

USING DATA TO REDUCE HEALTH INEQUALITIES

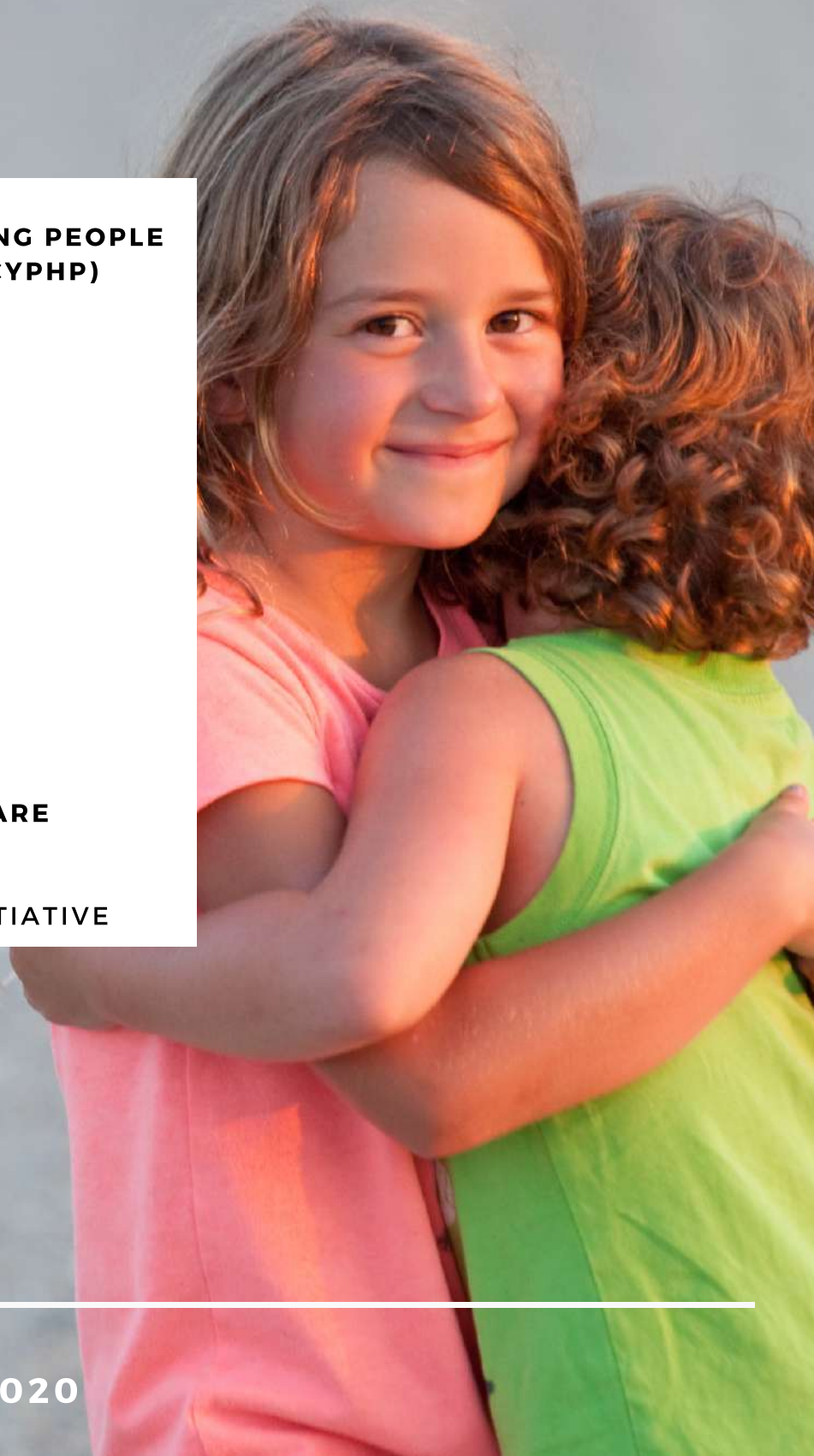
**THE CHILDREN AND YOUNG PEOPLE
HEALTH PARTNERSHIP (CYPHP)**

THE CYPHP MODEL

**GIVING CHILDREN THE CARE
THEY DESERVE**

AN EVELINA LONDON INITIATIVE

SEPTEMBER 2020



WHY WE CREATED CYPHP



THE CONTEXT

The UK has some of the most concerning child health outcomes across high income countries. Many children suffer from poverty, emotional trauma, mental health issues, and physical illness. There is an undeniable interdependence between these problems, which results in them reinforcing each other and many children being unnecessarily sick most of the time. But it doesn't have to be this way. As a community, we can do better to give children the care that they deserve. The CYPHP model aims to do just that.

THE CREATION OF THE CYPHP APPROACH

The CYPHP approach was created in 2013 through a powerful and unique partnership. Evelina London Children's Hospital wanted to develop a new model to deliver smarter care for children and their families. This important work was driven by the belief that children should receive holistic care that is both targeted and preventative, and includes often-overlooked factors such as mental well-being. The ambition was to change the ways of working between hospitals, GP surgeries and specialists by bringing them all together in a 'one team' approach, using research and data to improve care delivery in real time, and offering care in familiar settings.

We built CYPHP as a partnership that brings together like-minded, committed and expert partners who each have an important role to play in delivering children's care. From the beginning, CYPHP combined research with practical, pragmatic changes in the way we deliver care - to make it better. Our journey has afforded important learnings along the way, which we have used to fine-tune the CYPHP approach and make it one of the most effective children's care models in UK. CYPHP currently operates in the London boroughs of Southwark and Lambeth. The CYPHP partnership includes Southwark and Lambeth CCGs and Councils, the South GP Federations, King's College Hospital, and Evelina London Hospital. CYPHP is funded by Guy's and St Thomas' Charity.



THE CYPHP DIFFERENCE



CYPHP APPROACH TO CARE

CYPHP is a simple and effective model of care that targets the families that need health support the most. CYPHP uses existing data to proactively offer support to children who have identified 'tracer conditions,' such as asthma and constipation, and are known to their GP. The CYPHP model delivers holistic care for children - including mental wellness - using a whole child approach to provide expert care close to home. CYPHP's approach gives proactive and preventive care to children with long term (or ongoing or chronic) conditions in a way that reduces health inequalities. These children and young people normally experience some treatment complexity, but do not require hospitalization and therefore should be able to self-manage conditions.

The CYPHP clinical teams offer personalised care to children and families to help them manage their own health with confidence in the partnership of GPs and specialists supporting them when needed, to avoid unnecessary trips to the hospital.

HOW IS CYPHP DIFFERENT?·

- All children are eligible for our care;
- We don't wait for children and their families to come to us, we go to them ·
- We conduct a detailed evaluation of the child's physical, mental and social well-being;
- We offer specialist care that is locally delivered in the setting that children and their families are most familiar with - their local GP or school;
- We empower families to take charge of their own care, instead of being reliant on a system that isn't structured to support them, while allowing them to understand and confidently manage their children's conditions;
- We reduce health inequalities by using existing data to proactively find and support those children and families that need care the most.

OUR MODEL OF CARE



OVERVIEW OF CYPHP

The CYPHP model is delivered via 'CYPHP Health Teams,' which are a multi-disciplinary group of children's healthcare specialists in mental, social and physical health conditions. These teams represent the entire spectrum of expertise needed by children and young people for holistic care, and are responsible for the delivery of care around the tracer conditions of asthma, constipation, eczema, and others. The CYPHP care approach is composed of a five-component process:

- **Early care and intervention** – CYPHP analyses data from GP surgeries to identify children who may benefit from its approach and proactively reaches out to parents. Parents receive an invitation message and/or letter, asking them to visit the CYPHP online portal. Parents may also self-refer - empowering families to take control of their care.
- **Health check assessment** – Parents and children complete a health and wellbeing pre-assessment questionnaire on the portal that includes aspects of physical health, mental wellness, social issues and family wellbeing, to identify needs;.
- **Personalised package of care** – CYPHP uses pre-assessment data and other insights to tailor a package of care, supported by a multi-disciplinary team, specifically to each child including mental health support. The treatment timeline is dependent entirely on the child;.
- **Comprehensive treatment information via a CYPHP Health Pack** – Families receive a health pack relevant to the specific condition of their child. This pack creates and supports health and wellbeing, and signposts local resources;.
- **Child-specific health team support** – CYPHP provides on-going support and care close to home, delivered by a multi-disciplinary team. CYPHP identifies and responds to need for individual children and families, and for populations; Through this unique process CYPHP offers personalised, joined-up and proactive care, which is a game-changer for families tired of having the same conversation with different parts of the NHS system

OUR IMPACT: REDUCING HEALTH INEQUALITIES



IMPACT OF CYPHP

Data collection and analysis are key to the CYPHP process and our partners' values. We've changed the system and introduced routine measurement of health outcomes and quality. This means we can know how good the care is that CYPHP patients are receiving, and we continuously learn and improve. Based on our work to date, our evidence suggests that CYPHP results in an over 60% improvement in children's health outcomes, and these outcomes are clinically measurable. We believe that this is due to the proactive, holistic and personalised nature of the CYPHP approach.

Since we measure holistic needs, we now also know that 26% of patients with a physical condition also score at high risk of mental health difficulties, with the most common being children with asthma (40%), and constipation (20%). These findings are an example, but we believe speak to the fact that a holistic approach should be embraced more widely.

Most importantly, the CYPHP process has proven that reduced health inequalities can be achieved in a cost-effective way, using a population health management approach and MDT care. For example, with asthma, the CYPHP approach achieves cost neutrality at <500 patients per year. Since there are over 8000 children with asthma in our local area, the service quickly delivers value.

For integrated general child health, we have witnessed a 14% reduction in ED, 7% reduction in NEL. The CYPHP approach achieves an overall reduction in service use, with nearly 50% of non-elective admissions and ED attendances avoided per 100 in children with longer-term conditions, as well as a 13% reduction in emergency department contacts and 7% reduction in emergency hospital admissions.

A young girl with blonde hair, wearing a bright pink, short-sleeved, button-down dress, is lying on her back on a dark grey chalkboard. She is smiling and looking towards the camera. Her arms are outstretched to the sides. The chalkboard has a drawing of a rainbow at the top and two clouds on either side of her head. The background is a light green gradient.

LEGACY: ACHIEVING SCALE

These reductions in service use were achieved by assessing only 30% of the eligible population we cover, and then providing care for the children who need it. Our data-driven approach to early intervention approach has meant we've discovered that around 40% of children in the community who have asthma, have symptoms needing care. So we're delivering early intervention to them, which can prevent more serious problems later on.

AMBITION FOR CYPHP

CYPHP has demonstrated that data-driven, integrated care and a population health approach improves the quality of care delivered to children and young people, while also improving their physical and mental health.

The success of the CYPHP model shows that better health outcomes for children are possible, if different parts of the healthcare system work together in new and progressive ways. Our ambition is for the CYPHP approach to be replicated across different parts of London, as well as nationally in the UK, as the leading evidence-based integrated care and population health model for children and young people.



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**THANK YOU FOR YOUR
INTEREST IN THE CYPHP
MODEL OF CARE.**

Join us to
help children
get the care
they deserve!

FOR FURTHER INFORMATION PLEASE CONTACT:

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