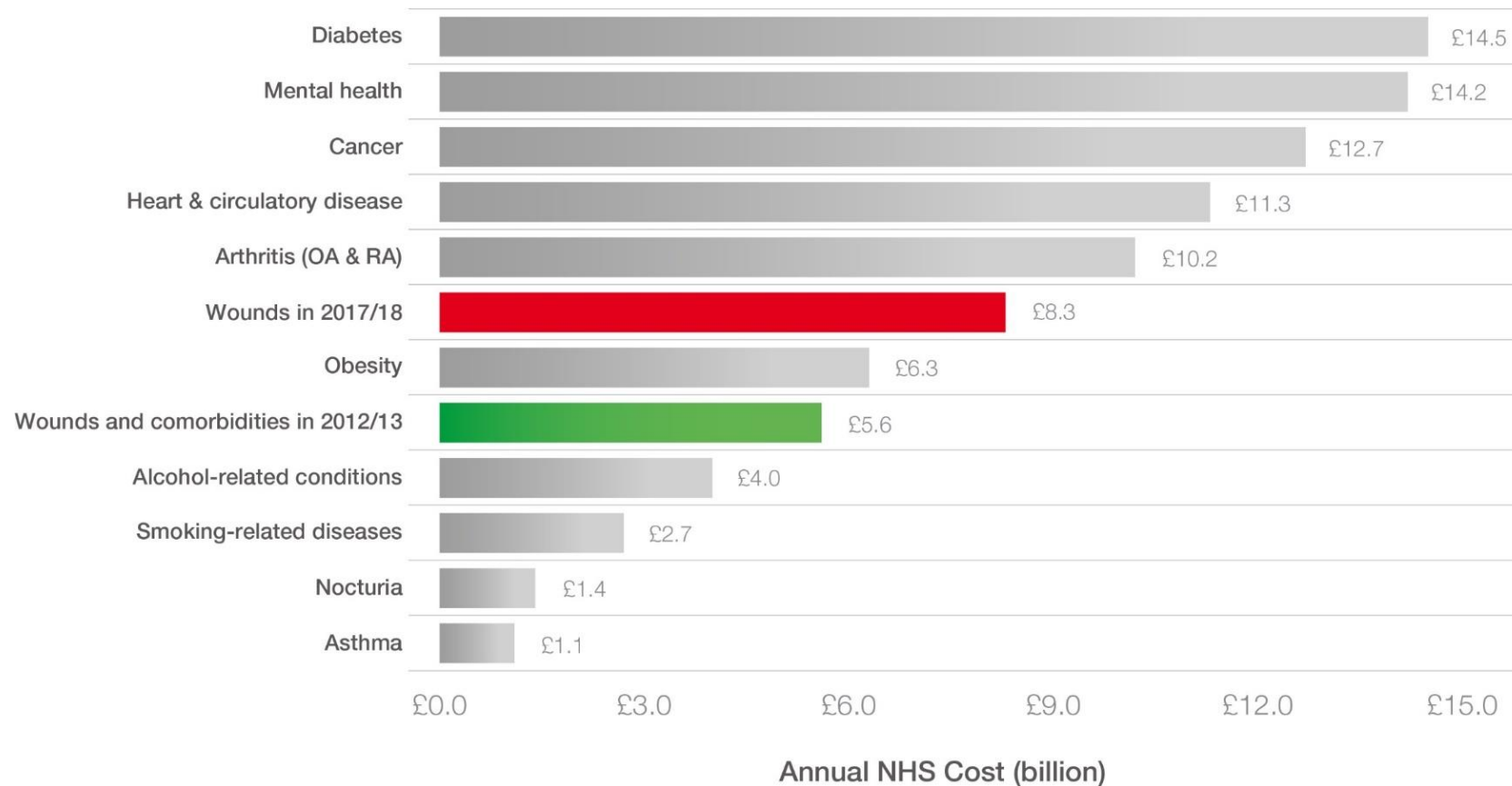
Increase in the
prevalence of
wounds

1. Guest et al. 2020
2. NWCSP, 2020

The burden of wound care is escalating

Figure 1

Burden of illness league table
Guest et al 2015

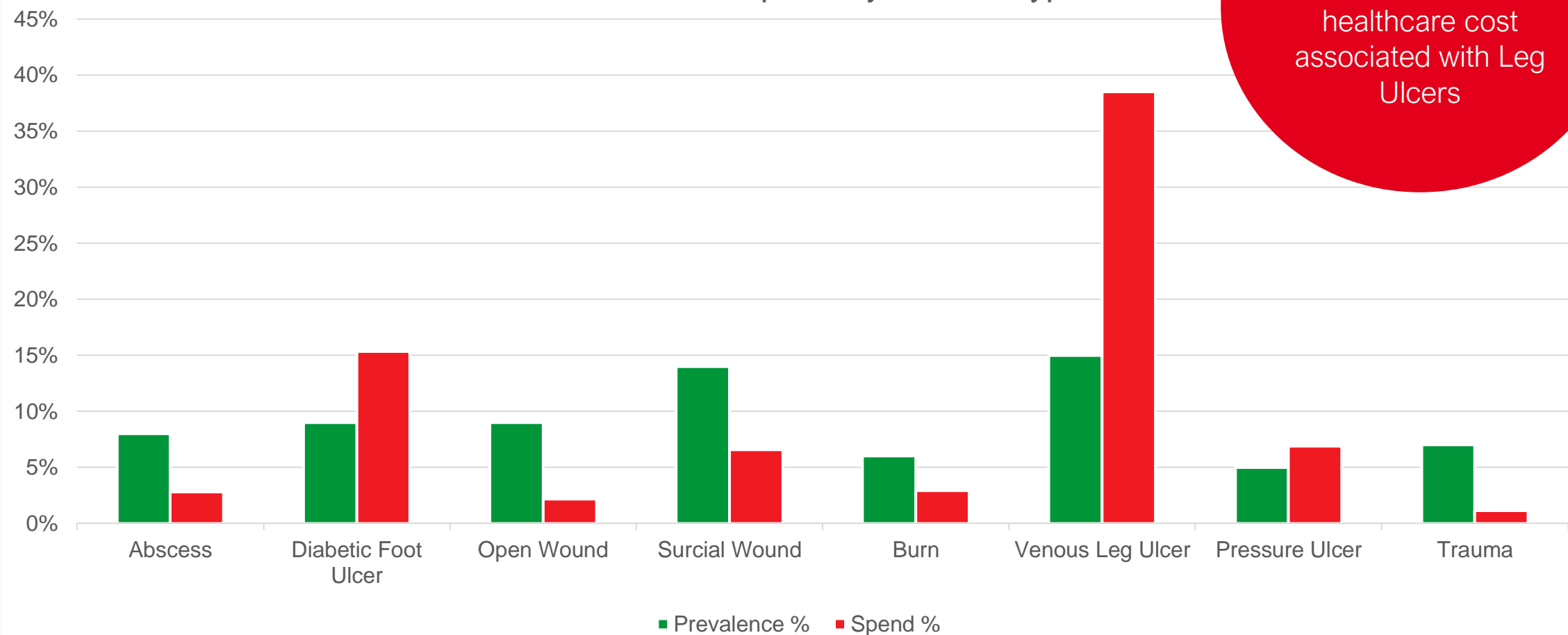


The burden of wound care is escalating

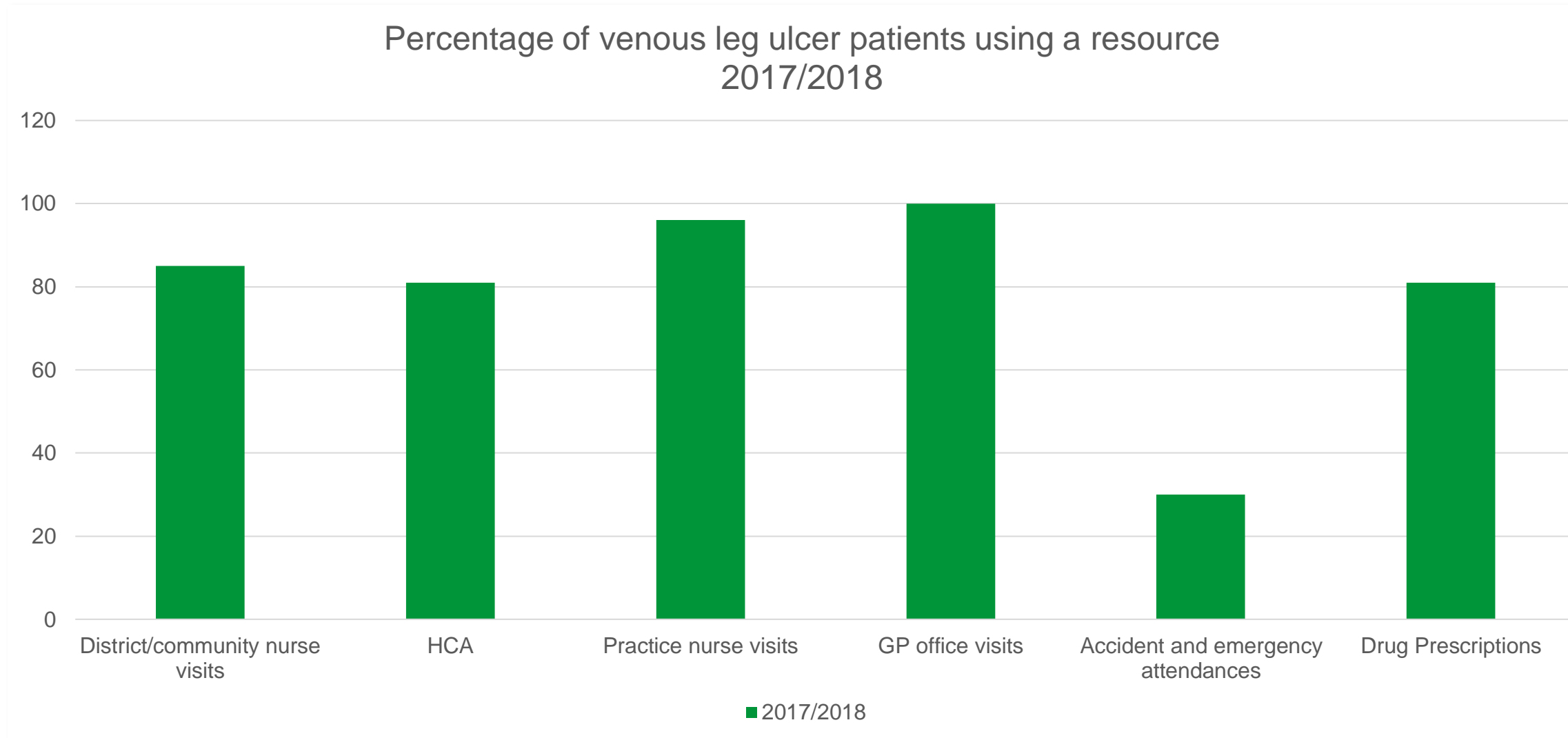
£3.1billion

Annual estimated
healthcare cost
associated with Leg
Ulcers

Prevalence Vs Spend by Wound Type



The burden of wound care is escalating



The real impact

“It feels like there’s **little tiny people inside your leg with knives stabbing you** or **hot acid** is being poured down your shin”

“**After 5 years**, this was the first time I’d been told that what I had was a leg ulcer. I didn’t know what a leg ulcer was or what it looked like. I’d spent months being told it was an infection and being given antibiotics rather than compression”

“The thing I found hardest was how difficult it was to get around. Especially when my doctors were insisting on having my dressings changed **three times a week**”



“I have dealt with the same problems since I was 20 years old. I’m now 43 and **I am about to give up**. This battle has been horrendous **it’s taken everything from me**.”

“The last one was the most severe and I think the results from that and everything else that occurred as a result of it, **has terrified me**.”

Betty's Story

January 2017



NHS RightCare scenario: The variation between standard and optimal pathways



Betty's story: Wound care

January 2017

<https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/02/nhs-rightcare-bettys-story-app1.pdf>

Financial information

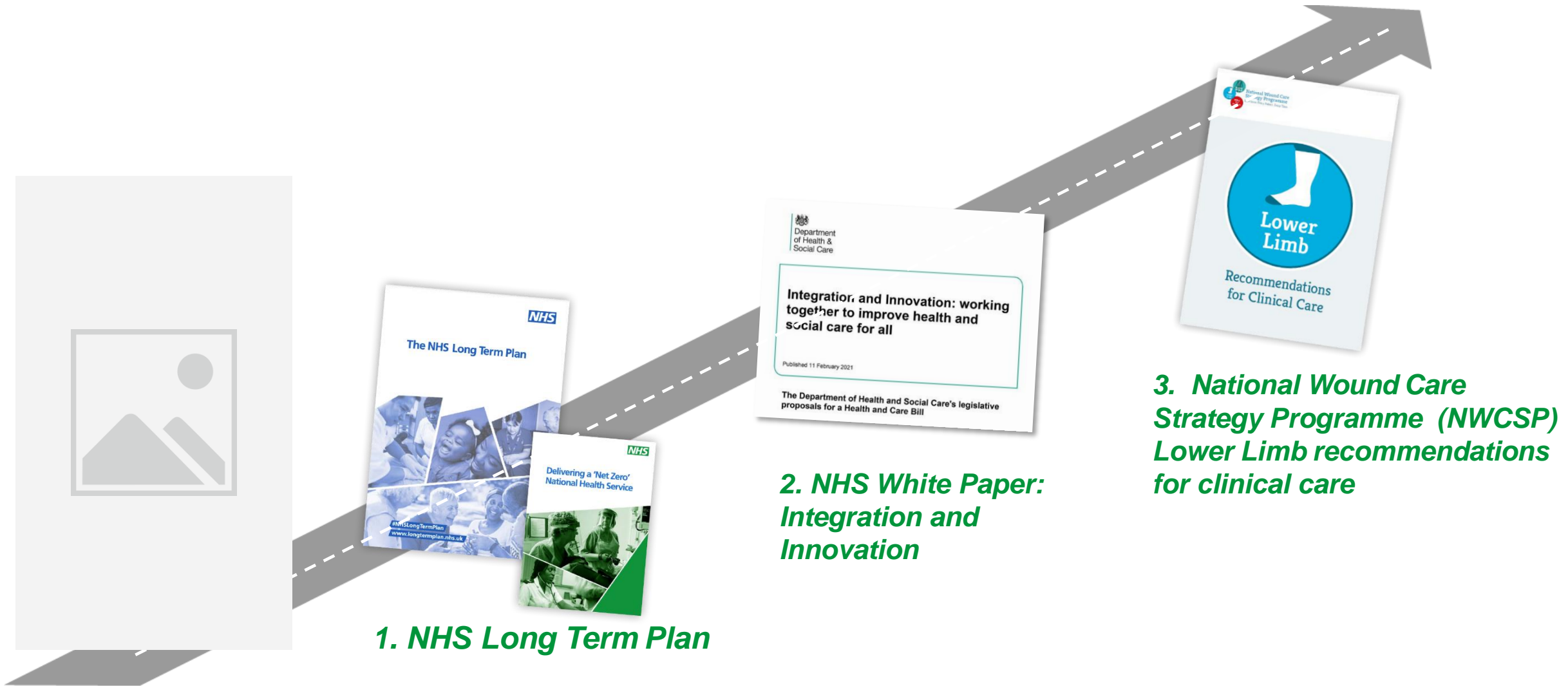


Analysis by provider	Sub-optimal	Optimal
Acute	£1,703	£0
Ambulance service	£466	£0
Community teams	£2,167	£12
Primary care	£1,334	£346
Pharmacist	£3	£3
Leg ulcer pathway	£0	£144
Grand total	£5,673	£505

In the suboptimal scenario:

- Dressings represent £1,353 (24%) of the total costs versus £88 in the optimal pathway.
- Clinical time represents £2,139 (38%) of the total costs versus £195 in the optimal pathway.

The need to optimise the patient pathway is evident:



SWYPT worked with L&R as an industry partner and used a 3 step approach



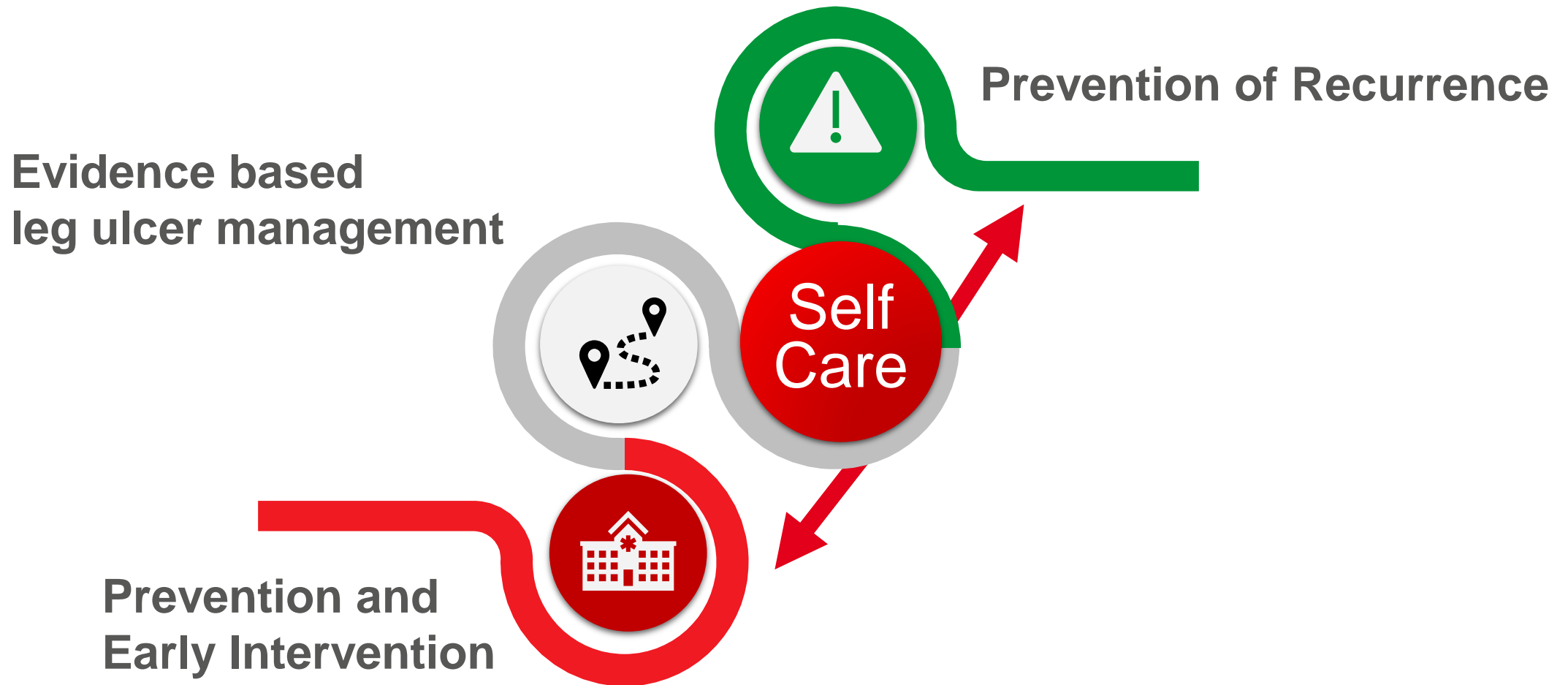
Atkin & Tickle 2019



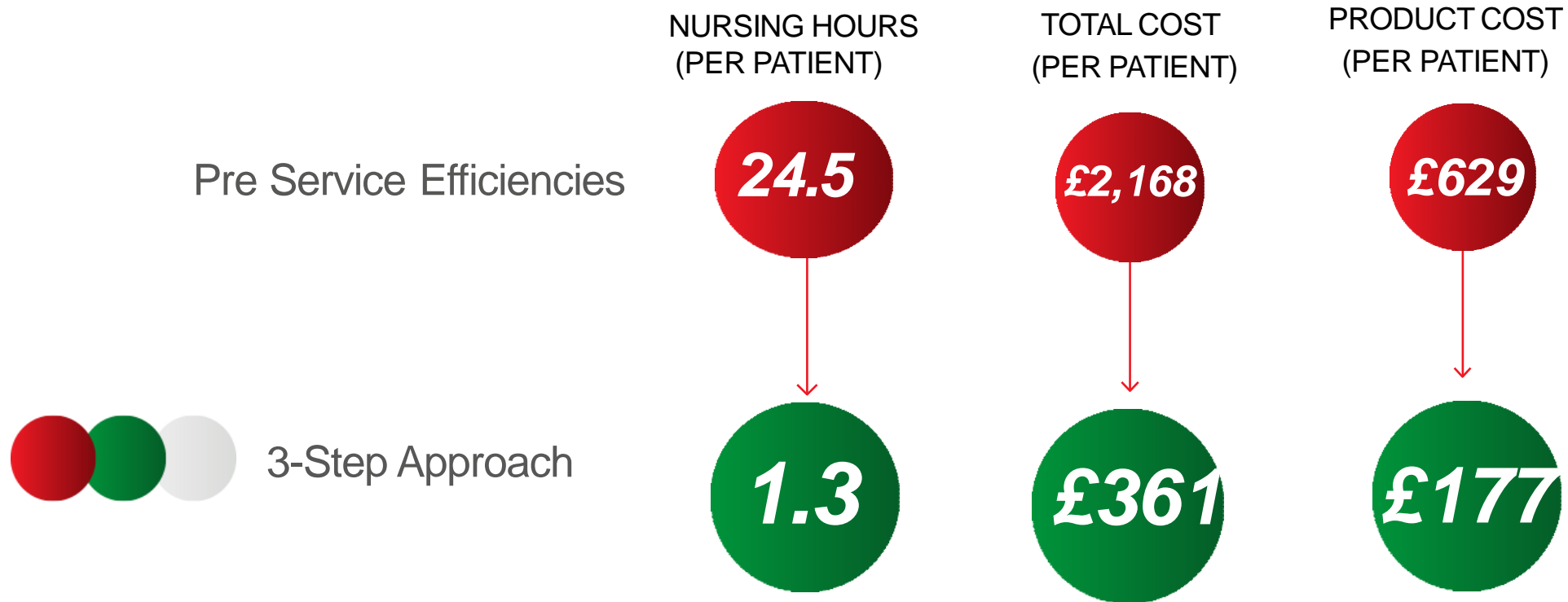
Hallas-Hoyes et al. (2021)



A solution for the whole patient journey



The results from service model transformation



**Achieved along with 72% healing at 18 weeks and
99% healing at 42 weeks**

System wide improvements:

Staff Health and Wellbeing Improvements:

100% of staff reported an **increased level of motivation** to support patients to self-care

80% of staff said they could **spend more time** with patients who cannot self-care and on other care duties

67% of staff believe that using a self care model has **reduced their workplace stress levels**

Sustainability:

60% reduction in miles driven (where patients are treated on the Self Care Model)

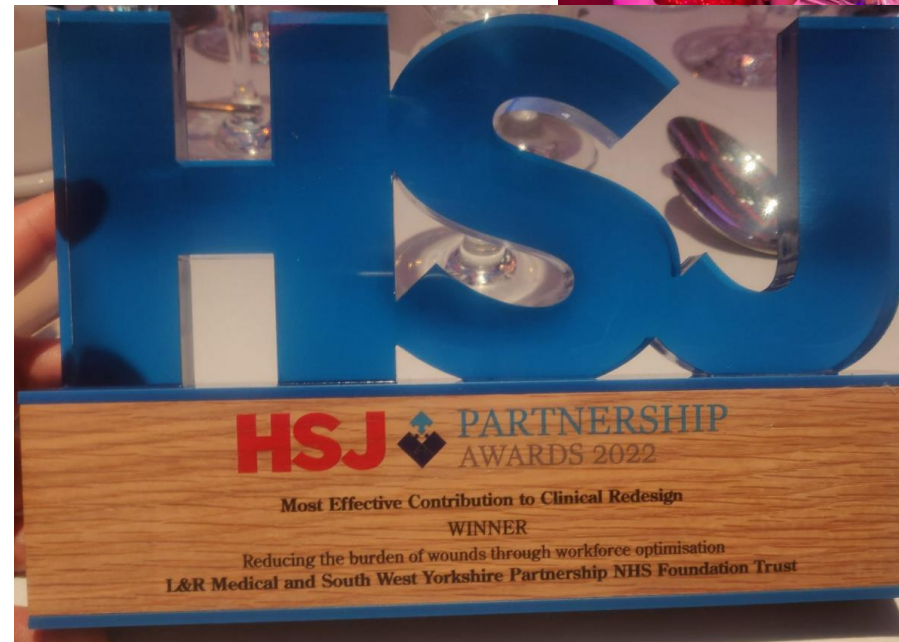
£535 saving in fuel costs per 100 patients

1,471kg saving in CO2 per 100 patients

Award winning approach

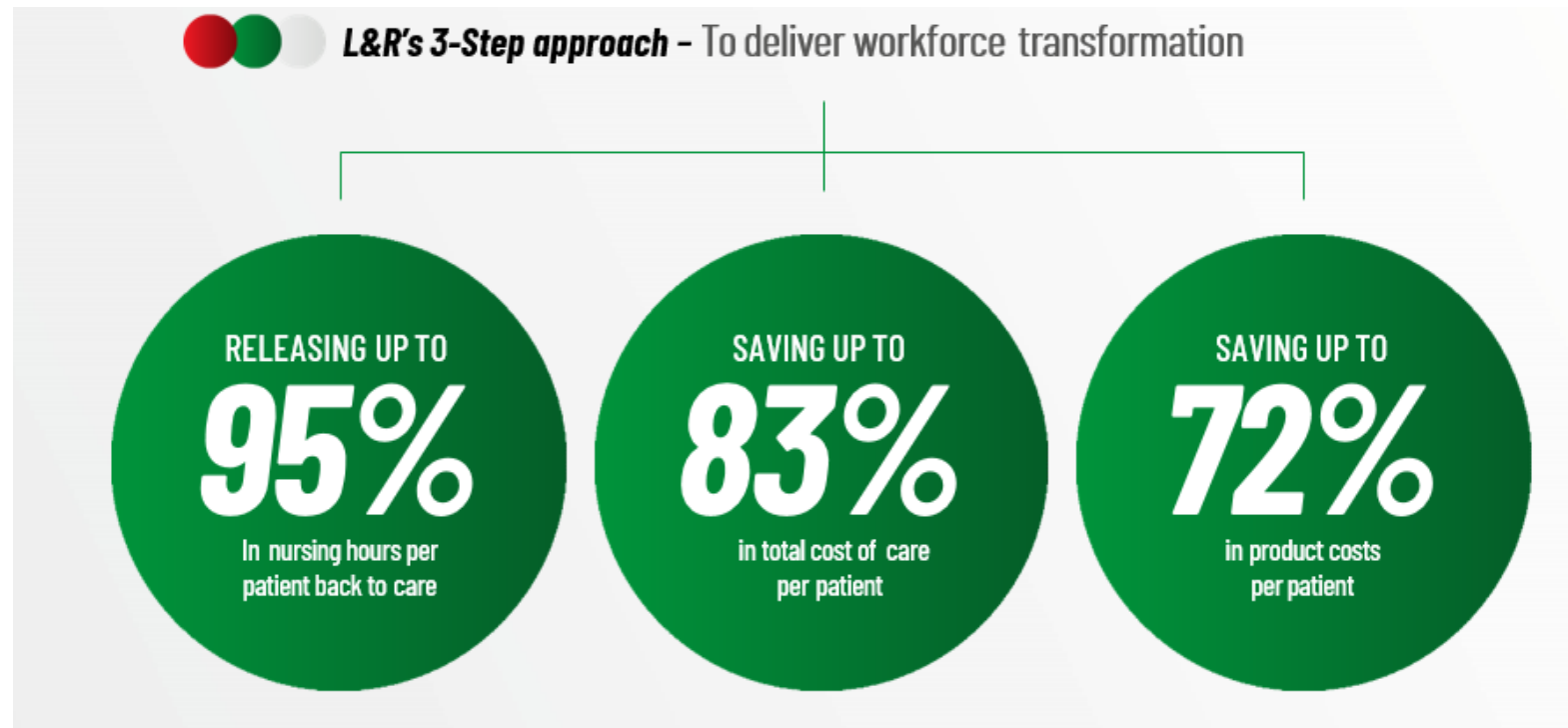
HSJ Partnership Award March 2022
Most effective contribution to clinical redesign L&R Medical and SWYPT

“The project achieved impressive results with regards to the impact on workforce utilisation and patient empowerment while ensuring high standards of clinical outcomes. There is considerable potential for the approach to be rolled out rapidly and at scale across the country which is likely to result in significant savings of care hours needed as well as costs, while allowing patients to have more flexibility with regards to their care.”



Summary

- The burden of wounds is growing, placing a significant impact on the patient population and the NHS
- This is compounded by the community workforce challenge that is more prevalent than ever before
- Working together we can achieve workforce transformation by implementing a self care programme, reducing the demand on workforce capacity, improve service efficiencies and deliver wider benefits for both patients and the clinical team.



References

1. Guest JF, Fuller GW, Vowden P. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/bmjopen-2020-045253
2. NWCSP, National Wound Care Strategy Programme (2020) Lower Limb Recommendations. Available online at: <https://www.ahsnnetwork.com/app/uploads/2020/10/@NWCSP-Lower-Limb-Recommendations-13.10.20.pdf>
3. NHS Right Care 2017. NHS RightCare scenario: The variation between sub-optimal and optimal pathways. Betty's at: <https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/01/nhs-rightcare-bettys-story-narrative-full.pdf>
4. Hallas-Hoyes et al. (2021). An advanced self-care delivery model for leg ulcer management: a service evaluation. JWC
5. Atkin, L. et al. (2019) Updated leg ulcer pathway: improving healing times and reducing costs. British Journal of Nursing, Vol 28. (20) Suppl.
6. COVID 19 - Advice in relation to Wound Care in Community Services.
7. HSJ Partnership Award 2022
Most effective contribution to clinical redesign
L&R Medical and South West Yorkshire Partnership NHS Trust, Tissue Viability Service



L&R Medical





THE INTEGRATING HEALTH AND SOCIAL CARE CONFERENCE 2022



SPEAKING NOW



Jane Johnston

Head of PHM &
Executive Director
Surrey Heartlands
ICS & AphA



David Howell

Joint Director for
Strategic Business
Intelligence and
Analytics
Surrey Heartlands
ICS

I will be discussing...

“Developing a System-Wide
Intelligence Functions across
Surrey”

Developing a System Wide Intelligence Function across Surrey

Convenzis ICS Conference

15th September, 2022

David Howell - Joint Director for Strategic Insight and Analytics
Jane Johnston – Head of PHM Analytics
Surrey Heartlands ICS



Who we are



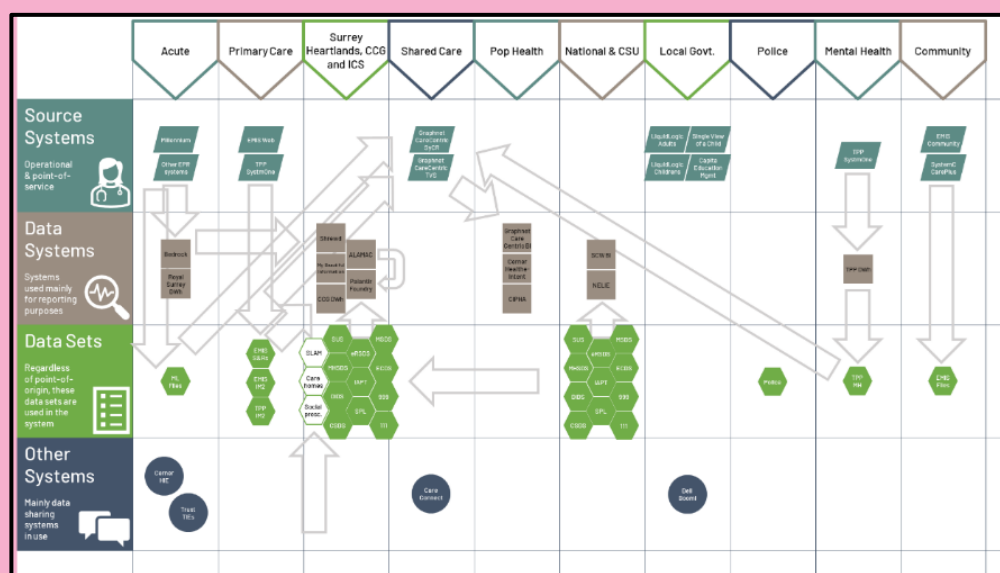
Why?

- Integrating care: Next steps to building strong and effective integrated care systems across England
- Better use of data can drive growth and productivity and improve the quality of our services & health and wellbeing of our citizens
- An integrated approach to our health and care intelligence across the system, by building a collaborative analytics function, is recognised as a key enabler to transformation reform across health and social care

How?

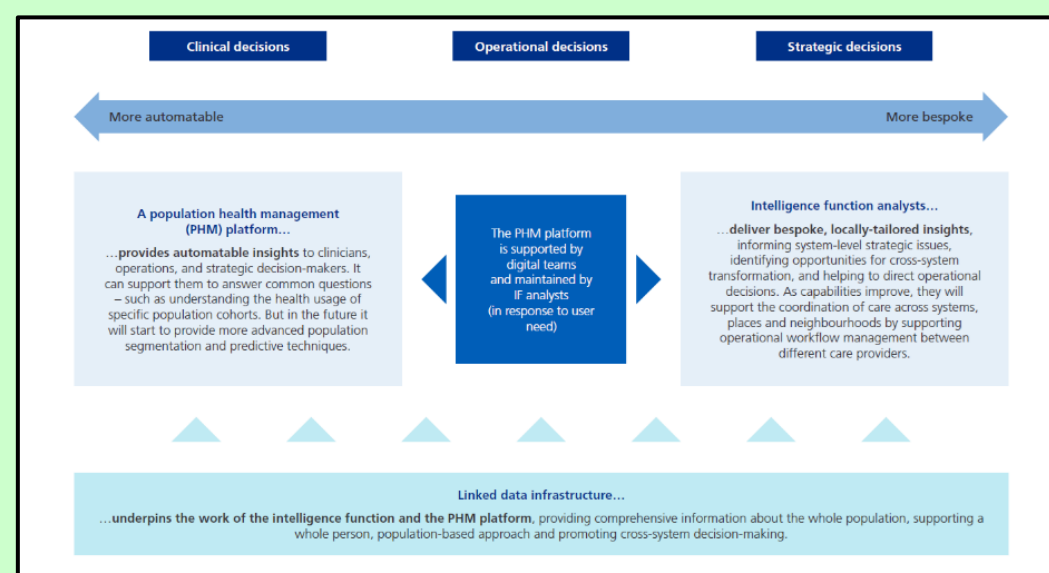
- The Surrey Data Strategy & BI Operating Model
 - Build a data ecosystem to enable partners across the system to access the information they need at the right time, in the appropriate level of detail to drive improvements and better outcomes for citizens and workforce
- The Intelligence Function
 - Supports leaders across the ICS and wider system to make better decisions through evidence based decision making
 - Promote innovation and inform decision-making at all levels of the system
 - Drive cross system priorities
- Skills Audit
- Analytical Community of Practice

Surrey Data Strategy – The Vision



A fragmented data landscape:

- Multiple data partners for sourcing the same data
- Data is sourced, interpreted, and then shared again, with differing outputs going to different partners
- Supply of data is historical/unreliable
- Large proliferation of data management solutions



Move to a capability that:

- Can manage and link data in a more complete, efficient and coherent way
- Is able to link data from an increasing number of sources/organisations (including wider determinants)
- Is accessible (safely and appropriately) to a greater number of partners
- Maintains public awareness and support for how their data is shared and used

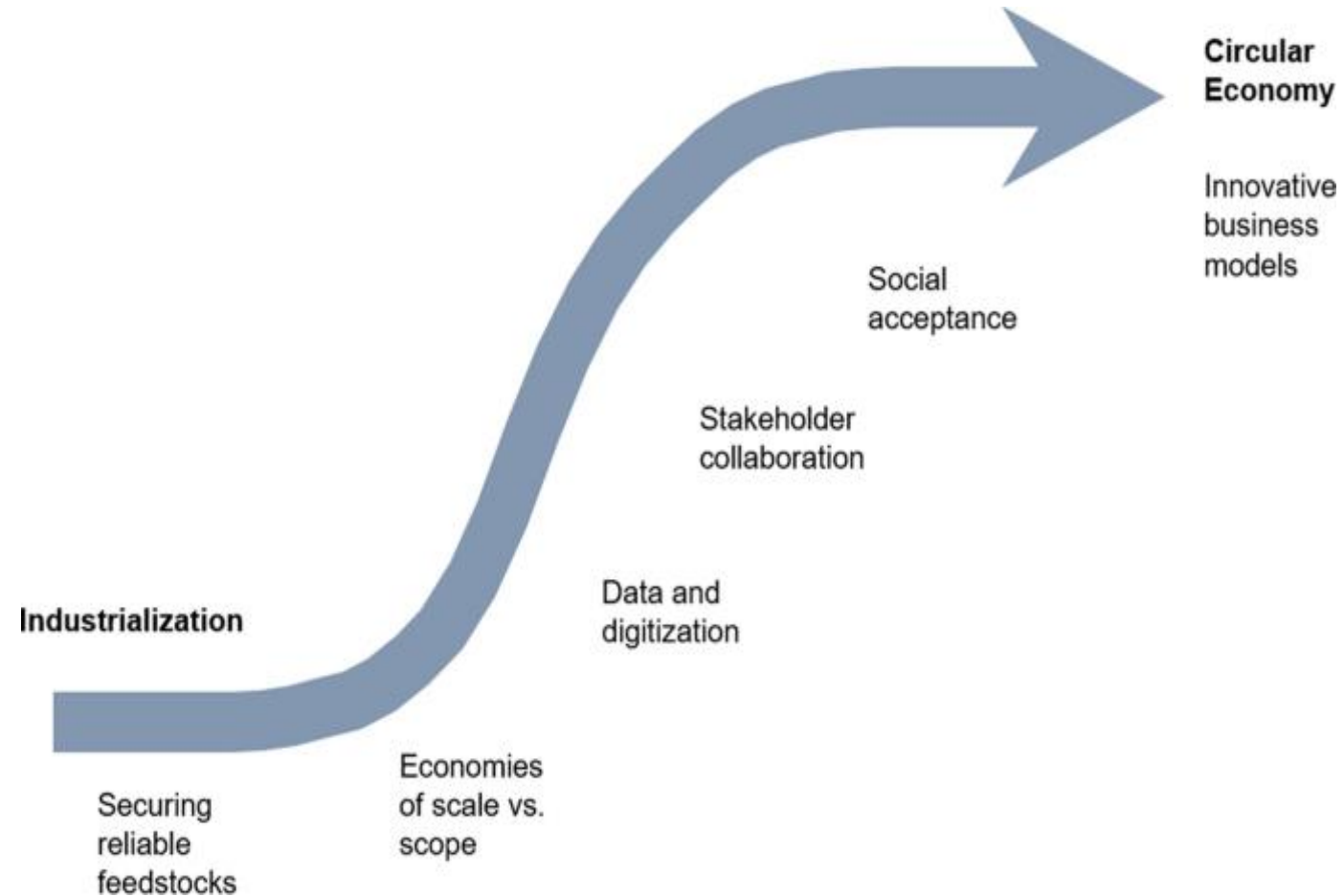
Digital and Data

- This is a *data* strategy
- However right now, this is about digital ‘plumbing’ as an enabler
- Jointly we are leading on a lot of elements of the data strategy to which we need to build upon to do this well
- Imagine you are wanting to complete a jigsaw...
 - You know the end picture you want to create (output)
 - But all your pieces are mixed up with 100s other jigsaws
 - Some may not be part of your jigsaw but can be forced to fit whilst others just don’t fit at all
 - Although some pieces have come from the same jigsaw originally, we end up with a range of different pictures which all tell slightly different stories
- We need to put all pieces of each jigsaw together in a logical and efficient way



Economies of scale

- The economies of scale for alignment for this are enormous
- We estimate that of the 20,000+ datasets that flow around our system each day, we can shrink this down to less 3000
- We can make these pipelines automated and hands free for providers
- It saves costs, time, workforce input and duplication of effort
- Consolidation can improve data quality for multiple users in one hit



Agenda for Digital, Data and Technology

Surrey Heartlands is developing a system-wide digital, data and technology integrated strategy, partnership and delivery roadmap.

To deliver Surrey Heartlands' four strategic ICS outcomes, the 'Critical 5' and NHSE's 'Fuller Stocktake' there are **7 strategic capabilities for digital, data and technology** that need to be deployed at scale and pace in partnership with each of our local providers.

1. Electronic & Shared Care Records

All SH need electronic healthcare systems at HIMMS L5 by 2024 and interoperable share care records to deliver the minimum digital foundations.

7. Integrated Digital & Data Platform

Redesign and build interoperable FHIR Surrey data architecture designed to deliver healthy populations, analytics, research and transform models of care to transform models of care.

6. ICS Clinical Redesign

Digital first care pathways need to be implemented to increase service capacity and meet growing demand. Through the use of health & care applications, including virtual consultations, digital community hubs, remote monitoring, Digital PIFU and virtual healthcare.

5. Personal health records & portals

The SH patient portal and personal health care record will deliver on local and national ambitions to empower patients to manage their care and data.

2. ICT Enterprise Infrastructure

Infrastructure, application management, servers and platform upgrades & modernization required. End point and mobile device management across critical areas in all providers.

3. Cybersecurity

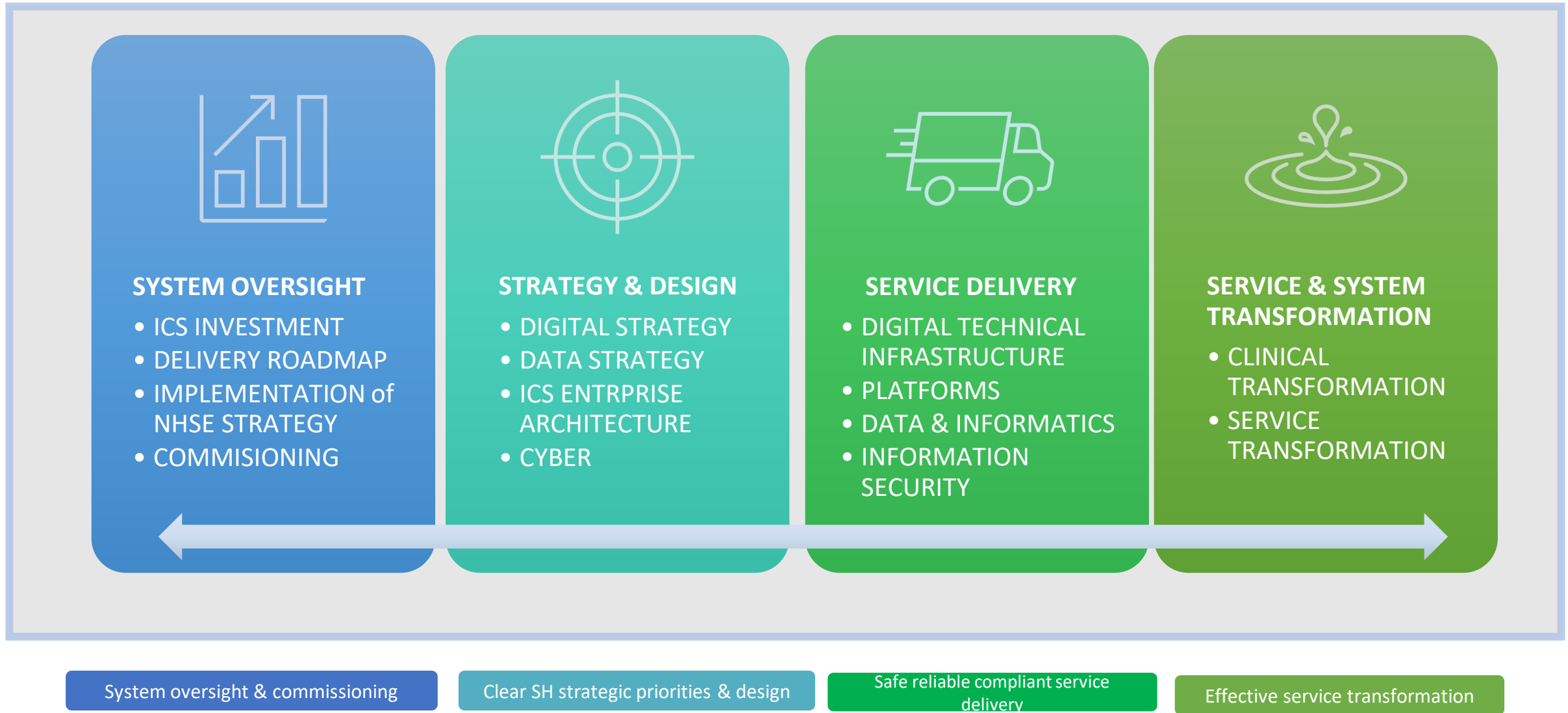
A system wide cybersecurity strategy must be developed, and priority activities delivered to develop robust cross-system security. This includes networks, cloud, COIN, telephony, data access, security and storage.

4. Digital Workforce & Passport

Improve retention through Surrey Professional Development platform and Resilience Hub; improve recruitment through Surrey-wide temp staffing and recruitment platforms; embed digital literacy into Core Training and focus on digital passporting



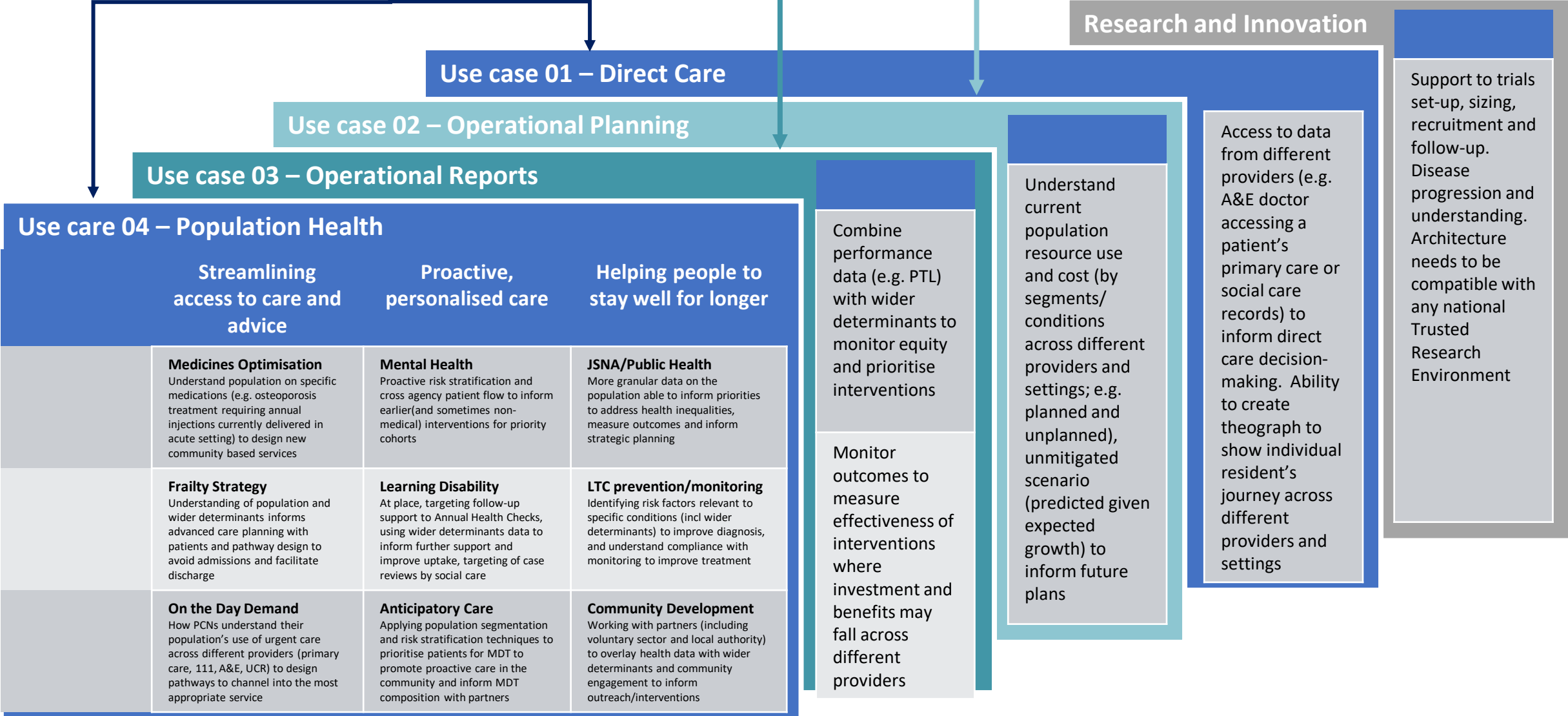
Integrated Digital & Data Platform



Critical Five

1	2	3	4	5
Keeping people well	Safe and effective discharge	High-risk care management	Effective hospital management	Surrey Heartlands-wide efficiencies

Population Health Use Cases



From Person to System

	Local Authority		ICB		
	Lead	Responsibilities	Lead	Role	Insights
System	One County Council, serving a population of 1.185M	Education Fire Highways Social care Strategic planning Trading standards Transport Waste disposal	Surrey Heartlands, serving a population of 1.2M. In Surrey, 85% population lives in Surrey Heartlands.	Strategy, governance and accountability across the system, implementing strategic change, managing performance and financial resources, sharing best practice and reducing unwanted variation	Whole population segmentation and forecasting to inform strategic re-design of services, contracting and financial planning.
Place	11 district and borough councils, serving on average a population of 108k	Council tax and rates Environmental health Housing Leisure centres Local plans Planning applications Public conveniences Waste collection	Four place-based partnerships, serving populations of 200k+.	Integrating primary and specialist services, developing new models for anticipatory and out-of-hospital care around specialties, and for hospital discharge and admission avoidance	Understanding the needs of different groups, current and future risks driving poor outcomes, including wider socio-economic factors and inequalities. Risk stratification and demand/capacity planning
Neighbourhood	88 parish and town councils, serving on average a population of 13k	Local issues like: Community centres Play areas Local grants Planning consultation	25 Primary Care Networks, serving on average a population of 46k	Forming integrated Multidisciplinary Teams, working across GP practices and health and social care, social prescribing to draw on other services	Identifying population need and where new and integrated models of care may support specific cohorts
Individual	Individuals develop the skills, knowledge and confidence to take ownership of their own health and wellbeing				Support multidisciplinary teams to provide personalized care according to need

Data Operating Model Options under Evaluation

Spread

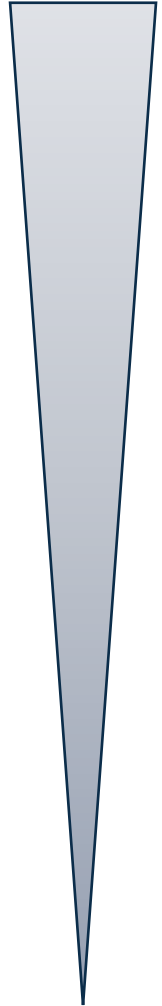
Dispersed - Analysts are embedded within organisational teams without a central team or formal co-ordination.

Functional - Vast majority of resources remain within current organisations, but there is some central support e.g. for standards and training.

Centre of Excellence - A Centre of Excellence drives creation of standards, facilitates sharing between functions, and undertakes some tasks, but the majority of work and people remain within organisationally aligned teams.

Hub & spoke- A central hub provides advanced capabilities, drives priorities, aligns local activities, and facilitates sharing. Functions drive local execution, customisation, and more tactical function-specific analysis.

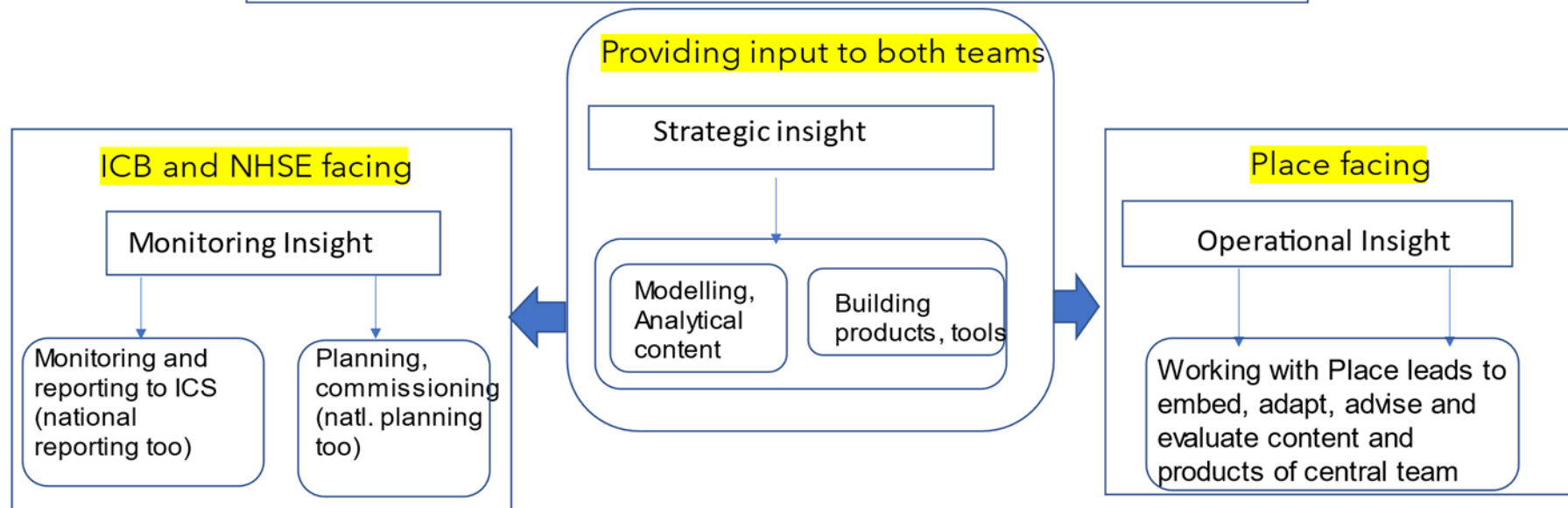
Centralised - All analyst resources sit within a centralised team. All reporting and analytics is owned by the Centre of Excellence and undertaken through engagement with the Centre of Excellence



A Centralised ICS Tier for Data & Insight 1

A centralised ICS tier for data and insight - draft structure for discussion

Common roles for the ICS layer providing technology and data for teams below



A Centralised ICS Tier for Data & Insight 2

Types of Roles needed (some of these skills requirements may be part of the same role)

Data modeller
(data definition &
coherence)

Data Platform Lead
(how data should be
pulled in and
recorded)

Data Sharing Lead
(all DSA & IG)

**Data Governance
Lead**
(DPIA, GDPR)

**Data Management &
Compliance Lead**
(standards, quality,
integration)

Data Architect

Data Engineer

**Data Visualisation
Lead**
(responsible for
tools/licensing)

Data Ethics



Any Questions?



THE INTEGRATING HEALTH AND SOCIAL CARE CONFERENCE 2022



Integrating Children's Healthcare Panel



Connie Jennings



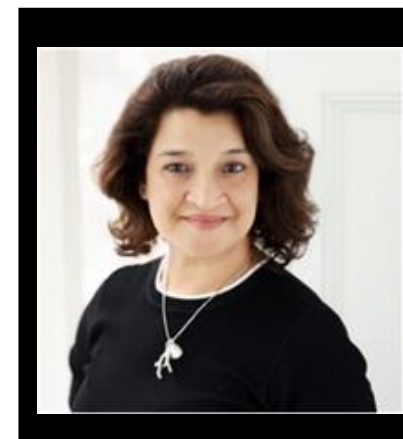
Jane Johnston



David Howell



**Dr Aarthi
Ravishankar**



Rukshana Kapasi

Integrating Children's Healthcare Panel

Integrating Health & Social Care Conference

Rukshana Kapasi

Director of Health

15th September 2022



Why we should prioritise children and young people

Evidence highlights that health challenges and inequalities have foundations in childhood, with many already evident at birth

- The gap in life expectancy at birth between the least and most deprived areas is currently 9.7 years for males and 7.9 years for females living in England.¹
- Infant mortality rates are 2.3 times higher for those living in the most deprived areas², with deaths strongly correlated with maternal health during pregnancy and the perinatal period.³
- 50% of mental health problems are established by age 14 and 75% by age 24.⁴
- Children and young people in poorer areas are much more likely to be living with conditions such as asthma, epilepsy, and to experience alcohol problems.⁵
- Emotional, behavioural and autism spectrum disorders are more prevalent amongst children living in lower income households.⁶
- Obesity rates are increasing for all children aged 10/11 however, severe obesity rates for children living in the most deprived areas of England are five times those in the least deprived.⁷
- Fuel poverty exacerbates health inequalities and households with children have the highest prevalence of fuel poverty – one in five UK households with dependent children experienced fuel poverty in 2020 (40.3% of all fuel-poor households).⁸



However, we don't currently prioritise this sufficiently

- In 2020/21, of the total NHS spend for England (£82 billion), CCGs spent £881m on children's mental health services – 1.1% of total allocation.⁹
- Spending on children's social care has plummeted by £249m over the last decade despite rising numbers of vulnerable children.¹⁰

These are some of the impacts

- £17 billion is spent every year on preventable health and social issues experienced by children, young people, and parents.¹¹
- Seeing a large increase in young people attending emergency departments due to parental fears over their child's health partnered with difficulty in accessing other services.¹²



(1) Office for National Statistics (2022) [Health state life expectancies by national deprivation deciles, England: 2018 to 2020](#) (2) Public Health England (2019) [Health Matters: Prevention – a life course approach](#) (3) Office for National Statistics (2022) [Avoidable mortality in Great Britain: 2020](#) (4) Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005) [Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication](#). Archives of General Psychiatry (5) The Health Foundation (2022) [Quantifying health inequalities in England](#) (6) NHS Digital (2018) [Mental health of children and young people in England, 2017](#) (7) NHS Digital (2021) [National Child Measurement Programme, England 2020/21 School Year](#) (8) Department for Business, Energy & Industrial Strategy (2022) [Annual Fuel Poverty Statistics in England, 2022 \(2020 data\)](#) (9) Children's Commissioner Office (2022) [Briefing on Children's Mental Health Services – 2020/2021](#). Online appendix [CCG spending on children's mental health services](#) (10) Pro Bono Economics (2022) [Stopping the spiral: Children and young people's services spending 2010-11 to 2020-21](#) (11) Early Intervention Foundation (2015) [Spending on late intervention: How we can do better for less](#) (12) Royal College of Emergency Medicine (2021) [What's behind the increase in demand in Emergency Departments?](#)

What do ICSs need to get right for integrated CYP support?

- Start with a **vision** from perspective of children and young people
- Develop a clear set of principles for what it means to embed **children and young people's voice** in decision-making and programme development
- Define **how system, place and neighbourhoods are meaningful to children and young people**, how they need to interact and how strategic plans need to respond
- Give equal priority to the **twin challenges of health creation and service integration** and optimisation
- Determine **priority shared outcomes** for children and young people, and what this means for all partners
- Identify which agencies children and young people are most likely to want to access support from, recognising different providers **bring different skills & solutions**
- Seize the unique **opportunities** that ICSs create

Questions for the panel

- How do we ensure CYP voice and engagement is at the heart of ICS decision making and programme development?
- Please can you share examples of best practice and innovation in integrating children's healthcare locally?
- How can ICSs practically deliver health equity and improve accessibility?
- What can wider system partners such as the VCSE sector best offer in this space?





THANKS FOR ATTENDING



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