



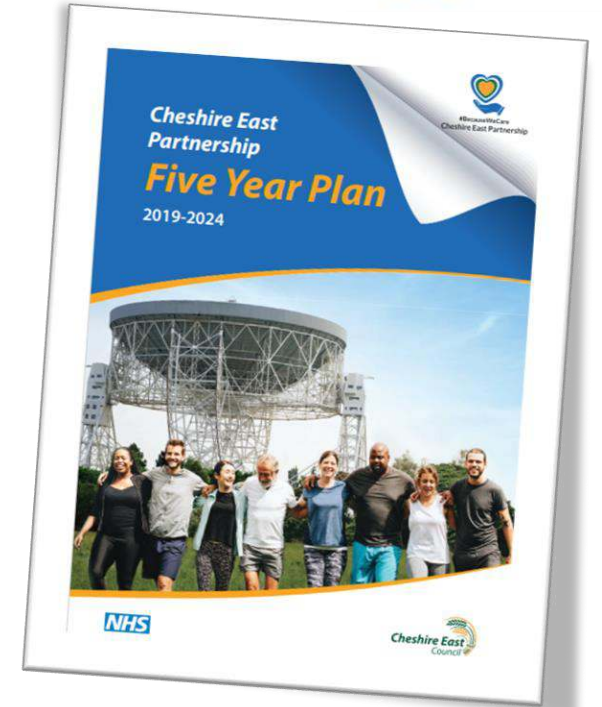
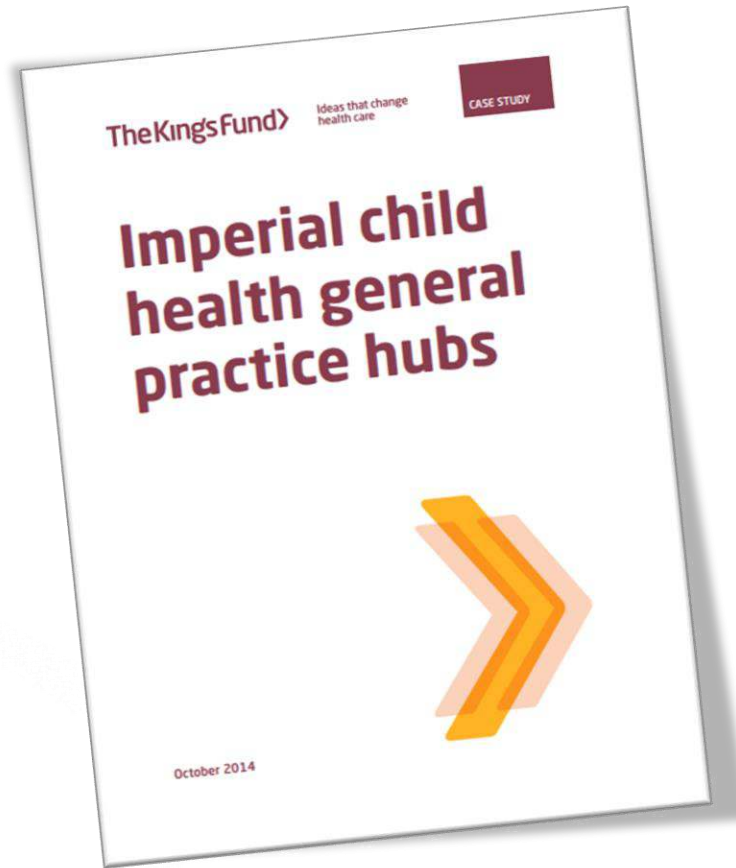
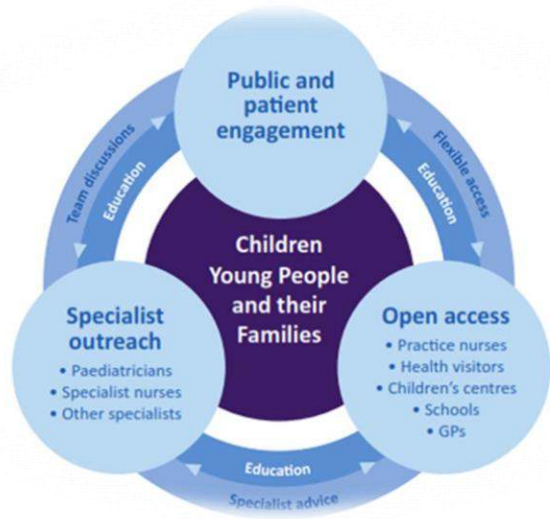
Child Health Hubs

At Cheshire East Integrated Care Partnership

Category: Integration and Continuity of Care

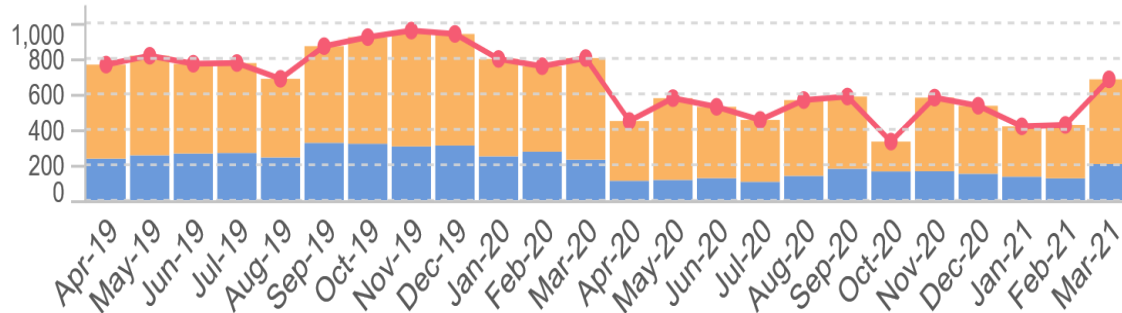
Presented by: Mathew Southall & Mandip Sohan, CEICP

Origins of our project



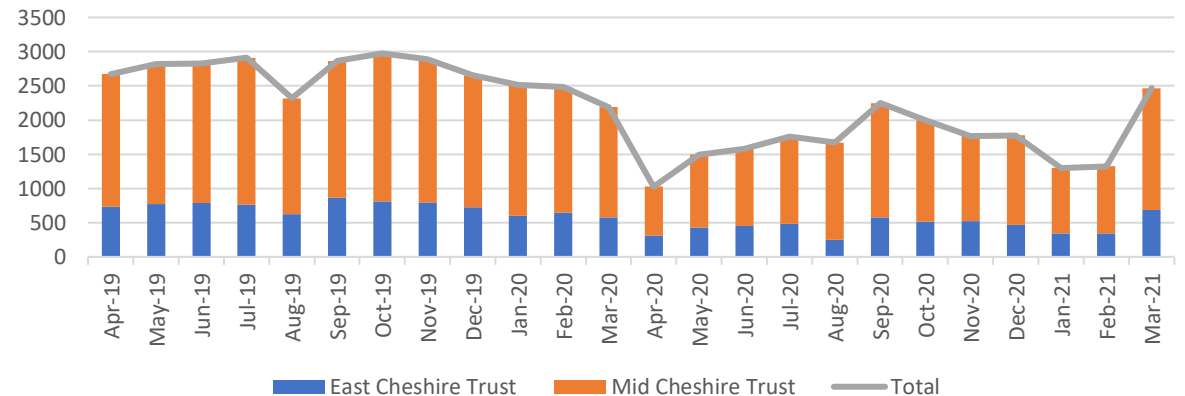
What did the data show?

Emergency Admission Activity Trend by Month



Clear from data presentation that pre-COVID, there was a significant number of children and young people that attended A&E – a large proportion of which could have been managed in community settings

A&E attendance activity trend by month for 0-19 years





Number of First Paediatric Outpatient Appointment for 0-19 years old- 2019-2021 East Cheshire Trust



Number of First Paediatric Outpatient Appointments for 0-19 years old- 2019-2021 Mid-Cheshire Trust



What did we set out to achieve?



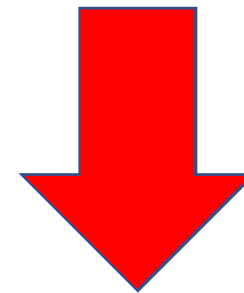
Whole system
approach to
Children's Health

Deliver care closer
to home



Right care in
the right place

New service for
new needs



Reduce ED attendances
Reduce Emergency admissions
Reduce general paediatric referrals

Child Health Hub Year One



2020

Aim: Develop two child health hubs, one in Crewe and one in Macclesfield



May 20

Partnership working between local authority and health economy



Sep 20

Joint MDT between primary and secondary care established in East Cheshire



Nov 20

Prolonged Jaundice clinic established at Monks Coppenhall CC



Feb 21

Unsettled Infant clinic due to go live 09/02 at Monks Coppenhall CC

2020

2021



Apr 20

Establish a project group with key stakeholders



Aug 20

136 responses to service user survey



Oct 20

Presentation to Cheshire East Integrated Care Partnership Board



Jan 21

Drop in paediatric blood clinic commenced at Broken Cross CC



Mar 21

ASD market stall event to be held at Broken Cross CC

What have we achieved?

| Workstream | Achievement | Data |
|---------------------------|---|--|
| Prolonged Jaundice Clinic | Successfully moved Prolonged Jaundice clinic from acute location to a Children's Centre | 73 babies seen (5/11/20-09/08/21) |
| Unsettled Infant Clinic | Successfully established Unsettled Infant clinic in a Children's Centre | 67 infants seen (09/02/21-11/08/21) |
| Drop-In Blood Clinic | Successfully established a drop-in blood clinic for CYP aged 3 years and above | 220 CYP have attended the service (08/01/21-06/08/21) |
| Retrospective MDT | Successfully trailed a retrospective MDT with 1 care community over seven months | 52 retrospective cases discussed (September 20-Mar 21) |



What do our parents and clinicians think?



Takes away
the
anxiousness

"What a fantastic service, I can't believe how easy it has been to arrange this appointment and how quickly the child will be seen"

Not having to wait for appointment. Very friendly

Felt really well looked after. Very professional staff, thank you

Made to feel welcome
Comfy and friendly staff

Speed, friendly, relaxed environment for children


No allocated time to attend so the flexibility helps.

Better parking. More relaxed atmosphere, less rushed. Helpful and patient staff

Everything was perfect

Daughter liked it, made her feel relaxed. Nice atmosphere, not like a hospital.

What have been our key challenges?



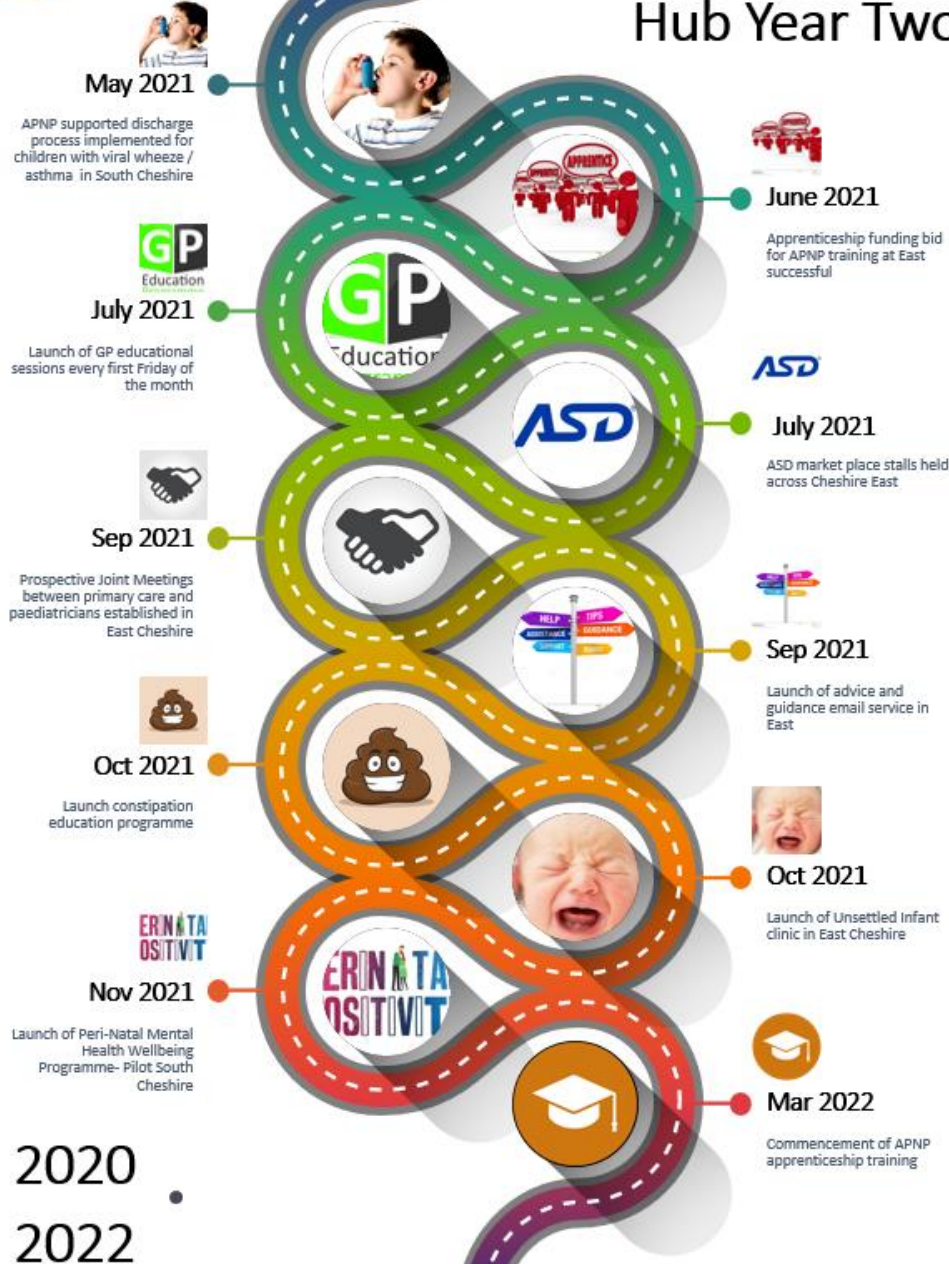
| Challenge | Solution |
|---|---|
| Covid 19 - managing pressures in all areas whilst managing project progress | Enhanced virtual offer, MS Teams meetings, focus on opportunities |
| Estate – Where would we be based?! | Based in Children’s centres – liaison with Local Authority – SLAs |
| IT – Logistics of EMIS, IT usage in remote sites | Sourced laptops for APNPs, EMIS access for acute staff in community settings |
| Project Scope – Broad areas of focus | Allow clinicians to lead to develop areas of focus – they know the areas to enhance! |
| Funding Time – Clinical lead backfill | Factored into Bid template for Years 1&2 |
| Equity of Service – 2 NHS Trusts / Community services to manage | Eventual recognition that we may need to pilot different things in the 2 areas |
| Workforce | Stakeholder engagement through workstreams, project groups, meetings outside of meetings! |
| Engagement – maintaining throughout evolution of project | Spread our reach wide – used contacts ++ to ensure project kept evolving |

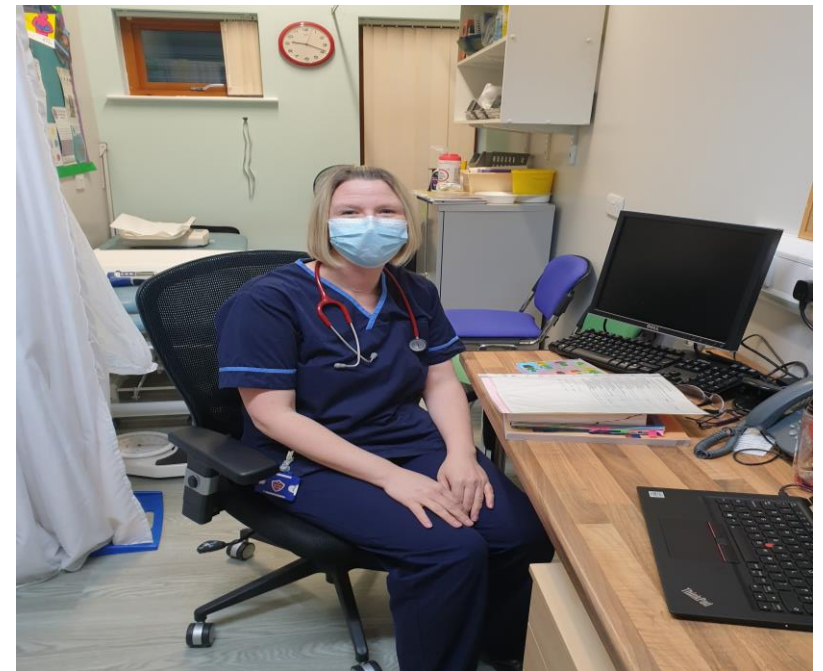
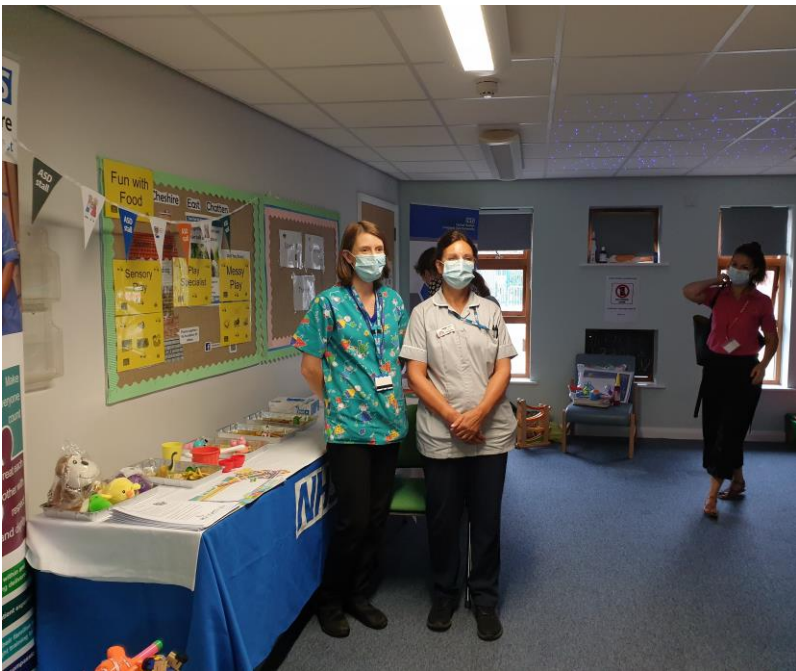
Where are we looking to progress for Year 2 and beyond?



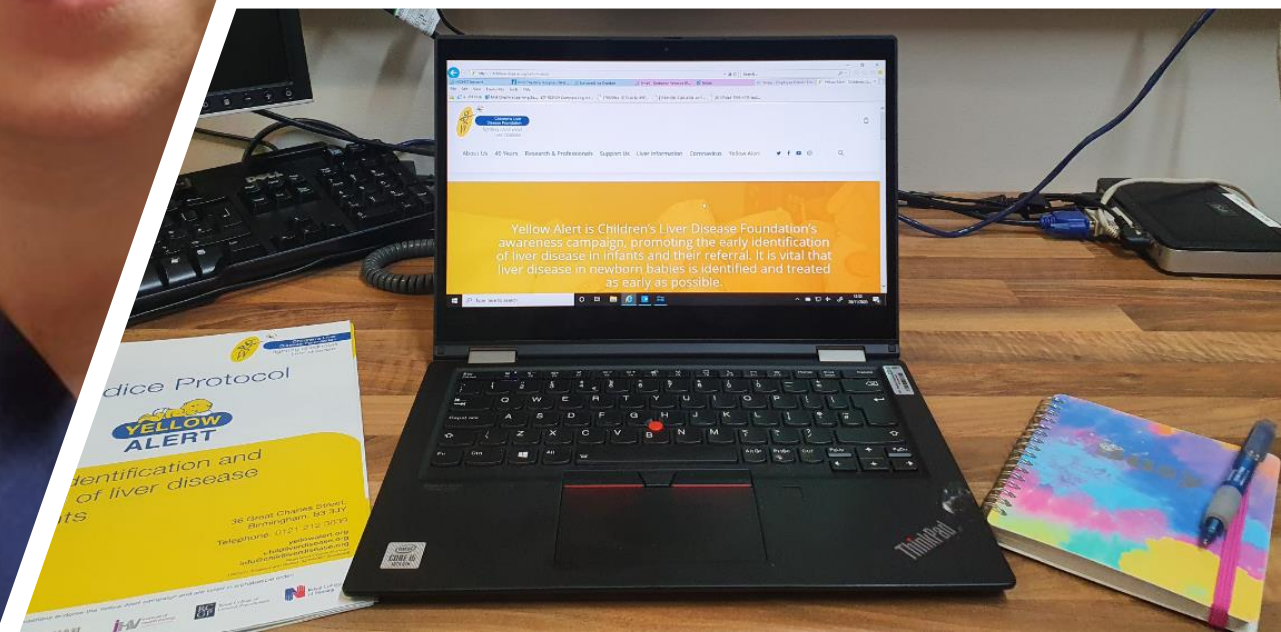
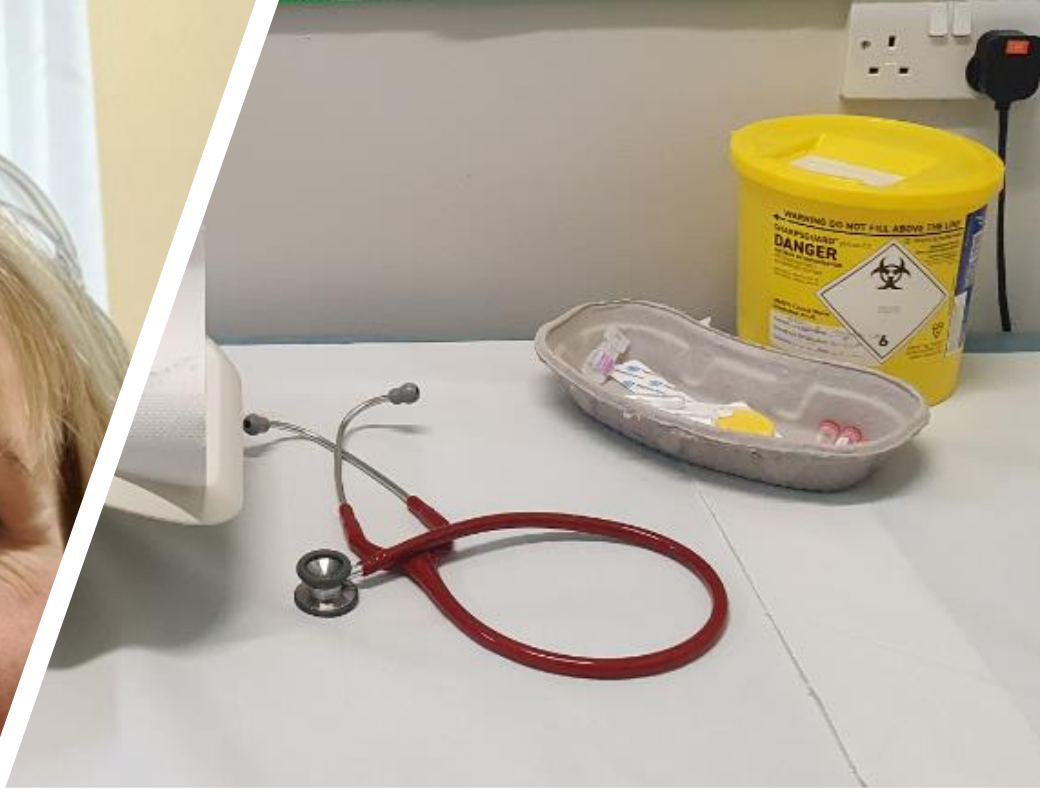
| Workstream | Aims |
|--|--|
| Maternity wellbeing programme | Establish a multi-agency programme available to women who are low-moderate risk of PNMH issues. |
| Respiratory | Universal Asthma training established Follow up for Asthma discharges from acute settings |
| Development of the APNP Role | Trial APNP in GP OOH Inreach / Outreach model APNP funding and implementation in ECT |
| Constipation Education Programme | Establish a constipation education programme aimed at A&E team and GPs |
| Obesity | Establish a hub and spoke secondary care model for healthy weight management in children |
| Joint MDT Meetings | Established MDT meetings in East that become BAU. Feedback findings to implement across footprint |
| Advice and Guidance Service | Established across service in line with NHSE |
| Unsettled Infant Clinic in East Cheshire | Replicate offer from Mid into East locality |
| Service User engagement | Further service user survey re Year 2 developments |
| Implementation of SEND Agenda | ASD Marketstall events across footprint |

Child Health Hub Year Two











Thank you