INTRODUCTION TO CYPHP

GIVING CHILDREN THE CARE THEY DESERVE

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. They also wanted to incorporate often-overlooked factors, such as mental well-being, into the approach. 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 close to home 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 us important learnings, which we have incorporated to fine-tune the CYPHP approach and make it one of the most effective children's care models in UK. The CYPHP approach is currently available in the London boroughs of Southwark and Lambeth. Our 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.

CYPHP APPROACH TO CARE

CYPHP is a simple and effective model of care for the families that need it most. CYPHP uses existing data to proactively target children with 'tracer conditions,' such as asthma and constipation, who are already known to their GP. Once these children have been further assessed, the CYPHP multi-disciplinary team delivers holistic care - including mental health support. In this way, CYPHP's approach provides preventative care for children with long term (or chronic) conditions and reduces health inequalities. These children and young people normally experience some treatment complexity, but do not require hospitalisation and therefore should be able to self-manage conditions with the right support. Our aim is to provide this support.

The CYPHP clinical teams offer personalised care to children and families to help them manage their own health with confidence in partnership with GPs and specialists supporting them, to avoid



THE CYPHP APPROACH IS PROVEN TO REDUCE HEALTH INEQUALITIES THROUGH A SMARTER USE OF DATA, RESULTING IN A COST-EFFECTIVE, SCALEABLE MODEL.

THE CYPHP APPROACH

DATA-INFORMED CLINICAL CARE



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 wellbeing;
- 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;

OVERVIEW OF CYPHP APPROACH

The CYPHP model is delivered via 'CHPYP 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. This approach is composed of a five-component process:

- Call-recall system 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
- 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.

THE UNIQUE PARTNERSHIP MODEL OF CYPHP ALLOWS IT TO DELIVER CARE THROUGH MULTI-DISCIPLINARY TEAMS LEVERAGING SHARED CLINICAL NOTES.

DELIVERING IMPACT

SCALING THE CYPHP MODEL NATIONALLY

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, and we continuously learn and improve. Based on our work to date, our evidence suggests that our model results in an over 60% improvement in children's health outcomes. We believe that this is due to the proactive, holistic and personalised nature of the CYPHP approach to care.

Since we measure holistic needs, we now 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.

The CYPHP process has also proven that these results 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 8,000 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.

These reductions in service use were achieved by assessing only 30% of the eligible population we cover, and then providing care for the chidlren who need it.



Our data-driven approach to early intervention has revealed that around 40% of children in the community who have asthmas have symptoms needing care. So, we're delivering early intervention to them, which can prevent more serious problems later.

NEXT STEPS

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 population health model for children and young people.

FOR MORE INFORMATION:

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