

## Case Study A: Healthier Together – an integrated, region-wide approach to improve outcomes for children and their families.

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## Description

The [Healthier Together](#) (HT) pilot project was implemented in Hampshire, Dorset, and the Isle of Wight (IoW). It provided health literacy material/resources for parents, including open access to a website and standardised clinical and referral pathways for the following paediatric conditions:

- abdominal pain
- asthma/wheeze
- bronchiolitis
- diarrhoea/vomiting
- fever
- head injury

The website and resources were made available to child healthcare and community services (general practices, health visitors, front-line hospital staff, pharmacists, child community services, NHS 111 staff) serving children aged 0-4 years-old.

## Context

Reducing the use of emergency hospital care is a priority in England<sup>1,2,3,4</sup> due to increasing patient numbers over the last 12 years. Hospital contact rates among children peak during infancy (<1-year-old)<sup>5</sup>, with the proportion categorised as non-urgent attendance being highest among infants<sup>6</sup>.

The (HT) resources were designed to provide easily accessible facts about common childhood conditions, advising actions to take in the event of certain symptoms, and when and where to seek medical help. The resources also provided healthcare professionals with standardised clinical pathways and ‘safety-netting’ material to assist in the delivery of consistent healthcare messages to parents.

## Method

An evaluation study of the HT resources was undertaken in the pilot site.

The HT pilot was carried out in a diverse city which contained areas of socioeconomic deprivation. The study’s recruitment criteria were:

- Parents/carers of children aged 0-4-years-old resident in the HT pilot location
- Parents/carers who had received, or were signposted to, HT resources/information, including parents who had attended a Children’s Centre/GP surgery at which HT was being promoted 3 months prior to recruitment.

The HT resources were evaluated through semi-structured interviews with parents (n=18). They were asked to demonstrate how they would access HT resources and to share their views on the resources.

## Outcomes

The following themes were identified from the pilot evaluations. These have relevance to the provision of health literacy information in general:

### 1. Parents' anxieties concerning their children's health

Parental anxiety concerning childhood illness was a prominent theme. Anxieties were heightened when illness was amongst a baby or very young child:



*People do tend to panic especially when it's with their children.*



*...as mums they are always anxious, "Oh I don't know if I should be riding it out, if I shouldn't be riding it out?" And things like that.*

Some respondents recognised that fears for the safety of their children could lead parents to panic and seek help in cases that may not actually require urgent attention:



*...People panic and that's why they then rush up to A&E and the doctors.*

### 2. Positive evaluation

Many of the positive comments about the resources appeared to relate to their potential role in mitigating the anxieties. Respondents appreciated the advice regarding 'what to do when' in terms of caring for their child, especially advice on whether it is necessary to see a doctor or if they can treat their child at home:



*It's like a mini doctor for you at home, that's how it is, that's how I see it. It gives all information, what should I do, in what cases I need to go to hospital or how I can treat my baby at home*

A small number of parents had already implemented some of the learning they acquired from the resources:



*When (name of baby) been struggling to eat for two or three days, and it was clearly stated ...on the website that don't worry about babies not eating, little and often might be a better way than standard meals. That kind of put my mind at rest... Yesterday I changed my strategy, and I was feeding him bits here and there, and he ended up eating the same amount, but it was a lot less stressful for me.*

A number of respondents suggested that the provision of advice for parents at home could reduce unnecessary trips to the GP. A number also reflected on how they may change their behaviour in future as a result of these resources:



*I think it's very good, to be honest. It's very good that you're having this kind of help to the people because I know that A&Es and GPs, they can get really busy with simple stuff that you can fix at home. It is much better for you and your baby if you can help just staying at home.*

### 3. Parental interaction with HT resources

Despite the HT information being on display in children's centres, the majority of parents approached did not appear to have noticed the resources. Parents stated that they would not look for, or access health information until their child was actually unwell:



*I'd not seen these before... but maybe it's because I wasn't looking out for them, that I didn't see them.*

All parents recruited from GP surgeries recalled being signposted to the HT resources and had accessed the resources ahead of the interview, reinforcing that parents may be more receptive to health literacy resources at a point when they have concerns about their children's health.

### 4. Need for effective 'signposting' communication

A number of respondents expressed reservations about the introduction or explanation that they had received – two respondents felt the delivery was rushed, without enough attention being given:



*They said, "Oh just go to that website, it has everything on there like when you have to go to hospital or GP", and I was like, "Okay". I was quite upset with her because I was...wanting her to do a check-up properly on my baby.*

However, a more detailed and friendlier explanation supported parental engagement in the resources which was appreciated and reassuring:



*She had a poster on the wall I think that had sort of an example page from the website... She talked us through bits on that...She was absolutely lovely and very reassuring.*

## 5. Format of resources: paper versus web-based resources

Another contextual issue that affected people's interaction with the HT resources was their preferences (and confidence levels) around using the internet to access information versus paper-based information. Therefore, a mix of information formats is likely to be necessary to meet the range of preferences that people hold.



*On the internet, you have so much information that you don't know what to follow first.*



*I'm probably more likely to go to the internet just because you've always got your phone with you or your iPad or a computer. I'm probably more likely to reach for that than to go and try and look for some leaflets that I knew I was given once.*

## 6. Choice of device via which to access the website

Phones were often seen as the most convenient method for accessing web-based information:



*I prefer my phone, being able to access it quite quickly.*



*I do most things now on my phone.*

The 'think aloud' section of the interview revealed that the layout on the HT mobile site was different to that appearing when loaded on a PC or tablet and resulted in several problems navigating the site and searching for information.

## 7. Safety netting

One respondent who did not have English as a first language reported difficulties understanding the website:



*The only time I looked at the website was just once... but the problem is reading, if there's something I don't understand it will be like nothing I can do.*

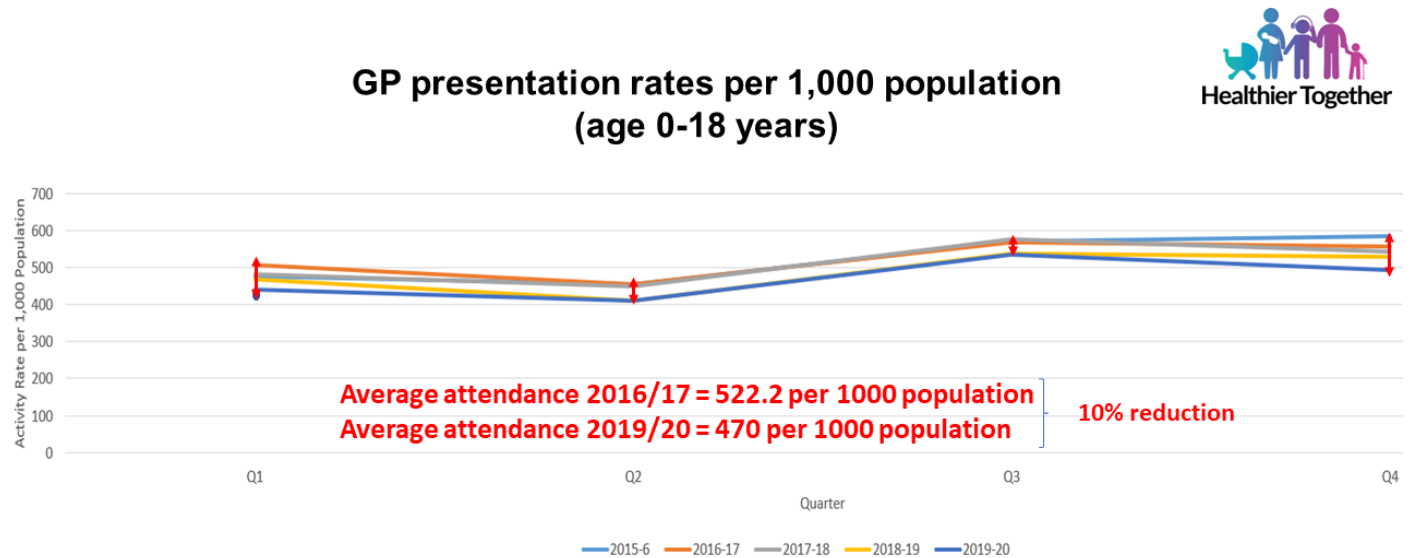
They went on to explain that, although they had struggled to understand how to use the resources initially, extra support and explanation by health professionals helped them, indicating the importance of additional explanation for those with language difficulties:



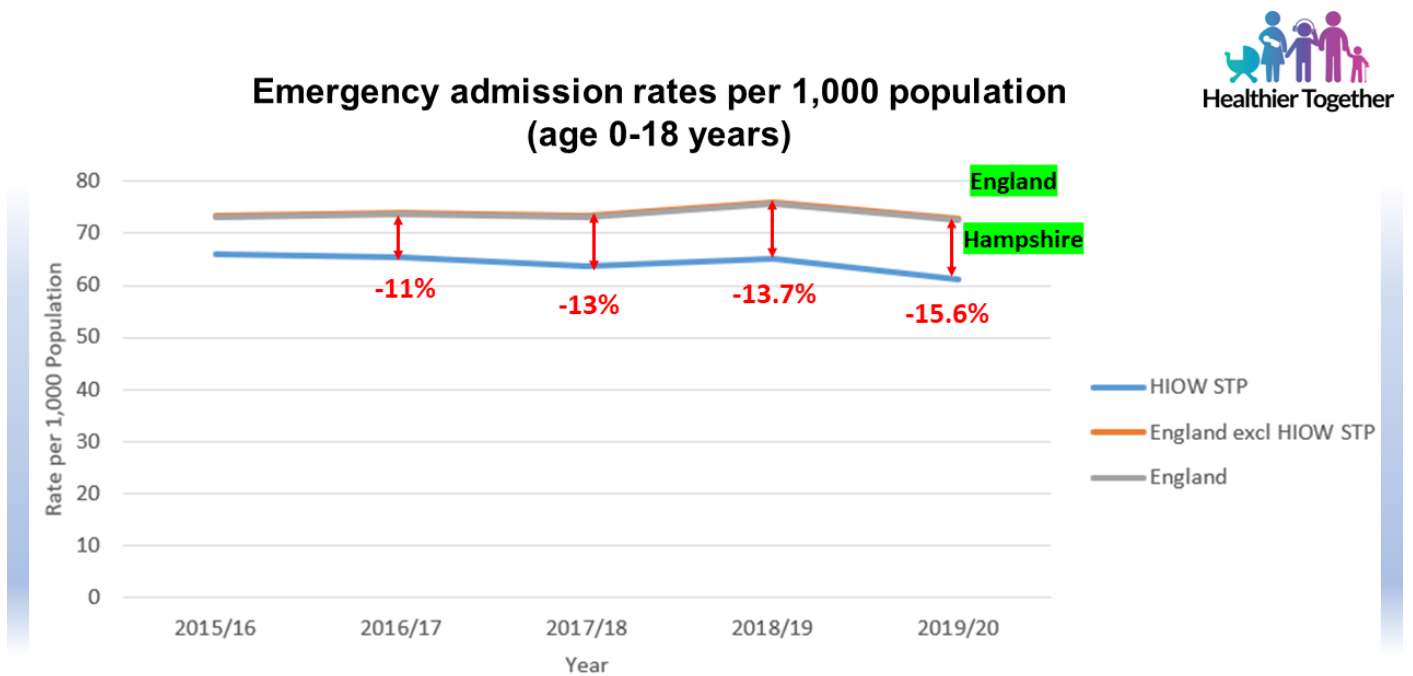
*The nurses they come to the house and do a check-up on the baby... They gave it (HT resources) to me... they explained how... Like if there's something wrong to go straightaway to the red but if not, that one, this section, to stay at home and just ring the doctors...It made me feel better because I was scared because it's my first baby...*

## Data Outcomes

The graph below shows the reduction in primary care presentations in Hampshire/loW after the implementation of the Healthier Together programme:



The graph below shows a reduction in emergency admission rates in Hampshire/loW compared to the England Average between 2015/16 and 2019/20:



## Key learning points

- The theme of anxiety was raised by many parents and this resonates with findings from previous research<sup>7,8</sup>. A range of conflicting worries acted as ‘push’ and ‘pull’ factors either encouraging or deterring parents from visiting the GP or the Emergency Department. From this perspective, health information that could help parents make decisions in an informed way was positively received.
- Parents did not tend to read health information except when their child was unwell – and were, therefore, less responsive to marketing or invitations to engage with it outside of the health setting.
- Parents had different needs and preferences. A mix of formats for health information is likely to be preferable, including a mix of paper-based and online resources and websites that work well across all interfaces, notably smartphones.
- Heightened anxiety affected parents’ ability to make use of health literacy information; therefore, health literacy resources should be concise, simple, and easy to navigate. The HT web-based resources have been simplified and the process for navigation enhanced which is hugely important for those who struggle to read English either due to low literacy or because English is not their first language.
- To counteract feelings of anxiety, parents appreciated reassuring, unrushed and personable communication from health professionals who introduce health resources to them. Research shows that people under stress are predisposed to focus on any negative aspects of communication and interpret non-verbal cues negatively<sup>9</sup>. To overcome this, and build trust, requires good listening and a caring manner, as well as competence, expertise and knowledge.
- When communication worked well, parents were reassured and empowered to use health resources, whereas where communication felt rushed, or unfriendly, parents were less satisfied. This resonates with the call for health professionals to act as ‘infomediaries’ to support their patients to access the information they need to enable the best self-care<sup>10</sup>, this is particularly important for patients with poorer English or literacy skills.

## Case Study B:

# Health visiting in Hampshire: supporting a whole system shared-learning approach to address increasing demand on children's Emergency Department (ED) attendances.

**Adapted from: [Health Visiting in England: A Vision for the future. Health visiting – Good practice case studies](#)**

### Credits to:

Sanjay Patel – Consultant in Paediatric Infectious Diseases and Immunology, Southampton Children's Hospital. Programme Lead, Healthier Together.

## Description

Health visitors are in an ideal position to support parents' confidence and health literacy to recognise and manage minor illnesses in childhood. This case study describes a multi-disciplinary approach to address increasing rates of ED attendance in children 0-4 years through the development of consistent and explicit resources on childhood illnesses, with safety-netting advice for parents; alongside a shared learning approach for continuous professional development on childhood illnesses for health visiting teams.

## Context

The Healthier Together programme was set up by Dr Sanjay Patel (Consultant in Paediatric Infectious Diseases) in 2014 and is founded on collaborative working across the healthcare system. Its aim is to improve the delivery of care to children and young people across Wessex (Hampshire, Isle of Wight and Dorset) through effective integration between local authorities (including health visitors and school nurses), primary and secondary care.

## Method

Views were sought from health professionals (n=249) using a collaborative approach to develop a suite of resources to support them to manage acute paediatric illness in the community, including:

- Standardised web-based and downloadable resources for parents and carers about common illnesses.
- Clearer guidance on local referral pathways.
- Standardised guidance on assessing and managing common presentations with Red-Amber-Green (RAG) rating and safety-netting advice.
- Multi-disciplinary education and training was provided to frontline healthcare professionals, including health visitors, on clinical pathways/safety-netting sheets which were RAG-rated to support clinical decision-making and consistent advice.

The resources were embedded within existing practice and parents were supported to use them when seeking advice for childhood illnesses through role modelling by healthcare professionals. In addition, health visiting teams included parent minor illness/ health literacy sessions within Transition to Parenthood groups. The resources were also promoted through schools via local authority public health teams and mental health education in schools.

## Outcomes

Programme evaluation included qualitative and quantitative measures with positive findings:

- Practitioners reported increased knowledge and confidence in managing early childhood illnesses and parents felt more in control of their own health (see below).

### Practitioner’s knowledge and confidence in managing early childhood illness



*Working collaboratively with the team behind Wessex Healthier Together has brought huge benefits – supporting professionals across the region to work together to improve care to children and families.*

*The opportunity for health visitors to work directly with paediatricians meant that we could benefit from their expertise and “up skill” our workforce, which has increased their levels of confidence in supporting families when they are concerned that their child is unwell.*

*We have developed new ways of working to make our service more responsive to parents’ needs, incorporating Healthier Together resources throughout our health visiting service, including our text messaging service “ChatHealth”. Working in partnership offers a consistent approach across the region, providing a trusted, evidence-based and extremely current source of help and advice our families can use 24/7 – the success of this programme has been endorsed by many multidisciplinary professionals and parents across Wessex.*

**Sascha Mullen – Area Manager, Southern Health NHS Foundation Trust.**

- The impact findings so far have demonstrated that when parents receive consistent, explicit safety-netting advice, they are less likely to re-attend ED (see Case Study A).

## Key learning points

- Engage users at an early stage. Ask their opinions and make them feel listened to. They will be far more receptive to your initiative if they feel part of it from the start.
- Identify champions to support embedding of change in health visiting practice and develop networks. Although winning hearts and minds can be time consuming, it is time well spent.
- Behaviour change is hard; identify the levers for each group that you’re engaging with. Practitioners respond better if they feel that the initiative will personally benefit them as well as their patients.
- Data collection is essential. Not only do you need to know if your initiative is working (and if it’s not, make sure you find out quickly and try something else), but you need to convey success to your stakeholders. Conveying the narrative is a key component to embedding a change in practice and facilitating the spread and scaling up of innovation and improvement.

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