Dharmarajah, Kate 2020 Leading change for children and young people through the workforce: learning from an integrated child health model *International Journal of Integrated Care, 21(S1)* : A236, pp. 1-8, DOI: doi.org/10.5334/ijic.ICIC20425

CONFERENCE ABSTRACT

Leading change for children and young people through the workforce: learning from an integrated child health model

ICIC20 Virtual Conference – September 2020

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Introduction

The provision of healthcare in the UK is changing. The offer to local populations through the development of primary care networks (general practices joining up to serve populations of 30,000-50,000 patients), is the development of integrated health and social care systems that provide proactive, personalised and coordinated services[1].

The offer to children and young people (CYP) must include joined-up services[1]. An integrated approach allows professionals to deliver holistic care to individual CYP, and healthcare professionals to apply population health approaches for all.

The Workforce Model

The workforce sits at the heart of all new models of care. We propose that the design and implementation of integrated services for CYP within primary care networks and primary care organisations worldwide, starts with and develops around a child health workforce.

Our workforce model builds upon our previously described 'whole population framework', segmenting the child population based on need[2]. The workforce required to deliver the best proactive and reactive care to children in each segment should take the form of a strong, multidisciplinary team (MDT), including social care, education, the voluntary sector, carers and CYP.

Collaborative working within an MDT enables the delivery of high-quality, seamless care for children in all segments across all local settings (general practice, pharmacies, schools, children's centres) and organisational boundaries (voluntary and community sector, primary, secondary and tertiary care).

Highlights

'Connecting Care for Children' has been delivering this workforce model within North-West London. The child health MDT meets monthly to collaboratively manage children and young people's health. Individual cases are managed more effectively; with high patient and professional satisfaction[3].

The expansion of the MDT to include professionals such as dentists and community workers has strengthened the teams' ability to identify vulnerable groups and local population needs. This informs decisions about local service development and delivers joined-up and preventative care.

Transferability

Our segmented child health workforce model can be developed to reflect individual and population needs within any primary care setting. This approach can be adapted and used for integrated models of care in adult and elderly age bands.

Data collection and sharing will support the success and transferability of this model; allowing MDTs to share resources, ideas and learning.

Conclusion

Offering multiagency care in primary care settings empowers families, children and young people to manage their health with the support of local resources and services. It enables teams of professionals with shared goals and priorities to best deliver these.

We desperately need to invest in our CYP and workforce. Bringing together professionals to collaborate and have a sense of belonging to their team and population, shares expertise and scarce resources to truly provide care that matters to children, young people and carers.

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