



**Healthy London  
Partnership**

# **Resources to support transformation of healthcare for children and young people**

**October 2018 (updated March 2019)**

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# Strategic Context – the NHS Long Term Plan

UPDATED

NHS England launched the [Long Term Plan](#), in January 2019. The 10-year plan includes measures to prevent 150,000 heart attacks, strokes and dementia cases, and better access to mental health services for adults and children. The NHS Long Term Plan is a new plan for the NHS to improve the quality of patient care and health outcomes. Alongside this, a high level London plan is also being developed.

In addition, the mayor's draft health inequalities strategy <https://www.london.gov.uk/press-releases/mayoral/mayor-launches-draft-health-inequality-strategy> and work being undertaken within NHS England on health inequalities prioritises health inequalities of children and young people.

The CYP team has produced this resource pack in order to prepare STPs, ICS and CCGs for work around the health of children and young people to respond to the NHS Long Term Plan. This illustrates the many outputs which have been produced by the programme to drive transformation of healthcare in London. These have been categorised around areas of work included in the Long Term Plan. Contact details of team members working on specific areas are included as well as examples of where STPs, CCGs or providers have used these resources.

We hope this will prove useful to colleagues in the NHS, local authorities and the voluntary and community sector. If you have any comments or questions we would appreciate hearing from you. Please contact us via email [hlp.cyp-programme@nhs.net](mailto:hlp.cyp-programme@nhs.net)

# 01

## Data

# Data to support transformation

## Data packs for STPs and CCGs

In 2016, HLP commissioned a set of data packs for each CCG and STP to help describe some of the major issues in the health of their populations. Included is general data describing each clinical commissioning group's (CCG) children and young people populations, larger population groupings and some population health behaviours. Data for north central London is shown as an example below. Links to each pack can be found here:

[North West London](#)

[North Central London](#)

[North East London](#)

[South East London](#)

[South West London](#)

Additional data on a CCG's children and young people population is available from Public Health England.

Fingertips [child health profiles](#)

SUMMARY											
Indicator	year	Barnet	Camden	Enfield	Haringey	Hillingdon	STP	London	CPV	England	
DEMOGRAPHY	Population detailed age breakdown (% under age 2y)	2014	1.4%	1.1%	1.5%	1.5%	1.4%	1.5%	1.4%	1.2%	
	Population detailed age breakdown (% age 1-4y)	2014	5.9%	4.9%	6.2%	5.5%	4.7%	5.6%	5.9%	5.8%	
	Population detailed age breakdown (% age 5-9y)	2014	6.8%	5.4%	7.4%	6.3%	4.9%	6.3%	6.4%	6.0%	
	Population detailed age breakdown (% age 10-14y)	2014	5.8%	4.8%	6.2%	5.6%	4.2%	5.5%	5.4%	5.5%	
	Population detailed age breakdown (% age 15-19y)	2014	3.5%	3.1%	5.2%	4.5%	1.5%	4.4%	4.4%	4.7%	
	Population detailed age breakdown (% age 19-24y)	2014	7.0%	11.1%	7.4%	7.5%	11.3%	8.5%	7.8%	8.7%	
	% White British (under 18 yrs)	2011	56.9%	49.7%	49.7%	47.7%	49.1%	51.3%	46.6%	49.7%	78.5%
	% Mixed multiple (under 18 yrs)	2011	10.1%	13.1%	10.9%	13.9%	14.9%	12.1%	10.5%	10.7%	5.2%
	% Asian British (under 18 yrs)	2011	16.3%	17.9%	10.5%	8.2%	8.9%	12.5%	19.8%	15.2%	10.0%
	% Black African/Caribbean (under 18 yrs)	2011	10.9%	15.4%	23.3%	25.2%	22.9%	19.1%	19.1%	20.7%	5.0%
	% Other (under 18 yrs)	2011	5.7%	3.8%	5.6%	5.0%	4.7%	5.1%	4.0%	3.7%	1.3%
	Deprivation (% of children living in poverty)	2013	15.8%	22.6%	15.1%	24.9%	17.6%	23.7%	23.8%	23.5%	18.6%
Autism spectrum disorder (% of school pupils)	2013	0.8%	0.6%	1.1%	0.8%	0.9%	1.0%	0.9%	1.0%	0.9%	
Learning disabilities prevalence (rate per 1000, school age)	2014-15	16.9	15.8	21.2	26.8	40.1	22.4	24.9	27.0	32.4	
estimated asthma popn (based on national prevalence rates)	2014	8798	4414	8200	5977	3910					
estimated diabetes popn (based on national prevalence rates)	2014	147	74	137	100	65					
estimated LTC popn (based on national prevalence rates)	2014	13197	6622	12300	8965	5864					
MORTALITY	neo-natal mortality (<28 days) crude rate per 1,000 live births	2014	1.0	2.2	1.5	2.0	2.4	1.7	2.1	2.4	
	Infant mortality rate (<1 yr)	2012-2014	2.2	2.9	4.0	3.0	2.6	3.0	3.6	3.9	
	Transport injury mortality (0-15 years) per 100,000 population	2012-14	32.0	6.9	23.9	18.9	19.3	15.1	14.9	16.7	
ASTHMA	Asthma admissions per 100,000 (<18y)	2014/15	135.5	169.9	219.1	170.0	178.1	166.5	206.9	211.2	
	Asthma admissions per 100,000 (age 3-19y)	2014/15	157.1	229.4	253.0	218.1	352.3	228.2	262.5	273.4	
	% children with asthma that have asthma plans	2015	54%	50%	48%	46%	51%	50%	47%	46%	
	% CYP with asthma (5-18) who made a request for an emergency inhaler prescription	2015	21%	25%	30%	26%	31%	26%	25%	26%	
	% CYP with asthma assessed for inhaler technique	2015	64%	67%	69%	67%	68%	67%	67%	68%	
	% CYP with asthma having flu vaccination	2015	31%	31%	34%	30%	40%	33%	33%	36%	
	Smoking prevalence (% amongst children (age 15))	2014/15	8.7%	7.1%	8.5%	8.9%	9.4%	5.8%	6.3%	6.4%	
	Flu vaccinations age 2-4 all groups	Sep 15 to Jan 16	27%	29%	24%	26%	20%	25%	26%	28%	
	Flu vaccinations age 2-4 in at risk groups	Sep 15 to Jan 16	43%	42%	39%	36%	38%	40%	41%	44%	
	Estimated asthma population (15-18 years) based on national prevalence rates	2014	6045	2989	5083	4095	2592	40%	41%	44%	
MENTAL HEALTH	Tier 4 admissions per 100,000 population	2012	73.9	79.3	79.3	75.3	76.7	76.7	76.9	78.3	
	Self harm hospital admissions age 10-24 per 100,000 population	2010/11 - 12/13	226.9	143.0	156.2	191.7	248.6	184.5	204.8	210.7	
	Warwick Edinburgh Mental Wellbeing scores	2014/15	48.9	47.9	48.4	48.0	48.0	48.3	47.8	47.7	
	% school pupils with social/emotional/MT needs	2014	2.8%	2.0%	2.7%	2.6%	2.8%	2.4%	2.1%	2.2%	
	Emotional wellbeing of looked after children: % assessed	2014	99.0%	96.0%	96.0%	94.0%	71.0%	77.5%	79.2%	72.9%	
	Emotional wellbeing of looked after children: % considered "of concern"	2012/13	31.0%	37.0%	32.0%	39.0%	44.0%	34.2%	35.2%	36.1%	
SURGERY	% of children (<5 yrs) with tooth decay	2012	25.0%	36.3%	13.9%	36.0%	30.4%	34.7%	38.2%	26.6%	
	Rate of hospital admission for dental caries	2012/13 - 14/15	205.4	481.3	411.4	611.4	481.1	407.3	551.3	515.8	
	Admission for torsion of testis procedure per 100,000 pop (0-18)	2014/15	4.5	2.3	3.7	3.3	5.1	3.8	5.1	5.9	
	Admission for appendectomy per 100,000 population (0-18)	2014/15	80.7	54.4	81.7	78.6	63.9	74.8	77.8	86.5	
	Tonsillectomy operations per 100,000 population aged 0-18	2014/15	133.0	108.7	219.5	133.8	135.6	152.7	134.4	144.7	
GENERAL HEALTH	All admissions (under 18) per 1000 population	2014/15	137.6	102.4	162.2	157.7	137.2	140.1	122.4	126.5	
	Emergency admissions (under 18) per 1000 population	2014/15	51.6	41.4	75.2	68.5	62.9	61.0	54.2	60.9	
	All Emergency infant admissions (<1 yr) per 1000 population	2014/15	232.7	173.4	489.6	383.9	231.6	319.9	216.6	263.3	
	% of A&E attenders (under 18) admitted via A&E	2014/15	9.2%	10.3%	13.9%	15.4%	13.9%	12.4%	12.7%	13.6%	
	% of A&E attenders (infants <1yr) admitted via A&E	2014/15	15.9%	12.5%	36.5%	33.9%	18.3%	25.0%	18.7%	22.4%	
	Emergency infant (<1 yr) average length of stay	2014/15	1.9	1.9	1.8	1.8	1.6	1.8	1.8	1.4	
	A&E attendances (infants <1yr) per 1000 population	2014/15	393.7	905.0	1180.5	1051.6	989.8	1063.8	990.1	899.3	
	A&E attendances (age 1-4) per 1000 population	2014/15	692.7	510.9	767.2	663.6	589.0	661.1	602.2	563.3	
	A&E attendances (age 5-17) per 1000 population	2014/15	400.4	315.9	422.5	373.3	361.3	384.6	344.3	335.1	
	A&E attendances (age 1-19) per 1000 population	2014/15	678.7	379.4	609.2	670.8	429.0	461.2	417.1	402.7	
	A&E attendances (age 19-15) per 1000 population	2014/15	634.0	433.7	609.2	670.8	484.9	554.2	524.8	479.5	

# 02

## Children and Young People's Mental Health

For further information contact [Andy.Martin3@nhs.net](mailto:Andy.Martin3@nhs.net)

Based on the national survey (2018), at least **one in 8 CYP aged five to nineteen have a diagnosable mental disorder.**

**Half of all mental health problems manifest by the age of 14, with 75% by the age of 24.**

**34.9% of young people aged 14 – 19 identifying as lesbian, gay bisexual, or another sexual identity have a mental disorder, significantly higher than those identifying as heterosexual (13.2%).**

**Between one in twelve and one in fifteen CYP will deliberately self-harm.**

**Around half of all CYP who attempt suicide fail to receive follow-up mental health treatment. Of those who do get care, up to 77% don't properly complete their outpatient treatment.** There is accumulating evidence that non-adherence to follow up is a predictor of poor outcomes not only in terms of repeated self-harm and suicide but also in a variety of other psychosocial outcomes.

**Of the 145 suicides by CYP in England from January 2014 to April 2015, more than half (54%) had previously self-harmed.**

# Resources to support CAMHS transformation

UPDATED

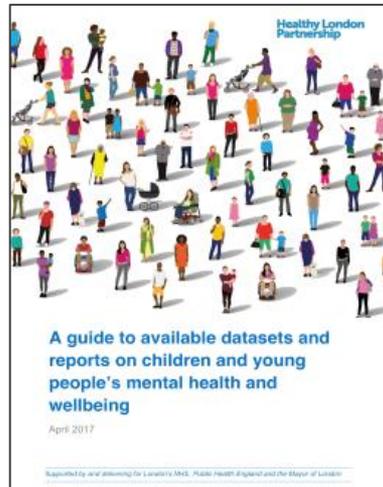
HLP has concentrated its efforts around areas highlighted in:

- [Future in Mind](#)
- [Five Year Forward View for Mental Health.](#)

This includes **supporting CCGs** to draft and refresh their [CYPMH Local Transformation Plans for CAMHS](#) since 2015/16 with:

- **Study club teleconferences** on particular topics
- **LTP refresh resources** \*
- **Shared Learning Event** (June 2018)
- **CYP Mental Health Deep Dive** (Dec 17) – a high level overview of CYP mental health initiatives in London and nationally. \*

\* - available on request



## Datasets to support planning

*A guide to available datasets and reports for children and young people on mental health and wellbeing. The guide signposts the information and resources to support commissioners, hospital trusts and clinicians.*

<https://www.healthylondon.org/wp-content/uploads/2017/11/Guide-to-available-datasets-and-reports-for-children-and-young-people-April-2017.pdf>

## Commissioning guide: Clinical outcomes for service improvement

*Developed in collaboration with the Children and Young People's Improving Access to Psychological Therapies (IAPT) London & South East Learning Collaborative. It looks at outcome measures that may be meaningful and realistic for commissioners of CYP mental health services.*

<https://www.healthylondon.org/wp-content/uploads/2017/11/Using-clinical-outcomes-for-service-improvement.pdf>

**We have also published a resource to support voluntary sector organisations to flow data to the Mental Health Services Dataset (May 18) and published a rapid audit in relation to achieving the CAMHS access standard (September 18). Both of these resource are available on request.**

Welcome to the London Mental Health Dashboard



The [London Mental Health Dashboard](#) seamlessly brings together a wide range of sources, creating a one-stop data shop that is a reliable and timely resource for mental health. It is a transformational tool that aims to monitor and support the main strategic priorities of London's mental health system.

The dashboard launched in October 2016. Data within the dashboard is updated quarterly. It shows individual clinical commissioning group (CCG) and trust positions and enables profiling at sustainability and transformation planning (STP) level. Users can see individual positions set against London and national averages.

**The LMHD currently contains 20+ CYPMH metrics (as at February 2019):**

- Trust level (8)
- CCG level (12)
- Ambulance - all age (6)

CAMHS Tier 4 data will be included in the London Mental Health Dashboard shortly.

1

[Guidance](#)  
published:  
October 2016

2

[CCG self-  
assessment](#)  
published:  
July 2017

3

Peer review  
process and  
[Summary  
report](#)  
published:  
Dec 2018

4

Next steps:  
STP action  
plans for CYP  
Board  
Approval



Our guidance supports the development of accessible, consistent and effective care for CYP experiencing a mental health crisis in London. It contains **7 recommendations** for commissioners/providers to implement to improve care for CYP with mental health crisis.

The guidance has been used to undertake a large scale peer review (9 visits) of all the crisis pathways for CYP in London during 2017/18. The peer review process was supportive providing positive feedback and recommendations for development. Our summary report provides an overview of the findings. The programme will be working with STPs to develop action plans to meet the recommendations.

## Feedback from a commissioner in NCL has included:

The Crisis Care Peer Review was incredibly helpful. The preparation for the review and the process of stakeholders preparing and reflecting on local services and pathways focused our thinking in a way we had not done previously across NCL. The recommendations were framed supportively whilst providing challenge and have provided us with a focus to ensure we further develop local crisis care services.

HLP have undertaken a self assessment of Community Eating Disorder Services (against the [Access and Waiting Time Standard for Children and Young People with an Eating Disorder Commissioning Guidance](#) . Our [summary report of the self assessment](#) (August 2018) found that although some improvement had been made across the 7 CEDS following the first self-assessment undertaken in January 2017, further improvement is required to meet the standard.

Provider self-assessment 2018								
Provider	Statement areas/themes							
	Co-morbidities management	Needs and provision	Evidence based care	Community model	NICE Concordant treatment standard	Engagement with CYP, families/ carers	Demonstration of evidence based care	Transition and partnership working
<b>NELFT</b>	Same rating: No changes	Maintained full compliance	Same rating: No changes	Same rating. Comments: No additional investment to meet additional demand	Same rating: No changes	Same rating: No changes	Improved. Comments: Contract negotiations underway; QNCC self review completed	Same rating: No changes
<b>CNWL</b>	Improved. Comments: Protocols/ care pathways now in place; relationships with paed, and CAMHS improved	Improved. Comments: Needs assmt starting, baseline of provision done	Moved to full compliance	Same rating. Comments: Improved understanding of local need	Maintained full compliance	Improved. Comments: Self referral; intensive 3 x per week support in place	Improved. Transitions CQUIN in place, evaluating impact started.	Improved. Comments: Training been delivered to schools; liaison protocols with paed.
<b>WLMHT</b>	Same rating. Comments: Care pathways/protocols now in place	Maintained full compliance	Same rating. Comments: Training with a range of professionals completed	Moved to full compliance: Fully staffed	Same rating. Comments: Improved compliance with waiting standard	Same rating. Comments: Duty system improved	Improved. Comments: CQUIN not needed as meeting standard; team training complete	Same rating. Comments: NMoc now in place
<b>Royal Free</b>	Same rating. Comments: Dropped rating on standardised assessment tool and links with CAMHS	Maintained full compliance	Same rating. Comments: CCGs do not wish self referral to be in place; Improved links with schools	Moved to full compliance	Same rating. Comments: Not meeting routine RTT	Same rating. Comments: CCGs do not wish move to self referral	Same rating. Comments: Not members of QNCC-ED	Maintained full compliance
<b>SLAM</b>	Maintained full compliance	Maintained full compliance	Maintained full compliance	Maintained full compliance	Same rating. Comments: Not offering guided self help	Same rating. Comments: Continue to be unable to offer drop in due to lack of space	Same rating. Comments: Have recently joined QNCC-ED; CQUIN funding remains unclear	Maintained full compliance
<b>SWL StG</b>	Same rating. Comments: Some care pathways with outreach team	Fallen. Comments: Commissioned provision not able to meet demand	Fallen. Comments: No commissioning support for self referral	Same rating. Comments: Workforce needs to increase to meet increased demand	Same rating. Comments: More supervisory capacity needed; improved ability to respond to emergencies	Fallen. Comments: Commissioners have not agreed self referral; improved signposting	Same rating. Comments: CQUIN in place; evaluation in place	Same rating: No changes
<b>ELFT</b>	Same rating. Comments: Improved paed relationships and with GPs	Same rating. Comments: CYP now on recruitment panels; demand exceeding planned capacity	Moved to full compliance	Maintained full compliance	Maintained full compliance	Same rating. Comments: Home treatment more limited due to demand	Same rating. Comments: Team now had national training; joined QNCC-ED	Same rating. Comments: Developed protocol with paed using MARSIPAN

HLP have established a Community of Practice Group with clinical representatives from each of the CEDS to share learning, good practice and develop joint initiatives (referral form).

HLP have developed [CYP Eating Disorders Guidance for Primary Care Professionals](#) which summarises the Access and Waiting Time Standard and NICE guidelines.

HLP are working collaboratively with **BEAT** to circulate this guidance via post to all general practices in London during February 2019 as well as electronically. The guidance will also be developed for school professionals. Key messages from the guidance will also be shared during **Eating Disorders Awareness Week** (February 2019),

## Children and young people with eating disorders

Guidelines for primary care professionals

These guidelines share advice about spotting the signs of eating disorders and when to refer children and young people to the community eating disorders service (CEDDS) for specialist outpatient support.

**Healthy London Partnership**  
healthylondon.org

**CONSENT:**

- Are both the young person & parent(s) aware of this referral?
- Who has given consent to this referral?

**Remember to refer ALL suspected children and young people with eating disorders to your local CEDS**

- History of weight loss (> 1kg a week for 2 consecutive weeks) or failure to gain weight
- If no weight available has clothes size changed?
- Have parents noticed weight loss?
- How long has the young person been trying to lose weight & what have they tried?
- If they are bingeing, vomiting, using laxatives, how often in a week?
- How much are they currently eating & drinking?
- Are they over exercising?
- If appropriate, when did they last have a menstrual cycle?
- Any risks?

**Include the physical exam**

- Weight and height
- BP and pulse (sitting and standing)
- Temperature
- Send for blood tests at same time as referral: FBC, U+E's, LFT, ESR, TFT, bone profile, Calcium, Magnesium
- **DO NOT DELAY REFERRAL WAITING FOR RESULTS!**

**When to refer**  
Refer ALL Children and Young People with a suspected eating disorder to your local CEDS

- Anxiety about gaining weight - behaviours to lose weight that are more than a "beanage diet" such as extreme restricting or frequent bingeing
- Low, normal or overweight with the above behaviours
- Fainting, dehydration and confusion

**Timescales**

- Urgent assessment will be within 5 days
- 15 days if routine NICE concordant treatment within 28 days (note this is primarily family based treatment rather than individual)

**RED FLAGS**  
Phone your local CYP CEDS immediately

- not eating and fluid refusal for more than 24 hours
- cardiovascular compromise and fainting
- BMI <13; under 0.2nd centile
- BP <0.4th centile
- Pulse <40 bpm sitting and standing/postural drop
- Temperature <35°C
- Weight loss > 1kg a week for 2 consecutive weeks

## Eating disorders. Know the first signs?

**Lips**  
Are they obsessive about food?

**Flips**  
Is their behaviour changing?

**Hips**  
Do they have distorted beliefs about their body size?

**Kips**  
Are they often tired or struggling to concentrate?

**Nips**  
Do they disappear to the toilet after meals?

**Skips**  
Have they started exercising excessively?

**General enquiries**  
Unit 1, Chalk Hill House, 19 Rosary Road, Norwich NR1 2Z  
0200 123 3355 | [beateatingdisorders.org.uk](mailto:beateatingdisorders.org.uk)  
[info@beateatingdisorders.org.uk](mailto:info@beateatingdisorders.org.uk)  
[@beateatingdisorders](https://www.facebook.com/beateatingdisorders) | [@beateatingdisorders](https://www.instagram.com/beateatingdisorders)

**Online support**  
Visit [beateatingdisorders.org.uk](http://beateatingdisorders.org.uk) for information about eating disorders, message boards, online support groups and one to one chat.  
Use [help@beateatingdisorders.org.uk](mailto:help@beateatingdisorders.org.uk) to find services in your area.  
[@beateatingdisorders](https://www.facebook.com/beateatingdisorders) | [@beateatingdisorders](https://www.instagram.com/beateatingdisorders)

Beat is the UK's eating disorder charity. We are a champion, guide and friend for anyone affected by an eating disorder.

LONDON COMMUNITY EATING DISORDER SERVICES	CONTACT
Central North West London NHS Foundation Trust (CNWL)	020 3315 3369
East London NHS Foundation Trust (ELFT)	020 7426 2556
North East London NHS Foundation Trust (NELFT)	0300 555 1216
Royal Free London NHS Foundation Trust	020 7794 0500 ext 39930
South London and Maudsley NHS Foundation Trust (SLAM)	020 3228 2545
South West London and St George's Mental Health NHS Trust (SWLSTG)	020 3513 6793
West London NHS Trust	020 8354 8160

**For more referral information:** [helpfinder.beateatingdisorders.org.uk/referr](http://helpfinder.beateatingdisorders.org.uk/referr)

**Help for adults**

Helpline: 0808 801 0677

Email: [help@beateatingdisorders.org.uk](mailto:help@beateatingdisorders.org.uk)

**Help for young people**

Youthline: 0808 801 0771

Email: [t.yep@beateatingdisorders.org.uk](mailto:t.yep@beateatingdisorders.org.uk)

*A joint project between Healthy London Partnership and the Greater London Authority*

## In December 2018 we published a range of resources:

- [Mental Health in Schools Toolkit](#) which contains a wide range of information and guidance on how to promote emotional wellbeing and mental health within schools for school leaders and staff, health care professionals and commissioners.
- [Baseline mapping report](#) which gives an overview of a survey of services for children in schools through local authority, CCGs and Mental Health Trusts to support better understanding of the current position across London.
- [Young Minds \(Amplified\) report](#) which gives an overview of engagement with young Londoners to see what support they would like to see in schools in the future.

The screenshot shows the 'Schools mental health toolkit' website. At the top, there is a navigation bar with 'Our work', 'Get Healthy', 'About', 'Resources', and 'Latest'. A search bar is on the right. Below the navigation, the page title is 'Schools mental health toolkit'. A welcome message states: 'Welcome to the Mental Health in Schools Toolkit. It has been developed in partnership with the Greater London Authority. Supporting children with their emotional wellbeing and mental health is a growing priority for health services and for schools. We encourage school leaders and staff, health care professionals and commissioners to use the toolkit for a wide range of information and guidance on how to promote emotional wellbeing and mental health within schools.' The main content area features a grid of 12 icons, each with a label: 'Contents', 'Whole school approach', 'Gov guidance & key docs', 'Links and key resources', 'Practice examples', 'Commissioning', 'Involving pupils', 'Training & support for staff', 'Teaching resources', 'Digital support for young people', 'Risk management', 'Special education & disabilities', 'Healthy Schools London', 'Schools mental health leads', and 'Acknowledgements'. At the bottom, there are logos for 'MAYOR OF LONDON', 'NHS England', 'LONDON COUNCILS', and 'Public Health England'.

# CYP Mental Health Training Compendium



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Home Our work ▾ Get Healthy ▾ About ▾ Resources Latest ▾

Search



Healthy London > Resources > Children and young people's mental health training resources compendium

## Children and young people's mental health training resources compendium

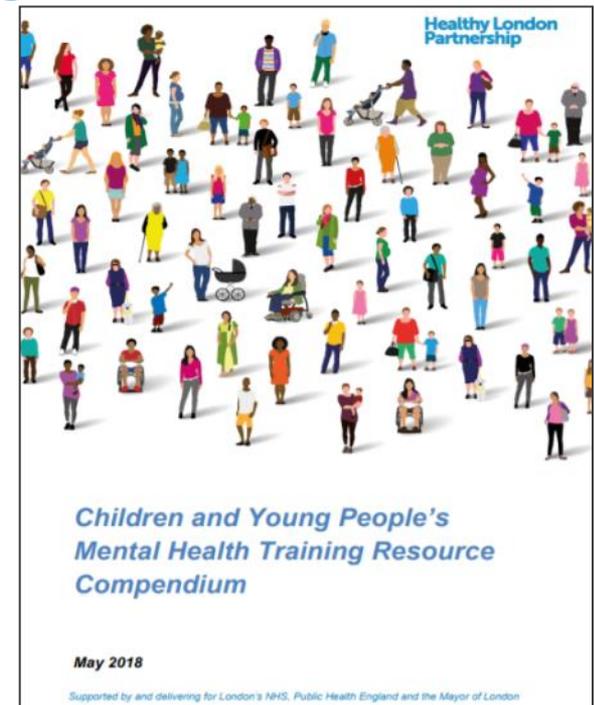
*An overview of training resources and additional opportunities available to the mental health system in London relating to children and young people's mental health.*

The aim of this compendium is to provide an overview of available training resources and opportunities relating to children and young people's mental health on offer to the mental health system in London. The compendium provides a summary of each training resource, indicates who the training resource would be suitable for, the availability (online or face to face) and an indicative cost.

<https://www.healthylondon.org/wp-content/uploads/2018/05/HLP-CYP-Mental-Health-Training-Compendium-May-18.pdf>

### Since publication:

- HEE have approached the CYP programme to develop a national version of the compendium.
- The Charlie Waller Memorial Trust have been approached directly by schools to provide training following inclusion in the compendium.
- Other providers have asked to be included in future revised versions.



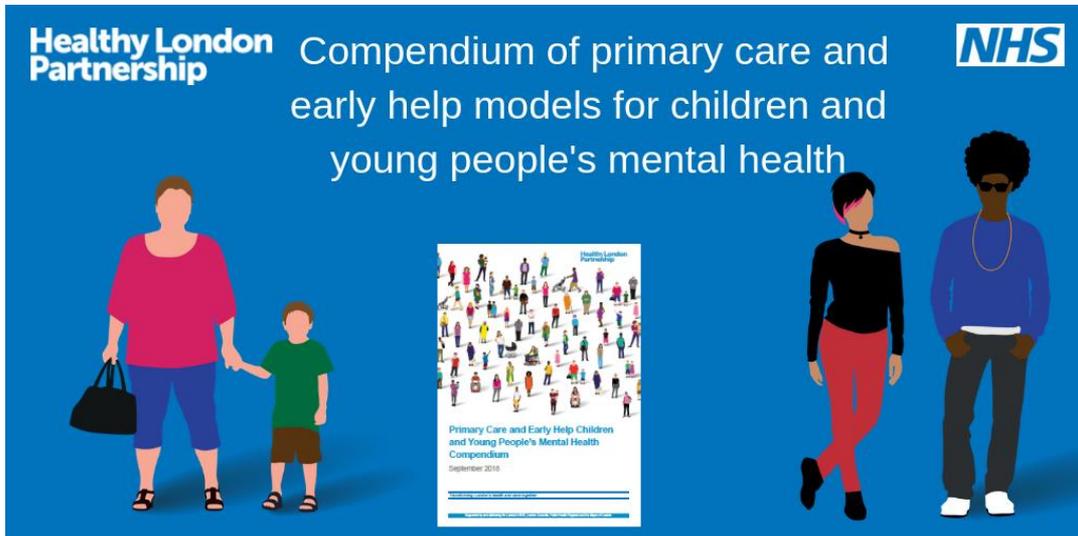
### The Met Police Central Mental Health Team have said:

*"The CYP training compendium has been an invaluable resource for the MPS central MH team. Navigating the different services and voluntary organisations involved in CYP support can be more than a little disorientating and the compendium helped us know who to approach when trying to arrange MH awareness training for schools officers. Indispensable for multi-agency working."*

# Primary care – CYP mental health

## Primary care and early help children and young people's mental health compendium

A collection of good practice examples of how primary care and early help enhances the care for children and young people with mental health problems. It showcases models that professionals in London and across England felt were effective, innovative and supported by evaluation data where available. There is a one-page summary of each model, including the type of service and contacts who can provide greater detail. All models, submitted via a survey, focus on integrated working across the local system, reducing fragmentation and gaps, facilitating easy access and clear pathways.



## Summary of a review of the literature

UCLPartners undertook a literature review, it includes:

- 51 primary studies
- six reviews
- one tool

Thirty-eight of the primary studies describe service delivery or organisation models, pathways or commissioning with or without an evaluation.



Scoping review of studies on service delivery and organisation of mental health interventions for children and young people

**Review question**  
For children and young people (CYP) with mental health problems, are there specific approaches to service organisation and the delivery of evidence-based interventions in primary care that evaluate the impact on user satisfaction with services, service delivery (e.g. access) and service outcomes (e.g. identification, uptake, use of services)?

Primary care was considered to include general practitioners (GPs), community settings, and schools.

**Methodology**  
This review was conducted over three weeks in January 2018. The search for relevant studies was limited to those conducted in the UK and Ireland, written in English language, and published in the year 2000 and after. All studies relating to specific models, pathways, commissioning, or services relating to CYP mental health interventions in primary care were included. Only a selection of studies deemed most relevant on contextual aspects relating to the review question, such as CYP's experiences with appointments relating to mental health in primary care, were included.

**Sources**  
A formal search was conducted of MEDLINE<sup>1</sup> and Cochrane<sup>2</sup> databases using the search terms in appendix 1A and 1B. Additionally, the reference lists of key documents on CYP mental health were screened (DH & DfE 2017; Independent Mental Health Taskforce 2016; Mental Health Foundation; NHSE 2015; NHSE 2016; Taggart 2016; The British Psychological Society). Of included studies and reviews (Aciri et al. 2017; Bower et al. 2001; Cooper et al. 2016; Eiraldi et al. 2015; Reardon et al. 2017; Shepperd et al. 2009; Vostanis et al. 2010) identified via the database and manual search, all reference lists of included studies and studies citing included studies were screened for additional relevant studies. Finally, a Google Scholar<sup>3</sup> search (appendix 1C) with different search strings was used to identify further studies.

**Results**  
Fifty-one primary studies, six reviews, and one tool were included in this review. Included studies were published between 1999 and 2017. Thirty-three of included studies were conducted in England, seven in Ireland, five in Wales, two each in Scotland and Northern Ireland, and one each across several locations within the UK, and England and Ireland. Thirty-eight of included primary studies describe service delivery or organisation models, pathways or commissioning with or without an evaluation.

**1.0 CYP mental health services in primary care – perspectives from CYP and staff**  
**1.1 CYP and families**  
In a qualitative study with young people, Biddle et al. (2006) found that most CYP do not recognise GPs as a source of help for mental distress and find that they lack relevant training in mental health. CYP reported that GPs may be dismissive of those with mental distress and thought antidepressants were the most likely outcome of consultation. As a result, CYP largely avoided GPs for problems with their mental health (see also Leavey et al. 2010). Similarly, Corry and Leavey (2016) found that adolescents do not trust their GPs who were perceived as impersonal and

<sup>1</sup> Ovid Medline ( ) includes: Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present.  
<sup>2</sup> Cochrane library ( ) http://online.lww.com/cochrane/brary/search/  
<sup>3</sup> https://scholar.google.co.uk/

During 2018/19 the HLP CYP Programme has received additional funding from NHS England and Health Education England for the following projects. Outputs from these projects will be circulated during 2019.

## **CYPMH Workforce Strategy:**

Develop and deliver a strategy for CYP mental health workforce for London aligned to the STP Mental Health Workforce Plans.

## **Mental Health in Schools:**

Supporting development of Trailblazer and non-Trailblazer sites by connecting teams, sharing best practice and disseminating learning.

## **CYPMH Commissioning Leadership Development Programme:**

Develop and roll out a CYPMH focused commissioning leadership development programme for commissioners across CCGs and Specialised Commissioning.



## **CYP Urgent and Emergency Care Leadership Development Programme:**

Develop a London-wide 'applied' systems leadership training programme for the urgent and emergency care (UEC) children and young people's (CYP) community, delivered in each STP area, to improve outcomes for CYP with urgent and emergency mental and physical health needs. This will include a masterclasses on certain topics areas including [We Can Talk](#) training.

# Learning Disability/Autism Spectrum Disorder



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**Healthy London Partnership  
Children and Young People's  
Programme**

**A case for change for children and young  
people with autism spectrum disorder and  
recommendations for London**

---

**Ashleigh Harvey**  
Project Manager/MTS Trainee

October 2017

We have also supported hospital trusts interested in implementing a learning disability surgery pathway protocol (available on request) and have held a series of workshops at:

- The Royal London Hospital
- University College London Hospital
- Royal Free London
- Kings College Hospital

Other hospitals have been supported by other means.

Our case for change will be on our website shortly but is available upon request.

# 03

## Asthma

For further information contact [Sara.Nelson@nhs.net](mailto:Sara.Nelson@nhs.net)

# Facts and figures

Healthy London Partnership



## Children and Young People with asthma in London

There are **2,046,000** children under the age of 18 in London.

**10%** have asthma

**204,600** of children and young people have asthma in London

**3** children in a class of **30** will have asthma

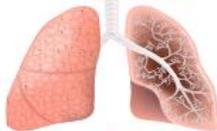
**23%** of children and young people with asthma live with someone who smokes



### IMPACT

**12**

deaths per year of children under the age of **19 years** in London



**25%**

of children and young people with asthma had to make an emergency inhaler request last year

**4,255** unplanned hospital admissions per year for children and young people with asthma



**75%** are avoidable

**70%** of children had an inhaler technique assessment in the last **12 months**



**64%** have a spacer device

**36%** of children with asthma had flu jab or nasal spray



**48%** had asthma management or wheeze plan

Healthy London Partnership



## London's ambitions for asthma care for children and young people

Each organisation (primary and community care, acute care, pharmacy, schools) will have a clear named lead who will be responsible and accountable for asthma (which includes children and young people) and the delivery of the following:

### As a child with asthma:

#### PROACTIVE CARE



I should have access to a named set of professionals working in a network.



I will be supported to manage my own asthma so I am able to lead a life free from symptoms.



I will grow up in an environment that is clean air that is smoke free.



I will have access to an environment that is rich with opportunities to exercise.

#### ACCESSIBLE CARE



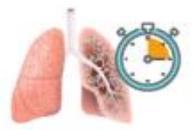
I will have my diagnosis and severity of wheeze established quickly.



I will have prompt access to my inhaler device and other medicines and asthma care and advice everywhere I go.



I will have access to immediate medical care, advice and medicines in an emergency.



I will have access to high quality, evidence based care whenever I need it.

#### CO-ORDINATED CARE



My carer and I will know how to manage my asthma with the help of a written asthma management plan.



I will have a regular structured review



I will have a package of care which meets all my needs including my educational health and well-being.



I will expect all professionals involved in my care will share clinical information to ensure my care is seamless.



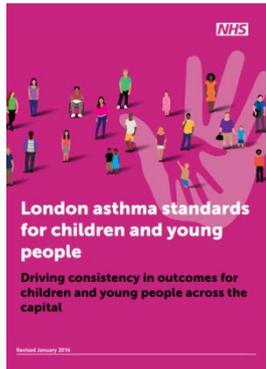
I will move safely into adult services when I grow up.

# Asthma ambitions, standards and toolkit

Nursing  
Times  
Awards  
2017  
Finalist



The **London asthma ambitions** describe what a child or young person with asthma should expect in relation to their care. They can be found and downloaded [here](#)



The **London asthma standards** bring together the aspirations for London, the NICE Asthma standards, British Thoracic Society guidelines and a number of other key resources into one document. They were developed by Healthy London Partnership and incorporate standards from the Royal College of Physicians, British Thoracic Society, Royal College of Anaesthetists, and Asthma UK. The standards can be accessed online [here](#) These have been included as a NICE shared learning example

**London asthma toolkit** Contains eight sections designed to help commissioners, providers, parents, carers and children and young people with asthma to deliver London's asthma ambitions and asthma standards available online [here](#). This includes new guidance available on [peak flow measurement](#) and new e-learning resources on [children's asthma from Education for Health](#), [asthma for non-specialists](#), and [difficult asthma](#) (being updated).



This toolkit is endorsed by the Royal College of General Practitioners (RCGP) and the Royal College of Physicians (RCP).



Parents and carers



Pharmacy



Primary and community care



Commissioners



Hospital care



Acknowledgements and references



Watch



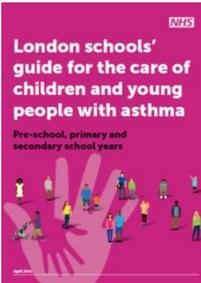
Schools



Endorsed by the Royal College of General Practitioners (RCGP) and the Royal College of Physicians (RCP).

NEW

# Support for asthma in schools



Healthy London Partnership in conjunction with the asthma friendly team in Islington produced a document to enable schools to manage children and young people with asthma effectively in the pre-school, early years, primary and secondary school setting available [here](#)

Cited by Croydon Observatory <https://www.croydonobservatory.org/wp-content/uploads/2018/03/Health-of-Croydons-school-aged-children-data-report.pdf>

Specific advice on the supply of inhalers to schools is online [here](#), along with information on how to become an [Asthma friendly school](#)



A new [scheme](#) providing state schools in Wandsworth and Merton with emergency asthma kits is being rolled out by St George's Hospital NHS Trust.

NEW

## [Designing our Tomorrow](#) (DOT) Asthma challenge

DOT is an initiative that puts authentic challenges at the heart of technology lessons in school. We set the challenge for students to design a packaging solution that will help co-ordinate the initial treatment for young asthma patients, to put the patient and their carers on the right path to controlling what is typically a long-term condition

Press article <http://www.elystandard.co.uk/news/ely-students-challenge-1-5702788>

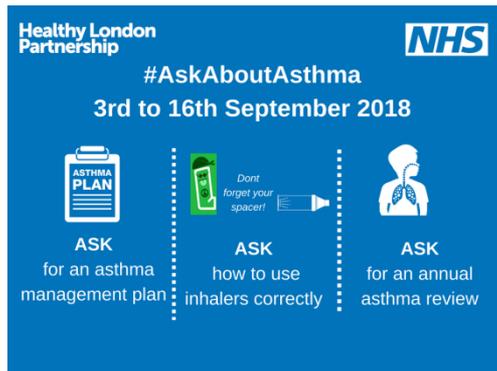
Blog from DOT team: <https://www.healthy london.org/breathing-new-life-asthma-treatment/>

<http://www.eng.cam.ac.uk/news/breathing-new-life-asthma-treatment>

Blog from teacher at winning school <http://whs-blogs.co.uk/teaching/designing-tomorrow-journey-year-27/>



# #AskAboutAsthma



Healthy London Partnership **NHS**

#AskAboutAsthma  
3rd to 16th September 2018

**ASK**  
for an asthma management plan

**ASK**  
how to use inhalers correctly

**ASK**  
for an annual asthma review

*Don't forget your spacer!*

The [AskAboutAsthma](#) campaign has run 2017 and 2018. A communications toolkit for key stakeholders has been developed and is available [here](#).

[The Mayor](#) has offered to support the campaign.



Healthy London Partnership **NHS**

#AsthmaRapChallenge  
#AskAboutAsthma

**KEY CHANGES**  
promoting positive mental health through music

[Asthmarapchallenge](#) – we worked with [Key Changes](#) (a music charity working with young people affected by mental health issues). They developed a rap about asthma and set a challenge to other musicians to join the challenge as part of the 2018 campaign. You can see the musician's version [here](#)



Healthy London Partnership

**Toolkit for NHS organisations:  
supporting the NHS to reduce its  
impact on air pollution**

Case Studies and Examples to support organisations to reduce their impact on air pollution

Supported by and delivering for:

Public Health England **NHS**

SUPPORTED BY  
MAYOR OF LONDON

London's NHS organisations include all of London's CCGs, NHS England and Health Education England

As part of the campaign, organisations have been asked to consider reducing their impact on air pollution and a [toolkit](#) was produced to help them

# Prevention and self care using pharmacists

## Role of pharmacists and community pharmacies in CYP health

We designed and supported an **audit of CYP with asthma** through community pharmacies (June 2015). This produced the best data we have on use of asthma management plans, inhaler technique assessment and other key elements of asthma care <https://www.healthylondon.org/resource/london-asthma-toolkit/pharmacy/public-health-campaign/>

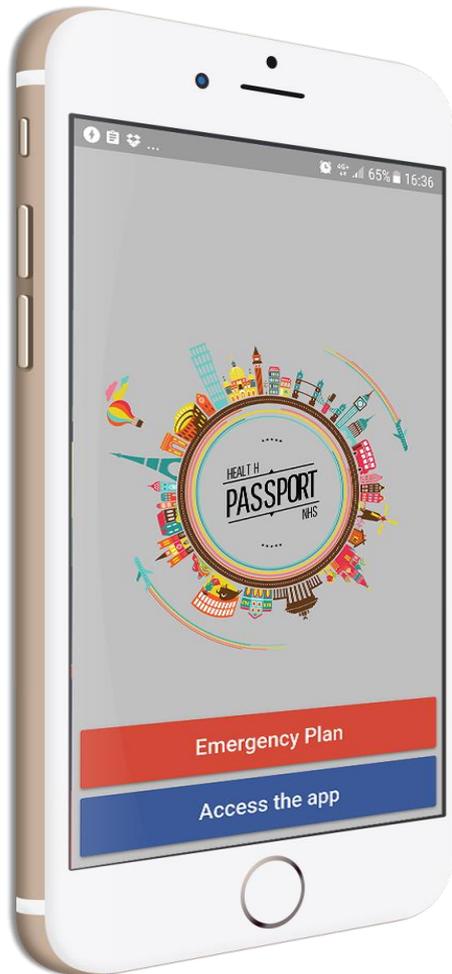
We developed an **online learning hub** giving pharmacists CPD credits <https://www.healthylondon.org/children-and-young-people/london-asthma-toolkit/pharmacy/asthma-learning-hub>

The London Asthma Toolkit has [advice for parents and CYP](#)

We undertook an **audit of CYP with dental pain** Report available [here](#)

# Digital health passport for asthma

We are developing a digital health passport allowing quick access to young persons emergency action plan, as well as documenting inhaler use, exercise tolerance. It also contains advice on asthma management. We are in pilot phase to link the passport with clinicians allowing monitoring of inhaler use and clinical symptoms. The health passport has been chosen as one of five test sites for [NHS Login](#).



# Impact across London (feedback)

Generated more **Asthma CNS posts** and respiratory support resources across the capital (**950 job description downloads**)

*'The focus on asthma standards in London is critical to improving outcomes for children. As a direct response to this work St Georges, with help from Wandsworth CCG, have developed an asthma programme to meet these needs including the **recruitment of 4 additional asthma nurses, along** with dedicated psychology and physiotherapy time'.*

**Consultant asthma lead SGH**

 Absolutely amazing things about this project  
I have heard  
[Tuesday at 23:13](#) · Like · Reply ·  1

 Write a reply...

Healthy London are well ahead of the game. Such as ...Training community pharmacists to complete paediatric asthma reviews which is helping to improve the lives of children with a chronic illness x

[Tuesday at 23:41](#) · Like · Reply ·  1

*'The HLP Asthma toolkit has been the foundation of a recent series of **Pan Barnet (CEPN) Community Educational Provider Network** (multi collaborative learning group) - collaborative teaching on childhood asthma. Involving **9 locality based sessions** across Barnet involving GPs, practice nurses, community and practice pharmacists, secondary care paed clinicians, physiotherapists, HLP leads and resp specialist nurses. As a result of the training and collaboration, Barnet GPs are **using the EMIS asthma template**, and the **CCG is considering funding a CCG Paeds Respiratory Nurse**.'*

**GP Commissioner Barnet**

**Nurse led Asthma Friendly Schools project** resulted in **1642 downloads of resources for schools** and others looking to undertake similar projects

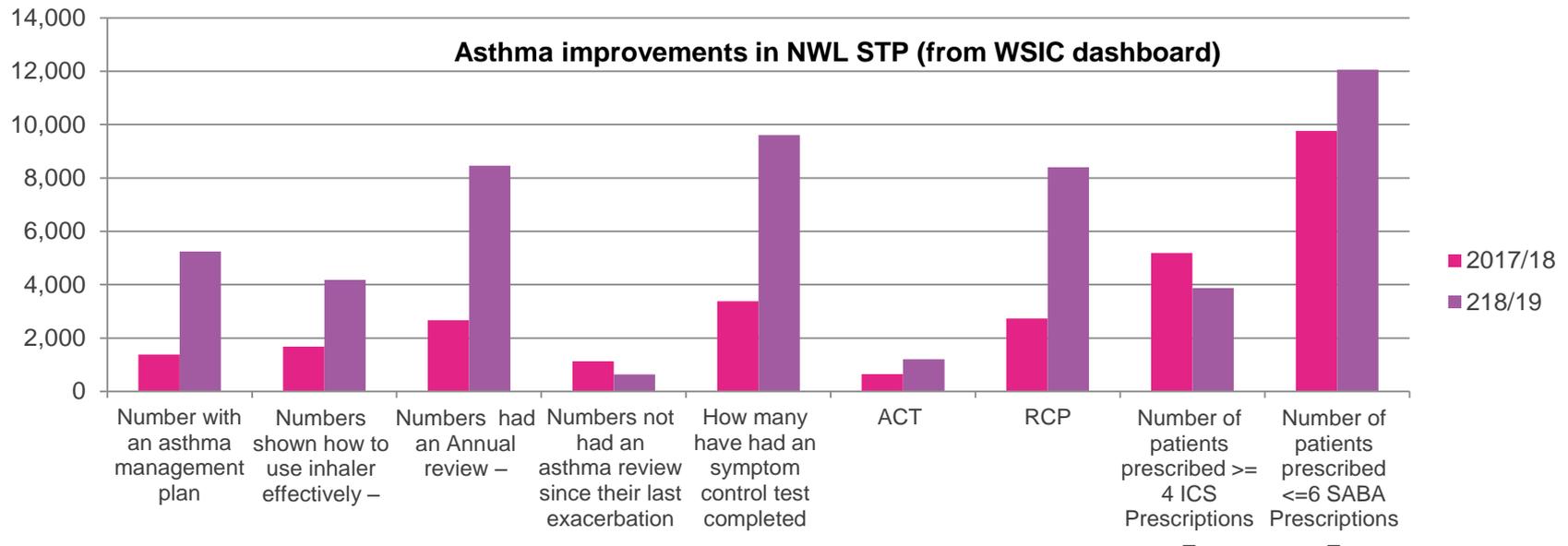
*'I'm very happy to say that the support and resources from the asthma toolkit, together with the London Asthma Standards have inspired our team to develop our services, and provided clout when working with our local CCG to get appropriate services commissioned.'*

**Consultant paediatrician Hillingdon Hospital**

*'London Asthma Standards & toolkit have empowered us further to launch our Asthma Friendly School Certificate and we have 70 people from schools attending training session next week - also beginning to link with Ealing'*

**Hillingdon Asthma CNS**

# Examples of improved asthma management across London (high level evaluation)



Homerton >90% patients discharged with an asthma plan

[Children and Young People's Health Partnership](#) have shown

93% of CYP have an asthma action plan and

90% of CYP have an improvement in their ACT scores

# 04

## Primary and community care

For further information contact [G.Herskovits@nhs.net](mailto:G.Herskovits@nhs.net) and  
[Christine.Kirkpatrick@nhs.net](mailto:Christine.Kirkpatrick@nhs.net)

# Primary care children and young people's toolkit

Learning from a set of primary care pilots supported by the CYP team, in addition to other resources, are included in a [primary care CYP toolkit](#), created to disseminate innovation and good practice in primary and community care. It contains extensive resources designed to support GPs, practice nurses, practice managers and community nurses to support the healthcare of CYP in primary care settings.

## Landing page



This toolkit was launched at a primary and community care learning event, the presentations for which can be found [here](#).

# Primary care children and young people's toolkit

This has been supported by our active and engaged GP leadership Group “*One of the most useful meetings that I attend*” – NEL GP & CYP Clinical lead. “*Colleagues in this well established leadership group provide great support and share useful resources and experiences in addressing the challenges of commissioning children's services across London*” – NCL GP & CYP Clinical lead.

Examples of resources developed by the CYP team and contained within the toolkit include:

- Resources for GPs and others to undertake [group consultations](#) for CYP, based on work commissioned and supported by the CYP team in SEL
- Resources for pharmacists, GPs and commissioners to improve CYP inhaler technique through pharmacy, as trialled in a [project in Bexley](#)
- Primary care [e-learning portal](#)
- [Learning needs assessment](#) for local commissioners or GP federations to assess confidence among practitioners in the treatment/management of CYP
- A set of '[I statements](#)' developed by young people's groups and our GP Leadership Group to describe the primary care CYP should be able to access
- A prevalence finder tool (currently in development) that identifies cases of undiagnosed asthma in CYP on GP patient lists.

# “I statements” for young people in primary care



I expect to be treated with respect and believed



I expect my cultural and religious beliefs and sexuality to be respected



I expect my consultation to be confidential.



I do not expect information to be disclosed without my consent, unless there is a real risk to me or to other people (this is the same as for adult patients).



I would like to be able to access the service at times when I am able to attend (eg. outside of school/college hours) and to reach the service easily, in person or via an app.



I expect to be able to see a doctor or nurse on my own if I choose.



I expect to talk to my doctor or nurse about how my parent/carer is involved in my care, including whether they access my records.



I expect my mental and physical health needs to be looked at together.



I expect to be given the tools I need to manage my condition myself and support to do this.



I expect to have clear information about what to do if my health gets worse.



I expect to be involved in planning any changes in my care including moving to adult services.

# Feedback on primary care resources developed by HLP

## Pharmacy inhaler project

- Bexley CCG safeguarding and asthma lead “A lot is growing from both the asthma in pharmacies and the group consultations projects ...Even just raising the profile of asthma last year may have had an effect as we have had a drop in numbers of children attending A&E and also on admissions it seems”.

## Group consultations

- “The time spent in the group was very enjoyable & gave me a “buzz” and positive feeling as a doctor. I felt empowered to change things.” [GP practice]
- “Do it. It saves time. It gets you more involved with patients. The patients gave really positive feedback and I had fun” [GP practice]
- “I found saying to them, ‘Just turn up and see if you like it’ seemed to work. Now they want the sessions more often than I can offer them!” [Community trust]
- “It was very helpful, I would recommend” [parent]

## I Statements and CYP primary care toolkit

- Both these resources are to be presented at a WHO conference by Mitch Blair, Professor of Paediatrics & Child Public Health at Imperial College London.

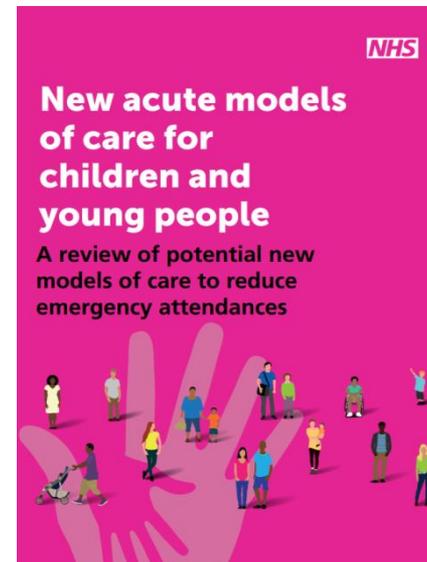
# Out of hospital models of care



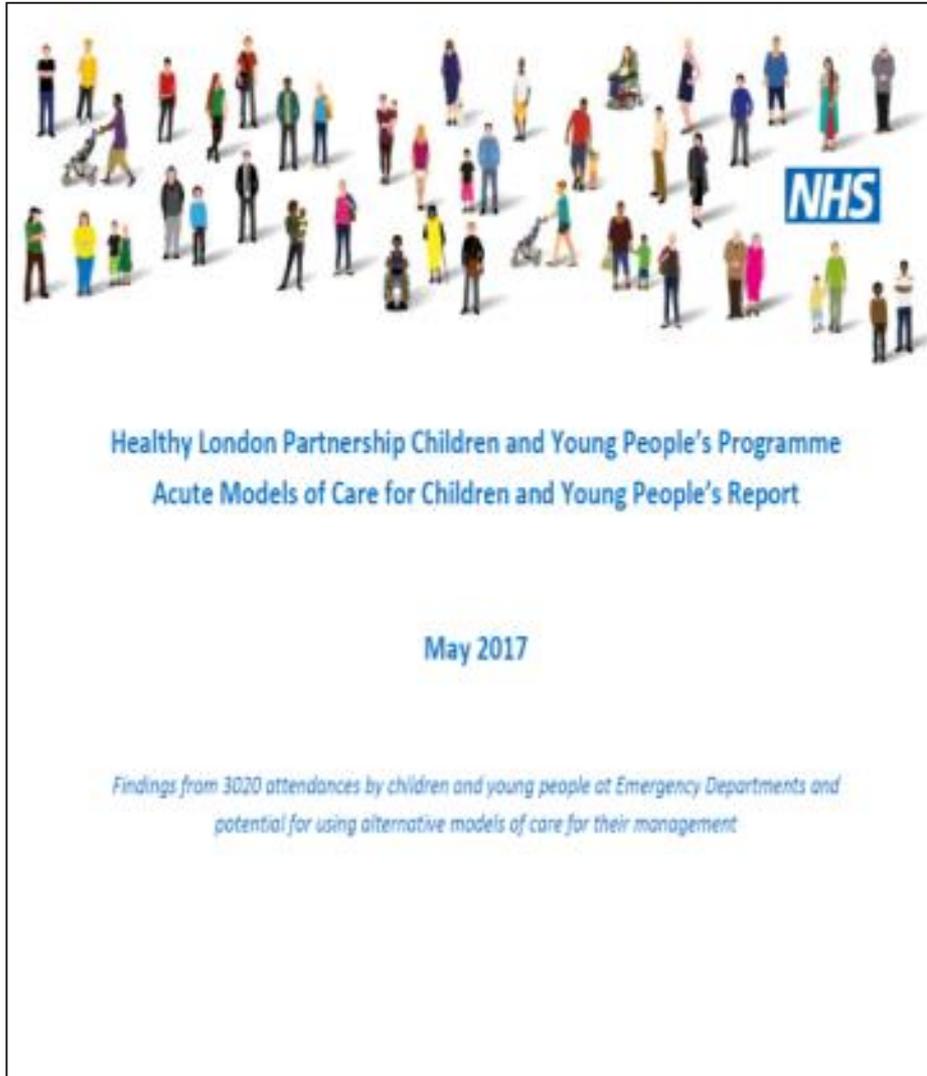
- [Case studies](#) for commissioners and providers of out of hospital healthcare services for children
- Services described to help others understand what some areas are already doing
- Information collected directly from services
- A local contact identified at each service
- Details of how other organisations have developed place-based models of care for treating acutely unwell children and young people in the most appropriate location for their needs



- [OOH standards](#) used by Bromley CCG to recommission community children's services



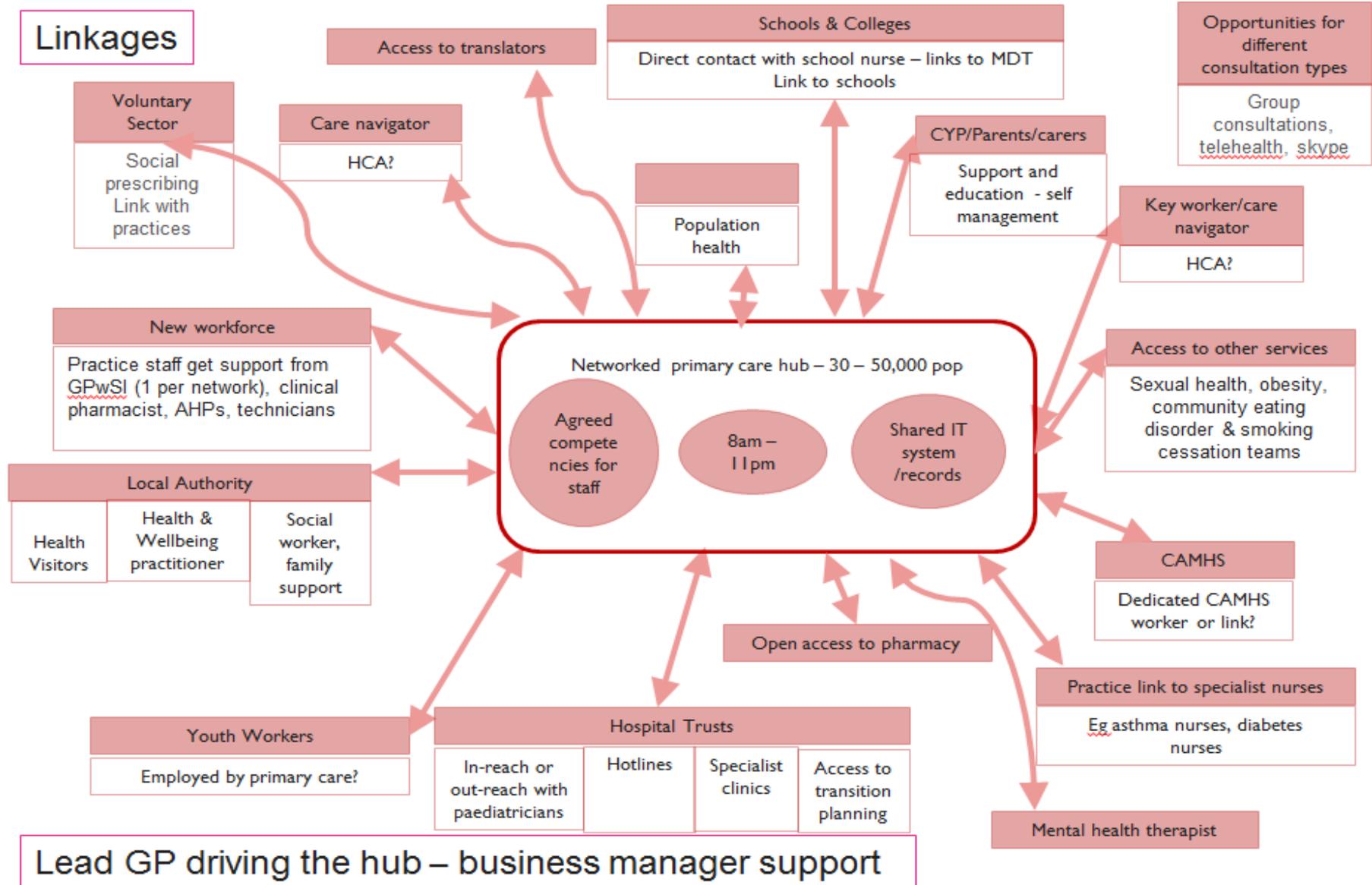
# Alternative new models of care study



Findings from this research, published in Archives of childhood disease, are [here](https://adc.bmj.com/content/103/2/128):  
<https://adc.bmj.com/content/103/2/128>

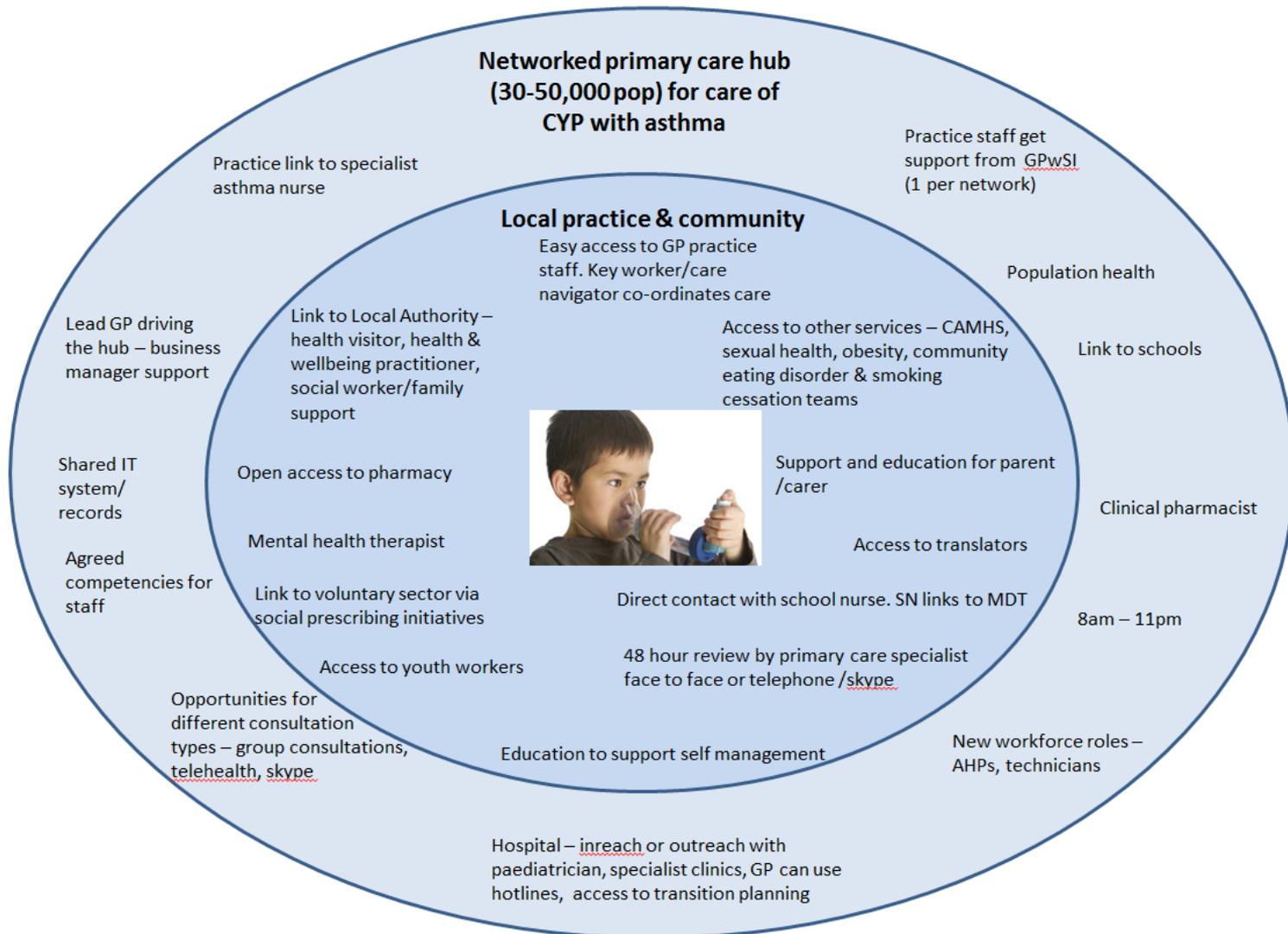
A cost-benefit analysis is currently underway with UCLH

# Networked primary care for CYP

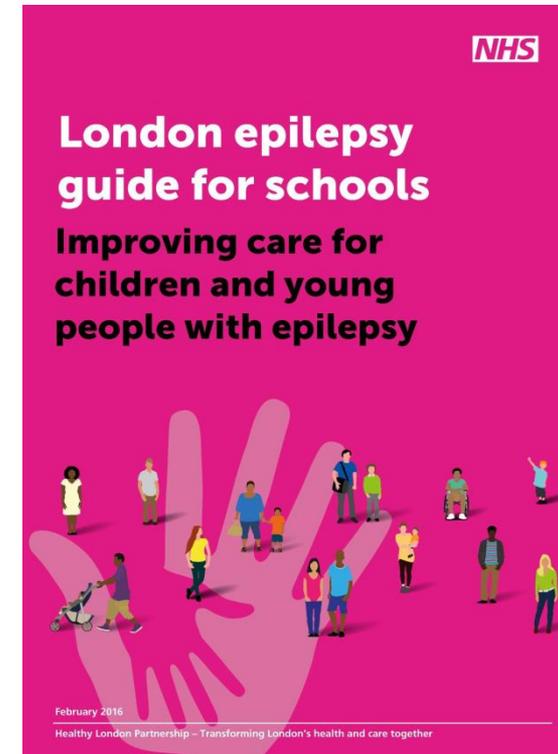
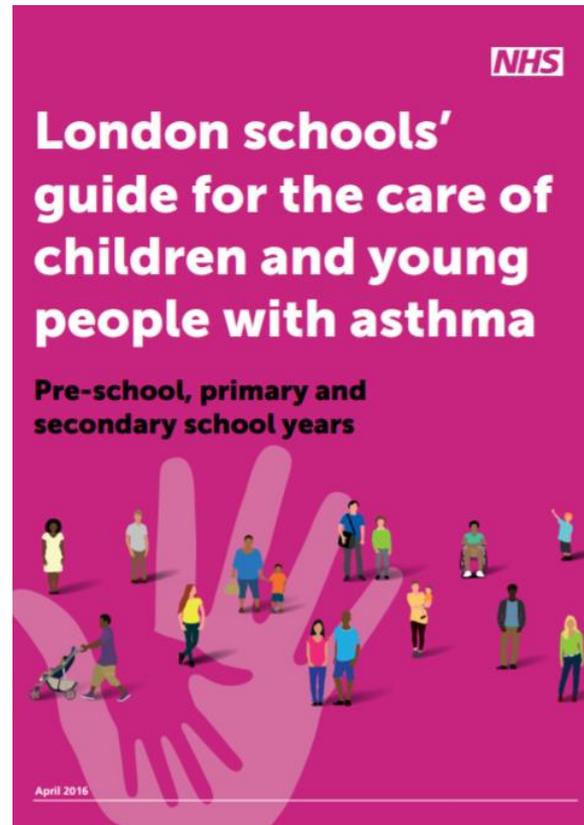
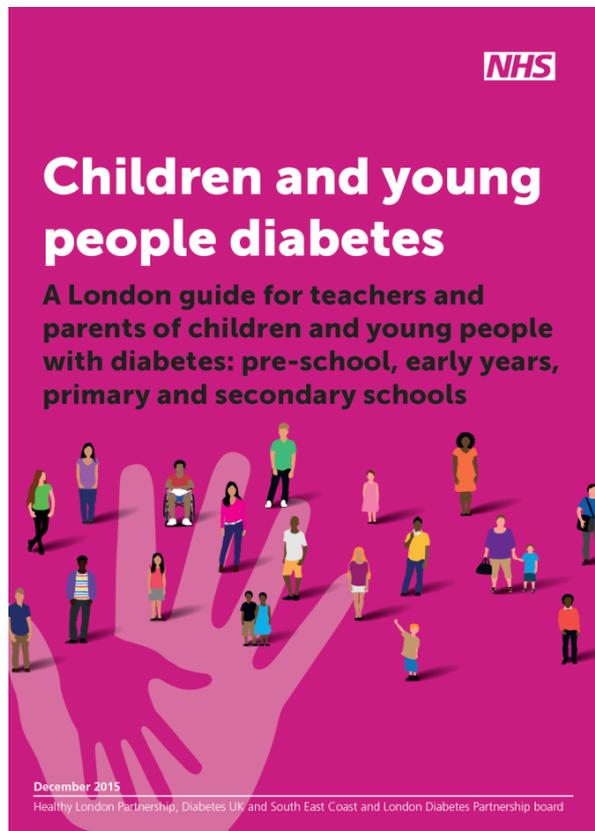


# Primary care networks for CYP

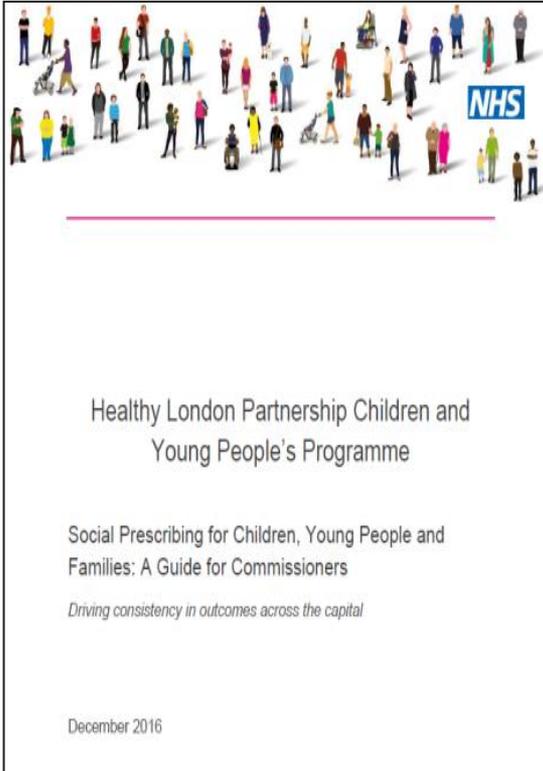
We are working with stakeholders to develop a model of what primary care networks for CYP would look like, using asthma as an exemplar. This is a work in progress – let us know if you want to join our working group



# Long term conditions in school policy for CYP



# Social prescribing



Our guide for commissioners about social prescribing for children, young people and families gives an overview of:

- factors to consider when commissioning social prescribing models
- best practice for approaching change
- engagement and themes that emerged
- examples for networks of community resources
- a summary of ideas of different approaches
- important needs to be addressed in the future

This guide will be on our website shortly and is available upon request. A social prescribing wiki published by HLP can be found [here](#).

# 05

## Urgent and Emergency Care

# Acute care



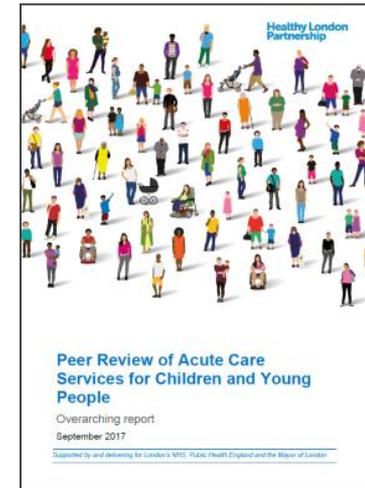
## London acute care standards for children and young people

Driving consistency in outcomes across the capital



Our [acute care standards](#) are aimed at commissioners and providers of acute care services for children and young people. It has brought together information and standards of care into one place to enable the effective commissioning of services which meet these required minimum standards. Providers can use these to undertake a self assessment of their ability to deliver the required quality of acute care for children and young people. They can be used to validate, challenge and to quality assure services. Using these standards will help to reduce the variation in the care delivered to children and young people across the capital. They will also help to reduce the enormous variation in outcomes experienced.

This [report](#) summarises the findings from the peer review of London's 26 acute hospitals that provide acute care services for children and young people conducted between July 2016 and March 2017.



Our [Paediatric Assessment Unit \(PAU\) standards](#) provide formal standards for paediatric assessment units in London. The standards have been created in order to reflect the urban requirements of the capital in providing effective care for children and young people in London. The aim is for NHS Trusts to use as part of self-assessment exercises to determine whether current paediatric assessment units meet appropriate standards and where improvements can be made. It can also be used by commissioners as a tool to guide their decisions about service provision and quality assurance.



## London's paediatric assessment unit standards for children and young people



# Paediatric critical care

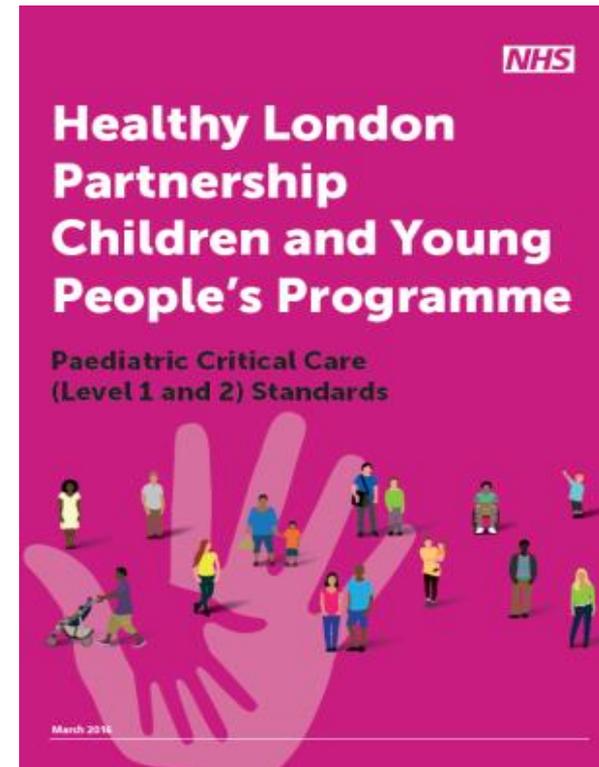
## [Paediatric Critical Care \(PCC\) Standards \(Level 1 and 2\)](#)

These standards supplement the Paediatric Intensive Care Society (PICS) Standards and provide formal standards for Paediatric Critical Care Level 1 and 2 specifically within a district general hospital (DGH) environment.

The standards were used by London providers as part of the national PICU CQUIN process to support the national review of paediatric critical care. HLP supported the peer review element of this CQUIN specifically the following providers:

- GOSH (*Whittington, Barnet and North Middlesex*)
- Royal London (*Newham, Whipps Cross, Homerton, Queens Romford*)
- St Mary's (*Northwick Park, Hillingdon and Watford*)

A **Paediatric Critical Care Level 1 and 2 Data Audit Report** published in December 2016 is available on request.



# Paediatric critical care



## Paediatric Critical Care in Practice

Paediatric Critical Care in Practice

Healthy London Partnership NHS

Dashboard Resources Profile Welcome back Andy Logout

Neurology	Respiratory	Sepsis	Endocrine	Cardiac
0/2 modules   6 resources	0/3 modules   5 resources	0/1 modules   10 resources	0/2 modules   6 resources	0/4 modules   3 resources

Developed by Brickwall | Funded by Health Education England

## [Paediatric Critical Care in Practice \(PCCP\)](#)

An online e-learning portal of resources designed for London's health professionals to use to develop their knowledge and achieve the quality of care set out in the London's Paediatric Critical Care: Level 1 and 2 Standards.

PCCP offers access to the same high-quality educational opportunities and supports best practice paediatric high-dependency care and includes:

- a wealth of evidence-based e-learning modules
- supporting resources and sign-posting to additional sources
- quick reference guides.

PCCP is free to access and available on computers and tablets. The extensive resource library is also available on-the-go using mobile phones.

**Professor Oliver Shanley, Regional Chief Nurse, NHS England/Improvement (London region), said:**

*"I recommend all acute paediatric staff, including nurses, to consider using PCCP as it is an excellent educational tool which will supplement existing education programmes already on offer."*

**Michael Marsh, Regional Clinical Director, NHS England Specialised Commissioning (London), said:**

*"PCCP offers the opportunity for acute paediatric staff to enhance their knowledge and training to care appropriately for children requiring high dependency care in London. I would have appreciated having access to such an extensive training resource, with links to other additional resource, when I was a junior doctor."*

**Other feedback includes:**

*"The PCCP modules provide a great knowledge base that is interesting and very applicable to practice"*

*"Huge credit to everyone involved.....PCCP is really impressive and a fantastic resource"*

**Staff Nurse and Paediatric Emergency Medicine Doctor at Chelsea and Westminster Hospital**

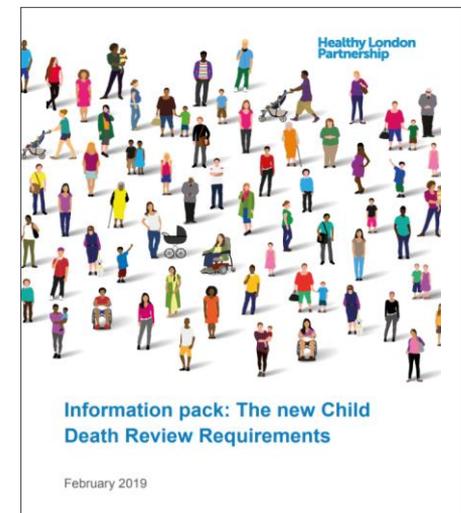
# 06

## Child Death Review

- In 2018 the HLP CYP programme obtained funding and supported a London wide roll out of the [eCDOP electronic child death review case management system](#) from April 2018- March 2019. Following requests from stakeholders, **HLP has secured an additional 12 months of pan-London funding until March 2020**. 26 out of 28 London Child Death Overview Panels (CDOPs) are actively using the eCDOP system.
- HLP have run or supported five sector workshops during February-March 2019 to support local stakeholders with their system reconfiguration plans to meet the new requirements. To aid these discussions, HLP has developed an [information pack](#) to outline the background, challenges and considerations of the new requirements, the key dates and support available. The document also includes an update on system progress across London as of February 2019.
- HLP have supported the development and publication of an [Inner South London coroners MOU and guidance to bereaved parents](#) which can be used by other health economies across London as a template to reduce the unnecessary variation in practice after a child's death
- For further information see the [HLP website](#)

Following on from publication of revised statutory guidance, a number of products will be finalised in 2019 these include:

- From May 2019 - Bereavement Experience Measure
- From August 2019 – free eLearning resource for all child death review professionals
- From August 2019 – programme report summarising the system reconfiguration plans across London



# 07

## NHSGo

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The NHSGo app provides confidential health advice and information for CYP. It provides advice to CYP. It uses validated NHS Choices health advice content rolling content on topical matter, quizzes, a live service finder using MiDOS, and information about rights.

Aimed at 16-24 year olds, NHS Go was developed in 2016, after young Londoners told us they wanted better and easier access to health and wellbeing information.

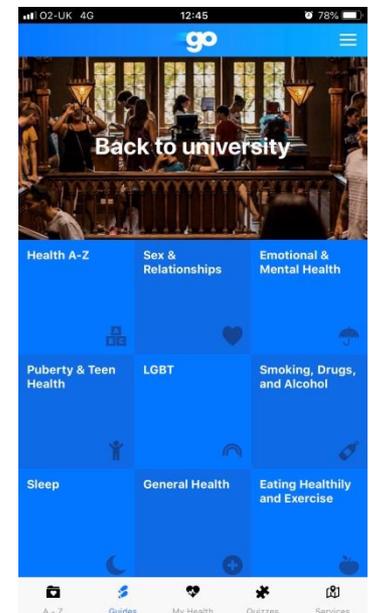
NHSGo is free to download on iTunes and Google play. [www.nhsgo.uk](http://www.nhsgo.uk) shows all the content online.

### Top-level statistics:

- 75,644 downloads.
- 939,473 in app page views, 110, 636 content views on the NHS Go website.
- 60% of users since April 2018 are return users.
- Most popular content views are sexual health and mental and emotional health

### What's next for NHSGo:

- NHSGo local option being explored (pilot with Islington CCG)
- Extending use of MidoS as directory of specific local services
- Launch of Digital Ambassadors programme to support engagement with CYP
- NHSGo is in final stages of review to appear in the NHS app library



## Awards

- Winner of Patient Experience Network – 2016 and 2017
- Shortlisted for national Positive Practice in Mental Health Awards 2018



## Feedback from independent evaluation:

“I’m Asian and Muslim... and it’s really kind of awkward if you’re a young woman especially if you are a young unmarried woman looking for contraception... it’s like, *whoa what are you up to?*... So you want to have that information freely accessible in a private way.”

Sasha, female, 18

“I think one of the things that is good is people who might find it difficult to talk about things... [NHSGo] allows you to answer your questions more discreetly sort of thing. Come to think about it there are certain things I’d like to look at on the app and I would look because I’d feel more comfortable”

Bob, male, 20

“I wish there was an app like this when I came out trans... I was faced with such a lack of knowledge and was told completely the wrong info time and time again.”

NHSGo app store review

“NHSGo is an innovative, timely and welcome contemporary tool for addressing the health needs of children and young people (CYP) in London.

NHSGo Independent evaluation,  
Kingston University Wellbeing at Work Research Group.

An independent evaluation carried out by Kingston University, Wellbeing at Work Research Group found that NHS Go:

- Provided **useful information** and supported young people to start conversations with others, as a means of **opening dialog** about a health issue or concern
- Is **convenient** – easy to use, anonymous, and on the go, whenever a health concern first emerges, without needing to visit a health practitioner
- Is appropriate for a **diverse group of users**
- Is **trustworthy** – NHS branding means NHS Go would be chosen above other generic health sites because of its perceived credibility and trustworthiness.

Full evaluation available here:

(<https://www.tandfonline.com/doi/full/10.1080/15228835.2018.1536911>)

# NHSGo promotional materials freely to download

<https://nhsgo.uk/promo>

**BACK TO SCHOOL**  

NEW FRIENDS  
BIG CHOICES ANXIETY  
NEW RELATIONSHIPS  
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NHS Go is brought to you by Healthy London Partnership. It is free to download on iOS and Android.  
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**Questions about Sexual Health?** 

To get answers download **NHS Go** 

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Should I be worried about meningitis? Should I get the vaccine?  
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NHS Go is the new way to get 24/7 instant access to health information on the go this summer, no matter where you are.

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Signposted by numerous London organisations

<https://www.whittington.nhs.uk/default.asp?c=29306>

<https://www.rbkc.gov.uk/kb5/rbkc/fis/news.page?id=xbENNfpXEiY>

<http://www.thegreenwoodpractice.co.uk/contact1.aspx>

# Publications and Awards

Winners 2017 Patient experience national network awards (PENNA)

Shortlisted Nursing Times Awards 2017 4 categories and RCNi awards 2017

The impact of out-of-hospital models of care on paediatric emergency departments 2017  
Archives of childhood disease

<http://bmjopen.bmj.com/content/8/2/e020771.full?ijkey=wzSSGzFoLj0SJI&keytype=ref>

Nelson S (2017) Greater use of technology to enhance the patient experience British Journal of Cardiac Nursing; <http://dx.doi.org/10.12968/bjca.2016.11.10.474>

Markey D, Managing childhood asthma (2016) Pharmacy Magazine  
<http://www.pharmacymagazine.co.uk/managing-childhood-asthma>

Nelson, S (2016) Greater use of technology to enhance the patient experience (2016)  
British Journal of Cardiac Nursing <http://dx.doi.org/10.12968/bjca.2016.11.10.474>

Levy M, Ward A, Nelson S Management of children and young people (CYP) with asthma:  
a clinical audit report (2018) Primary Care Respiratory Medicine  
<https://www.nature.com/articles/s41533-018-0087-5>

Nelson S, Craig G How group consultations are changing respiratory care (2019) Practice  
Nursing <https://www.magonlinelibrary.com/doi/abs/10.12968/pnur.2019.30.3.136>