EBD.
EconomicsByDesign

NHS

London Babies, Children and Young People Improvement Collaborative

Implementing integrated paediatric hubs

Resource Pack

Final

Updated July 2023

EBD. EconomicsByDesign

Contents

- Resource pack overview and scope – slide 3
- The strategic case – slide 6
  - Case studies – slide 23
- The economic and financial case – slide 40
- The commercial case – slide 47
- The management case – slide 49
- Monitoring and evaluation – slide 50
- Selected document summaries – slide 55

EBD. EconomicsByDesign

EBD. EconomicsByDesign

Resource Pack Overview

- This resource Pack has been designed as a toolkit to support ICBs through the scoping and implementation of new integrated service models for children and young people.
- In practice, each Integrated Care System will have their own templates for business case submission and so the content contained in this guidance will need to be adapted accordingly.
- The guide is accompanied by a repository of documents including published articles, national reports, and case study material.
- It is intended that the guide will be developed, adapted, expanded and improved in collaboration with stakeholders and as experience with strategic commissioning for these new service models develops.
- Suggestions for improving, updating and/or expanding the content should be sent to: **england.cyptransformationldn@nhs.net.**

EBD. EconomicsByDesign

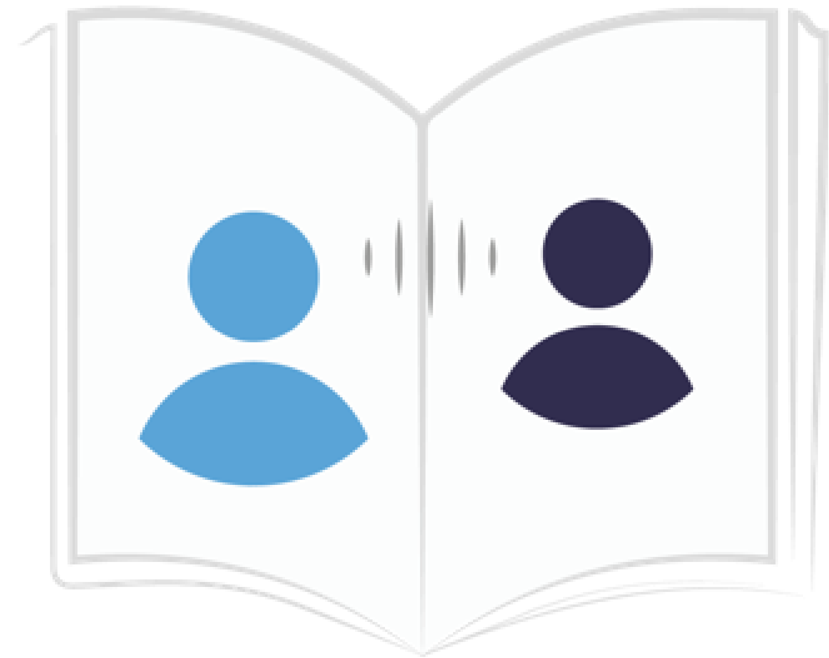
Context

This pack contains material made available during the discovery phase in February-March 2023.

It is a work in progress and will be developed further as new material becomes available.

Supplementary resources are linked throughout this pack. Some files are hosted on the FutureNHS Collaboration platform Babies, Children and Young People Transformation programme workspace.

Note: content on FutureNHS can be accessed by members only, you can request to join if you are not currently a member.



EBD. EconomicsByDesign

EBD. EconomicsByDesign

This resource pack is structured to reflect the different asks within a business case

Case 1: Strategic context

Case 2: Economic case and value for money

Case 3: Financial Investment

Case 4: Commercial case

Case 5: Management/implementation

Based on H.M. Treasury "Five Case Model": Actual ICB templates will vary.
Note we have reversed case 3 & 4 for improved flow in this context.

EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

Strategic Case

The following slides contain resources and case studies that may be useful in identifying and outlining your case for change.

What is the context for this investment and what problem are we trying to solve?

What is the burning platform?

EBD.
EconomicsByDesign

Global Context

- These are useful resources that can be referenced or searched if evidence is required to demonstrate an international perspective or policy context for developing integrated services and the policy strategies and actions needed to achieve it.
- They are general resources and not focused directly on children and young people.
- They include useful international literature and bibliographies.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

Integrated People-Centred Health Services

- There is a global movement towards integrated care.

- The World Health Assembly in 2016 agreed the WHO Framework on Integrated People-Centred Health Services. This was a call for a fundamental shift in the way health services are funded, managed and delivered. The shift is away from health systems designed around diseases to services designed around people.
- There are five Integrated People Centred Health Services strategies:

  1. Engaging and empowering people and communities
  2. Strengthening governance and accountability
  3. Reorienting the model of care
  4. Coordinating services within and across sector
  5. Creating an enabling environment

- More details, guidelines, good practice and case study resources can be found here: https://www.integratedcare4people.org/ipchs-framework/

EBD. EconomicsByDesign
EBD. EconomicsByDesign

International Foundation For Integrated Care

- The International Foundation for Integrated Care (IFIC) is a non-profit collaboration that connects academics, researchers, managers, health and care professionals, users, carers, policy and decision makers across the world. More details are available here.
- IFIC has a useful library of papers known as the IFIC knowledge Tree.
- There is also an open-access journal, the "International Journal of Integrated Care" that has useful peer-reviewed articles and information.
- IFIC focuses its work around the 9 pillars of integrated care (see next slide).

EBD. EconomicsByDesign

EBD. EconomicsByDesign

The IFIC 9 Pillars Of Integrated Care

1. **Shared Values and Vision** emphasising the need for population health and service integration to be seen as a system-wide responsibility with all stakeholders committed to working together for a shared vision.
2. **Population Health and Local Context** promoting the development of place-based initiatives designed around local needs, community assets and multi-sectoral approaches.
3. **People as Partners in Care** building on from the concept of empowering patients, families and carers in the development of population health.
4. **Resilient Communities and New Alliances** the importance of community assets and social and community capital as a driver for the effective community-based integrated care.
5. **Workforce Capacity and Capability** highlighting the need for core-competencies and integrated working practices focused on patient advocacy, communication, inter-disciplinary working, people-centred care and continuous learning.
6. **System-Wide Governance and Leadership** promoting network governance models which take into account the complexities and
inter-dependencies of health systems and promoting co-operation rather than competition.
7. **Digital Solutions** as the “cement” that holds the integration building blocks together, from infrastructure, through to shared care records and digital health technologies, to improve the monitoring, management and delivery of care.
8. **Aligned Payment Systems** the use of payment systems as tools for enabling funds to flow where they need to and driving these as integration rather than as inhibitors or providing perverse incentives.
9. **Transparency of Progress, Results and Impact** there is no single model of integrated care that fits all systems; good practice should involve sharing results in a transparent and honest way to promote continuous learning.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

- The following slides offer useful resources that can be referenced or searched if evidence is required that there is a policy context for developing integrated services.
- Some of these resources relate specifically to children and young people, others are more general.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

Strategic Context (Nuffield Trust)

- Significant child health inequalities (particularly food and fuel poverty).
- Burden of disease has shifted from infectious disease to acute and chronic conditions.
- There is room to improve child health outcomes and quality of care, relative to comparable countries.
- Successive reviews have highlighted poor quality of services for children and young people.
- Child health services are generally hospital focused and reactive, with disjointed and poorly integrated services within health systems and poor integration with non-health services.
- Poor health literacy within the population increases reliance on the health system.
- Primary care is where most children are first and most frequently seen however, general practice does not have the time, or the human and physical resources to address need.
- There is a capability gap between primary and secondary care. Expertise of hospital-based paediatricians is not generally available to general practitioners. Hospital-based paediatricians are less well trained in prevention and health promotion.

Kossarova L, Devakumar D and Edwards N (2016) ***The future of child health services: new models of care***. Nuffield Trust.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

National Policy On Integrated Care

- The NHS in England is now embracing a system design more consistent with People Centred Integrated Health Services (IPCHS) promoted internationally by the World Health Organisation. This policy shift was articulated first in the NHS Long Term Plan, and subsequently operationalised through the establishment of 42 Integrated Care Systems (ICS) across the NHS in England. The need for this transformation was turbo charged by the COVID-19 pandemic, which highlighted prevailing system design faults. Contracts and payment models were suspended to remove perverse incentives and barriers to collaboration.

  Going forward there are real opportunities for embedding the new system design quickly.

- The new NHS Health and Care Act 2022 enshrines the new integrated care system arrangements in law. The goal of the new ICSs is to:
  1. improve outcomes in population health and healthcare
  2. tackle inequalities in outcomes, experience, and access
  3. enhance productivity and value for money
  4. help the NHS support broader social and economic development.

EBD. EconomicsByDesign

National Policy On Integrated Care For Children & Young People

Important relevant national policy developments:

- The potential development of **Integrated Neighbourhood Teams** Next Steps for Integrating Primary Care – Fuller Stocktake Report, May 2022, here: https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/
- A focus on **Core20Plus5** for children and young people, here: https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-cyp/
- The development of **Population Health Management (PHM)** approaches: https://future.nhs.uk/populationhealth/groupHome
- The development of **Family Hubs:** https://www.gov.uk/government/publications/family-hubs-and-start-for-life-programme-local-authority-guide

There is a real opportunity to use Integrated Neighbourhood Teams and PHM to formalise and develop an integrated service model for children and young people to further focus on those children and families most at risk of poor health outcomes, and to engage with local authority colleagues and patient and public engagement initiatives more generally through the Family Hubs.

EBD. EconomicsByDesign

The Fuller Stocktake

"A new vision for integrating primary care, improving the access, experience and outcomes for our communities, which centres around three essential offers:

- ***streamlining access to care and advice** for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community **when they need it***
- ***providing more proactive, personalised care with support from a multidisciplinary team of professionals** to people with more complex needs, including, but not limited to**,** those with multiple long-term conditions*
- ***helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention."*

Key Issues:

- Aligned leadership
- Building **integrated teams in every neighbourhood**
- Delivering the change our patients and staff want and need
- Creating the national environment to support locally driven change
- Hardwiring the system to support change

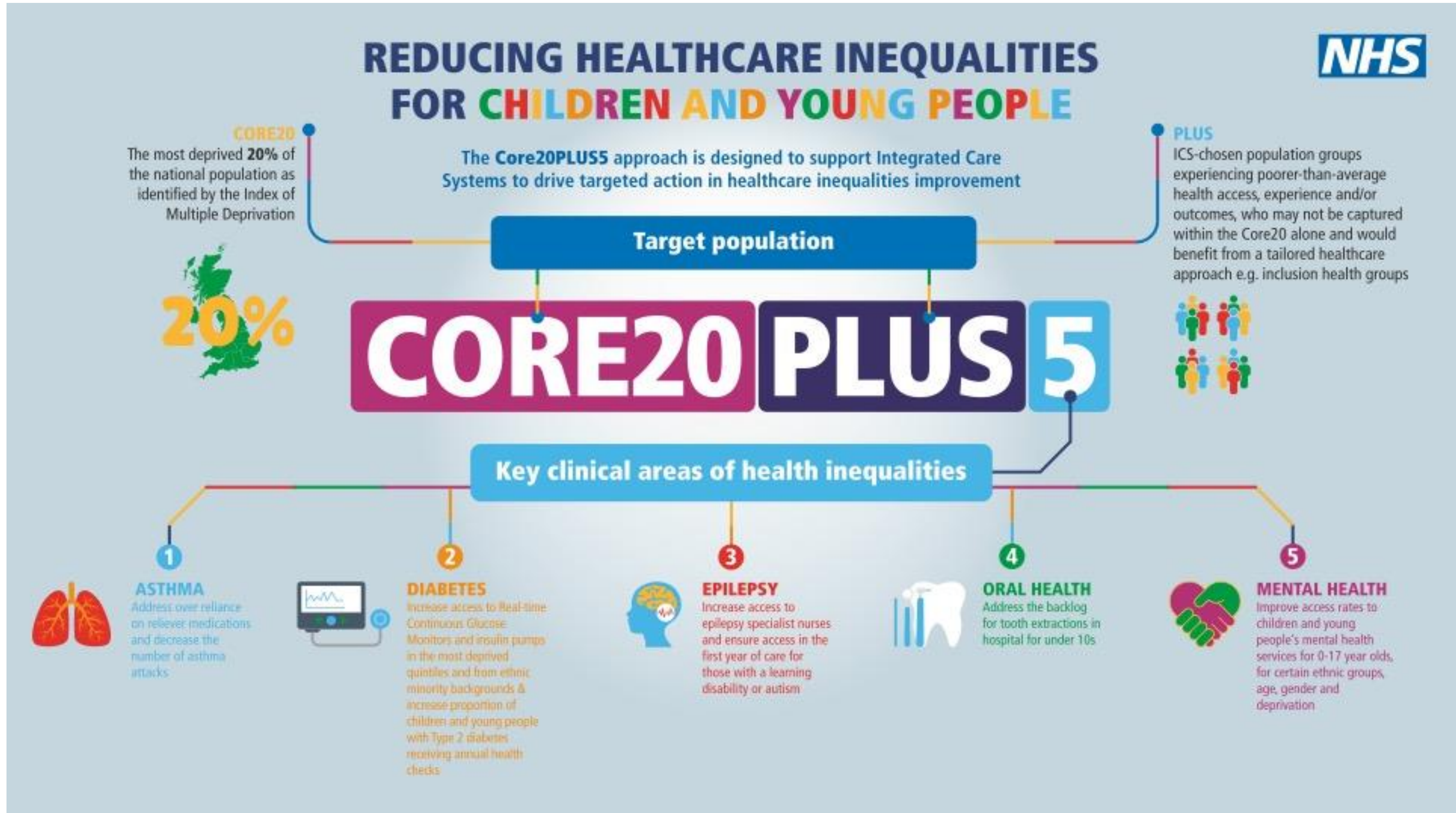
The Report References the North-West London Child Health Hub as a Model Case Study.

NHS England » Next steps for integrating primary care: Fuller stocktake report

EBD. EconomicsByDesign

EBD. EconomicsByDesign

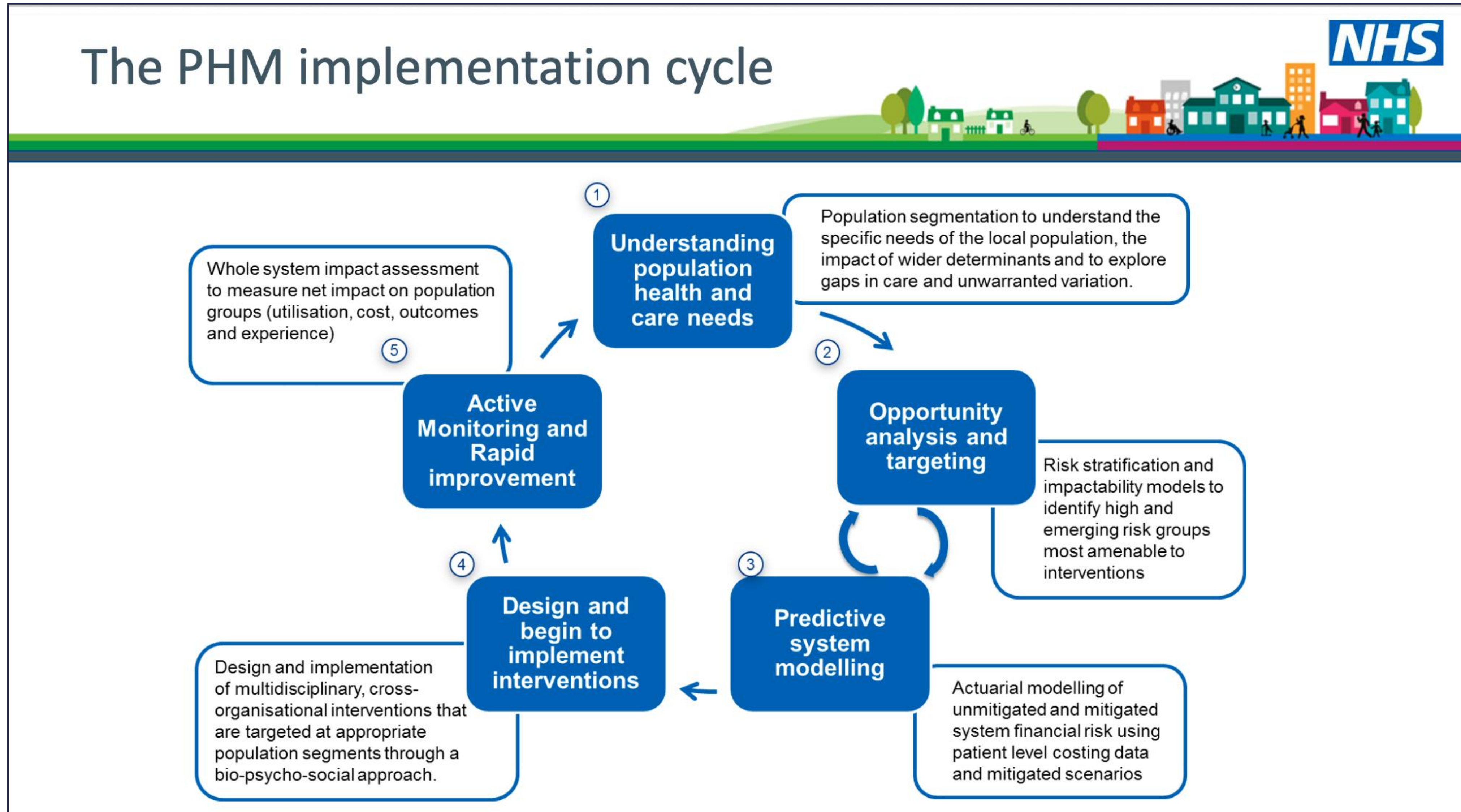
Core20PLUS5 for Children & Young People



[NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people]

EBD. EconomicsByDesign
EBD. EconomicsByDesign

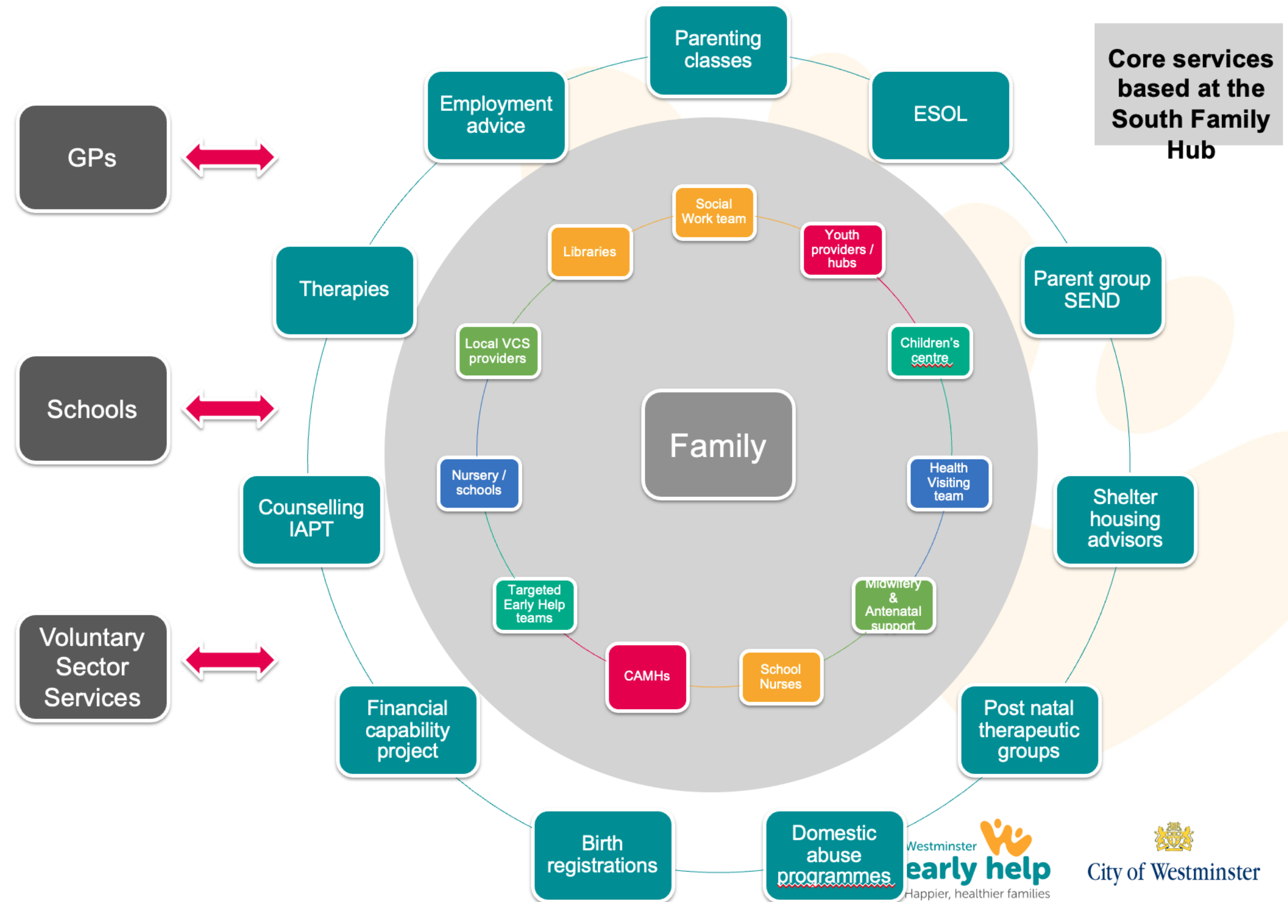
Population Health Management Approaches



Request to join FutureNHS workspace for more information/resources.

EBD. EconomicsByDesign
EBD. EconomicsByDesign

Family Hubs



75 eligible local authority areas set to receive a share £301.75 million Family Hubs and Start for Life programme funding package for the period 2022–2025.

Family hubs are a "place-based way and bring services together to improve access, improve the connections between families, professionals, services, and providers, and put relationships at the heart of family support. Family hubs offer support to families from conception and two, and to those with children of all ages, which is 0-19 or up to 25 for those with special educational needs and disabilities (SEND), with a great Start for Life offer at their core."

See full government guidance document on Family Hubs and Start for Life programme.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

Service Models

There are many different service models, and these can vary in terms of:

- Focus – e.g., multi-sectoral prevention, improved primary health and social care, re-oriented acute and primary health care.
- Age range – all ages, 11+
- Health and Health risks – all health risks, condition specific risks, age specific risks, mental and sexual health
- Operating models – joint clinics, use of triage, shared resources, use of MDTs, peer support models, access protocols (e.g., open access vs triage), referral protocols (e.g., onward referrals to other services), use of social prescribing
- Funding – paid for within existing (repurposed) resources, "top-up" funding, project funding, volunteer time

EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

Links to Models & Case Studies

There are a number of case studies of models that might provide useful sources of information:

- https://www.england.nhs.uk/integratedcare/resources/case-studies/integrated-care-in-action-children-and-young-people/
- https://www.hantsiowhealthandcare.org.uk/your-health/schemes-and-projects/transforming-childrens-services
- https://www.cc4c.imperial.nhs.uk
- https://www.cyphp.org
- https://www.northeastlondonhcp.nhs.uk/ourplans/health-spot.htm
- https://www.thewellcentre.org/
- https://www.battersearisegrouppractice.co.uk/navigator/book-an-appointment-with-our-youth-link-worker/
- https://gps.northcentrallondon.icb.nhs.uk/service/integrated-paediatric-service-ips

EBD. EconomicsByDesign
EBD. EconomicsByDesign

Key Design Features

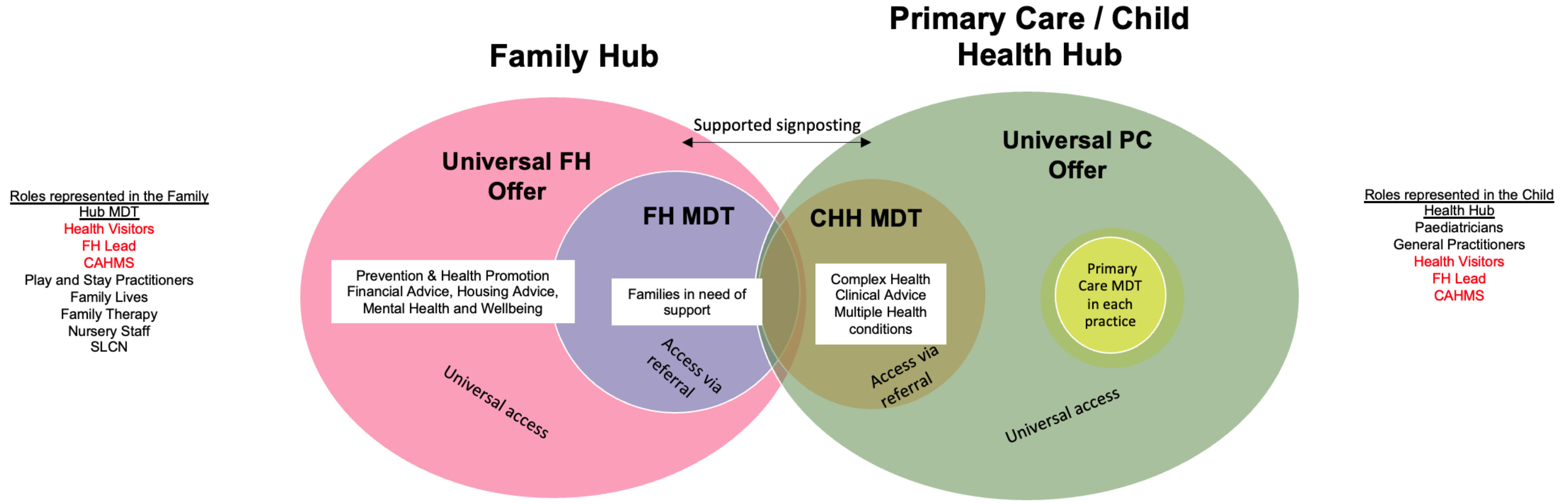
- **A relationship-based network** of health and care professionals for a neighbourhood – email and telephone connections, formal and informal triage
- **Primary health care outreach** to youth services to complement services for adolescents, build child health capability and health literacy and empower non health professionals (Open Access Outreach Clinics to promote access to services)
- **Acute paediatric outreach** to general practice to complement and enhance primary care services (Joint Clinics to support diagnosis, build capabilities of children and parents, for condition management, and refine referral pathways)
- **Multi-disciplinary team co-ordination** with primary and acute health professionals to improve case identification and management (Joint MDT meetings for case review, appropriate referral management, shared learning, relationship building)
- **Focused on priority neighbourhood needs** for the whole population
- **Quality improvement approaches** for continuous improvement

Models have combinations of these design features depending on the development of the service and local needs.

EBD. EconomicsByDesign
EBD. EconomicsByDesign

Potential Relationships With Family Hubs

Pivotal Integration Role for Family Hub Navigator



Case Studies

The following case studies are highlighted together with any evidence of health system efficiency impact and illustrative staffing requirements, where available.

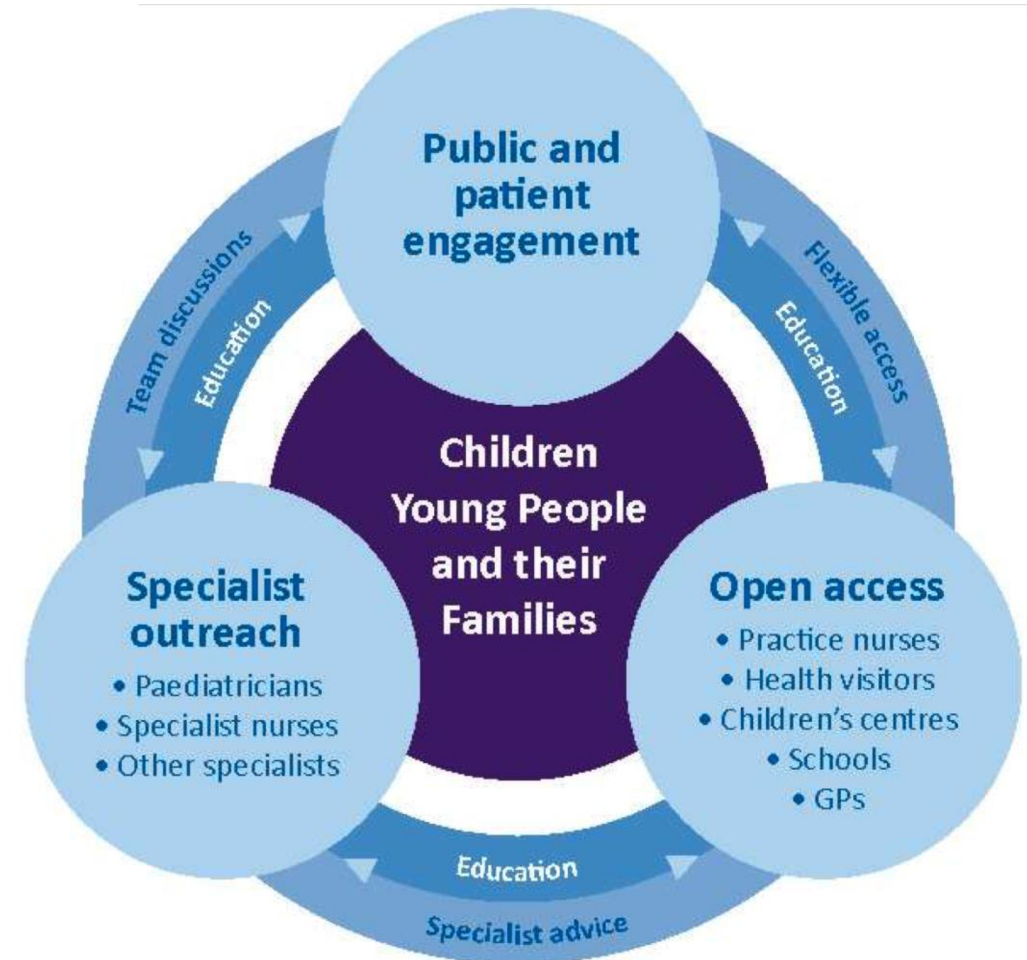
- Child Health Hub
- CHILDs Framework
- NCL Integrated Paediatric Service
- Battersea Youth Clinic
- Well Centre
- Health Spot

Further information on each model is available in the document repository for each model, including benefits to patients and families and feedback from staff delivering care, where available.

EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

Child Health Hub



EBD.
EconomicsByDesign

Child Health Hub (CHH)

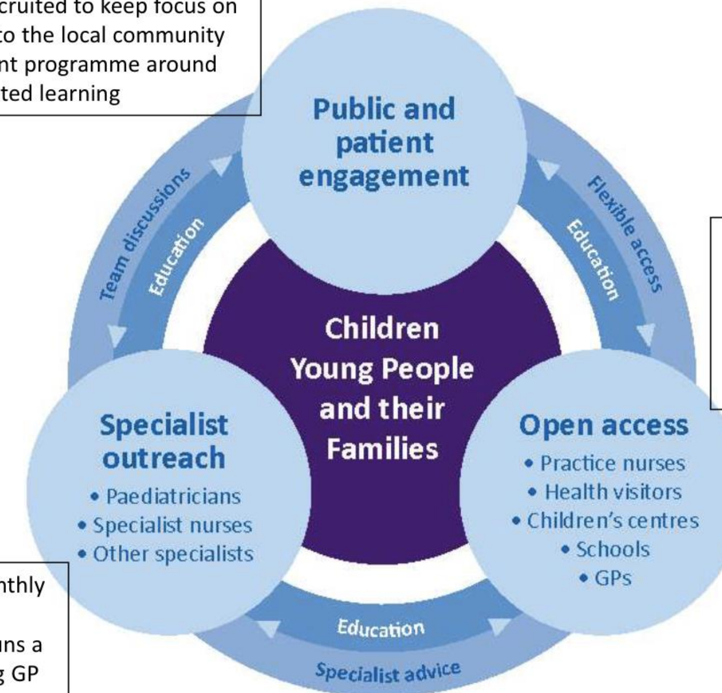
In practice, the CHH models vary to take account of local context, health need, and integration gaps.

”In a complex system, relationships determine the outcome. The CHH is about creating relationships across a care gap.”

CHILD HEALTH GP HUB

3 core elements – centred in primary care

- Practice Champions recruited to keep focus on the things that matter to the local community
- Wide public engagement programme around health & wellbeing related learning



- Close contact between MDT professionals on phone & email
- Work to widen access to their GP practices for children and young people

- Paediatrician leads monthly lunchtime MDT
- While in the practice runs a joint clinic with rotating GP
- Opportunity to use the paediatrician for any other child health related work

https://www.cc4c.imperial.nhs.uk

EBD.
EconomicsByDesign

Summary of Health System Efficiency Metrics Child Health Hub

Evidence Source	Key Finding
Montgomery-Taylor S, Watson M, Klaber R Child Health General Practice Hubs: a service evaluation Archives of Disease in Childhood 2016;101:333-337.	Multi-practice CHH delivered: 81% reduction in outpatient appointments (42% shifted to out of hospital, 39% avoided) 22% Reduction in A&E attendances, 17% Reduction in Paediatric admissions
Connecting Care Children's Hubs Project and Lessons Learnt Report, Alison Day, Sanjay Patel (Hampshire and Isle of Wight Children's STP) – undated but refers to 2019 project.	Model CHH generated: 13% reduction in GP appointments 20% reduction in first outpatient appointments 7% reduction in all outpatient appointments 6.96% reduction in non-elective admissions 3.22% reduction in A&E attendance Analysis looking at specific patients who have been seen in a clinic (tracked via NHS number) shows significant reduction of 999 - Hear treat/See treat/convey; emergency department attendance and emergency admission
Early findings from Sphere PCN (unpublished)	Data shows at a minimum diversion of cases (up to 15 cases seen or reviewed at the MDT each month at the hub).
Analysis from Hillingdon Paediatric Integrated Community Clinics (unpublished)	In addition to cases diverted from OPD to PICCs, reduction between 2017-2018 & 2018-2019 of: 261 in new GP referrals 316 in new and follow-up GP referrals

EBD. EconomicsByDesign
EBD. EconomicsByDesign

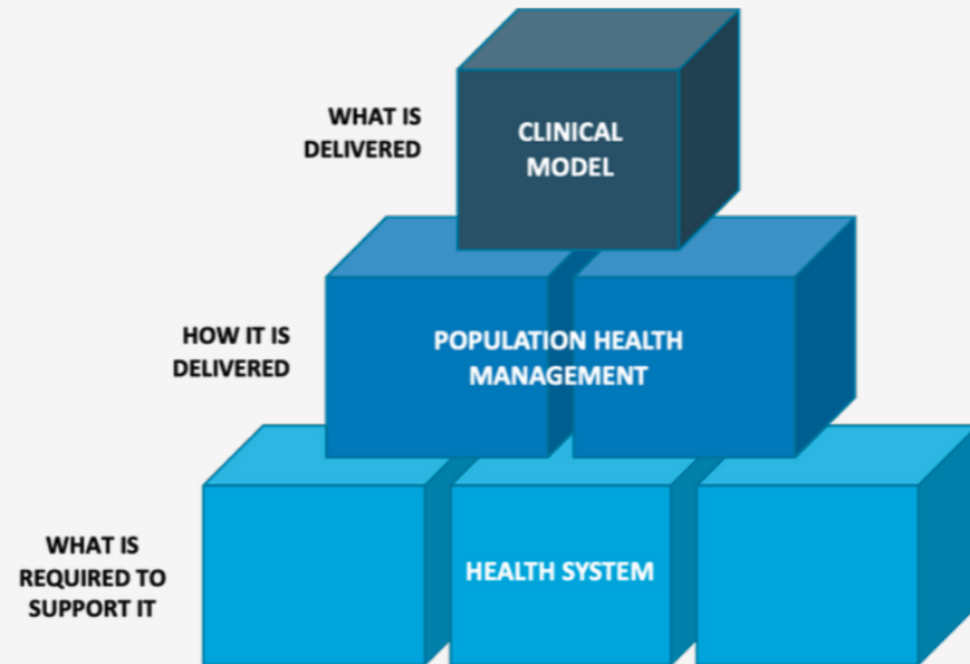
Illustrative Resource Requirements Child Health Hub

PCN Resource For Population (all ages) 45000	Number	Service	Hours Per Month	Hours Per Year
Consultant	1	Clinic (including travel and admin)	6	66
Consultant	1	MDT	1	11
Consultant	1	Direct access	4	44
GP	1	Clinic	4	44
GP	1	MDT	1	11
MDT representative (band 6 or equivalent)	5	MDT	5	55
Family Hub / social prescriber	2	MDT	2	22
PHM Support	1	CHH	4	44
Coordinator	1	CHH	8	88

EBD.
EconomicsByDesign

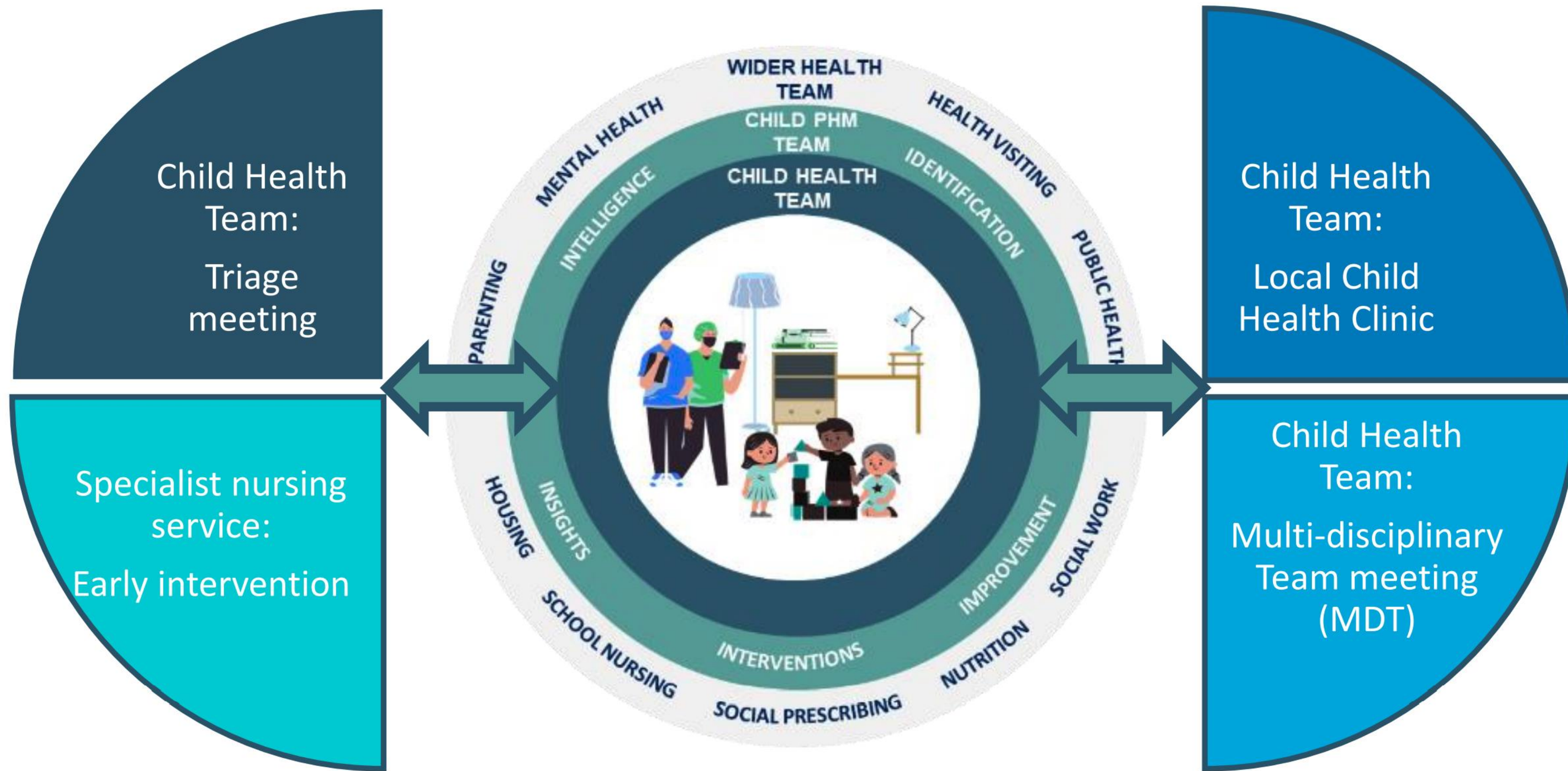
EBD.
EconomicsByDesign

CHILDS Model



EBD.
EconomicsByDesign

The CHILDs Framework



CHILDS FRAMEWORK

CHILDREN & YOUNG PEOPLE'S HEALTH PARTNERSHIP

[CHILDS Framework - Child Health Team, Population Health]

EBD. EconomicsByDesign

Summary of Health System Efficiency Metrics CHILDs Model

<table>
<tr><th></th><th>Comparison between 6 months before and after children are seen by the CHILDs service</th><th>Triage</th><th>In-Reach Clinic</th></tr>
<tr><td rowspan="4">General paediatric and child health conditions</td><td>Reduction in primary care appointments with a GP or practice nurse</td><td>32%</td><td>40%</td></tr>
<tr><td>Reduction in Emergency Department attendances</td><td>22%</td><td>14%</td></tr>
<tr><td>Reduction in non-elective admissions to hospital</td><td>60%</td><td>7%</td></tr>
<tr><td>Reduction in all paediatric outpatient appointments</td><td>23%</td><td></td></tr>
<tr><td rowspan="2">Children With Asthma</td><td>Reduction in Emergency Department attendances</td><td colspan="2">49%</td></tr>
<tr><td>Reduction in non-elective admissions to hospital</td><td colspan="2">45%</td></tr>
</table>

Children and young people seen by the service are more deprived than local CYP population. Improving access to healthcare

The above is evidence from the March 2023 CHILDs service evaluation.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

Illustrative Child Health Team Resource Requirements CHILDs model

Role	Description	Monthly time commitment*
Patch paediatrician	Attend weekly triage meeting and monthly MDT Hold monthly in-reach clinic	9 hours
CYP GP lead	Attend weekly triage meeting Organise monthly MDT	6 hours
CHILDS nurse**	Attend weekly triage meeting and monthly MDT	5 hours
Primary care admin	Set up triage sessions and in-reach clinics	2 hours
Lead GP for borough	Support the CYP GP leads, convene quarterly meetings and help resolve any operational issues.	4 hours
Lead paediatrician for hospital	Support the local paediatricians, share learning and innovative practice between paediatricians and highlight any operational issues.	4 hours

Typical on-going resource for a PCN with a CYP population of 8,500. Does not include MDT time requirements.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

North Central London – Integrated Paediatric Service

EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

NCL Integrated Paediatric Service

The Integrated Paediatric Service brings paediatric expertise into the community and comprises:

- Consultant-led Triage of general paediatric outpatient referrals.
- Multidisciplinary Team Meetings (MDM'S) provide paediatric Advice, Guidance and Learning once a month to discuss case referrals with a Consultant Paediatrician and Team of Multi-Disciplinary professionals from Health, Social Care, which currently includes Paediatrics, GP's, CAMHS, Health Visiting, Therapies, Asthma, Early Help and Children's Centres.
- Joint Primary Care Clinics for selected paediatric cases identified via Consultant led Triage. Children are jointly by a Consultant Paediatrician and local GP.
- Available for children aged between 0-18 requiring non-urgent paediatric advice, guidance and treatment.
- Referrals are available except where a lead clinician has already determined another specialism is more appropriate.
- 22 PCNs actively involved in delivering integrated clinics or MDM meetings across NCLICS.
- Local place-based delivery teams available in each borough developing designing and scaling the model across the PCNs.

EBD. EconomicsByDesign
EBD. EconomicsByDesign

Battersea Youth Clinic

EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

Battersea Youth Clinic

- Based in Battersea Primary Care Network, Wandsworth, South West London.
- Clinic is a social prescribing model enabling referral to a CYP link worker.
- Established in February 2021.
- Main reasons for referral are mental health issues but also used for other issues and social needs.
- Onward referral includes mental health (41%), social support (30.4%), clinical support (13%), physical exercise (4.3%).

EBD. EconomicsByDesign
EBD. EconomicsByDesign

Well Centre

EBD.
EconomicsByDesign

Well Centre

- The Well Centre is a free confidential health hub for 11–20-year-olds.
- Run by the Herne Hill Group Practices in collaboration with the Guys and St Thomas' Charity, Lambeth Council, NHS Lambeth, South London and Maudsley NHS Foundation Trust.
- Provides confidential access to GPs, a counsellor and a team of Health and Wellbeing practitioners.
- A member of the team assesses needs using a "Teen Health Check" to tailor support for each young person.
- Health & Wellbeing practitioners provide up to 3 months' work of sessions to eligible young people to support improvement in mental and physical health, provide connections to support for mentoring, sports, creative activities, provide advice on housing, education and training. The HWP practitioners also provide group support. Some HWPs are embedded within diabetic services and some have complementary roles in youth justice services.
- Not an urgent "drop in" centre. Must be referred (e.g. parental, school, social services, GP and self-referrals).
- Very close relationship with CAMHS service.
- Potential for very close relationship with CHH, CHILDs service or equivalent.
- Links to Family Hubs feasible but strength of Wells Centre for young person is confidentiality.

EBD. EconomicsByDesign
EBD. EconomicsByDesign

EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

Healthspot

- Health Spot is a specialist extended GP hub specifically for young people. It was inspired by the Well Centre.
- It is delivered in Tower Hamlets, North East London, in partnership as part of a safe and convenient youth space set up by a local housing association "Spotlight" – Poplar Housing And Regeneration Community Association's youth service.
- It supports the health and wellbeing needs of young people aged 11-19 years (up to 25years if facing additional challenges).
- It is focused on reducing young people's health inequalities.
- The service, which launched during the first Covid lockdown 2020, offers friendly, confidential medical appointments with a GP who is experienced in supporting young people's health needs along with the option of support from the Spotlight youth workers and other specialist input from Docklands Outreach, Safe East, Queen Mary University of London Clinical Effectiveness Group and many more.
- The Health Spot service is currently delivered by three GPs and two youth workers, in collaboration with an integrated team of local partners.
- It is run as a weekly GP clinic with the wrap around care of at Spotlight youth worker, who also provides the initial point of contact.
- Young people can be referred or can self-refer to the service.
- Presenting conditions include anxiety, mood, sexual health, long-term conditions. Onward referrals are generally signposting, community referrals, and medical referrals to the GP.
- Health Spot GPs do not replace the original GP that the young person may already be registered with.

EBD. EconomicsByDesign
EBD. EconomicsByDesign

Economic/ Financial Case

The following slides contain resources and case studies that may be useful in demonstrating that the proposed service model and associated roll-out strategies provide the best value for money compared to alternatives, as well as the affordability and funding of the preferred option.

What are the options for investment?

40

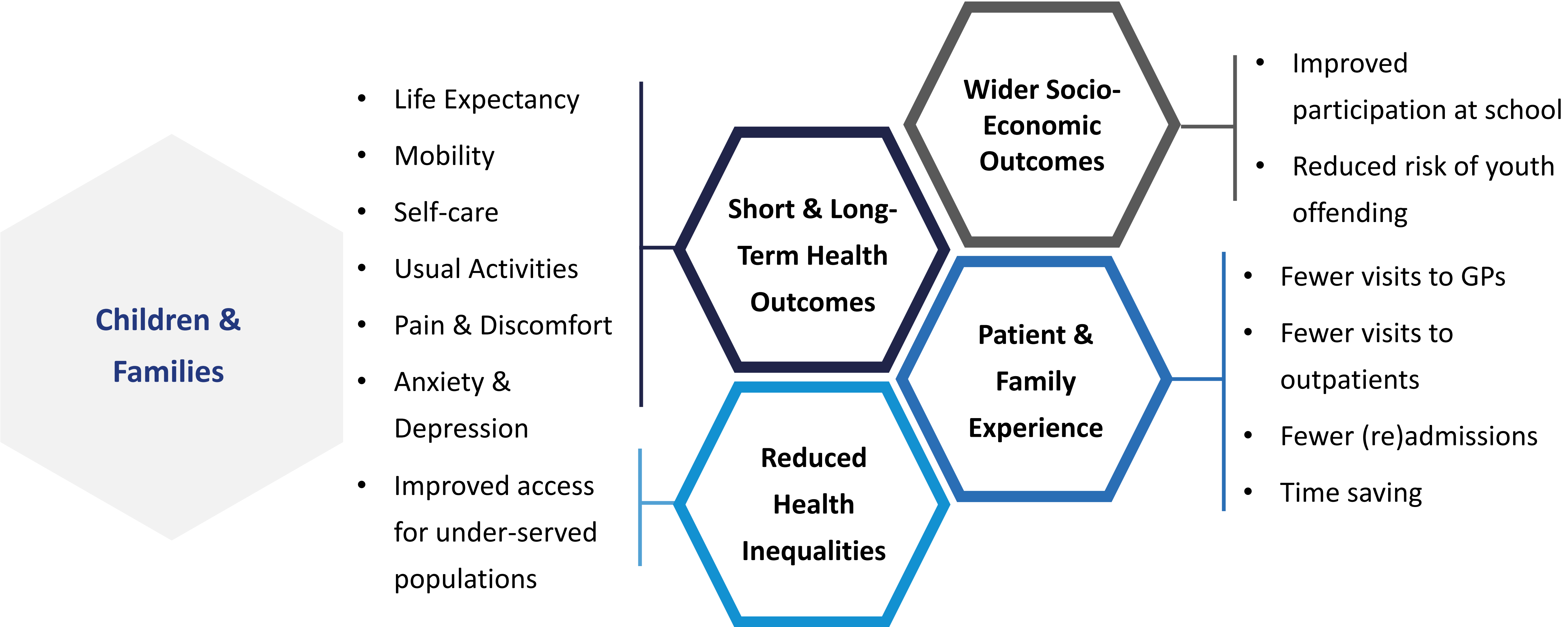
What is the funding requirement?

Will the solution provide best value for money?

Are there likely to be cash releasing savings or system "efficiency" savings that can be offset against the funding requirement?

EBD. EconomicsByDesign

Opportunities for Value: Children & Families



Opportunities for Value: Health Professionals Workforce

Health professionals workforce

- Wellbeing
- Human Capital – longer working life and return on education and training
- Career progression

For the individual

For the **health and care system** / **taxpayer**

- Reduced Presenteeism (effectiveness whilst at work)
- Reduced Absenteeism
- Reduced Turnover

EBD. EconomicsByDesign
EBD. EconomicsByDesign

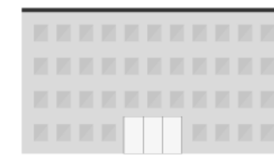
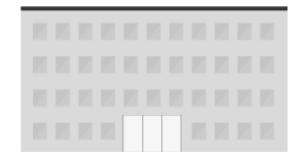
Opportunities For Value: Health & Care System

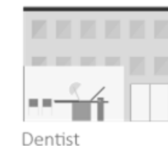
Health & Care System
(Taxpayer)

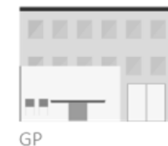
Measured (in part) by estimates of health and system efficiency improvements (which may generate savings or reductions in cost pressures).

For any given level of quality

- Fewer/Shorter A&E attendances
- Fewer hospital (re)admissions
- Shorter length of stay in hospital
- Fewer contacts per patient
- Fewer diagnostic tests
- Fewer GP appointments
- Fewer inappropriate community referrals

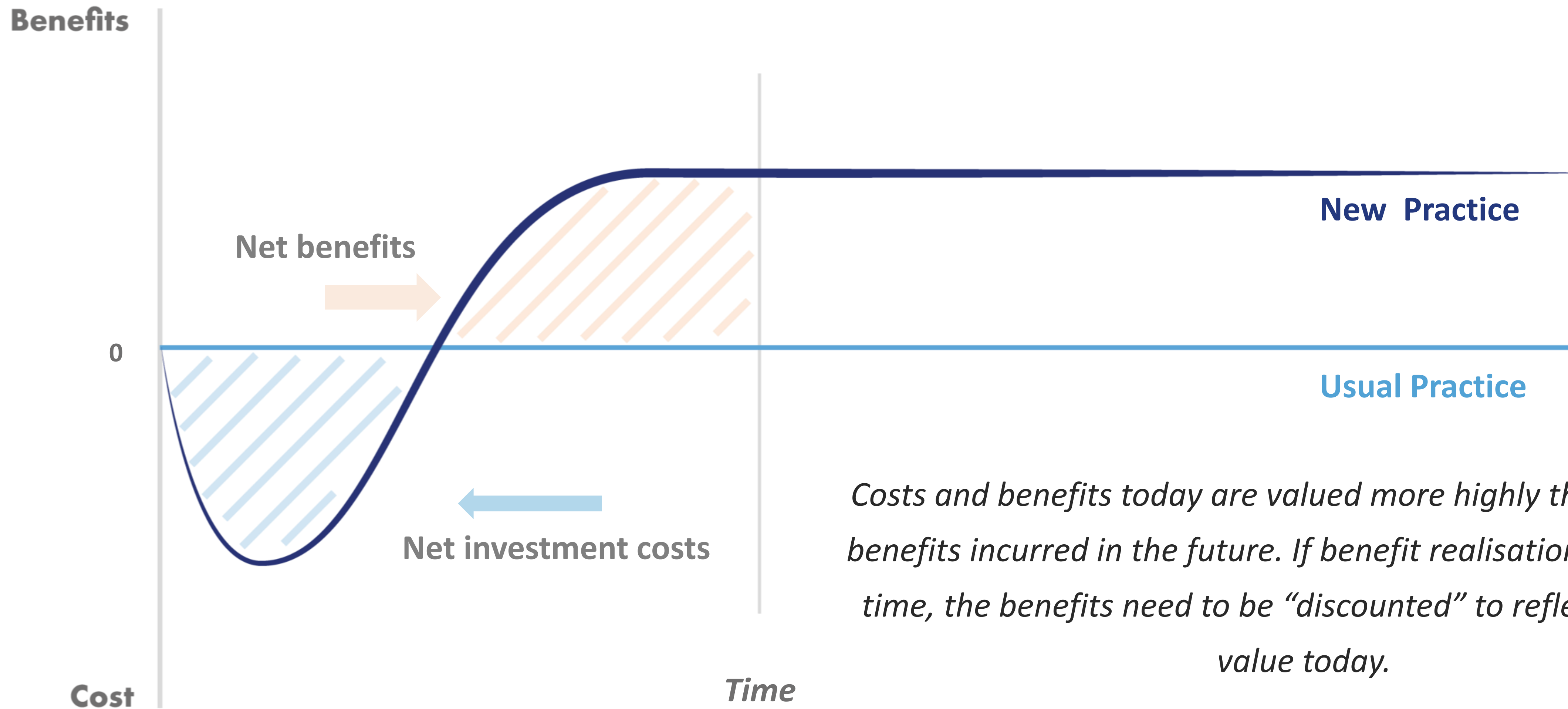







EBD. EconomicsByDesign
EBD. EconomicsByDesign

Focus On Measuring Change From Status Quo: Option 0, Over A Strategic Period Of Time



Costs and benefits today are valued more highly than costs and benefits incurred in the future. If benefit realisation takes a long time, the benefits need to be "discounted" to reflect their true value today.

EBD.

Data Sources

- The Personal Social Services Unit (PSSRU) at the University of Kent provides annual estimates of the Unit Costs of Health and Social Care. This is a valuable resource for accessing independent estimates of costs of health and care professionals across all care settings. See the manual here.
- The November 2022 NHS Tariffs provide useful estimates of the resource value of health system activity avoided as a result of the new integrated services for children and young people. See the tariffs here.
- Estimates of baseline health service activity levels for children and young people should be available from the ICS intelligence units – as data are integrated with local authorities, these should broaden out to cover social services and schools' data.
- Sources of estimates of the impact of the new services on patients and families, the health workforce, and health systems can be sourced from the relevant literature (see case study examples shown in the Strategic Case section of this Resource Pack) and from locally collected data, or local expert elicitation.
- Other estimates and assumptions can be generated from stakeholders or relevant experts.
- It is important to test whether the findings of the economic analysis is sensitive to any of the assumptions made or the evidence base.

EBD. EconomicsByDesign

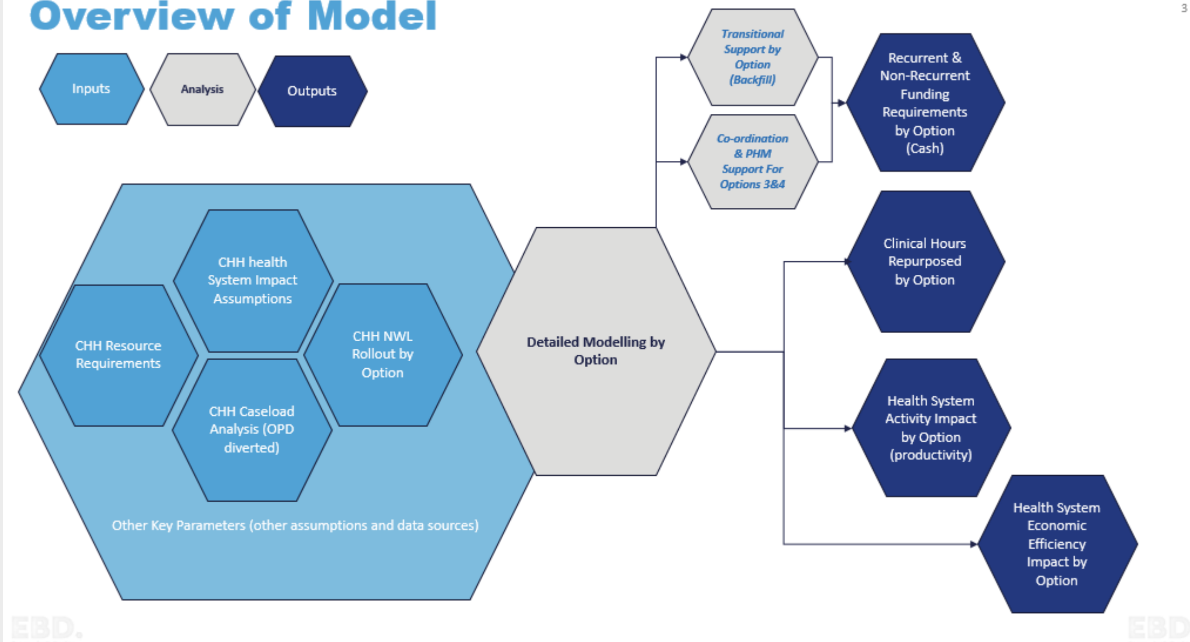
EBD. EconomicsByDesign

Case Study (CHH NWLICS)

Economic analysis was undertaken to support the NWL business case for the spread and adoption of the Child Health Hub (CHH).

A deterministic model was developed in which:

- A "model CHH" was developed and the costs and benefits were replicated across PCNs in line with the staged roll-out for each option
- Monetary values were assigned to health system benefits: OPD attendances avoided (not displaced), A&E attendances avoided, admissions avoided, GP appointments avoided, and inappropriate CAMHS referrals avoided
- Options where the Model CHH was "enhanced" with transitional support and population health management approaches were more effective than the traditional model
- Costs and benefits were assessed over a 10-year period
- Sensitivity tests were undertaken to identify whether changes to assumptions or efficiency impacts would alter the option preference ranking.



A purposed designed, simple model designed to support the business case decision.

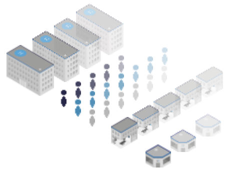
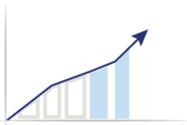
The outputs from the model were combined with non-monetised benefits to demonstrate the overall value case taking into account the benefits to children and families, and staff.

EBD. EconomicsByDesign

The information in the following slides will help to demonstrate the preferred option will result in viable procurement and a well-structured deal between the public sector and its service providers.

How will the service be contracted?

What are the practice barriers & challenges & how will they be overcome?

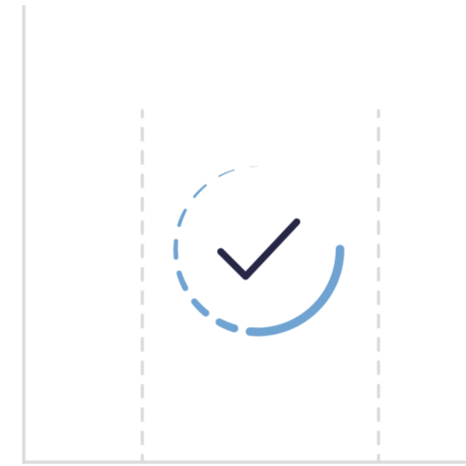
Five Organizing Principles		Description
	Need	**To Reflect Population Need or Perceived Risk** Money is distributed according to the size of the population need and associated costs arising from the impact or illness impact of an annual incidence or overall prevalence of a disease, or the perceived risk of a disease, or risk of injuries.
	Capacity	**To Reflect Human and Physical Capacity** Money is distributed according to the number, types and costs of inpatient beds or the numbers and costs of clinicians in a hospital or a primary or community outlet.
	Activity	**To Reflect Activity Levels** Money is used to cover the costs of the number of patients admitted or discharged, the number of patients operated on, and/or the amount, type and costs of medicines administered.
	Performance	**To Reflect (Good) Performance** Payments could be made to reward the achievement of defined and measured levels of patient reported experience or organizational efficiency (activity divided by costs).
	Outcomes	**To Reflect (Intermediate Or Final) Outcomes** Payments could be made to reward the achievement of treatment outcomes or improvements in population health.

This section has supportive information to help demonstrate that robust arrangements are in place to deliver, monitor and evaluate whether benefits are being delivered.

How will the change be managed?

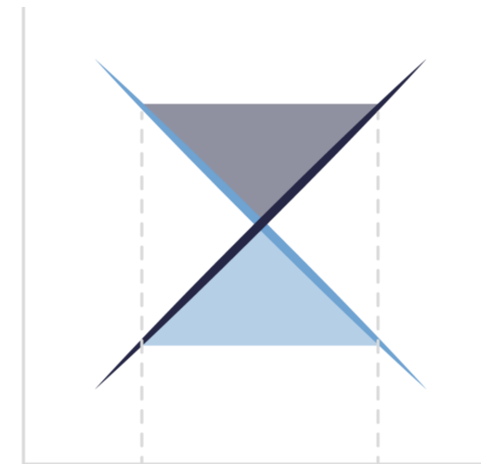
What are the plans for benefits realisation and evaluation?

Monitoring and Evaluation



Process

Impact



Economic

EBD. EconomicsByDesign

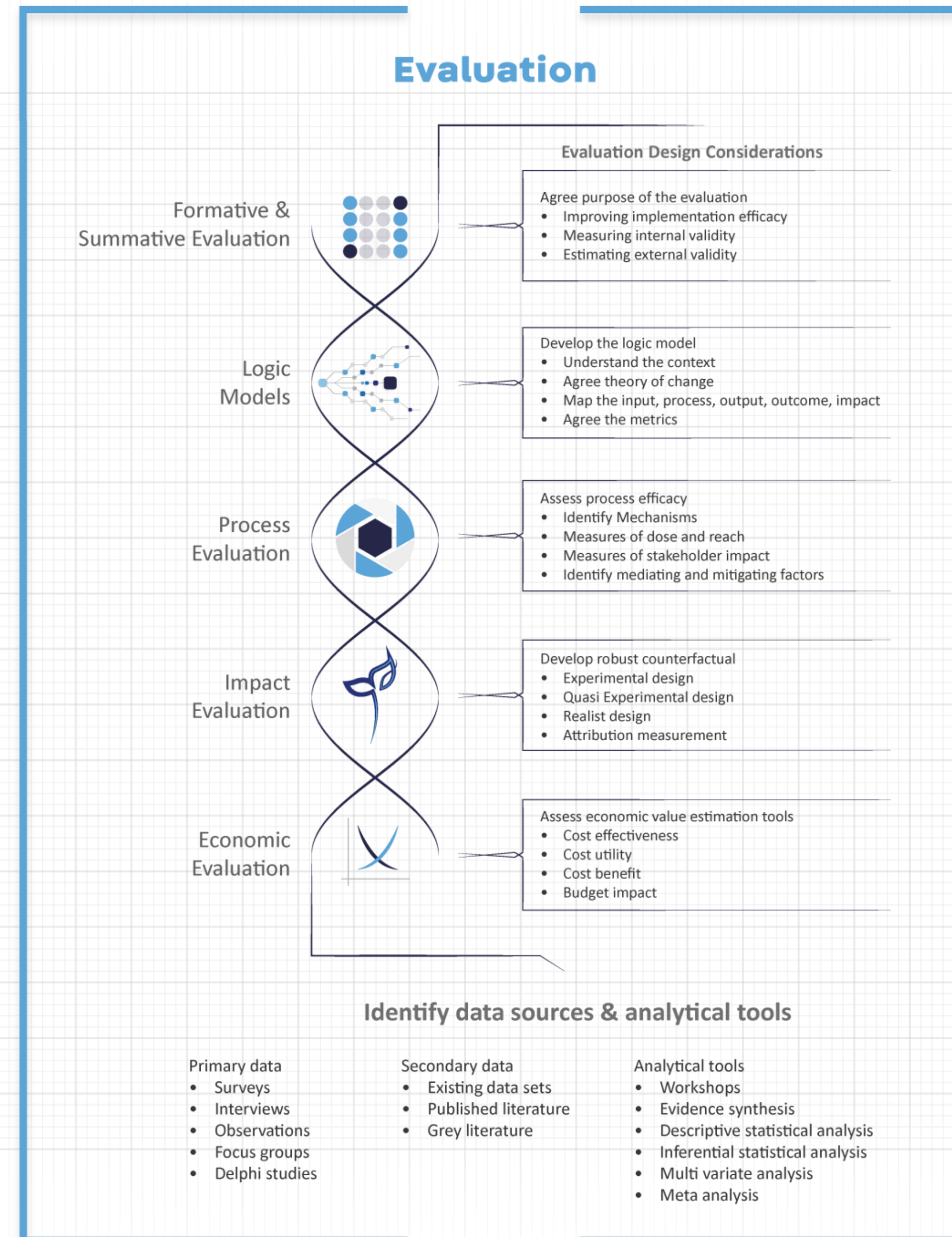
EBD. EconomicsByDesign

Formative & Summative Evaluation

- The on-going development of the CHH provides a unique opportunity for on-going proportionate evaluation of the impact of the CHH on patient outcomes, patient satisfaction, staff satisfaction and health system efficiency.
- The evaluation should have a "formative" component which would involve monitoring the adoption of the CYP integrated model and collecting up-to-date information on professional input (hours by professional group in clinic, MDT, and direct access), cases seen and referral outcomes. The formative element could include an assessment of challenges and issues, barriers and enablers, and practical lessons for improving the development and adoption of the model, the neighbourhood teams and key approaches such as the PHM approach.
- Summative service evaluations are difficult to design and deliver. There are many factors which influence outcomes and impact over time and differentiating the unique impact of a service changes requires sophisticated analytical methods which carry a risk of "attribution bias". Double-blind random assignment trials are the preferred method for assessing the impact of clinical treatments on outcomes, however, these are not usually possible for service changes.

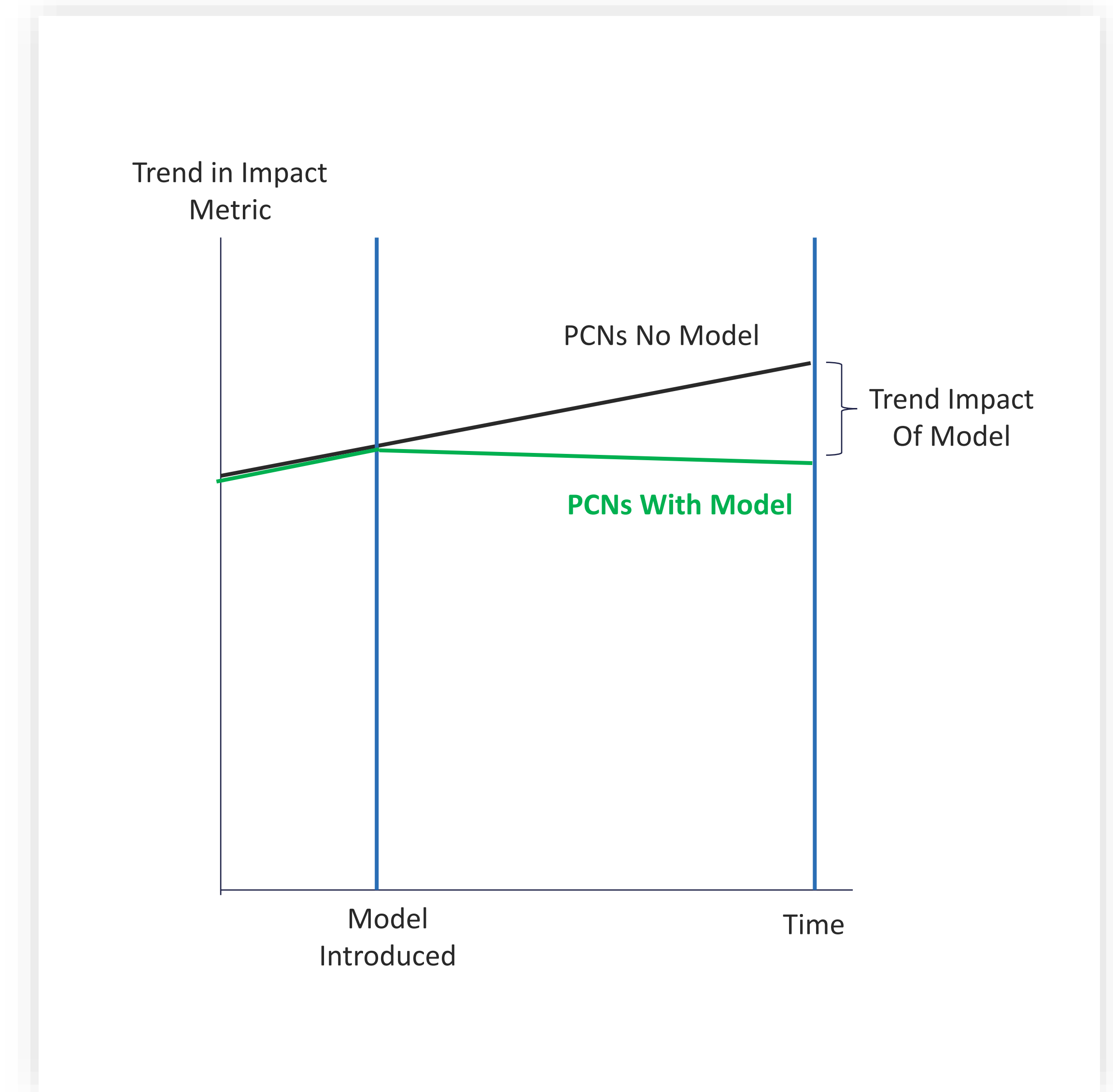
Mixed Methods Approach

- High-quality mixed-method techniques are available, which combine qualitative and quantitative data to understand cause and effect and draw conclusions regarding value; government guidance on using these techniques for public policy evaluation is available from H.M. Treasury.
- On-going mixed methods evaluations could be undertaken to show the impact of introducing new models. This could combine data from patient reported outcomes and experience (PROMs and PREMs), staff surveys of the experience of supporting the model, and process evaluations to compare different operating practices of different models.



Health System Efficiency Estimation

- Evaluation could include a quasi-experimental design which compares the pre and post impact on health system efficiency of the new model. This would involve using an analytical technique known as “difference-in-difference”. The availability of individual linked data through the new ICS intelligence hubs should enable a comparison of the changes in health system activity trends over time across all practices, and then separately identify the impact on these trends for each practice as they join a new model for the first time.
- The technique requires that practices who do not yet have an integrated child health model are matched with those that do, where they exhibit similar historical trends in health system activity; in other words that they are experiencing similar contemporaneous confounding factors over time (increasing A&E attendances for example). Comparing changes in trends in activity pre- and post- model introduction for matched practices, would provide an estimate of the impact of adopting the model at scale and would help to inform wider adoption across the NHS in England.



EBD. EconomicsByDesign
EBD. EconomicsByDesign

Produced by Jacque Mallender
E: Jacx@economicsbydesign.com
W: www.economicsbydesign.com

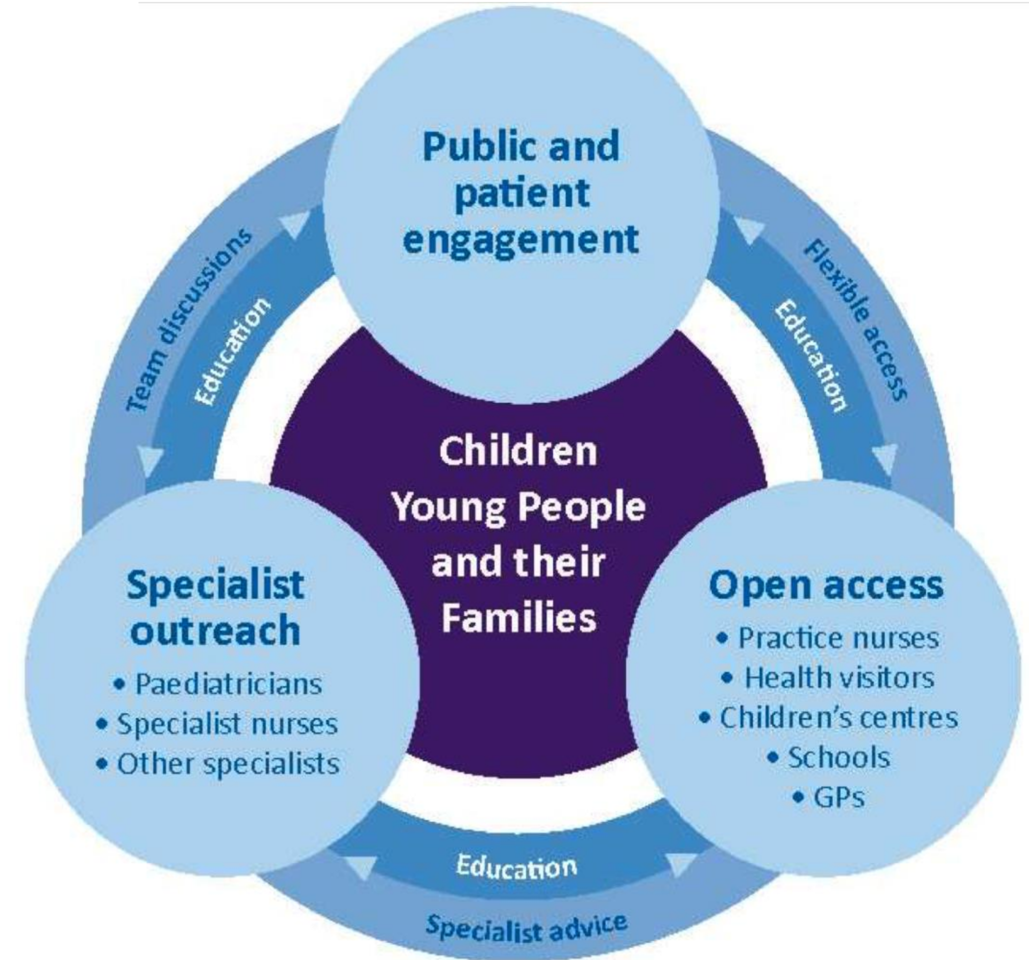
Thank you for reading

EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

Selected Document Summaries

Child Health Hub



EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

Healthcare for refugees: reflecting on experiences at local Bridging Hotels

Connecting Care for children, Imperial College Healthcare

- The Hilton Metropole is one of four 'bridging hotels' in the Bi-Borough are of London; providing temporary support for resettled Afghan refugees awaiting placement in more permanent accommodations. Many children from this accommodation attending St Mary's paediatric wards, clinics, and emergency departments.
- Connecting care for children (CC4C) is a team based at St Mary's Hospital that brings paediatric expertise from the hospital into the local community through GP hubs and community engagement work.
- From December 2021 – January 2022 CC4C members sought to gain an understanding of how families from the Metropole experience of healthcare including their healthcare needs, how they access healthcare and what barriers there are to receiving care. Families and professionals at St Mary's were questioned, and relevant data from Central London Healthcare and Westminster Council was reviewed. The goal was to improve the healthcare provided to local refugees.
- From the findings 4 clear recommendations were identified; multi-disciplinary case discussions through CC4C to support GPs looking after children from the Metropole; information for families on child health such as in person sessions on how to access healthcare with the support from interpreters; infectious disease screening programme and immunisations.

Read in full here.

Connecting Care for Children: A partnership between CCGs, hospital and community health providers, GP federations and networks, local authority, charity, patients, citizens and more

September 2022 webinar slides

- Highlights ‘opportunity’ what needs to be done; reduce child health inequalities, prioritise public health, prevention and early intervention, build and strengthen local, cross-sector services to reflect local need.
- Works through the ‘design’ by outlining the Child Health GP Hubs model.
- Also slides on patient and public involvement, particularly in health and wellbeing workshop for CYP.
- As well as how CC4C has been being proactive and empowering young people to take ownership of their healthcare.
- Highlights the supporting refugee's project.
- Includes evaluation and plans for scale, spread and shared learning particularly across the CC4C network and within the ICS.

View slide deck here.

EBD. EconomicsByDesign
EBD. EconomicsByDesign

Montgomery-Taylor S, Watson M, Klaber R: "Child Health General Practice Hubs: a service evaluation"

Archives of Disease in Childhood 2016;101:333-337

Abstract

Objective To evaluate the impact of an integrated child health system.
Design Mixed methods service evaluation.
Setting and patients Children, young people and their families registered in Child Health General Practitioner (GP) Hubs where groups of GP practices come together to form 'hubs'.
Interventions Hospital paediatricians and GPs participating in joint clinics and multidisciplinary team (MDT) meetings in GP practices, a component of an 'Inside-Out' change known as 'Connecting Care For Children (CC4C)'.
Main outcome measures Cases seen in clinic or discussed at MDT meetings and their follow-up needs. Hospital Episode data: outpatient and inpatient activity and A&E attendance. Patient-reported experience measures and professionals' feedback.
Results In one hub, 39% of new patient hospital appointments were avoided altogether and a further 42% of appointments were shifted from hospital to GP practice. In addition, there was a 19% decrease in sub-specialty referrals, a 17% reduction in admissions and a 22% decrease in A&E attenders. Smaller hubs running at lower capacity in early stages of implementation had less impact on hospital activity. Patients preferred appointments at the GP practice, gained increased confidence in taking their child to the GP and all respondents said they would recommend the service to family and friends. Professionals valued the improvement in knowledge and learning and, most significantly, the development of trust and collaboration.
Conclusions Child Health GP Hubs increase the connections between secondary and primary care, reduce secondary care usage and receive high patient satisfaction ratings while providing learning for professionals.

View full content here.

EBD. EconomicsByDesign
EBD. EconomicsByDesign

Health and Wellbeing for children and young people What Matters?

Spring 2021, Report – NIHR, Connecting Care for Children, NWL CCG

- Reporting outcomes from an online workshop including; young people, parents, grandparents, social workers and health professionals discussing health priorities for children and young people.
- Facts about children and young people's health were shared amongst the group at the start of the workshop. These included; 38% 10–11-year-olds in London were overweight or obese when leaving primary school in 2017/2018 and 23,097 children experienced domestic violence and abuse between 2017-2018. The group were most surprised by the high number of deaths from knife crime (103 young people under 25 were killed with a sharp instrument in 2018 in England and Wales) and that most prescribed drugs for children have not been tested on children. It was also acknowledged that the COVID-19 pandemic would have exacerbated many child health and wellbeing problems.
- Six key themes outlined from the workshop regarding children and young people's health were; access to mental health support, mental health support in schools, navigating the system, young people's ownership of their healthcare, pressures on parents and maintaining a healthy weight.

See the full report here.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

Connecting Care for Children: Child Health GP Hubs and Mental Health

Outlines the Child Health GP Hub model, with an emphasis on the MDT discussion element.

Summarises four case studies; particularly focusing on CAMHS practitioners being involved. The slides include some feedback from these health professionals.

Case Study 1: 8 year old boy 'screaming all the time' thought to be a neurological cause. MDT discussion around life at home and learnt of big transition in family life and reports of being bullied at school. The outcome was a referral to Early Help, CAMHS for support to the family with transitions and behaviour.

Case Study 2: Parents concerned about child's emotional state and reports of suicidal thoughts, GP bought to MDT discussion before referring to CAMHS. Discussion around working used by child and any indication of significant parental anxiety. Education was given during the MDT around wording when asking for mental health history. The outcome was link to school nurses for support, referral to Early help to support parents, and referral to CAMHS was made with correct detailed information.

Case Study 3: Morbidly obese 14 year old boy bout to MDT for discussion around weight management. Child already under dieticians but further discussions around mental health were had in the meeting. The outcome was a referral to CAMHS, although family did not engage with support, GP is able to access help though CAMHS and Early Help.

Case Study 4: 12 year old girl bought to MDT with low mood, refusing school and recently diagnosed with serious physical illness. Discussion around safeguarding issues that were revealed, and support given via CAMHS and school nurse. Outcome was a referral to CAMHS and the team were able to support the child with therapy.

See the full report here.

EBD. EconomicsByDesign
EBD. EconomicsByDesign

North West London Integrated Care System and Primary Care Network Child Health Hub Partnership

Child health Hub Multidisciplinary teams (MDT) evaluation

- Suggested data collection tools to record hub outcomes. Including service monitoring by monitoring attendance of MDTs and joint clinics, number of patients seen or discussed, whether a specialist teaching training topic had been arranged for an MDT and monitoring 'was not brought' rate.
- Other measurable outcomes include; positive patient experience, positive clinician experience, positive child and family outcomes, reduction in 'was not brought' rates for outpatient clinics, reduction in outpatient referrals, reduction of repeat GP appointments, improved relationships between primary and secondary care and a decrease in subspecialty referrals. Most of which measured with surveys; however, methods of measurements are outlined.

- View/download here.

EBD. EconomicsByDesign

NHS England Report: Child health hubs see patients closer to home and reduce unnecessary hospital trips

- **Case Study:** Children's doctors and GPs in NWL have reduced the number of unnecessary hospital appointments needed for children by up to 80% through a new model of 'child health hubs' which see families closer to home or answer their problems through the GP.
- Utilising MDT meetings and specialist joint clinics outlined by the CC4C integrated care model, patients are getting the answer to their problems faster and having a more holistic approach to their healthcare.

See full report here.

EBD. EconomicsByDesign
EBD. EconomicsByDesign

Paediatric Integrated Community Clinics (PICCs) in Hillingdon report

- Report outlining Paediatric Integrated Community Clinics (PICCs) in Hillingdon. Developed following increase in number of referrals from a Hillingdon GP for a first outpatient appointment at Hillingdon Hospital in 2015-2016.
- Aims of PICCs were to improve quality and clinical effectiveness of care, develop an integrated model of care, provide MDT meetings for education and training, and to support the development of 'hubs' in clinical care.
- PICCs provide joint consultations with a GP and hospital consultant paediatrician in a GP practice. Each clinic will run for four hours and will have capacity for 9 patients, it will run weekly and will rotate within each network to ensure equity of access and facilitate maximum impact.
- Pilot results from January 2017 to February 2018 showed popular responses from families. The top 5 reasons for referral to PICCs during this period were: Eczema, Cow's milk protein or food intolerance, weak/poor growth or frequent infections, constipation and unspecified parental concern.

See full report here.

EBD. EconomicsByDesign
EBD. EconomicsByDesign

NWL Virtual Paediatric Hubs how-to-guide

- A practical guide for GP practices with step-by-step instructions on setting up a Virtual Paediatric Hub following the Child Health GP Hub Model.
- Including information on preparing to set up first Hub clinic & MDT meeting and how to make the most of these meetings, outlining the patient pathway from GP appointment to the Hub, guidance on how to ensure clinics run smoothly for patients and for clinicians. There is also advice on how to set up clinics and MDTs on SystemOne for other practices to access.

View the guide here.

EBD. EconomicsByDesign

NWL ICS Child Health Hub Value Analysis

EconomicsByDesign, January 2023

- Report providing details of the value analysis undertaken to support a business case for transitional funding for the spread and adoption of the Child Health Hub across all PCNs in North West London ICS.
- The document provides a description of the CHH Model. It provides a description of the analytical model used for the value analysis.
- The value analysis was focused on the health system efficiency impact. It provides an analysis on the impact of four options for development on key health system metrics including outpatients, A&E attendances, admissions, GP appointments, and inappropriate mental health referrals. It showed the monetary value of the efficiency savings and compared these with the net additional resource requirements and demonstrated potential return on investment from each option.
- The outputs were used in support of the “economic case” and the “financial case” for investment in the CHH.

See the report here.

EBD. EconomicsByDesign

CCCH Evaluation Lessons Learnt Report

Connecting Care Children's Hub (CCCH) Project and Lessons Learnt Report
Hampshire and Isle of Wight Sustainability and Transformation Partnership.

- Outlines the CC4C Child Care Hub model and rationale, as well as its core components, the importance of MDT meetings for guidance and advice to GP delivering care and specialist clinics delivered at GP practices.
- The Connecting Care Children's Hub Project led by HIOW sustainability and transformation partnership aimed to improve the delivery of urgent care to children through increasing the connections between primary, community and secondary care.
- Summarises finances for implementing a CCH model in GP hubs.
- Quantitative data for Chandlers Ford PCN which was the pilot using CCH, showed that over a year there was a 13% reduction of GP appointments for CYP, 6.96% reduction in non-elective admission and 3.11% reduction in A&E attendances.
- Qualitative feedback from patients and health professionals participating in the pilot hubs have demonstrated they are beneficial for shared learning, interactive working and patient centred care.
- The report outlines challenges that were faced including issues with data collection and unable to review the full impact and engagement of primary care providers.
- It shares the opportunities to continue to identify and develop future CCCH's and emphasises the need for a focus on prevention, well-being and mental health.

See the report here.

 EBD. EconomicsByDesign

Multi-site evaluation summary of Child Health GP Hubs

- This hub provides links to further information on:
  - Impact
  - What do GPs think?
  - How do patients feel?
  - What do paediatricians think?
  - How do I find out more?

- Hampshire and Isle of Wight Sustainability and Transformation Partnership – Hampshire:
- 13% reduction in GP appointments, 20% reduction in first outpatient appointments, 7% reduction of all paediatric outpatient appointments, 6.96% reduction in admissions, 3.11% reduction in A&E attendance
- Connecting Care for Children – London: 81% reduction in outpatient appointments, 22% reduction in A&E attendances, 17% reduction in admissions
- Southern Health and Social Care Trust – Northern Ireland
- Also shares tips for running Child Health GP Hub model; communication, MDT, virtual meetings, agreement on governance, identified admin, sharing learning and feedback.

More information here.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

The King's Fund – Case Study – Imperial child health general practice hubs

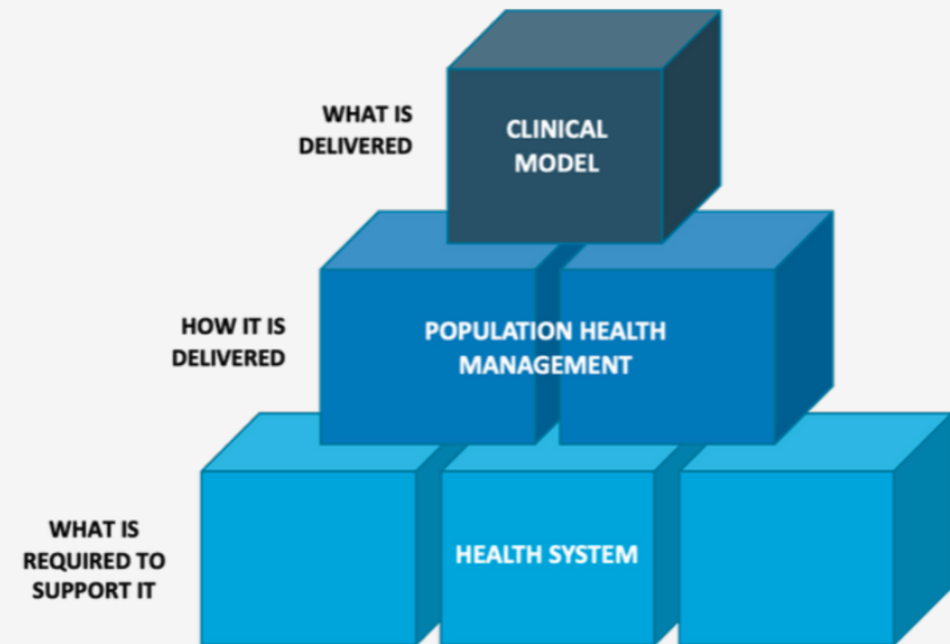
- Reviews of 5 case studies to identify key characteristics of integrated care model, by analysing documentation and interviewing staff. The review explores challenges in establishing services of this type and understanding the benefits they could bring to patients and the NHS. The case studies were; Portsmouth and South East Hampshire diabetes service, Leeds interface geriatrician service, Whittington respiratory service, Sunderland dermatology and minor injury service and Haywood rheumatology centre.
- Outlines the model of the Imperial Child General Practice Hub highlighting; specialist outreach, open access and patient and public engagement. Including the referral pathway from GP consultation to treatment, discussion at MDT, referral to an outreach clinic or referral to specialist paediatrician outpatient appointment.
- Innovative features are summarised as; developing the paediatric capabilities of GPs and other health care professionals particularly education opportunities through MDT meetings, creative and comprehensive whole population approach focusing on building confidence and independence in self management and utilising health services appropriately, additional funding via an NHS Innovation Fund grant and training and workforce development is a key part of the programme.
- Evaluation of impacts from pre-pilot outcomes have shown there is potential for benefits across referrals, costs and patient satisfaction.
- Barriers and enablers to service development include; the need for highly motivated consultants who need to work across primary and secondary care, enthusiastic GPs in the local areas, a children's commissioner to coordinate the service, staff at the CCG play an active role in project-managing the hubs and organising MDT meetings, email and telephone advice lines between GPs and consultants improved convenience. National issues with information sharing has hindered development of the hubs, as well as knowledge for ongoing funding.
- Evaluating the model needs further design and development.

Read in full here.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

CHILDs Framework for better Health and Care



EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

The CHILDs Framework for Better health and care

CHILDs – Child Health Integrated Learning & Delivery System

Children and young peoples' health partnership initiative CYPHP hosted by Evalina London – May 2021: A guide to delivering better care.

- The document outlines the CHILDS clinical model and framework implemented in Southwark and Lambeth. Developed as a practical guide to share learning and support commissioners, GPs, Pediatricians and other interested health professionals and researchers to establish a similar framework in their area.
- The model aims to keep children out of hospital, manage their care locally by neighborhood child health teams delivering early intervention, health promotion and integrated care in primary care networks. Of cases triaged by child health teams; 45% have been provided with advice and guidance to GPs, 31% have been referred to an integrated child health clinic, 9% referred to integrated long term condition service and 13% have required a specialist referral. There have been overall reductions in ED contacts and non-elective admissions.
- Population health management has helped to address health equity by targeting children with the greatest needs and delivering early intervention and care; through a data driven approach to proportionate universalism. CHILD model has been serving children with challenging health and life conditions such as asthma, anxiety/depression, mental ill health/housing instability/food instability.

Read here.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

Asthma intervention delivered by CYP Health partnership

Case Study at Evelina London Children's Hospital

This case study outlines the use of a specialist nursing service model, which has been guided by the Children and Young People's Health Partnership initiative to reduce health inequalities and improve health outcomes. This service was initially set up to improve care for children and young people with Asthma in Southwark and Lambeth. By proactively identifying patients through GPs, the service aimed for early intervention, biopsychosocial support and targeted treatment for those with uncontrolled Asthma. And to empower patients and their families to self-manage their condition in the home-environment.

This model required collaboration between patients, primary care partners, acute mental health services and commissioners. Nurses providing the service worked closely with pediatricians and respiratory consultants which enabled a positive patient journey from primary secondary care if required due to more seamless transfer of information and care. This also aided discharges home as care could be managed by the specialists involved in the community setting. Patients who were identified and met uncontrolled Asthma threshold were given an individualised care plans which included health promotion and education to patients and their families, and support with social care, mental health and housing.

Some challenges faced by the service included; data sharing agreements between the specialist nursing team and GP practices to access patient's record and history. There was a large impact of non-health factors such as damp or mouldy housing, further psychosocial support needs kept patients on the case load due to unmet social care and mental health needs in the community.

The impact summarised in this case study noted a reduction in both A&E attendances and non-elective admission to hospital for children and young people with Asthma. The service proactively reached more children in high deprivation areas in Lambeth and Southward, reducing inequality of access. There was a reduction in uncontrolled asthma managed through intervention and care plans put in place for children who previously didn't have one. Most patients who attended asthma specialized service appointments didn't require another service. Therefore, increased the availability for other clinicians e.g. GPs. The case study received positive patient feedback, particularly around education and information packs given to families.

The asthma intervention team have shared their learning across other South-East London Boroughs, in the hope for the service to be adopted there. They have also expanded their service to cover other long-term health conditions such as eczema and constipation.

See full case study here.

CYP Health Partnership Case Study

Integration of Child Health Teams in Lambeth and Southwark (SE London)

- This case study reflects on how the local Child Health Team model has aided integration between primary and secondary children and young people (CYP) care groups in South East London boroughs Lambeth and Southwark. Ambitions of implementing this model were to reduce health inequalities and improve health outcomes for CYP in Lambeth and Southwark. Guided by the Children and Young People's Health Partnership dedicated Child Health Teams were set up within each Primary Care Network (PCN) in Southwark and Lambeth in mid 2020.
- Child Health Teams aim to build relationships between clinicians across the different sectors of care. Teams can help to upskill and improve capability of practitioners within the community. The needs of CYP in the area are hoping to be met by providing a responsive service closer to home.
- Each Child Health Team is made up of a named paediatrician working across professional and organisational boundaries; a CYP GP lead who communicates effectively with all GPs and designated healthcare professionals within the PCN and are a principle source of advice and guidance regarding CYP; and a specialist children's nurse who primarily delivers the care. The team work by having weekly triage reviews and monthly in-reach clinics and monthly MDT meetings.
- All general paediatric referrals within the PCN are sent to the team. The team will then either offer advice and guidance to manage in primary care; refer patient to a specialist clinic; refer to a nursing service for biopsychosocial support for long term condition care; or refer for monthly in reach clinics held by the paediatrician.
- Monthly MDT meetings are for CYP-specific case discussions, all practice staff welcome to attend especially for education and training.
- Challenges highlighted by the Child Health Teams included access to primary care electronic records for the paediatricians, the impact of COVID-19 pandemic to face clinics and GPs being able to join clinics with the paediatrician. Identifying CYP GP leads for neighbourhoods was difficult. There were ongoing issues with funding across the PCNs.
- The overall impact of introducing the Child Health Teams has been beneficial. Half of all referrals to the team have resulted in advice and guidance given back to the GP to manage care in the community. There was a reduction in attendance of CYP to outpatient appointments in hospital settings. Feedback was positive from both patient experience and GPs working with the Child Health Teams.
- Child Health Teams have now been adopted by all neighbourhoods across Lambeth and Southward. Learning has been shared across other South East London boroughs in the hope they will adapt the same model in their PCNs.

See full case study here.

EBD. EconomicsByDesign
EBD. EconomicsByDesign

Children and young people's health partnership education and training strategy

- The goal of this strategy is to promote continued professional development of healthcare practitioners through creating opportunities for transformative learning with the aim of strengthening health systems.
- The CYPHP four principles to guide learning strategies are; using data in a meaningful way, learning informs delivery of a high-quality service, learning in partnership, learning through and from frontline experience and in support of reflective practice.
- There was a need in creating a comprehensive education and training strategy. The four main strategic goals were outlined as needs led training, on the job learning, developing the CYP health team, spread and diffusion of learning.
- Some examples of learning arranged were; commissioning a provider to deliver training in emotional wellbeing and resilience in CYP to primary and secondary schools and bringing together doctor's and managers in a peer-learning environment, promoting a culture of collaboration and strengthening teamwork.
- To ensure the approach to training is sustainable the strategy has made materials more accessible i.e. videos and online learning. Utilising the website for sign posting and forums. As well as training the trainers for example in emotional resilience.

View in full here.

EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

The Child Health Integrated Learning and Delivery System (CHILDS)

March 2023 review

CHILDS developed by CYPHP in 2012; utilises existing data to proactively target children for early intervention and preventative care working towards health equality. The evaluation of the model outlined three key outcomes; health, health quality and health service use.

- **Health outcomes**, the data showed a reduction in uncontrolled asthma through proactive outreach and treatment, reduction in constipation levels and clinically significant improvement in eczema symptom control. The framework can be adapted and applied for other conditions, but these conditions were used as exemplars for initial development. Positive feedback from patients was noted.
- **Healthcare quality outcomes**; a comparison made between children receiving usual care and children receiving the CHILDS model indicated that those on the model were more likely; to have their asthma control checked by their GP, to have an asthma action plan and be prescribed spacer devices, which are all key processes associated with improved outcomes and reduced deaths. Family feedback summarised that families preferred CHILDS service to previous standard of care, and they would recommend the service to others. Feedback from GPs suggested they felt child health teams has improved care for their CYP patients and improved their own knowledge about child health.
- **Health service use**; the service has avoided unnecessary referrals to hospital by providing advice and guidance to GPs. Reductions have been seen in primary care appointments, emergency department attendances, non-elective admissions and in all paediatric outpatient appointments. The service has reached proportionately more children from the most deprived quintile and the ethnic age and profile of patients matches the general population indicating reduced health inequalities.
- Outlines resources to set up and deliver the CHILDS approach for asthma and local child health teams for implementation in other boroughs.

Find full review here.

EBD. EconomicsByDesign

CHILDS case studies

A summary of six CYPHP (Children and Young People's Health Partnership) case studies of individual children and young people utilising the integrated care model.

- Case Study 1: Patient jointly diagnosed and supported by local paediatrician and GP, for an 18 month old with mild developmental delay.
- Case Study 2: Unnecessary emergency department attendance avoided by local child clinics, for 4 month old with unconjugated jaundice was later diagnosed as a symptom of Gilbert's disease.
- Case Study 3: Close collaboration and psychiatric support helped family deal with unknown illness, for functional symptoms of unknown origin in 14 year old girl.
- Case Study 4: Integrated care delivered in a virtual setting, for five month old experiencing reflux and oral aversion to food, GP and child health team able to calm mother's anxiety and educate for management at home.
- Case Study 5: Liaising with housing to support children with eczema, for family of five children living in damp accommodation.
- Case Study 6: Supporting behaviour change in a teenager with asthma, for 14 year old who is not adhering to medication, child health team able to support in school and educate him in management of his own condition.

EBD. EconomicsByDesign
EBD. EconomicsByDesign

Institute for women and children’s health (IWCH) Strategy for Sharing

Institute for women and children’s health; improving women and children’s health through research, education and care.

- See full strategic vision, published in April 2021 here.
- An update on the 2016 strategy, focusing on developing systemic sustainable approaches to harnessing strengths and unique attributes of the partnership of King’s Health to address areas of unmet need in women and children’s health locally, nationally and on global levels. By improving connectivity between the university and the NHS, enabling more effective research, education and clinical practice, having a positive impact on women and children’s health.
- ‘Our mission is to improve the health and wellbeing of women and children through world class research, outstanding education, and excellent care.’ This is to be achieved by three strategic priorities are to improve outcomes for patients and populations, locally and globally, to be a world class institute generating new knowledge and improving skills and to provide an improved system for research, education and care.
- The strategy delivers relevant, responsive and practical value to its key stakeholder by striving for improved health outcomes for patients, supporting evidence-based and research infused care by clinicians, supporting research and academic careers and strengthen the clinical-academic system improving the relationship between research and practice.

EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

North Central London – Integrated Paediatric Service

North Central London
Integrated Care System

EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

North Central London IPS Steering Group – IPS Evaluation Emerging Summary

January 2023

- See full evaluation summary of North Central London ICS integrated Paediatric Service.
- 22 PCN across 5 NCL boroughs are now actively involved in delivering either integrated clinic or Multidisciplinary meeting model (MDM). These active PCNS have been working collaboratively to embed the IPS model of care.
- High prevalence around mental health discussion in MDM. Professionals from 14 different agencies have been attending MDM including Paediatricians, GPS, health visitors, CAMHS and social prescribers. Following MDM; 39% CYP have been redirected from trust outpatient appointments and 18% discharged.
- Clinician feedback forms show high proportion continue to agree or strongly agree with discussions and planning in MDM. Positive feedback given in regards to joint clinics; specifically, around learning opportunities that arose from them.
- Next steps in developing the model include receiving better quality data through QI methodology and PDSA cycles. There needs to be a data driven ‘deep dive’ into conditions and which children are best placed to go through this model.

EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

Battersea Youth Clinic

EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

An evaluation for Battersea PCN, Youth Clinic Fellowship Project

November 2002, interim report

Lack of guidance for social prescribing services to support CYP and families. Indication of increased need of mental health and wellbeing services post COVID-19, as greater number of CYP suffering with mental health issues, notably anxiety and depression. A 2-year evaluation found social prescribing provided intermediary support for CYP waiting to be seen by statutory mental health services.

The Youth Clinic – set up by Wandsworth OCN, a holistic clinic within Battersea was set up to help support and engage the adolescent population to access appropriate healthcare and signposting for local services. Initiated as a pilot clinic based on an existing adult social prescribing service. Helped build relationship between CYP in Wandsworth with their GP (and getting them registered with GP).

Evaluation objectives were to understand how the drop-in clinic works, the barriers and enablers of the model working and who is using the clinic. The data was collected from 110 people; 44 male, 64 female with an average age of 15.32 years. The highest reason for referral to CYP link worker was Mental Health Issues. ONS4 wellbeing questions were used as a measure for the social prescription. The questionnaire highlighted that those using the youth clinic have a much worse level of wellbeing in comparison to the national average. A change in ONS4 scores at follow up indicated that those using the clinic showed general improvement in life satisfaction and things in life feeling worthwhile. There was no significant change in happiness or anxiety.

Follow-up involved further analysis of qualitative data from stakeholder interviews and young people who have used the service.
See interim report in full here.

EBD. EconomicsByDesign
EBD. EconomicsByDesign

Wells Centre

EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

Hagell and Lamb JCS 2016 (1) Well Centre

Research paper summarizing the implementation an adolescent health 'one-stop-shop' model using The Well Centre in South London as an example. A review of routine data from the Well Centre's medical and youth work data systems gave a service description and audit of the demographics of patients using the centre from its opening in October 2011 to December 2014.

The Well Centre was jointly developed by youth work charity, Redthread, and the Herne Hill Group Practice (GPs). It provides a drop in service in an annexe at the Streatham Youth and Community Trust building. Providing access to a GP, mental health nurse or youth worker utilising an effective integrated approach to meeting health care needs of YP. The service is for people aged 13-20 living in London borough of Lambeth.

The highest presenting issue amounting two thirds of children and young people who attended the centre were reported as mental health problems. With second and third highest being infectious and parasitic diseases and genitourinary system disease.

A third of those attending the centre claimed not to have a GP, suggesting that the Well Centre may be extending the reach of NHS services to groups in need, particularly to those with a disadvantaged background, addressing known health inequalities in the area.

Further study is needed to evaluate the Well Centre's contribution, particularly investigating service uptake verses service capacity, to complement information on value for money.

EBD. EconomicsByDesign
EBD. EconomicsByDesign

Health Spot

EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

Implementing an innovative GP service for young people at Spotlight youth service in Tower Hamlets

May 2021, Association for Young Peoples Health

- Partnership between the Tower Hamlets GP Care Group and Spotlight youth service to develop a holistic youth centred service; the Health Spot service. The service provides a universally accessible holistic health clinic for 11–19-year-old (or up to 25 if the young people are facing additional challenges such as SEND). The service started as planned, coinciding with the start of the COVID-19 pandemic. It delivered service to 51 young people (many attending several times) over the first 10 months.
- The report uses analysis of existing documentation and datasets, interviews with key staff and initial indications of outcomes as reported by young people, to evaluate the first year of implementation of Health Spot.
- The outcomes of the consultations for the first 51 Health Spot consultations included; advice and education, signposting, onward referrals, direct medical input (prescription issues), or offer of follow up. Patient feedback for Health Spot was positive; notably the service was helpful, friendly and comfortable with 100% saying they would refer the service to a friend.
- A key focus Health Spot intervention is on reducing YPs health inequalities, trying to reach young people who may be reluctant to use primary care services. More data sets are required to analyse the particular demographics of the clients who attended.
- Costing the service has been challenging, limited understanding on the impact of Health Spot on other services for example pressure reduction on the CAMHS service and emergency care.
- The service needs to look at developing in a post-pandemic system; but looks to reach more young people, find out more about the ways in which the service can address health inequalities, find out how to replicate the service and extend to different kinds of settings, address the challenge of handing leadership on to other practitioners other than the two dedicated GPs who helped set up the service, provide realistic and useful estimates of costs and find a sustainable funding model.

See evaluation here.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

'Putting Young People at the Centre' Event Themes

Themes that emerged from Workshops in London, held in July 2022 by the NHS England - London BCYP Transformation team and partners:

1. Young people don't feel listened to or valued by healthcare professionals, which causes mistrust and delays in seeking help.
2. Being in a traditional health care environment can be stressful for young people. Most prefer to seek care in alternate / more comfortable environments.
3. More diversity is needed within health care system and training is needed to provide better care to all races, ethnicities, gender identities, backgrounds, ages, and cultures.
4. Healthcare professionals should take a compassionate and holistic approach to helping young people, valuing the importance of mental health.
5. Previous negative experiences with the health care system, and experiences of their peers, influence how children and young people feel about health care today.
6. Young people are fearful about the future of the NHS.
7. Young people find the health care system difficult to access and confusing, especially if you have a disability, learning disability and/or other support need.
8. Young people want more choice over their health care: where, when, and who they see.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

EBD.
EconomicsByDesign

Child health system evaluation project ICSs and STP presentation

Child Health System Evaluation Project: Integrated Care Systems (ICSs) and Sustainability and Transformation Partnerships (STP)
National Institute for Health and Care Research – School for public health research

- Web survey of all integrated care systems in summer 2021 indicated that the children and young people (CYP) systems were making progress towards becoming fully-functional integrated care systems (ICSs). It highlighted that there was both a positive and negative impact from COVID-19 on this progression. The survey defined the top priorities of children and young people's health as; early years/best start in life/maternity, mental health, asthma, obesity, special educational needs and disability, and reducing inequalities.
- Interviews with key stakeholders in a sample of ICSs outlined five key themes; CYP coming in to focus, tensions between local and national contexts, challenges for funding and planning, organisational complexities, COVID impacts and legacy.
- A rapid literature review of high-income countries of key components of CYP integrated health systems showed that most were universal. These components included; empowerment of service users, staff training and continuity of care within the system across a co-location of services.
- The impact of this project was engagement with public CYP groups and meetings with policy and practice stakeholders. Research and evaluation of integrated services and dissemination of insights is still ongoing.

See presentation of findings here.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

Integrating primary and secondary care for children and young people: sharing practice 2015

An article to share innovative practice with enough detail to be useful for paediatricians planning services. Identifies four models of paediatric integrated care; telephone MDT, hospital at home, GP outreach clinics and advice and guidance services for GPs. Outlines common mechanisms across initiatives; promoting shared responsibility, upskilling GPs, establishing relationships between paediatricians and primary healthcare professionals, and taking specialist care to patients. Uses five case studies across Islington CCG, Southwark and Lambeth CCG in London and Taunton CCG in the Southwest that demonstrate these models and mechanisms.

The five initiatives aimed to improve care for children, young people and their families and to improve patient experience and quality of life. It was hoped that this would be achieved by reducing the need for children and their families to visit hospitals for specialist paediatric care. Barriers and levers across the initiatives were related to funding, summarised in the supplementary table.

Read in full here.

EBD.
EconomicsByDesign

EBD.
EconomicsByDesign

Workforce Planning

A population and patient centred approach to workforce planning

- Starting with patients and local demographic demand leads to defining the vision and understanding of what the ideal workforce should look like, analysing the existing resources on the workforce and assessing the gaps and deficit in the current workforce, and using all this information to develop a transformation plan.
- Signposts; Fingertips – atlas of variation PHE, NHS Right Care ‘where to look’ packs, Joint Strategic Needs Assessment (JSNA), SHAPE Place Atlas and STP clinical effectiveness dashboards, as places to look at local population data.
- NHS Digital and GP workforce census, SHAPE Place Atlas, Future NHS, HEE Workforce Intelligence Portal and the National Workforce Reporting system are able to quantify existing workforce resources.
- Highlighting the importance of mapping wider system resources across health and social care within the PCN, including the introduction of workforce transformation roles expected to be funding 20,000 additional staff by 2023/24. In order to develop the out of hospital MDT to move care closer to home.

See presentation here.

EBD.
EconomicsByDesign

Children as frequent attenders in primary care: a systematic review – Department of Primary Care and Public Health, Imperial College London

Review of 6 studies, where frequent attendance was associated with presence of psychosocial and mental health problems, younger age, school absence, presence of chronic conditions, and high level of anxiety in parents.

Indication that person-centred and integrated care approaches could aid in health provision without having to simply recruit more GPs, which is challenging. Noted that there are various sociodemographic and medical characteristics of children associated with frequent attendance in primary care. Therefore, integrating GP services with social care could highlight and manage the needs of children and help to support families in an appropriate use of their GP service.

Read the full review here.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

Making Integrated care work for children and young people webinar

Association for Young People's Health

A webinar to share research findings from work on integrated care systems for children and young people. Researchers representing a team from the UCL Institute of Child Health, Durham University, Newcastle University and Imperial College presented key findings, reflections on engagement work and asked stakeholders to discuss the implications for policy, practice and future research.

Outlining a variety of research lead by NIHR and NHS England on understanding the implementation of integrated care systems for children and young people in 2021/22. Key research into models of and measurements for integrated care, identifying a baseline snapshot of ICSs and to explore barriers levers and priorities. Systematic reviews finding 154 unique studies of ICSs found 25 overarching components of a functioning system. An example of a component was communication.
Further reviews found 16 measurement instruments and addressed the need for some standardisation and to capture views of CYP. The baseline ICSs for CYP was indicated by web surveys in summer 2021 questioning progress, planning, barriers and impact of covid. Most ICSs adopted strategies for young people with top priorities on; mental health, SEND, obesity, asthma, inequalities and early years.

Interviews with key stakeholders across 7 ICSs identified the key themes of 'Best start in Life' and 'Local vs National context' ; highlighting that a common battier was lack of funding streams to support a young people focus.

During the webinar personal experience was shared from a young person complex needs and the importance of integrated care for her health and wellbeing.

A key discussion for the webinar was how to better address young people's thoughts and some research that had been done. Key features asked were; areas of ICSs young people prioritise, qualities young people value in professionals, holistic view of self care and health, accessing information and young peoples voice needs to implement change. The Health and Wellbeing for Children and Young People Report – What Matters Spring 2021 outlines this.

Some key barriers identified in discussion as potential for further research and development was the need for all ICSs to be on electronic patient record systems for more effective communication between professionals. There needs to be CYP representatives on ICBs; some ICSs have this in place already. How to engage the voluntary, community and education needs to be addressed by developing IC. Watch back here.

EBD. EconomicsByDesign

EBD. EconomicsByDesign

Nuffield trust – The future of child health services: new models of care

February 2016

The document describes the current state of child health and quality of care in the UK and how the emerging models are responding to these issues. Based on a 2015 Nuffield trust workshop involving; clinicians, service users, commissioners, representatives from new care models and a range of other stakeholders. Identifying the need for integrated care and a systems-based approach in the future of the health service. The briefing covers; health outcomes and quality of care, other problems in child health services, how new models are addressing these problems and key principles of the ideal model/system. It also includes some useful figures such as infant mortality rates in comparable countries, disability adjusted life years (DALYs) per 100,000, children under 5 years, 1990-2013, a selection of indicators for the management of acute conditions indicating the change in A&E attendances and hospital admissions from 2001.

Key findings from accessing health outcomes and quality of care, were that there was a need to provide a similar quality of serve to CYP as for adults, the need for more appropriate support for CYP with mental illness and the need to limit the trend for increasing obesity in childhood. Other problems in child health services were identified as, capacity demands in primary care, limited access to high-quality paediatric/child health expertise in the community, the lack of integration between primary and secondary care as well as with broader determinants of health services such as education and social care, financial pressures including the inappropriate use of services and the mismatch between health care delivery and the expectations of children and young people particularly their difficulties in navigating the system.

The briefing gives an overview of 12 new models of care for children and young people and how each one is tackling problems outlined above; Acutely Sick Kid Safety Netting Interventions For Families (ASK SNIFF), Imperial Child Health General Practice Hubs – Connecting Care for Children (CC4C), Children and Young People's Health Partnership (CYPHP), Electronic Personal Child Health Record (ePCHR), Hospital@Home, Liverpool Family Health and Wellbeing model, Luton care pathways, Salford Children's Community Partnership, Smithdown children's walk-in centre, Upskill GPs in the clinical management of children with acute health problems, Paediatric Unscheduled Care Pilot (PuC), Reducing avoidable presentations and admissions, and improving the quality of care for CYP (Wessex Healthier Together).

The 5 key principles of an ideal child health model/system were identified by asking participants of the workshop what should be different in how the NHS provides care to children and young people in 5-10 years' time. The principles were; understand children, young people and their families' specific needs (including broader determinants), enable access to high-quality paediatric/child health expertise in the community, link up information, data, communication and care, health literacy and education.

EBD EconomicsByDesign