

NHS Long Term Plan

Children & Young

People Services

A joint report from Healthwatch Medway &
Healthwatch Kent

wh  **t**

would you do?

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Executive summary

Purpose

NHS England published the national Long-Term Plan in January 2019. The plan is a top level strategy designed to ensure the NHS is fit for the future and to get the most value for patients.

This national plan now needs to be translated into local plans. NHS England has commissioned Healthwatch across the country to involve the public in discussions at a local level to inform the local delivery of the Long Term Plan.

Background

The Long Term Plan covers a huge range of services, some of which are already being tackled in Kent & Medway with public involvement. Together with our STP, Healthwatch Kent & Healthwatch Medway agreed to focus this piece of work on children and young peoples' services.

A quarter of Kent & Medway's residents currently use children and young people's services which cover age ranges from 0 - 25 and include services such as NHS dentists, opticians, free school meals, speech and language therapy, school nurses, health visitors, maternity, mental health and hospital care to name but a few. To date, the STP has not yet had the opportunity to engage this client group and so we agreed to use this opportunity to gather feedback about services for children and young people.

We already know that there is good access to Children's & Young Person's services across Kent & Medway, however there are some services that have long waiting lists, for example mental health, which although has been highlighted in this report, will have a more detailed focus in the coming year.

The feedback we gathered will directly contribute to the Kent & Medway strategy for children and young peoples' services.

Target audience

Our aim is to reach a target audience of people aged 0 to 25 years old with a geographic spread.

Data on the local population for this age is hard to find as data is usually split 0-18 and then adults and older adults.

- Thanet, Swale & Shepway are the three **most deprived** areas in Kent, they are also ranked in the 10% most deprived areas in England.
- In comparison Tunbridge Wells is the **least deprived** area in Kent and nationally sits within the 1% of least deprived areas in England.
- Medway has been ranked as 118th **most deprived** local authority of 326.
- The 2011 census shows that the population in Kent, approximately 1,463,740 (2011 census) is a majority (93.7%) of **white British** with English as their first language with the remaining 6.3% from Black Ethnic Minority.
- Medway has a population of approximately 263,925 (2011 census) with 85.5% of the population listed as white British and 10.4% from **Black Ethnic Minority background**.

Oral hygiene has been agreed as an area of interest for this work.

- In 2018, 6.8 million children were seen by a dentist, representing 58.5% of the child population
- A year on year increase is reported in the number of tooth extractions being carried out in hospitals due to tooth decay in young children and high levels of childhood obesity, both of which are prevalent in Kent & Medway.
- In 2018 tooth decay was the top reason for childhood hospital admissions.

There is currently no Children's Strategy in place in the Kent & Medway area, with that in mind other questions we wanted to focus on included what children's / young person's services are currently used, what was important about those services and if the individual felt involved in decision making? A full list of questions is attached in Appendix 1.

The answers to these questions will identify any gaps in services and to inform the creation of a Kent & Medway Children's & Young People's Strategy. Those individuals we spoke to that indicated an interest in helping will be contacted in due course to form part of a co-production team developing this strategy.

Objectives

The Long-Term Plan states that children are diverse and do require a higher profile, it is important that children and young people are an integral part of the development of the Kent & Medway Strategy.

The objectives of this work were to:

- Gather feedback about people's current experience of children and young people's services across Kent & Medway
- Use this feedback to directly inform the development of the Children & Young Peoples' Strategy for Kent & Medway
- Inform the direction of future engagement with children, young people and their families in Kent & Medway

Summary of Findings:

What matters most to people in Kent & Medway about Children's Services?

- That their views & experiences are taken seriously by health professionals including GPs. Comments included: *"I felt unwell and that something wasn't right, I went to my GP and he referred me for blood tests. I had an ectopic pregnancy and didn't know. If my GP had palmed me off it could have been a very different story"*.
- They are involved in decisions about them. Comments included: *"I feel that I have been supported and listened to so far"*.
- The gaps and inconsistency in the services that they use, Comments included: *"A centre for just young people to visit for health advice etc"*.

What did they tell Healthwatch?

The feedback was split into the top three findings and the top three improvements across Kent & Medway. The highest responses received were from Medway Maritime Hospital and Sexual Health Clinics.

What works well? The three top findings:

1. **The community midwifery team in Medway.** The liaison between the community midwife team, the Medway hospital antenatal team and health visitors was highlighted by many of the parents we spoke to who had given birth in the past few years. (Please note, although we discussed with our STP that we would not focus on maternity, the topic came up during some of our visits to Medway Hospital).

Comments included: *“Referral was quick to the Antenatal unit. My Community Midwife is kind and supportive. The Antenatal Unit is great, my partner feels involved and the staff are kind and friendly.”*

2. **Access to Sexual Health clinics** across Kent and Medway were praised as they offered both walk-in and drop in clinics. The clinics were described as informative and non-judgemental, welcoming places with a relaxed approach.

Comments included: *“confidentiality” “it’s safe” “I can come here without anyone knowing” “not judged”*

3. Most of the children we spoke to, who were entitled to **free dental care**, visited an NHS dentist.

However, the findings indicate that once young people had to start paying for their dental treatment their visits reduced. Most young people we spoke to relied on their parents/ guardians/carer to make appointments for them, otherwise they would not go. Children and young people did not feel that accessing a dentist was important or had any impact on their health and wellbeing.

Comments included: *“never go unless it hurts, got better things to spend my money on”.*

From the findings, The Long-Term plan states that the NHS will be supporting dentists across England to see more children from a young age to form good oral health habits, preventing tooth decay experienced by a quarter of England's five-year olds. It would also be beneficial to ensure these habits continue into adolescence and adulthood, educating parents of good oral hygiene habits is equally important.

What could be better? The three top areas for improvement:

1. **Waiting times to access mental health services** for children and young people in Kent and Medway was highlighted as an issue by the people we spoke to. Many stating that they are still waiting to be seen and they have been on the list for 6 months or longer. (Please note, although we did not actively seek groups that were specifically about mental health, the topic came up during most of our visits). This is an area that the STP are aware requires some improvement.

Comments included: *“To be able to go to a place where services are specifically for young people where we are accepted and talked to and not talked down to or patronised. To be told*

honestly and straight and not talked to like a child. Hospitals are too big and scary, too many people, a smaller place just for young people would be better where they could feel relaxed.”

2. Young people and children - particularly those that have caring responsibilities or who were in care - feel that **they are not taken seriously** or felt that they were **not fully included in decision making**.

Comments included: *“sometimes I think because I'm young they can be rude”*

3. **Clinics specifically for young people**, where young people could attend without their parents for advice & information were highly rated especially in relation to LGBTQ+ support.

Comments included: *“I knew it was safe to discuss my situation and treatment options for sexual health”*

In focus

- Feedback about GPs was mixed across the Kent and Medway. As the GP is generally the first contact with a health professional, for children & young people it is important that accessing a GP is an easy, convenient process. This is, and has been, an ongoing concern in Kent & Medway. Some people told us they found it easy to get an appointment and that they had positive experiences with a Doctor who “listened”. Others reported that getting a GP appointment was incredibly difficult and that they felt patronised by the GP or health care professional. This could potentially be resolved if there were specific clinics for young people to access, as mentioned in point 3 of an area for improved.
- Comments included: *“GP was easy and quick to register with. My partner and I both got assigned the same GP which we were really pleased about”.*
- *“There is a long wait for appointments. You call up at 8:30am and finally get through 8:50am and all the appointments will have gone. There is no walk-in service. I go to Gravesend if I am desperate”.*

The Long-Term Plan is focused on having services closer to home and easier to access in the community, it is essential that the GP access is right to make access to these services easier for children & young people.

What services do you currently use and what is important to you about the services you access as a child or young person?

The information below is a selection of comments made whilst Healthwatch Kent & Healthwatch Medway conducted face to face discussions at a variety of locations across the area, or from online responses:

Services used included: School nurses, dentist, opticians, GP, Sexual Health, Children’s centres, Youth clubs, specific support groups related to conditions such as mental health or carers. Mental Health services, Maternity, Special Educational Needs Disability (SEND) & Support along with hospitals.

- *Quick and easy access with treatment options explained in a manner easy to understand.*
- *Good communication from the service I am using (in this case Sexual Health).*
- *Kind empathic staff.*
- *Regular appointments (if required).*
- *To be listened to.*
- *To know what is going on.*

What is important to you about the services you use?

- Easy to access if regular appointments are required, especially if there are caring responsibilities.
- Having the same Health Care Professional involved for continuity of care and to save repeating the history at each appointment. This was particularly important to looked after children who reported that their LAC nurse changed at each appointment
- Parking is expensive if appointments are running over, let us know by text if running late.

Did you get the help you needed?

21 people answered no, and reasons included:

- *“Clinicians listening to what is needed for the child”*
- *“More support for speech therapy”*
- *“SEN identification & referral process is lengthy and unsupportive to children, families and schools”*

133 people answered yes, and reasons included:

- *“My Community Midwife is friendly and supportive and the appointment at the Antenatal Unit came through quickly”.*
- *“Yes, I make the decisions”.*
- *“My Doctor is good, and I know I can go if I need help”.*

How often do you go to the dentist?

114 people answered this question with responses varying from those under 18, when NHS dental treatment is free, to those over 18, 26 people stated they only attend if there is a problem with their tooth. Those under 18 attended between every 3 and 6 months for regular check-ups.

Do you feel your views & experiences are taken seriously by health professionals?

35 out of 118 people who answered this question, stated that no, they were not taken seriously. People felt that *“Yes eventually, I had to fight to get support and getting assessments and diagnosis took years”*. *“Yes, when they can understand what I mean, sometimes I need an interpreter”*.

Many views were mixed, for example *“Some are excellent, listening to parents. Others fail miserably - when you tell a Dr that you believe child’s condition is not under control and they tell you they must have grown out of it, and want to wean off medicines it does not suggest that they have been listening to anything you’ve spent the last 10 minutes telling them”*.

There were many positive comments also *“Yes. I am currently under dermatology and have a severe skin condition. The dermatologist always talks to me as an adult and understands that I make my own decisions (I’m 17)”*.

Do you feel involved in decisions about you?

157 people answered this question with 102 people saying yes or “I do now”.

- *“I am strong enough now to fight for what my child needs”*
- *“My daughter is 4 and obviously she can say what is wrong with her and I have to make the decisions. We are able to talk about this so it’s good”.*
- *“Nothing was done against my consent. I felt very involved”. “I’m being listened to and taken seriously”.*

What would make children’s / young persons services better for you?

This question had a very low response with only 84 answers. Of those the suggestions included:

- *“Access at weekends”. With many children and young people missing school to attend medical appointments, perhaps evening or weekend appointments could be made available in some cases.*
- *“Joined up service. Faster access. Support for parents”.*
- *“If possible, having young people know what services are available”.*
- *“Modernisation and investment”.*

The headline from the Medway North and West Kent CCGs clinical operating plan states: *During 2019 - 2020 the STP / ICS will develop a children’s strategy for Kent and Medway. The level of variation in our services for children and inequalities across our geographies makes this strategy a priority. Ahead of the strategy being developed, there are known areas requiring improvement and work is planned to start addressing some key concerns in 19/20.*

Can you think of a service that you would benefit from or any gaps that could be fixed?

- *More information around clinics for special conditions like Asthma or diabetes. This might help reduce urgent access to the Hospitals.*
- *Have Sexual Health workers go into Schools and give the Sex Education talk. Students are likely to be more open if they feel that they are not going to be judged by the teachers - or students go to the clinic and see what it’s like.*
- *Schools support students more, especially if struggling with mental health, exam time is tough. Young Carers all asked for support in schools*
- *More outside people go into Schools and give talks, they know best, teachers can be out of date.*
- *Specialist workers to talk to students about LGBTQ+ and sexuality as they are non-judgemental.*
- *The transition from child to adult services is not smooth - especially if the young person is in care, services to work together prior to the transition to make it smoother for the young person involved.*

The following areas are already highlighted as areas of need to the CCGs and are mentioned in the operating plan for 2019 - 2020:

- *Review of children’s community services with thought of transferring services from an Acute to Community based settings to alleviate pressure on hospitals and improve the patient experience.*

- *Standardise the provision of Special School nursing across MNWK to avoid variance in care and improve patient experience.*
- *Strengthen and streamline the Education and Health Care Plan (EHCP) process so health information and advice relating to EHCPs is received in a timely way and is of high quality.*
 - *WK, NK and Medway CCGs are outliers to local and national averages relating to ADHD medication and there are significant waits for assessments within NK and Medway. Steps in 19/20 will look to address both.*
 - *Commissioners will work in partnership with children's community nursing teams and children's hospices to improve local children's palliative and end of life care.*
 - *Strengthen integrated commissioning arrangements between Health and Local Authority for the provision of Special Educational Needs & Disabilities (SEND) services.*
 - *Improve local capacity, pathway and patient flows to deliver enhanced paediatric critical care services, resulting in fewer CYP requiring transfer to tertiary centres for L2 critical care services.*

Engaging people in health service delivery

Engaging people is an enabler of service change and improvement within the Long-Term Plan. Whilst Healthwatch Kent and Healthwatch Medway were conducting this engagement work we asked the question - Would you like to be involved in developing a new strategy for Children's / young person's services?

- 19 people answered yes, albeit subject to time commitment
- 12 stated that email and social media would be their preferred option
- 5 people told us that face to face would be best whilst 2 people preferred to be contacted by phone

People were generally very interested and thankful to be given the opportunity to make their voice heard. The people we spoke to would not have chosen to be involved unless we had come to visit them. They told us they felt it was worthwhile and they were glad to be involved at the start rather than after decisions had been made.

What people expect during their treatment journey

- *"Continuity of care and not to chase information or appointments".*
- *"To have services close to home, it's expensive travelling to appointments".*
- *"Understanding the process and stages of their journey".*
- *"To be listened to and decisions respected".*
- *"To be taken seriously".*
- *"NHS no longer provide a transition from child to adult services"*
- *"My son has autism and he fell through the net when he turned into an adult"*

What people expect during service change and transformation

- *To be given the opportunity to contribute at an early stage.*
- *To be kept informed.*
- *Use social media to interact and keep up to date.*
- *To have decisions explained in an easy to understand way.*

Next steps & Recommendations

The local Kent & Medway Sustainability & Transformation Partnership have agreed that they will use the information contained in this report to inform their plans for more detailed engagement and service improvements. The Kent & Medway STP stated, *“It will also contribute towards building a robust children’s strategy”*. Healthwatch will actively support in continued engagement work to glean further information from 0-25 year olds.

Our recommendations based on feedback from children and young people are:

- Co-produce the Children’s & Young Person’s Strategy, having children, young people and their parents involved from the start will help see the strategy through the patient’s eyes.
- To be able to access services close to home. Travelling long distances to visit a child or to attend appointments can be difficult financially, especially due to parts of Kent being in the top 10% for levels of deprivation. This has already been highlighted as an issue on the Operating Plan for 2019 - 2020.
- Continuity of care, easy to understand care pathways, no jargon.
- Offer to utilise specialist staff to educate in schools, especially in relation to sexual health and sexuality.
- Reduce waiting times for appointments, specifically for SEN services.
- Healthwatch to continue to support the STP in finding out views on Health & Social Care from 0-25 year olds.

Response from the Kent & Medway STP

Rachel Jones, Senior Responsible Officer for services for children and young people for Kent and Medway Sustainability and Transformation Partnership, said:

“We are proud to work very closely with Healthwatch in Kent and Medway to improve health and care services for local people.

“It’s important to us that the views of local people directly inform our decisions and the work carried out by Healthwatch Kent and Healthwatch Medway supports this. We are grateful for their support to help us hear from such a diverse range of people.

“We are currently engaging on a number of priority areas to help us build our five year plan for health and care for the future. These priorities include system transformation, cancer, mental health, children’s services, and primary care, as well as focusing on areas of inequality in health and life expectancy that some communities experience.

“We are grateful for the support from Healthwatch Kent and Healthwatch Medway which has focussed on children and young people’s services and the feedback we’ve heard in this report has already been shared and discussed with our clinicians and professionals.

“We are continuing to talk to children, young people, parents and carers and plan to have more detailed conversations about specific services with communities across the county. The feedback will directly help us develop a five year plan for health and social care for children and young people in Kent and Medway.”

Methodology

As this is the first-time health and social care have engaged on children and young people’s services, we agreed we would ask general broad-based questions to gather some initial feedback to inform future thinking.

We agreed not to focus efforts on maternity or mental health as these were felt to be topics in their own right. However, we acknowledged that it was inevitable that there would be some feedback in relation to both areas. This feedback will also be used to support future work in both these specific areas.

We proposed holding a minimum of two focus visits per Clinical Commissioning Group area, of which there are 8 in Kent and Medway and there would be access to an online version of the questions.

The main method used to achieve this was a series of outreach engagement visits to groups and services, intending on facilitating a focused conversation using the focused conversation method developed by the Institute of Cultural Affairs (ICA). We asked an agreed set of questions in a conversational setting which allowed people to explore things on a rational and emotional level. We also had an online survey with the same questions available for people.

A total of 297 people across Kent & Medway shared their feedback with us, either face to face or via the online survey

Target group	Engagement methods	Date (s)	Number of people engaged
Young Carers	Outreach engagement to a Carers Group	11/04/19	7
Children in Care	Outreach engagement to a support group for foster children	30/05/19	14

Mums with young children	Outreach engagement to Children Centres and playgroups	15/05/19	22
Parents attending hospital for check-ups	Outreach engagement to hospital	01/05/19	30
		08/05/19	21
Children from deprived backgrounds	Outreach engagement to youth clubs in target communities	10/05/19 13/05/19 16/05/19	8 5 5
	Outreach engagement to Foodbanks	02/05/19	4
Teenagers and young adults	Outreach engagement to sexual health clinics	17/05/19	31
	Focus group with teenagers	31/05/19	7
Children and young people receiving hospital care	Visiting Children who are currently inpatients in hospital	29/5/19	9
		11/6/19	5
Parents using community equipment	Outreach engagement using Physical Disability Steering Group	16/05/19	12
General public	Events and online survey	April, May & June	117

During this work we undertook the following:

- Sample questions devised and tested with staff.
- A desk-top exercise took place to identify suitable places to speak to 0-25 year olds in Kent & Medway. Areas included: sexual health clinics, children's centres, sports & youth clubs, schools, carers groups, hospitals and local community groups. Once this exercise was completed, contact was made, and appointments booked during March, April and some in May to visit and facilitate discussions. Schools proved the most difficult to access, due to safeguarding and this area was quickly removed as a potential source to access young people for this report. This time period also coincided with Easter holidays and exam period which add extra challenges to reach young people.
- Safeguarding procedures were followed at all visits and those doing the engagement activities were briefed by staff at each session.
- It was decided that an equal geographical spread of 2 visits per CCG area be completed. This equates to 16 visits in total.
- Evidence was predominantly collected on a face to face basis (243). We also gave people the option of completing an online survey which attracted a further 44 responses.
- Telephone questionnaires were offered for those that preferred to share their views over the phone. Sign language or an interpreter were other options available if required.
- All data was anonymised and kept securely on password protected laptops or in locked filing cabinets. It was made clear to participants that all data will be deleted 4 weeks after the report has been finalised.

- Data was analysed using survey monkey and thematic analysis.
- A peer review took place with senior staff not involved in the collation of data or in writing the report. There was also a process of quality assurance through Healthwatch England.
- Data was treated as sensitive personal data under GDPR, there was no transfer of identifiable data into the report.
- Appendix 2 shows the demographic breakdown.

Acknowledgements & References

Thank you to the following organisations who made it possible for us to speak to people and of course thank you to all the people we spoke to for sharing their stories and experiences.

- Carers First, Medway
- Quarterdeck Youth Club, Margate
- Medway Maritime Hospital
- Arches Local, Chatham
- My Trust, Maidstone
- My Trust, Chatham
- The Grand, Gravesend
- The Gate, Kent & Canterbury Hospital
- Canterbury & District Early Years Project
- Young Lives Foundation
- Tunbridge Wells Hospital
- Darent Valley Hospital
- Parkwood Youth Club

<https://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=47692> link to Medway North & West Kent CCG Operating Plan 2019 - 2020.

Appendix 1

Questions

There is a wide range of health and social care services available for children and young people in Kent such as school nurses, health visitors, free school meals, speech and language therapy, free NHS dentists, free NHS eye tests and support in schools around mental health.

1. What children's services do you currently use? (Please write below)

2. What is important to you about the services you use? Please comment below

3. Did you get the help you needed?

- Yes

- No

If you answered 'No' what other help would have assisted you? (Please write below)

4. How often do you go to the dentist? Please write frequency of visits below

5. Do you feel that your views and experiences are taken seriously by health professionals? If you answered 'yes' to this question, please say how your views and experience were taken on board.

6. If no, please write below how you felt your views were not listened to by the professionals

7. Do you feel involved in decisions about you?

- Yes
- No

8. If yes, please say how you felt involved

9. If no, how do you think that this could be improved?

10. What would make children's services better for you?

11. Can you think of a service that you would benefit in or any gaps in a service that could be fixed?

12. Would you like to be involved in developing a new strategy for Children's services?

If YES, what would be the best way for you to contribute?

Social media

Email

Phone

Face to face

Demographics

Please state your gender

What is your age?

Please provide your postcode (leaving out last two letters) e.g ME13 1

What is your sexuality?

What is your ethnicity?

What is your first language?

Are you a carer?

Do you have any disabilities?

Appendix 2

Demographics

Gender	121 Female	44 Male					22 Did not Answer
Age	0-5 5	6-10 2	11-15 25	16-18 32	19-25 33	26+ (parents with children 0-25) 57	133 Did not answer
Postcode	ME5 8 ME7 1 ME8 8 ME4 5 ME10 1 ME10 2 ME5 9 ME12 1 ME7 5 ME5 0 ME13 0 ME17 4 ME4 4 ME3 9 ME12 2 ME15 7 ME14 ME2 ME11 ME1	TN25 4 TN3 TN12 TN23 4 TN23 5	CT1 1 CT1 2 CT5 3 CT20 3 CT5 4 CT2 9 CT4 7 CT20 3 CT21 6 CT9 CT2 7 CT6 CT6 8	DA4 9 DA12			44 Did not Answer
Sexuality	58 Heterosexual	2 Bi-Sexual	3 Gay				224 Did not answer

Ethnicity	88 White British	2 White European	1 White Caucasian 1 White Other	2 Chinese	5 Black African	1 African Caribbean	187 Did not answer
First Language	80 English	2 Lithuanian	1 Hausa	1 Chinese	1 Ndebele		202 Did not Answer
Are you a carer?	78 Answered no	11 young carers	1 cared for by a young person				197 Did not answer
Do you have any disabilities?	80 Answered no	19 Yes					188 Did not answer