



**Healthy London  
Partnership**

# **Resources to support transformation of healthcare for children and young people**

**October 2018**

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# Strategic Context – the NHS Long Term Plan

NHS England is currently working on a plan for the next 10 years of the NHS, known as the Long Term Plan. This includes a focus on the life course, with a programme focussing on health childhood and maternal health. This is being led jointly by Professor Russell Viner, president of the Royal College of Paediatrics and Child Health and Sarah-Jane Marsh, Chief Executive of Birmingham Women's and Children's Hospital. Working groups have been established bringing together local and national system leaders to shape the final plan. The anticipated publication date is in November. Alongside this, a high level London plan is also being developed.

In addition, the mayor's draft health inequalities strategy <https://www.london.gov.uk/press-releases/mayoral/mayor-launches-draft-health-inequality-strategy> and work being undertaken within NHS England on health inequalities prioritises health inequalities of children and young people.

In order to prepare STPs, ICS and CCGs for work around the health of children and young people that we anticipate will be required to respond to the NHS Long Term Plan, HLP CYP programme has produced this resource pack. This illustrates the many outputs which have been produced by the programme to drive transformation of healthcare in London. These have been categorised around areas of work which may be included in the Long Term Plan. Contact details of team members working on specific areas are included as well as examples of where STPs, CCGs or providers have used these resources.

We hope this will prove useful to colleagues in the NHS, Local authorities and the voluntary and community sector. If you have any comments or questions we would appreciate hearing from you. Please contact us via email [hlp.cyp-programme@nhs.net](mailto:hlp.cyp-programme@nhs.net)

# 01

## Data

# Data to support transformation

## Data packs for STPs and CCGs

In 2016, HLP commissioned a set of data packs for each CCG and STP to help describe some of the major issues in the health of their populations. Included is general data describing each clinical commissioning group's (CCG) children and young people populations, larger population groupings and some population health behaviours. Data for north central London is shown as an example below. Links to each pack can be found here:

[North West London](#)

[North Central London](#)

[North East London](#)

[South East London](#)

[South West London](#)

SUMMARY							
Indicator	year	Barnet	Camden	Enfield	Haringey	Islington	
DEMOGRAPHY	Population detailed age breakdown (% under age 1y)	2014	1.4%	1.1%	1.5%	1.5%	1.2%
	Population detailed age breakdown (% age 1-4y)	2014	5.9%	4.9%	5.2%	5.9%	4.7%
	Population detailed age breakdown (% age 5-9y)	2014	6.8%	5.4%	7.4%	6.3%	4.9%
	Population detailed age breakdown (% age 10-14y)	2014	5.8%	4.8%	6.2%	5.6%	4.2%
	Population detailed age breakdown (% age 15-19y)	2014	3.5%	5.2%	4.5%	3.5%	4.7%
	Population detailed age breakdown (% age 19-24y)	2014	7.0%	11.1%	7.4%	7.5%	11.3%
	% White British (under 18 yrs)	2011	56.9%	49.7%	49.7%	47.7%	49.1%
	% Mixed multiple (under 18 yrs)	2011	10.1%	13.1%	10.9%	13.9%	14.9%
	% Asian British (under 18 yrs)	2011	16.3%	17.9%	10.5%	8.2%	8.9%
	% Black African/Caribbean (under 18 yrs)	2011	10.9%	15.4%	23.3%	25.2%	22.9%
	% Other (under 18 yrs)	2011	5.7%	3.8%	5.6%	5.0%	4.2%
	Deprivation (% of children living in poverty)	2013	15.8%	27.6%	21.5%	24.4%	32.4%
	Autism spectrum disorder (% of school pupils)	2013	0.0%	0.0%	0.0%	0.0%	0.0%
	Learning disabilities prevalence (rate per 1000, school age)	2014-15	16.9	15.8	21.2	26.8	40.1
estimated asthma popln (based on national prevalence rates)	2014	8798	4414	8200	5977	3910	
estimated diabetes popln (based on national prevalence rates)	2014	147	74	137	100	65	
estimated LTC popln (based on national prevalence rates)	2014	13197	6622	12300	8965	5864	
MORTALITY	neo-natal mortality (<28 days) crude rate per 1,000 live births	2014	1.0	2.2	1.5	2.0	2.4
	Infant mortality rate (<1 yr)	2012-2014	2.2	2.9	4.0	3.0	2.6
	Transport injury mortality (0-15 years) per 100,000 population	2012-14	32.0	6.9	12.9	18.9	19.3
ASTHMA	Asthma admissions per 100,000 (<18y)	2014/15	135.5	169.9	219.1	170.6	206.3
	Asthma admissions per 100,000 (age 3-18y)	2014/15	157.1	229.4	253.0	218.1	352.3
	% children with asthma that have asthma plans	2015	54%	50%	48%	46%	51%
	% CYP with asthma (5-18) who made a request for an emergency inhaler prescription	2015	21%	25%	30%	26%	31%
	% CYP with asthma assessed for inhaler technique	2015	64%	67%	69%	67%	68%
	% CYP with asthma having flu vaccination	2015	31%	32%	34%	30%	40%
	Smoking prevalence (% amongst children (age 15))	2014/15	8.7%	7.1%	8.5%	8.9%	9.4%
	Flu vaccinations age 2-4 all groups	Sep 15 to Jan 16	27%	29%	24%	26%	20%
	Flu vaccinations age 2-4 in at risk groups	Sep 15 to Jan 16	43%	42%	39%	36%	38%
	Estimated asthma population (15-18 years) based on national prevalence rates	2014	6045	2989	5683	4095	2592
MENTAL HEALTH	Tier 4 admissions per 100,000 population	2012	73.9	79.3	79.3	75.3	76.7
	self harm hospital admissions age 10-24 per 100,000 population	2010/11 - 12/13	226.9	143.0	156.2	191.7	248.6
	Warwick Edinburgh Mental Wellbeing scores	2014/15	48.7	47.9	48.4	48.0	48.0
	% school pupils with social/emotional, MH needs	2014	2.8%	2.0%	2.7%	2.2%	2.0%
	Emotional wellbeing of looked after children: % assessed	2014	99.0%	86.6%	95.0%	64.0%	71.0%
	Emotional wellbeing of looked after children: % considered "of concern"	2012/13	31.0%	37.0%	32.0%	39.0%	44.0%
SURGERY	% of children (<5 yrs) with tooth decay	2012	25.0%	36.3%	43.9%	38.0%	30.4%
	Rate of hospital admission for dental caries	2012/13 - 14/15	205.4	441.3	422.4	613.4	481.2
	Admission for torsion of testis procedure per 100,000 pop (0-18)	2014/15	4.5	2.3	3.7	3.3	5.1
	Admission for appendectomy per 100,000 population (0-18)	2014/15	80.7	84.4	81.7	78.6	63.9
	Tonsillectomy operations per 100,000 population aged 0-18	2014/15	133.0	108.7	219.5	133.8	135.6
GENERAL HEALTH	All admissions (under 18) per 1000 population	2014/15	127.6	102.4	162.2	157.7	137.2
	Emergency admissions (under 18) per 1000 population	2014/15	51.6	41.4	75.2	68.5	60.9
	All Emergency infant admissions (<1 yr) per 1000 population	2014/15	232.7	173.4	489.6	383.9	233.6
	% of A&E attenders (under 18) admitted via A&E	2014/15	9.2%	10.3%	13.9%	15.4%	13.9%
	% of A&E attenders (infants <1yr) admitted via A&E	2014/15	15.9%	12.5%	36.5%	33.9%	18.3%
	Emergency infant (<1 yr) average length of stay	2014/15	1.9	1.9	1.2	1.6	1.6
	A&E attendances (infants <1yr) per 1000 population	2014/15	1053.7	965.0	1180.5	1051.6	989.8
	A&E attendances (age 1-4) per 1000 population	2014/15	692.7	510.9	767.2	663.6	589.0
	A&E attendances (age 5-17) per 1000 population	2014/15	400.4	315.9	422.5	373.3	361.3
	A&E attendances (age 1-19) per 1000 population	2014/15	676.7	376.4	609.2	670.8	429.0
A&E attendances (age 19-25) per 1000 population	2014/15	634.0	433.7	609.2	670.8	445.9	
STP	London	CVF	England				
1.4%	1.5%	1.4%	1.2%				
5.6%	5.9%	5.8%	5.1%				
6.3%	6.4%	6.4%	6.0%				
5.5%	5.4%	5.4%	5.5%				
4.4%	4.4%	4.4%	4.7%				
8.5%	7.8%	8.7%	7.9%				
51.3%	46.6%	49.7%	78.5%				
12.1%	10.5%	10.7%	5.2%				
12.5%	19.8%	15.2%	10.0%				
19.1%	19.1%	20.7%	5.0%				
5.1%	4.0%	3.7%	1.3%				
23.7%	21.8%	23.5%	18.6%				
1.0%	0.9%	1.0%	0.9%				
22.4	24.9	27.0	32.4				
1.7	2.1	2.4	2.8				
3.0	3.6	3.9	4.0				
15.1	14.9	16.7	20.7				
166.5	206.9	211.2	207.1				
228.2	262.5	273.4	243.2				
50%	47%	47%	47%				
26%	25%	25%	25%				
67%	67%	67%	68%				
33%	33%	33%	33%				
8.7%	8.7%	8.7%	8.7%				
25%	26%	28%	34%				
40%	41%	44%	49%				
76.7	76.3	76.9	78.3				
184.5	204.8	210.7	347.0				
48.3	47.8	47.7	47.6				
2.4%	2.1%	2.2%	2.0%				
77.5%	79.2%	72.9%	70.1%				
34.2%	35.2%	36.1%	36.3%				
34.7%	28.2%	26.6%	30.4%				
407.3	551.3	515.8	321.7				
3.8	5.1	5.9	6.4				
74.8	77.8	86.5	94.8				
152.7	134.4	144.7	164.2				
140.1	122.4	126.5	132.1				
61.0	54.2	60.9	69.1				
191.9	216.6	263.3	330.9				
12.4%	12.7%	13.6%	12.5%				
25.0%	18.7%	22.4%	22.7%				
1.6	1.6	1.4	1.4				
1063.8	990.1	899.3	718.6				
666.1	602.2	563.3	496.7				
384.6	344.3	335.1	316.2				
461.2	417.1	400.7	361.4				
554.2	524.8	479.5	430.8				

# 02

## Children and Young People's Mental Health

For further information contact [Andy.Martin3@nhs.net](mailto:Andy.Martin3@nhs.net)

## Facts and figures

Based on the last national survey (2004), at least **one in 10 CYP aged five to sixteen** are thought to **have a diagnosable mental disorder**.

This means **three in every school class**, or more than **100,000 CYP across the capital**. Most professionals believe that prevalence rates have increased since then and a refresh of the prevalence data is expected to be published in 2019.

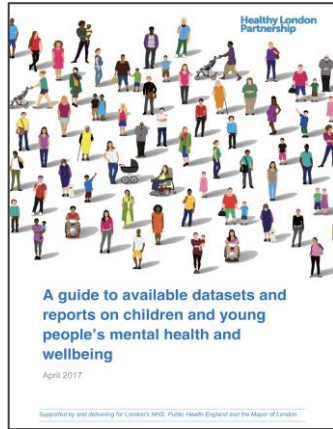
**Between one in twelve and one in fifteen CYP will deliberately self-harm.**

**Around half of all CYP who attempt suicide fail to receive follow-up mental health treatment. Of those who do get care, up to 77% don't properly complete their outpatient treatment.** There is accumulating evidence that non-adherence to follow up is a predictor of poor outcomes not only in terms of repeated self-harm and suicide but also in a variety of other psychosocial outcomes.

**Of the 145 suicides by CYP in England from January 2014 to April 2015, more than half (54%) had previously self-harmed.**

# Resources to support CAMHS transformation

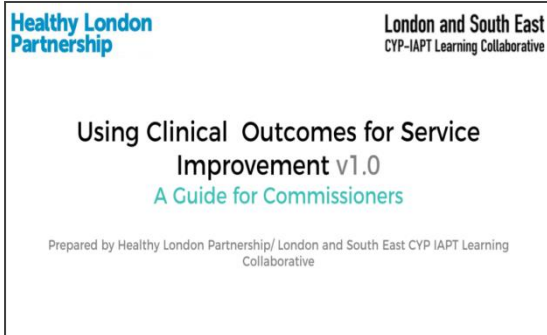
HLP has concentrated its efforts around areas highlighted in [Future in Mind](#) and the [Five Year Forward View for Mental Health](#). This includes support for CCGs to draft their [Local Transformation Plans for CAMHS](#).



## Datasets to support planning

*A guide to available datasets and reports for children and young people on mental health and wellbeing. The guide signposts the information and resources to support commissioners, hospital trusts and clinicians.*

<https://www.healthylondon.org/wp-content/uploads/2017/11/Guide-to-available-datasets-and-reports-for-children-and-young-people-April-2017.pdf>



## Commissioning guide: Clinical outcomes for service improvement

*Developed in collaboration with the Children and Young People's Improving Access to Psychological Therapies (IAPT) London & South East Learning Collaborative. It looks at outcome measures that may be meaningful and realistic for commissioners of CYP mental health services.*

<https://www.healthylondon.org/wp-content/uploads/2017/11/Using-clinical-outcomes-for-service-improvement.pdf>

Many national key performance indicators focus on access and waiting times but these are only important if CYP are being treated effectively. Figures about activity and throughputs of services allow you to see what a service is doing, but they do not tell you about the difference they are making for the CYP using them or the quality of the service, the clinical outcomes.

There is a nationwide push towards measuring clinical outcomes and an expectation that all providers should be transparent, flow this data to the MHSDS and be commissioned based on the CYP impact.



# Resources to support CAMHS transformation

Welcome to the London Mental Health Dashboard



The [London Mental Health Dashboard](#) *seamlessly brings together a wide range of sources, creating a one-stop data shop that is a reliable and timely resource for mental health. It is a transformational tool that aims to monitor and support the main strategic priorities of London's mental health system.*

The dashboard launched in October 2016. Data within the dashboard is updated quarterly. It shows individual clinical commissioning group (CCG) and trust positions and enables profiling at sustainability and transformation planning (STP) level. Users can see individual positions set against London and national averages.

**The LMHD currently contains 16 CYPMH metrics (at the time of this report (August 2018):**

## **CCG breakdown:**

- Prevalence of any MH disorder
- Prevalence of conduct disorders
- Prevalence of emotional disorders
- Prevalence of hyperkinetic disorders
- Routine eating disorder treatment data
- Urgent eating disorder treatment data
- Hospital admissions for MH conditions
- Self-Harm (10-24 years) hospital admissions

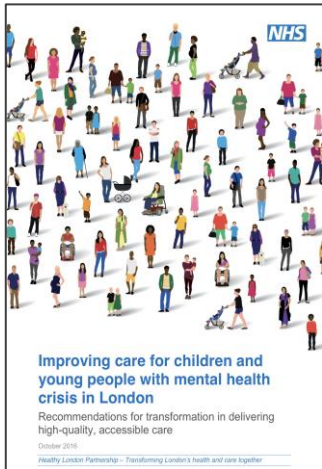
## **Trust breakdown:**

- Referrals received
- Referrals accepted
- Acceptance rate
- Contacts
- Routine eating disorder treatment data
- Urgent eating disorder treatment data
- CAMHS DNA rate
- CAMHS Community Workforce

**The LMHD also includes London Ambulance Service all age metrics:**

- Mental health calls (and in time series format)
- Mental health incidents (and in time series)
- Mental health calls treat via phone
- S136 incidents

# Resources to support CAMHS transformation



**CYP with mental health crisis** The purpose of this guide is to support the development of accessible, consistent and effective care for children and young people experiencing a mental health crisis in London. It contains **seven recommendations**, alongside indicative timelines, for commissioners/providers to implement to improve care for CYP with mental health crisis.

<https://www.healthylondon.org/resource/improving-care-children-young-people-mental-health-crisis-london/>

The standards have been used to undertake a large scale peer review (9 visits) of all the crisis pathways for CYP in London during late 2017 and 2018. This has highlighted many issues including lack of whole pathway awareness by all system partners. The peer review process was supportive providing positive feedback and recommendations for development. At the time of this report (August 2018) the final reports and findings are being collated and will be shared when completed. The programme will be working with STPs to develop action plans to meet the recommendations.

## Since the peer review:

- NCL STP have added some of the highlighted recommendations to their CYP MH work plan.
- An issue escalated at the Oxleas peer review visit has led to the development of a task and finish group to address the issue raised.
- High level findings have been presented as a case study at NHS Expo.

## A commissioner from NCL said:

The Crisis Care Peer Review was incredibly helpful. The preparation for the review and the process of stakeholders preparing and reflecting on local services and pathways focused our thinking in a way we had not done previously across NCL. The recommendations were framed supportively whilst providing challenge and have provided us with a focus to ensure we further develop local crisis care services.

# Resources to support CAMHS transformation



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## Children and young people's mental health training resources compendium

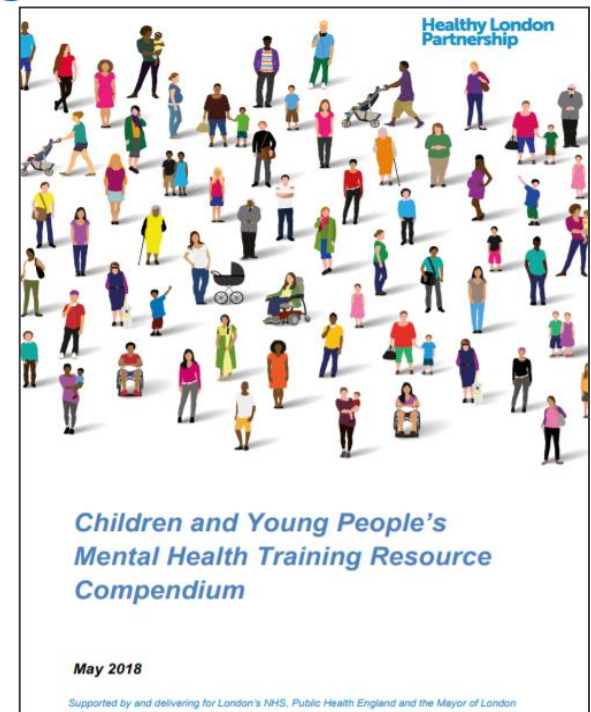
*An overview of training resources and additional opportunities available to the mental health system in London relating to children and young people's mental health.*

The aim of this compendium is to provide an overview of available training resources and opportunities relating to children and young people's mental health on offer to the mental health system in London. The compendium provides a summary of each training resource, indicates who the training resource would be suitable for, the availability (online or face to face) and an indicative cost.

<https://www.healthylondon.org/wp-content/uploads/2018/05/HLP-CYP-Mental-Health-Training-Compendium-May-18.pdf>

### Since publication:

- HEE have approached the CYP programme to develop a national version of the compendium.
- The Charlie Waller Memorial Trust have been approached directly by schools to provide training following inclusion in the compendium.
- Other providers have asked to be included in future revised versions.



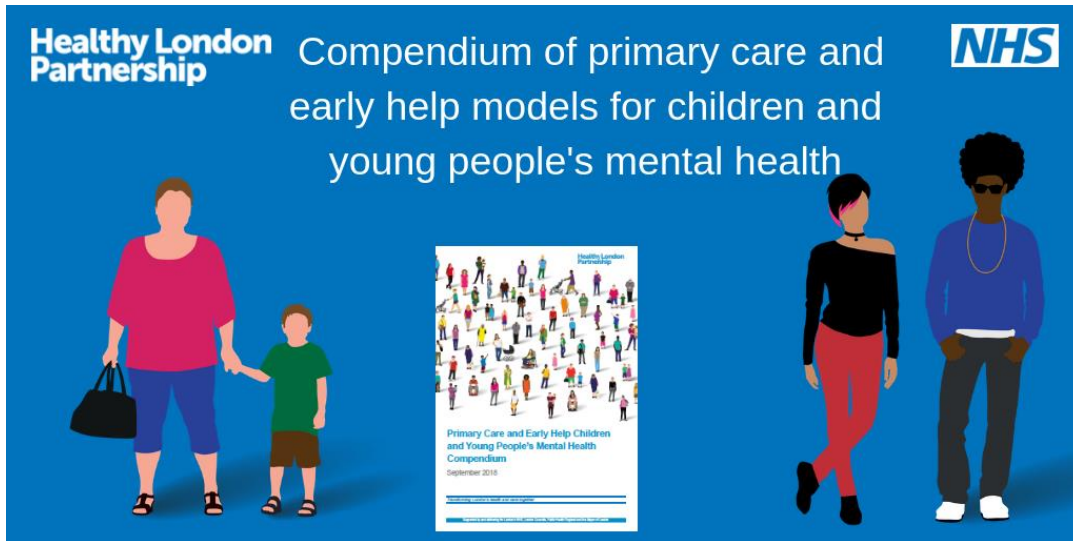
### The Met Police Central Mental Health Team have said:

*“The CYP training compendium has been an invaluable resource for the MPS central MH team. Navigating the different services and voluntary organisations involved in CYP support can be more than a little disorientating and the compendium helped us know who to approach when trying to arrange MH awareness training for schools officers. Indispensable for multi-agency working.”*

# Resources to support CAMHS transformation

## Primary care and early help children and young people's mental health compendium

A collection of good practice examples of how primary care and early help enhances the care for children and young people with mental health problems. It showcases models that professionals in London and across England felt were effective, innovative and supported by evaluation data where available. There is a one-page summary of each model, including the type of service and contacts who can provide greater detail. All models, submitted via a survey, focus on integrated working across the local system, reducing fragmentation and gaps, facilitating easy access and clear pathways.




## Summary of a review of the literature

UCLPartners undertook a literature review, it includes:

- 51 primary studies
- six reviews
- one tool

Thirty-eight of the primary studies describe service delivery or organisation models, pathways or commissioning with or without an evaluation.



### Scoping review of studies on service delivery and organisation of mental health interventions for children and young people

**Review question**  
For children and young people (CYP) with mental health problems, are there specific approaches to service organisation and the delivery of evidence-based interventions in primary care that evaluate the impact on user satisfaction with services, service delivery (e.g. access) and service outcomes (e.g. identification, uptake, use of services)?

Primary care was considered to include general practitioners (GPs), community settings, and schools.

**Methodology**  
This review was conducted over three weeks in January 2018. The search for relevant studies was limited to those conducted in the UK and Ireland, written in English language, and published in the year 2000 and after. All studies relating to specific models, pathways, commissioning, or services relating to CYP mental health interventions in primary care were included. Only a selection of studies deemed most relevant on contextual aspects relating to the review question, such as CYP's experiences with appointments relating to mental health in primary care, were included.

**Sources**  
A formal search was conducted of MEDLINE<sup>1</sup> and Cochrane<sup>2</sup> databases using the search terms in appendix 1A and 1B. Additionally, the reference lists of key documents on CYP mental health were screened (DH & DfE 2017; Independent Mental Health Taskforce 2016; Mental Health Foundation; NHSE 2015; NHSE 2016; Taggart 2016; The British Psychological Society). Of included studies and reviews (Aciri et al. 2017; Bower et al. 2001; Cooper et al. 2016; Eiraldi et al. 2015; Reardon et al. 2017; Shepperd et al. 2009; Vostanis et al. 2010) identified via the database and manual search, all reference lists of included studies and studies citing included studies were screened for additional relevant studies. Finally, a Google Scholar<sup>3</sup> search (appendix 1C) with different search strings was used to identify further studies.

**Results**  
Fifty-one primary studies, six reviews, and one tool were included in this review. Included studies were published between 1999 and 2017. Thirty-three of included studies were conducted in England, seven in Ireland, five in Wales, two each in Scotland and Northern Ireland, and one each across several locations within the UK, and England and Ireland. Thirty-eight of included primary studies describe service delivery or organisation models, pathways or commissioning with or without an evaluation.

**1.0 CYP mental health services in primary care – perspectives from CYP and staff**  
**1.1 CYP and families**  
In a qualitative study with young people, Biddle et al. (2006) found that most CYP do not recognise GPs as a source of help for mental distress and find that they lack relevant training in mental health. CYP reported that GPs may be dismissive of those with mental distress and thought antidepressants were the most likely outcome of consultation. As a result, CYP largely avoided GPs for problems with their mental health (see also Leavey et al. 2010). Similarly, Corry and Leavey (2016) found that adolescents do not trust their GPs who were perceived as impersonal and

<sup>1</sup> Ovid Medline ( ) includes: Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present.  
<sup>2</sup> Cochrane library ( ) http://online.lww.com/cochrane/brary/search/  
<sup>3</sup> https://scholar.google.co.uk/

# Resources to support CAMHS transformation

A number of other products have been produced and circulated. These will be added to our website shortly but in the meantime are available on request:

- **CYP Mental Health Deep Dive (Dec 17)** – a high level overview of CYP mental health initiatives in London and nationally.
- **CCG Local Transformation Plan (LTP) resource (Aug 18)** – a guide for CCGs to provide support in the development of their refreshed LTP.
- **HLP CYP Mental Health Crisis Guidance self-assessment summary report (Jul 17)** – a high level overview of a self assessment undertaken by all 32 CCGs in London against our mental health crisis guidance.
- **HLP CYP Community Eating Disorders Services self-assessment against the access and waiting time standard – summary report (Aug 18)** – a high level overview of a self-assessment undertaken by the 7 CYP Community Eating Disorder Services in London.
- **HLP CYP Mental Health – Supporting voluntary sector organisations to flow data to the Mental Health Services Dataset (May 18)**

# Learning Disability/Autism Spectrum Disorder



## Healthy London Partnership Children and Young People's Programme

**A case for change for children and young  
people with autism spectrum disorder and  
recommendations for London**

**Ashleigh Harvey**  
Project Manager/MTS Trainee

October 2017

We have also supported hospital trusts interested in implementing a learning disability surgery pathway protocol (available on request) and have held a series of workshops at:

- The Royal London Hospital
- University College London Hospital
- Royal Free London
- Kings College Hospital

Other hospitals have been supported by other means.

Our case for change will be on our website shortly but is available upon request.

# 03

## Asthma

For further information contact [Sara.Nelson@nhs.net](mailto:Sara.Nelson@nhs.net)

# Facts and figures

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## Children and Young People with asthma in London

There are **2,046,000** children under the age of 18 in London.

**10%** have asthma

**204,600** of children and young people have asthma in London

**3** children in a class of **30** will have asthma

**23%** of children and young people with asthma live with someone who smokes



### IMPACT

**12**

deaths per year of children under the age of **19 years** in London



**25%**

of children and young people with asthma had to make an emergency inhaler request last year

**4,255** unplanned hospital admissions per year for children and young people with asthma



**75%** are avoidable

**70%** of children had an inhaler technique assessment in the last **12 months**



**64%** have a spacer device

**36%** of children with asthma had flu jab or nasal spray



**48%** had asthma management or wheeze plan

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## London's ambitions for asthma care for children and young people

Each organisation (primary and community care, acute care, pharmacy, schools) will have a clear named lead who will be responsible and accountable for asthma (which includes children and young people) and the delivery of the following:

### As a child with asthma:

#### PROACTIVE CARE



I should have access to a named set of professionals working in a network.



I will be supported to manage my own asthma so I am able to lead a life free from symptoms.



I will grow up in an environment that is clean air that is smoke free.



I will have access to an environment that is rich with opportunities to exercise.

#### ACCESSIBLE CARE



I will have my diagnosis and severity of wheeze established quickly.



I will have prompt access to my inhaler device and other medicines and asthma care and advice everywhere I go.



I will have access to immediate medical care, advice and medicines in an emergency.



I will have access to high quality, evidence based care whenever I need it.

#### CO-ORDINATED CARE



My carer and I will know how to manage my asthma with the help of a written asthma management plan.



I will have a regular structured review



I will have a package of care which meets all my needs including my educational health and well-being.



I will expect all professionals involved in my care will share clinical information to ensure my care is seamless.



I will move safely into adult services when I grow up.

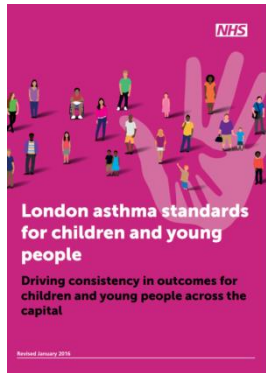


# Asthma ambitions, standards and toolkit



The **London asthma ambitions** describe what a child or young person with asthma should expect in relation to their care. They can be found and downloaded [here](#)

**Nursing Times Awards 2017 Finalist**



The **London asthma standards** bring together the aspirations for London, the NICE Asthma standards, British Thoracic Society guidelines and a number of other key resources into one document. They were developed by Healthy London Partnership and incorporate standards from the Royal College of Physicians, British Thoracic Society, Royal College of Anaesthetists, and Asthma UK. The standards can be accessed online [here](#) These have been included as a NICE shared learning example

**London asthma toolkit** Contains eight sections designed to help commissioners, providers, parents, carers and children and young people with asthma to deliver London's asthma ambitions and asthma standards available online [here](#)

Royal College of General Practitioners

This toolkit is endorsed by the Royal College of General Practitioners (RCGP) and the Royal College of Physicians (RCP).



Parents and carers



Pharmacy



Primary and community care



Commissioners



Hospital care



Acknowledgements and references



Watch



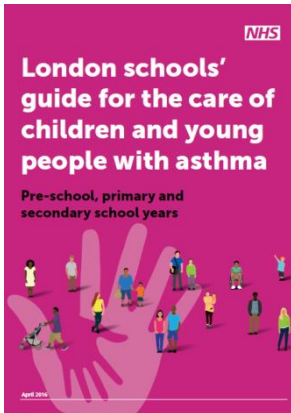
Schools



Endorsed by the Royal College of General Practitioners (RCGP) and the Royal College of Physicians (RCP).



# Support for asthma in schools



Healthy London Partnership in conjunction with the asthma friendly team in Islington produced a document to enable schools to manage children and young people with asthma effectively in the pre-school, early years, primary and secondary school setting available [here](#)

Cited by Croydon Observatory <https://www.croydonobservatory.org/wp-content/uploads/2018/03/Health-of-Croydons-school-aged-children-data-report.pdf>



Specific advice on the supply of inhalers to schools is online [here](#), along with information on how to become an [Asthma friendly school](#)

## [Designing our Tomorrow](#) (DOT) Asthma challenge

DOT is an initiative that puts authentic challenges at the heart of technology lessons in school. We set the challenge for students to design a packaging solution that will help co-ordinate the initial treatment for young asthma patients, to put the patient and their carers on the right path to controlling what is typically a long-term condition

Press article <http://www.elystandard.co.uk/news/ely-students-challenge-1-5702788>

Blog from DOT team: <https://www.healthy london.org/breathing-new-life-asthma-treatment/>

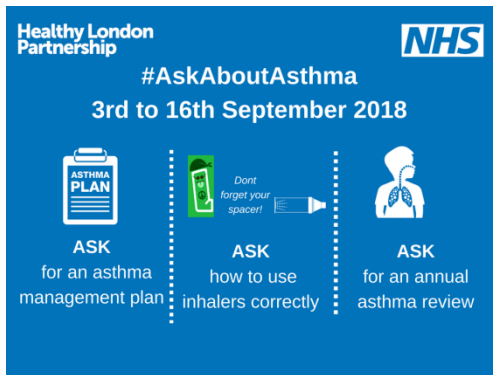
<http://www.eng.cam.ac.uk/news/breathing-new-life-asthma-treatment>

Blog from teacher at winning school <http://whs-blogs.co.uk/teaching/designing-tomorrow-journey-year-7/>



# #AskAboutAsthma

The [AskAboutAsthma](#) campaign has run 2017 and 2018. A communications toolkit for key stakeholders has been developed and is available [here](#)



Healthy London Partnership **NHS**

#AskAboutAsthma  
3rd to 16th September 2018

**ASK**  
for an asthma management plan

**ASK**  
how to use inhalers correctly

**ASK**  
for an annual asthma review

*Don't forget your spacer!*

The poster features three columns of information. The first column shows a clipboard icon labeled 'ASTHMA PLAN' with the text 'ASK for an asthma management plan'. The second column shows a green inhaler icon with the text 'ASK how to use inhalers correctly' and a speech bubble containing the text 'Don't forget your spacer!'. The third column shows a person breathing icon with the text 'ASK for an annual asthma review'. The NHS logo is in the top right corner.

[Asthmarapchallenge](#) – we worked with [Key Changes](#) (a music charity working with young people affected by mental health issues). They developed a rap about asthma and set a challenge to other musicians to join the challenge as part of the 2018 campaign. You can see the musician's version [here](#)



Healthy London Partnership **NHS**

#AsthmaRapChallenge  
#AskAboutAsthma

**KEY CHANGES**  
promoting positive mental health through music

The poster features the NHS logo in the top right corner. The text '#AsthmaRapChallenge' is written in a large, bold, yellow font. Below it, '#AskAboutAsthma' is written in a smaller, white font. In the bottom left corner, there is a logo for 'KEY CHANGES' with the tagline 'promoting positive mental health through music'. The background is blue with a yellow silhouette of a crowd of people at the bottom.

As part of the campaign, organisations have been asked to consider reducing their impact on air pollution and a [toolkit](#) was produced to help them



Healthy London Partnership

**Toolkit for NHS organisations:  
supporting the NHS to reduce its  
impact on air pollution**

Case Studies and Examples to support organisations to reduce their impact on air pollution

Supported by and delivering for:

Public Health England **NHS**

SUPPORTED BY  
MAYOR OF LONDON

London's NHS organisations include all of London's CCGs, NHS England and Health Education England

The poster features a row of colorful icons representing various people and a stroller at the top left. The NHS logo is in the top right corner. The text 'Toolkit for NHS organisations: supporting the NHS to reduce its impact on air pollution' is in a large, bold, blue font. Below it, 'Case Studies and Examples to support organisations to reduce their impact on air pollution' is in a smaller, blue font. At the bottom, there are logos for 'Public Health England' and 'NHS', and text that says 'Supported by and delivering for: MAYOR OF LONDON'. The footer text reads 'London's NHS organisations include all of London's CCGs, NHS England and Health Education England'.

# Prevention and self care using pharmacists

## Role of pharmacists and community pharmacies in CYP health

We designed and supported an **audit of CYP with asthma** through community pharmacies (June 2015). This produced the best data we have on use of asthma management plans, inhaler technique assessment and other key elements of asthma care <https://www.healthylondon.org/resource/london-asthma-toolkit/pharmacy/public-health-campaign/>

We developed an **online learning hub** giving pharmacists CPD credits <https://www.healthylondon.org/children-and-young-people/london-asthma-toolkit/pharmacy/asthma-learning-hub>

The London Asthma Toolkit has [advice for parents and CYP](#)

We undertook an **audit of CYP with dental pain** Report available [here](#)

# Digital health passport for asthma

We are developing a digital health passport allowing quick access to young persons emergency action plan, as well as documenting inhaler use, exercise tolerance. It also contains advice on asthma management. We are in pilot phase to link the passport with clinicians allowing monitoring of inhaler use and clinical symptoms.



# Impact across London (feedback)

Generated more **Asthma CNS posts** and respiratory support resources across the capital (**950 job description downloads**)


*'The focus on asthma standards in London is critical to improving outcomes for children. As a direct response to this work St Georges, with help from Wandsworth CCG, have developed an asthma programme to meet these needs including the **recruitment of 4 additional asthma nurses, along** with dedicated psychology and physiotherapy time.'*

**Consultant asthma lead SGH**

 Absolutely amazing things about this project  
I have heard  
[Tuesday at 23:13](#) · Like · Reply ·  1

 Write a reply...

Healthy London are well ahead of the game. Such as ....Training community pharmacists to complete paediatric asthma reviews which is helping to improve the lives of children with a chronic illness x

[Tuesday at 23:41](#) · Like · Reply ·  1

*'The HLP Asthma toolkit has been the foundation of a recent series of **Pan Barnet (CEPN) Community Educational Provider Network** (multi collaborative learning group) - collaborative teaching on childhood asthma. Involving **9 locality based sessions** across Barnet involving GPs, practice nurses, community and practice pharmacists, secondary care paed clinicians, physiotherapists, HLP leads and resp specialist nurses. As a result of the training and collaboration, Barnet GPs are **using the EMIS asthma template**, and the **CCG is considering funding a CCG Paeds Respiratory Nurse.***

**GP Commissioner Barnet**

**Nurse led Asthma Friendly Schools project** resulted in **1642 downloads of resources for schools** and others looking to undertake similar projects

*'I'm very happy to say that the support and resources from the asthma toolkit, together with the London Asthma Standards have inspired our team to develop our services, and provided clout when working with our local CCG to get appropriate services commissioned.'*

**Consultant paediatrician Hillingdon Hospital**

*'London Asthma Standards & toolkit have empowered us further to launch our Asthma Friendly School Certificate and we have 70 people from schools attending training session next week - also beginning to link with Ealing'*

**Hillingdon Asthma CNS**

# 04

## Primary and community care

For further information contact [G.Herskovits@nhs.net](mailto:G.Herskovits@nhs.net) and  
[Christine.Kirkpatrick@nhs.net](mailto:Christine.Kirkpatrick@nhs.net)

# Primary care children and young people's toolkit

Learning from a set of primary care pilots supported by the CYP team, in addition to other resources, are included in a [primary care CYP toolkit](#), created to disseminate innovation and good practice in primary and community care. It contains extensive resources designed to support GPs, practice nurses, practice managers and community nurses to support the healthcare of CYP in primary care settings.

## Landing page



This toolkit was launched at a primary and community care learning event, the presentations for which can be found [here](#).



# Primary care children and young people's toolkit

This has been supported by our active and engaged GP leadership Group “*One of the most useful meetings that I attend*” – NEL GP & CYP Clinical lead. “*Colleagues in this well established leadership group provide great support and share useful resources and experiences in addressing the challenges of commissioning children's services across London*” – NCL GP & CYP Clinical lead.

Examples of resources developed by the CYP team and contained within the toolkit include:

- Resources for GPs and others to undertake [group consultations](#) for CYP, based on work commissioned and supported by the CYP team in SEL
- Resources for pharmacists, GPs and commissioners to improve CYP inhaler technique through pharmacy, as trialled in a [project in Bexley](#)
- Primary care [e-learning portal](#)
- [Learning needs assessment](#) for local commissioners or GP federations to assess confidence among practitioners in the treatment/management of CYP
- A set of '[I statements](#)' developed by young people's groups and our GP Leadership Group to describe the primary care CYP should be able to access
- A prevalence finder tool (currently in development) that identifies cases of undiagnosed asthma in CYP on GP patient lists.

# “I statements” for young people in primary care



I expect to be treated with respect and believed



I expect my cultural and religious beliefs and sexuality to be respected



I expect my consultation to be confidential.



I do not expect information to be disclosed without my consent, unless there is a real risk to me or to other people (this is the same as for adult patients).



I would like to be able to access the service at times when I am able to attend (eg. outside of school/college hours) and to reach the service easily, in person or via an app.



I expect to be able to see a doctor or nurse on my own if I choose.



I expect to talk to my doctor or nurse about how my parent/carer is involved in my care, including whether they access my records.



I expect my mental and physical health needs to be looked at together.



I expect to be given the tools I need to manage my condition myself and support to do this.



I expect to have clear information about what to do if my health gets worse.



I expect to be involved in planning any changes in my care including moving to adult services.

# Feedback on primary care resources developed by HLP

## Pharmacy inhaler project

- Bexley CCG safeguarding and asthma lead “A lot is growing from both the asthma in pharmacies and the group consultations projects ...Even just raising the profile of asthma last year may have had an effect as we have had a drop in numbers of children attending A&E and also on admissions it seems”.

## Group consultations

- “The time spent in the group was very enjoyable & gave me a “buzz” and positive feeling as a doctor. I felt empowered to change things.” [GP practice]
- “Do it. It saves time. It gets you more involved with patients. The patients gave really positive feedback and I had fun” [GP practice]
- “I found saying to them, ‘Just turn up and see if you like it’ seemed to work. Now they want the sessions more often than I can offer them!” [Community trust]
- “It was very helpful, I would recommend” [parent]

## I Statements and CYP primary care toolkit

- Both these resources are to be presented at a WHO conference by Mitch Blair, Professor of Paediatrics & Child Public Health at Imperial College London.

# Out of hospital models of care



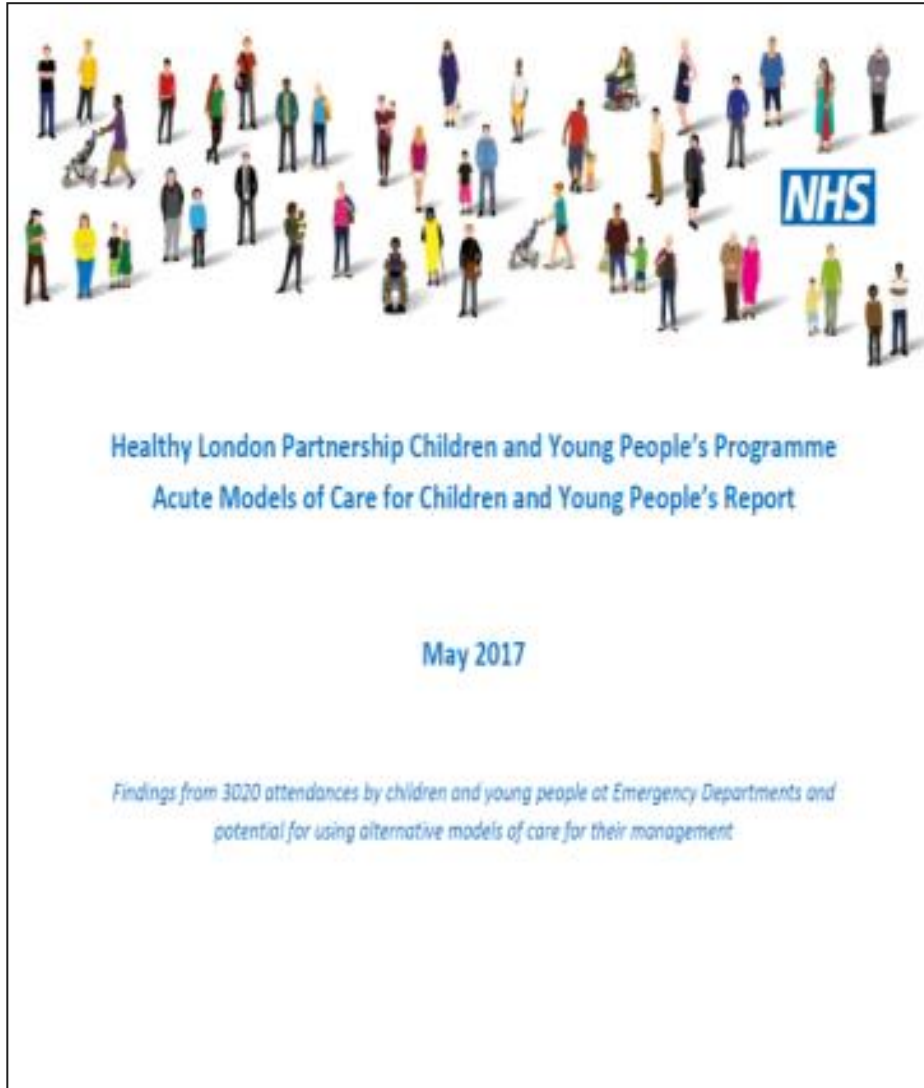
- [Case studies](#) for commissioners and providers of out of hospital healthcare services for children
- Services described to help others understand what some areas are already doing
- Information collected directly from services
- A local contact identified at each service
- Details of how other organisations have developed place-based models of care for treating acutely unwell children and young people in the most appropriate location for their needs



- [OOH standards](#) used by Bromley CCG to recommission community children's services



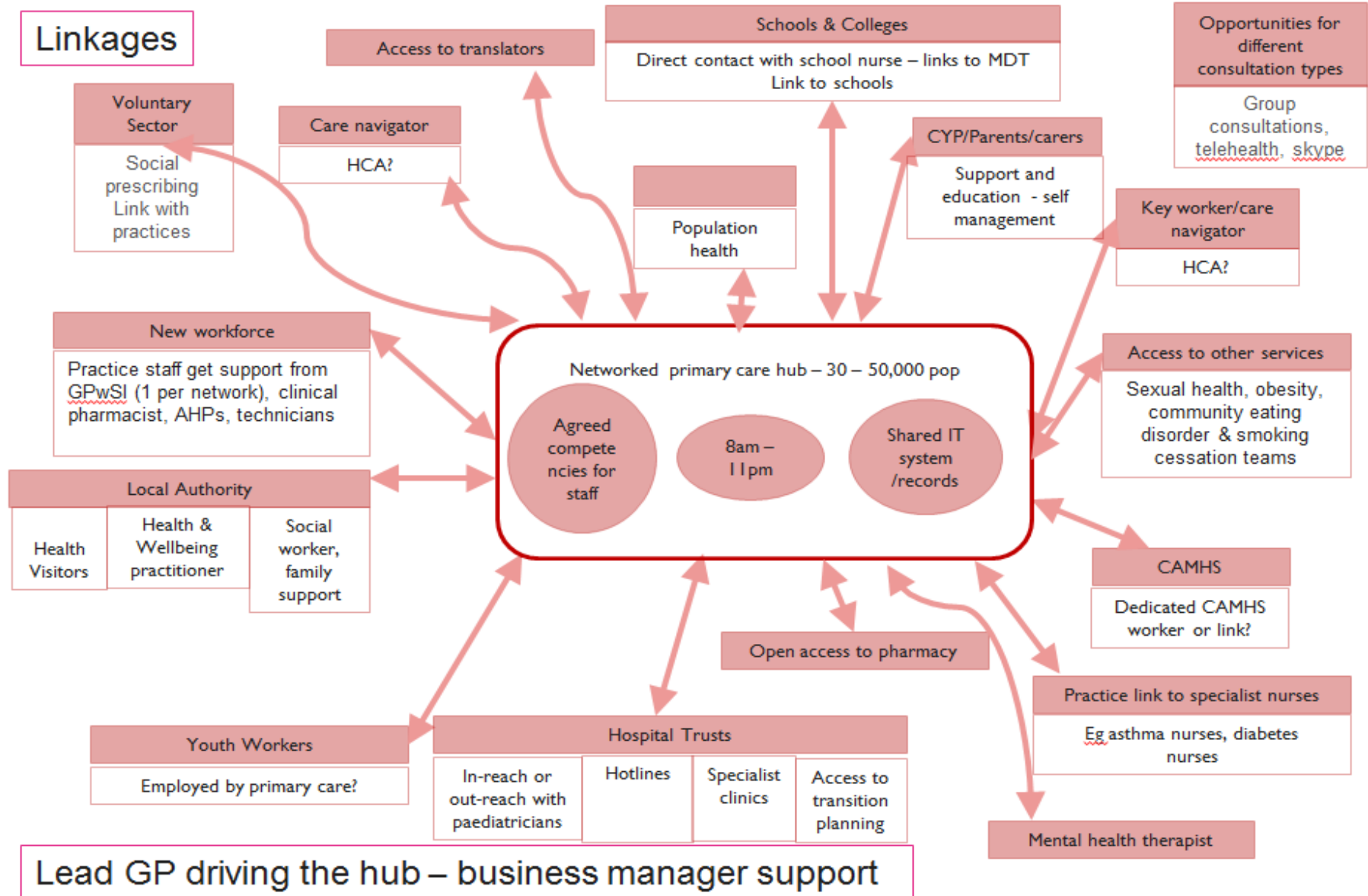
# Alternative new models of care study



Findings from this research, published in Archives of childhood disease, are [here](https://adc.bmj.com/content/103/2/128):  
<https://adc.bmj.com/content/103/2/128>

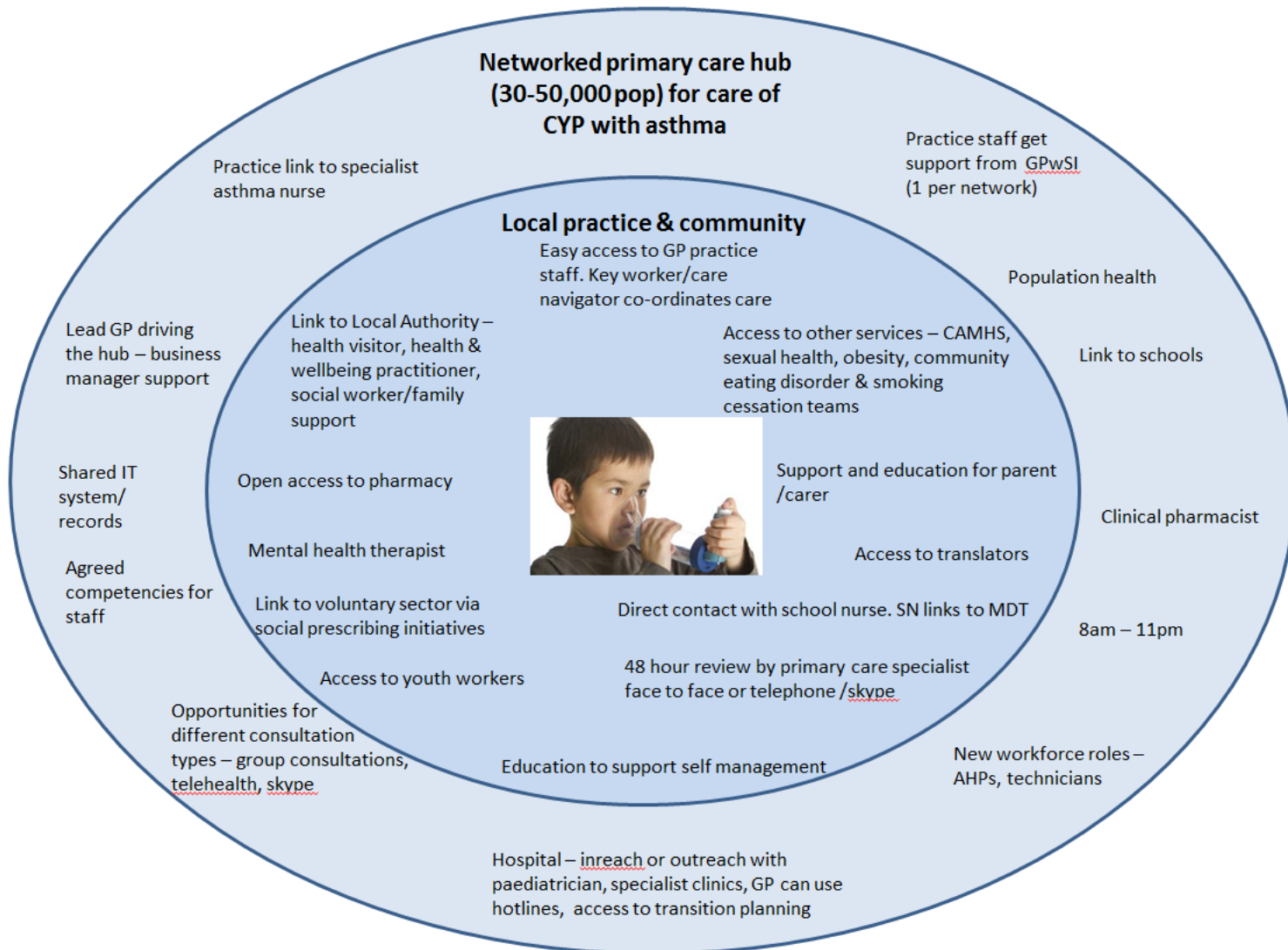
A cost-benefit analysis is currently underway with UCLH

# Networked primary care for CYP

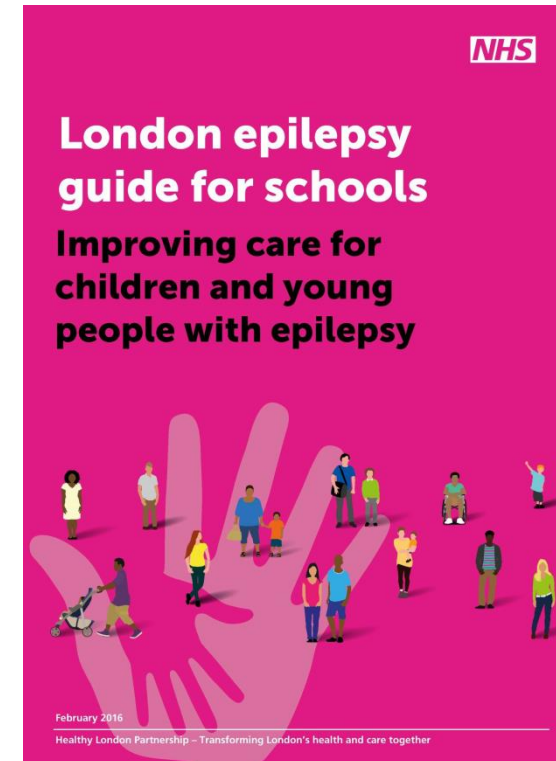
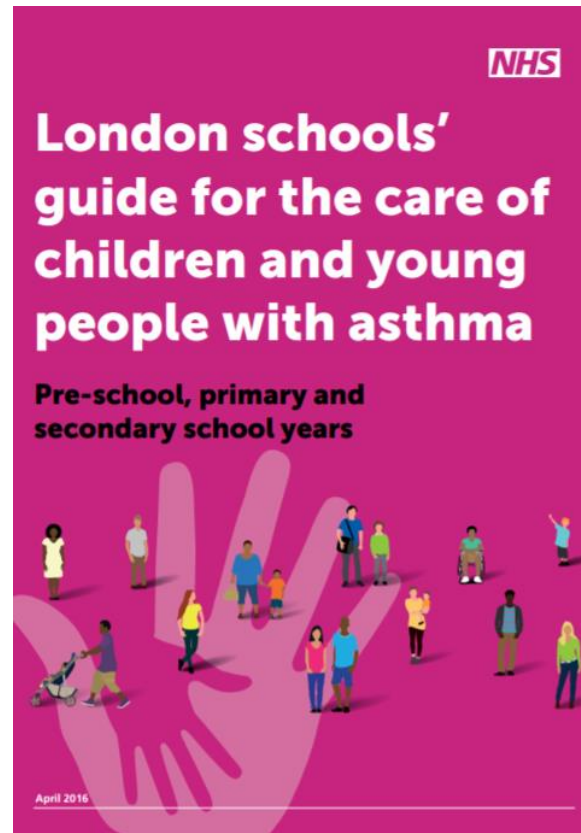


# Networked primary care for CYP

We are working with stakeholders to develop a model of what networked care for CYP would look like, using asthma as an exemplar. This is a work in progress – let us know if you want to join our working group

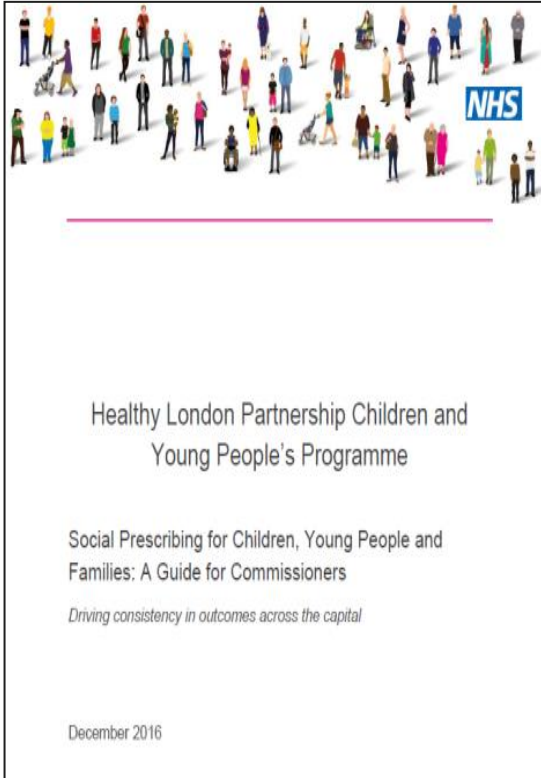


# Long term conditions in school policy for CYP





# Social prescribing



Our guide for commissioners about social prescribing for children, young people and families gives an overview of:

- factors to consider when commissioning social prescribing models
- best practice for approaching change
- engagement and themes that emerged
- examples for networks of community resources
- a summary of ideas of different approaches
- important needs to be addressed in the future

This guide will be on our website shortly and is available upon request.

# 05

## Urgent and Emergency Care

# Acute care

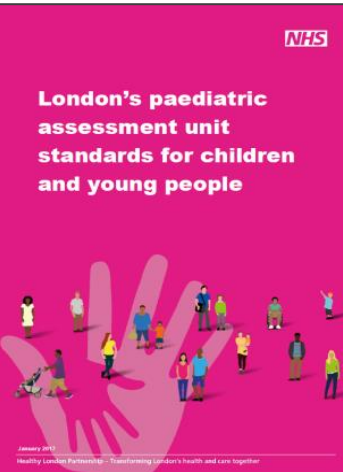


## London acute care standards for children and young people

Driving consistency in outcomes across the capital

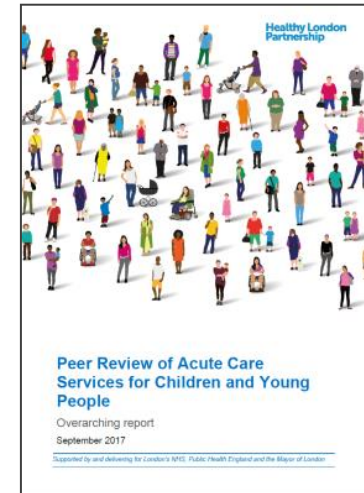
Our [acute care standards](#) are aimed at commissioners and providers of acute care services for children and young people. It has brought together information and standards of care into one place to enable the effective commissioning of services which meet these required minimum standards. Providers can use these to undertake a self assessment of their ability to deliver the required quality of acute care for children and young people. They can be used to validate, challenge and to quality assure services. Using these standards will help to reduce the variation in the care delivered to children and young people across the capital. They will also help to reduce the enormous variation in outcomes experienced.

This [report](#) summarises the findings from the peer review of London's 26 acute hospitals that provide acute care services for children and young people conducted between July 2016 and March 2017.



## London's paediatric assessment unit standards for children and young people

Our [Paediatric Assessment Unit \(PAU\) standards](#) provide formal standards for paediatric assessment units in London. The standards have been created in order to reflect the urban requirements of the capital in providing effective care for children and young people in London. The aim is for NHS Trusts to use as part of self-assessment exercises to determine whether current paediatric assessment units meet appropriate standards and where improvements can be made. It can also be used by commissioners as a tool to guide their decisions about service provision and quality assurance.



# Paediatric critical care

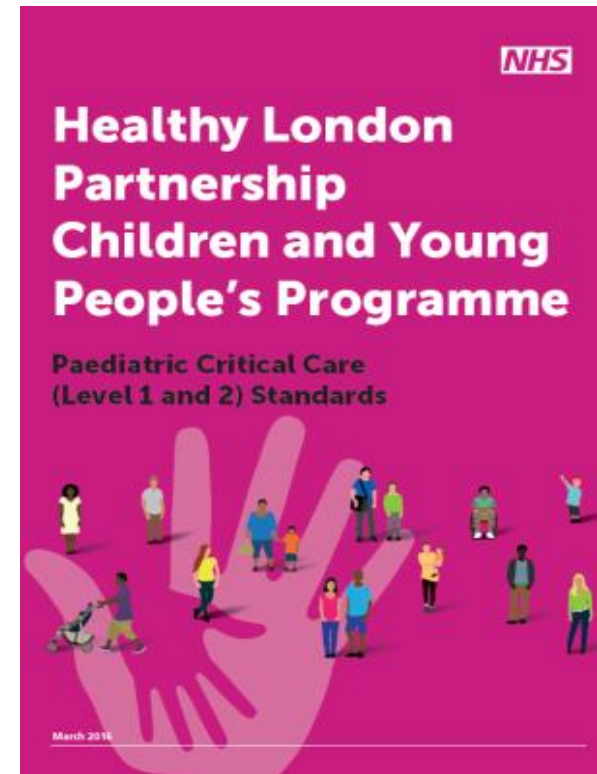
## [Paediatric Critical Care \(PCC\) Standards \(Level 1 and 2\)](#)

These standards supplement the Paediatric Intensive Care Society (PICS) Standards and provide formal standards for Paediatric Critical Care Level 1 and 2 specifically within a district general hospital (DGH) environment.

The standards were used by London providers as part of the national PICU CQUIN process to support the national review of paediatric critical care. HLP supported the peer review element of this CQUIN specifically the following providers:

- GOSH (*Whittington, Barnet and North Middlesex*)
- Royal London (*Newham, Whipps Cross, Homerton, Queens Romford*)
- St Mary's (*Northwick Park, Hillingdon and Watford*)

A **Paediatric Critical Care Level 1 and 2 Data Audit Report** published in December 2016 is available on request.



# Paediatric critical care



## Paediatric Critical Care in Practice

Paediatric Critical Care in Practice

Healthy London Partnership NHS

Dashboard Resources Profile Welcome back Andy Logout

Neurology	Respiratory	Sepsis	Endocrine	Cardiac
0/2 modules   6 resources	0/3 modules   5 resources	0/1 modules   10 resources	0/2 modules   6 resources	0/4 modules   3 resources

Developed by Brickwall | Funded by Health Education England

## [Paediatric Critical Care in Practice \(PCCP\)](#)

An online e-learning portal of resources designed for London's health professionals to use to develop their knowledge and achieve the quality of care set out in the London's Paediatric Critical Care: Level 1 and 2 Standards.

PCCP offers access to the same high-quality educational opportunities and supports best practice paediatric high-dependency care and includes:

- a wealth of evidence-based e-learning modules
- supporting resources and sign-posting to additional sources
- quick reference guides.

PCCP is free to access and available on computers and tablets. The extensive resource library is also available on-the-go using mobile phones.

**Professor Oliver Shanley, Regional Chief Nurse, NHS England/Improvement (London region), said:**

*"I recommend all acute paediatric staff, including nurses, to consider using PCCP as it is an excellent educational tool which will supplement existing education programmes already on offer."*

**Michael Marsh, Regional Clinical Director, NHS England Specialised Commissioning (London), said:**

*"PCCP offers the opportunity for acute paediatric staff to enhance their knowledge and training to care appropriately for children requiring high dependency care in London. I would have appreciated having access to such an extensive training resource, with links to other additional resource, when I was a junior doctor."*

**Other feedback includes:**

*"The PCCP modules provide a great knowledge base that is interesting and very applicable to practice"*

*"Huge credit to everyone involved.....PCCP is really impressive and a fantastic resource"*

**Staff Nurse and Paediatric Emergency Medicine Doctor at Chelsea and Westminster Hospital**

# 06

## Child Death Overview Panels

## eCDOP

- HLP CYP programme obtained funding and supported a London wide roll out of eCDOP, an electronic case management system for the year April 2018- March 2019.
- As part of this offer, HLP alongside the provider QES are providing support to CDOP stakeholders .This includes initial training to CCGs, SLAs and guidance on information sharing as well as tailored workshops for CDOP administrators based on specific support needs.
- 21 out of 33 London CDOPs are actively using the eCDOP system.



Online recording, casework and reporting for child deaths

Following on from publication of revised statutory guidance, a number of products will be finalised in Autumn 2018 these include:

- Guidance for child deaths reviews
- Suicide prevention resource
- Bereavement resources guide
- CYP Bereavement Experience Measure
- CDOP checklists – asthma & suicide

### HLP Children and Young People's Programme

Child Death Overview Panels (CDOP) Programme  
Asthma and Allergy Combined Checklists for Child Death Overview Panels  
(CDOP) and Child Death Review Meeting (CDRM) Case reviews  
April 2018



Child Death Review System - DATA SHARING FRAMEWORK  
London-wide Child Death Review Systems  
RNS  
London-wide eCDOP  
Version 1.0 Date: June 2018

# 07

## NHSGo

For further information contact [stephanie.simmonds@nhs.net](mailto:stephanie.simmonds@nhs.net)





The NHSGo app provides confidential health advice and information for CYP. It provides advice to CYP. It uses validated NHS Choices health advice content rolling content on topical matter, quizzes, a live service finder using MiDOS, and information about rights.

Aimed at 16-24 year olds, NHS Go was developed in 2016, after young Londoners told us they wanted better and easier access to health and wellbeing information.

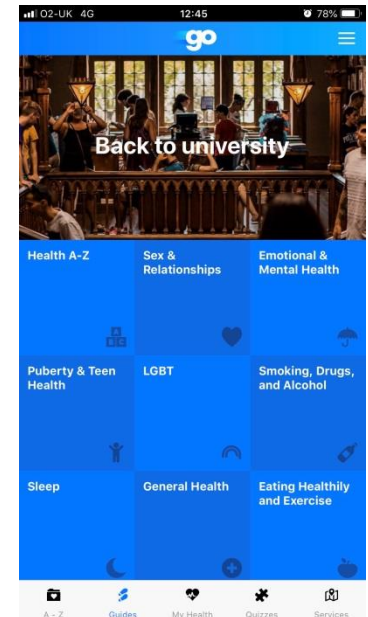
NHSGo is free to download on iTunes and Google play. [www.nhsgo.uk](http://www.nhsgo.uk) shows all the content online.

## Top-level statistics:

- 75,000 + downloads.
- Over 800,000 in app page views
- Most popular content views are sexual health and mental and emotional health
- Over 100,000 website views

## What's next for NHSGo:

- NHSGo local option being explored (pilot with Islington CCG)
- Extending use of MidoS as directory of specific local services
- Launch of Digital Ambassadors programme to support engagement with CYP
- NHSGo is in final stages of review to appear in the NHS app library



## Awards

- Winner of Patient Experience Network – 2016 and 2017
- Shortlisted for national Positive Practice in Mental Health Awards 2018



## Feedback from independent evaluation:

“I’m Asian and Muslim... and it’s really kind of awkward if you’re a young woman especially if you are a young unmarried woman looking for contraception... it’s like, *whoa what are you up to?*... So you want to have that information freely accessible in a private way.”

Sasha, female, 18

“I think one of the things that is good is people who might find it difficult to talk about things... [NHSGo] allows you to answer your questions more discreetly sort of thing. Come to think about it there are certain things I’d like to look at on the app and I would look because I’d feel more comfortable”

Bob, male, 20

“I wish there was an app like this when I came out trans... I was faced with such a lack of knowledge and was told completely the wrong info time and time again.”



NHSGo app store review


“NHSGo is an innovative, timely and welcome contemporary tool for addressing the health needs of children and young people (CYP) in London.


NHSGo Independent evaluation,  
Kingston University Wellbeing at Work Research Group.


# NHSGo promotional materials freely to download

<https://nhsgo.uk/promo>



**BACK TO SCHOOL**  

NEW FRIENDS  
BIG CHOICES ANXIETY  
NEW RELATIONSHIPS  
SEXTING LOW SELF-ESTEEM  
BULLYING CHANGING BODY  
EXCITEMENT 


**NHSGO APP** 





Designed by young people for young people  



NHS Go is brought to you by Healthy London Partnership. It is free to download on iOS and Android.


Download Free @  

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**Questions about Sexual Health?** 


To get answers download NHS Go 

Designed by young people for young people  


NHS Go is brought to you by Healthy London Partnership. It is free to download on iOS and Android.


Download Free @  

[www.NHSGo.uk](http://www.NHSGo.uk) #NHSGo @HealthyLDN



**STAY FRESH IN FRESHERS WEEK** 

How am I supposed to register with a GP?  
Should I be worried about meningitis? Should I get the vaccine?  
Do I need the morning after pill?  
Find all the answers at NHS Go

Download the NHS Go App now!

Designed by young people for young people  


NHS Go is brought to you by Healthy London Partnership. It is free to download on iOS and Android.

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**Get ready for festival season** 

Download the NHS Go App now!

Designed by young people for young people  


NHS Go is the new way to get 24/7 instant access to health information on the go this summer, no matter where you are.

NHS Go is brought to you by Healthy London Partnership. It is free to download on iOS and Android.

Download Free @  

[www.NHSGo.uk](http://www.NHSGo.uk) #NHSGo @HealthyLDN

Signposted by numerous London organisations

<https://www.whittington.nhs.uk/default.asp?c=29306>

<https://www.rbkc.gov.uk/kb5/rbkc/fis/news.page?id=xbENNfpXEiY>

<http://www.thegreenwoodpractice.co.uk/contact1.aspx>

# Publications and Awards

Winners 2017 Patient experience national network awards (PENNA)

Shortlisted Nursing Times Awards 2017 4 categories and RCNi awards 2017

The impact of out-of-hospital models of care on paediatric emergency departments 2017  
Archives of childhood disease

<http://bmjopen.bmj.com/content/8/2/e020771.full?ijkey=wnzSSGzFoLj0SJI&keytype=ref>

Nelson S (2017) Greater use of technology to enhance the patient experience British Journal of Cardiac Nursing; <http://dx.doi.org/10.12968/bjca.2016.11.10.474>

Markey D, Managing childhood asthma (2016) Pharmacy Magazine  
<http://www.pharmacymagazine.co.uk/managing-childhood-asthma>

Nelson, S (2016) Greater use of technology to enhance the patient experience (2016)  
British Journal of Cardiac Nursing <http://dx.doi.org/10.12968/bjca.2016.11.10.474>

Levy M, Ward A, Nelson S Management of children and young people (CYP) with asthma:  
a clinical audit report (2018) Primary Care Respiratory Medicine  
<https://www.nature.com/articles/s41533-018-0087-5>