



Introduction

Minara Chowdhury, Senior Director Global Delivery, Institute for Healthcare Improvement



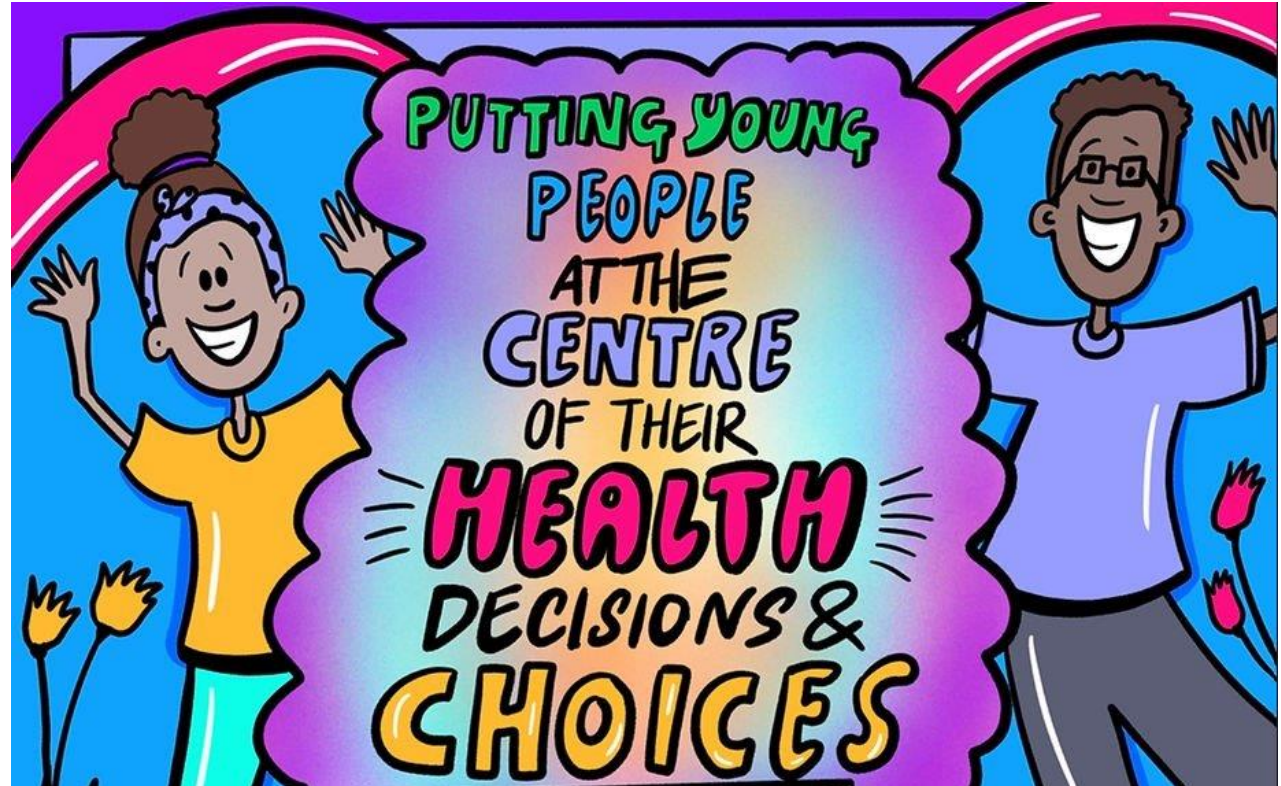
 Julia Andrew Philip Fellowship for Young London	 Tonia Davis Surrender's Voice & Influence Team	 Theo Sergiou NHS Youth Forum, Member of the Patient Advisory Forum of NHS	 Firda Abokor Medical Student at King College London	 Merve Nisan Teaser Harriet Coulter Youth Committee Member
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Declaration of Interest

The speakers do not
have any interest to
declare

Our Plan for the session

- Background of Children and young people services across London
 - Hearing from Shelby Davies – lived experience
- Project Design
- Summary – Key Themes



Background of Children and young people services across London

Sara Nelson, Joint Head of Children and Young People's Transformation Programme, NHS England, London Region

Shelby Davies, Co-production Facilitator, Great Ormond Street Hospital, London

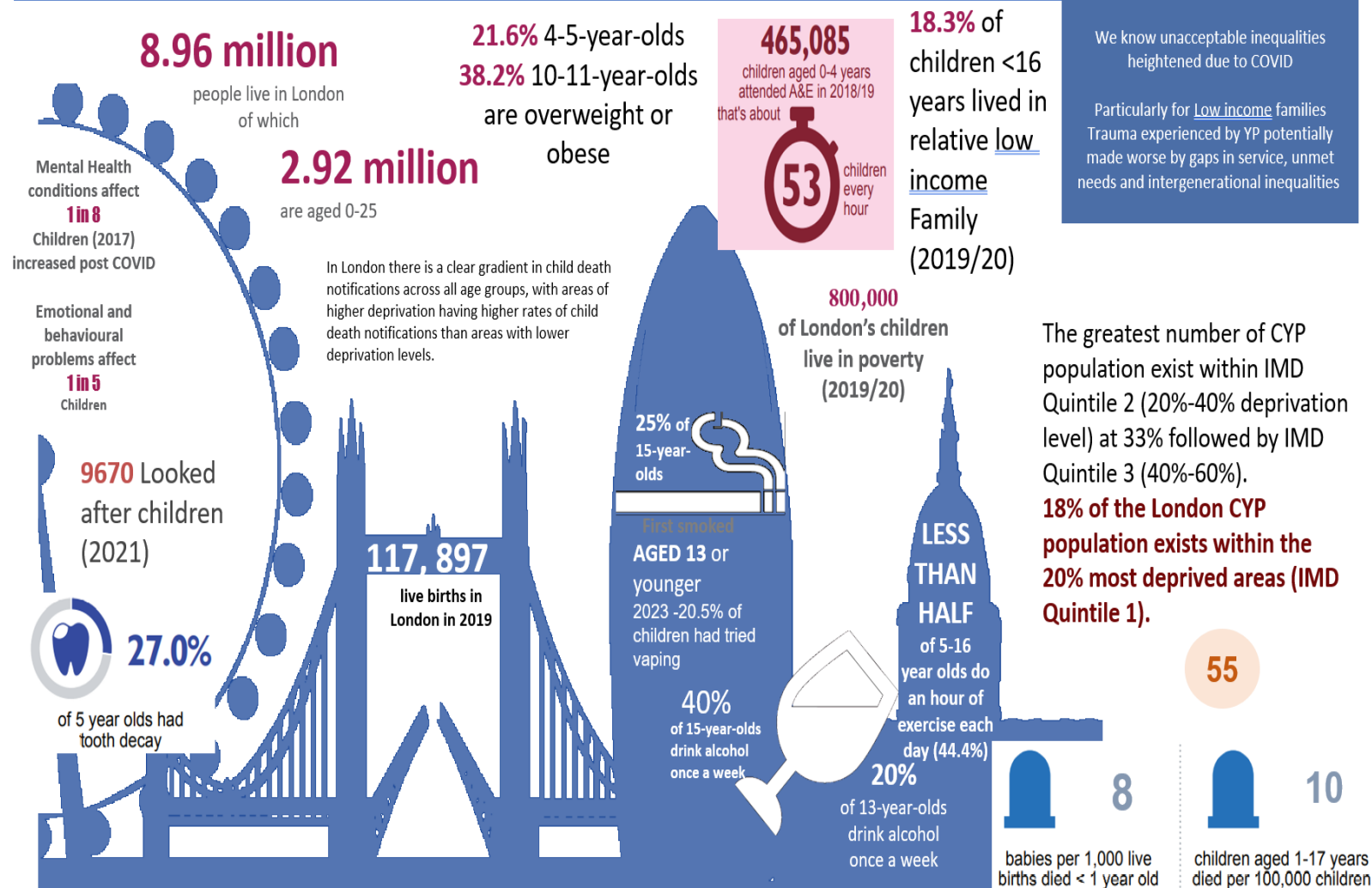
Children and young people's health – current picture

The health and outcomes for children and young people in London are deteriorating.

Key challenges include:

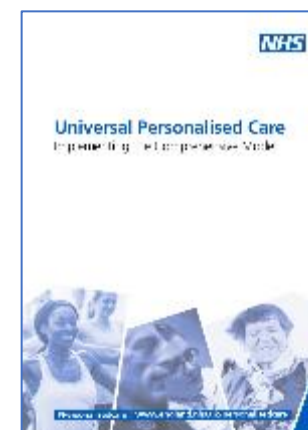
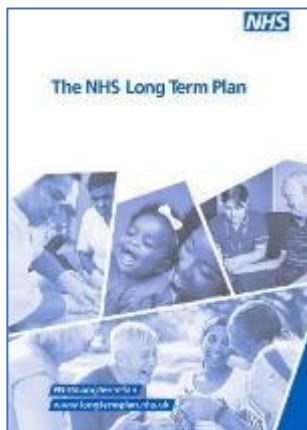
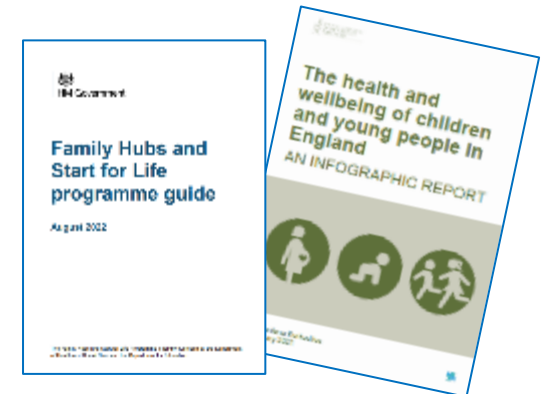
- **Rising child mortality**
- **Poorer health outcomes**, across rates of mortality, serious illness, and mental health, obesity and long-term conditions
- **Link between poorest outcomes and inequalities**, with higher asthma rates and higher levels of obesity reported in CYP from BAME groups. Children from the most deprived areas have more than twice the level of tooth decay than those from the least deprived
- Rises in demand for mental health services with a **lack of coordination between physical and mental health** leading to delays and sub-optimal care.
- **Variation fragmentation in access** and high attendance at UEC
- **25% of calls to 111 and 25% of attendances at A&E** are for under 16s and 25% of appointments in primary care are for CYP with 56% of children having a long term condition.
- **Transition** to adult care is confusing and relevant interventions and plans are not routinely shared between providers or sectors, which can adversely impact on personal progress
- **Backlogs in paediatric elective care**, with a slower pace of recovery for CYP compared to adults and **in community services**, the biggest increase is among the community paediatrics (ASD/ADHD) and speech & language therapy
- **Rising numbers** of children living in **poverty/suffering food insecurity**

Children's services in London: Key facts



Background drivers and policy context supporting integration

- **National Integration agenda** - [Long Term Plan](#)
- [Fuller review](#) - Developing Integrated Neighbourhood Teams
- [Family Hubs](#)
- [Beyond Boundaries](#) early years integration report
- [Core20PLUS5](#)
- [Anne Eden's report](#) and [NHS Impact](#)
- Personalised, team-based approach to chronic disease management and complex care (**social prescribing**)
- Engagement with CYP and families



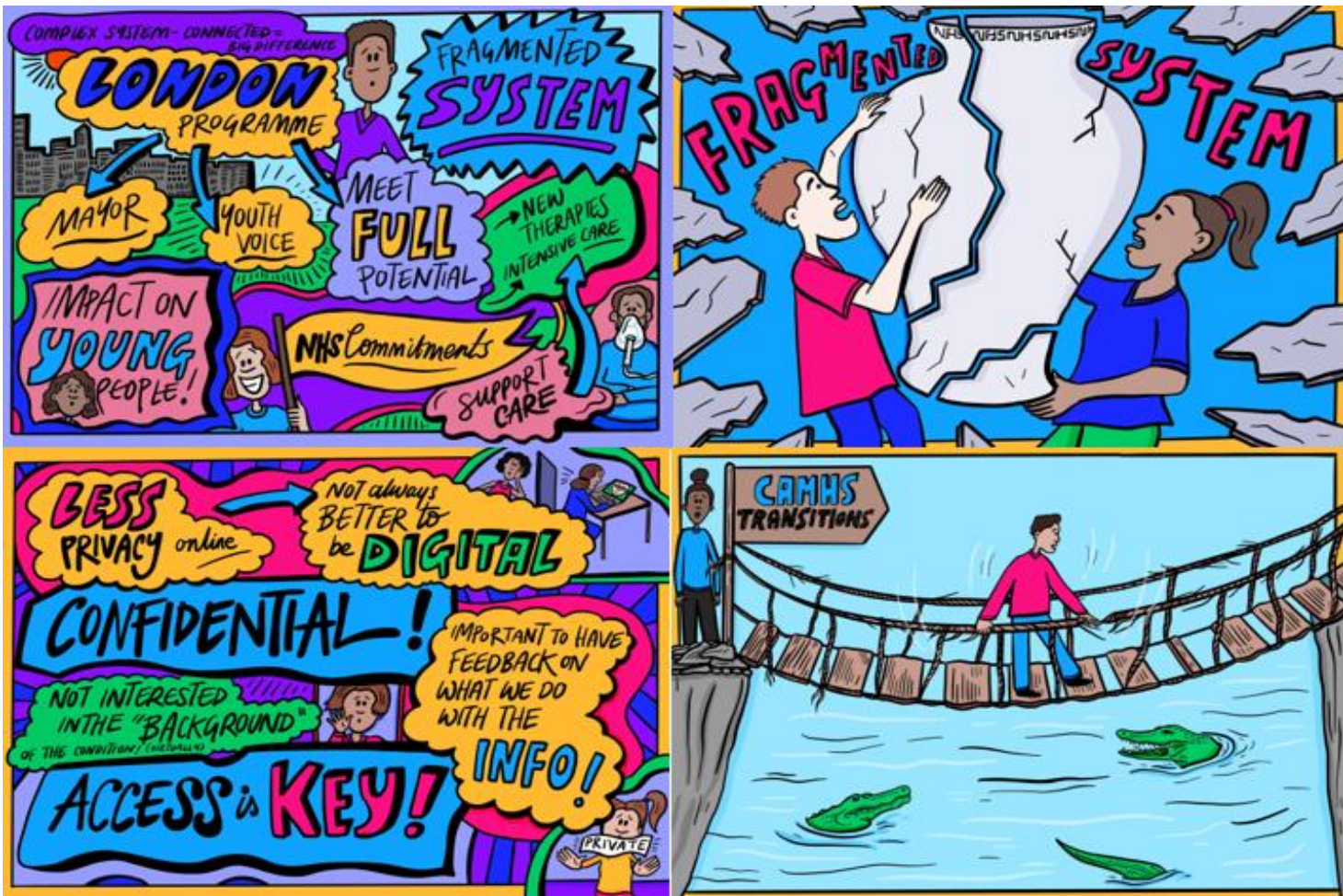
Engagement with CYP

Within the regional BCYP Programme, we aim to build a culture that demonstrates how we value the voice of children and young people in their healthcare and in the design and delivery of services.



Engagement with CYP and families

Young people identified they wanted **culturally appropriate**, **less fragmented services**, designed around needs, **supporting transition and wellbeing**



Authors: Becka Mortimer, Aera Walsh, Keith Evans, Sara Nelson, Mohammed Amin, Alia Friederick, and the Youth Voice steering group members

Introduction

The 2021 Care Quality Commission National Children and Young Person (CYP) inpatient survey showed that only 47% of CYP surveyed said they'd been involved in decisions about their care. Our objective is to shift this to 95%.

To achieve this, the NHS England London Region Babies, Children and Young People Transformation team partnered with several London youth organisations* to co-produce a youth-led event to amplify young people's voices in their health care.

The event was held in July 2022 at Spirelight Youth Centre with 80 young people and 25 healthcare professionals in attendance.

1) Methods

- 1) Co-production - A group of 15 young people assembled as a steering group to plan, co-design and lead the event.
- 2) Event activities (all facilitated and led by young people)
 - Quiz on CYP rights in healthcare
 - Storytelling - young people's healthcare experiences in their own words
 - Workshops - youth-led discussions between CYP and healthcare professionals on building trust, power dynamics, accessibility and mental health
 - Reverse Panel - a panel of young experts answered questions from healthcare professionals on how to provide better care.



Results

What young people told us:

1. Young people don't feel listened to or valued by healthcare professionals.
2. Being in a traditional health care environment can be stressful for young people.
3. More diversity and training is needed within the healthcare system.
4. Healthcare professionals should prioritise the importance of mental health.
5. Negative experiences of healthcare influence how CYP feel about the NHS today.
6. Young people are fearful about the future of the NHS.
7. Young people find health care difficult to access, especially if you have a disability or learning disability.
8. Young people want more choice over their healthcare - where, when, and who they see.

What young people learned:

1. Young people have rights in their healthcare
 "I have rights over my care and I am allowed to voice my opinions over my care."
2. The importance of sharing stories with others and speaking up
 "I learned how much of a change we can make if we work together."
3. A better understanding of the NHS providers
 "Don't be afraid to trust adults working in the NHS."



Conclusion

What did we do?

1. Empowered CYP through knowledge, skills and advocacy development to better navigate and access health-based resources.
2. Raised awareness and improved skills of healthcare professionals to build positive relationships with young people.

Nearly all (98%) of attendees:

- learned something new at the event
- rated the event as good, very good, or excellent.
- "I liked" the fact that it was so youth led... Reverse panel was amazing too."

What's next?

Healthcare professionals and decision makers within the NHS have a responsibility to listen to young people and prioritise their rights in healthcare.

We will continue this campaign to ensure outcomes from this event are embedded into the NHS so that young people feel that they are at the centre of their healthcare choices.



Harriet Wright, Esha Rubin, Sarah Newman and Osayemi Odo



From left to right: Areea Andrew-Pillay, Sara Duff, Theo Teyssie, Fadia Abdou and Amina Naji



Scan QR code to see all illustrations from the event by Be o Ward - www.kidzart.com



*NHS - London, Oxford, North London, South London, South East, South West, Yorkshire and the Humber, London Trust, Youth Voice steering group members

Raising awareness about children and young people's healthcare rights - Transformation Partners in Health and Care

Offer to Integrated Care Systems:

We partnered with the [Institute for Healthcare Improvement](#) (IHI) to develop a **BCYP Improvement Collaborative** using the triple helix of integration to provide opportunities for **joined up work between health, social care, education and voluntary sector.**



1. primary and secondary care
2. health and physical care
3. health and social care/ education

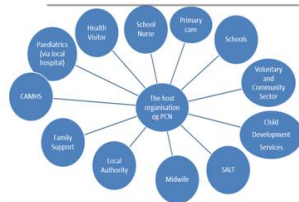
Collaboration rather than Competition

Taking a pan London approach that achieves impact at speed and is scalable to other areas

Existing Models of integration in London to support Fuller implementation and personalised care for CYP that Collaborative aimed to spread

NWL- Connecting care for Children Integrated Care In Children – Design Principles

Children & Young People Network
– an example of the relationships fostered in an integrated care system



1. New approaches to care to be co-designed with children, young people, parents, carers and communities. Focus on outcomes that really matter to patients
2. Focus on connections and relationships; NHS services can be minimally changed, while their capability and capacity are maximised. Use education and development, for the whole multi-professional team, as a key way to build relationships and finding new ways to work together
3. Harness existing strengths; put GP practices at the heart of the model - specialist services are drawn out of the hospital to provide support & to help connect services across all of health, social care and education. Include the whole population, (using segmentation to create bundles of care) to drive prevention and improve equity
4. Use behavioural insights and quality improvement tools. Health seeking behaviours improve through peer-to-peer support

Well Centre offer

- Pop-Up Clinics – Supporting Lambeth Youth Offending Service
- Pop-up clinics and drop ins in schools and local youth organizations
- Youth activities – group sessions including psychoeducation e.g. anxiety management; empowering and self-care (Tiger project), LGBTQ+ workshop, activities in holidays
- Education – GPs and GP registrars, partnership with KHP re training allied health professionals in adolescent health

<https://www.thewellcentre.org/>



Healthspot in NEL



A PLATFORM OF CARE IN A LOCAL NEIGHBOURHOOD

CORE CHILD HEALTH TEAM AND CARE MODEL ALIGNS WITH WIDER DETERMINANTS FOR CHILD WELLBEING



<https://childsframework.org/>

- [CC4C](#) in NWL
- [CYPHP](#) in SEL
- [Well Centre](#)
- [Healthspot](#)
- Learning Together Clinics
- Social Prescribing



Multi agency collaboration: Family hubs and 'child health hubs'

are complimentary, with some shared workforce, however there are fundamental differences in the function and purpose - BOTH are required within an integrated care system and we drew them into the programme during the second year

Multi-agency Improvement Collaboration

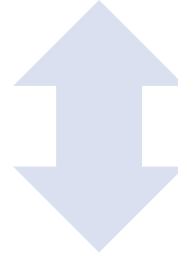


Collaboration rather than Competition

Integrating Child health and Family hubs



Child Health Hubs based in primary care bring together secondary and primary care to support children and young person where there is an identified health need. All children and young people within primary care can be supported through this model (0-25 years)



Family hubs and 'child health hubs' need to work together, and some of the workforce may overlap including midwifery, health visiting and early years professionals, wellbeing and mental health practitioners. Shared colleagues will 'glue' the system together and help with shared learning



Family Hubs offer universal services for children and families which means that all families are offered support. They are focused on families and early years and are Local authority funded services. They offer perinatal mental health, breast feeding support, community support etc amongst others.

The road travelled

Model for Improvement



Sept- Dec 21.
Procurement



Feb 22- April 22.



Launch event.
Feb 24 and leaders event 10th May



Action learning periods and
Project coaching support in
between each session

- Using data and measurement
- Progress summaries and improvement stories
- Shared learning across boundaries



Celebrating progress, sharing
learning and wider dissemination

Learning sessions 1-6
between July 22- 16th Nov 23



Outcomes

Enablers

Guidance with building healthy relationships.
Education about using social media and digital technology safely.

Relationships

I am supported to build and maintain relationships that are important to me.

Community of support

I know who is supporting me, and they have a good understanding of the issues I face.

Hobbies

I am encouraged to build emotional strength and self-esteem through developing interests and hobbies.

Child or young person

I am supported in a kind, caring, compassionate and non-judgemental way.
I am seen as an expert on myself.
I do not have to tell my story over and over again.

My achievements are celebrated.

Home

I live in a safe and supportive environment that provides me with the stability I need to develop and flourish.

Education

I have access to an education system that recognises and responds to my needs.

Health

I have access to physical and mental health services when and where I need them.

Enablers

Information and advice about services to meet different needs and preferences.

Enablers

Opportunities to find friends with shared interests.
Access to resources to follow my interests.

Enablers

Access to education and learning.
Access to education that meets my abilities.
Teachers who are aware of my circumstances and understand my needs.

Enablers

Accountable professionals who ensure continuity and stability of support.
Well trained staff throughout the care system.
Communication and information sharing.

Enablers

Suitable and stable accommodation.
Access to support and training for caregivers.
Recognition of expertise by experience.
Access to support that meets individual mental health needs and preferences.

The need for integrated, consistently high-quality engagement and interventions taking into account the voice of the child and family

A Whole Population Approach: Patient Segments in Child Health

Integrated care is often built around patient pathways. In stratifying children and young people we strongly advocate a 'whole population' approach, where 6 broad patient 'segments' can be identified:

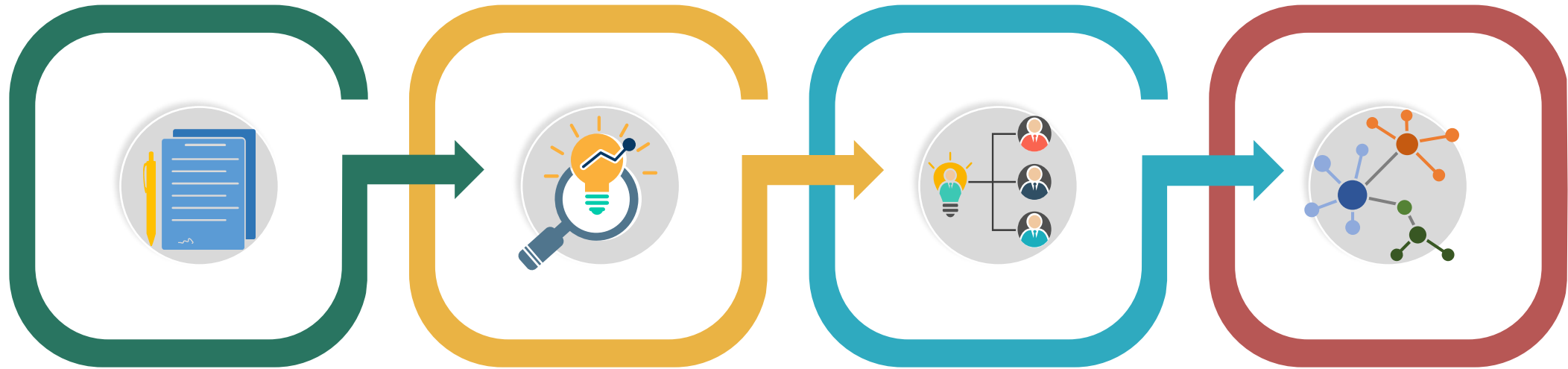
Healthy child	• Advice & prevention eg: Immunisation / Mental well-being / Healthy eating / Exercise / Dental health
Child with social needs	• eg: Safeguarding issues / Self-harm / Substance misuse / Complex family & schooling issues / Looked after children
Child with complex health needs	• eg: Severe neurodisability / Down's syndrome / Multiple food allergies / Child on long-term ventilation
Child with single long-term condition	• eg: Depression / Constipation / Diabetes / Coeliac Disease / Asthma / Eczema / Nephrotic syndrome
Acutely mild-to-moderately unwell child	• eg: Upper respiratory tract infection / Viral croup / Otitis media / Tonsillitis / Uncomplicated pneumonia
Acutely severely unwell child	• eg: Trauma / Head injury / Surgical emergency / Meningitis / Sepsis / Drug overdose

Project Design

To identify, learn and scale models of integrated care for the benefit of babies, children, young people and their families in London.

Charlie Goodwin-Smith , Project Manager, Institute for Healthcare Improvement

The pillars of our project



Design

*Multi-Focus Demonstration
Collaborative*

QI methods

Our approach

Coaching

*Regular time with
experienced improvement
advisors (IAs)*

Shared Learning

*Coming together as a
whole collaborative*



Design: Multi Focus Demonstration Collaborative



- Allows us to work with multiple organisations around a single core theme
- Multiple projects of varying maturity, impacting on varied populations in a complex environment
- We learn based on the different characteristics of the populations, London as a resource where impact can be demonstrated
- Different geographic/social/cultural settings, learning can be used to demonstrate with different locations, or different populations within the same location



BCYP Collaborative Members

Our Collaborative



North West London Integrated Care System 57 Members

- Team 1: NW London Child Health Hubs
- Team 2: Virtual MDTs/Clinics
- Team 3: NW London Family Hubs



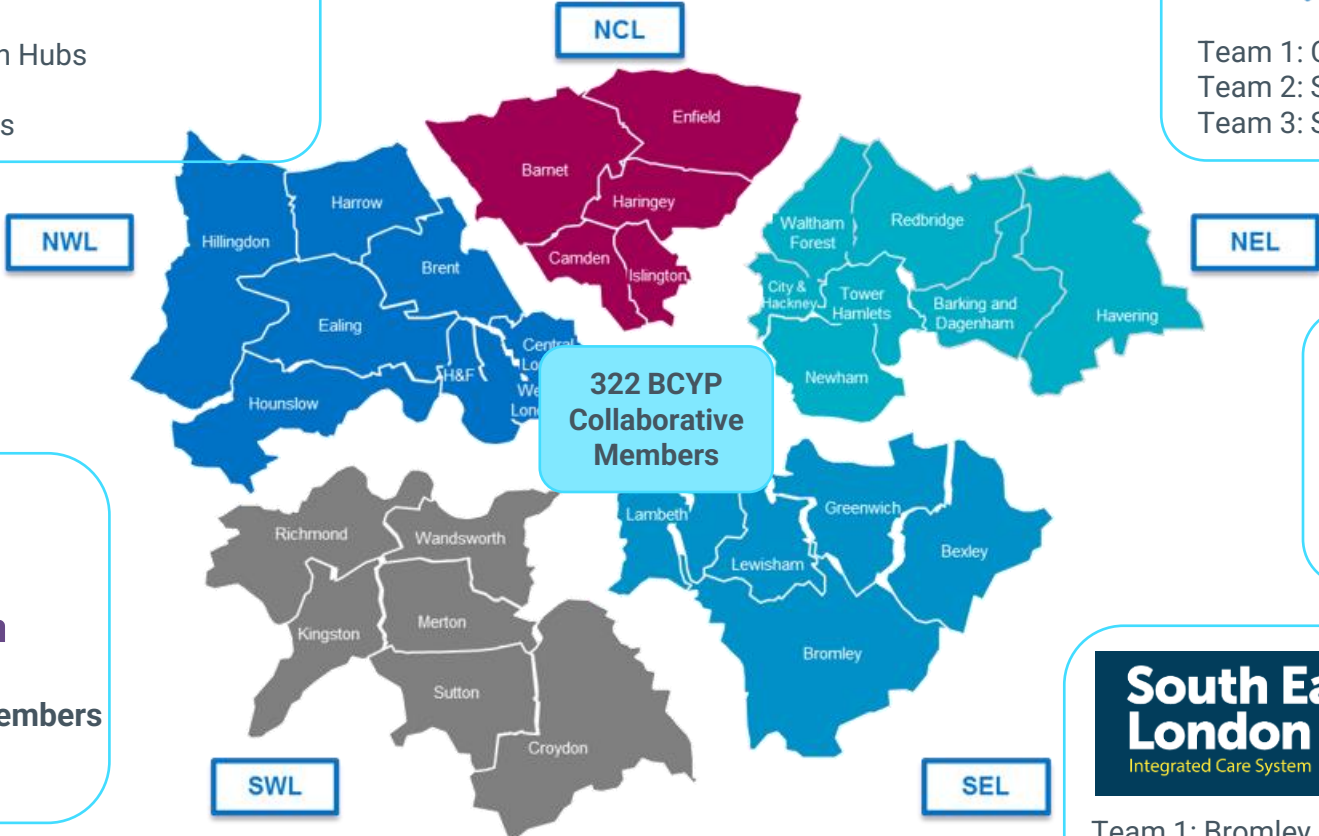
North Central London Integrated Care System 38 Members

- Team 1: Integrated Working in Central Camden
- Team 2: Camden Asthma project



North East London Health & Care Partnership

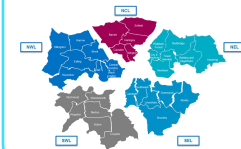
- Team 1: CYP MDTs in PCNs
 - Team 2: SEND NEL
 - Team 3: Stratford Youth Zone
- 77 Members



South West London Integrated Care System

- Team 1: Asthma
 - Team 2: SEND
 - Team 3: Family Hubs
- 32 Members

Pan-London MDT



15 Members

South East London Integrated Care System

- Team 1: Bromley
 - Team 2: Greenwich
 - Team 3: Lewisham
 - Team 4: Bexley
- 50 Members

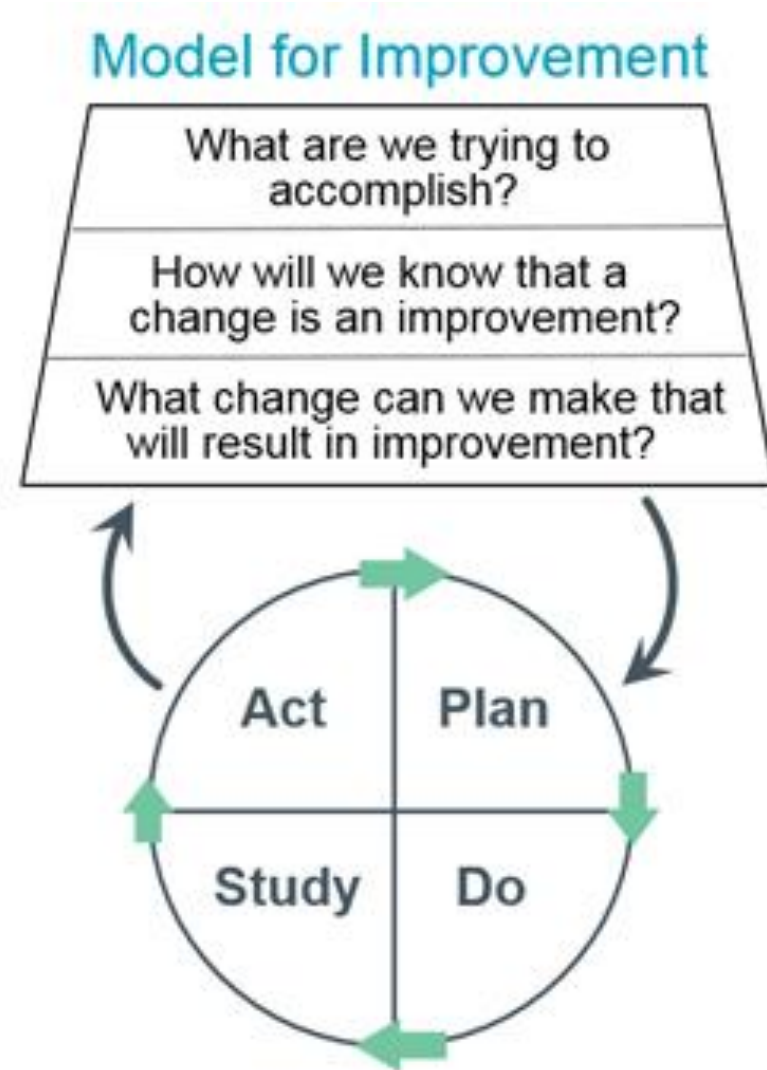
Other stakeholders
53 Members



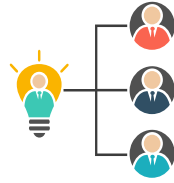
QI Methods and Approach



Developing teams' capability in QI to understand the gaps in equitable delivery

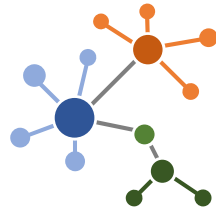


Coaching



- Coaching provides support to the teams to help them progress their improvement
- Effective if held regularly and supplemented by deep dive sessions
- Webinars and half-day focused sessions as required on specific topics of interest (e.g. Data and Measurement, Leadership for Improvement)

Shared Learning



- Providing teams with a space to share their successes and celebrate each other
- Structured planning time – time to spend working with other ICS teams, whole London approach
- Post-COVID, underlined importance of coming together
- Disseminating solutions to common problems, avoiding duplicated work



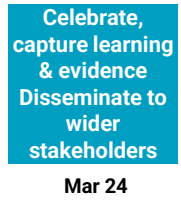
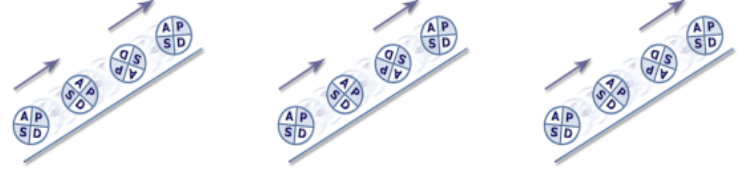
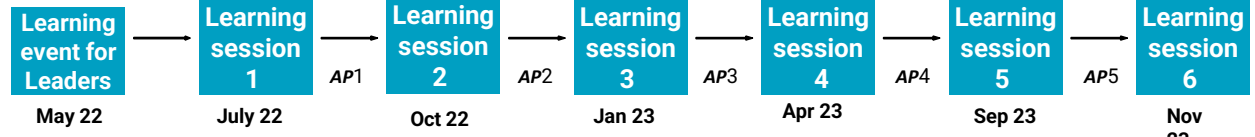
Our Collaborative Learning Network Journey

Pre work and getting started



Leadership engagement as sponsors and to support teams and coaches during and between events

Learning Sessions & Action Periods



Key:
AP = Action Period

BCYP Improvement Collaborative Support

- Using data and measurement for improvement
- Regular virtual project & local project coaching
- Progress summaries & improvement stories
- Shared learning across ICS boundaries



Challenges and Learning

- The formation of ICBs - Leadership and engagement – who to bring in when?
- Workforce and service pressures – making and keeping ownership of the work
- Achieving results – how we know change has led to an improvement? What are the limitations of tasks and targets
- Environmental disruption: industrial unrest, postponed activities and virtual events
- The importance of “being there”
- Leadership and advocacy from the top down in addition to enthusiasm from the bottom up
- Improvement takes time – and coaching
- The power of storytelling – building the narrative and articulating the “why”.
- Integration – bringing together health, social care, public health, education, all behind a common purpose



When integration works – Patient stories



Mental Health and Wellbeing

- Jade* is 14 and has suffered abdominal pain, blackouts and headaches for two years. She was admitted to King's College Hospital for a brain scan.
- She was picked up for follow-up by her local paediatrician, who was on her local Child Health Team along with her GP.
- Through the Child Health Team, her paediatrician and GP were then able to coordinate all prior investigations, liaise with specialty teams, and explain the issues and any need (or not) for medication.
- The Team also includes mental health specialists, who are able to support Jade's return to school and work with her family to help them support her.
- Jade is now back at school and doing well, with support from the Child Health Team.

*Names changed





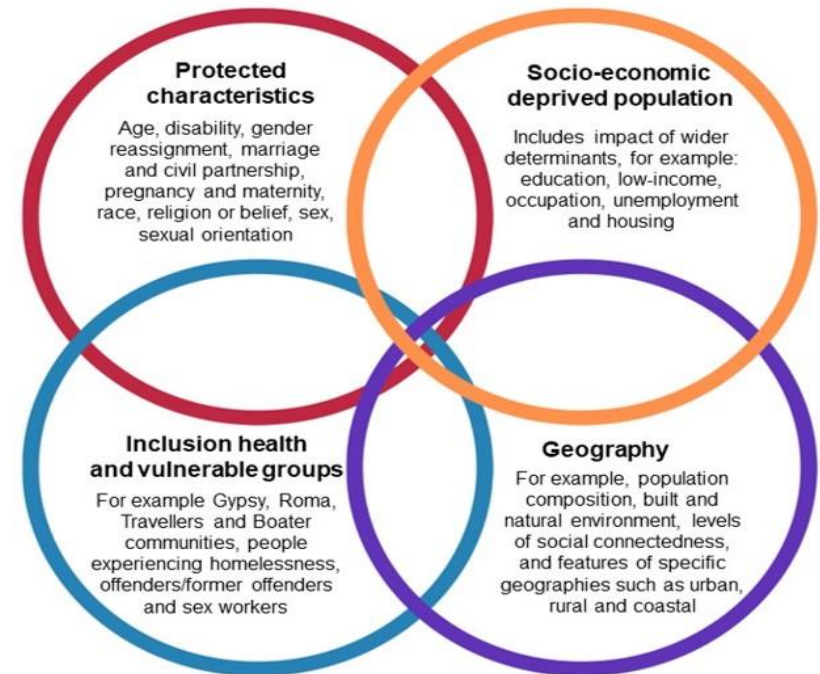
Summary

Minara Chowdhury, Senior Director Global Delivery , Institute for Healthcare Improvement

Impact – Summarised

This Integrated equity programs has had an impact on:

- Individuals
- Babies, Children and Young People
- Families and Care Providers
- Healthcare Professionals
- Community
- **Population as a whole**



Learnings

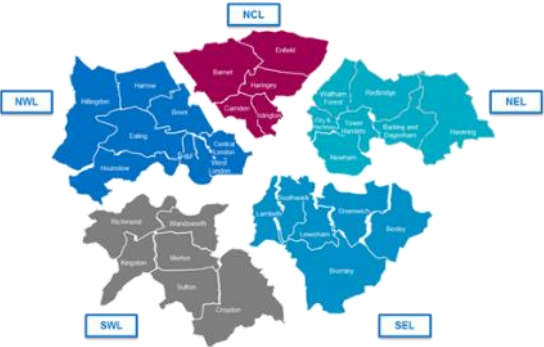
- Have a clear aim– with a **defined population** – who is this aimed at?
- **Use the QI Approach** it helps to manage the process
- Be amoeba like **adaptable and flexible!**
- Have a **clinical champion driving the work** and to help win hearts and minds
- Importance of **linkages with current work**
- Not a quick fix its about **building relationships**, trust and culture
- Keep it **simple**
- Be **clear on outcomes** trying to demonstrate to help make local business cases



Key elements that made improvement happen

Test and Implement what works to achieve reliable improvement and results for BCYP

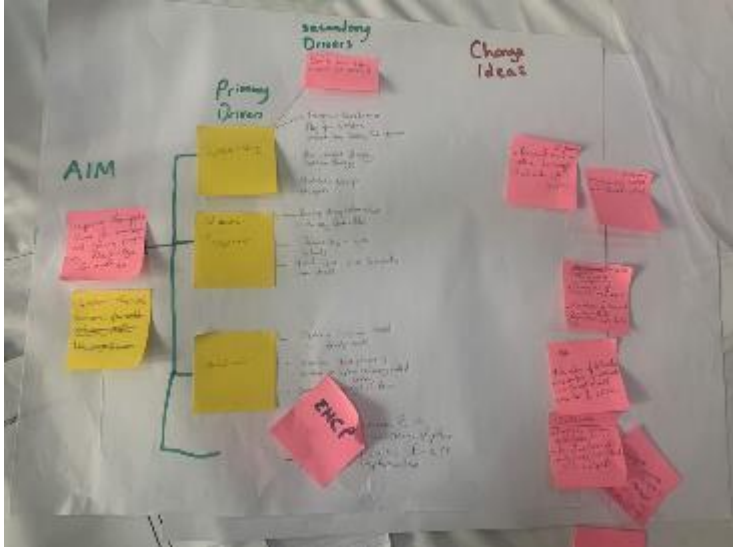
Relationships



Collaboration



QI Approach and Method



Working Together to Improve Population Health: testing a system level approach to improvement

Dr Andy Knox – Associate Medical Director, Population Health – Lancashire and South Cumbria Integrated Care Board

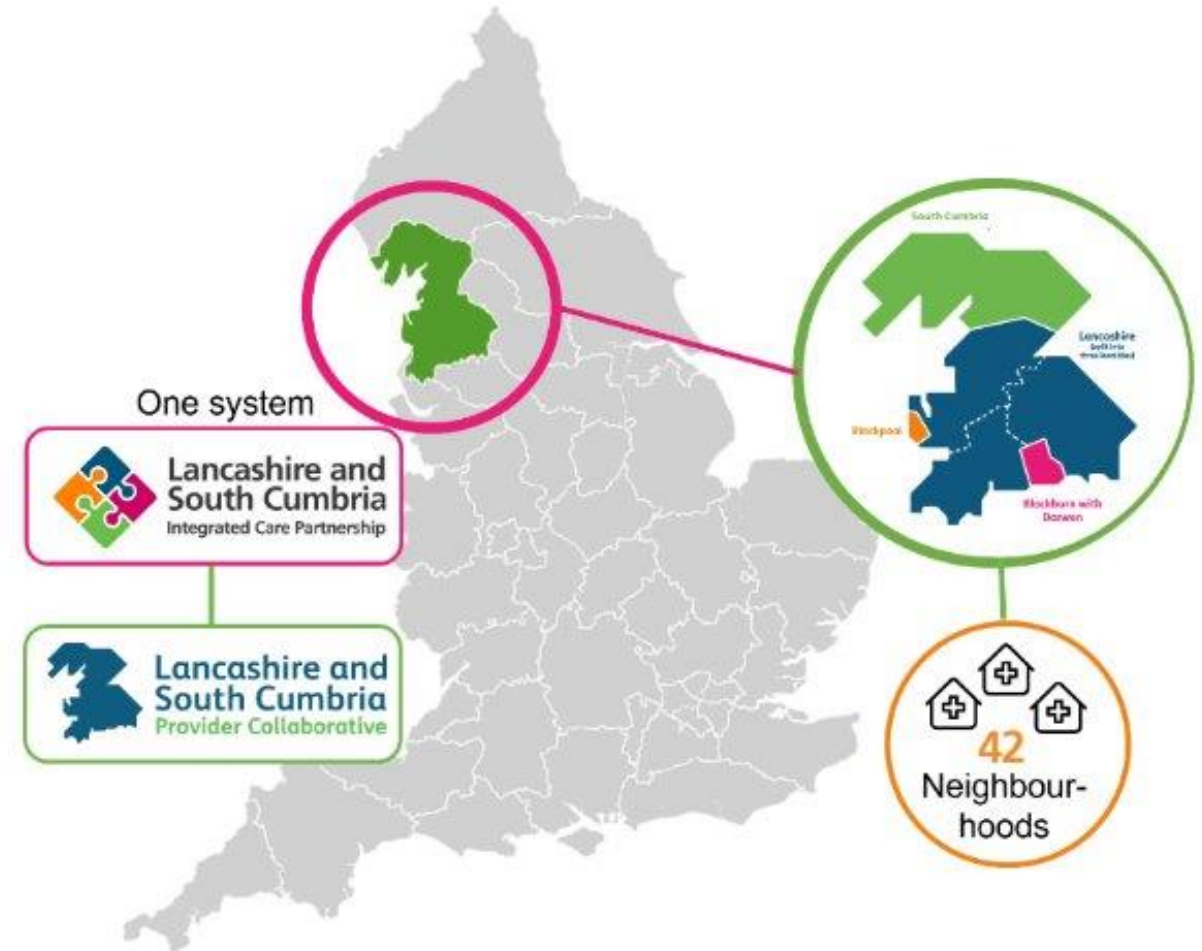
Dr Ailsa Brotherton – Executive Director of Improvement, Research and Innovation – Lancashire Teaching Hospitals NHS Foundation Trust

Ben Morris – Senior Improvement Advisor – Lancashire Teaching Hospitals NHS Foundation Trust



The Lancashire and South Cumbria System

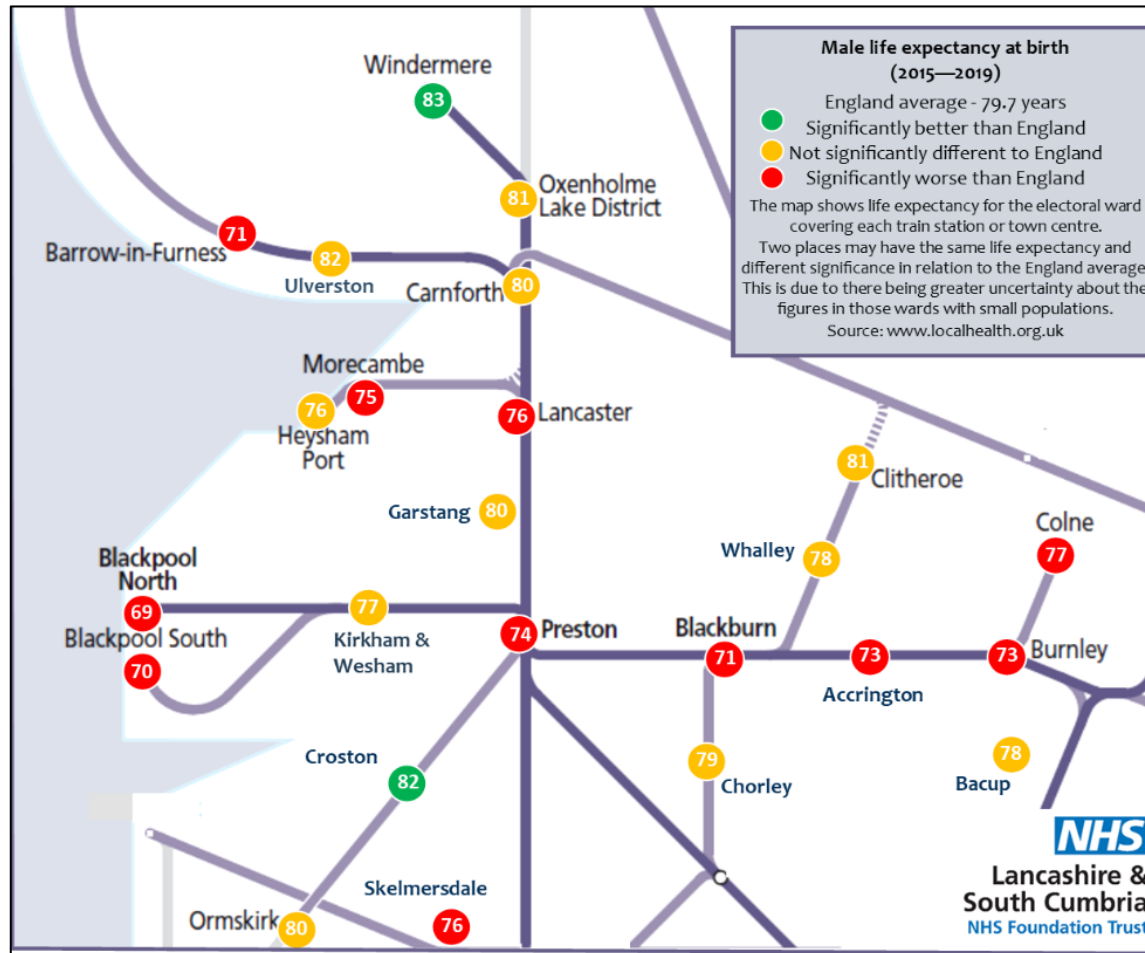
- **Aging population** - over 75s will double by 2035
- **Diverse** - 17% of people in Pennine Lancashire BME
- **Deprivation** - 20% of population in 10% most deprived nationally, up to 25% of children living in poverty and 20% of over 65s living in poverty
- **Long Term Conditions** - High levels of mental health incl. depression, cardiovascular disease, heart failure, hypertension, asthma, dementia
- **High rates of alcohol and respiratory** related admissions, and **late cancer diagnosis**



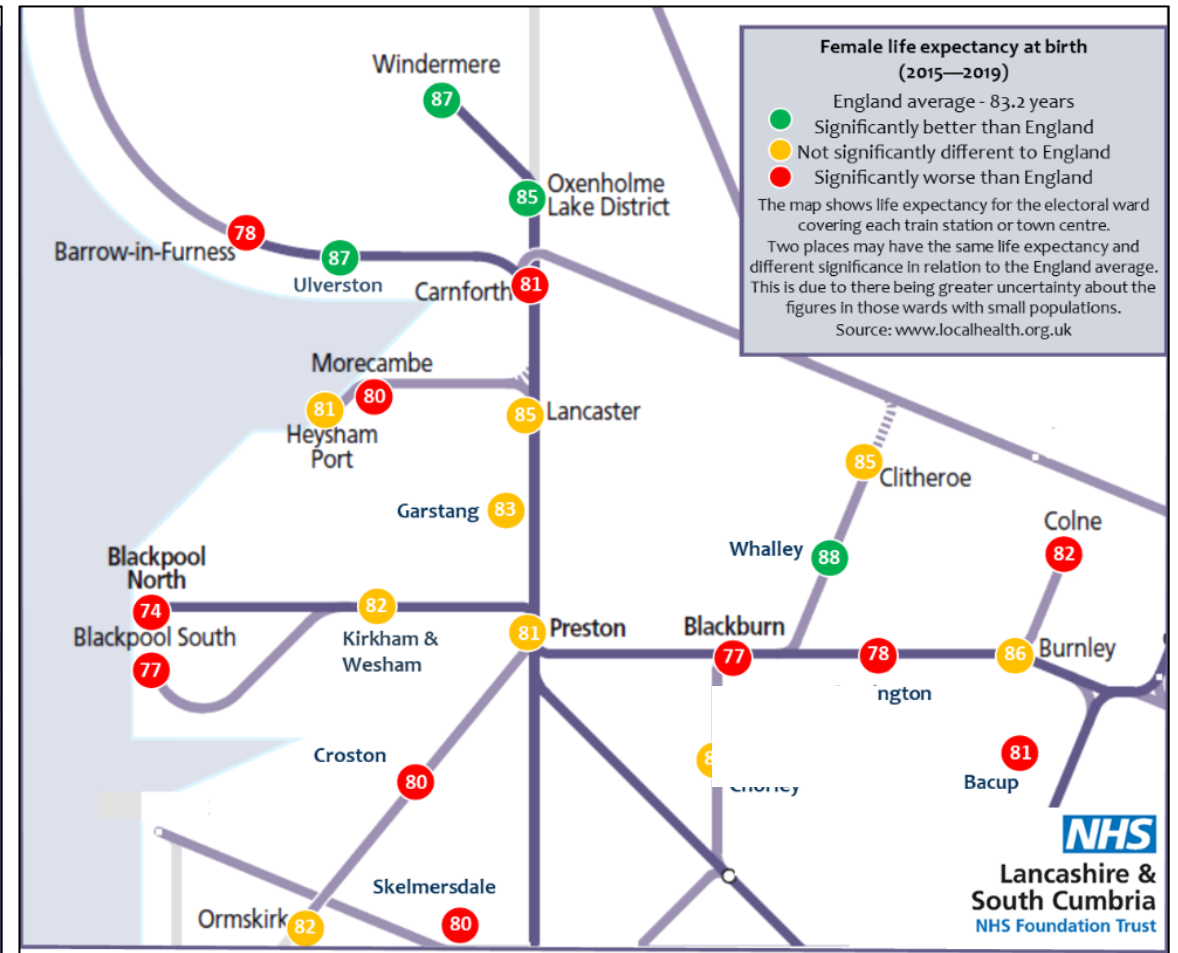
Lives on the line

Life expectancy variation across Lancashire & South Cumbria

Males



Females



National NHS priorities for health inequalities

5 key strategic priorities

Restore NHS Services inclusively

Mitigate against digital exclusion

Ensure datasets are timely and complete

Accelerate preventative programmes

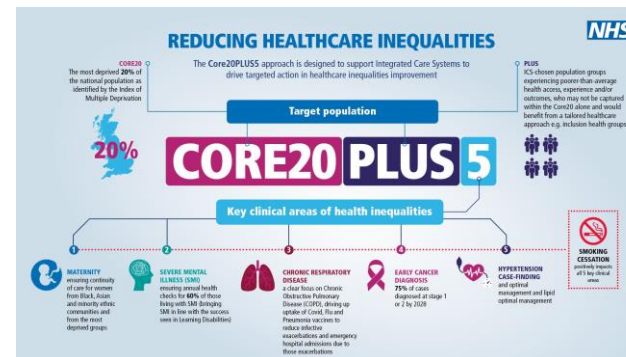
Strengthen leadership and accountability

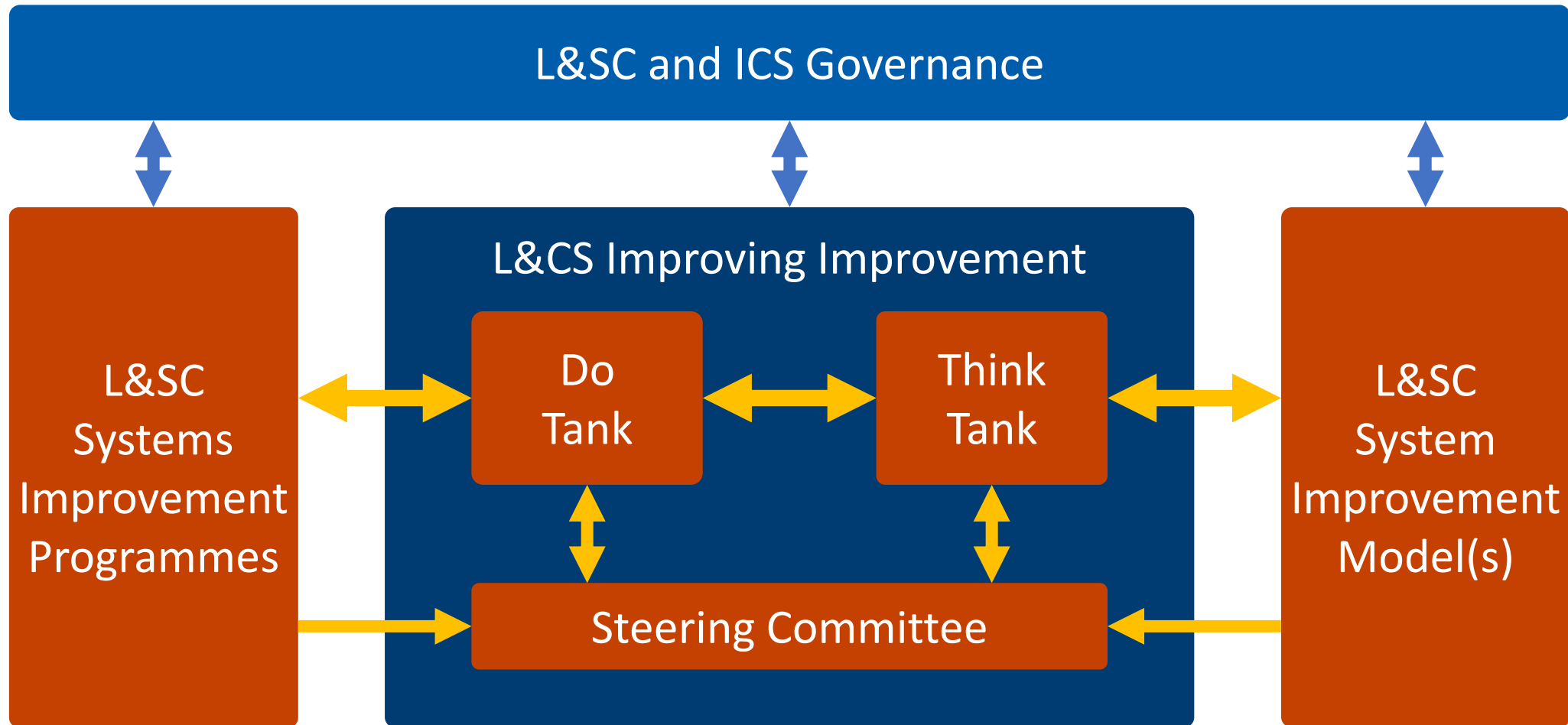
Clinical Priority areas

Driving down inequity for our 20% most disadvantaged and PLUS communities

Including:-

- Equity of access
- Excellence in experience
- Improved equity of outcomes





Population Health Leadership Academy

3-4-5-6-7



Dr Andy Knox
Associate Medical Director, Population Health

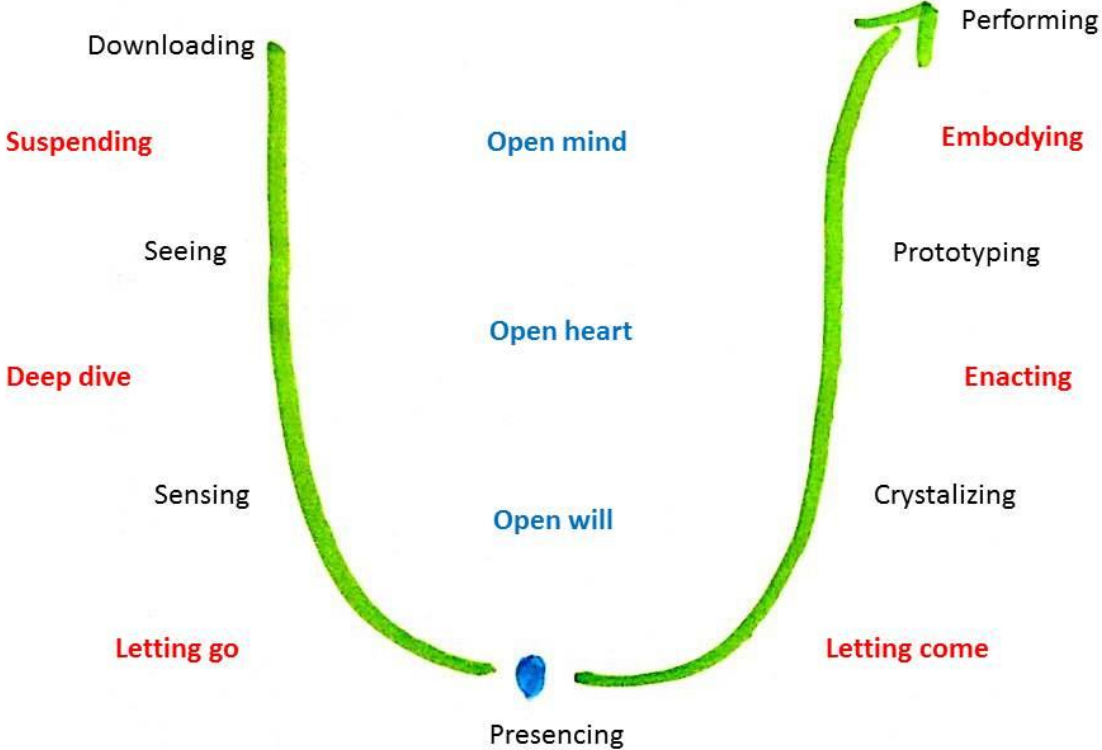
“Society is a manifestation of our values and who or what we value”

Prof Mariana Mazzucato and Prof Bev Skeggs



Theory U

Otto Scharmer





Social Movements

Valerie Fournier

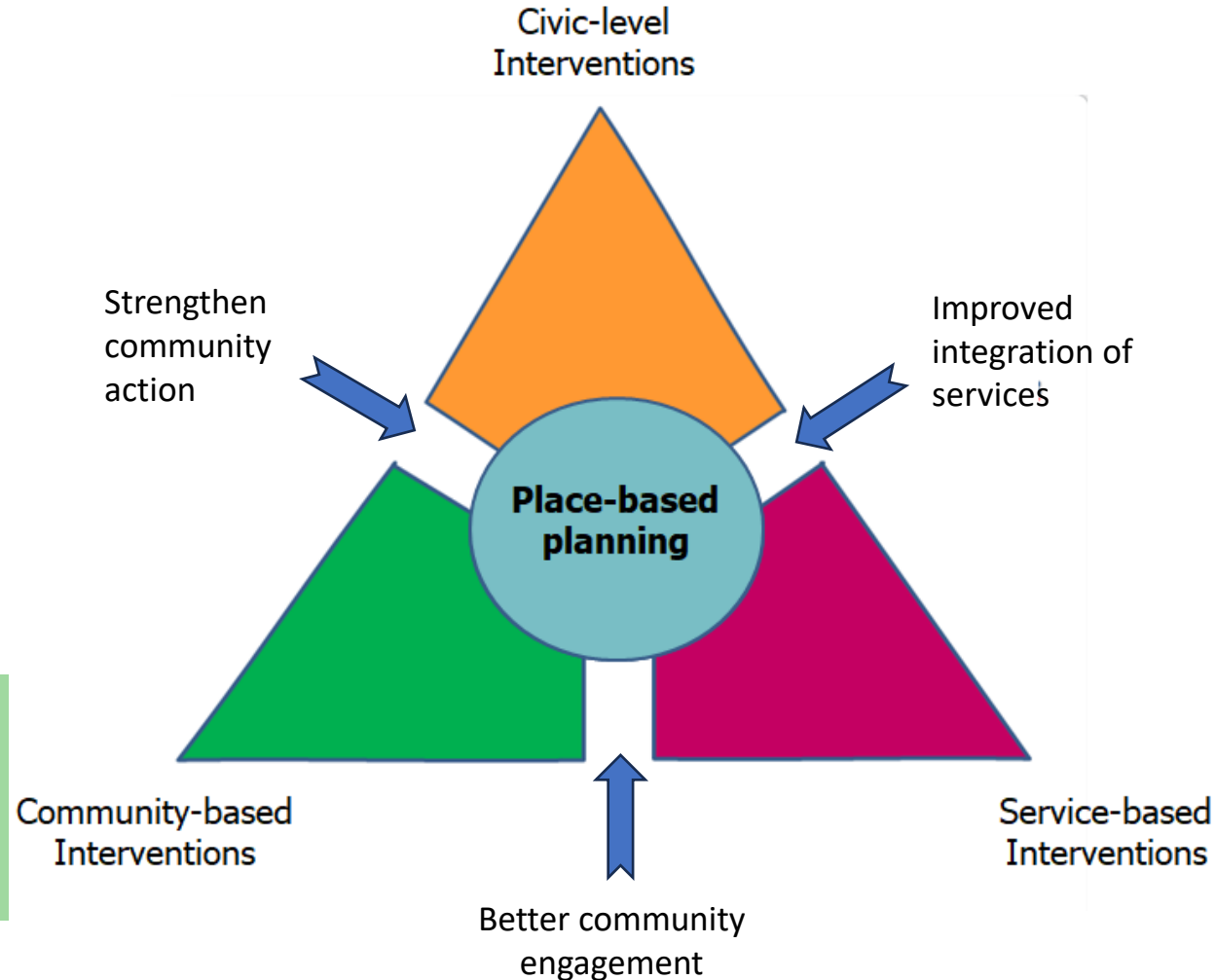
- Create Outrage
- Challenge Inevitability
- Build Moral Alternative Economies



3-4-5-6-7

The Population Health Intervention Triangle

- Legislation; regulation; licencing; by-laws
- Fiscal measures: incentives; disincentives
- Economic development and job creation
- Spatial and environmental planning
- Welfare and social care
- Communication; information; campaigns
- Major Employer



- The assets within communities, such as the skills and knowledge, social networks, local groups and community organisations, as building blocks for good health.

- Delivering intervention systematically with consistent quality and scaled to benefit enough people.
- Reduce unwarranted variation in service quality and delivery
- Reduce unwarranted variability in the way the population uses services and is supported to do so.

3-4-5-6-7

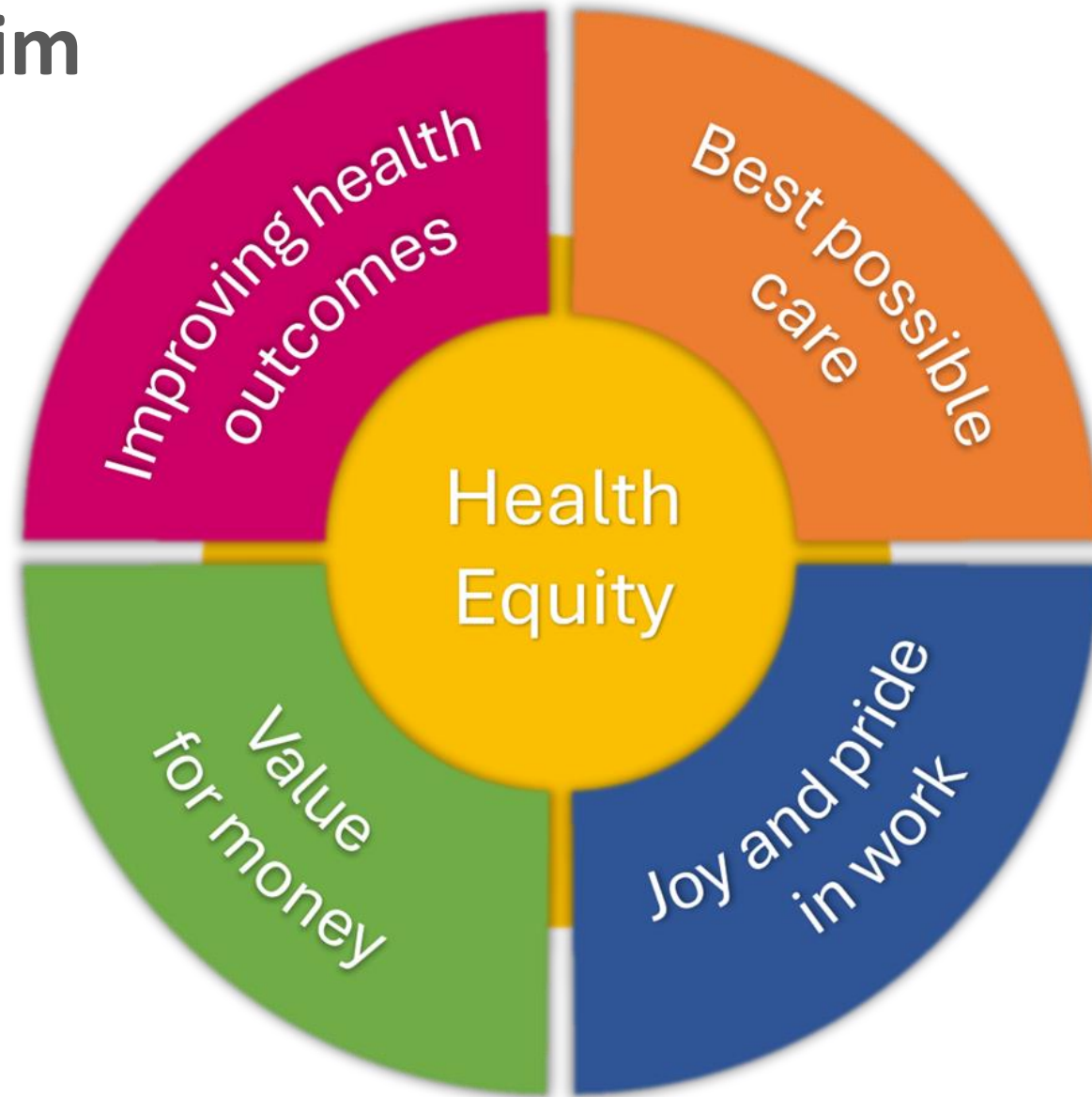
The Four-Fold Practice



Dare to dream of a more caring world!

3-4-5-6-7

The Quintuple Aim



3-4-5-6-7

The Population Health Hexagons

Predict – Using data, insight and ongoing dialogue with communities to identify early issues likely to lead to ill health

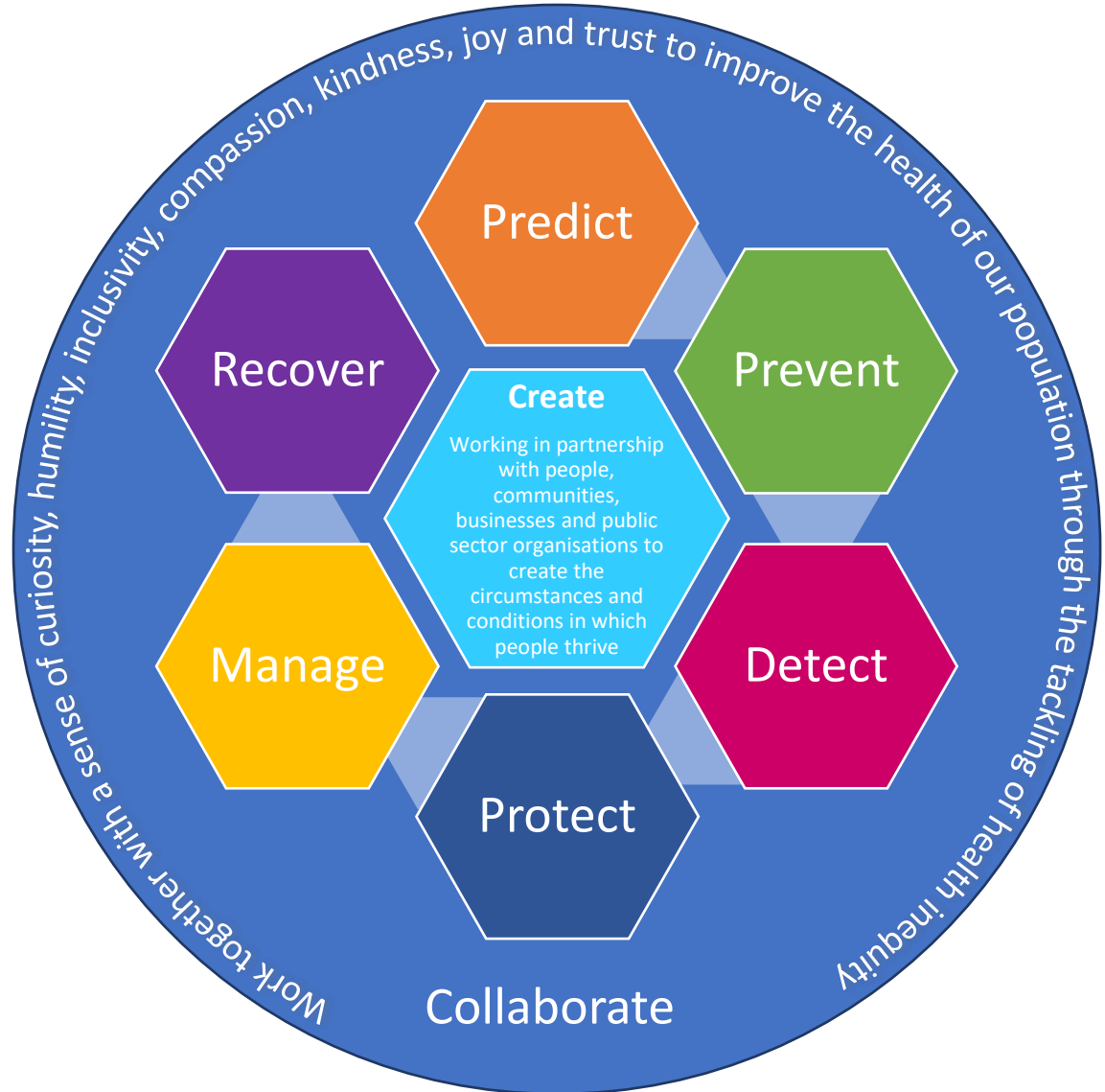
Recover – Working with people and carers to enable those recovering from illness to live as full a life as possible, or receive excellent and equitable palliative care

Manage – Ensuring equitable access to the best possible healthcare at the earliest opportunity

Prevent – Taking action with people and communities to improve lifestyles, social circumstances and our environment to improve health and wellbeing

Detect – working proactively in integrated teams to find people who have a condition which increases their risk of ill health

Protect – Working with people with known conditions/risk factors to reduce their risk of ill health



Data and Intelligence

Community participation

Resource (Finance, Skills, People)

3-4-5-6-7

The 7 I's of Improvement



Examples and a Story

- Earlier Cancer Diagnosis – St Matthew’s Ward (Preston)
- Respiratory Admissions in Priority Wards (Barrow-in-Furness)
- Enhanced Health Checks (Blackpool North, Barrow & Millom, Bay, Blackburn, Bridgedale, Carnforth, Ribblesdale, Rossendale, West Lancashire)
- Loneliness and mental health - Community garden (Blackpool North)
- Cervical Screening – (Blackpool Central)
- Family obesity (Chorley East)
- Eat to Beat Diabetes (Preston North & East)
- Homelessness, prison leavers, substance misuse and poverty (Hyndburn)
- Working with foodbank – recipes and nutrition, hypertension, weight management, first aid and mental health (Bridgedale)
- Frail elderly, mental health, children and young people and priority wards (Barrow & Millom)
- Town Hall Warm Hub health checks, homelessness and loneliness at Manna House and young people's mental health (Kendal)
- Vaccination and screening, frailty, COPD and obesity (Bay)
- Cardiovascular disease (Lancaster)
- Hypertension (Blackburn)

CORE20 PLUS 5

Ben Morris – Senior Improvement Advisor,
Lancashire Teaching Hospitals NHS Foundation
Trust

L&SC Core20PLUS5 – Aim Statement

Aim: Improve earlier cancer detection and earlier stage diagnosis within the specific population - Bowel (Colorectal) Cancer, South East Asian, Women and Men, St Mathews area, all ages but specific screening for over 55

Approach: "Inch wide mile deep" - focussed work with one specific population group

Strategy: Through direct engagement with a specific population to

1. Improve awareness of cancer symptoms and body vigilance,
2. Improve education of cancer treatment and outcomes
3. Improve access to cancer screening and services

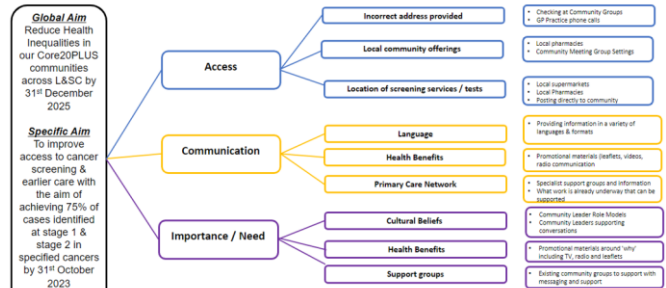
Scale & Spread Plan

The proposal is for to deliver phase 1 of a robust 3 year plan to deliver the 75% target by 2028, with significant improvement by April 2025.

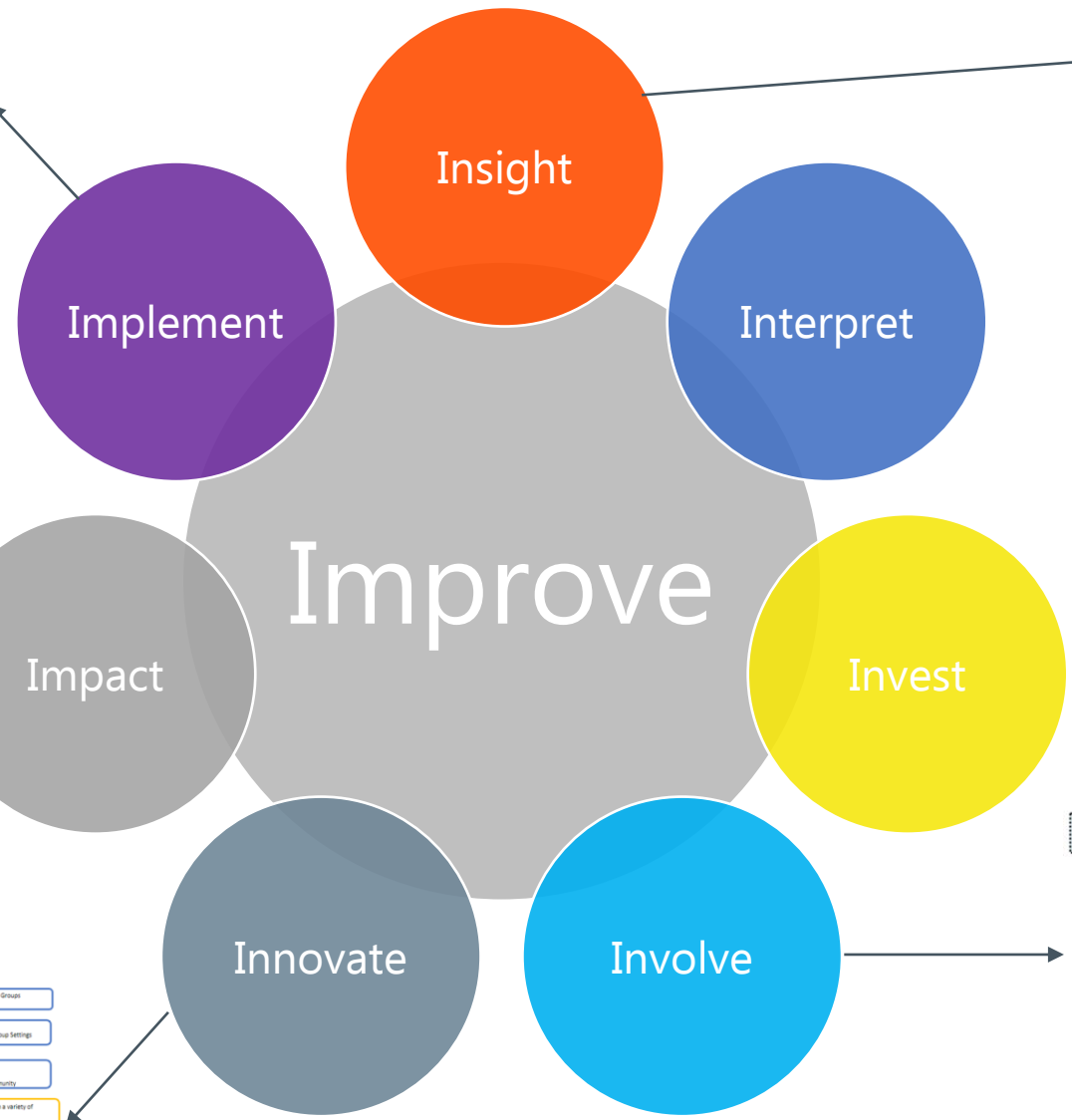
The plan will include collaboration between the Cancer Alliance, Population Health, NHSE Screening Team, Places, Public Health Collaborative and others recognising that there is a national priority to achieve the target at the same time as there being a need to focus on understanding and addressing barriers amongst the communities where uptake is lowest:

- System-wide work eg campaigns, system-wide events
- Place-based work - a resource to be allocated to each place across LSC to facilitate work to deliver the 75% early diagnosis target, adapted based on the data and intelligence and insight about what will make the difference in each place and including work to target particular communities.

Learning
Relationship building and trust takes time. Trust in public services is not always in existence
Need the right people involved for health inequality work
Level of fear about Cancer – lived experience feedback is fundamental
Capacity within teams to keep momentum
Underestimation of time requiring to implement changes
Lower expectation of healthy lifestyles and shorter life expectancy is accepted in some communities

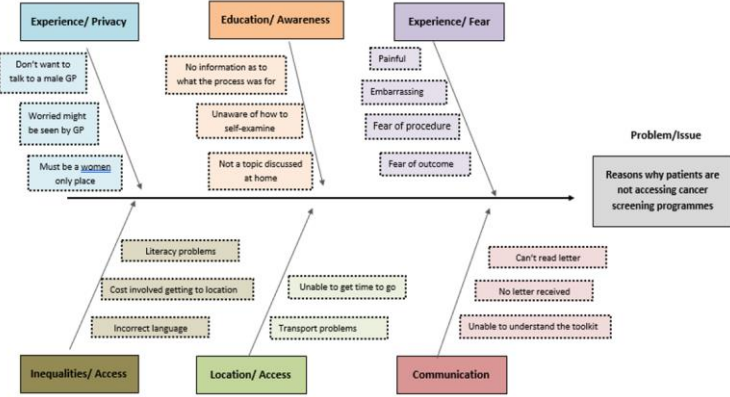
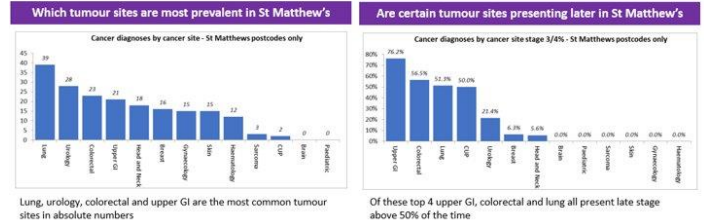
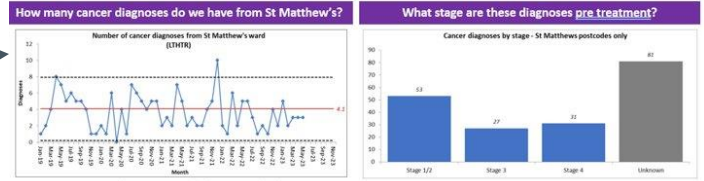


Please note: This driver diagram has been populated through examples from National Standards. As part of the core principles within the programme, we'll be co-designing our driver diagram with local populations.



Measurement – Understanding our baseline

Using our trust data we can explore cancer diagnoses from patients with a St Matthew's postcode in more detail





Integration, integration, integration

Improving lives of babies, children and young people

Presentation to the International Forum on Quality and Safety in Healthcare – London
Thursday 11th April 2024

Sara Nelson, Joint Head of Children and Young People's Transformation Programme, NHS England, London Region

Minara Chowdhury, Senior Director – Global Delivery, Institute for Healthcare Improvement

Charlie Goodwin Smith, Project Manager, Institute for Healthcare Improvement

Shelby Davies, Co-production Facilitator, Great Ormond Street Hospital, London