POSTER ABSTRACT

New integrated care models to improve health, healthcare quality, and patterns of service use among children and young people

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Background: Children and young people’s (CYP) health and healthcare outcomes are often poor. Demand for urgent healthcare is rising. The current model of care is primarily reactive and acute rather than proactive and preventative; leading to increased use and reliance on secondary healthcare services. Over the past 5 years there has been increases in non-elective admissions and attendances and outpatient appointments (1.7%, 3% and 3.2%). At a population level, these small increases incur increasing financial cost and burden on services already at capacity. The clinical-academic Children and Young People’s Health Partnership (CYPHP) is delivering new care models to improve CYP health; with evaluation using robust designs to determine the extent the new model of care is curbing rising healthcare use.

Methods: CYPHP is a partnership between 3 large NHS Trusts, including mental health and children’s, 2 Clinical Commissioning Groups and Local Authorities, and a University. Model design included analysis of segmented population need, systematic literature reviews, and extensive engagement with CYP, parents, health professionals, providers, and commissioners. An evidence-based implementation plan was agreed to roll out services to a child population of 120,000. We are opportunistically evaluating the service using a cluster randomised control trial (cRCT) design.

Results: We are implementing and evaluating an evidence-based comprehensive new child and family-centred integrated cycle of care including individual and population health promotion; proactive case-finding and triage for ongoing conditions at a population-level; biopsychosocial assessment and self-referral via a patient portal; holistic tailored care, specialist clinics and increased education and training for professionals working with CYP. Services are delivered by multidisciplinary health teams to increase coordination across primary, community, and hospital settings and to better integrate physical and mental healthcare for CYP’s social context. The cRCT evaluation design, with nested process evaluation and qualitative studies, will provide high quality evidence of the impact of the CYPHP model on outcomes including CYP health and wellbeing, healthcare quality, and health service and system measures.

Implications: CYPHP is implementing and evaluating a new model of care to improve health, healthcare quality, and outcomes for local CYP, contribute generalizable evidence about children’s health services and systems, and shape child health policy.
Wolfe; New integrated care models to improve health, healthcare quality, and patterns of service use among children and young people

**Keywords:** integrated care; models; healthcare quality; children; young people