



Child Health and
Wellbeing Network
North East and North Cumbria

Healthier Together



Child Health and
Wellbeing Network
North East and North Cumbria



**Laura Cassidy, Network Delivery Manager,
NENC Child Health and Wellbeing Network**

Follow us @EveryChildNENC





Healthier Together Lunch and Learn Session Overview

1. Introduction to the ICS NENC Child Health and Wellbeing Network
2. Why Healthier Together?
3. Healthier Together
 - How can it help you?
 - Immediately
 - Pathways, parent information
 - In the future
 - Reduced workload
4. Healthier Together Mobile app
5. Healthier Together a look around the site
6. Question and Answer Session



Introduction to the ICS North East and North Cumbria Child Health and Wellbeing Network



England’s left behind children

Over **2 million children** in families affected by severe poverty, domestic abuse, parental mental health issues, parental substance misuse, or where the child is a young carer or a parent is in prison.



- 400,000 of these children get support from a social worker
- **More than a third – 800,000 – are not known to local services**



82,000 5 year olds who started school in 2019/20 failed to meet **half of their expected development indicators**

313,000 children in, or around, street gangs.

Only 8,000 of these are known to Youth Offending Teams or Children’s Services



24,000 children were removed from school to be home educated in 2017/18

1.3 million children with significant mental health conditions

Less than a quarter of these – 391,940 – received NHS treatment in 2019/20.



1,340 children locked up in England in youth custody, secure hospitals/children’s hospitals or held elsewhere under detention orders.



7 in 10 children in care face a change of home, school or social worker each year

Impacts of the pandemic on children

840 million days of face-to-face schooling will have been lost by 8 March



Children from **richer families spent 30% more time on home learning** than those from poorer families



During the first lockdown the disadvantage gap amongst 7 year olds increased by 40%. **Poorer 7 year olds now 7 months behind their more affluent peers**



The proportion of children doing an hour a day of **sport or exercise a day fell from 47% to 19%**

Two thirds of primary school children felt lonely
– a 50% increase



Major risks to children at home, from **domestic violence to alcohol consumption have increased**, but the number of children coming to the attention of services has fallen

The number of **children harmed or killed by abuse or neglect rose by 27%** in the first lockdown



The rate of clinically significant **mental health conditions increased by 50%**

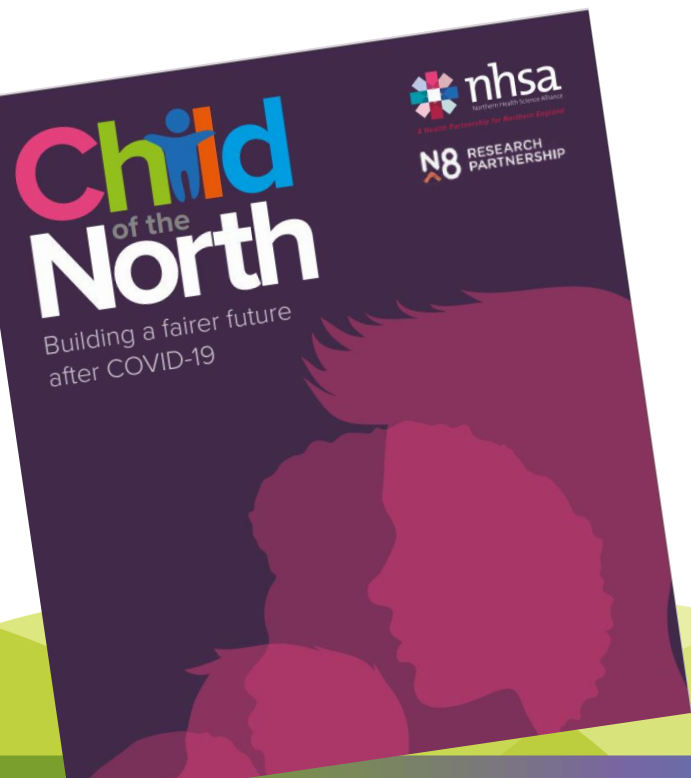
Many children in youth custody were **locked up in their cells for more than 23 hours a day** for months on end



Children's
COMMISSIONER

Child of the North 2021

[Child-of-the-North-Report-compressed.pdf \(n8research.org.uk\)](https://n8research.org.uk/Child-of-the-North-Report-compressed.pdf)



Who is the Child of the North today?

The Child of the North has a

27%

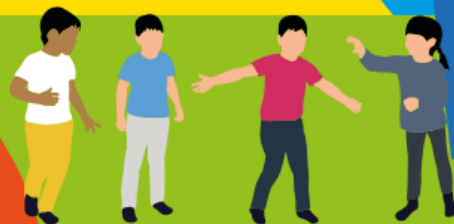
chance of living in poverty compared to **20%** in the rest of England.

They have a

58%

chance of living in a local authority with above average levels of low-income families, compared to **19%** in the rest of England.

Compared to children in England as a whole, they are more likely to die under the age of one.



In the first lockdown there was a massive drop-off in nursery and childcare services for eligible children, with only **7%** continuing to attend. Attendance has a range of benefits for children's health and development, particularly for deprived children. Because the North is more deprived as a whole, North-South inequalities in children's development are expected to increase.



The Child of the North is more likely to be living with obesity than a child elsewhere in England.

What is the network?



Our vision

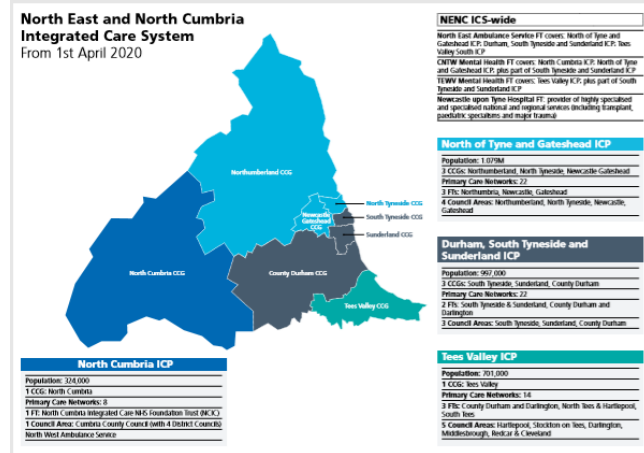
In the North East and North Cumbria we believe all children and young people should be given the opportunity to flourish and reach their potential, and be advantaged by organisations working together

What do you want us to do

"Share good practice, drive work forward and connect us into experts and groups"

NHS Home of this work

- **NENC Integrated Care System**
 - Created by the ICS in 2018
 - Not yet ICS funded
- Growing remit in the NHS CYP Transformation programme
- Eight of the 10 UK local authorities suffering the sharpest child poverty increases over this period, which covered the peak years of austerity, were in the **north-east, headed by Middlesbrough, where 41.1% of children were in poverty in 2018-19, up from 28.6% five years earlier.**



Local Authority	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Middlesbrough	28.6%	30.1%	31.6%	33.1%	34.6%	41.1%
Newcastle	22.1%	23.6%	25.1%	26.6%	28.1%	34.6%
Durham	18.2%	19.7%	21.2%	22.7%	24.2%	30.7%
Sunderland	15.3%	16.8%	18.3%	19.8%	21.3%	27.8%
County Durham	12.4%	13.9%	15.4%	16.9%	18.4%	24.9%
North Tyneside	10.5%	12.0%	13.5%	15.0%	16.5%	23.0%
South Tyneside	8.6%	10.1%	11.6%	13.1%	14.6%	21.1%
Gateshead	6.7%	8.2%	9.7%	11.2%	12.7%	19.2%
Northumberland	4.8%	6.3%	7.8%	9.3%	10.8%	17.3%
North Cumbria	2.9%	4.4%	5.9%	7.4%	8.9%	15.4%
Tees Valley	1.0%	2.5%	4.0%	5.5%	7.0%	13.5%

Poverty

Child poverty increases in England across the north and Midlands

Charity analysis says most striking increases have been in Middlesbrough, Newcastle, and Birmingham

Patrick Butler
Social policy editor

Wed 14 Oct 2020
06.00 BST

78



and a retired GP

Gill O'Neill represented North East Directors of Public Health

Helen Watson is our Local Authority Advisor



- 3 residential meetings attended by 16 senior leaders – our core leadership – interim governance
- 3 regional events attended by 360 professionals and young people
- Engagement - Priorities identified through 1000 system survey responses repeated after COVID wave – 400 responses, established a young advisors group



New priority added during pandemic **FAMILY SUPPORT**



ENABLERS



CROSS CUTTING THEMES

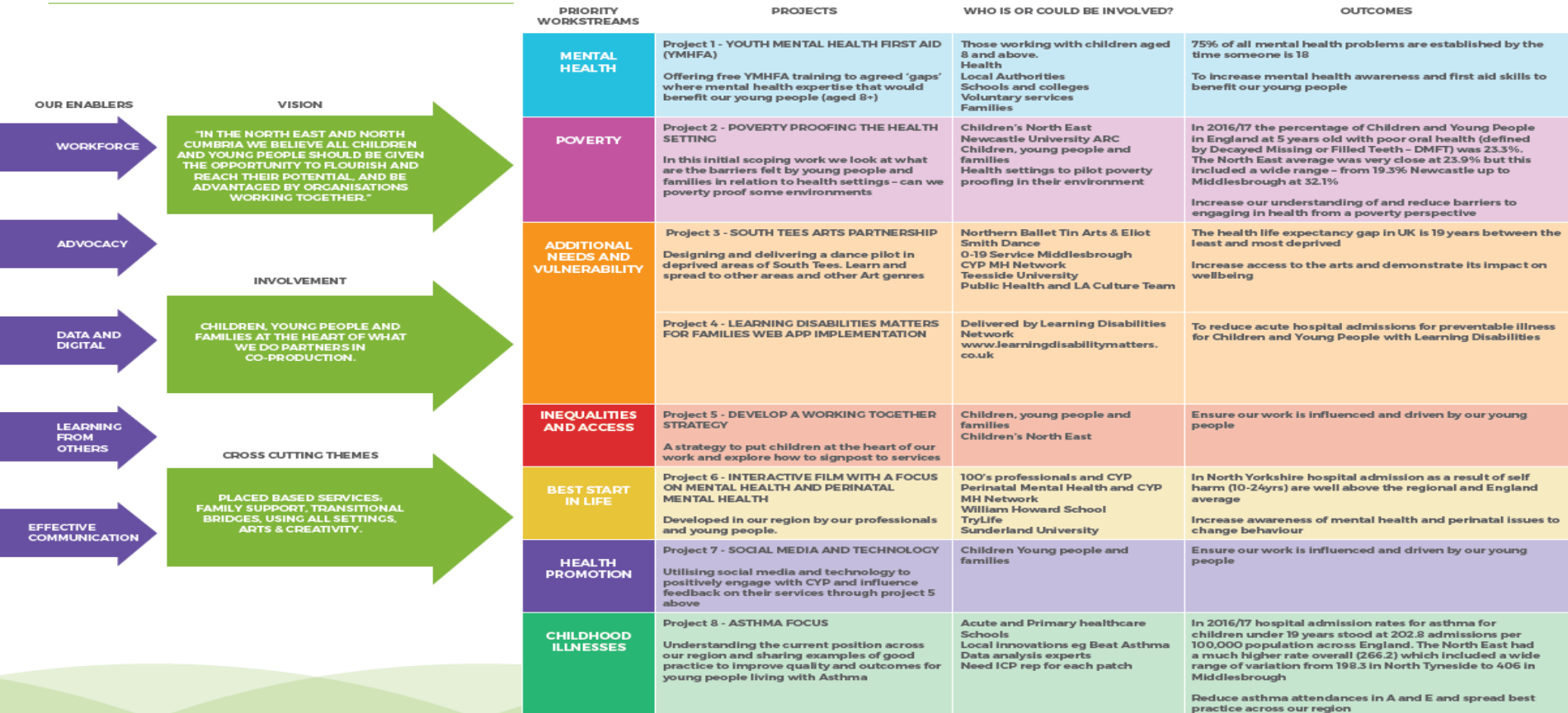


Top Ten Priorities:

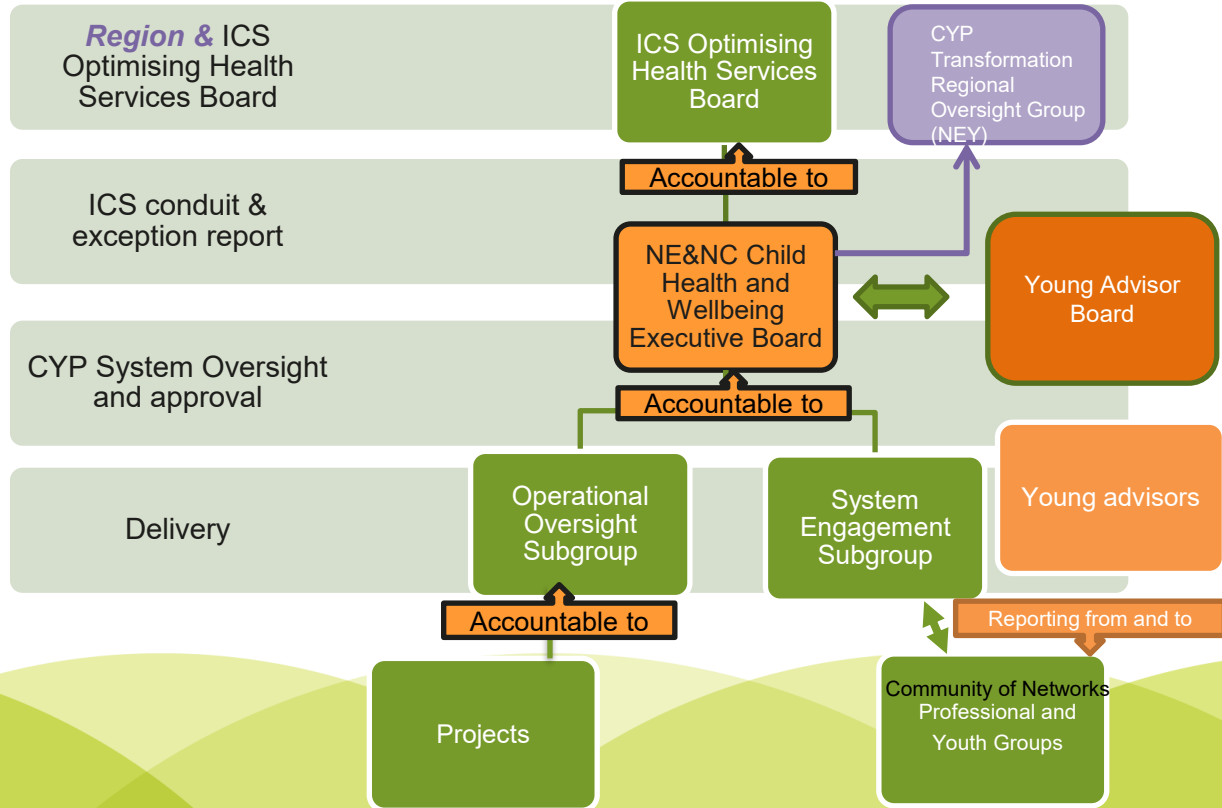
1. Voice of CYP and families
2. Mental Health
3. Poverty
4. Additional Needs & Vulnerability
5. Inequalities and access
6. Strong start in life
7. Health promotion
8. Family support
9. Childhood illness
10. Data, digital & communication



Child Health & Wellbeing Network Plan on a Page 2020/2021



Governance – NHSEI CYP Transformation Programme



CYP Transformation



CYP Transformation Programme : 10 Key Priority Workstreams

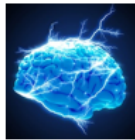


The CYP Transformation Programme will **lead change** to **integrate** and **improve** services that **include CYP** through:

1. **Integrating services** for children and young people by working with local health to develop and test integrated models of care.
2. **Improving the quality of care** for CYP with long term conditions like asthma, epilepsy, diabetes and complications from obesity.
3. **Including children and young people in national policy and programme development** to ensure that services are designed to meet the needs of CYP.



The ten key areas of work for the CYP Transformation programme are as follows:



- 1 – Integration of Services within Health and Care, led by local systems
- 2 – Identifying and protecting the most vulnerable children and young people
- 3 – Evaluating paediatricians working in local 111 providers
- 4 – Developing data and informatics capacity to monitor and understand the state of child health across the country
- 5 – Spotting the deteriorating child
- 6 – Working across NHSE/I to develop a joint approach to transition and 0-25 model of care
- 7 – Launch an obesity pilot study to develop the evidence base relating to complications associated with severe obesity
- 8 – Develop a national bundle to improve asthma outcomes
- 9 – Improvements in epilepsy, diabetes and other long-term conditions
- 10 – Keeping children well will focus on speech language and communication needs



Join our Journey



Facts of Life in the North East and North Cumbria



North East and North Cumbria's
Child Health and Wellbeing Network

The Facts of Life for children and young people growing
up in the North East and North Cumbria:

Chapter 3 – Child poverty September 2021

@NorthNetChild

- Facts of Life report Introduction
- Chapter 1 Facts of Life – Resident population socio demography
- Chapter 2 Facts of Life – Childhood Illnesses and long term conditions
- Chapter 3 Facts of Life – Child Poverty
- Chapter 4 Children with additional needs and vulnerabilities
- Chapter 5 Mental Health and Wellbeing
- Chapter 6 Health promotion
- Chapter 7 Strong Start in Life
- Chapter 8 Facts of Life – Education and attainment

Period	England	Region	North Cumbria				North of Tyne and Gateshead			Durham, South Tyneside and Sunderland			Tees Valley						
			Allerdale	Carlisle	Copeland	Eddon	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees	
Children in absolute low income families (under 16s) (Persons, <16 yrs, %)	2019/20	15.6 ▲	21.9 ▲	14.6 ▲	15.1 ▲	13.2 ▲	13.9 ▲	20.7 ▲	27.2 ▲	19.4 ▲	18.7 ▲	21.6 ▲	25.0 ▲	23.1 ▲	21.5 ▲	25.1 ▲	33.4 ▲	22.0 ▲	20.1 ▲
Children in relative low income families (under 16s) (Persons, <16 yrs, %)	2019/20	19.1 ▲	25.9 ▲	18.5 ▲	18.9 ▲	16.8 ▲	17.0 ▲	24.9 ▲	31.1 ▲	22.7 ▲	22.0 ▲	25.7 ▲	29.2 ▲	27.3 ▲	25.8 ▲	29.4 ▲	38.6 ▲	26.2 ▲	23.7 ▲
Children in low income families (all dependent children under 20) (Persons, 0-19 yrs, %)	2016	17.0 ▼	-	13.3 ▼	12.6 ▼	14.3 ▼	8.4 ▼	20.5 ▼	24.7 ▼	16.7 ▼	17.0 ▼	21.4 ▼	25.9 ▼	23.2 ▼	19.4 ▼	28.1 ▼	31.4 ▼	24.5 ▼	20.9 ▼

Figure 3.1 – Child poverty indicators – Lower tier local authorities



Tees Valley has the greatest population of 5-9yr olds, alongside the highest number of children in poverty.

Chapter One SPOTLIGHT to direct momentum for initiatives

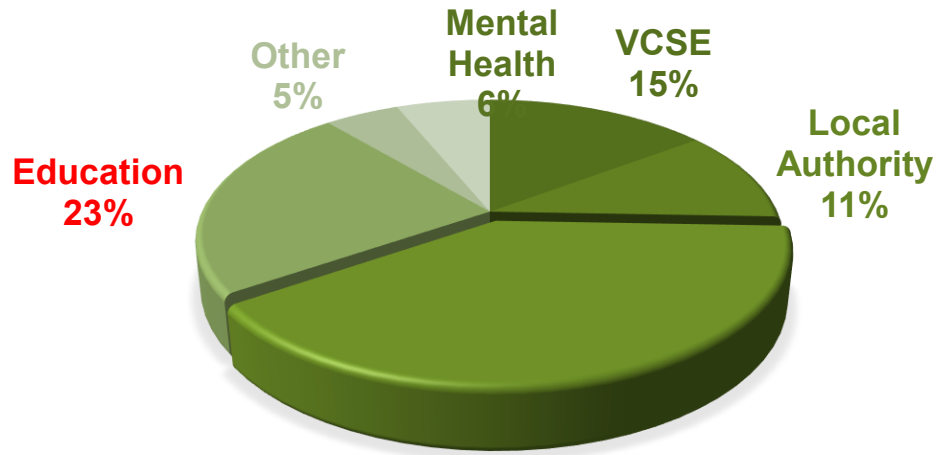
[facts-of-life-report-final.pdf](https://www.northeastandnorthcumbriaics.nhs.uk/facts-of-life-report-final.pdf)
([northeastandnorthcumbriaics.nhs.uk](https://www.northeastandnorthcumbriaics.nhs.uk))



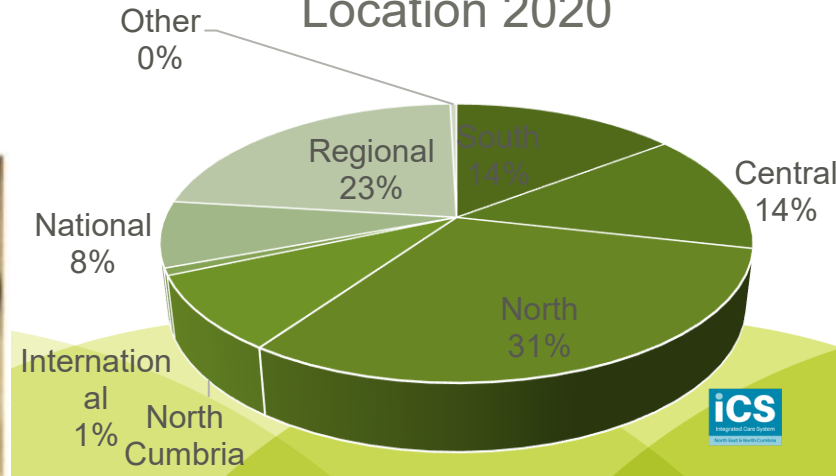
Membership Update

- **Total Membership – 1216**
(13months)
- Increase in *all* areas
- Other category include
 - Police
 - sports coaches
 - arts and culture organisations
- Team, Advisors and Apprentices too!

MEMBERSHIP BY SECTOR 2022



Location 2020



“I attribute my success to this - I never gave up or took any excuse”

Mary Seacole



Some initiatives in partnership....



South Tees ARts Initiative - STAR

- Co-& SYSTEM-produced
 - Family link workers
 - Dance artists in schools
 - Holiday workshops
 - Research evaluation
- Northern Ballet partnership



Because growing
up can be hard



Interactive films– William Howard Secondary School:



North East and Northumbria's
Child Health & Wellbeing Network

TryLife

William Howard
SCHOOL

Creative &
Merit Quite

YOU MAKE THE CHOICES.
WE ARE THE DIRECTOR.

#CHWB
InteractiveFilm

Jessica's Story :



TryLife

EPISODE 1
SOPHIE

EPISODE 2
AALIYAH

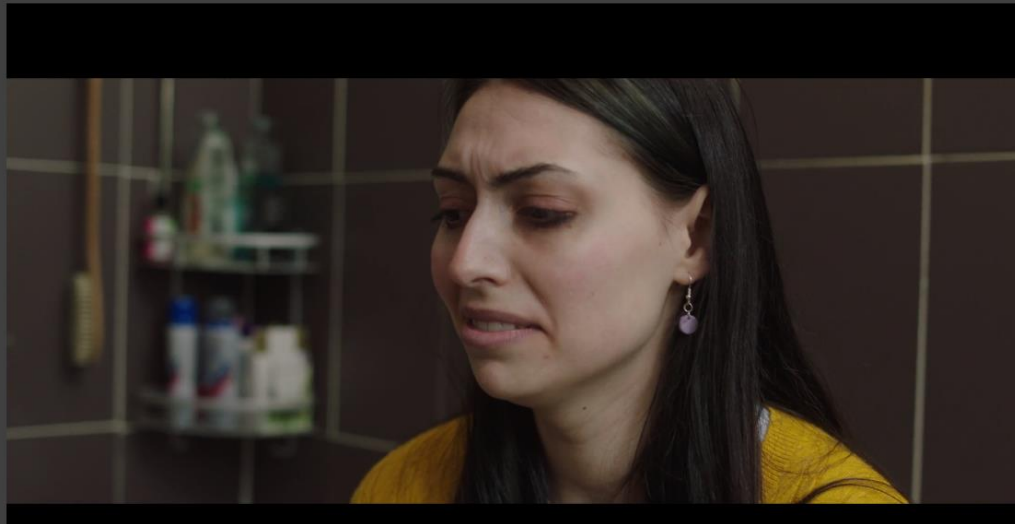
EPISODE 3
JACOB

EPISODE 4
SHANE

EPISODE 5
AVANI

EPISODE 6
JESSICA

JESSICA'S STORY



[Jessica's Story | TryLife](#)

Trailer [Child Health and Wellbeing Network | North East and North Cumbria ICS](#)



Integration Centre Background – NHSE Test Site – Funded Bid



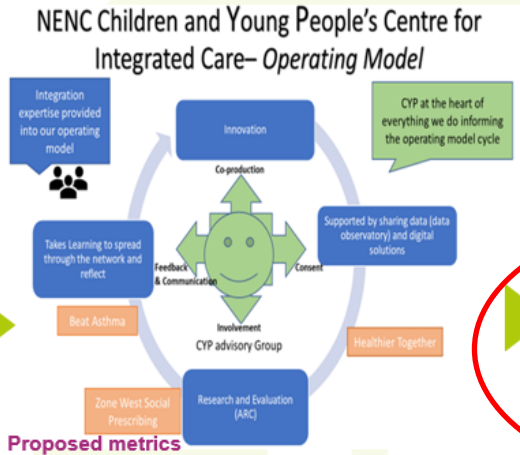
Aim:
As the largest ICS nationally with the highest poverty levels outside London (and the highest growth rate of child poverty in the UK) we need to deliver multiple integration models at pace to benefit the large volume of disadvantaged young people in our region

What is the issue

- Asthma is one of three conditions that account for 94% of emergency hospital admission for children under 19 with LTC
- The majority of NENC CCGs have significantly higher rates of admissions for asthma for young people aged 10 to 18 than the England average (119.0 per 100,000). This is most notable in South Tyneside (238.6 per 100,000).
- Where data is available most NENC CCGs have significantly higher rates of A&E attendances across all age ranges compared to the England average. With exception of two CCG areas, though rates increasing.
- The NENC region as a whole has a higher proportion (29.4%) living in the 20% most deprived areas of England than the national average (20.2%),

North East and North Cumbria

The model



Proposed metrics

- Quality of Care**
 - BEAT Asthma – reduction of asthma deaths and improved quality of care.
 - Healthier together – improved quality of care – consistent information and pathways
- Inequalities**
 - Improve access to CYP services for those children and young people living areas of high deprivation
- Efficiency**
 - Reduction in unnecessary ED attendances and GP appointments
- Patient and family experience**
 - Co-production at the heart of these initiatives

How will we get there

The centre will connect expertise and relevant organisations, and host the innovative Fellowship posts. These will progress our most mature innovations across our large geography and its four ICP areas. We will deliver multiple integration models at pace.

Within the first year we will have established 6 Fellows and the Clinical and Managerial support to launch the CiC through three models.

- **Beat Asthma and Breathe** – an initiative incorporating the National Asthma Care Bundle.
- **Zone West Link Workers** – facilitating collaborative working with primary schools and PCNs to identify and provide social support to vulnerable children who do not meet the threshold for a mental health or SEND services.
- **Healthier Together Website** – for the whole of the NENC focused initially on acutely unwell children.

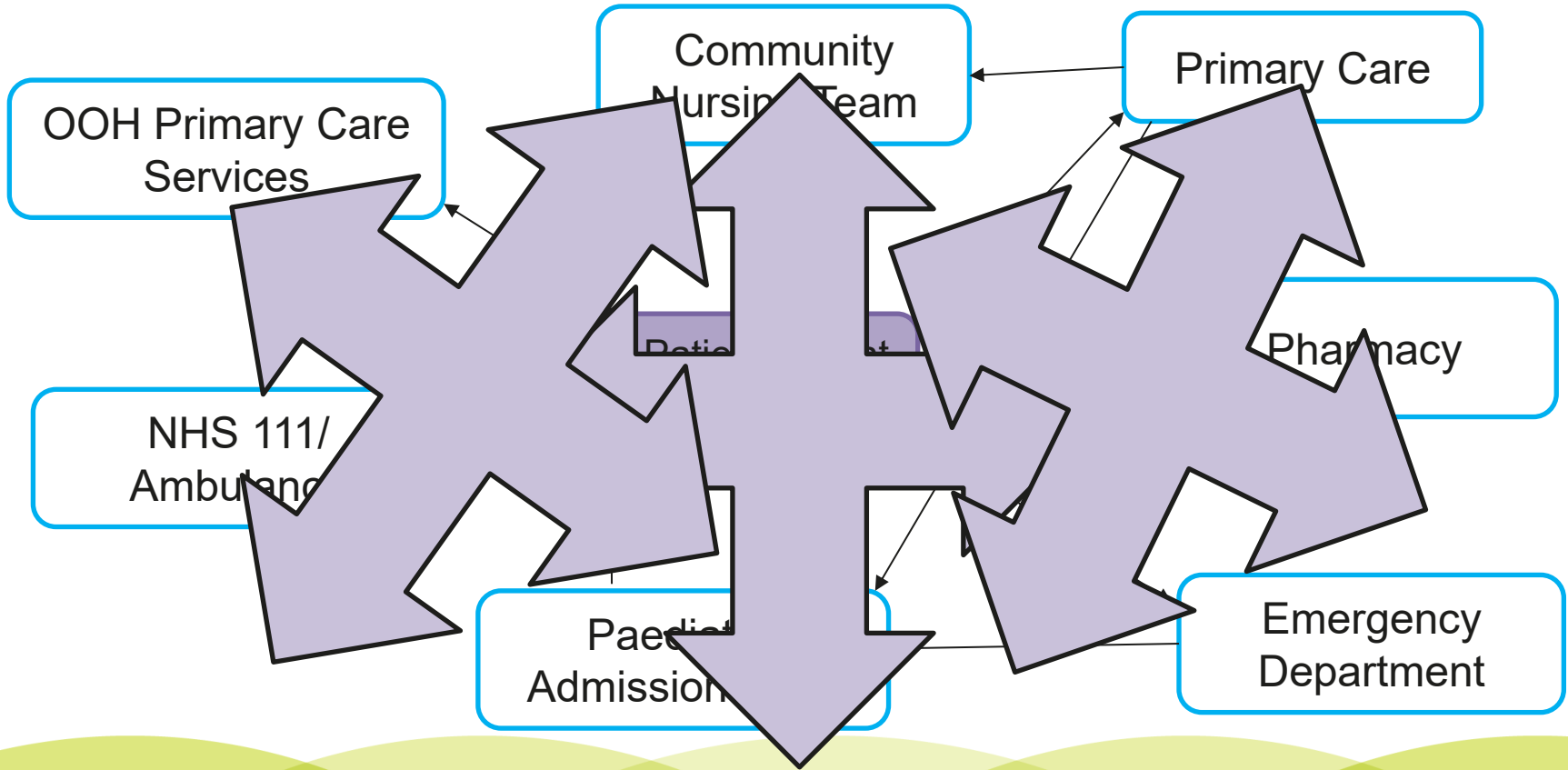
By year four our CiC and its expertise will have enabled the spread of integration in our region, our achievements will include:

- Our Healthier Together platform will incorporate community provision for the whole ICS
- Both our initial innovations will have had significant spread into a 'business as usual' approach
- Fellowships will have spread to our other local initiatives currently at the concept stage:
- Teesside dance in schools initiative
- Cornish Integrated Health Services in schools model
- Durham Data initiative.





Why Healthier Together?





Current Information Resources

- **Local**
 - Little Orange Book

- **National**
 - Healthier Together launched across multiple sites
 - NICE
 - Don't forget the bubbles
 - RCPCH



Has it made any difference - measuring success

- **Qualitative**
 - **Parent interviews conducted**
- **Quantitative**
 - **Website hits**
 - **Impact on behaviour**
 - Parent health seeking behaviour
 - Clinician behaviour



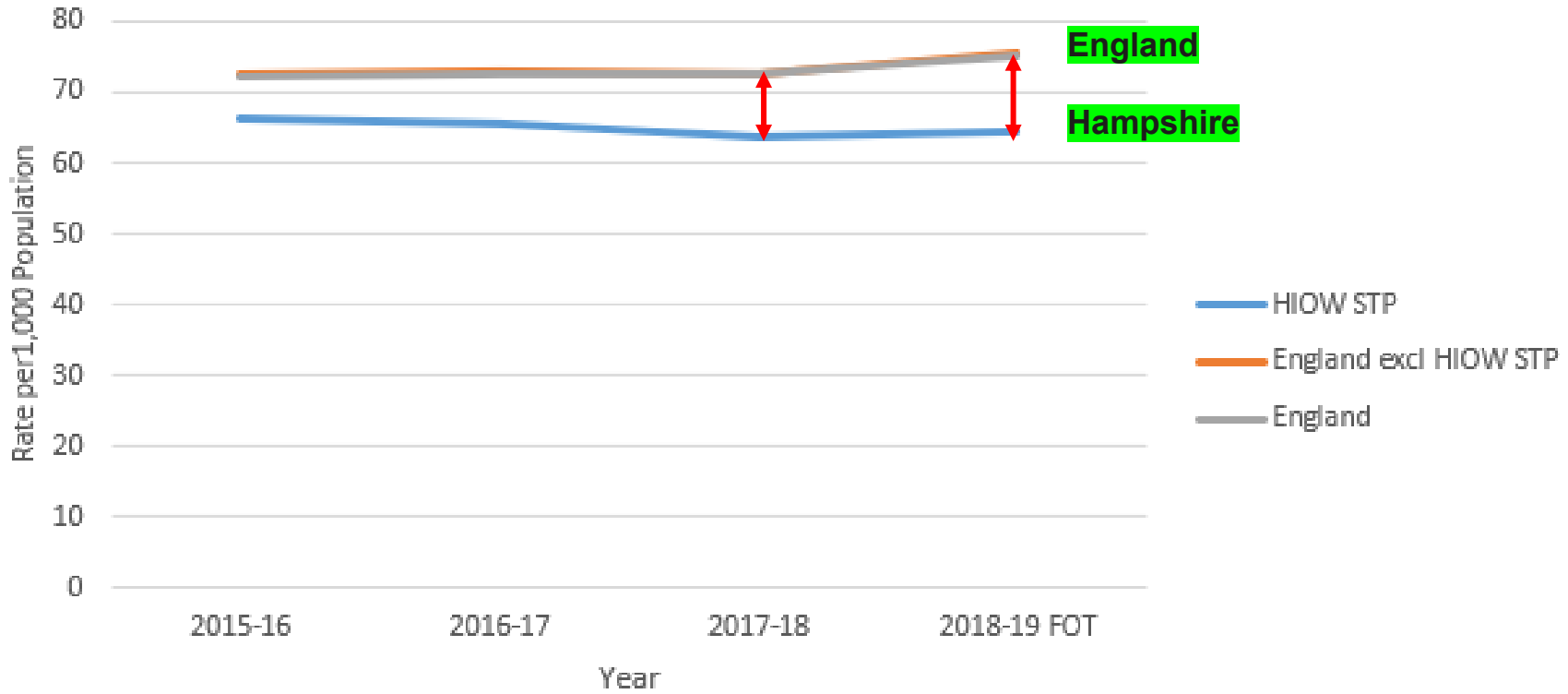
Parent surveys

- ***“It's so clear isn't it? It's simple, it's in your face, you start at the bottom, you tick them off and you go up and start ticking them off and say, okay, this is the point I've got to, we need to go to the doctor or, oh, we've got pain or diarrhoea but no vomiting and nothing else so we're all right. No, I think that's really well laid out and really clear. You can't get confused can you?” R30GP***
- ***“So that's good because people can feel reassured that, oh actually, my baby's okay, to keep it at home for two, three days, I don't need to panic, or.... It's very good.” R22CC***

Lees A et al. *SelfCare*
2018;9(1):1-15



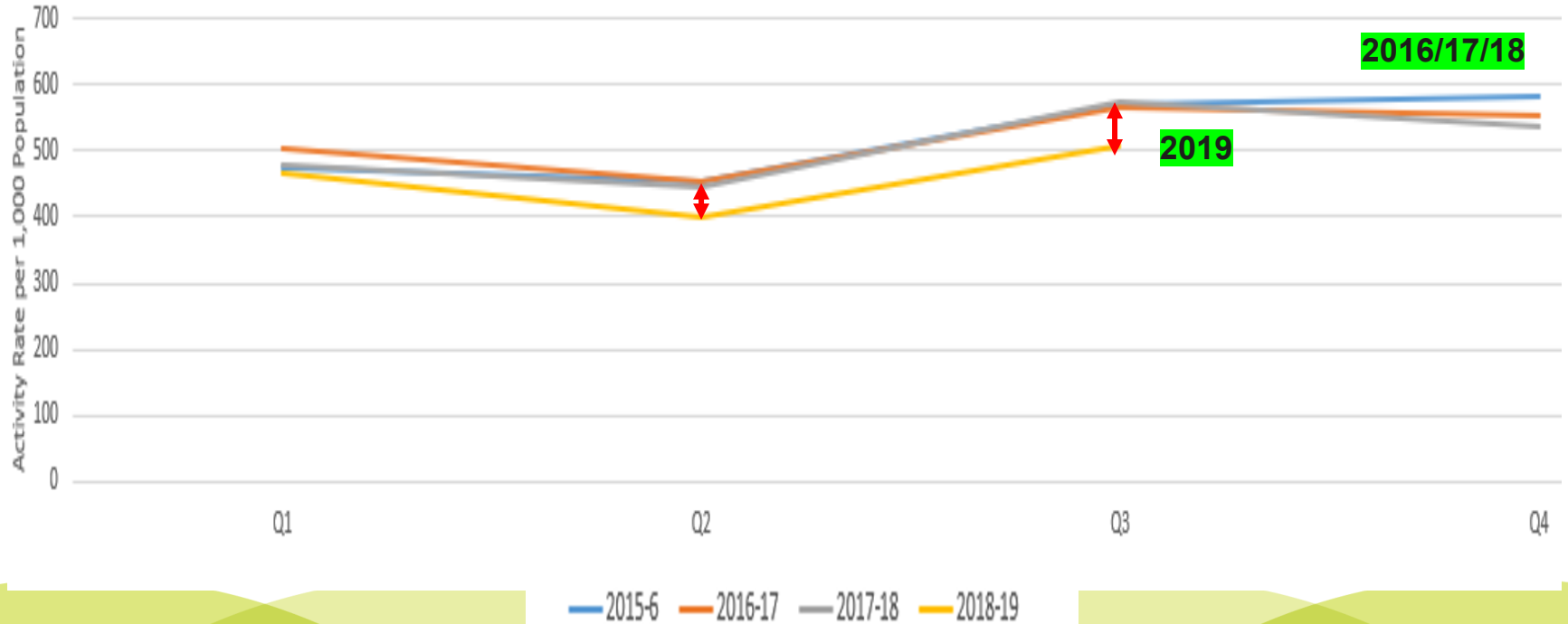
Age 0-4 / HIOW STP and England Comparison / Emergency Admissions Rate per 1,000 population





GP Appointments | Activity Rate per 1,000 Population by Year and Quarter

STP | Age 0-18





Who is Healthier Together for?

Target Audience



- Healthcare professionals (via standardised local clinical guidelines, educational resources & referral pathways).
- The site provides useful resources for pregnant women, parents, carers and young people (via information leaflets, self-care advice, & guidance on when and how to access appropriate local healthcare services).
- Promotes consistent advice aligned with information available on parent pages facilitates shared decision making

Why Healthier Together?



SMS Share - Click to send this page by text

About Us Resources Feedback

 **Healthier Together**
Improving the health of babies, children and young people throughout North East and North Cumbria

 **RCPCH**
Royal College of Paediatrics and Child Health
Leading the way in Children's Health



Choose a topic

Search this website...

Parents/Carers Professionals Health for Young People

Popular Topics...

-  My baby 3 months and over
-  My baby under 3 months
-  My child is finding it hard to breathe
-  Young People's Health

Healthier Together - a North East and North Cumbria

Show accessibility tools

- Adopted by the ICS NENC CHWN as model of good practice from Southampton (Dr Sanjay Patel, Consultant Paediatrician) and it has been spread to further sites nationally
- Most NENC CCGs have significantly higher rates of A&E attendances across all age ranges compared to the England average.
- Healthier Together has been proven to reduce unnecessary attendances at A&E



Fever / High temperature

Fever is extremely common in children and usually suggests that your child has an infection. A child has a fever if their temperature is 38.0°C (100.4°F) or above. The most accurate way of measuring your child's temperature is with a digital thermometer.

- Viral infections are far more common than bacterial infections.
- Symptoms such as runny nose, cough, wheeze, sore throat, red eyes and diarrhoea are more suggestive of a viral infection than a bacterial infection. If a number of people are unwell in the same household, this also suggests a viral infection (because viral infections are easily spread).
- Fever is common in babies up to 48 hours after receiving immunisations - it is OK to give paracetamol after the MenB vaccine without seeking medical advice if your baby is otherwise well.
- Occasionally, children with fever can have a seizure/fit. This is called a **febrile convulsion** and most commonly occurs in children aged between 6 months and 3 years. They generally occur on day 1 of the fever, and in most cases have no long term effects.
- Viral infections tend to get better on their own and do not need treatment with antibiotics. Antibiotics may actually cause side effects such as rash and diarrhoea and can increase the risk of them developing **antibiotic resistance**.

How to take a temperature

Easy to use traffic light system

When should you worry?



RED

If your child has any of the following:

- Becomes pale, mottled and feels abnormally cold to touch
- Is going blue around the lips
- Has a fit/ seizure
- Becomes extremely agitated (crying inconsolably despite distraction), confused or very lethargic (difficult to wake)
- Develops a rash that does not disappear with pressure (the 'Glass Test')

You need urgent help.

Go to the nearest Hospital Emergency (A&E) Department or phone 999



AMBER

If your child has any of the following:

- Is finding it hard to breathe
- Seems dehydrated (dry mouth, sunken eyes, no tears, drowsy or passing less urine than usual)
- Is becoming drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) - especially if they remain drowsy or irritable despite their fever coming down
- Has extreme shivering or complains of muscle pain
- Is under 3 months of age with a temperature above 38°C / 100.4°F or 3-6 months of age with a temperature above 39°C / 102.2°F (but fever is common in babies up to 2 days after they receive vaccinations)
- Continues to have a fever above 38.0°C for more than 5 days
- Is getting worse or if you are worried

You need to contact a doctor or nurse today.

Please ring your GP surgery or call NHS 111 - dial 111



GREEN

If none of the above features are present

Self care

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 - dial 111



Healthier Together

Clinical pathways and safety netting sheets



Acute illness pathways

- Abdominal pain
- Acute asthma/wheeze
- Bronchiolitis
- Diarrhoea and vomiting
- Fever
- Faints, fits and funny turns
- Head injury
- Limp
- Lymphadenopathy
- Rash and fever
- Sepsis
- Unsettled baby
- UTI
- Constipation
- Eczema

Feeding pathways

- Colic in infants
- Faltering growth in infants
- Gastro-oesophageal reflux
- Secondary lactose intolerance

Currently in development:

- Headache
- Enuresis
- Neonatal jaundice
- Mental health pathways
- Functional Abdominal Pain
- Puberty





BRONCHIOLITIS



Post Pandemic

- **Change in seasonal peak**
- **Seen in older children**
- **Less knowledge in community**



PRIORITIES OF CLINICAL ASSESSMENT		RISK FACTORS			RED FLAGS
<ul style="list-style-type: none"> • Snuffy Nose • Chesty Cough • Poor feeding • Vomiting • Pyrexia 	<ul style="list-style-type: none"> • Increased work of breathing • Head bobbing • Cyanosis • Bronchiolitis Season 	<ul style="list-style-type: none"> • Inspiratory crackles +/- wheeze • Pre-existing lung condition • Immunocompromised • Congenital Heart Disease 	<ul style="list-style-type: none"> • Age <6 weeks (corrected) • Re-attendance • Prematurity <35 weeks • Neuromuscular weakness 	Vital Sign Values	<p>Do the symptoms and/or signs suggest an immediate a life threatening illness?</p> <ul style="list-style-type: none"> • Refer immediately to emergency care by 999 • Alert Paediatrician • Stay with child whilst waiting and give High-Flow • Oxygen support

CLINICAL FINDINGS	GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
Respiratory	<ul style="list-style-type: none"> • Under 12mths <50 breaths/minute • Mild respiratory distress • O₂ sats in air 95% or above • Mild chest recession • Nasal flaring absent • Grunting absent • Apnoea's absent 	<ul style="list-style-type: none"> • Increased work of breathing • All ages > 60 breaths/minute • O₂ sats in air 92-94% • Moderate chest recession • Nasal flaring may be present • Grunting absent • Apnoea's absent 	<ul style="list-style-type: none"> • All ages > 70 breaths/minute • Respiratory distress • O₂ sats in air <92% • Severe chest recession • Nasal flaring present • Grunting present • Apnoea's present
Circulation and Hydration	<ul style="list-style-type: none"> • Normal—tolerating 75% of fluid • Occasional cough induced vomiting 	<ul style="list-style-type: none"> • 50-75% fluid intake over 3-4 feeds • Reduced urine output 	<ul style="list-style-type: none"> • <50% fluid intake over 2-3 feeds/12 hours or appears dehydrated • Significantly reduced urine output
Colour and Activity	<ul style="list-style-type: none"> • Alert • Normal • CRT < 2 secs • Normal colour skin, lips and tongue • Moist mucous membranes 	<ul style="list-style-type: none"> • Irritable • Decreased activity • Reduced response to social cues • CRT 2-3 secs • Pallor colour reported by parent/carer • Pale/mottled • Cool peripheries 	<ul style="list-style-type: none"> • Unable to rouse • No response to social cues • Appears ill to a healthcare professional • Wakes only with prolonged stimulation • Weak or continuous cry • CRT>3 secs • Cyanotic lips and tongue • Pale/mottled/ashen blue
Other		<ul style="list-style-type: none"> • Pre-existing lung condition • Immunocompromised • Congenital Heart Disease • Age <6 weeks (corrected) • Re-attendance • Prematurity <35 weeks • Neuromuscular Weakness • Additional parent/carer support required 	
	<p>GREEN ACTION</p> <p>Provide appropriate and clear guidance to the parent/carer and refer them to the patient advice sheet Confirm they are comfortable with then decisions/advice given</p>	<p>AMBER ACTION</p> <p>Advice from Paediatrician should be sought and/or a clear management plan agreed with parent</p> <ul style="list-style-type: none"> • Provide the parent/carer with a safety net: use the advice sheet and advice on signs and symptoms and changes and signpost as to where to go should thing change • Consider referral to acute paediatric community nursing team if available • Arrange any required follow up or review and send any relevant documentation to the provider of follow-up or review 	<p>RED ACTION</p> <ul style="list-style-type: none"> • Consider commencing high flow oxygen support • Refer immediately to emergency care – consider 999 • Alert Paediatrician • Commence relevant treatment to stabilise child for transfer • Send relevant documentation

Bronchiolitis and RSV

Bronchiolitis is a very common infection that causes the tiniest airways in your child's lungs to become swollen, which can make it harder for them to breathe. It is caused by viral infections often by a virus called RSV and is more common over the winter months. It mostly affects young children under 2 years of age.



Most children do not need any treatment and get better on their own. Some children, especially very young babies, may need to go to hospital due to the need for extra help with their breathing or feeding. The two most common reasons for children to need to stay in hospital are if they need extra oxygen or they are taking less than half of their normal feeds.

Related topics: [asthma, cough and colds, Covid-19, difficulty breathing](#)

What can you do?

Most babies and children can be safely cared for at home. If your baby / child is struggling with their feeding, try smaller, more frequent feeds.

A mild fever is common in the first few days. Give paracetamol to lower your child's temperature. Paracetamol will also help to soothe any sore throat and make your child feel more comfortable.

Bronchiolitis can get worse before it starts to get better. Babies and children are often most poorly on day 5 of the illness then gradually start to get better. Keep a close eye on your baby's breathing and feeding. If you have any new concerns, please re-visit our red/amber/green table to see if your child needs to see a healthcare professional or not, and to find out where and when is best for your child to be seen.

Wash your hands with soap and water regularly

Avoid exposure to tobacco smoke which makes their breathing worse

Antibiotics aren't needed as bronchiolitis is caused by a virus



When should you worry?



RED

If your child has any of the following:

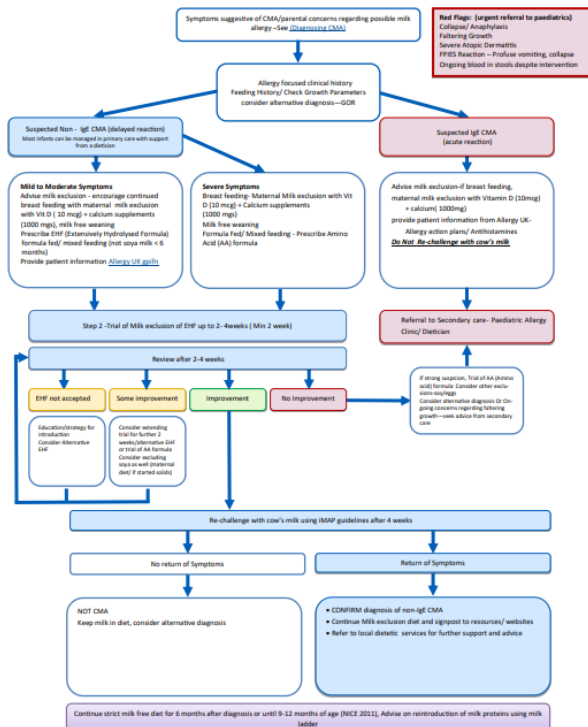
- Breathing very fast or breathing that stops or pauses
- Working hard to breathe, [drawing in of the muscles below the rib](#), unable to talk or noisy breathing ([grunting](#))
- A harsh breath noise as they breathe in ([stridor](#)) present all of the time (even when they are not upset)
- Becomes pale, blue, mottled and/or unusually cold to touch
- Difficult to wake up, very sleepy or confused
- Weak, high-pitched, continuous cry or extremely agitated
- Has a fit (seizure)
- A temperature less than 36°C or temperature 38°C or more if baby is less than 3 months
- Develops a rash that does not disappear with pressure and seems unwell (see the '[Glass Test](#)')

You need urgent help.

Go to the nearest Hospital Emergency (A&E) Department or phone 999

[Healthier Together | NHS | Bronchiolitis \(nenc-healthiertogether.nhs.uk\)](https://www.nhs.uk/healthiertogether)

Cow's Milk Allergy (CMA) Pathway



Red Flag: (urgent referral to paediatric)
 Collapse/ Anaphylaxis
 Failure to Thrive
 Severe Atopic Dermatitis
 FPIES Reaction - Profuse vomiting, collapse
 Cringing blood in stools despite intervention

Cow's Milk Allergy

Diagnosing Cow's Milk Allergy (CMA) [Primary Care (IMAP) guidelines, NICE CMA guideline 116]

[Back to first page](#)

CMA:
 2 types need to be differentiated: IgE from IgE CMA
 Symptoms varied in non IgE CMA- Diagnosis can be a challenge
 CMA typically presents in the 1st year of life

Allergy-focused clinical history
 A family history of eczema, asthma, hay fever, allergic rhinitis or food allergy is more likely in IgE-mediated food allergy.
 Feeding history - check the source of cow's milk i.e. breastmilk/formula milk or animal solids.
If the infant is asymptomatic on breastfeeding alone, do not exclude cow's milk from maternal diet
 Presenting symptoms - Ask about age of first onset, speed of onset, reproducibility, duration and severity following milk ingestion (IgE/ Non IgE CMA)
 Also ask about previous management including medication used and response to elimination/reintroduction of foods - Rule out other milk related conditions like reflux, lactose intolerance
 Weigh and measure the child to assess growth.

Mild-to-moderate non-IgE CMA	Severe non-IgE CMA	IgE CMA
Study 2-72 hours after ingestion of cow's milk protein (CMP) Formula fed, exclusively breast-fed or at the onset of mixed feeding Treatment resistance- Ery atopic dermatitis or reflux, increase as the likelihood of allergy	Study 2-72 hours after ingestion of cow's milk protein (CMP) Formula fed, exclusively breast-fed or at the onset of mixed feeding Treatment resistance example atopic dermatitis or reflux, increase as the likelihood of allergy	Study within minutes (max up to 2 hours) after ingestion of cow's milk protein (CMP) Study formula fed or at the onset of mixed feeding
(Usually several of the following symptoms)	(Severe persisting symptoms of one or more of the following)	(One or more of the following symptoms)
Gastrointestinal: Irritability - colic Vomiting - reflux - GORD Food refusal or aversion Diarrhoea like stools - loose and or more frequent Constipation - especially soft stools with excessive mucus, abdominal discomfort, painful flutters Blood and/or mucus in stool in other otherwise well infant	Gastrointestinal: Diarrhoea Vomiting Abdominal pain Food refusal or aversion Significant blood or mucus in stools Irritable or uncomfortable stools +/-faltering growth	Gastrointestinal Acute vomiting or diarrhoea, abdominal pain. Skin Acute pruritis, erythema urticaria angioedema Acute flaring of persisting atopic dermatitis Acute worsening of eczema.
Skin: Pruritus (itching) Erythema/flushing Non-specific rashes Moderate persistent atopic dermatitis	Skin: Severe atopic dermatitis +/-faltering growth	Respiratory acute rhinitis +/- conjunctivitis Anaphylaxis Severe IgE mediated cow's milk allergy Collapse/pallor

List of EHF-Extensively hydrolysed formulas	List of AA-Amino acid Formulas	Choose EHF/AA as milk free option based on the symptoms
Althera Aptamil Pepto Nutrigen 100 Simlac Alimentum	Althera Elecare Neocate Pyramis	

Developed by Tom Vohler, Cow's Milk Allergy Steering Group November 2020
 This guidance has been reviewed and adapted by healthcare professionals across North East and North Cumbria with consent from the Hampshire development groups.

Is it cow's milk allergy?

What is Cow's Milk Allergy?

Cow's milk allergy is an allergy to the milk proteins in cow's milk (and different from lactose intolerance). It is the most common food allergy in infants and young children in the UK. It usually affects 1 in 50 babies in the 1st Year of life. Most children outgrow cow's milk allergy by the age of three to five years. However, in some people cow's milk allergy may not be outgrown.

Educational films on milk allergy

The following educational films have been developed to help you better understand cow's milk allergy and how to look after your child with suspected milk allergy



[Video 1 – Cow's milk allergy explained](#)



[Video 7 – Frequently asked questions](#)

[Healthier Together | Is it cow's milk allergy?
\(nenc-healthiertogether.nhs.uk\)](http://nenc-healthiertogether.nhs.uk)

Healthy Sleep

Good quality sleep is important for everyone but especially for children as it directly impacts on their mental and physical development.

Good sleep helps to improve attention, behaviour, learning and memory.

View [useful resources section](#) at the bottom of the page



[Healthier Together | Healthy Sleep \(nenc-healthiertogether.nhs.uk\)](https://healthiertogether.nhs.uk)



But how do you get people to use the resources?

- **Parents**
 - Role-modelling by healthcare professionals
 - Parent minor illness sessions (health literacy)
- **School based staff**
 - Local authority public health teams
 - Mental health education in schools
- **Healthcare professionals**
 - Education based on clinical pathways/safety netting sheets





Website is now live!!

[Healthier Together | Home \(nenc-healthiertogether.nhs.uk\)](http://nenc-healthiertogether.nhs.uk)

Follow the project on social media

[@HT_NENC](https://twitter.com/HT_NENC) on Twitter

[HealthierTogetherNENC](https://www.facebook.com/HealthierTogetherNENC) on Facebook.



Healthier Together Mobile Application



Healthier Together

Mobile App to reduce anxiety amongst parents of young children and avoid unnecessary A&E and GP presentations

North East and North Cumbria ICB



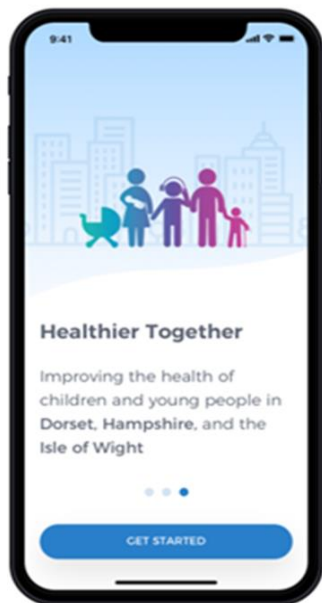
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Paediatric Care Initiative of the Year



Healthier Together App Objectives



Parent Health Literacy

Educate and empower parents to make an informed choice about where and when to access the healthcare system



A&E Attendance

Reduce parental anxiety to avoid unnecessary A&E attendances. Raise awareness of red flag to avoid delayed presentations.



Child Mental Health

Mental Health support to help address the effects of isolation and long waits for children services during COVID-19.



Primary Care

Reduce unnecessary GP appointments. Streamline Primary Care Access when required via an in-built Online Consultation tool.



Care at Home

Provide self-care advice to provide care at home. Links to online content, videos and social prescribing information.



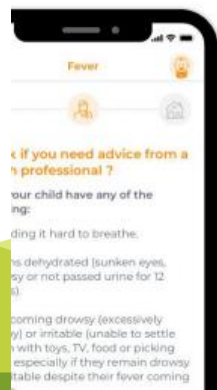
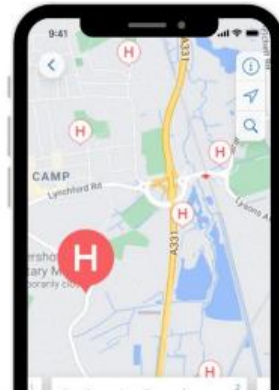
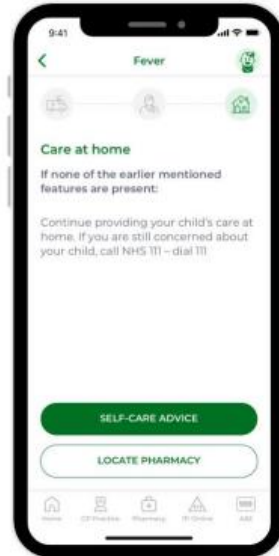
Health Outcomes

Drive better health outcomes in children through timely clinical intervention when required and parental support at home.

CALL TO GP PRACTICES TO ONBOARD BEFORE THE RISE IN WINTER RESPIRATORY VIRUSES

The Healthier Together app aims to change the health-seeking behaviour of parents by providing them with the tools to evaluate the severity of their child's illness when they are poorly.

Only by your practice formally onboarding will your patients have full access to the functionality of the app.



Conversion rate

% of parents that choose to download the app after being signposted to its page



Retention rate

% of parents that choose to keep the app installed on their phones after download

Median Conversion rate within the Medical apps category is 55%. The Healthier Together app is trending significantly above this.

Reducing ED and primary care activity ...



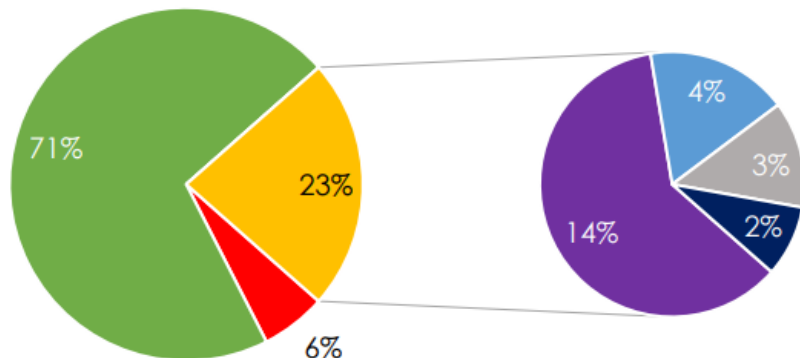
Self-Care

71% of self-triages result in patients choosing to self-care.



Emergency

6% of parents are advised to visit A&E or call 999.



■ Red ■ Green ■ Amber ■ Online Consultation ■ Called Practice ■ NHS 111 Online ■ Called NHS 111



Online Consultation

Only 14% of Amber dispositions resulted in an online request.

This translates to only 3% of the overall number of parents that used the app to self-triage.

Manual review of "amber" patients that contacted primary care online (conducted by PCN) – 100% appropriate

Key Features

- Aligns with existing Practice Pathways
- Increases clinical capacity by filtering the "worried well"
- Prioritises children that require same day triage
- Red | Amber | Green symptoms have been established by local clinicians and sign-post to local resources

Practice Workflow

- Parent submits an online consultation request to nominated mailbox. Relevant amber symptoms captured. Amber disposition options can be set to online consult or telephone or both (preferred by most practices).
- Admin staff will file the request and add to duty triage list.
- Duty doctor or a nominated clinician will review the request and decide further action e.g. Call back | F2F appointment.

Feedback from patients and practices ...



Parent

I'm using the app and loving it for my two, really concise and much better than 111 online. Amazing what doesn't require intervention! Edith had a bump on the head golf ball sized but that was ok to monitor and ice a bit at home – brilliant as I probably would have headed to ED.



Parent

As a mother of 4 children ranging from 16 months to 13 years, I find the app very useful and helpful to give me the information that I need to help me to look after my children when they are not feeling well. The information is really clear and easy to follow, the videos make this app extra special, it has saved me calling the health services on many occasions but also gave me a guide on when to ask for help.



PCN Clinical
Director

As a GP, I regularly signpost parents to the app. They find it helpful as it has a huge amount of information for them and gives great advice on what to do and when to worry and seek medical advice if needed.



Practice
Manager

I would like to compliment you and your team on the Healthier Together App...what we have certainly noticed is the ease of using the app for the patients and how clear the options and links are on the app. When comparing it to e-consult (as it is the most comparable application we have) it is worlds apart, with e-consult it is very time consuming for both the patient completing the questionnaires and us as a surgery as the answers/information is not as clear as that of HT App and can easily be completed and read by all parties. We must congratulate all involved and look forward to the affect using the app will have on our patients and their self-care and the impact this will have on our surgeries.

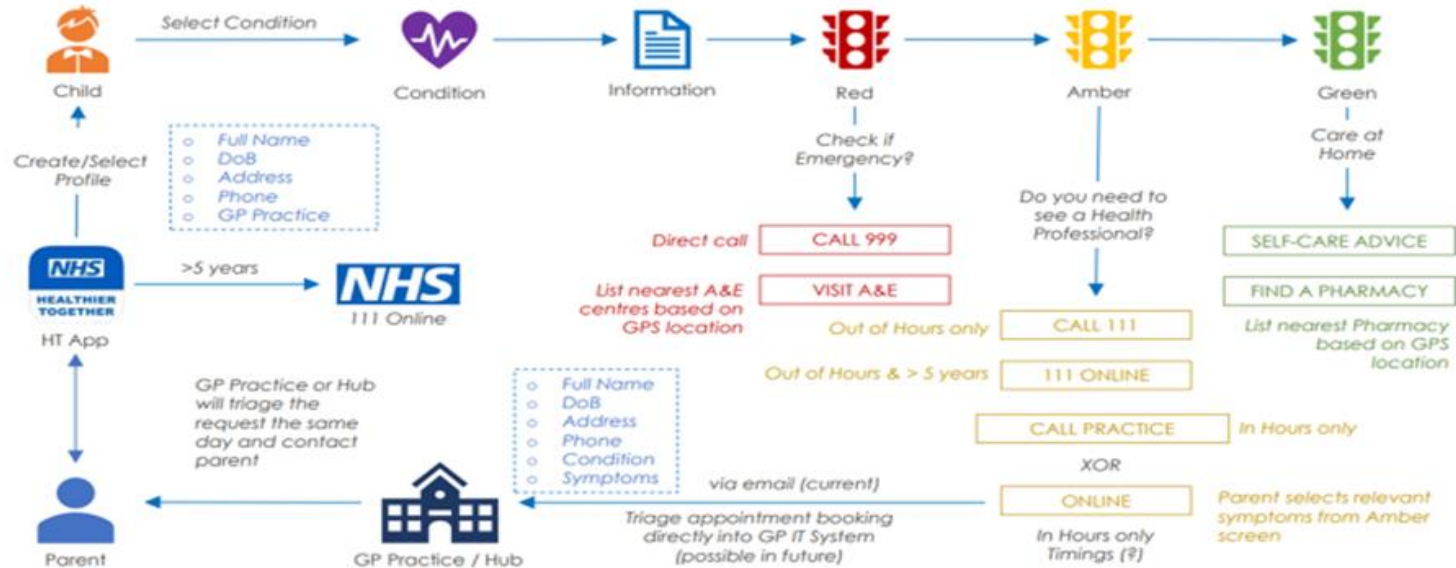


Practice
Manager

We are actively promoting the app and we have had a few emails come through which all seemed appropriate.



Healthier Together App Patient Flow – Physical Health



Parents can choose from a range of conditions ...



For children **3 months or older**

Age specific templates for the following age brackets:

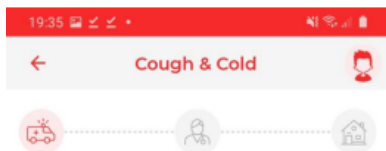
- o < 3 months
- o 3 to 5 years
- o 5 to 12 years
- o 12 to 18 years

21

Conditions

Anything else is covered by a generic template

Recognising an emergency condition (Red) ...



Check If Emergency ?

Does your child have any of the following:

- Is going blue around the lips.
- Has pauses in their breathing (apnoeas) or has an **irregular breathing** pattern or starts **grunting**.
- A harsh breath noise as they breathe in (**stridor**) present all of the time (even when they are not upset)
- Too breathless to talk / eat or drink.
- Becomes pale, mottled and feels abnormally cold to touch.
- Becomes extremely agitated (crying inconsolably despite distraction), confused or very lethargic (difficult to wake).

continued

continued

- Has pauses in their breathing (apnoeas) or has an **irregular breathing** pattern or starts **grunting**.
- A harsh breath noise as they breathe in (**stridor**) present all of the time (even when they are not upset)
- Too breathless to talk / eat or drink.
- Becomes pale, mottled and feels abnormally cold to touch.
- Becomes extremely agitated (crying inconsolably despite distraction), confused or very lethargic (difficult to wake).
- Develops a rash that does not disappear with pressure (see the **Class Test**).

YES

NO



Helping to reduce unnecessary A&E visits while ensuring that emergency conditions are recognised and receive urgent care.

Future

1. Use Phone GPS to identify nearest A&E centre
2. Map Integration for travel directions
3. Live Wait times

If any emergency symptom is present then parent is advised to Call 999 or Visit nearest A&E.

Leads to Amber Section (next page).

A&E visit avoided.



You need urgent help.

Go to the nearest Hospital Emergency (A&E) Department or call 999.

CALL 999

VISIT A&E



Access to GP Practice & 111 (Amber) ...



Do you need advice from a health professional?

Does your child have any of the following:

- Has laboured/rapid breathing or they are working hard to breath – drawing in of the muscles below their lower ribs, at their neck or between their ribs ([recession](#)).
- A harsh breath noise as they breathe in ([stridor](#)) present only when they are upset.
- Seems dehydrated (sunken eyes, drowsy or passed no urine for 12 hours).
- Is becoming drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) – especially if they remain drowsy or irritable despite their fever coming down.

continued

continued

- Seems dehydrated (sunken eyes, drowsy or passed no urine for 12 hours).
- Is becoming drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) – especially if they remain drowsy or irritable despite their fever coming down.
- Has extreme shivering or complains of muscle pain.
- Is 3-6 months of age with a temperature of 39°C / 102.2°F or above (but fever is common in babies up to 2 days after they receive vaccinations).
- Continues to have a fever above 38.0°C for more than 5 days.
- Is getting worse or if you are worried.

YES

NO

Leads to Green Section (next page).

GP Appointment avoided.



You need to contact a doctor or nurse today.

Please use the options below to call your GP practice (available only when the practice is open) or call NHS 111 (available only when the practice is closed).

The Online Consultation facility is only available during GP practice opening hours and allows you to describe your problem, so we can sort it out for you as efficiently as possible. You will be contacted by your practice the same day. We recommend that you use this service instead of calling the practice.

ONLINE CONSULTATION

CALL GP PRACTICE



Shown during Practice In-hours



You need to contact a doctor or nurse today.

Please use the options below to call your GP practice (available only when the practice is open) or call NHS 111 (available only when the practice is closed).

The Online Consultation facility is only available during GP practice opening hours and allows you to describe your problem, so we can sort it out for you as efficiently as possible. You will be contacted by your practice the same day. We recommend that you use this service instead of calling the practice.

111 ONLINE

CALL NHS 111



Out of Hours

Self-Care (Green) ...



Care At Home

If none of the earlier mentioned features are present.

Additional advice is also available to young families for coping with crying of well babies – click [here](#).

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111.

If your child has [symptoms suggestive of COVID-19](#) (high temperature; new continuous cough - coughing a lot, for more than an hour or 3 or more coughing episodes in 24 hours; or loss of taste/smell) then arrange for your child to be tested via the [NHS testing website](#) or by calling 119. You and anyone in your support bubble must remain at home (isolate) until your child's test results are back.

continued



continued

are present.

Additional advice is also available to young families for coping with crying of well babies – click [here](#).

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111.

If your child has any [symptoms suggestive of COVID-19](#) (high temperature; new continuous cough - coughing a lot, for more than an hour or 3 or more coughing episodes in 24 hours; or loss of taste/smell) then arrange for your child to be tested via the [NHS testing website](#) or by calling 119. You and anyone in your support bubble must remain at home (isolate) until your child's test results are back.

SELF-CARE ADVICE

LOCATE PHARMACY



Helping to reduce unnecessary GP appointments while educating parents about home care.

Educating parents about antibiotic resistance.

Self-help information to care at home

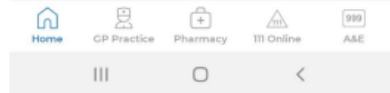
Future

1. Use Phone GPS to identify nearest Pharmacy
2. Opening Times
3. Out-of-Hours Pharmacy



Keep your child well hydrated by offering them lots of fluids.

- Most children with coughs/colds do not require treatment with antibiotics. Antibiotics rarely speed up recovery and often cause side effects such as rash and diarrhoea. They will also promote the development of [antibiotic resistant bacteria](#) in your child.
- Try children's paracetamol and/or ibuprofen - cough syrup does not tend to help with coughs.
- Try using saline nose drops or spray if your baby has a blocked nose.
- For children **over 1 year**, a spoon of honey (perhaps in a warm drink) half an hour before bed may help them to wake less often in the night.





How practices or PCNs can sign up

Next steps for Practices and/or PCNs wishing to join and benefit from the programme

Complete Online Form to initiate onboarding process

<https://forms.gle/fhSkgtmkbZCJjrFA>

Commissioned centrally by the ICS – no cost to practices or PCNs.



A walk around Healthier Together website



Other useful areas

Its not all about acute illness

- Should my child go to school today?

[Healthier Together | Should my child go to school today \(nenc-healthiertogether.nhs.uk\)](https://www.nenc-healthiertogether.nhs.uk)

- Milk Allergies

[Healthier Together | Is it cow's milk allergy? \(nenc-healthiertogether.nhs.uk\)](https://www.nenc-healthiertogether.nhs.uk)

- Young peoples section

[Health for Young People :: North East and North Cumbria Healthier Together \(nenc-healthiertogether.nhs.uk\)](https://www.nenc-healthiertogether.nhs.uk)



Key Areas for Development for Healthier Together

- Ongoing development of acute illness section
- Pregnancy (linked with maternity network)
- Child Development review and update
- Public Health messages
- Parents section 11 to 19 (adolescence)
- Young peoples section (linked with young person book)
- SEND

Example; alcohol young people

Healthier Together



Our ask is for you to:

- Download the Healthier Together app from your app store and familiarise yourself with it



- Ask friends, family members, colleagues to download it too
- Actively promote and signpost to the app and website with, organisations, individuals and communities you work with where it is appropriate.
- Share promotional material with parents and carers and young person section appropriate for secondary school age children

If you would like any promotional materials to use within your organisation please email laura.cassidy8@nhs.net and we will arrange for them to be posted out to you.



Other initiatives of interest to UEC

- Little Orange Book
- Refugee guidance on access to NHS
- Beat Asthma and BREATHE
- Youth Mental Health First Aid
 - directly in communities (and schools)

Active partnership



Complex partnership





New Network Initiatives



Child Health and
Wellbeing Network
North East and North Cumbria

North East and North Cumbria Child Health and Wellbeing Network

Tackling Respiratory Illness in Poverty Together (TRIPT)

NENC Child Health and Well-being Network
Registration



Follow us @EveryChildNENC





Inequalities Focus of the Network

- In 2019, inequalities featured heavily in the development of our priorities, including poverty, vulnerability, and mental health
- In 2020, our Poverty Proofing consultation asked young people and families what the barriers are to accessing health services
- In 2021, the publication of our Facts of Life report detailed stark statistics for our young people growing up in the NENC. Inequalities formed the focus of initiatives such as the South Tees Arts Project (STAR), working into our under-served communities, and the appointment of our Health Inequalities advisors
- In 2022, our team continues to focus on under-served communities and is developing a 'call to action' to respond to the current cost of living crisis affecting children and families.



Call to action and fuel poverty Sept 22:

- Households with children have the highest prevalence of fuel poverty. One in five UK households with dependent children experienced fuel poverty in 2020 (40.3 percent of all fuel-poor households)
- Homes that are cold due to fuel poverty exacerbate health inequalities.
- As well as immediate and long-term health implications, fuel poverty and cold homes can significantly impact a child's education. Energy-inefficient, cold homes are more prone to damp and mould and it is estimated that 1.7 million school days are missed across Europe due to illnesses associated with damp and mould.
- UK children miss more school days due to disease burden from damp than any EU member state, with rates over 80 per cent higher than the EU average. As well as missing days in school, it is much more difficult for children to do homework and study in a cold home where households crowd into one or two heated rooms.

[read-the-report.pdf \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/read-the-report.pdf)



To successfully create interventions to protect from the health effects of fuel poverty, health services and local authorities have an obligation to optimise the health and wellbeing of children and young people

Call to action and fuel poverty:



“Our Network has had a focus on health inequalities affecting children and young people in our region for some time already, but the recent escalation of the cost of living crisis has motivated the Network to develop an ‘emergency response’ to the current situation.

Children living in cold homes are more than twice as likely to suffer from respiratory illness, such as asthma and bronchiolitis, than those in warmer homes. Fuel poverty can also affect babies’ growth and development, have devastating effects on young people’s mental health, and adversely impacts children’s education.

‘I’m delighted that we are now proposing to use this report and its recommendations to direct our autumn call to action to address these issues in the North East and North Cumbria, where we have some of the most financially-challenged and deprived communities.’

Dr Mike McKean, Clinical Lead of the North East and North Cumbria Child Health and Wellbeing Network

Actions and next steps



Proposed short term actions

Possible next steps

Develop a regionwide awareness campaign for professionals working with children affected by respiratory illnesses, to encourage them to always consider fuel poverty and other core determinants of inequalities that may be impacting a child's health, and to have the knowledge and confidence to sensitively broach an offer of signposting to sources of practical support. This may include services provided by the local authority, access to social welfare or housing advice, or links to VCSE organisations.

Scoping exercise to collate links, info etc – what is already available in each area e.g. Newcastle City Council local response in this ITV News clip:

<https://twitter.com/itvtynetees/status/1577907549566803968?s=20&t=gQEM4yZkvA-Ewx4EYtgkMA>

Who do we need to connect into the work?

Utilise existing tools that are available, for example:

- Royal College of Paediatrics and Child Health (RCPCH) [Child Health Inequalities Toolkit](#) - provides advice and guidance for paediatricians on addressing child poverty issues as part of their patients' care
- Educational film for clinicians – developed by Prof Greta Defeyter and featuring Dr Mike McKean (Network Clinical Lead)
- Use of Healthier Together website as key platform for sharing resources and information for professionals to use to signpost families to support

- Collating all links to local authority cost-of-living advice pages from their websites, along with any additional resources from VCSE etc. It will make
- HT the first port of call for any health professionals working with families living in poverty (or even just struggling financially or with housing issues), and especially children with respiratory illness, wanting to help them with their wider social determinants of health, alongside the treatment for their illness.



Sustainability

Worried about climate change and wondering what you can do?

Making changes at home but wanting to have a bigger impact by changing the way you work?

Child Health Sustainability Course



- New Sustainable Child Health Course in partnership with the Centre for Sustainable Healthcare and the Royal College of Paediatrics and Child health .
- The course is for anyone working with children and young people who is interested in introducing sustainable practice in their workplace to help improve outcomes.
- The course includes an interactive package of online materials followed by a half day workshop on the 10th January, 1pm until 5pm, with opportunity to feedback the following week.



The course will explore:

- The impacts of climate change on the health and wellbeing of children and considers how services may be contributing to the problem.
- A shared vision of a system of care and education which maximises children's opportunities to thrive, whilst minimising impact on the environment.
- How the principles of sustainability can be applied in their settings, using a mix of theory and case examples and provide support for project development.



Learning Outcomes

1. Describe the relationship between the global environmental crisis and child health and wellbeing.
2. Describe the role of different players in the ecosystem of care around the child in responding to the threat of climate change and the importance of partnership working
3. Apply the principles of sustainable development to your area of work
4. Develop carbon literacy and identify carbon hotspots
5. Plan a sustainability project in your workplace



Our ask of you

- **Regular connection between our networks to raise the voice of the child**
- **Register as a network member (link on last slide)**
- **Healthier Together website share with relevant networks to support promotion of the resource to professionals and families.**
- **Healthier Together mobile application, encourage families to use and promote** (communication toolkit to be shared with presentation)





Any Questions?



Thank you Stay in contact!



Please follow, share and retweet relevant work so that we can continue to share good practice across the region at the Child Health and Wellbeing Network handle **@EveryChildNENC**

Visit our website - nhsjoinourjourney.org.uk/what-we-are-doing/priorities/optimising-health-services/child-health-and-wellbeing-network/

Please encourage colleagues from all areas of Child Health and Wellbeing to register via [forms'/gG11zhr2Z8VLU2db9](#) so they are included in our communications and feed into the workplan projects that they are interested in.

Join our Journey

North East and North Cumbria

Contact us:

england.northernchildnetwork@nhs.net