30% of the population – best practice in delivering healthcare for children and young people

NHS Confederation

- Haris Sultan, Board Member, Children and Young People's Transofrmation Board, NHS England
- Aishah Farooq, Board Member, Children and Young People's Transofrmation Board, NHS England
- Dr Tayo Kufeji, GP Partner, Newport Pagnell Medical Centre, Clinical Director, The Bridge PCN, MK
- Dani Jones, Chief Strategy and Partnerships Officer, Alder Hey & Exec Lead for "Beyond"
- Dr Liz Crabtree, Programme Director, "Beyond", Cheshire & Merseyside CYP Transformation Programme
- Peter Day, Professor and Consultant in Paediatric Dentistry, University of Leeds

#HealthBeyondtheHospital

Mental health for CYP in primary care

Dr Tayo Kufeji

The Bridge
PRIMARY CARE NETWORK

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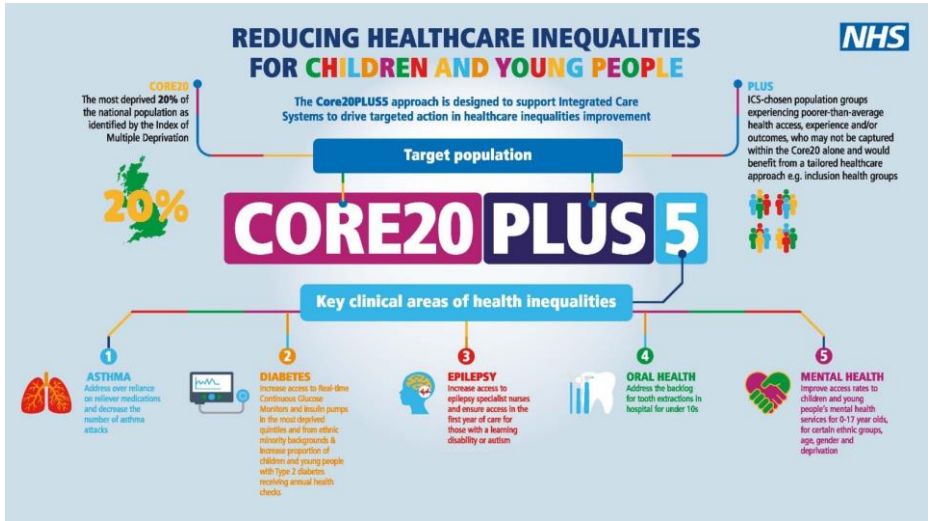
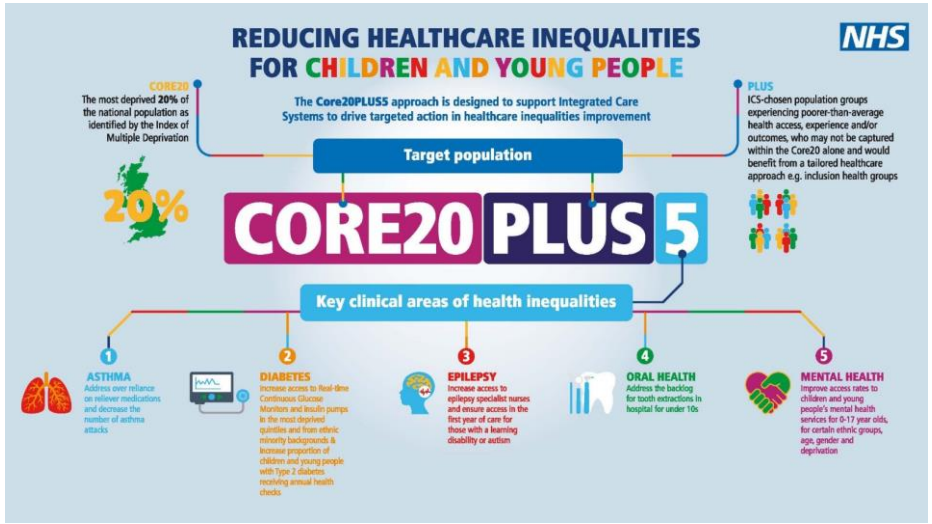
BRUSH

optimising toothBrushing pRogrammes in nUrseries and ScHools

Example of a toothbrush rack made by AMS International


REDUCING HEALTHCARE INEQUALITIES
FOR CHILDREN AND YOUNG PEOPLE
NHS
CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation
20%
The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement
Target population
PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups
CORE20PLUS5
Key clinical areas of health inequalities
1
ASTHMA
Address over reliance on reliever medications and decrease the number of asthma attacks
2
DIABETES
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & Increase proportion of children and young people with Type 2 diabetes receiving annual health checks
3
EPILEPSY
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism
4
ORAL HEALTH
Address the backlog for tooth extractions in hospital for under 10s
5
MENTAL HEALTH
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation



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CHILDSMILE

Cynllun Gwên

Designed to smile

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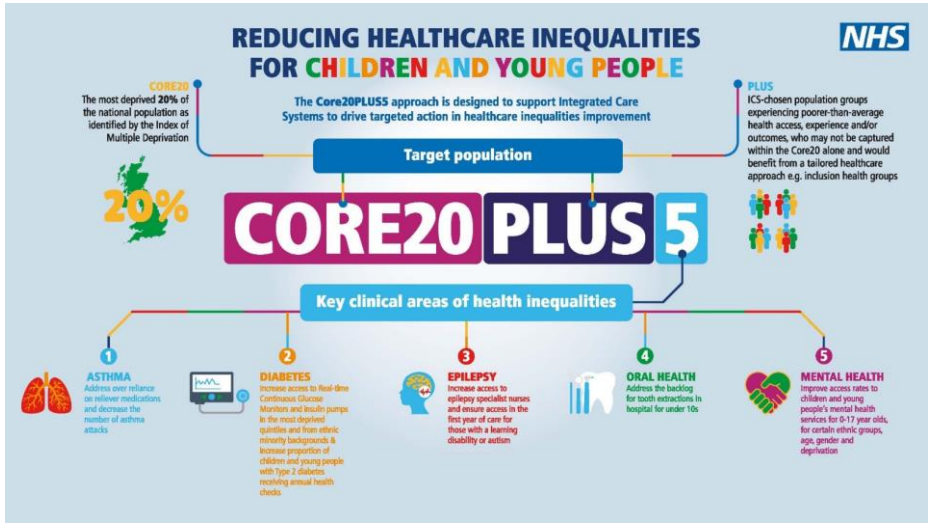

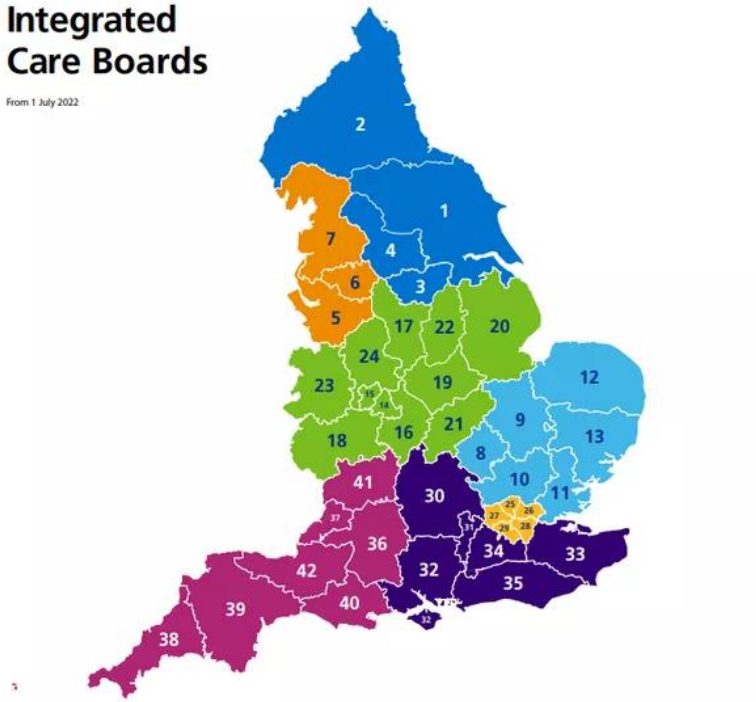

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optimising toothBrushing pRogrammes in nUrseries and ScHools

BRUSH is funded by the NIHR ARC South West Peninsula and Yorkshire and Humber through the Children's Health and Maternity National Priority Programme (https://arc-swp.nihr.ac.uk/research/projects/childrens-health-and-maternity-programme/)

NIHR | National Institute for Health Research

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Improvement Academy

The University Of Sheffield.

NHS
Bradford District Care
NHS Foundation Trust

Leeds Dental Institute

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Best Practice in delivering healthcare for CYP

Peter Day

Consultant in Paediatric Dentistry

Professor of Children's Oral Health

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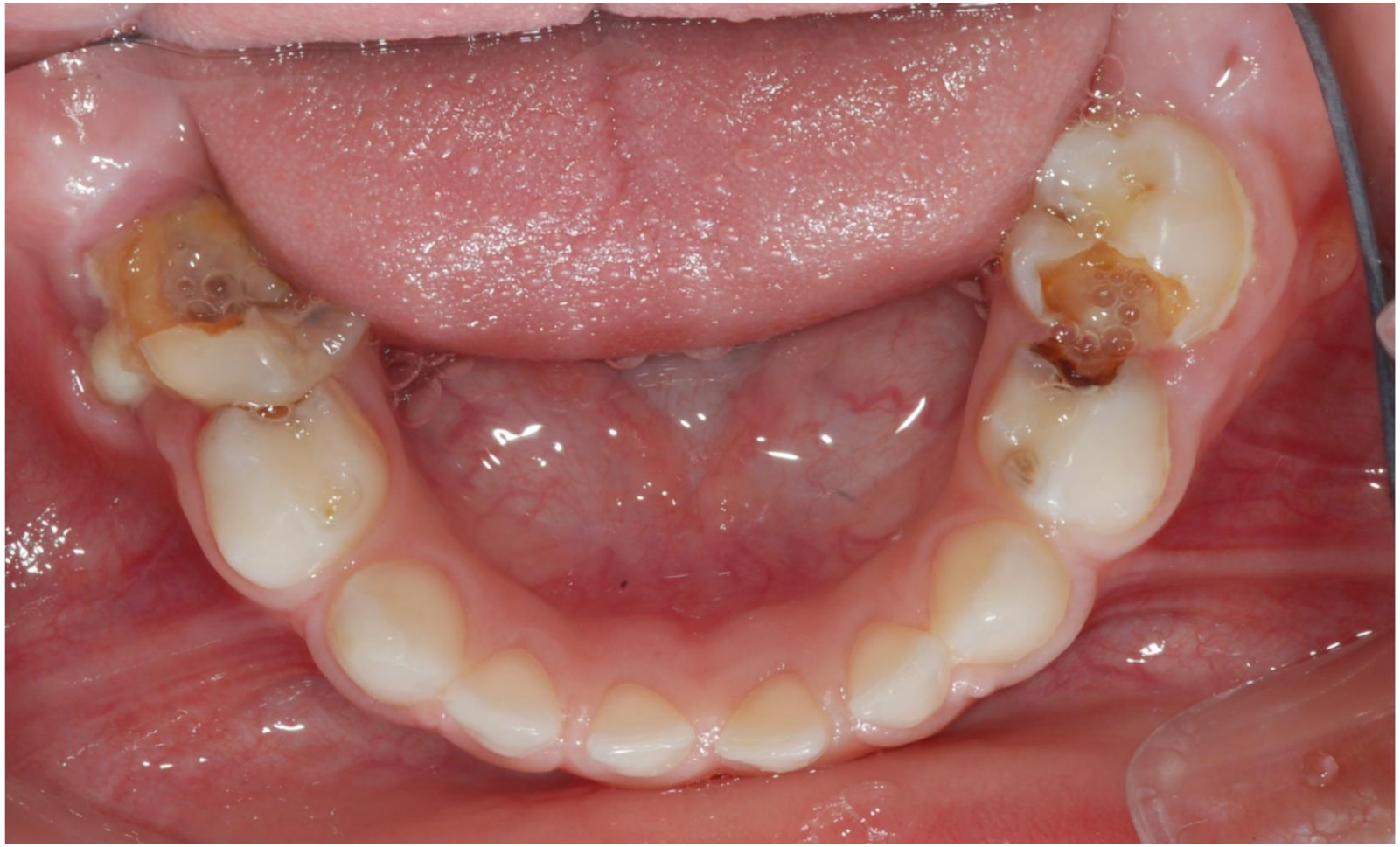
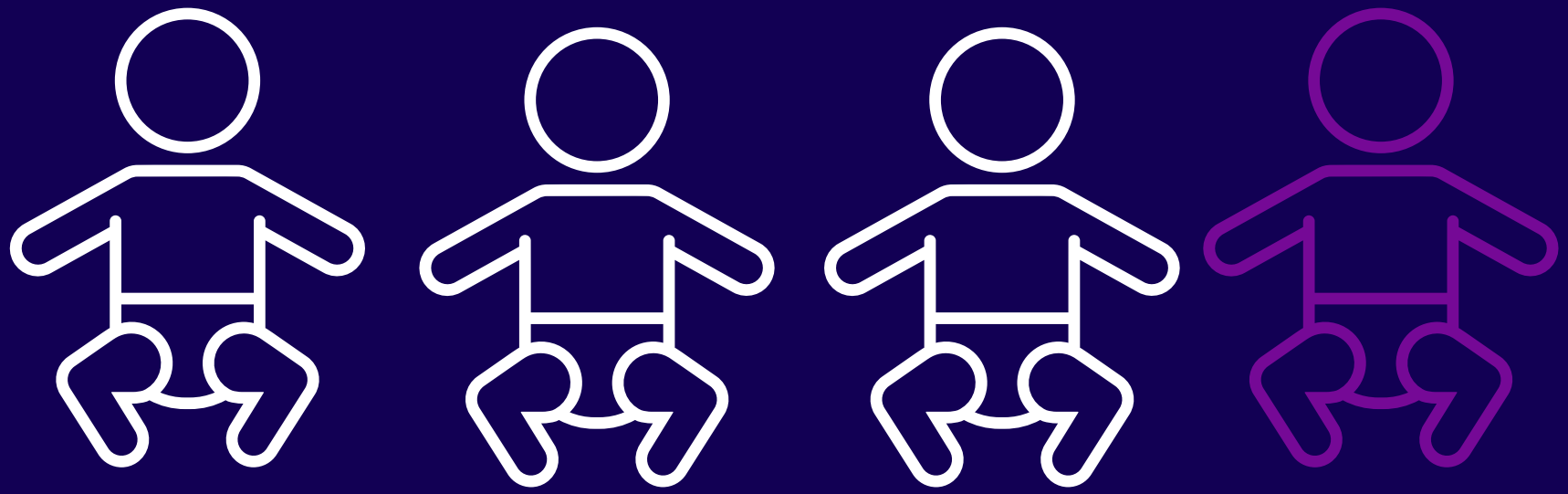
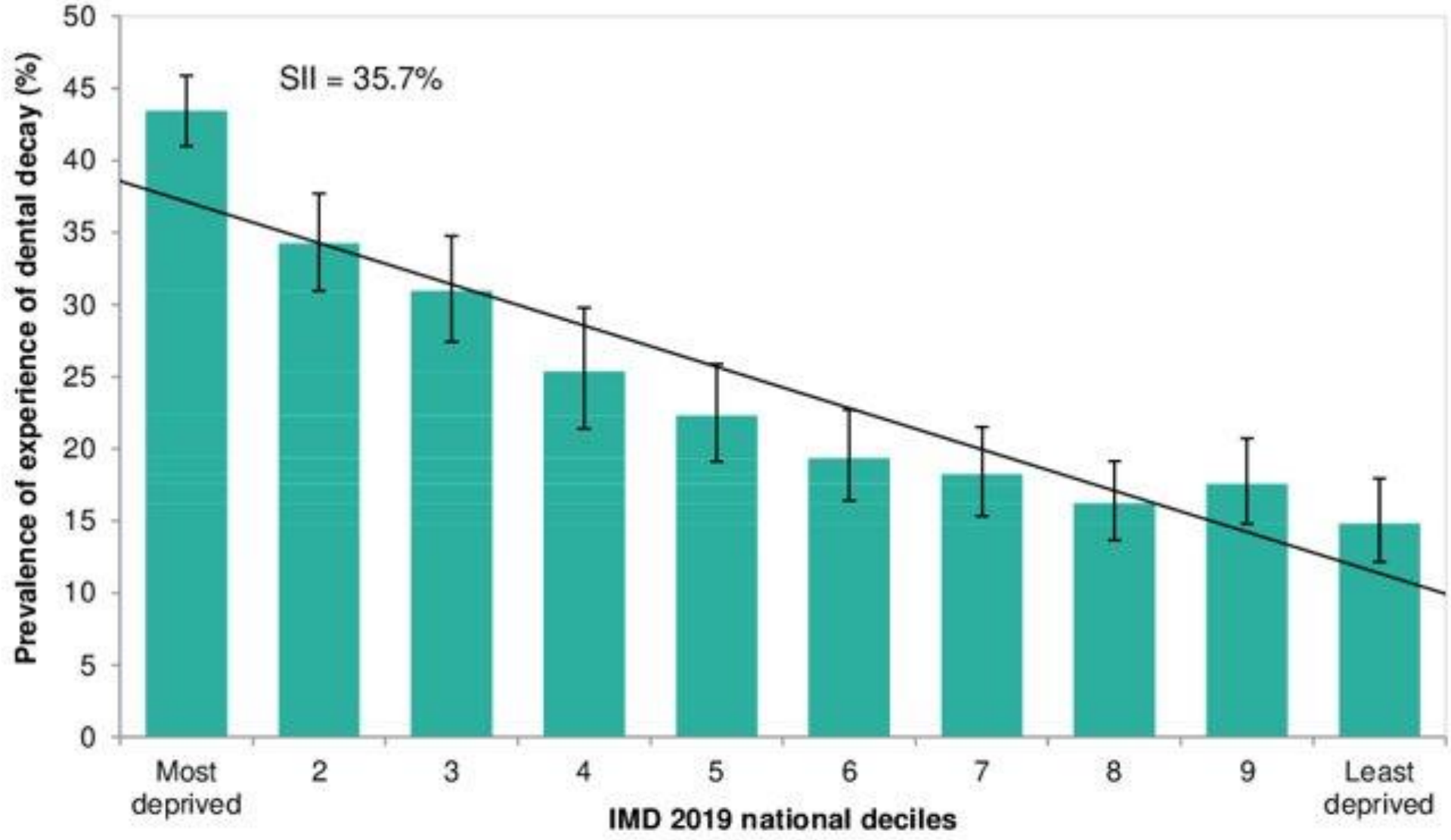
Tooth decay





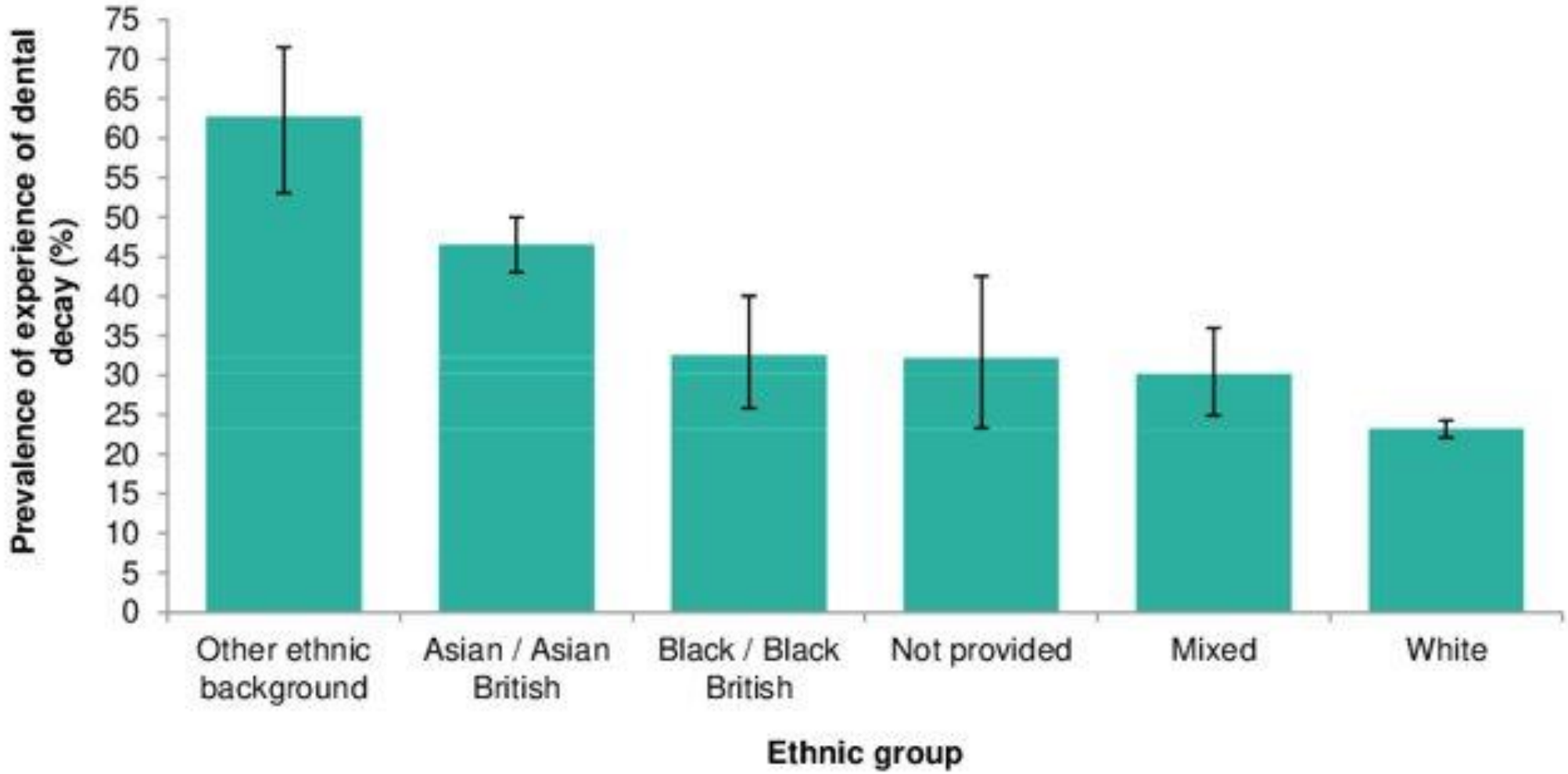
DES (2022)

Figure 3: Slope index of inequality in the prevalence of experience of dental decay in 5-year-olds in Yorkshire and The Humber.



DES (2022)

Figure 5: Prevalence of experience of dental decay in 5-year-olds in Yorkshire and The Humber, by ethnic group.



DES (2022)

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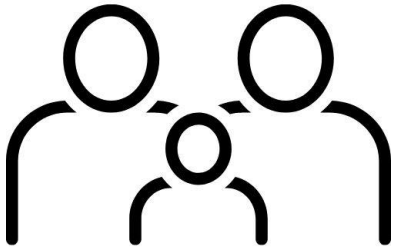
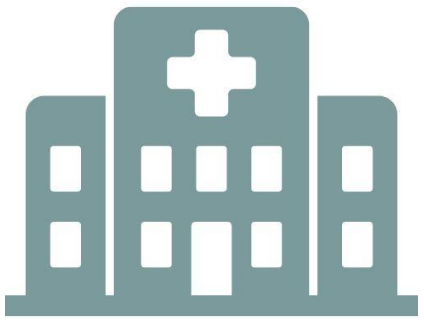
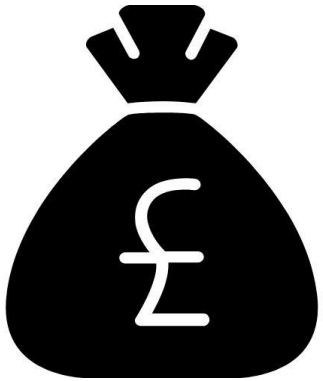
Impact







Public Health England

Department of Health

Delivering better oral health: an evidence-based toolkit for prevention

Third edition

NHS

BASCD

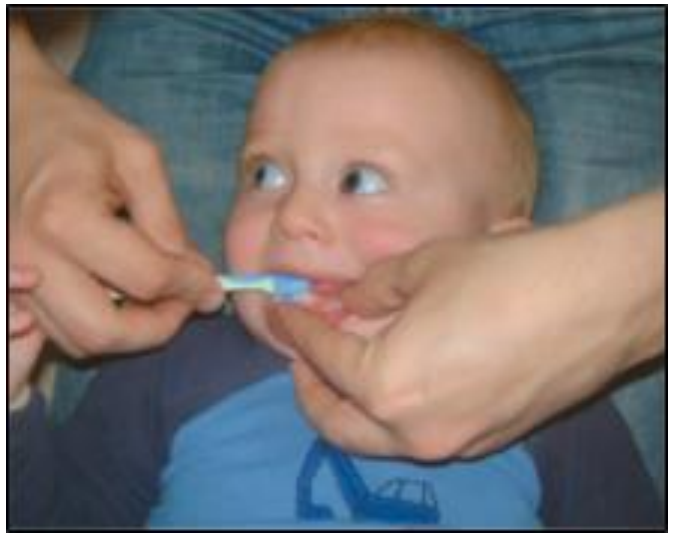


Fig. 1. Upstream/downstream: options for oral disease prevention.

Watt 2007

Public Health England

Return on investment of oral health improvement programmes for 0-5 year olds*

Reviews of clinical effectiveness by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People, 2014) have found that the following programmes effectively reduced tooth decay in 5 year olds:

*All targeted programmes modelled on population decayed, missing or filled teeth (dmft) index of 2, and universal programme on dmft for England of 0.8. The modelling has used the PHE Return on Investment Tool for oral health interventions (PHE, 2016). The best available evidence has been used in this tool and where assumptions are made these have been clearly stated

BRUSH
optimising toothBrushing pRogrammes in nUrseries and ScHools

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Aim

To explore the variation in toothbrushing programmes across England and identify determinants of implementation to increase uptake, sustainability and impact on children's oral health.

Method

1.‘Stocktake’ of toothbrushing programmes across England

2.Qualitative interviews with key stakeholders across England

3.Co-designed implementation toolkit

Dr Tom Broomhead, Samantha Watt, Dr Sarab El-Yousfi, Ellen Lloyd, Dr Kristian Hudson
Prof. Peter Day, Dr Kara Gray-Burrows, Prof. Zoe Marshman

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optimising toothBrushing pRogrammes in nUrseries and ScHools

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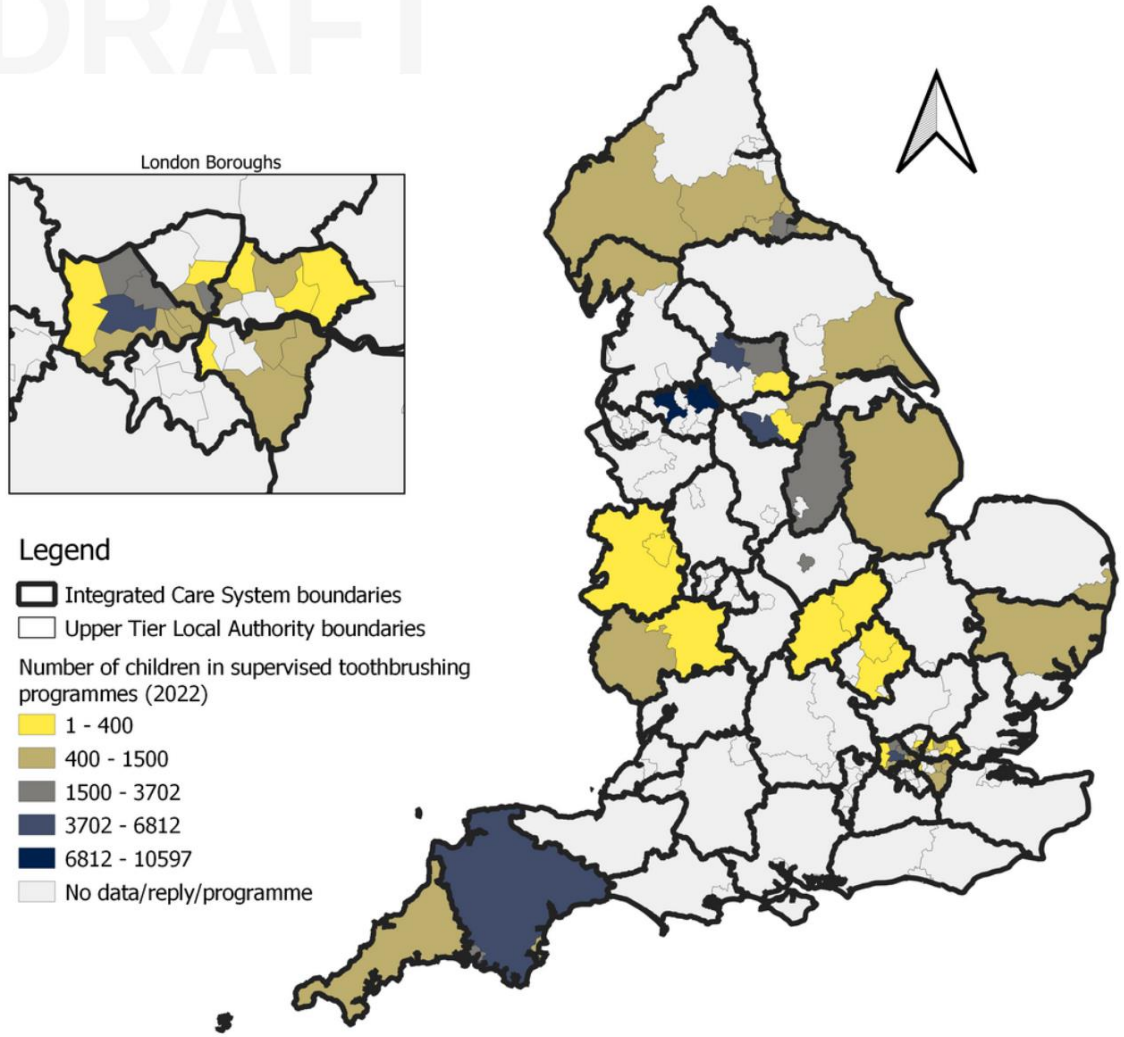
Number of children in toothbrushing programmes (BRUSH survey - 2022) with Integrated Care Systems boundaries overlaid



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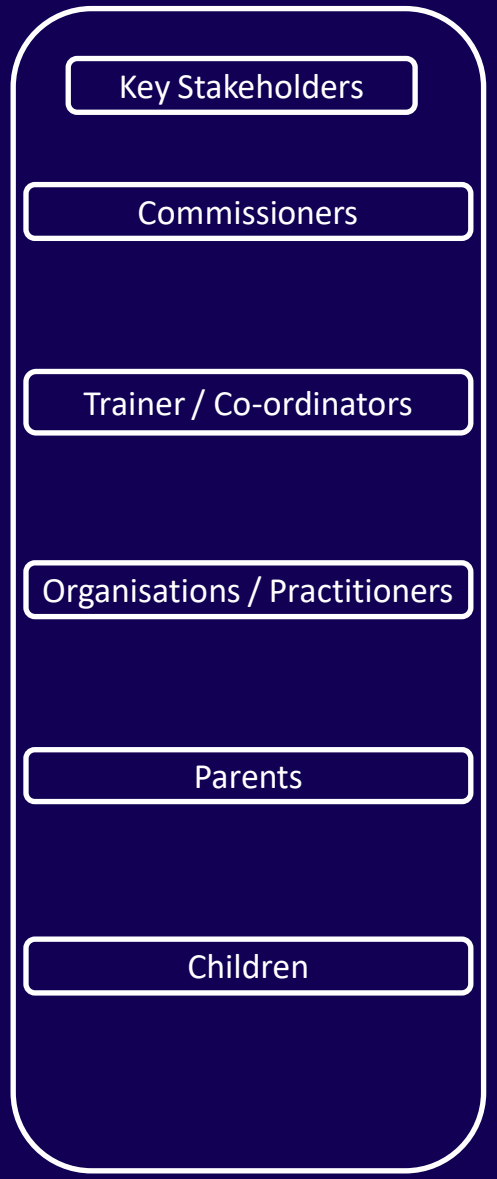
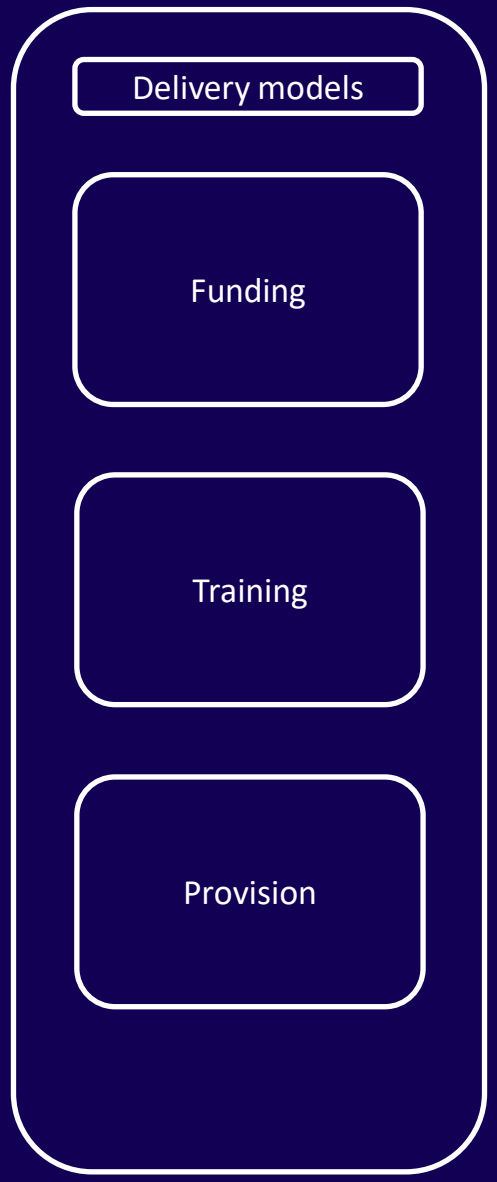
Intervention


Key Stakeholders
Commissioners
Trainer / Co-ordinators
Organisations / Practitioners
Parents
Children


Delivery models
Funding
Training
Provision

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Key Stakeholders

Commissioners

Trainer / Co-ordinators

Organisations / Practitioners

Parents

Children

Delivery models

Funding

Training

Provision

Intervention

Regions	Wider context	Commissioners	Trainer/co-ordinator	Organisations	Practitioners	Parents/carers	Children	Facilitators	Total
Yorkshire and Humber	1	10	7	13	13	5	34	1	84
North West		3	3	4	1	11	21	4	47
North East		2				1			3
South West	1	4		1		2			8
South East		1	1						2
West Midlands			4						4
East Midlands									0
London			1	1		1			3
National	1								1
Non-England	1								1
Total	4	20	16	19	14	20	55	5	**153**

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Stocktake - Barriers

01 Funding

"Cost if no external funding available"

02 Communication & Engagement

"Initial onboarding of sites is the main barrier – getting agreement from schools to partake"

03 Relative Priority

"Ofsted requires improvement – toothbrushing often stopped to focus on improvements…Curriculum – Oral health not a priority"

04 Logistics

"Time involved in the initial set up and schools feeling they haven't enough time or staff available to supervise"

05 Capacity

"Staffing levels within the schools, Demand on the schools to deliver an already packed schedule of lessons, hesitancy to start programme due to lack of time"

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Stocktake - Facilitators

01 Integrated & mandated public health approach

"Linking it to EYFS, we had a setting today where Ofsted recommended: 'ensure the children's good health, including their oral health, is promoted throughout the nursery'."

03 Clarity

"Making the process easy for settings with simple, easy to read guidance."

05 Available Resources

"To ensure its long term success it must be funded continuously and not abandoned due to lack of funds! Good habits take time to take effect!"

02 Collaboration & Ongoing Support

"Good relationships and communication between the provider and the schools and support from Local Authority colleagues in the schools teams to promote engagement."

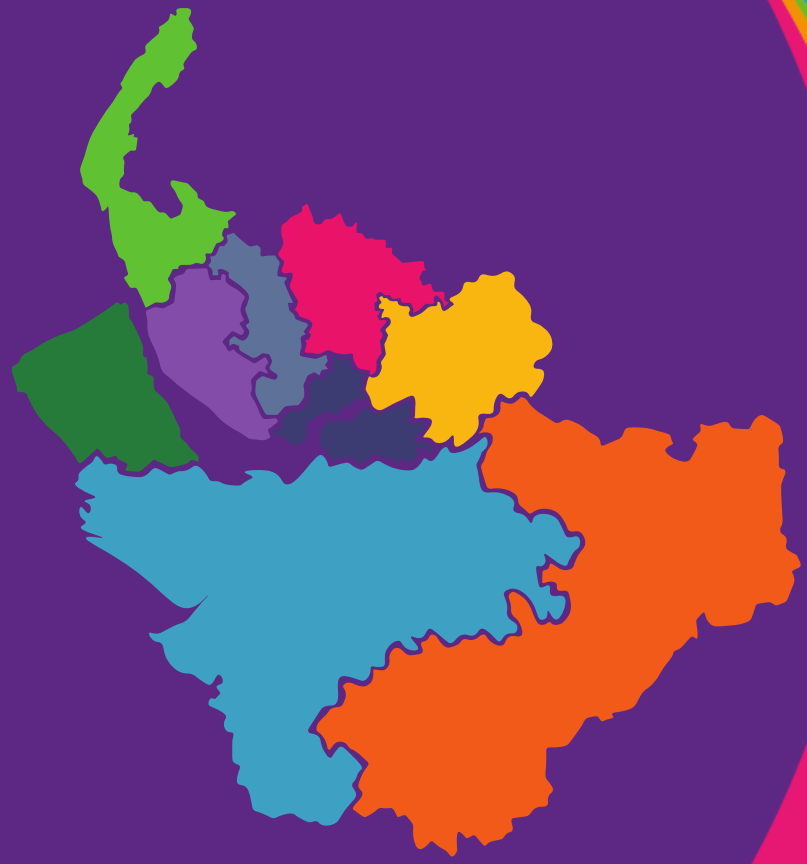
04 Flexibility

"Each school has a programme to suit their dynamics, no two schools are the same."

06 Ownership & Empowerment

"All staff on board who are highly motivated and supportive."

Health Beyond the Hospital: Alder Hey & Beyond



September 2023

Dani Jones: Chief Strategy and Partnerships Officer, Alder Hey
Dr Liz Crabtree: Programme Director, Beyond

Children across Cheshire and Merseyside do not “Start Well”

The injustice of air pollution

People in poverty generate the least air pollution, are exposed to the most air pollution, and benefit least from environmental policies

Transportation Research Part D 73 (2019) 56–66

Contents lists available at ScienceDirect

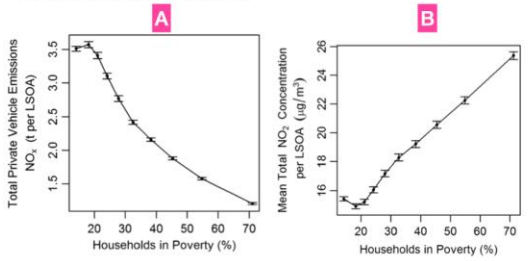
Transportation Research Part D

journal homepage: www.elsevier.com/locate/trd

Emissions vs exposure: Increasing injustice from road traffic-related air pollution in the United Kingdom

Joanna H. Barnes*, Tim J. Chatterton, James W.S. Longhurst

Air Quality Management Resource Centre, University of the West of England, UK



Environmental Research Letters

LETTER

Who benefits from environmental policy? An environmental justice analysis of air quality change in Britain, 2001–2011

Gordon Mitchell*, Paul Norman and Karen Mullin

School of Geography, University of Leeds, Leeds, LS2 9JT, UK

* Author to whom any correspondence should be addressed.

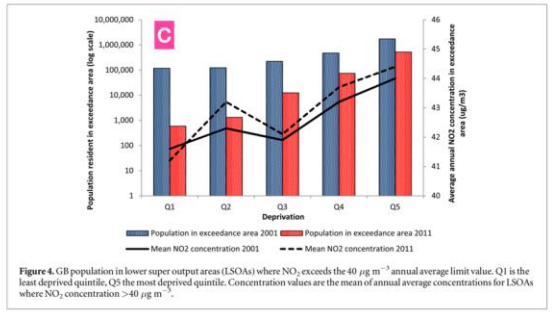


Figure 4. GB population in lower super output areas (LSOAs) where NO_2 exceeds the 40 $\mu g\ m^{-3}$ annual average limit value. Q1 is the least deprived quintile, Q5 the most deprived quintile. Concentration values are the mean of annual average concentrations for LSOAs where NO_2 concentration >40 $\mu g\ m^{-3}$.

Respiratory Syncytial Virus

RSV is a virus that can cause serious infections of the lungs and airways, such as pneumonia and bronchiolitis (inflammation of the airways)

In the winter months, bronchiolitis is responsible for around **1 IN 6** of all UK hospital admissions of babies and children

WORLDWIDE RSV is the second largest cause of death in children under one year of age - second only to malaria

30,000
babies and children under 5 years of age are estimated to be hospitalised every year in the UK because of RSV

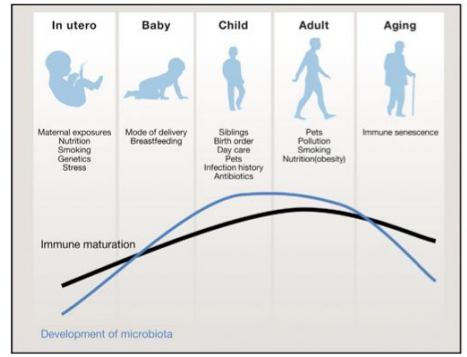
info@ovg.ox.ac.uk | 01865 611400

Children are especially vulnerable to air pollution

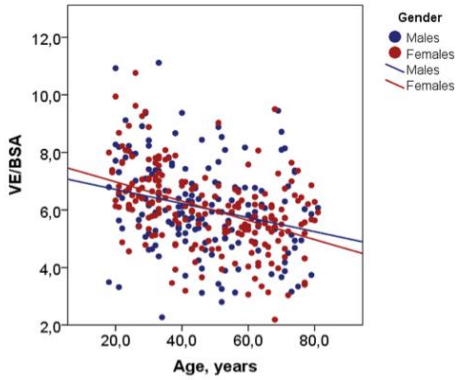
Their bodies are still developing

They are the right height to breathe traffic fumes

Their immune system is less equipped to deal with air pollution



They breathe proportionately more air

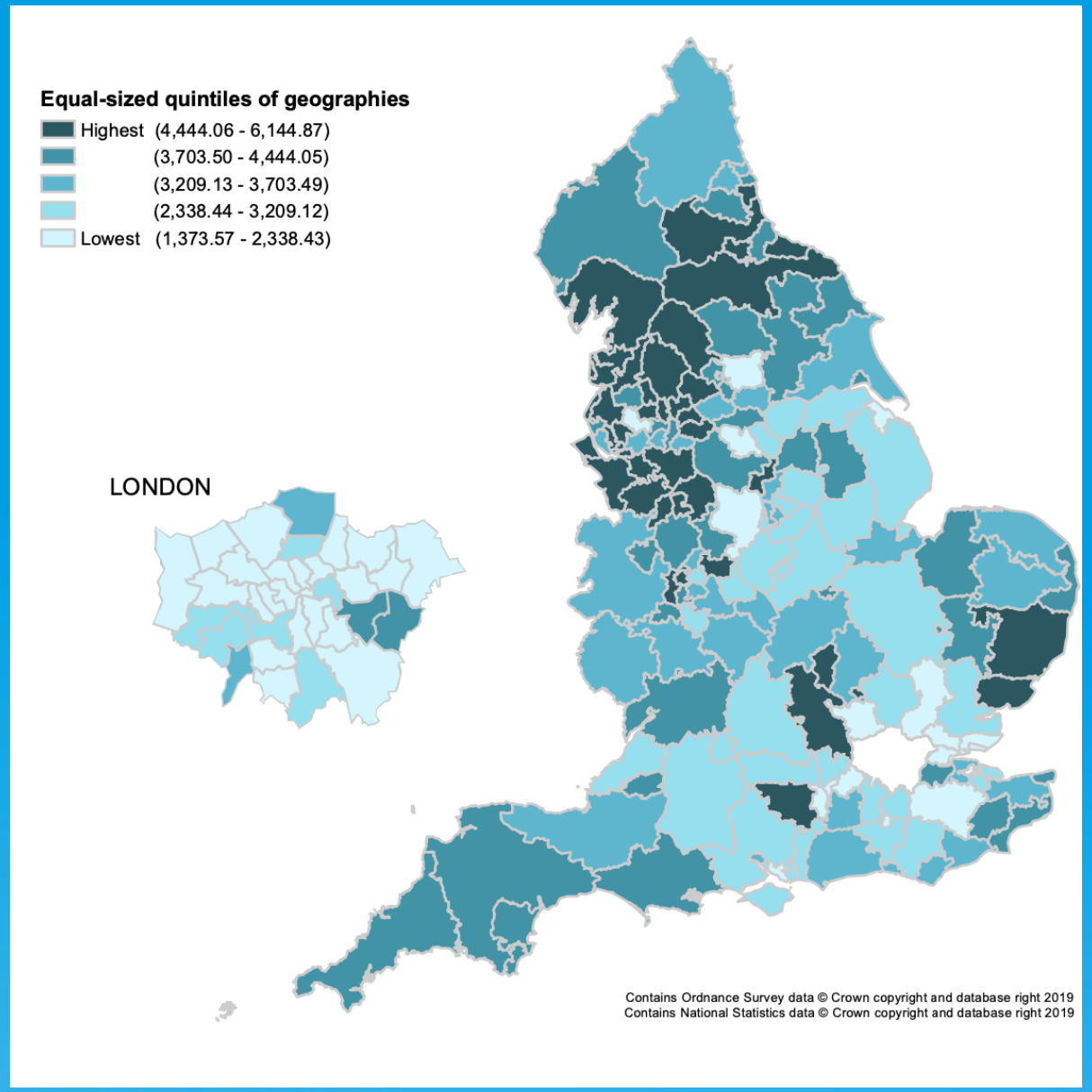


ASTHMA TRIGGERS

Alder Hey
Parent Champion Programme

Created and led by:
Prof. Ian Sinha: Consultant Respiratory Paediatrician, Alder Hey
Alice Lee: Clinical Fellow, Alder Hey

Emergency Admissions for Bronchiolitis in Under 2's



The Parent Champions

beyond
Children and Young People's Transformation Programme

Spreading the Model

Hospital / Community Partnership:

What does this mean for Children

beyond
Children and Young People's Transformation Programme

oh my gosh, it’s like you’ve been sent to me, this is just what I need!”.

“I was literally at breaking point, sleepless nights and starting to overthink every little thing.”

“It's amazing that these Mums don't have to go it alone and feel as isolated as we did because we're there for them!”

“Thank you for listening to me, I was beginning to think there was something wrong with me and that I might have been depressed now I know I'm just feeling normal things".

What does this mean for Children

beyond
Children and Young People's Transformation Programme

Better housing

Cared for at home

Safer homes – improved air quality

Families accessing financial / benefits support

Families coping better

Mums in work – improved household income

Happy & Healthy

Supported in Communities

Confident families

Improved physical / social development

Making the last 1000 days matter

NHS Confederation

- Chair: Caroline Abrahams, Charity Director at Age UK,
- Michael Crowther, CEO The Kirkwood Hospice, West Yorkshire
- Professor Katherine Sleeman, Laing Galazka Chair in Palliative Care, Cicely Saunders Institute, King's College London
- Brian Dolan, Director of Health Service 360

#HealthBeyondtheHospital

Unlocking care closer to home; how voluntary sector partnerships improve patient engagement, health and wellbeing beyond the hospital

NHS Confederation

BritishRedCross

- Victoria Corbishley , Director – Health & Local Crisis Response - UK Operations British Red Cross
- Peter Almond, Cheshire and Merseyside Digital Programme Manager at Mersey Care
- Lucy De La Casas, Director of Development Norfolk Voluntary organisation
- Chloe Averill , Innovation Manager British Red Cross

#HealthBeyondtheHospital

Unlocking care closer to home;

How voluntary sector partnerships improve patient engagement, health and wellbeing beyond the hospital.

BritishRedCross

Leave your comments and questions on

www.mentimeter.com

Please use the following code:

7843 4589

BritishRedCross

NHS & British Red Cross

Understanding barriers to Acute Respiratory Infection (ARI) Virtual Wards

BritishRedCross

Let’s start with a quick intro

Peter Almond

Chloe Averill

BritishRedCross

Context

Virtual wards are continuing to rise across the UK, giving more and more people the opportunity to receive **hospital-level care at home**, helping speed up their recovering while **freeing up hospital beds** at a time of extreme pressure.

However, the remote monitoring nature of this care **risks exclusion for some patients/groups.**

The **British Red Cross** & **NHS** have long worked together to help prevent people falling through the gaps, so NHS Cheshire & Merseyside ICB & the BRC innovation team came together to:

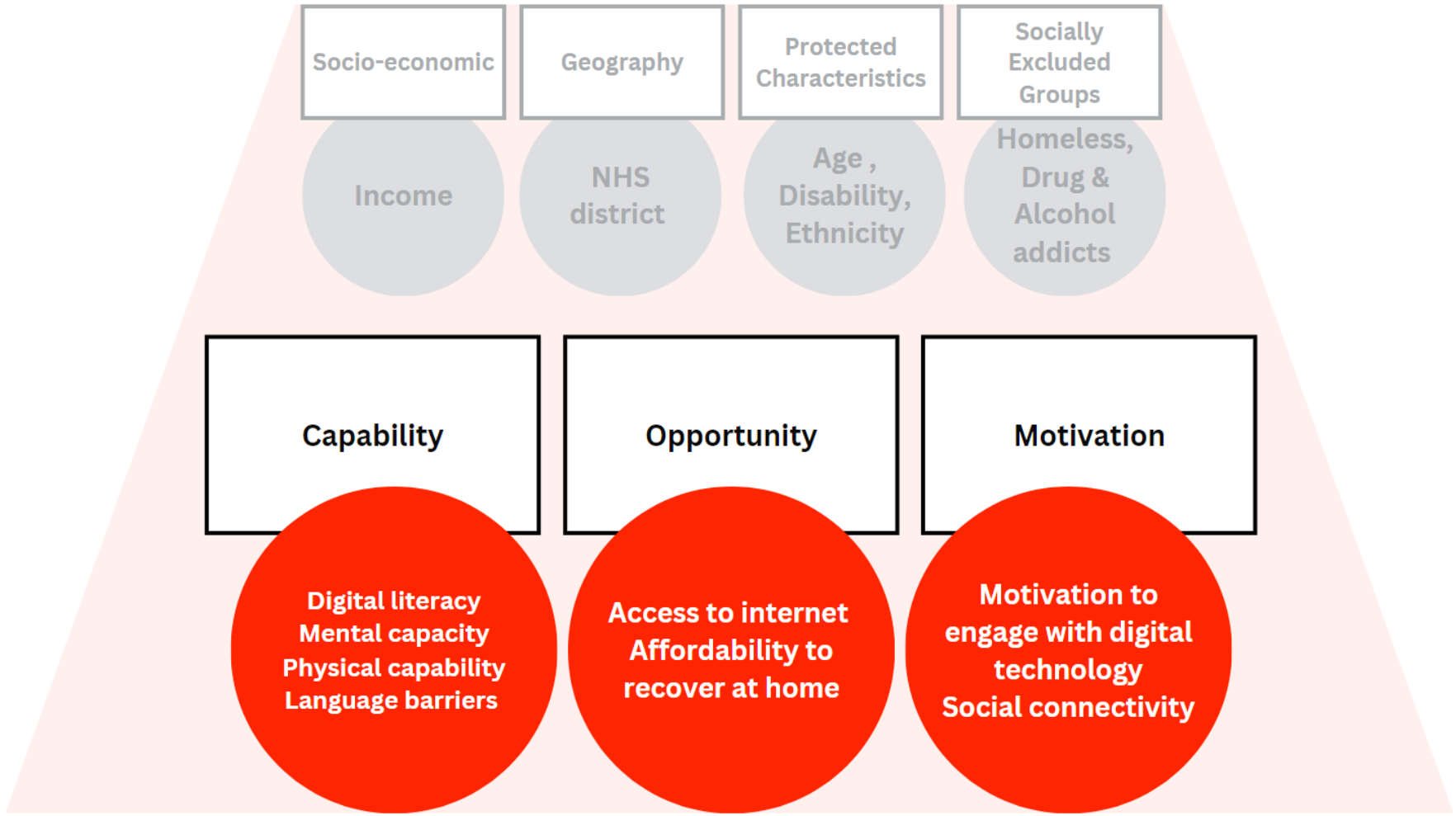
- Better understand the barriers to virtual wards for patients
- Explore assumptions around whether a digital buddy scheme would increase engagement
- Identify opportunities to increase access and engagement to virtual wards

Note: The discovery focused on the ARI Virtual Ward pathway within NHS Cheshire & Merseyside ICB, specifically patients with COPD

BritishRedCross

Barriers to accessing digital healthcare

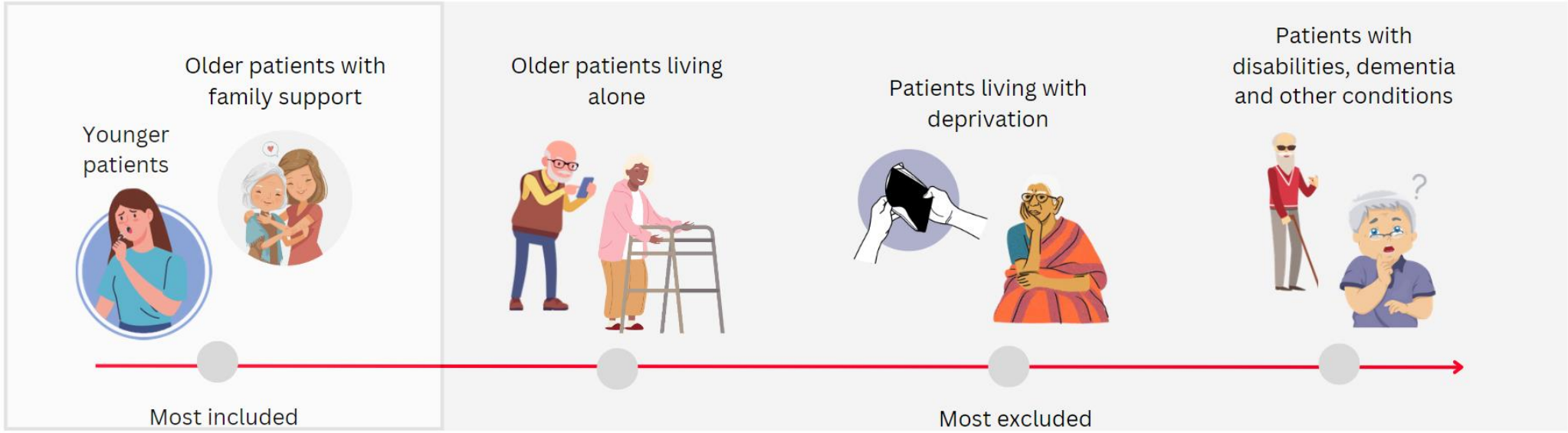
Factors leading to health inequalities and digital exclusion



Britis

Included and excluded patients

We found the following groups were included or excluded from ARI Virtual Wards



Our interviews and observations found that the reasons for exclusion ranged from not meeting clinical criteria **(exclusion by design),** to clinician's perceptions/assumptions about a patient & their ability to cope on a virtual ward **(exclusion by bias).**

Exclusion was exacerbated when pressure was highest for NHS staff.

BritishRedCross

Note: personas summarised for presentation purposes

Patient Personas

We used our research + the UK Gov digital inclusion scale to create three patient personas. Personas help us to understand who we are designing for and what their needs are

Connected homesters

Overview

- Patients who want to go on a virtual ward to avoid hospital/ early admission
- Have some limited technical ability
- Often have family support at home

Barriers/ Challenges

- Limited barriers to access, but rely on family, which can be hard when families have competing commitments
- Reluctant to go to hospital even if unwell

"I started coughing up blood & let them know on the kit, no way I'm going to hospital"

Solo Beginners

Overview

- Very health anxious, see virtual wards as an opportunity for closer monitoring
- Mobility challenges due to condition, but no current support in place
- Often live alone with limited social interaction

Barriers/ Challenges

- Clinicians reluctant to refer due to lack of mobility support at home
- Social isolation may mean they intentionally wait for VW phone calls, causing challenges for telehealth team

"Kit didn't work but i preferred that as I got daily phone calls"

Excluded resisters

Overview

- Very uneasy about digital health monitoring
- Do not have capability, opportunity or motivation to engage at home
- Not used to self-managing condition

Barriers/ Challenges

- Assumptions & bias prevent VW being offered at all
- Staff not always sure what support they could/should signpost to, to enable access
- If offered without support, likely to decline

"Don't want to see that kit, I'm not interested"

BritishRedCross

Note: personas summarised for presentation purposes

Opportunities

Based on the personas & by mapping the patient journey, we identified opportunities for NHS, Voluntary & Social Sector organisations to provide additional support to those currently excluded.

Connected homesters

- Spend more time with patients & family members on benefits of VW, to encourage consistent engagement & to avoid re-admissions
- Understand family commitments & where additional support is needed

Solo Beginners

- Combine kit setup and support with daily 'support at home' activities, to reduce daily VW phone calls & provide reassurance to clinicians
- Signpost to loneliness support, social activities & LT health monitoring

Excluded resisters

- Challenge assumptions and bias by conducting a social assessment to identify holistic needs & signpost support
- Although highest effort, important to not ignore this group to prevent exacerbating health inequalities

Assumption: A digital buddy will increase access for those currently excluded

Finding: A purely digital buddy solution will only increase access for those whose only barrier is digital. Most patients have additional support needs so a more holistic solution would be needed to see a substantial increase in successful VW referrals

BritishRedCross

Mind the inequality gap

Virtual wards provide huge benefits to both patients and to the NHS, but to realise the potential we must work together to support those who are currently excluded.

- To increase access to virtual wards, we need to understand who is excluded, what their barriers & needs are and how we can meet those needs with virtual ward support
- This support needs to tackle not just digital barriers, but to be tailored to the individual & holistic needs of the patient
- By not considering those most excluded, virtual wards risks further exacerbating health inequalities for those already vulnerable
- Voluntary and social sector organisations can play a crucial role in supporting the NHS to meet virtual ward targets, by providing inclusive wraparound services to the patients they serve

By working together, we can help to ensure no-one falls through the gaps in digital healthcare.

BritishRedCross

What's next?

Insight is only useful if it is turned into action

This work has helped inform….

Our understanding of the health inequality risks within virtual wards

Inclusive design improvements in Cheshire & Merseyside

Design of BRC Virtual Ward support offer and policy

Reminder: These insights were formed from observation of a specific cohort of patients in Cheshire & Merseyside, this should be taken into account & further research will be needed to validate the findings to your specific context

BritishRedCross

Norfolk & Waveney
COMMUNITY SUPPORT

Norfolk and Waveney Community Support Service

27th September 2023

VOLUNTARY NORFOLK

Norwich age UK
Improving the quality of later life

In partnership with
British Red Cross

Introduction

Lucy De La Casas, Director of Development Voluntary Norfolk

In partnership with

British Red Cross

Norfolk & Waveney COMMUNITY SUPPORT

Background

- Short-term, practical support for:
  - patients being discharged from hospital on Pathway 0 to help them return to the community safely
  - people in the community who need help to enable them to stay safe at home

- A team of staff and volunteers helping with short-term interventions.
- Support is typically 2-4 weeks but can be extended up to 12 weeks where there is a need.

- Previously 6 different commissioned services with different referral routes.
- Delivered by a partnership of British Red Cross, Voluntary Norfolk and Age UK Norwich.

In partnership with

BritishRedCross

Norfolk & Waveney COMMUNITY SUPPORT

What does the Service aim to achieve?

Commissioned outcomes

Effective and appropriate use of health and social care services

- Supporting safe and timely discharge from hospital (acutes, community, virtual ward)
- Reduction in readmission – check-in / maintenance tasks to support recovery and avoid emergency calls / readmissions
- Admissions avoidance – support with short-term crises/issues that could escalate
- Reduction of individuals requesting low-level, short-term packages of care for household support
- Reduction of people calling on GP services for non-medical support

Enabled by

- Growth and maintenance of a volunteer network to support the service
- Development of local provider/partner arrangements for local delivery and capacity
- Development of place-based networks of community support

- An investment in service capacity and adaptability
- Support with accessing other community services and networks that can provide longer term support
- Resilience - supporting people to live safely in their place of residence and in the community

In partnership with

BritishRedCross

Norfolk & Waveney COMMUNITY SUPPORT

Value of partnership working

In partnership with

British Red Cross

VOLUNTARY NORFOLK

Norwich age UK
Improving the quality of later life

An improved offer	• Combined strengths – service offer, referral sources, geographical coverage, people • Efficiency – a graduated offer according to need • Capacity to develop and data to inform development
A better service for the people we support	• Service based on individual needs • Wider range of support (staff/volunteers bringing different strengths) • Reduces referrals between different organisations • Local support and linking to local networks
More effective for referrers	• One offer across Norfolk and Waveney • Single point of access and easy referral process (no wrong door concept) • Dealing with 'non-clinical' needs which can prevent recovery or cause unnecessary demand
Benefits for commissioners	• Ability to scale capacity and develop the service through the existing contract • Reduction in duplication and geographical variance • Reduced number of smaller but recurrent contracts
Benefits for delivery partners	• Sense of scale and longer-term commitment – greater stability and ability to develop • Improved ability to manage capacity • Sharing learning across teams

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Norfolk & Waveney COMMUNITY SUPPORT

NHS
Norfolk and Waveney
Integrated Care Board

Norfolk
County Council

Suffolk
County Council

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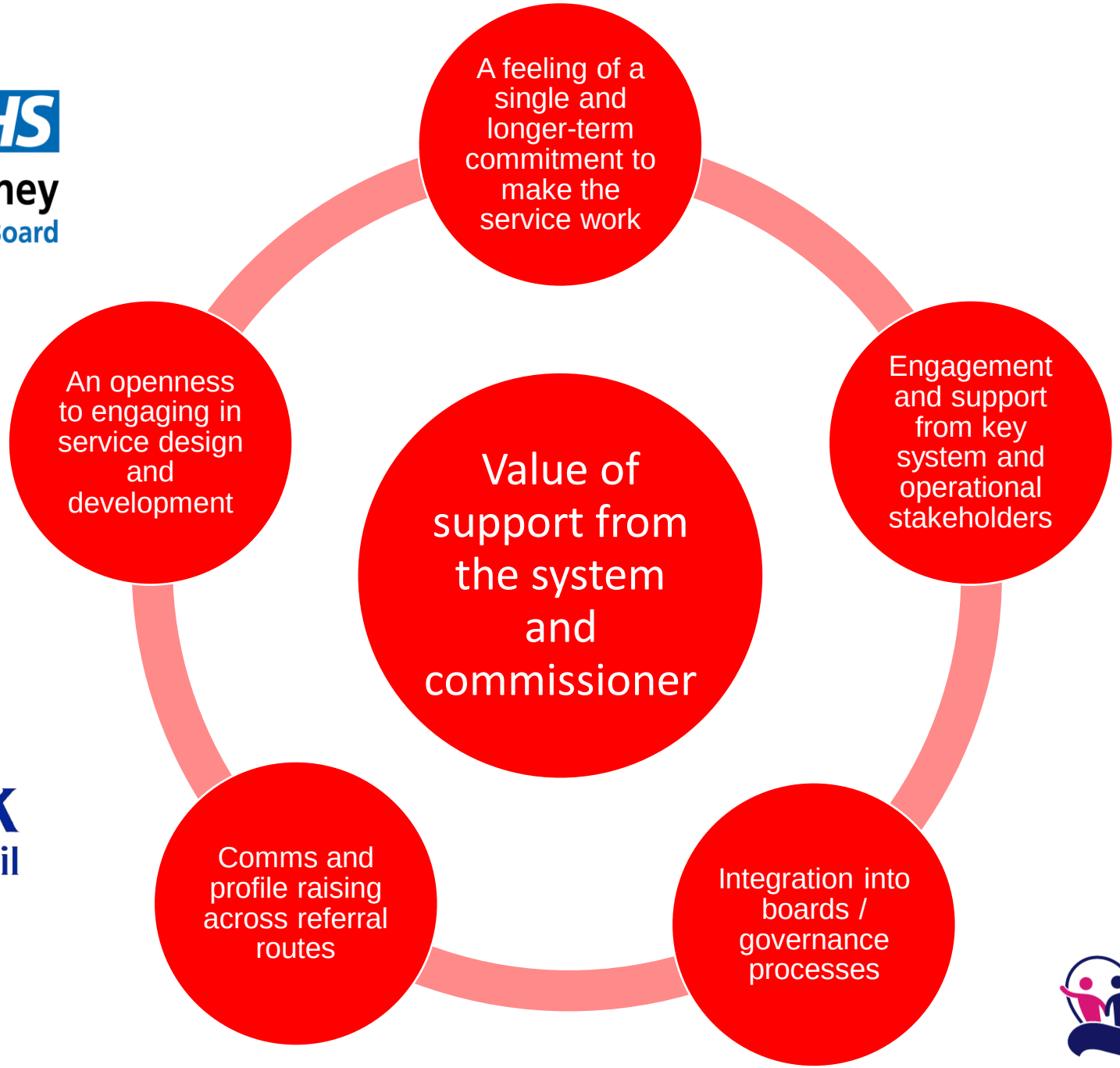

Norfolk & Waveney
COMMUNITY SUPPORT

Benefits

- **Higher volume of referrals:**
  - More referrals due to higher awareness
  - Simpler referral process
  - Wider range of referral routes

- **Increasing capacity and efficiency:**
  - Growth of volunteer support
  - Support provision related to level of need
  - Strengthening links into the local community

- **Improved support for needs, with expectation of better outcomes:**
  - Graduated service specific to needs, with ability to support longer term for re-enablement if needed
  - Support into local community support, networks and groups to provide longer-term support and resilience

Q&A

Please add any questions to mentimeter

For further information contact:

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Case study 1

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Case study 2

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- **Gary Morgan** - garymorgan@redcross.org.uk Area Director Central British Red Cross

BritishRedCross

Turning aspiration into reality: investing in out of hospital care

NHS Confederation

- Daniel Elkeles - CEO, London Ambulance Service
- Karen Jackson - CEO, Locala
- Matthew Taylor, CEO, NHS Confederation (Chair)
- Miriam Deakin, Director of Policy and strategy, NHS Providers
- James Sanderson, Director of Community Heath and Personalised Care, NHS England

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Thank you.

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