

# Core20PLUS5 – children and young people

## **Welcome and introduction**

Facilitated by chair – Saffron Cordery – deputy chief executive, NHS Providers

## **Exploring the Core20PLUS5 children and young people framework**

Professor Simon Kenny – national clinical director for children and young people, NHS England

## **Patient perspective**

Kerrie – youth forum member, NHS England

## **Barts Health’s initiatives for reducing children and young people health inequalities**

Ajit Abraham – director of inclusion and equity, Barts Health NHS Trust

Kath Evans – director of children’s nursing, Barts Health NHS Trust

## **Gateshead Health’s initiatives for reducing children and young people health inequalities**

Dr Judith Reid – children and young people’s diabetes service lead, Gateshead Health NHS Foundation Trust

Jenny Foster – manager for children and young people’s north east and north Cumbria diabetes network, Leeds Teaching Hospitals NHS Trust

## **Panel Q&A**

Facilitated by chair

## **Summary and close**

Facilitated by chair

## **Close of event**

- Please note, this event is being recorded
- Please keep your camera on wherever possible
- If you lose connection, please re-join using the link in your joining instructions or email [health.inequalities@nhsproviders.org](mailto:health.inequalities@nhsproviders.org)
- Please ensure your microphone is muted during presentations to minimise background noise
- We will come to questions during the panel Q&A
- Please feel free to use the chat box to ask questions
- If you would like to ask a question audibly, please use the raise hand function during the Q&A section and we will bring you in
- Any unanswered questions will be taken away and answered after the event
- You will receive a link to an evaluation form at the end of the day, please take the time to complete it, we really do appreciate your feedback.

# How have we been involved in Core20PLUS5?



Advising on how to make the infographic more youth friendly



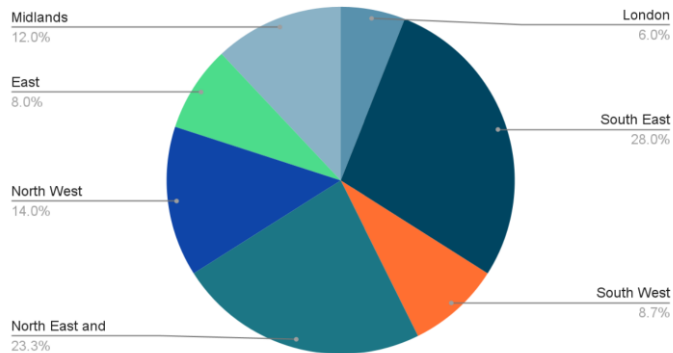
Inputting into key metrics

# What work have we been involved in previously?

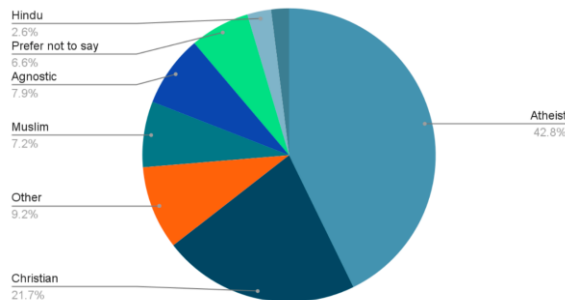
## Young People, Health Inequalities and the NHS



### Location



### Religion



- 26% of our respondents said that their gender identity has a medium-strong negative impact on their health
- 18% of our respondents who identified as being from a BAME group said that their ethnicity has a strong negative impact on their health
- 36% of YP said that their disability has a strong negative impact on their health

# The impact on children and young people

## *Messages from NHS Youth Forum research*

- **Gender identity:** “Being a cis female, doctors always put how I feel to hormones and periods.”
- **Sexual orientation:** “Many clinicians have presumed my sexuality, even in sexual health clinics I haven't been able to get info I need because of presumptions.”
- **Disability:** “Poor access to suitable access needs, poor training for dealing with neuro divergent and mentally ill patients when the patients are being treated for physical issues.”
- **Ethnicity:** “Not having access to doctors that are also BAME has resulted in conversations where I have to educate the healthcare professional on cultural nuances, how it affects my environment and style of living rather than me explaining my own symptoms and issues.”

# Barts Health



**Barts Health**  
NHS Trust

Safe, compassionate  
and efficient:  
our mission for 2023-25

Barts I

Why we're here –  
our vision and values

**WeCare**  
Our vision, values and behaviours



**Our vision**  
To be a high performing group of NHS hospitals, renowned for excellence and innovation, and providing safe and compassionate care to our patients in east London and beyond

What we do –  
our priorities and objectives

Our people  
culture



Becoming an outstanding, inclusive place to work

Our patients  
care



Providing excellent and equitable health and care

Our partnerships  
collaboration



Working together with our local communities

How we'll do it –  
our commitments and approach

- Creating a fair and just culture
- Supporting the wellbeing of our people
- Working differently to transform care
- Recruiting a permanent, stable, workforce

- Increasing performance and productivity
- Transforming services through innovation
- Improving equity, quality and standards
- Preventing ill-health in our population

- Acting as an effective hospital group
- Cooperating across north east London
- Contributing as an anchor institution
- Progressing long-term projects\*

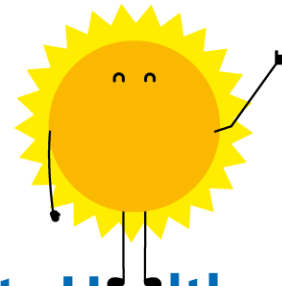
Living our values through our everyday behaviours: **WeBelong, WeImprove and WeLead**

Supported by: financial sustainability, world-leading research, high quality education and training, enhanced estates and facilities, digital transformation, and excellent communications

\*Barts Life Sciences

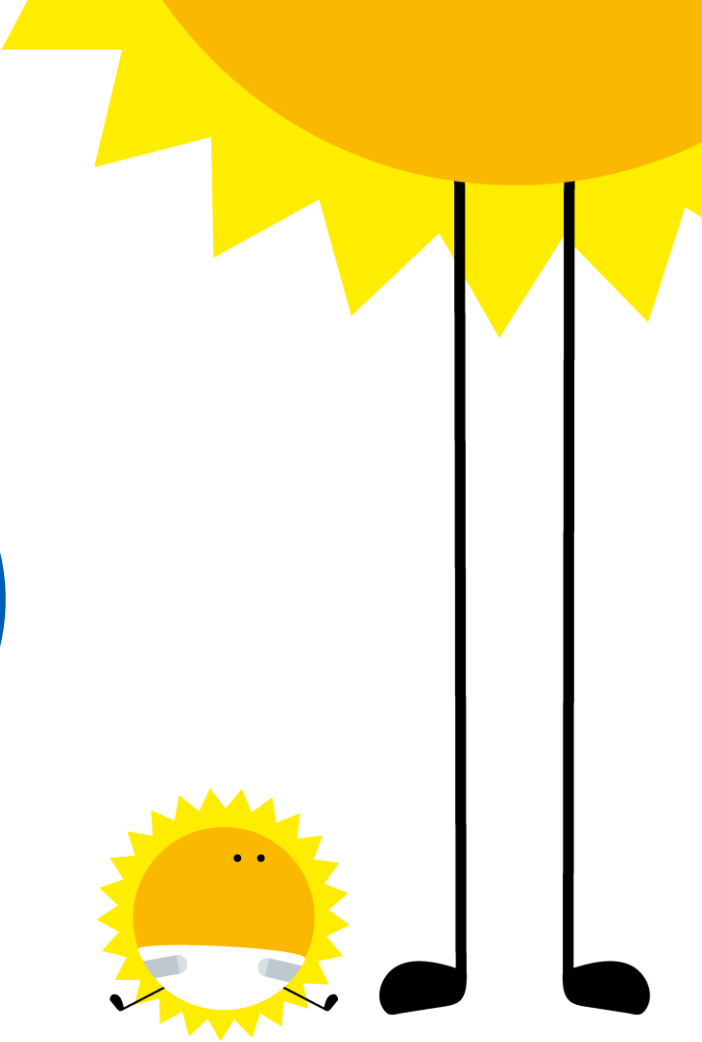
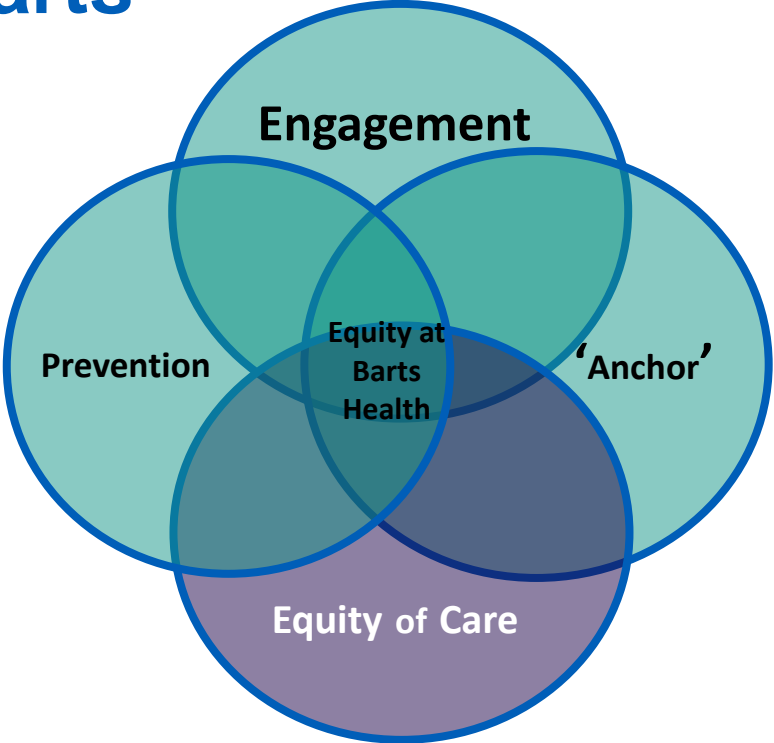
\*A new Whipps Cross

\*Our green plan



**Young Barts Health**

# Addressing Inequalities in Care at Barts





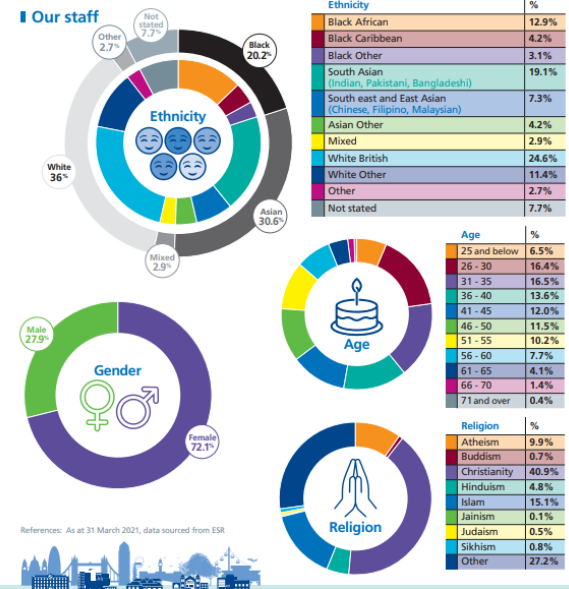
# Barts Health – taking action to improve equity of services



To create a truly inclusive organisation, without discrimination, and meet our ambition to be an outstanding place to work

**Becoming an inclusive organisation is critical if we are to systematically improve equity of services**

- Our workforce is one of the most diverse in the NHS and serves some of the most diverse communities in the country.
- It is only by bringing their lived experience and insights to bear that we will create a culture in which we view the quality of all of our services through the lens of equity.
- Our **WeBelong** strategy aims to:
  - Create a culturally intelligent, inclusive leadership community;
  - Deliver a just and fair culture which enables us all to live our WeCare values;
  - Work in community partnership to promote equity by restoring services inclusively and – in our role as an anchor institution – address the wider determinants of health.



# Addressing Inequalities in Care – Work programme



**Barts Health**  
NHS Trust



## Strategic projects

- Embedding equity data into new QlikView applications
- WeShare equity repository
- Equity (QI) e-Learning module
- Improving ethnicity data capture



## Improving equity in access and experience

- Patients with learning disabilities
- Deaf and HOH patients
- DNAs and deprivation



## Current equity analyses

- PTL waiting lists
- Remote Emergency Access Coordination Hub (REACH)
- A&E treatment
- "Was Not Brought" rates for children
- Medication errors and EPMA
- Service evaluations



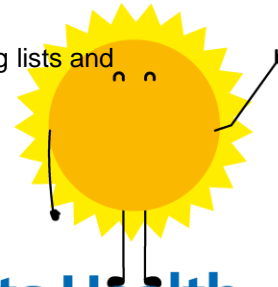
## Increasing partnership working

- Acute Care Provider Work Programmes
- Local voluntary organisations
- ICS partners and NEL priorities e.g. waiting lists and DNAs.



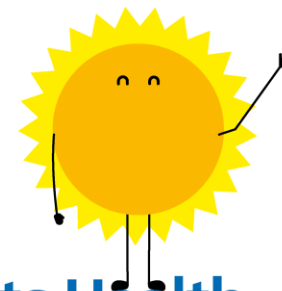
## Prevention

- Increased breast screening and treatment for minority ethnic patients



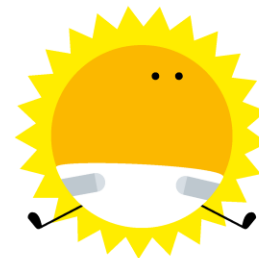
**Young Barts Health**

- **Bringing CYP Core 20 +5 to life across Barts Health**
- **Quality Governance**
  - embedded in annual review of BCYP services
- **Discussion at Barts Health Inequalities Committee**
- **Working in partnership at place, ICB and regional levels & with Voluntary/Community sector organisations**



# - What matters most to children & young people? Barts Health Youth Forum

## Who are our most vulnerable young people? – care experienced, why does this matter?



# Developing models of care

- building social prescribing into secondary care
- building in 'times are hard' questionnaire for families, access to food in hospitals for families matters, links to Sophie's legacy



**NHS**  
Barts Health  
NHS Trust

**TIMES ARE HARD - Maybe we can help you?**

We know that lots of families are facing difficulties with money, food and housing currently. Please fill in this form and give it to your nurse. We will then be able to introduce you to some organizations that may be able to help you. (We will not be able to give you money or contact housing directly for you).  
**This form is OPTIONAL and the information you share is CONFIDENTIAL.**

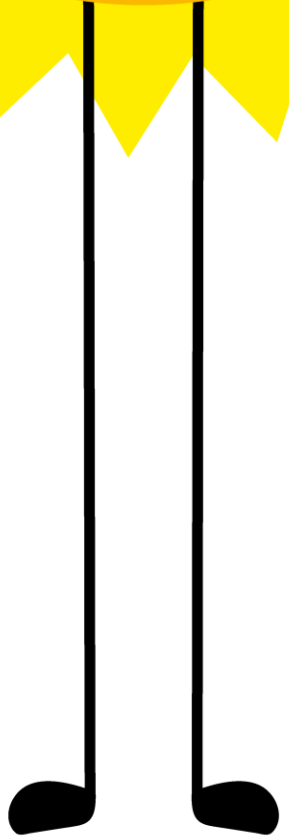
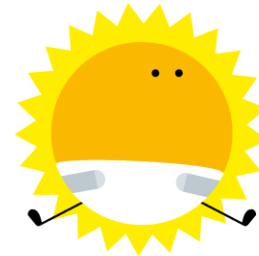
Area	Question	Yes	No
Food	In the last 12 months, did you or your child ever eat less than you felt you should because there wasn't enough money for food?		
Bill	In the last 12 months, has the electric, gas, oil, or water company threatened to shut off your services in your home?		
Housing	Are you worried that in the next 12 months, you may not have stable or suitable housing?		
Children	Do problems getting child care make it difficult for you to work or study?		
Money	In the last 12 months, have you or your child needed to use a device, but could not afford because of cost? And/or struggle to pay for nappies or sanitary products.		
Transport	In the last 12 months, have you or your child ever had to go without health care because you didn't have a way to get there?		
Community	In the last 12 months do you feel you have a family and/or friend network(s), mutual community/social contacts?		
Sleeping	Does everyone in your home have their own bed to sleep in? Including cot for babies.		
ACE	In the last 12 months has anyone in your child's household had issues with: alcohol, substance misuse, domestic violence, mental health. (A member of the household can be anyone who usually lives with you but does not have to be related)		
+	Are any of your needs urgent? For example: I don't have food tonight, I don't have a place to sleep tonight?		

If you checked YES to any boxes above, would you like to receive assistance with any of these needs?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred language: \_\_\_\_\_ Best time to call: \_\_\_\_\_

*If you would rather have a chat about these issues, we would be very happy to do that please just fill your name.*

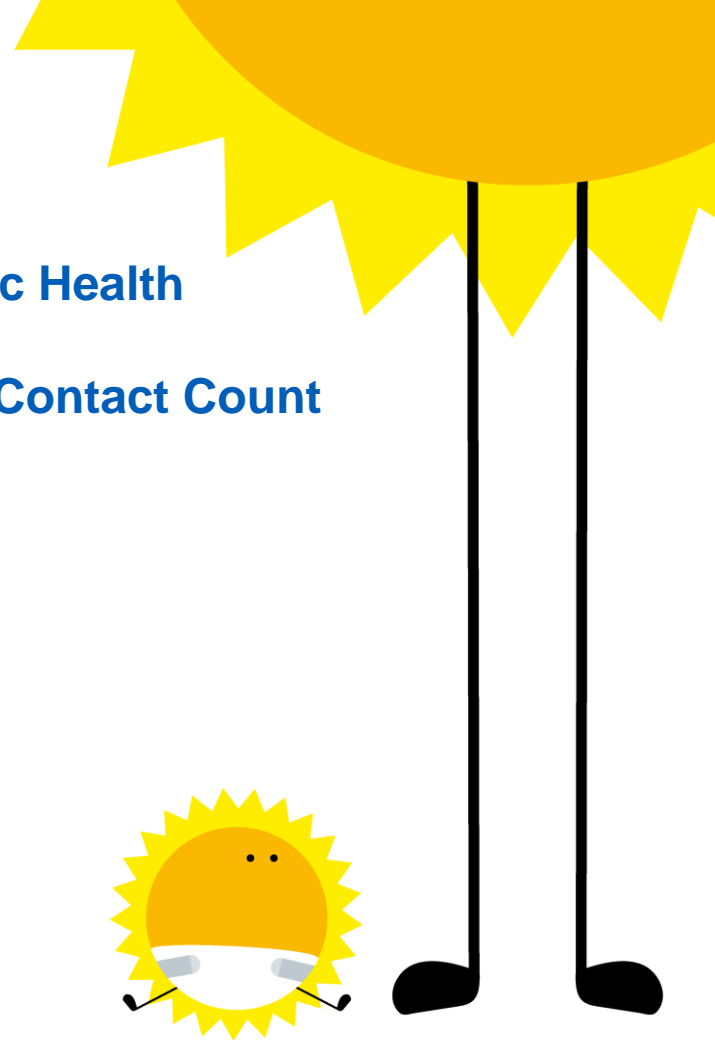
**Young Barts Health**



- Hospital at Home/virtual wards
- Focus on Asthma, Diabetes & Epilepsy
- Was Not Brought work – collaboration with Public Health
- CYP Health Inequalities bulletin
  - Trauma informed care/BCYP Making Every Contact Count



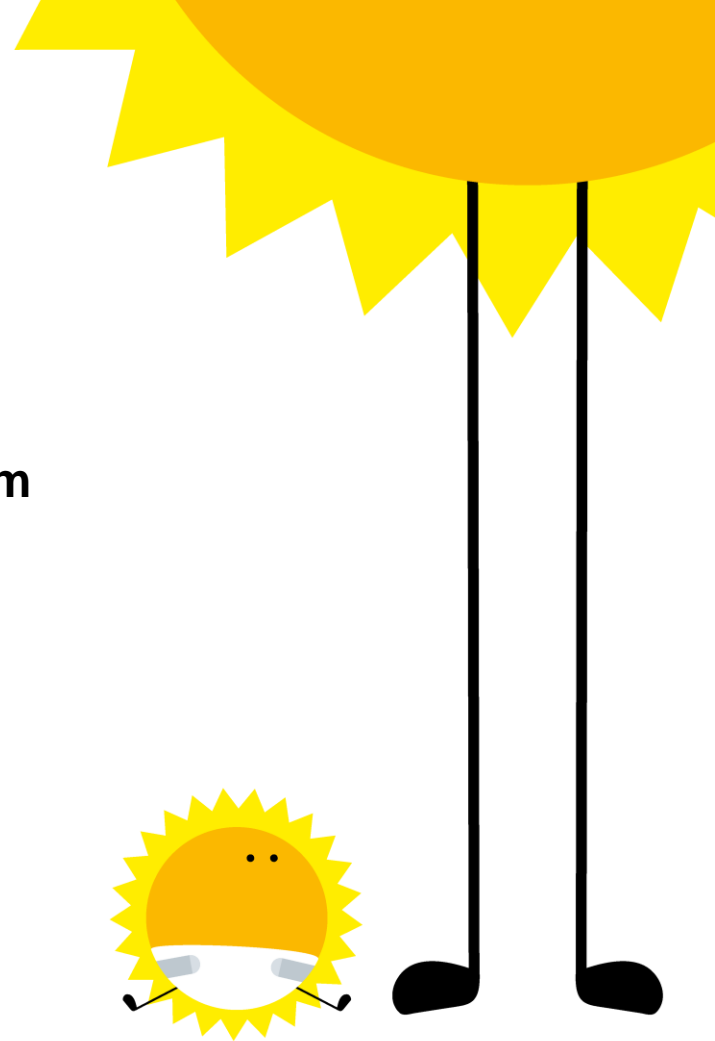
RLH Children's Hospital · 29/06/2022  
Celebrating Hospital@home success  
[@zoetribble](#) [@joconroy76](#) [@KathEvans2](#)



# Contact

**The Addressing Inequalities in Care (AIC) Team**

[bartshealth.addressing-inequalities-in-care@nhs.net](mailto:bartshealth.addressing-inequalities-in-care@nhs.net)



# Trust initiatives for reducing children and young people health inequalities

## September 2023

### **Dr Judith Reid**

Paediatric Associate Specialist, Paediatric Diabetes Service Lead, Gateshead Health NHS Foundation Trust, CYP NENC Diabetes Network advisor to the CHWBN.

No declarations of interest

### **Jenny Foster**

Network manager for children and young people's north east and north Cumbria diabetes network, Leeds Teaching Hospitals Trust



# Child Health & Wellbeing Priorities



## ENABLERS



## CROSS CUTTING THEMES

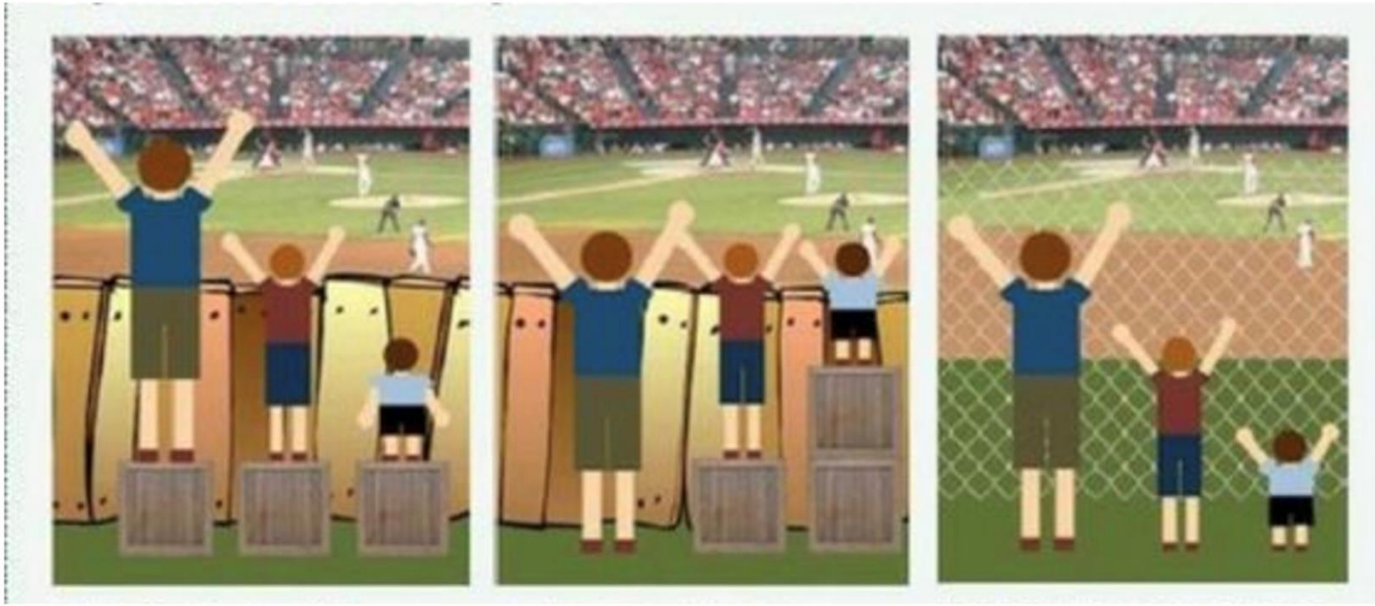




Poverty Proofing

# Poverty Proofing Health Settings

# Poverty Proofing



Equality

Equity

Justice



Because growing up can be hard



## POVERTY PROOFING

***'No activity or planned activity within a Paediatric Diabetes Team should identify, exclude, treat differently or make assumptions about those babies, children, young people and families whose household income is lower than others'***

### FEBRUARY 2021

Funding application submitted for £8,250 to the Child Health and Wellbeing Network for Children NE to run a programme to Poverty Proof the CYP Diabetes Team at Gateshead

### JULY 2022

On hearing of the Poverty Proofing work at Gateshead, two teams in the Y&H network secured funding to deliver the same programme within their teams – Hull and Grimsby

### October 2022 – January 2023

Children NE developed a training package. The Y&H and NENC CYP Diabetes Networks organised 7 training events for which ALL MDT members were invited and encouraged to attend. Supporting Documentation including a common themes report, recommendations and considerations were published

### February – April 2023

The 7 training events took place at venues across the NE and Yorkshire and were attended by a total of 210 HCPs from CYA diabetes MDTs

### July 2023

Final report of 7 training sessions received from Children NE. Overwhelmingly positive feedback 99% of participants would recommend training to colleagues. Workforce Guide published.

### THE FUTURE

Investigate ways to improve access to services based on recommendations and follow up on implementation of changes to support those living in poverty whilst sharing of best practice through CYP diabetes networks and ICB workstreams.

FEB  
2021

AUG  
2023

### APRIL 2021 – FEBRUARY 2023

Children NE delivered the 5 stages of the programme, which was a first-of-its-kind **'Poverty Proofing a Healthcare Setting'**

### October 2022

NHSE Inequalities funding launch. Application submitted to take learning from Gateshead, Hull and Grimsby and develop a 1-day training course for ALL HCPs across NEY to access.

### Gateshead CYP Diabetes Team Actions Jan 22 – ongoing:

QR code directory - Jan 2022  
Involvement in NHSE inequalities project Sept 2022 – to date  
Gateshead team received their Summary report Feb 2023  
Carbs and Cals App codes funded 2022  
Type 1 Kidz Agenda day on Poverty Proofing 2022  
Funding for DEAPP – supporting standardised equitable new patient education 2023  
Application for Regional Access for Hypo treatment on prescription for CYP across NENC  
New patient packs promoting access to patient support groups, access to DLA, letters for employers, clinic education on dental care and promoting access to free dental treatment and prescriptions, NHS low income support scheme.

### Programme Stages

**Stage 1** - training team HCPs to have an understanding and an empathy for families suffering the effects of poverty, and help them unpick the impact poverty may have on the accessibility of their work and the work of their team.

**Stage 2** - scoping exercise to grasp an understanding of the current work of the team, exploring the processes employed when engaging with individual children and their families

**Stage 3** – consultation with patients and families receiving their diabetes care from the team, 12 days work over 2 months to unpick patient experiences via questionnaire and face to face discussion.

**Stage 4** – at the end of the consultation phase a comprehensive report with recommendations and discussion points will be produced and presented back to the senior team. October 2022

**Stage 5** – 6-12 months following the completion of the work CNE will return to the setting and complete a short review of the progress the team has made, and an early analysis of the impact of any interventions.



Gateshead Health  
NHS Foundation Trust





# PLAN Paediatric QR Code Directory

Embraces **ICORE** values

**Empowers** children, young people, their families/carers to live healthy lifestyles and to **self-manage** their health conditions.

**Signposting** to reliable nationally endorsed information and web links.

Meets COP 26  
**Environmental Challenge.**

**Improves efficiency** for ALL Staff and facilitates **time sensitive sharing** of accurate up to date information in the most **accessible** way for the Gen Z target audience.

It facilitates the **MECC** ethos.

Supports ALL health care staff with **social prescribing**.



## Remember the acronym **ICORE**

– Innovation, Care, Openness, Respect and Engagement

**I INNOVATION**

- Look for better ways to do things
- Continually develop ourselves
- Embrace new ways of working
- Uphold service ethics

**C CARE**

- Put ourselves in other people's shoes
- Be sensitive and considerate
- Be approachable
- Listen, respond and support

**O OPENNESS**

- Be honest
- Share information
- Be transparent
- Do the right thing
- Admit mistakes

**R RESPECT**

- Value the skill and contribution of others
- Appreciate and embrace difference
- Treat each other fairly and respectfully
- Be polite and helpful
- Maintain dignity of others

**E ENGAGEMENT**

- Involve others
- Work together
- Listen
- Share information and resources

*QI project Jan 2022 by Eleanor Reid 4th Year Medical Student & Dr Judith Reid Paediatric Associate Specialist.*



## DO

Consulted all staff on links and resources for their specialities, reviewed NHSE advice for social prescribing around healthy weight, exercise....



## STUDY

**Positive Feedback.** Available in Paediatric A&E, Outpatient and Day unit settings. User feedback re how useful, additional resources suggested such as Safe Infant Sleeping following a recent Sudden Infant Death.

## ACT

Liaison with information governance, roll out for neonates and sharing idea with the wider trust.  
Annual audit cycle of review.

- **Could the clinic provide a letter for all further education and secondary school students to say diabetes appointments are mandatory appointments and young people need to be allowed to attend – upload to Digibete App**
- **Funded free carbs and calcs codes if unable to find themselves**
- **Provide fruit and sugar free juice in clinic waiting room**
- **Promote NHS LOW income scheme, access to free dental health, prescription and transport**
- **Letters for employers at diagnosis and for appointments**
- **Hypo treatment on prescription- collaboration paed diabetes, pharmacy, network, regional medicines committee, education of CYP and families**
- **Getting it right from start, intensive management, equitable access to new patient education DEAPP funded by trust**
- **New patient packs – standardised information about accessing DLA, patient and family support, free activities for whole family T1KZ**
- **QR codes increasing info on accessing financial support**
- **Staff becoming more familiar and confident with talking about family finances with patients and families – education and experience**
- **More info early on in education on healthy eating and carb free snacks – dietitian to review once in post**
- **Access to technology, mobile phones, lap tops, sim cards**

# Management of Hypoglycaemia in Children & Young People Living with Diabetes

## Background

Access to hypoglycaemia treatment was raised as a concern following Gateshead children and young person diabetes service (including staffs children and young people (CYP), parents and carers) undergoing a 6 month poverty proofing intervention by Children North East. The voice of young people was also facilitated through our regional Type 1 Kidz patient support group. In Gateshead, there are 42% CYP and families living with diabetes in deprivation quintile 5. With more intensive insulin management the risk of hypoglycaemia increases and as the children pointed out, we are prescribing a medicine that induces hypoglycaemia.

Appropriate use of technology significantly reduces severe hypoglycaemia but frequent small treatments for hypoglycaemia are frequently required particularly in active children and evidence supports this being in the form of glucose or dextrose to avoid over treatment and quicker restoration of normoglycaemia. In addition, the NHSE long-term plan and Core 20 plus 5 for children and young people highlight Diabetes and Oral health being 2 of the priority areas. Choice of hypoglycaemia treatment impacts on oral health and it is recommended that glucose/ dextrose drinks via a straw are preferable for minimising the impact of hypoglycaemia treatments on dental health.

## Recommendations

It has been recommended that given the current issues with cost of living, to avoid stigmatisation and knowing the additional costs over and above what is covered in any government benefits for those living or caring for someone with a disability (loss of work, extra childcare to cover more frequent hospital attendance, transport costs to hospital, facilitating use of diabetes technology - laptops, internet, mobile phone access) and current deprivation levels in our area - that ensuring access to a choice of a dextrose/ glucose product should be provided universally for those on insulin on prescription. This should be in addition to glucose gel for moderate hypoglycaemia where the young person is alert but unable to drink or eat and a glucagon based treatment for severe hypoglycaemia where the person less aware and choking is a risk.

North East and North Cumbria Medicines Management Committee - Formulary Working Group

Evaluation Report

<b>Product:</b>	Lift Glucose Shot 60ml (15g glucose)
<b>Therapeutic Class:</b>	Carbohydrate
<b>Requested By:</b>	Dr Judith Reid, Paediatric Diabetes Lead Clinician Gateshead and NENC Children & Young People (CYP) Diabetes advisor to CHWBN
<b>Licensed indication:</b>	Treatment of mild-moderate hypoglycaemia (note: not a licensed medicinal product)
<b>Indication for which product is requested:</b>	As above

Recommended by national/regional bodies	Yes	No	Not assessed	Comment
NICE Clinical Guideline	x			<a href="#">Diabetes (type 1 and type 2) in children and young people: diagnosis and management (nice.org.uk)</a>
AWMSG			x	
SMC			x	
GMMM		x		
<b>Proposed status</b>	<b>GREEN</b>			

Background Information

Current NICE guidance (NG18) for managing hypoglycaemia in children and young people with diabetes is as follows:

Immediately treat mild-to-moderate hypoglycaemia in children and young people with type 1 diabetes as follows:

- Give oral fast-acting glucose (for example, 10 g to 20 g; liquid carbohydrate may be easier to swallow than solid).
- Be aware that fast-acting glucose may need to be given in frequent small amounts because hypoglycaemia can cause vomiting.
- Recheck blood glucose levels within 15 minutes (fast-acting glucose should raise blood glucose levels within 5 to 15 minutes), and give more fast-acting glucose if they still have hypoglycaemia.
- As symptoms improve or blood glucose levels return to normal, give oral complex long-acting carbohydrate to maintain blood glucose levels, unless the child or young person is:
  - about to have a snack or meal
  - having a continuous subcutaneous insulin infusion.

## Access to Hypo treatment on prescription

### Formulary Application & Guidance

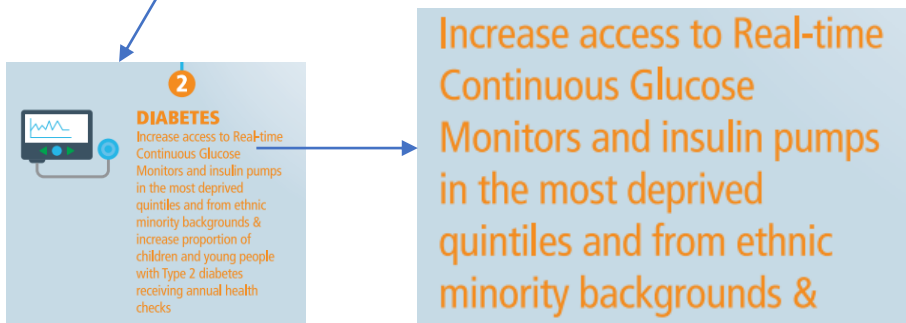
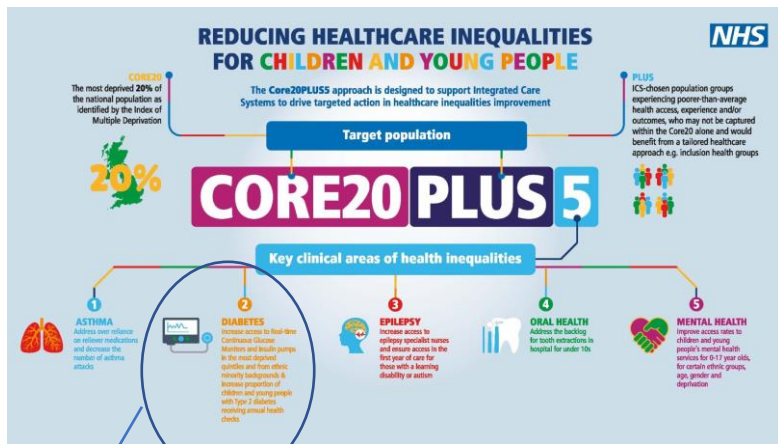
Dr Judith Reid &

Claire Davies Diabetes Pharmacist GHNFT

### Discussed at the meeting of the Formulary Working Group on 13<sup>th</sup> July 2023

Following a formal consultation, via the NTAG website, these recommendation will be discussed by NTAG on 19<sup>th</sup> September 2023 before being sent to the Medicines Committee on 17<sup>th</sup> October 2023 for ratification.





## OCTOBER 2022 Children and Young Adults Equitable Provision of Diabetes Treatment Technology Funding Provision

- £1.3 million across England
- Focus on projects to increase access to diabetes technology for those from ethnic minority groups and for those living in most deprived areas
- Applications accepted across whole systems or individual Trusts via NHSE CYA Regional Teams

### A review of NENC data confirmed

- Good levels of technology use when compared with other network areas, not one team performing below national average
- Explored NENC-wide application
- Inequities in access from those living in deprived areas and from ethnic minority groups did exist across the network
- NENC as a region has low levels of ethnic mix, felt we could learn from a project within a more ethnically diverse population
- NENC has high levels of deprivation – decided this would be the focus
- Estimated that 400 families would benefit from having access to a mobile phone to enable access to diabetes technology or improve functionality and optimise use of technology



### OCTOBER 2022

Funding Application Agreed £50,000 awarded to deliver the project

### JANUARY 2023

400 phones and 25 laptops refurbished and donated into the project from Gateshead NHS Trust

500 Sim cards received from Vodafone – 6 months free calls, texts, data

### MARCH 2023

Full project launch. HCPs encouraged to offer referral to all families to support access to tech and optimal use of tech.

Presentation to AHSN to generate interest from Trust Innovation Teams

### MAY 2023

Identified issue with some donated phones not being compatible with most regularly requested diabetes device.

Business case submitted to relevant industry R&D department to request change in compatibility list

### JULY 2023

Business case to industry was successful and phones previously not compatible are now available for use

### UPDATE END AUG 2023

160 referrals received (112 phones, 45 laptops, 3 sim)

OCT 2022

AUG 2023

### OCTOBER 2022 – JANUARY 2023

Project partners, processes, tech availability, communications and outcomes data identified

### FEBRUARY 2023

'Soft' project launch limited to 5 devices per team to test processes

### OFFICIAL NHSE UPDATE MAY 2023

62 referrals received (38 phones, 24 laptops) 55 families had received their devices to this point

### OFFICIAL NHSE UPDATE JULY 2023

107 referrals received (78 phones, 26 laptops, 3 sim) 102 families had received their devices to this point

### PROJECT PARTNERS

#### CYP NENC Diabetes Network

Project Oversight/Management – *Network Manager and Chair*

#### Type 1 Kidz

Project Implementation – *Type 1 Kidz Project Managers*

Project Delivery – *Type 1 Kidz Support Workers*

#### Gateshead Health NHS Foundation Trust

Device Donation - *Head of Digital Solutions and Technical Services and CYP Diabetes Clinical Lead*

#### Town and Community

Process and Project Management Support and Advice. Contract with ITAD device refurbishment company – *Managing Director*

### THE PROCESS

1. Referrals available to EVERYONE
2. HCP within Diabetes MDT complete referral form (live MS DOCS)
3. Form received by project delivery team Type 1 Kidz
4. Within 3 weeks an appropriate device is provided to patient (in-person and with support to set up if required)
5. Patient uses alongside diabetes technology to optimise their diabetes management

### THE FUTURE

Sept 2023 – AHSN launch

NENC digital divide

interest group

Oct 2023 – Parliamentary

round table invite

Ongoing – identify

sustainable pathways for

continued delivery of

project and share

learning

*Provide equitable access to diabetes technology for those living in most deprived areas.*

Using the Index of Multiple Deprivation (IMD) 70% of families that have accessed this project have been identified as living in areas that are ranked as being in the top 30% of the most deprived areas in the country. This project is giving families access to diabetes technology who would otherwise not be able to access it or use it optimally.

This has been made possible thanks to Gateshead Health NHS Foundation Trust believing in this proof of concept project

Gateshead Health   
NHS Foundation Trust

Discussions with Hospital Trust IT departments across NENC to access unwanted devices, presentations at relevant meetings (AHSN, DPA), regular updates to the CHWBN Digital Divide Group, Operational Oversight Group and NHSE. Fortnightly meeting with Project partners to assess and mitigate against barriers and risks, develop process mapping and plan final report outlining proof of concept.



## Access to Type 1 Tech Patient Information

You've been referred to receive either a laptop or mobile phone (including SIM card and data) to enable you to use some technology to help you manage your diabetes.

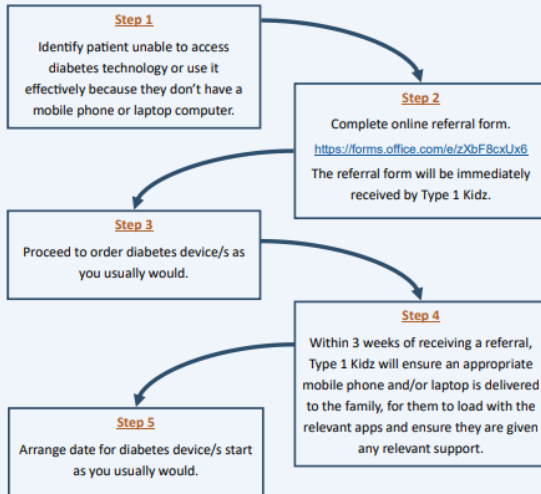
This is a pilot project facilitated by Investing in Children (IiC) and funded by NHS England.

Someone from the IiC Team will be in touch with you within 3 weeks to arrange getting the laptop or phone to you. The team can help you set this up if you need support with this.

If you need to get in touch with the team you can call 0191 3077030 or email [info@investinginchildren.net](mailto:info@investinginchildren.net)



## Mobile Phones and Laptops NENC Inequalities Project 2023 Diabetes Team Pathway



T1Kidz will manage all communication with the family regarding the phone/ownership/replacements/sim card requirements etc.

Contact for any queries:  
[info@investinginchildren.net](mailto:info@investinginchildren.net)

0191 3077030



## We need your unneeded mobile phones!

We repurpose unneeded mobile phones for use with medical devices that support children and young people with diabetes to manage their condition

We need these phone models and newer  
iphone 7, Google Pixel and Samsung Galaxy S8



Is this the answer to the environmental and sustainability issue of unneeded mobile phone disposal?

To find out more about how you can support this NHSE-funded pilot project in the NE and N Cumbria contact the Project Coordinator

Jenny Foster at  
[jenny.foster5@nhs.net](mailto:jenny.foster5@nhs.net)



## Feedback from Healthcare Professionals

*“Being able to download diabetes digital devices at home enables CYP and their families/carers to download before clinic and between clinic this enables timely remote individualised advice to be given when required between clinics. Downloading at home prior to clinic or real time data transfer to the cloud from a phone enables clinics to run more efficiently and reduces the clinic associated cost to the family by shortening clinic waiting times and therefore parking costs, child care costs for other children and time off work. It has been fantastic that **29 CYP have been supported with lap tops and phones to date from our clinic and that this hasn’t been a barrier to us delivering equitable care and ensuring that we are poverty proofing our diabetes service.**”*

**Dr Judith Reid, Associate Specialist, Gateshead Health NHS Foundation Trust**



*My patient is a 13 yr old who has severe autism, who is unable to communicate verbally. He has recently become very sensory sensitive and can get upset when people need to approach him, he struggles to sleep all through the night.*

*He is on the Medtronic 780g pump with Guardian 4 sensor. Staff at school and at the respite home he stays at 2 nights per week, must disturb him to look at pump to check his glucose levels. This is a huge problem on a night as staff disturb his sleep.*

*Through this project we have obtained a phone for him so he can have the MiniMed mobile app on his phone, this allows staff at the respite home to leave the phone outside his room to check his levels so not disturbing him. The Staff at school can now look at phone on the teacher's desk rather than approaching him.*

*Parents have the follow up app and can keep monitor his levels form home.*

*This phone has benefited my patient and his cares is so many ways, we can't thank you enough.*

**Debbie McHugh, PDSN, North Tees and Hartlepool**

# Access to care/ hospital appointments

## Barriers for CYP and Families

- Parking and transport costs - Reclaim costs of transport only if on Low income support
- Time off work (zero hour contracts)
- Child care costs for other children
- Engagement particularly those in “LOST TRIBE” Young people in Transition age group

## **Solutions ? Requires Systems Level –support - Trust Exec/ Regional Leadership links with LA/ Transport**

- Highlight in clinic appointment letters options for support such as Healthcare Travel costs scheme & flag on Patient system so patient doesn't have to ask each time for reimbursement
- ? Offer Free patient parking OR offer free single use travel voucher (or QR code on letter) with healthcare appointment promoting use of sustainable public transport options.
- Ensure adequate staffing to facilitate more healthcare appointments closer to patients homes

## Service Delivery Barriers

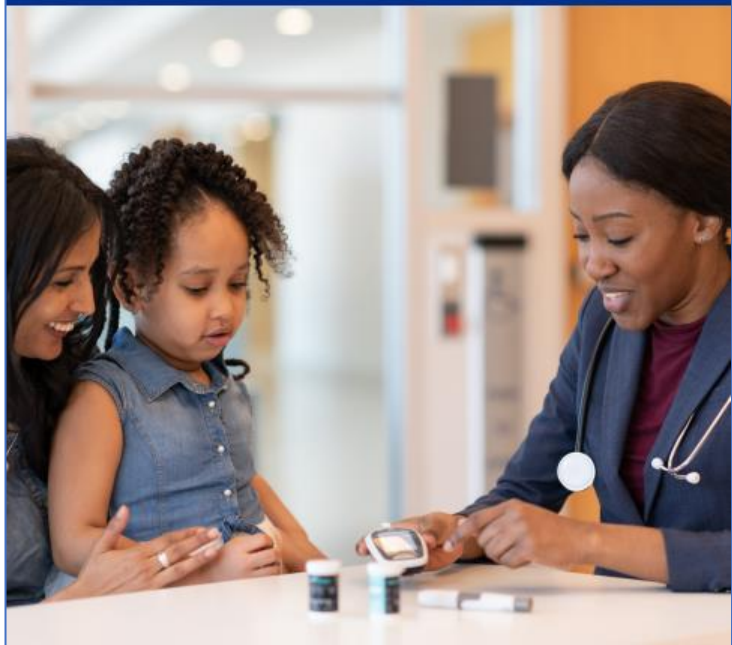
- Best practice diabetes care ( 3 monthly MDT, more frequent if high HbA1C, limitations of virtual consultations, access to technology. Staffing pressures, limited ability to do more off site working, evening/weekend clinics, efficiency of service provision, - PDSN/ psychology already doing home visits, school visits.

Children North East Poverty Proofing© Health Care

# Common Themes Poverty Proofing© Paediatric Diabetes Care



March 2023



## The Five Common Themes

The report is broken up into the five areas that make up the common themes, these are:



Travel



Appointments



Support and  
Education



Financial  
Guidance



Technology

Children North East Poverty Proofing© Health Care

## Common Themes Paediatric Diabetes Care

### Agenda

Join the Poverty Proofing Health Team from Children North East for a three-hour conversation & learning session about the impact of poverty on paediatric diabetes.

- Introduction to the work and poverty proofing (Principles, process and practice)
- An exploration of poverty  
What it looks like within a regional and national context
- Chance for reflection: What does poverty look like in your role?
- The impact and consequences of child poverty

#### Break

- Causes of poverty
- Poverty and health
- Poverty Proofing Paediatric Diabetes Common Themes
- Chance for reflection & questions

Close

Charity No. 2220411

[povertyproofing.co.uk](http://povertyproofing.co.uk)

[/@povertyproofne](https://twitter.com/povertyproofne)



## Poverty Proofing© Paediatric Diabetes Workforce Guide



# Book now

**Core20PLUS5 – identifying ‘PLUS’ population groups**

**Webinar | Tuesday 24 October 2023**

Our next webinar is on how to effectively identify ‘PLUS’ population groups within Core20PLUS5.



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- Quality improvement.



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