Opening the door to better healthcare: A snapshot of innovations in primary and first access care for children and young people

The National Children's Bureau: working with children, for children

Registered Charity Number 258825
8 Wakley Street, London EC1V 7QE. Tel: 020 7843 6000

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Introduction

Keith Clements, Policy Officer, National Children's Bureau

In May 2013, NCB published *Opening the Door to Better Healthcare: Ensuring general practice is working for children and young people*.[1] The report examined the available evidence on how well general practice is delivering for children and young people. It looked at children and young people's experiences of the services and the particular challenges they face in accessing them, as well as the possible relevance of increasing A&E attendances for conditions that could be dealt with in the community. The report concluded that there are several areas where action is needed to promote improvements in the way general practice meets the needs of children and young people. These included improvements dependent on national input, such as ensuring GPs have appropriate training to work with children, taking into account children and young people's experiences when measuring the performance of GP services, and ensuring that the commissioning process takes proper account of their needs. Earlier this month, in an update on their *Call to Action* on GP services, NHS England acknowledged some of these challenges and said that they will work with Clinical Commissioning Groups (CCGs) to help make general practice and wider primary care more suitable for the health needs of children and young people.[2]

Last year's report also called for GP services to be made more accessible to children, for children and young people to be empowered to exercise their rights and for partnership working between primary and secondary care. While there is still a need for national commissioning and accountability frameworks to support improvements here, professionals in many areas have been making efforts to make progress at a local level.

Building on these findings, this report discusses some of the innovations being taken forward by GPs and others to improve children's access to and experience of primary care. It also includes examples of broader multi-professional collaboration and innovation to ensure that more children with minor ailments are treated in the right place at the right time.

Special thanks to all those who spared time to share information about their work.

[1] Clements, K. (2013) *Opening the door to better healthcare: Ensuring general practice is working for children and young people.* National Children's Bureau: London. Available at: http://www.ncb.org.uk/media/972611/130603_ncb_opening_the_door_gp_finalweb2.pdf

[2] NHS England (2014) *Improving General Practice: A Call to Action Phase 1 report.* Available at: http://www.england.nhs.uk/wp-content/uploads/2014/03/emerging-findings-rep.pdf

Health advice and self care for parents of young children

Heywood, Middleton and Rochdale CCG in Greater Manchester have developed self-care for minor childhood illness workshops delivered by the children's community nurse team

GPs were aware of local and national evidence that children with minor ailments are taken inappropriately to A&E and also that some minor illnesses that can be managed by parents at home are presented to GPs. Evidence for the population as a whole reveals that, if a person uses self-care successfully, 84% of those people will use this method again for the next minor ailment, thus reinforcing positive health-seeking behaviour.

Research from the Royal College of GPs has found that the main reasons for lack of self-care are:

- Lack of confidence in understanding the normal progress of symptoms and therefore presenting too early to the healthcare professional (e.g. a cold can last two weeks but on average people attend the GP on day four)
- The perceived severity and duration of symptoms make the person think something serious is wrong and they would like reassurance
- Expecting a prescription to 'cure' the illness.

With these challenges in mind, workshops in self-care were piloted by a GP in a local Children's Centre.

Two 90-minute sessions were held to help inform a future service. The workshop was kept interactive but care was taken to ensure key messages (such as the differences between viruses and bacteria, common rashes, assessing dehydration and monitoring minor head injuries) were covered. There were eight participants at the first session and 12 at the second, mainly mothers of infants. Other topics discussed included gastroenteritis, respiratory and ear infections and how to access care.

Participants were asked to rate their confidence in dealing with their child's minor illnesses on a scale of one to ten before and after taking part in the sessions. On average around a 60% increase in confidence was reported. There were many positive comments about the sessions, with feeling reassured and more confident about when and when not to worry and seek medical support being a key theme. There was generally enthusiasm and a hunger for more information.

Challenges were identified around engaging men (none attended) and grandparents (one grandmother attended) as they are increasing involved in caring for children. The potential utility of resources for parents to take home, such as the idea of a picture of rashes, also emerged and it was thought that organisations could be approached to provide these (e.g. self-care forum, meningitisuk.org)

There were also unexpected benefits of peer support which were evident due to the interactive nature of the sessions and which added to the learning of the group. It appeared that parents had been receiving conflicting information from health professionals

and that the involvement of all stakeholders (GPs, paediatricians, health visitors, community paediatric nurses) would be beneficial to ensure a consistent message.

Following the two-month pilot, delivery of regular workshops is now being taken forward by the children's community nurse team, supported by a local CQUIN payment.

For more information contact:

Danielle Peet, *Salaried GP, Stockton and Thompson's Surgery, Middleton*
daniellepeet@nhs.net

The Health Visiting and Sure Start Children's Centre Service in Nottinghamshire, led by Nottinghamshire County Health Partnerships, are working together to provide access to health advice for parents of young children

Nottinghamshire County Health Partnerships are the provider of a range of children's community health services. They are the provider of health visiting services in the county and have been involved in the provision of children's centres for many years, having recently been contracted to run all children's centres across the county with their partners North Nottinghamshire College and Family Action. The health visiting service in Nottinghamshire includes a longstanding 'responsive' element which allows parents with young children to call on their support whenever health concerns arise. At the point of their first contact with the Sure Start Children's Centre, parents are told about the health visiting helpline. Advice can be offered over this helpline, and where needed, a rapid response health visitor can provide ad-hoc home visits.

For more information contact:

Liz Hallam, *Deputy Chief Operating Executive, Health Partnerships, Nottinghamshire Healthcare Trust*
Liz.Hallam@nottshc.nhs.uk

Accessible care for children with less serious acute illness

Liverpool Community Health NHS Trust runs the only children's walk-in centre in the UK

Smithdown Children's Walk-in Centre offers assessment, diagnosis and management of children's unplanned minor illness and injury. It is led by Advanced Paediatric Nurse Practitioners with support from paediatric nurses and healthcare assistants - being entirely nurse-led is also a unique aspect of this model.

The walk-in centre was developed through a redesign of the minor injuries unit, driven by national child health policy at the time, the Primary Care Trust's local delivery plan objectives and a significant volume of consultations for children's minor illness an injury seen in primary and secondary care (general practice, walk-in centre, paediatrics and A&E).

It is a standalone unit, although a 'safety net' is in place for the staff to discuss treatment and management, if required, with direct telephone access to advice from consultants in the children's A&E department. Staff also have the ability to refer children directly to specialties in the children's hospital, helping to reduce patients' journeys.

Robust training is provided to staff, with clinical competencies to achieve and a CPD course on paediatric minor illnesses and clinical examination at one of the local higher education institutions.

Local policies and guidelines have been developed which follow national guidelines and tie in with the management of minor illnesses and injuries of acute care.

It is open 8am to 8pm on weekdays and 10am to 4pm on weekends and Bank Holidays, offering open access services beyond the hours of local GP surgeries. It offers services to children from birth to 15 years.

This model is also intended to offer the benefits of early identification and intervention, family and child-centred care, self-management and family support, safeguarding children and improved access and decreased inequalities.

Of the 23,348 consultations between November 2012 and October 2013:

- 72% were minor illness and 22% minor injury
- 32% reported that they would have gone to A&E instead (15% to GP routine appointment, 42% to other walk-in centre)
- 92% were treated in walk-in centre (only 7% referred to further service after treatment).

Liverpool Community Health patient experience surveys have consistently fed back that the patients and their families have an excellent experience at Smithdown and the centre achieved an outstanding CQC report in November 2012.

Use of the walk-in centre continues to rise while A&E attendances at the children's hospital fall. The success of the service ensures that year-on-year there is an increase in attendances, which increases workload for staff.

Although the service is intended to deal with urgent care that might be otherwise delivered by an A&E department, it also deals with a large volume of routine illness which could be treated in primary care.

To deliver the service, significant workforce development activity has been required:

- The development of the Advanced Paediatric Nurse Practitioner (APNP) role (MSc in Paediatric Ambulatory Care)
- The development of the Paediatric Nurse Practitioner (PNP) role in the care of minor illnesses and injuries
- Healthcare assistants
- Providing placements for pre and post registration students (nurses, paramedics and APNPs).

There is a need to continually update the staff and the clinical pathways and guidelines to ensure the best, evidence-based, practice is delivered.

Those running the project considered higher-level decision-making from Advanced Paediatric Nurse Practitioners crucial for making community-based acute paediatrics possible, with potential implications for reductions in short-stay admissions and A&E attendances.

For more information contact:

Jo Robertson, *Clinical Nurse Manager, Smithdown Children's Walk-in Centre*
Jo.Robertson@LiverpoolCH.nhs.uk

The Bentley Surgery in Doncaster have been exploring how they can provide more responsive and accessible care to young children

In many surgeries, parents have to ring up first thing to get an appointment on the day or make an advance appointment several weeks ahead. Some parents, particularly if they work or have other children, may struggle to access the telephone booking system early in the morning (for example if they are taking other children to school), or to make arrangements to take their child to the GP at the offered slot at short notice. A sick child's condition, as perceived by the parent, may deteriorate over the course of a day to the extent that they wish to seek urgent medical attention in the afternoon. The practice wanted to explore how it could make consultations with a GP more accessible to such families.

Initially, a weekly appointment-free afternoon session was arranged. This meant that parents knew that on these afternoons they could bring their children in without an appointment and be seen on a walk-in basis.

After a trial of this system it became apparent that there was not enough demand for consultations on a walk-in basis and that parents were often unwilling to wait until the afternoon for advice.

A more flexible system has been developed whereby:

- Any parent that has concerns about a child can speak to a GP by phone within 15 minutes
- If parents or the GP believe that their child should be seen in person, they book an appointment time that suits them (around school etc) that day
- If a sick child is seen by the GP in the morning, an offer of open access to surgery in the afternoon is made, in case parents are worried about the deterioration of their child's condition, and the child's condition can be reviewed the following morning if needed.

For more information contact:

Eric Kelly, *GP, Bentley Surgery and Chair, Doncaster CCG*
Erickelly@nhs.net

Working with schools to improve young people's access to GP services

GP surgeries at the Galleries in Washington near Sunderland, supported by Investing in Children, have developed a health information session for delivery as part of PSHE in schools

Engagement work with children and young people themselves, led by the surgeries and Investing in Children, found that the information they had about GPs, healthcare, their rights and what access they can have to independent GP appointments was both inaccurate and 'patchy'. The young people identified PSHE as being a good time to learn about health related issues.

Sessions were drawn up and are delivered by a small group of GPs, nurses, other practice staff and young people. They can be tailored to the needs of the school or young people but can include elements such as games, an anonymous question box and discussions about issues such as accessing services and confidentiality. At the time of writing, sessions have been delivered in two secondary schools.

Following the sessions, pupils who took part reported more confidence in talking to a doctor, displayed more knowledge of how to book an appointment and had an increased understanding of confidentiality and their rights. It was observed that the participating pupils were as curious about general health and mental wellbeing as they were about sexual health, which they had already learned something about through the existing PSHE schedule.

While it has been challenging to market the offer to additional schools, who are concerned about finding space in their curriculum, staff at schools that have been involved have given positive feedback.

The work was started with the support of funding from the local PCT and has had some continuing support from Clinical Commissioning Group. As with many innovations it has relied throughout on the enthusiasm of individuals, with long-term sustainability and upscaling of the work currently being explored with the local public health team.

For more information contact:

Sharmila Parks, *Encompass Healthcare*
sharmila.parks@virgin.net

The CCGs in Newcastle have developed school assembly sessions to help inform young people about how GP services can support their health

Research commissioned by the local involvement network (LINk) had highlighted that although children and young people said they thought a GP or nurse was the best person to talk to about health concerns, they had reservations about whether it was the right place to go because of concerns about confidentiality and access, and a lack of understanding of the range of issues they could seek advice on.

A small working group of relevant stakeholders was formed to take the key messages out of the research. A competition was then run amongst pupils in a local secondary school to develop a presentation based on these messages that would be accessible to young people. The winning presentation was delivered by a local GP in eight Year 10 assemblies across the city. It informed pupils on how general practice works, how it can help them with their problems, how to access it, and how the service respects and does not judge.

At the same time, workshops were run for GPs, nurses and admin teams, again following up the research messages, to work with them to deliver more young person friendly services.

For more information contact:

David Jones, *Executive Member, Newcastle West CCG*
david.jones3@nhs.net

Kate Cushing, *Child Health Lead*
katecushing1@gmail.com

GPs and colleagues in North Herefordshire developed '4US Clinics' providing primary care for young people at their school, which were rolled out across the area between 2000 and 2013

Herefordshire is a mainly rural county with over half of the population of young people living more than 10 miles from the city of Hereford. Work to address the challenges this presents to the provision of accessible and confidential health services to young people goes back at least as far as the 1990s. A 1994 survey of 12-18 years olds who were patients of a north Herefordshire rural practice found that:

- 80% of young people were brought to the surgery in their parents' car. None were able to use public transport. This has obvious implications for confidentiality and access to other facilities
- 50% of the respondents had attended the surgery during the previous three months. This figure has repeatedly been shown in previous research and is always a surprise to GPs
- Most male patients attended with musculo-skeletal conditions. However, conditions such as asthma were being under-diagnosed in the males
- 80% of the respondents and 100% of their parents welcomed the idea of a dedicated session to be held once a week, offering access to confidential advice and information for young people
- The areas of most concern to the young people were skin, diet and relationship problems. This is the same pattern as in previous research and shows that the adult agenda do not always coincide with that of young people.[3]

[3] Epstein R., Rice P., and Wallace P. (1989) "Teenagers' health concerns: implications for primary healthcare professionals". *Journal of the Royal Collage of General Practice* 39, pp.247-249. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1711943/pdf/jroyalcgprac00006-0024.pdf

A weekly dedicated clinic for young people was set up and continued with support from the GP Fundholding scheme. This service continues to this day and is well supported by parents and young people. A culture has developed whereby parents provide transport and stay in the waiting room whilst their children consult.

After evaluation by the local Primary Care Group of all the innovations supported by GP Fundholding, the Leominster Locality was encouraged to develop this offer further. It was decided to look into the possibility of the Leominster Locality running a regular surgery to provide comprehensive primary care services to the students of a local school on or adjacent to the school site. After a successful approach to the head who was very keen to explore the idea further, pupils from Years 7 to 13 were canvassed on the idea.

- 82% stated that they would welcome a regular confidential doctor/nurse drop-in clinic in their school environment
- 72.5% indicated that they would actually use the service
- 62.6% preferred that the clinic should be held in the school as opposed to the community hospital which is immediately adjacent.

A clinic was set up in the school to provide comprehensive primary care to pupils, run jointly by the school nurse and the GP. This was evaluated very positively after the first year with the views of all stakeholders taken into account. 25% of pupils had used the clinic. 30% of those who attended said that they would have had nowhere to take their problem if the clinic had not been there. Over subsequent years, in consultation with pupils who indicated between 65% and 75% approval in each case, clinics opened at six other schools in Herefordshire and a sixth form college commissioned and paid for its own clinic.

These '4US clinics' provided comprehensive primary healthcare in the school setting from September 2000 until July 2013. This gave the young people who attended 'problem confidentiality'. For example, a young man who attended to get condoms was able to talk about being bullied and how sad he felt. A number of young people attended to discuss mental health problems that they were reluctant to disclose to their parents. Many young women came for emergency contraception and contraceptive advice. Because the clinic provided comprehensive primary care, they did not have to tell their friends why they were going. Other young people attended with a wide variety of health problems.

A public health report in 2008 said that 'The clinics provide comprehensive Primary Care to young people at one place where they can easily have confidential access. These clinics have the potential to become the main access point to services for young people in the county'.

The new health commissioners established by the 2013 reforms were unable to agree a plan to commission the service beyond the summer term of 2013 when the service was closed. The nature of the service meant that it crossed the commissioning responsibilities of the local authority (public health), the area team (primary medical care) and the CCG (specialist services). A petition to withdraw the plans for closure attracted the support of nearly 700 people.

For more information contact:

Marian Davis, GP
Marian.davis@nhs.net

Innovations in service configuration to make more child health expertise available in the community

West London CCG are developing a Child Health General Practice Hub

An upward trend, with year-on-year increases, in paediatric A&E attendances was being observed in hospitals in North West London, with most of this increase being made up of the least complex, least expensive categories of cases. Work was undertaken to understand the drivers behind this and four key factors were identified:

- Access to same day GP appointments or urgent consultation
- Parental confidence in GP paediatric expertise, and preference for consultation with a 'specialist'
- Parental capability to 'self care' with the right support, and to navigate and understand a complex service landscape
- GP skills and confidence.

Following pre-pilot work the model of a Child Health General Practice Hub has been included in the commissioning intentions for West London CCG for 2014/15.

This consists of three core components: paediatric outreach, open access and building community capacity.

The first element of the ***paediatric outreach*** component is regular case-based learning sets with a consultant paediatrician attended by GPs from all four practices, involving practice nurses, health visitors and other staff (e.g. safeguarding) who attend.

Sessions could be based around a facilitated discussion of paediatric cases, which the GPs felt might need to be referred, but from experience of pilot pre-pilot work can often be managed within this collaborative setting. This could also be an opportunity to feed back on any patients who had been admitted, or who had repeatedly attended the paediatric emergency department.

The second element is provision of a monthly outreach clinic, in which five to six patients (who would otherwise have been referred to hospital) are seen, by the consultant paediatrician, alongside one of the GPs who is working and learning with them.

Open access is pursued through giving patients access to telephone consultations with GPs and giving GPs access to telephone advice from consultant paediatricians.

The model will build ***community capacity*** through the training and development of dedicated Practice Champions. These Champions will be members of the public, for example new parents and adolescents, who will facilitate self-management of care, as well as driving the design and development of patient-centred services. Training and support will be provided so that Champions are able to perform one or several of four complementary roles:

- Befriending (peer support)
- Self-management
- Co-design (facilitation)

- Information giving.

The model is intended to deliver:

- Better outcomes for children, through coordinated care management, assessment and treatment in the right setting
- Reduced unscheduled care, inpatient admissions and paediatric outpatient referrals through improving capabilities in out-of-hospital care
- Greater ability for shared decision-making, in relation to individuals and through influencing and shaping local provision
- Peer learning and support for children, young people, parents and carers
- Financial savings across the system.

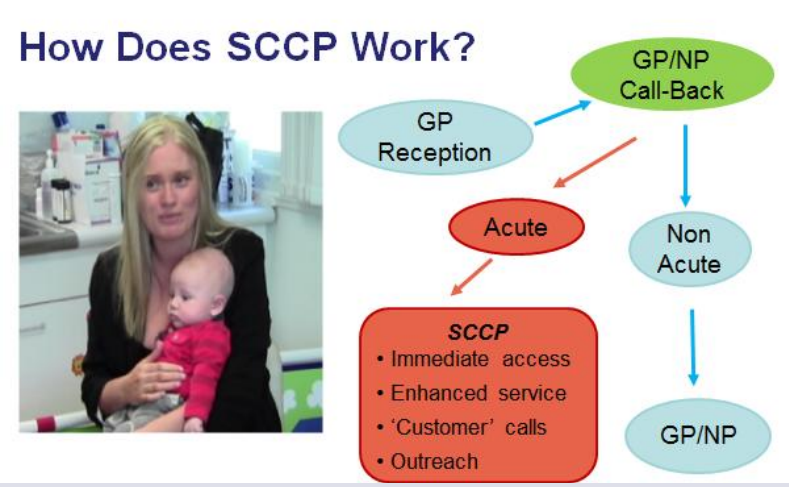
The model has been subject to rigorous financial and economic analysis and hospital referrals, use of unscheduled care and emergency admissions are all projected to reduce as a result of the introduction of the model. Financially the work is expected to break even.

The Salford Children's Community Partnership places an advanced paediatric nurse practitioner (APNP) into a general practice site to provide community-based management of acute childhood illness

In recognition of raising A&E attendances for conditions that could be treated in primary care, Salford Health Matters CIC, Kids' Health Matters CIC and Hope Street Centre CIC have developed the Salford Children's Community Partnership (SCCP). This model places an advanced paediatric nurse practitioner (APNP) into a general practice site in a deprived area of Greater Manchester in order to provide community-based management of acute childhood illness. Its development and trialing has been supported by a Department of Health innovation grant.

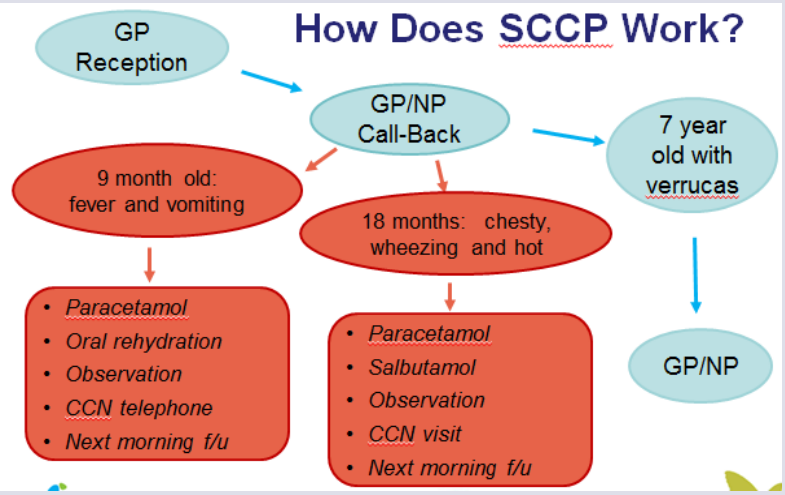
In the SCCP model, after a receptionist takes contact details, the general practice clinical staff contact a family and if acutely unwell, the child is streamed to the SCCP who provide immediate access and an expanded offer of care/treatment for the child and family in the surgery. If a family is contacting the surgery for a routine illness of a non-acute nature (i.e. greater than seven days in duration), the child and family are seen by another member of the general practice team (Figure 1).

Figure 1: ***SCCP Model Overview***



More specifically, a young child that is 'wheezy, febrile and chesty' can be assessed, started on bronchodilators and observed in the practice for a short period by the SCCP project. If the child's clinical response allows, he/she is discharged home with follow-up provided into the evening hours by the children's acute community nursing team (CCN) and by the SCCP in the morning. Figure 2 captures this general practice-based model for two common acute childhood presentations:

Figure 2: ***SCCP Model Applications***



The project has a number of benefits. Children and their families have access to a high quality service, improved access, paediatric expertise and a level of care that formerly was only available in the hospital setting. It also keeps acutely unwell children out of hospital with care close to home whenever it is safe to do so, with accompanied improvements in experience and financial savings from the A&E attendances and short stay hospital admissions that are avoided.

The project has significantly reduced the paediatric acute admission spend (down 38%), the acute paediatric non-elective admission rate (down 40%) and total spend per child (down 30%) spend for the Little Hulton-based practice compared to pre-project levels.[4] Additionally, there have been significant gains in care quality and patient experience as measured by the general practice assessment questionnaire (GPAQ) survey.

A percentage of families could be considered 'early adopters' of the SCCP expanded service offer which likely resulted in initial project gains. Although these gains were maintained in the second year, more intensive outreach is required to access those not considered to be early adopters. It has also been acknowledged that the SCCP model of an expanded offer of primary care paediatrics needs to be placed within a general practice footprint that is large enough to maximise the efficiency of the resource.

The SCCP has been recognised by the Health Service Journal and General Practice Awards (2013) for excellence in children's service delivery, primary care innovation, quality and productivity.

A full evaluation of the project is currently being conducted by Hope Street Centre: http://hopestreetcentre.com

For more information contact:

Neil Turton, *Chief Executive, Salford Health Matters CIC*
neil.turton@nhs.net

Katie Barnes, *Kids' Health Matters CIC*
katie@kidshealthmatters.org.uk

The aims of the Evelina Child health programme are to improve child health by improving the quality of everyday healthcare for children and young people

The challenges that the Evelina Child Health team are confronting are problems that will be familiar to many in the health service. They are looking to tackle systematic issues such as:

- While everyone tries their best, sometimes the overall quality of care for children and young people in the UK is not as good as it should be. Outcomes are variable and sometimes poor
- Services are too often fragmented and inconvenient. While a holistic comprehensive service is always the aim, too often the support offered fails to maximise each child and young person's potential for health and wellbeing
- The current healthcare model is designed more for acute infectious illnesses than the growing problems of chronic conditions and mental health problems which need a different approach to prevention and care
- All around the country health services experience the mounting pressures of escalating costs, increasing demands, and workforce crises.

[4] Statistical note: $p<0.005$

Looking at national and international evidence the team concluded that a fundamental redesign of children's healthcare will be needed in the long-term to address these issues. They concluded that this would need to be a strong primary care-centred service which achieves a better balance of expertise and access than ever before, as part of a comprehensive child-centred health system. The Evelina London Child Health Programme aims to deliver exactly such a new model of care for children and young people.

The Evelina London Child Health Programme is clinically led and focuses on population need. They are using local, national and international health services and systems evidence to design a new model of care which aims to keep children and young people healthy and well, and to ensure that when illnesses do occur, world class care is available in the most appropriate place.

Right now the team are building a case for change, consulting with the local community, listening to patients' stories and engaging with stakeholders to design a new model of care. They hope to have an agreed new model ready to implement and evaluate from 2015.

The current thinking, based on the research and engagement to date, proposes two ways of putting primary care at the core of a new model of care: **supporting primary care throughout the community**, and **Primary Care Plus** which depends on how local primary care evolves, for example as part of federated models, hub and spoke models or Health and Education Centres. Specific aspects proposed include:

- A Consultant paediatrician for each locality – for outreach clinics, and to provide a named contact for advice and discussion
- A community children's nursing team working alongside the locality paediatrician and with practice nurses and GPs
- Learning Together Clinics where GPs and paediatricians work side-by-side to improve care and enhance their skills
- Case workers to support coordinated care for children with complex needs
- Adopting agreed standards of care developed by London Strategic Clinical Network, covering the entire pathway of care
- Developing local agreed guidelines to share between providers in different locations to ensure world class care is delivered, all of the time
- Local Enhanced Services for specific areas that need extra focus, for example asthma care.

There are three other aspects of the current iteration of the model which would complement primary care:

- An **Acute Care Hub** which might entail:
    - GPs with special interest and expertise in child health working at the front line and in a team with paediatricians, mental health professionals, nurses, and Allied Health Professionals
    - A physically linked A&E department to deliver the full range of emergency care
    - A short-stay unit for observation and treatment

    - A consultant-led Hospital at Home service to ensure children get home as quickly and safely as possible
    - Rapid access clinics for urgent specialist help
    - A 24-hour hotline for healthcare professionals to speak with a Consultant paediatrician, real-time
    - More information for families on what services are available, and how to use them.
- A **Non-Acute Care Hub** providing a single point of access to non-acute care, so that GPs and patients alike will know exactly where to go for non-acute care, whether it be for a physical or mental health problem. This might entail:
    - A team of professionals providing care for children and young people, comprising a named paediatrician for a specific population or geographic locality, child and adolescent mental health professionals, specialist nurses and allied health professionals
    - GP hotline for discussion and advice
    - Specialist paediatricians holding clinics on site
    - A dedicated care coordinator looking after children with particularly complex needs, to take the pressure off parents
    - Co-location with child development centres, with Sure Start Children's Centres, or with large federated GP hubs
    - Offering family health education and health promotion
    - A Well Centre as part of each Non-Acute Care Hub, to ensure the specific needs of adolescents and young people are provided for and that transition to adult care can be well managed when the time is right
    - Co-location of office space to help shift the emphasis of work into the community
    - Ideally offering social services, advice, and education support for a comprehensive and transformative package of services.
- **Evelina Academy**, providing education and training for health professionals and families. It would:
    - Bring existing training programmes together under one roof and develop further training to suit new and evolving needs
    - Be creative with time and space, providing drop-in sessions for parents to top up skills in healthy cooking or managing challenging behaviour, for example.
    - The Non-Acute Hub could provide space for regular teaching sessions for staff, and cooperative learning sessions for parents, for example when there is a new diagnosis of a chronic condition
    - Help provide information and resources for families and professionals on how and where to access services, to help ensure that what is already available is used to the fullest extent possible
    - Train and support community children's champions, who can help ensure that services are accessible to all families, provide and coordinate advice and peer support for families who may need extra help, and build social capital among vulnerable families.

The five components of the proposed new model of care are interdependent, complementary and designed to bring about a bold transformation in children's healthcare.

Figure 3: ***Proposed Evelina Child Health Model***

The next steps are to start detailed work on modelling these proposals, testing the implications, examining risks and benefits, calculating costs and consequences, and continuing discussions with local stakeholders. Since health services and systems throughout the country face similar challenges in terms of outcomes, efficiency, and workforce sustainability, it is intended that the final model arrived at following further consultation could be a test case for a new way of delivering children's healthcare. It is hoped that the Evelina London Child Health Programme could produce a widely generalisable children's model.

For more information contact:

Ingrid Wolfe, *Programme Director*
Ingrid.Wolfe@gstt.nhs.uk