



Healthy London Partnership  
Improving children and young people's out-of-hospital care

## Closer to home

### Child Healthcare Closer to Home (C3), Calderdale and Huddersfield NHS Foundation Trust

**Started: May 2014**

**Region: Calderdale and Greater Huddersfield and who are registered at one of the listed pilot practices.**

### Background

The journey of the child through acute care can be fragmented, with the focus being around a specific professional and building rather than the family.

Partners from Calderdale and Greater Huddersfield Health & Social care organisations have worked collectively to deliver improved services for local children, with the overall aim of developing enhanced paediatric provision and expertise closer to the child's home

### Aims

1. Improve self-management
2. Empower families to have the confidence to manage their own health conditions and know when to seek help appropriately

Provide acute care for CYP closer to home

### The service model

- Two multi-professional care clinics
- One of the clinics is based in a local GP surgery and the other is in a local children's centre in a deprived area
- Pilot sites refer through choose and book
- User and referrer experience is at the heart of the project
- Interventions are recorded via an electronic-shared record, which has aided timely communication across primary and secondary care
- The project is developing pathways of care, education and expertise for use within primary care
- The C<sup>3</sup> initial model offered a five tier approach to delivery
- Self-Care - educating and encouraging children, young people and their families to maintain healthier lifestyles

- Universal offer - delivery of a co-ordinated campaign of health promotion and early interventions
- Community Nursing Plus - criteria based referral system from Primary Care to Community Nursing
- Community Specialists - Locality based Paediatric Care
- Cascaded Learning and Development – to include a programme of training – bridging gaps in Paediatric expertise.

## Opening times

- Offer services in 'family-friendly' hours –weekly between 4pm -8pm
- Clinics held on a 1-2 weekly rota afternoon/evenings

## Staffing

Consultant Paediatrician, GP, APNP and CCN.

## Who can refer

Referrals are accepted from pre-selected pilot site GPs

## Funding organisation

- CCG funded
- Host employer is Calderdale and Huddersfield Foundation Trust
- Applied for further funding from the Health Foundation
- 2nd six month evaluation is underway
- Working with Nuffield Trust to explore innovation in community delivered services

## Evaluation

- The most common reasons were musculoskeletal problems, Skin and Continence problems including constipation.
- Age ranged between 0-17, with babies under one being the highest.
- During initial 12 month pilot 1638 contacts with patients, 844 face to face or clinical telephone contact. Phase 378 new referrals for CYP and 12 follow-ups.
- Multi professional approach compared to a traditional consultant only delivered care in general outpatient's provision. In Calderdale 33% of patients were seen by a Consultant compared to 100% of care that would be offered in a traditional outpatient setting. 29% of the clinic activity was offered by a GP and 38% was delivered by an APNP.
- DNA 11.5% compared to 14% in hospital based general paediatric clinics.

The new to follow-up rate was 0.3 compared to 1.9 in a normal general paediatric clinic. Some of the variation will be due to the length of time clinic has been running and due to the fact that all the patients are new to this service rather than being existing patients with long term conditions. Anecdotal evidence suggests that practitioners are utilising telephone follow up, and discharging children and young people back to the care of GP when appropriate, which would validate the results.

## Challenges, successes, lessons learned and advice

- Hope to increase their activity in primary care, with a move towards 8am-8pm hours and weekend opening.
- It is important to establish good relationships and buy-in from commissioners and providers at the start.
- Change requires tenacity and enthusiasm.
- Effective communication is key.
- Strong administration support is required.
- The project has encouraged communication and shared learning between primary and secondary care.
- It has ensured that health and self-care is high on the agenda of community services, families and children's centres.

## Contact for more information

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## Notes

This project is finishing on 30/6/16.