



Turning vision into reality at STP level

The North Central London Experience

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Some initial reflections

- Our work has grown organically. CYP now has a much stronger profile in our area.
- Ongoing journey and we definitely do not have all the answers. Start of our work programme.
- Learning and adapting as we go along to resources available, using the structures that exist as enablers to advancing quality and safety for CYP.
- Balance between pathways work, innovation, productivity all in context of significant financial challenges.
- Takes a long time and lots of engagement work across the patch. Importance of this is not to be underestimated.
- Importance of senior leadership and CYP champions

What do we have in NCL?

- NCL CYP Network Board
 - Multidisciplinary commissioner and provider forum. Meets bimonthly. ToR agreed. Good engagement and attendance at meetings.
 - Strong will to work together which lays the foundation for all our work including asthma.

Led by a named SRO, a Programme Lead and a clinical Lead (GP).
Some support from Healthy London Partnership Team.

No dedicated support to date although this is changing.

4 STP Priorities/Network Priorities

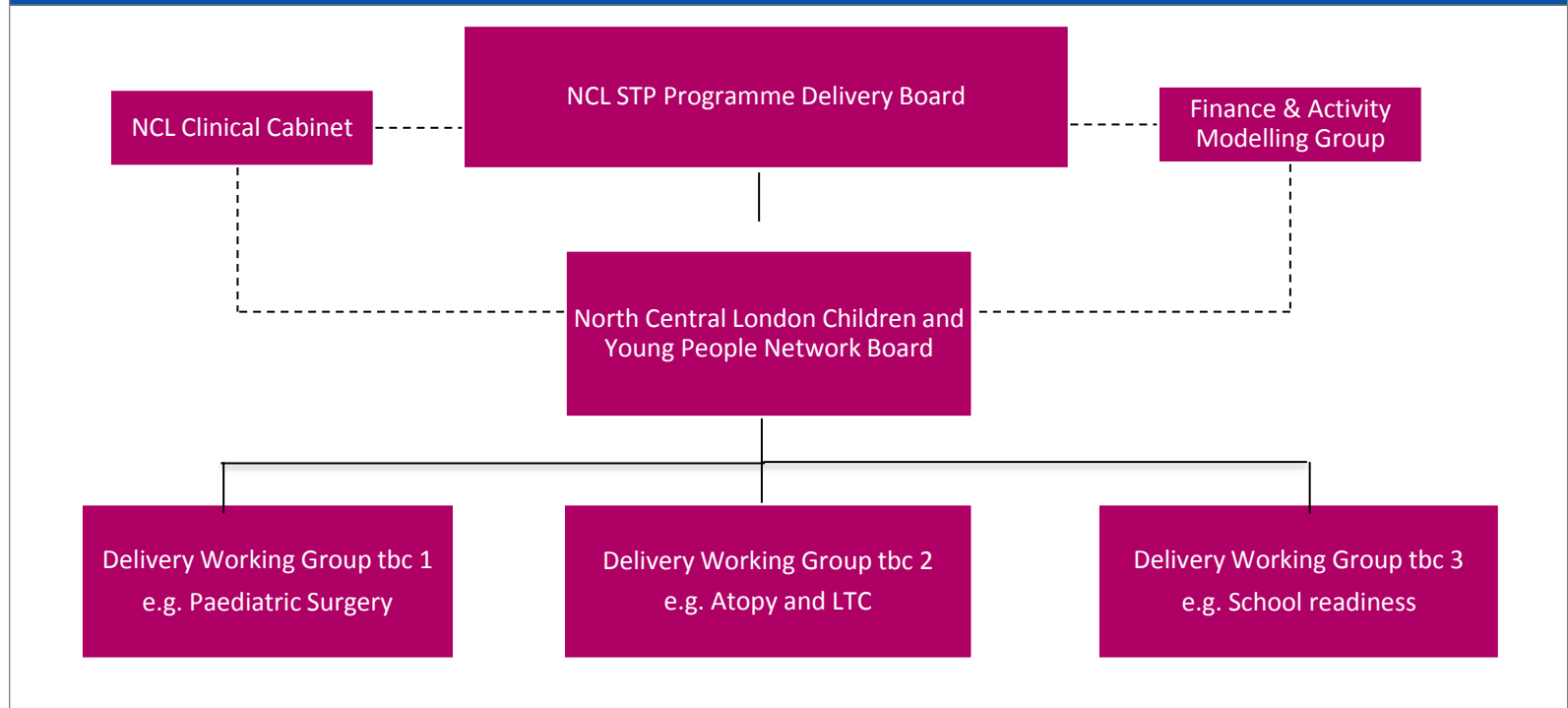
- Improving outcomes for children with **asthma** (and viral induced wheeze)
- Reducing ED attendances and Admissions
- Elective and Emergency Surgical Pathways
- Improving school readiness by 5

Next phase needs to consider what is a ‘true STP workstream’ and what sits under a work programme of the NCL CYP Network Board. The network drives the STP workstream it also is an established forum in its own right.

Background to Network

- Bring multidisciplinary stakeholders together Autumn 2016.
- Mapping exercise of work already taking place. Priorities were based on the QIPP programmes of the CCGs, shared challenges in CCGs and Providers and what felt practical with no dedicated resource.
- STP workstream launched officially in January 2017. Network Board agreed ToR February 2017.
- 3 SROs since Autumn 2016. Initially led by Sarah Price, Chief Officer for Haringey, Public Health Director and a passion for CYP services
- Previously we had both established the NCL maternity network. Drew on this model.

Organisational Structure Chart



Our NCL Asthma work to date (1)

- Fact finding and understanding current picture.
- Data is not reliable – coding issues.
- We asked ourselves what we could do within resource that could lead to change- **Asthma Peer reviews** across 5 acute hospital sites (last one planned 6th December).
- Wider system: primary care, schools and school nursing?
Focus groups
- NCL Network Board 15th December Update
- Reports and action plan. Wider Partnership learning across whole system next year- presentation of findings. Trusts have worked very hard and taken it very seriously.

Our NCL Asthma work to date (2)

- Haringey and Islington Wellbeing Partnership: Structure in place for standardisation and pathways work. Duplication v local delivery vehicle. Asthma Action Group.
- Locally Commissioned Services in some boroughs in NCL. My own personal asthma pledge! Not universal.
- Some excellent good practice but how do we learn from this, scale up, scale back, test and learn? Standardisation
- Re-establish a working group across NCL. Chaired previously by John Moreiras. What is achievable across 5 boroughs e.g. patient information, coding, guidelines. All based on London Standards.

Enablers

- Excellent medical and nursing clinical champions who have a lot of passion and have a vision.
- STP Structures in place.
- Health and Care Cabinet Support from STP.
- New management structure- fresh perspective and centralised resources. Dedicated support
- Royal Free Group- digital paediatric asthma pathway across hospitals and significant investment in this.

Challenges

- Royal Free Group, poses a risk for system working across all of NCL.
- Historical differences in services and investments
- Communications- no coordinated #askaboutasthma campaign despite us having structures in place.
- Organisational support or that of individuals?
- CQUINs? Think creatively how to support secondary care
- Traction and senior buy in- how do we maintain energy and focus and deliver joint pieces of work. Identify quick wins.