

Module 10

Service Utilisation: Health Services

Content Overview

10.1 Public Health Services

- Health Visiting Services
- School Nursing Service
- Sexual Health Services
- Substance Misuse Services

10.2 Hospital Admissions

- All admissions and principle reasons
- Alcohol and Substance Misuses
- Long Term Conditions

10.3 Urgent and Emergency Care

- Accident and Emergency Services (A&E)
- Emergency Admissions
- Out of Hours

10.4 Secondary Care Services

- Community Paediatrics and Child Development Centre
- Therapies (Speech and Language, Physiotherapy, Occupational Therapy)
- Orthotics
- Wheelchair Services
- Community Dental Services

10.5 Primary Care

- General Practice
- Children's Community Nursing Service
- Primary dental, pharmacy and ophthalmic services

10.6 Mental Health Services

- CYP receiving mental health treatment – community and in-patient
- CYP receiving counselling, advice and support service via Kooth
- Hospital admissions for mental health
- Hospital admissions for self harm

10.7 SEND Health Services and Complex Care

10.8 Children Looked After Health Services

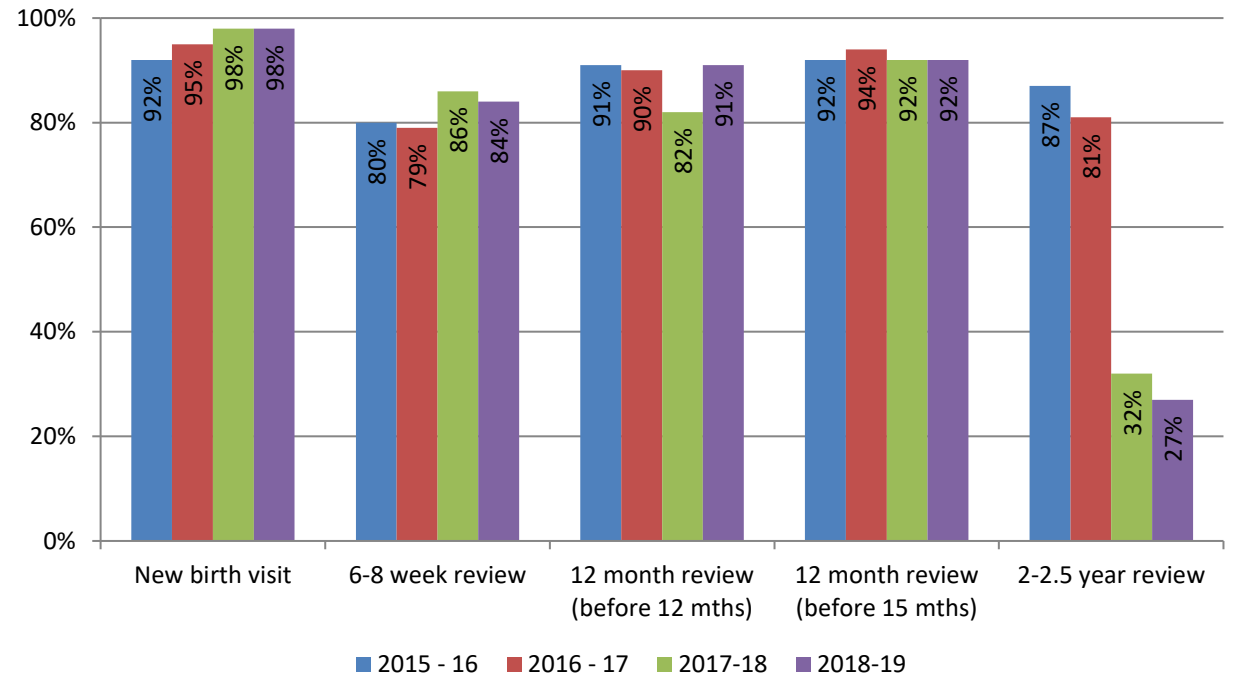
10.9 Suggested Areas of Future Focus

10.1 Public Health Services

Health Visiting Service

- The Health Visiting Service is a universal service and offers an early antenatal contact to all pregnant mums. The reach of these, however, is sub-optimal due to a lack of timely notifications from Midwifery Services (via HV Liaison Forms) and associated data quality issues. In the first two quarters of 2019/20, an average of 70% of notifications were received and nearly 75% of those received an antenatal visit.
- The Health Visiting Service includes delivery of the evidence-based Healthy Child Programme with 5 mandated contacts. Performance against these is shown in the chart opposite.
- Almost all babies receive their new birth visit - up to 98% in 2017/18 and 2018/19
- 84% of babies received a 6-8 week review, this was slightly lower than the previous year but better than 2015/16 and 2016/17.
- 92% received their 12 month review before turning 15 months.

Proportion of babies and children receiving reviews by health visiting services, trend, North East Lincolnshire

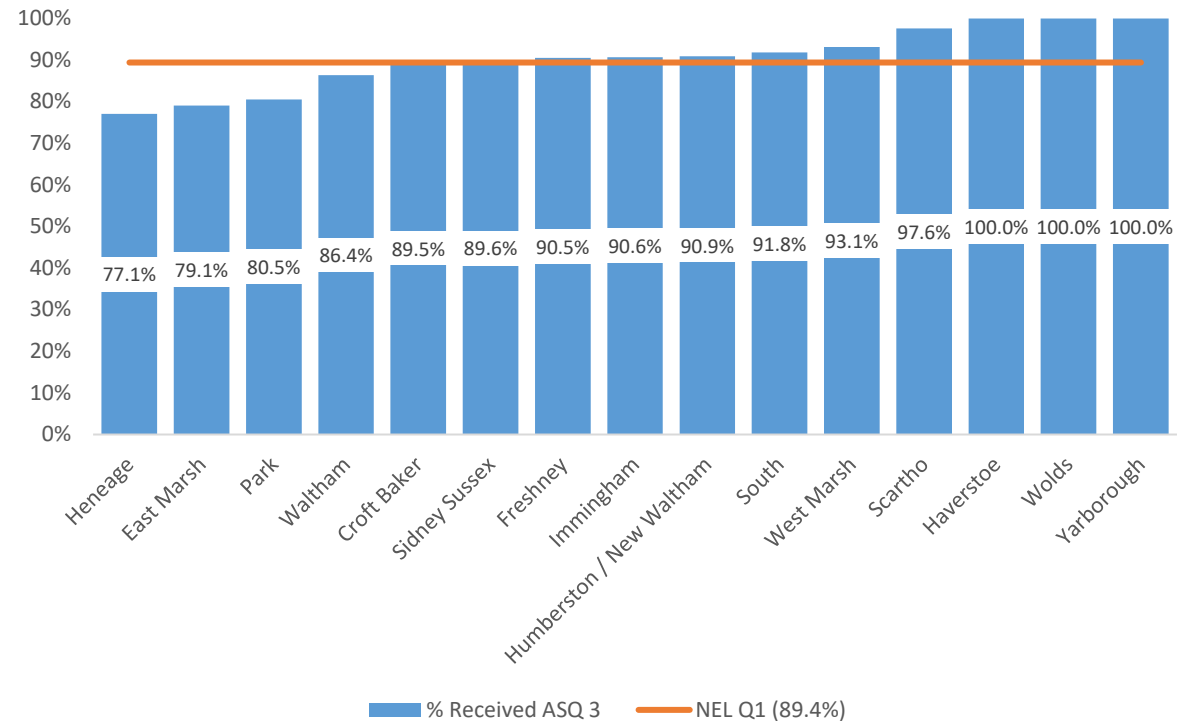


Public Health Services

Health Visiting Service

- For the last 2 years the proportion of 2 year olds receiving their review was exceptionally low with just 32% in 2017/18 and 27% in 2018/19 receiving their review. This was largely due to a loss of skill mix within the Health Visiting Service as part of the 0-19 Phase 1 restructure.
- In 2019/20, Families First Practitioners have been trained to complete the majority of reviews with professional oversight from Health Visitors. For the first quarter of 2019/20, the proportion of 2 year olds receiving their review was 89%.
- Heneage, East Marsh and Park wards had the lowest proportion who received their 2-2 ½ year review. 97.4% of children who had their 2-2 ½ year review completed the Ages and Stages Questionnaire (ASQ-3).

% children due a review by the end of the quarter, who received a 2-2½ year review, by the age of 2½ years



Source: NELC Health Visiting Service

School Nursing

- The School Nursing Service delivers the national Healthy Child Programme for those aged 5-19 (25 SEND) locally.
- The Service delivers vision screening for reception children (with relevant onward referral) and immunisations (commissioned by NHSE). There are currently no significant issues with uptake of these programmes.
- Chat health is a secure messaging service for use by CYP to the School Nursing Service which is covered via a rota Monday-Friday from 9am-5pm. All text messages received are acknowledged and responded to within 24 hours (excluding weekends and bank holidays). Activity in the first two quarters of 2019/20 is shown below.

Use of School Nursing Service via Chat Health, Q1 & 2, 2019/20

	Messages Received	Messages Sent	Conversations Opened	Conversations Closed
Total	468	674	76	71

It should be noted that data for the Q2 period will span the summer holiday period and a reduction in service use is generally seen

- Reasons for contacts spanned a variety of topics including weight and growth, contraception and relationships, anxiety/stress, low mood and self harm, drugs/alcohol/smoking.
- School Nurse health and wellbeing clinics aimed at supporting emotional and mental health are held in 11 secondary schools and within alternative provision. All School Nurses are trained in Cognitive Behavioural Therapy (CBT) and offer evidence-based brief interventions. In the first two quarters of 2019/20, 43 young people were assessed and received CBT from the School Nursing Service
- The School Nursing Service currently offers sexual health services. This is reported in the following slide.

Sexual Health Services

Pharmacy ACT (advice, contraception, and testing) sexual health service

- During 2018/19 there were 34 pharmacies in North East Lincolnshire of which 30 were ACT pharmacies.
- There were 278 attendances of service users aged under 18 years (note may include service users with >1 attendance)
- Service users included young people from all 15 North East Lincolnshire wards
- 68% of attendances were for condom supply
- 46% of attendances were for EHC
- 6% of attendances were for a pregnancy test
- 3% of attendances were for a Chlamydia test
- (note that >1 service may be provided during the same attendance)

GP and Virgin Care Long Acting Reversible Contraception (LARC) [Intrauterine Device (IUD)/Intrauterine System (IUS)/Implant]

- During 2018/19:
 - 123 LARCs were fitted in the under 18s by Virgin Care Services
 - 143 LARCs were fitted in the under 18s by GPs

School Nursing Service

- The School Nursing Service currently offers weekly sexual health drop-in clinics in 5 out of the 11 secondary schools across NEL. In the first two quarters of 2019/20:
 - 260 CYP received sexual health advice
 - 192 accessed condoms
 - 33 chlamydia/gonorrhoea screens undertaken,
 - 23 had pregnancy tests

A small number also received Emergency Hormonal Contraception

Out of Area services

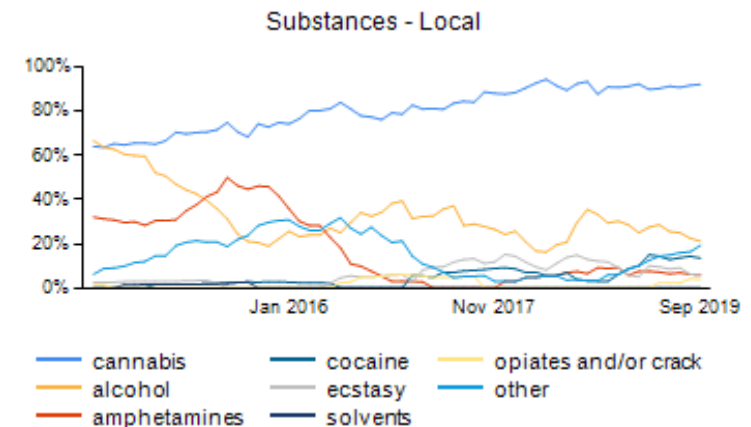
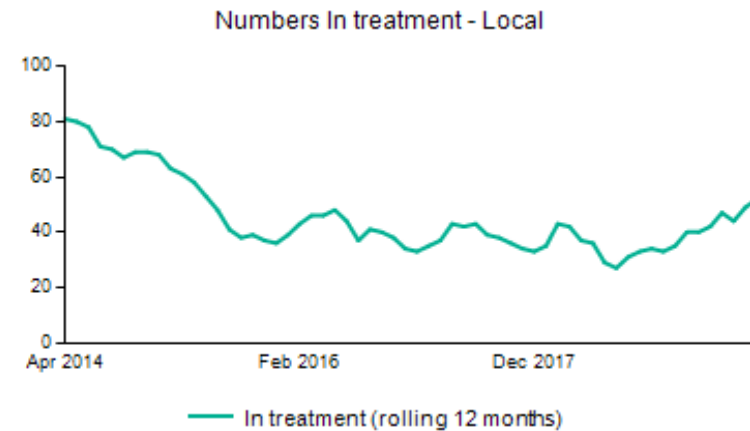
- No data was readily available on out of area service utilisation by NEL CYP

Substance Misuse Services

- A total of 52 young people received specialist substance misuse interventions for the 12 months to 31.3.19 as shown opposite.
- Despite some fluctuation between Feb 16 and early 2018, numbers in treatment are now rising. This is in contrast to national trends which have been steadily decreasing since April 2014.
- Cannabis is by far the main drug for which young people receive an intervention, followed by alcohol which sharply decreased prior to Jan 2016 but has since plateaued overall.

There is also a Tier 2 Service from Addaction that provides advice and brief intervention around substance misuse to young people. No data is readily available for that activity.

	Numbers in treatment	
Local	up 30%	52
National	down -7%	13555



10.2 Hospital Admissions

- During 2018/19 there were **4039 admissions** to hospital (*this does not include children who just attended A&E*), many children had been admitted more than once during the year, some for the same condition and some for a different condition. In total this referred to **2814 children and young people under 19**.
- Over half of child admissions to hospital were emergency (unplanned) admissions via A&E.
- Hospital admissions are coded using the International Classification of Diseases (ICD10)*. The table opposite shows the top ten reasons grouped by ICD 10 code for admission based on the primary reason for admission only.

* *The ICD10 is a system used by medical professionals to classify and code all diseases and health problems, it is used on health records and death certificates and is the standard diagnostic tool used in epidemiology.*

Top Ten reasons for admission to hospital for children and young people aged 0-18 registered and resident in North East Lincolnshire, 2018/19

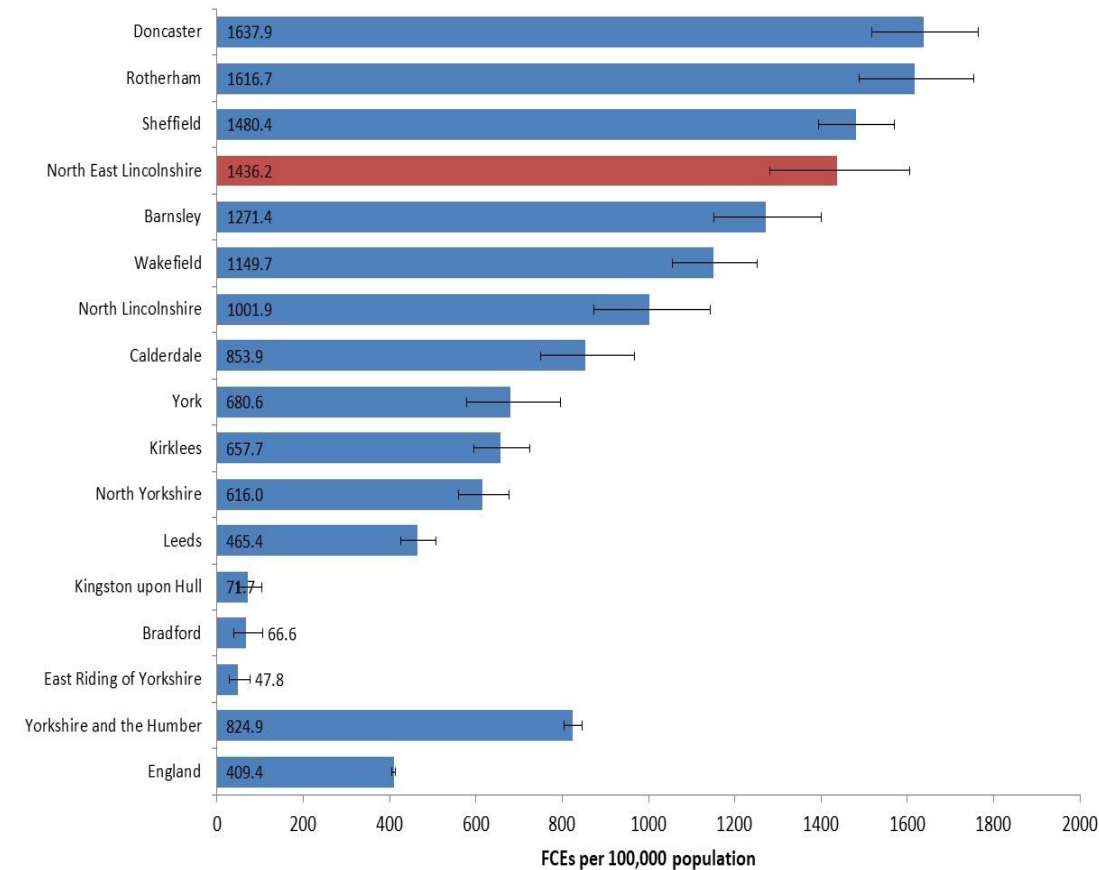
Chapter	Number	Percent
K00-K14 Diseases of oral cavity, salivary glands & jaws	428	11%
J00-J06 Acute upper respiratory infections	238	6%
B25-B34 Other viral diseases	218	5%
J20-J22 Other acute lower respiratory infections	207	5%
R10-R19 Symptoms & signs inv. the digestive system & abdomen	152	4%
Q00-Q89 Congenital malformations	131	3%
P05-P96 Other conditions originating in the perinatal period	125	3%
S00-S09 Injuries to the head	113	3%
R50-R68 General symptoms & signs	99	2%
O10-O75, O85-O92, O95-O99 Complications of labour and delivery	94	2%

Source: Health Episode Statistics, NELCCG Information Team

Hospital Admissions

- The most common primary reason for admission for children and young people was for diseases of the oral cavity, salivary glands and jaws, the majority of which (91%) were for dental caries. This suggests variously that some CYP may not have access to primary dental care and/or have extensive dental decay. As dental decay is considered to be largely preventable, many of these admissions are potentially avoidable.
- There were 310 FCEs for children aged 10 years and under with a primary diagnosis of dental caries (tooth decay) in North East Lincolnshire during 2018/19. This equates to a rate of 1436.2 FCEs per 100,000 population, which is the fourth highest rate in the Yorkshire and the Humber, and is significantly higher than both the England and regional rates. The majority of extractions will be done under general anaesthetic.
- Acute upper respiratory infections were the second highest reason for admission. Just over half (53%) of these admissions were for acute tonsillitis. Other viral diseases are mostly unspecified. Lower respiratory infections were made up of bronchiolitis and unspecified lower respiratory infections
- 11% of admissions were due to acute respiratory infections. Given high levels of smoking in NEL (particularly seen in mothers during pregnancy) some of these admissions may also be preventable.
- Children aged 0-4 are the most likely to be admitted to hospital out of all children under 19, the highest proportion of which were aged under 1 year.
- For 0-4's acute lower respiratory infections closely followed by 'other viral diseases' (of which all were an unspecified viral infection) were the main reasons for admission.
- Dental caries were the main reason for admission by far for children ages 5-14, all of whom will have missed at least 1 day of education.
- For those aged 15-18, admissions relating to pregnancy and birth were the main reason for admission, followed by diseases relating to the digestive system and intestines.

Rate of Finished Consultant Episodes (FCEs) per 100,000 population for children aged 10 years and under with a primary diagnosis of dental caries, England and Yorkshire and the Humber local authorities, 2018/19



Source: NHS Digital

Hospital Admissions – Alcohol and Substance Misuse

Alcohol specific admissions (under 18s)

- There were 35 admissions to hospital for alcohol-specific conditions over 3 years 2015/16-2017/18 for young people under 18.
- This equates to a local rate of 34.0/ 100,000, similar to the England rate of 32.9/100,000.
- The trend has decreased from 102.2/100,000 in 2006/07-2008/09 when NEL was significantly higher than the national rate to a rate similar to that of England from 2012/13 onwards.

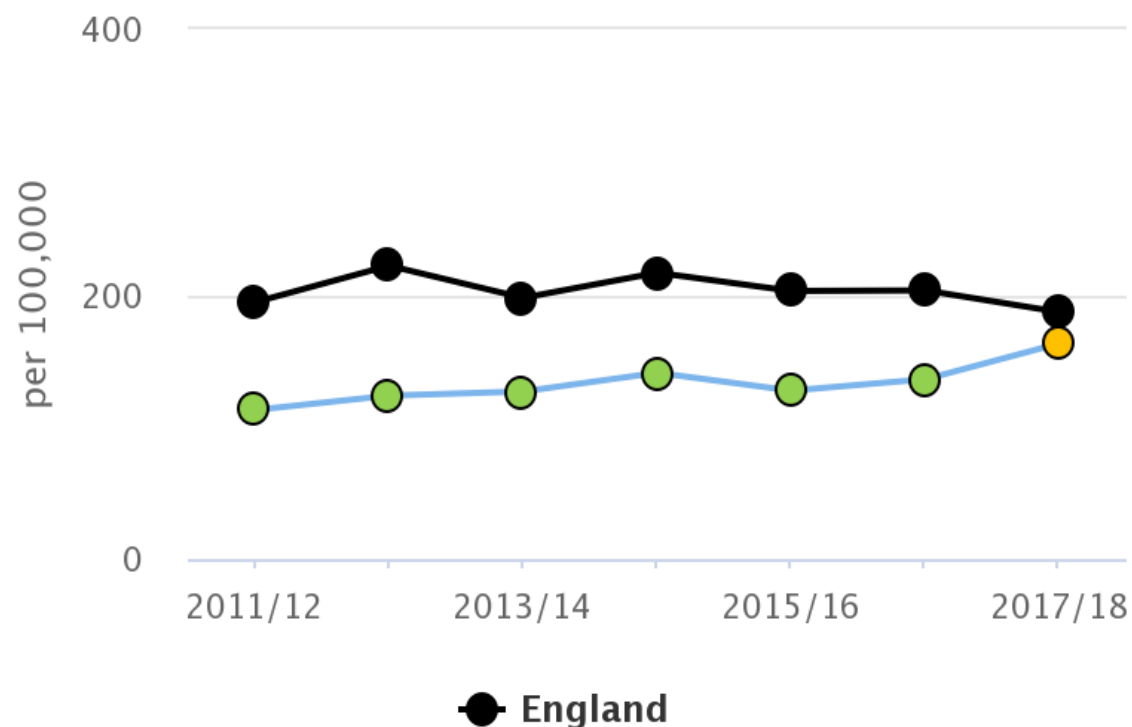
Hospital admissions due to substance misuse (15-24 years)

- In the 3 years 2015/16 to 2017/18 there were 73 young people aged 15 to 24 admitted to hospital for substance misuse.
- This equates to a rate of 136.9/100,000 which is much higher than the England rate of 87.9/100,000.
- Trends have been significantly worse than England since 2009/10.

Hospital Admissions – Long Term Conditions: Asthma

- In 2017/18 there were 59 admissions for asthma in CYP in NEL
- This equated to a rate of 162.8/100,000, lower than the England rate was 186.4/100,000.
- Trend data for hospital admissions for asthma shows that NEL has generally had a significantly lower (better) rate than the England average since 2011/12. However since 2015/16 rates have risen and are now similar to national levels.

Hospital Admissions for asthma in children and young people aged under 19 years, NEL and England

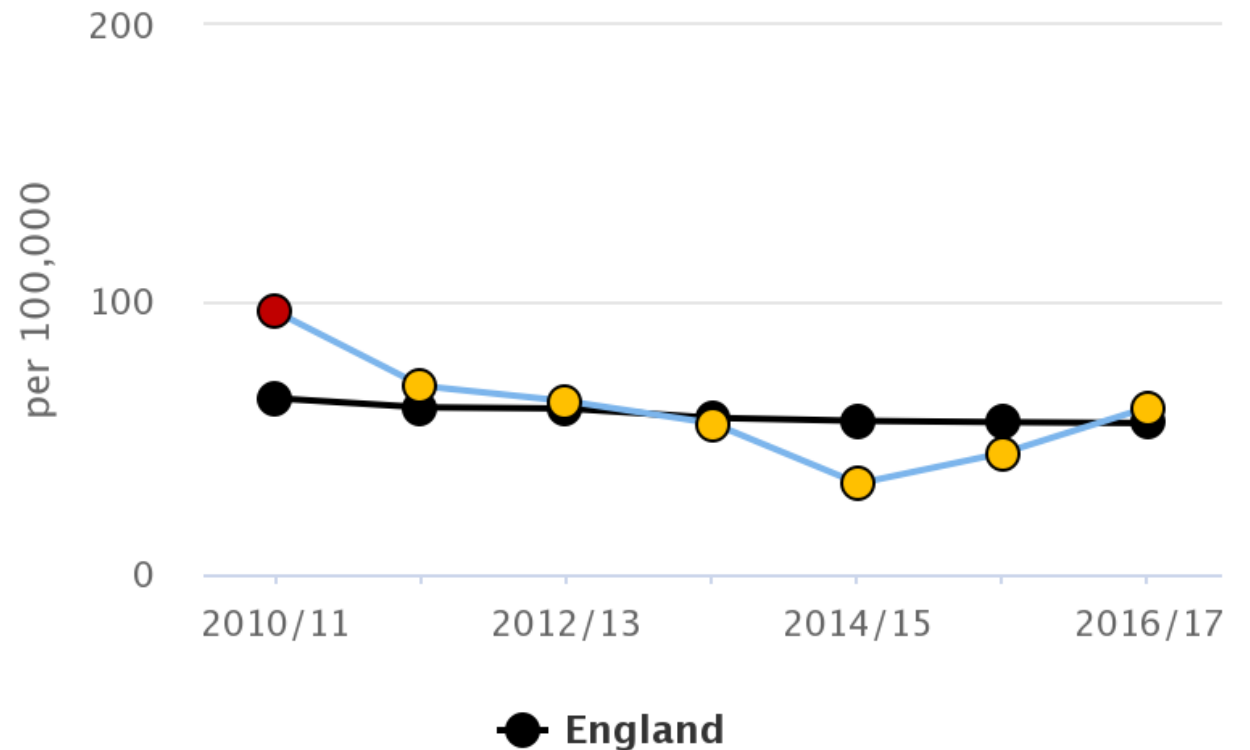


Source: PHE Fingertips

Hospital Admissions – Long Term Conditions: Diabetes

- In 2016/17 (the most recent available data) there were 22 admissions for diabetes in CYP in NEL
- This was a crude rate of 60.9/100,000, higher than the England rate of 55.1/100,000
- Trends in hospital admissions rate for diabetes in CYP have fluctuated over the last seven years, mainly due to the relatively small number of admissions. Generally, however, it has been similar to the national rate.

Hospital Admissions for diabetes in children and young people under 19, NEL and England

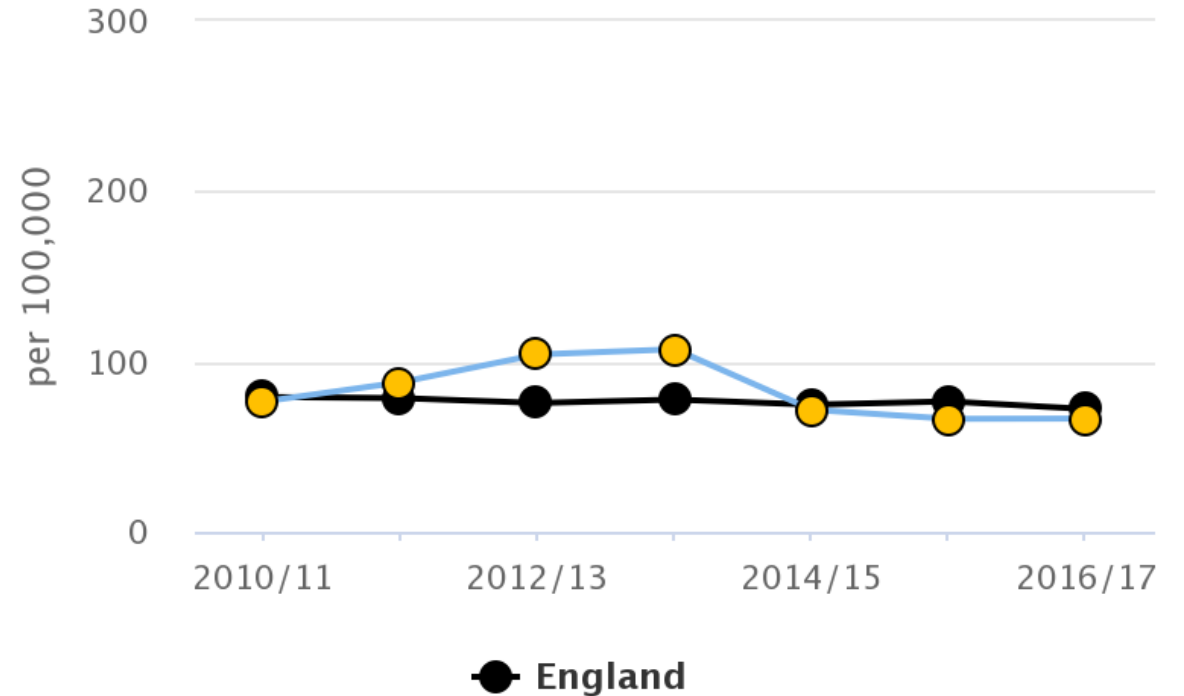


Source: PHE Fingertips

Hospital Admissions – Long Term Conditions: Epilepsy

- In 2016/17 (the most recent available data) there were 24 admissions for epilepsy in CYP in NEL.
- This was a rate of 66.5/100,000, lower than the England rate of 72.1/100,000.
- Trends in hospital admissions for epilepsy in CYP have declined in recent years, bringing rates in line with the national rate.

Hospital Admissions for children and young people under 19 for epilepsy, trend for NEL and England



Source: PHE Fingertips

10.3 Urgent and Emergency Care Services

Accident and Emergency (A&E)

- A&E attendances for children and young people under 19 years in NEL have consistently been significantly better than the England average since 2010/11.
- The most recent data shows there were 13,347 attendances to A&E in NEL in 2016/17.
- This equates to a rate of 353.3/100,000, much lower than the comparable England rate of 415.5/100,000.
- In 2016/17 there were 4,348 A&E attendances for 0-4 year olds in North East Lincolnshire, giving a rate of 450.4/1,000 population. This is significantly lower than the England rate of 619.0/1,000, although trends increase year on year.
- There is currently a national system in place called the Child Protection Information Sharing Project (CP-IS) which notifies children's social care if a child who is looked after by the local authority or has a child protection plan, access an unscheduled NHS setting such as A&E. In the Yorkshire and Humber region all unscheduled care settings (such as A&E and minor injury units) have the CP-IS system.

Emergency Admissions

- Although the most common method of admission for children in NEL is as an emergency via A&E, the rate of emergency admissions is significantly lower than the national rate.
- In 2016/17 there were 1,960 emergency admissions to hospital for children under 19 in NEL.
- This equates to a rate of 57.2/100,000, much lower than the comparable England rate of 75.8/100,000.

Out of Hours Service

- Age-specific data is not available

10.4 Secondary Care Services

Paediatrics and Child Development Centre

- There appears to be some gaps in current contract activity data and we are unaware of a national data set.

Therapies

- Contact statistics are available for children's and adult therapy services via the block contract data. Detailed quarterly performance reports are also provided to the CCG for children's therapy services. However, these were not identified as a data source by the CCG or provided within required timescales in the production of this HNA.

Speech and Language Therapy

- Services are currently commissioned by 3 separate commissioners (NEL CCG, LA SEND Services, Children's Public Health Services). Individual schools also commissions some SALT services. A review is currently underway of current provision to inform future commissioning arrangements

Physiotherapy & Occupational Therapy

- Both these services are available for all ages via a bespoke children and young people therapy team and an adult therapy team.

Nutrition and Dietetics

- This is an all-age service and no age-specific data is requested and/or provided in contract activity data

Orthotics

- This is an all-age service and no age-specific data is requested and/or provided in contract activity data

Secondary Care Services

Wheelchair services

- NHSE figures for NEL CCG show 1415 adults and 214 children registered with the service at the end of March 2019. This includes those with a long-term loan of a piece of equipment or on an open episode of care on the wheelchair pathway but do not include short-term loans. Service users need to be registered with a NEL GP to access this service.

Community Dental Service (CDS)

- The CDS complements primary dental services by providing care to the most vulnerable members of the community. Priority in the provision of oral health care is given to those disadvantaged groups who cannot or do not use the general dental service, which includes children with extensive disease, children from families who do not normally use general dental services, and children with disability or medical condition which either affects their oral health or accessibility to dental services.
- Between April and July 2019, the CDS had 1,847 face to face contacts with children with 1,072 courses of treatment. The majority of referrals are from dental practices, mostly due to high levels of dental decay. However, there are some referrals from children's services, health visitors, children looked after health service.
- The complexity of cases currently suggests that the majority of child and adult users can be classed as having some vulnerability. Under 10% of service users have no measure of vulnerability (note that this is a broad measure and includes health, dental, and social factors)

10.5 Primary Care

General Practice

- Long Term Condition are primarily focused on those aged 18 and above, and do not include CYP
- Relevant Quality Outcomes Framework (QOF) registers do not separate out CYP specific data, where this is collected
- Learning Disability Health Checks are offered from age 14 onwards only. No CYP specific data is readily available.
- Prescribing data for CYP is not available due to poor completion of age fields

Children's Community Nursing Services

- There appears to be gaps in current contract activity data and we are unaware of a national data set

Primary dental, pharmacy and ophthalmic services

- We have no data locally regarding the above primary care services, which are commissioned by NHS England

10.6 Mental Health Services

CYP receiving mental health treatment

- In 2018/19, there were 1,477 referrals to the Young Minds Matter (YMM) service.
- Needs include emotional wellbeing problems, moderate to severe mental health problems, and severe and enduring mental health problems.
- In 2018/19, anxiety accounted for the largest number of referrals, followed by low mood and behavioural problems.
- The table opposite (bottom) shows the numbers of children who fall into vulnerable groups. Some may fall into multiple categories.
- The Early Intervention and Psychosis Team within Navigo is available for those aged 14 upwards. There is no provision within the team for any younger age groups.
- During 2018/19 there were <5 referrals to Tier 4 services. Provision is out of area, although NEL CCG is working with the STP to develop closer provision at Hull.

Top five new referral reasons to YMM, 2018/19

Reason	Number of referrals
Anxiety	348
Low mood	280
Behavioural problems	279
Self-harm	220
Suicide risk	64

New referrals to YMM from vulnerable groups, 2018/19

Vulnerable group	Number of referrals
Child in need	48
Disability	43
Child protection plan	32
Looked after child	26
Learning disability	13

Source: YMM

Mental Health Services

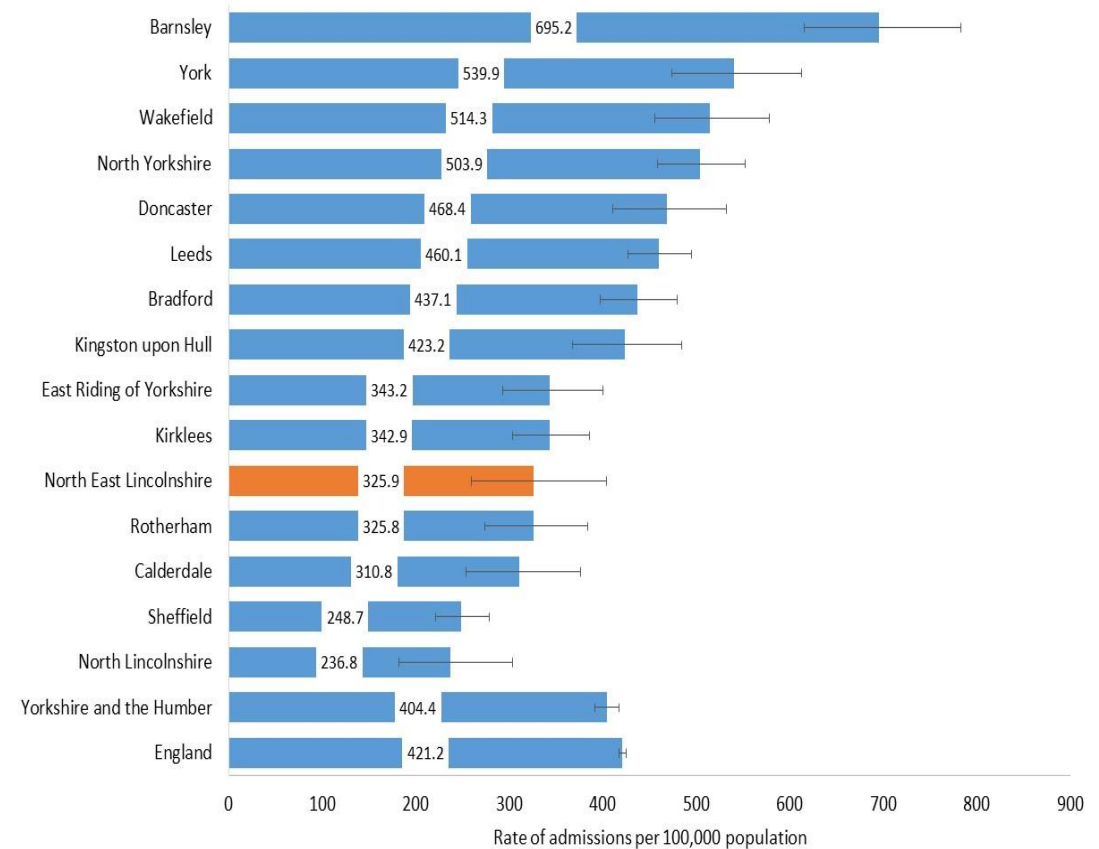
Kooth - counselling, advice and support service

- Kooth is a safe, confidential and non-stigmatised way for young people to receive free counselling, advice and support online. Staffed by qualified counsellors and available 365 days per year, it provides a confidential and instant access service for young people aged 11-25. Between January and March 2019:
- 4,088 logins from 367 users
- There were 298 new registrations (66% aged 14 to 17 years, and 73% female)
- 83% of log ins were returning young people whilst 17% were new log ins
- 189 young people used the message service with 1,922 messages exchanged
- 89 young people used chat sessions with 287 chats
- There were 778 views of the forums by 134 young people
- There were 568 view of articles by 104 young people
- Three quarters of log ins were out of office hours
- The most common goals were for support on seeking professional help, self-help, emotional support, and for feeling happier.

CYP receiving treatment for self-harm

- The main measure of self-harm in young people is the rate of hospital admissions for 10 to 24 year olds. These figures relate to admissions and not persons, and figures based on hospital admissions may be influenced by local variation in referral and admission practices, in addition to variation in incidence.
- The 2017/18 the NEL rate was 325.9 admissions per 100,000 population aged 10 to 24 years.
- This rate is lower than comparable figures for England at 421.2
- NEL has the fifth lowest local authority rate in the Yorkshire and the Humber region.

Directly standardised rate of hospital admissions for self-harm per 100,000 population aged 10-24 years, England and Yorkshire and the Humber LAs, 2017/18

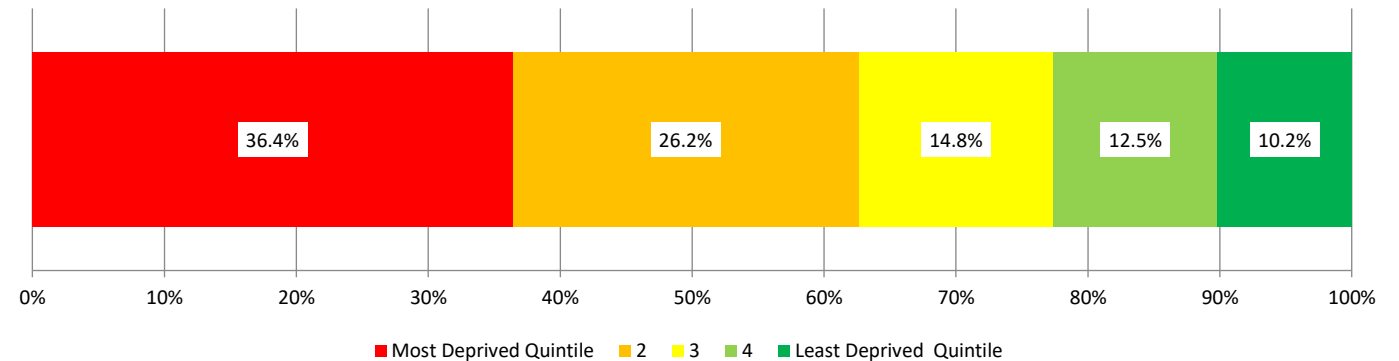


Source: PHE Fingertips

CYP receiving treatment for Self Harm

- The total number of admissions for self-harm of 10-24 year olds in North East Lincolnshire has fallen from 163 in 2012/13 to 84 in 2017/18 which is a reduction of 48%.
- The 84 admissions during 2017/18 comprised of 16% (n=13) aged 10-14 years, 40% (n=34) aged 15-19 years, and 44% (n=37) aged 20-24 years.
- A four year Secondary Uses Service (SUS) dataset for emergency hospital admissions for self-harm of 10-24 year olds covering the period 2015/16 to 2018/19 has been analysed. Over the four year period there were 440 emergency admissions of young people which equated to 305 individual young people.
- Of the 305 young people admitted to hospital:
 - 73% were female and 27% were male.
 - 20% were aged 10-14 years, 45% were aged 15-19 years, and 35% were aged 20-24 years (if an individual had multiple admissions then their age at the first attendance during the four year period has been used).
- Whilst there were young people admitted from all fifteen North East Lincolnshire Council wards, there is a clear socioeconomic gradient with an increasing number of young people being admitted for self-harm with increasing deprivation of residence.

Hospital admissions for self-harm of young people aged 10-24 years, by local IMD quintile of residence



10.7 SEND Health Services & Complex Care

- There are currently gaps in data in relation to children with SEND and those with complex care. One of the key issues is that SEND per se is not a category within health service coding. Rather health service coding is in line with the International Classification of Diseases and the Diagnostic and Statistical Manual of Mental Disorders (DSM).
- Children with high level health needs who require services greater than universal provision, have a continuing health assessment completed with a health care professional, who knows the child and family and understands their needs, and where possible someone involved from social care. This is then forwarded to the continuing health team.
- If the child is assessed as needing additional support, the family are contacted and meet a member of the Complex Health team, who advise of funding available – which is needs led, and discuss with the child/family how they would like to use that funding to support health needs, so that each package is bespoke to meet the needs of the child or family.
- There are currently 8 children who have funded continuing health support which provides bespoke packages of support for the children within their own homes.
- All these are Personal Health Budgets and all have managed accounts so that parents simply ring in hours worked by their carers to the management team; who then organise payroll, contributions and taxation for the package. This stops the parents who already have very busy lives having to cope with payroll services.
- Children who receive Continuing Health Care are flagged with the adult CHC team so that they are aware of them and their potential needs into adulthood.

10.8 Children Looked After Health Service

Key health activity 2011/12-2018/19

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
AHA	100%	97%	99%	97%	99%	99%	98%	100%
Dental check	96%	99%	99%	94%	98%	96%	94%	95%
Immunisation	94%	96%	99%	96%	96%	99%	97%	99%
Health check	100%	100%	100%	100%	100%	100%	100%	100%
Substance misuse	6%	4%	3%	2%	3%	6%	8%	6%
Intervention offered	50%	100%	100%	100%	100%	100%	67%	56%
Intervention received	50%	0	0	67%	60%	55%	28%	6%

Suggested Areas of Future Focus

- The Health Visiting Service is a universal service. The current issue with timely notifications from Midwifery Services is impacting on the universal reach of the service, access to the Healthy Child Programme (0-5) and is generating a level of unmet need. Earlier efforts to improve notifications have not yielded sustained results. Therefore, it is suggested that work to improve the notifications is driven at a senior level within NLaG and for this to also be a performance metric within the specification for Maternity Services.
- It is unclear why there are inequalities in the delivery of the 2-2.5 year review and the ASQ-3 check by the Health Visiting Service. Possible issues could centre around staff capacity and case-loading. If a sizeable proportion of children are at higher thresholds of need in these areas, it remains important they still have access to this key developmental review and check.
- The School Nursing service is at the forefront of prevention in relation to school-aged children. Caseloads tend to be at the higher thresholds of needs. A new outcome-focused service specification should be developed based on available intelligence and insight, to re-orientate the Service back to prevention and early intervention. Delivery should therefore be geared towards with the Service able to demonstrate its public health impacts against clear metrics.
- A composite data set should be developed around sexual health need and services for CYP, at sufficient granularity, to drive commissioning and service provision.

Suggested Areas of Future Focus

- In the ALS, less than 50% of CYP reported not knowing where to access condoms. The Current C Card scheme is currently only promoted via the School Nursing Services (and 1-2 youth workers) and data shows only a small proportion of young people receiving condoms through the service. Therefore, we need to promote the C Card much wider, across a greater range of health services, including General Practice, and in other relevant services and venues, including targeting those at risk of teenage pregnancy.
- Based on the levels of substance misuse, and especially for alcohol, identified in the Adolescent Lifestyle Survey 2019, compared to treatment activity data, there is a level of unmet need. This should be redressed as far as possible via a strategic work-stream as part of the Substance Misuse Strategy.
- Consider capturing and monitoring the Tier 2 substance misuse work re CYP as part of contract monitoring.
- Hospital admissions for CYP could be reviewed to identify preventable admissions and associated preventative action.

Suggested Areas of Future Focus

- Ensure robust arrangements are in place for contract data flows in relation to secondary care services and children's community nursing services and ensure these are centrally available. Undertake relevant analysis to inform commissioning and service delivery.
- A review of children's therapy services to map current provision, review need with the aim of jointly planning and commissioning services with relevant partners.
- NHSE commission a primary dental, pharmacy and ophthalmic services as well as a range of specialist services for CYP for which no data was identified during the production of this HNA. It is suggested relevant data and data flows are explored further so that we can determine if these services are meeting the needs of CYP in NEL or otherwise seek assurance from NHSE.