



Start Well

Narrative report on engagement

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1. EXECUTIVE SUMMARY

Health and care organisations in North Central London (NCL) have been working together on a long-term programme looking at maternity, neonatal and children's and young people's services in an acute setting; this is called the Start Well programme. The programme started in November 2021 and the Case for Change was published on 30th June 2022.

A ten-week programme of engagement on the Start Well Case for Change ran between 4th July 2022 and 9th September 2022. The engagement process aimed to identify whether the themes highlighted in the Case for Change resonated and to capture the views of patients and residents, staff and wider stakeholders on the opportunities to improve care in NCL.

The Start Well team engaged with a wide range of people including patients, residents of NCL, staff and other stakeholders. Engagement sessions of various types were held, and a survey was available online and on paper. Qualitative and quantitative data was produced during the engagement all of which was analysed independently by Verve.

The survey found that the majority of people who responded to the engagement agreed with the opportunities for improvement in maternity, neonatal, children's and young people's services, as set out in the Case for Change and supporting documents.

The headline findings of important factors from the engagement are:

Maternity care: safe and compassionate care and good communications

Neonatal care: the best possible services delivered by specialists and good communications

Emergency care for children and young people: care close to home, being seen quickly and having good communications

Planned care for children and young people: having the best care even if it is further from home and good communications

2. INTRODUCTION

North Central London (NCL) comprises five boroughs: Barnet, Camden, Enfield, Haringey and Islington. Around 1.5 million people live in NCL.

The North Central London Integrated Care System (NCL ICS) brings together local health and care organisations and local councils to work together to improve health outcomes for residents and tackle health inequalities.

2.1 BACKGROUND

Health and care organisations in NCL have been working together on a long-term programme looking at maternity, neonatal and children's and young people's services in an acute setting; this is called the Start Well programme. The programme started in November 2021 and the Case for Change was published on 30th June 2022.

The Start Well programme's Case for Change can be found here:

https://nclhealthandcare.org.uk/wp-content/uploads/2022/07/NCL_Start-Well-Case-for-Change-FINAL.pdf

The Case for Change explains in detail the drivers for the work and the opportunities for improvement for services.

At the end of June 2022 NCL Clinical Commissioning Group (CCG) was disestablished and from 1st July 2022, a new statutory organisation was established – NCL Integrated Care Board (NCL ICB). The Start Well programme and engagement on the Case for Change are now within the formal commissioning responsibilities of the ICB. This report refers both to the ICB and Integrated Care System (ICS) on whose behalf the engagement took place.

2.2 AIM AND OBJECTIVES OF THE ENGAGEMENT

A communications and engagement plan was developed to support the successful delivery of the Case for Change engagement phase of the NCL Start Well programme. Its aim was to provide a clear and consistent narrative for the Case for Change engagement period and described a targeted programme of communications and engagement to ensure that the programme heard from the diverse communities across NCL.

The objectives of the plan were:

- To ensure all staff in relevant service areas had opportunities to respond and feedback on the Case for Change and identify any additional themes or areas the Programme Team should explore
- To maximise opportunities for local patients, residents and wider stakeholders to share their views on the Case for Change findings and identify additional themes/areas
- To ensure the range of voices heard from during the engagement phase reflected the diversity of NCL's communities, including those who are most at risk of health inequalities, deprivation, ill health or are seldom heard

- To employ a broad range of engagement techniques to gain feedback from patients and residents, providing opportunities for all who wished to contribute, whilst focussing methods to gain deeper feedback from those identified in a stakeholder prioritisation exercise
- To work in partnership with local authority, voluntary and community sector (VCS) partners and established patient groups and networks and to establish new links where necessary

2.3 ABOUT VERVE

Verve is an independent full-service agency specialising in working with NHS organisations to assist with engagement, communications, transformation and change. We were commissioned to analyse and report on engagement undertaken by NCL ICS in relation to the Start Well programme.

2.4 THIS REPORT

This is a narrative report which describes the engagement activities undertaken by the Start Well Programme at NCL with patients, residents, staff and stakeholders. The findings of the engagement are presented; these are based on the data collected by the Start Well team, which was independently analysed by Verve. The report will be used by the Start Well team when considering next steps for the programme.

3. METHODOLOGY

Following approval by NCL CCG Governing Body on 30th June 2022, a 10-week programme of engagement commenced on 4th July 2022. Running until the 9th September 2022, the engagement process aimed to:

- To identify whether the themes highlighted in the Case for Change resonated
- To capture views on the opportunities to improve care in NCL
- To establish what is important to patients, residents of NC, staff and wider stakeholders when planning good care

The Start Well team engaged with a range of patients, residents of NCL, staff working in maternity, neonatal and children's and young people's services and wider stakeholders including local authority partners, neighbouring Integrated Care Boards (ICBs) and the voluntary sector.

A range of materials were developed to support the engagement process. An information leaflet and Case for Change summary were made available (see Appendix) which described the background to Start Well as well as highlighting the opportunities for improvement identified in the Case for Change. In addition, a survey was developed which could be completed online or on paper (see Appendix) for staff, patients, residents or other stakeholders to complete. Individuals and organisations could also submit their views in writing within the engagement period. Prior to the start of the engagement period a draft of the materials used for it were reviewed by a Healthwatch patient reader panel. Both the leaflet and questionnaire were available in English, Arabic, Bengali, Polish, Persian (Farsi), Somali, Turkish and an easy read format.

During the engagement period patients, residents, stakeholders and staff had the option of providing feedback via a variety of methods including:

- Giving feedback verbally, during face-to-face engagement events
- Taking part in focus groups and discussions, both online and face-to-face
- Participating in staff meetings and giving views during the discussion
- Participating in workshops and other interactive opportunities, such as a series of Youth Summits
- Filling in a survey – online or by requesting a printed version and returning by Freepost
- Writing to FREEPOST NCL NHS
- Phoning 020 3816 3776.
- Sending a response via email to nclccg.startwel@nhs.net

During the engagement period face-to-face and online feedback opportunities were put in place to capture views on the Case for Change. At each event participants either gave direct feedback to the Start Well Team or were encouraged to complete and submit an online or paper questionnaire depending on the circumstances of the event. Stakeholders were also able to submit direct feedback via a programme email address. All the information captured and submitted was analysed as part of the report.

3.1 ENGAGEMENT OVERVIEW

During the engagement period a total of 43 engagement events took place (see Appendices), which resulted in 207 in-depth conversations. 389 questionnaires were completed. Feedback was received from patients, residents, staff and wider stakeholders, who shared their views and experiences. Details of each element are set out below.

3.2 STAFF ENGAGEMENT

3.2.1 STAFF WORKING IN NCL MATERNITY, NEONATAL AND PAEDIATRIC SERVICES

The Start Well team's approach to engagement for staff directly working in NCL maternity, neonatal children's and young people's services was developed and delivered in partnership with Trust communication leads, through a Start Well communications and engagement working group.

Prior to the beginning of the formal engagement period on the Case for Change director led staff briefings took place in each Trust. Early briefings enabled staff to see a high-level summary of the opportunities for improvement contained in the report before it was published, to hear about how staff had been involved extensively in the development of the Case for Change, to discover the various ways they could feedback their views, and to ask any immediate questions.

The initial briefings were followed by a joint email from the medical directors at the in-scope Trusts at the beginning of the formal engagement period, which was cascaded to staff in relevant services. It reiterated key information shared at the staff briefings and linked to full and summary versions of the Case for Change, and an information leaflet providing a brief overview, on the NCL ICS website. The staff email highlighted additional materials including a comprehensive set of Frequently Asked Questions and a news item on staff intranets. In addition, a manager briefing document was provided to support managers in discussing the Start Well Case for Change in team and other meetings, this included information about how staff could provide feedback. Information was also shared in other internal Trust communication channels including at staff events and in newsletters for the wider workforce. (see Table 1 below)

Trusts leads determined the most appropriate way to work with their staff groups and how to capture feedback. Some sessions were held at each Trust during the engagement period where staff could ask questions and make comments. This included a mix of all staff sessions and targeted briefings for particular specialties or staff groups.

Table 1. Staff briefing mechanisms (prior to and during the engagement period)

Organisation	Engagements
Great Ormond Street Hospital for Children NHS Foundation Trust	<ul style="list-style-type: none"> - Items on meeting agendas - Information cascades - Information to clinical directorate
Royal Free London NHS Foundation Trust	<ul style="list-style-type: none"> - Briefings to a variety of staff groups - Articles in Trust newsletters - Information cascade
North Middlesex University Hospital NHS Trust	<ul style="list-style-type: none"> - Briefing

Organisation	Engagements
University College London Hospitals NHS Foundation Trust	- Briefings - Article in trust newsletters
Whittington Health NHS Trust	- Briefings

3.2.2 OTHER CLINICAL AND STAFF ENGAGEMENT

The Start Well team also reached out to NCL staff, professional groups and working groups in interdependent disciplines to highlight the programme and encourage feedback. Table 2, below, shows the engagement with the wider clinical and staff groups.

Table 2. Wider staff engagement

Staff Group	Engagements	Engagement mechanisms
Primary care	- GP Webinar - Primary Care Operations Group	2 events
	- GP Leads in each NCL borough - Chair of Local Medical Committee in each borough - NCL and borough GP clinical leads - NCL PCN Clinical Directors and GP Federation CEOs	Letter inviting feedback with link to the Case for Change
Staff side	NCL SPF Partnership Forum and Staff side Committee	2 events
Estates Board	NCL Estates Board	1 event
NCL Safeguarding Lead	NCL Safeguarding Lead	Letter inviting feedback with link to the Case for Change
Ambulance Services	London Ambulance Service	Letter inviting feedback with link to Case for Change
NHSE Regional Improvement Programme for Children and Young People	NCL Programme Leads	Letter inviting feedback with link to Case for Change
Local Maternity and Neonatal System	NCL Programme Leads	Letter inviting feedback with link to Case for Change

3.3 PATIENT AND RESIDENT ENGAGEMENT

Over the ten week engagement period (4th July to 9th September 2022) the engagement team sought views from patients and residents on the Case for Change through a diverse programme of structured engagement opportunities. A range of groups were contacted, including those representing culturally diverse communities, themed around:

- Early Years services
- Bereavement

- LGBTQ
- Women
- Children and young people
- Parents with young children
- Carers
- Youth Justice
- Learning disability and autism
- Children and young people with mental health illnesses and conditions

In total 188 organisations were contacted (see Appendices). Initial email contact was made to publicise the programme before the engagement period started. When the engagement period began, a further email was sent to each organisation, which included a link to the Case for Change, and giving details of how people could give feedback.

Opportunities for engagement were promoted to all patients and residents, however, deeper engagement was sought with individuals and groups who had previously used services, those with protected characteristics (per the Equality Act 2010), and those more likely to experience inequalities, ill health or deprivation. Engagement opportunities and the ways they were promoted, included:

- An online survey, available on the NCL ICS website; this was promoted on email, news items, social media and other fora
- Community newsletters
- Correspondence to residents' associations and similar bodies
- Voluntary sector meetings
- Drop in events and stalls at community events
- Attendance at community groups for parents and carers, such as Baby and Toddler groups
- Presentation and feedback sessions at community and formal meetings (both online and face-to-face)
- Online small group discussions and focus groups with parents and carers
- Targeted events to capture the views of more vulnerable residents such as advocacy groups for parents with learning disabilities and those who had experienced domestic violence
- Dialogue via posts using online fora, canvassing responses
- Attendance at hospital outpatient and antenatal clinics
- A targeted Facebook campaign promoting the opportunity to feedback via the online survey. 18 postcode sectors were selected based on reaching some of NCL's more deprived areas (using indices of multiple deprivation). This resulted in 804,082 page impressions and 3,946 clicks on the link to find out more

The team worked closely with the local VCS and Councils, and established networks and groups. Activities were delivered at times and in places that were convenient and appropriate for each group. Depending on the most appropriate approach for the specific audience, the engagement activity/content they were delivered by the Start Well programme team, specialist providers, or a VCS partner.

Ongoing dialogue was established with a small number of key groups who contributed to feedback. The aim of this was to provide a foundation for further, long-term, input to the programme. This included:

- Questions posted on the Start Well online patient forum, of around 50 people.
- Two facilitated conversations with a group of eight patient representatives, who expressed an interest in a deeper, ongoing, engagement with the programme
- Two face-to-face events and one online event involving in total up to 40 young people, facilitated by a company called Participation People. The young people self-selected to be part of the programme and represent a diverse range of 12-18 year olds from across the five boroughs of NCL. Some of the participants had long-term conditions
- Focus groups – one for parents who had experienced neonatal care and two for parents and carers with experience of Sickle Cell services

Across NCL 43 activities took place, reaching a total of 518 patients and residents. 207 of the conversations were in-depth, with people sharing their views and experiences. Details of the events are shown in the appendices. Table 3, below, summarises the events in each of the NCL boroughs, and some which were NCL wide:

Table 3. Patient and resident engagements

Borough	Number of meetings	Total number of contacts
Barnet	11	156
Camden	11	101
Enfield	5	49
Haringey	5	118
Islington	3	31
NCL wide	8	63

3.4 STAKEHOLDERS

Feedback was sought from a wide range of local and national stakeholders to ensure impacted and interested parties had an opportunity to comment on the Case for Change. Key stakeholders included:

- MPs representing Constituencies in NCL
- Local Authorities (lead members and health and care and children's services)
- Professional bodies
- Joint Health Overview and Scrutiny Committee
- Neighbouring ICSs
- London's Clinical Senate and Clinical Senate Patient Representative Group

A full list of wider stakeholders contacted appears in the Appendix.

Sixteen meetings took place with stakeholders; no separate written feedback was submitted. The themes of these meetings are included in the qualitative feedback herein.

3.5 THE SURVEY

A survey was developed by the Start Well team and hosted on the NCL ICS website. The survey was also available on paper; people could request a paper copy and paper copies were made available at engagement meetings. Paper copies could be returned by Freepost and the data from them was manually entered.

The questions in the survey focussed on areas highlighted in the Case for Change where there were particular opportunities to improve services. There were free text spaces in each substantive section to allow people to raise issues of importance to them. The survey content was as follows:

- In what role people were responding to the survey
- The borough they lived in (or the borough their organisation was based in)
- Which hospitals people were most likely to use for children's, young people's or maternity services
- Whether the respondent had read the Case for Change, the summary, or the information leaflet
 - To what extent people agreed with the opportunities for improvement for maternity and neonatal services
 - To what extent people agreed with opportunities for improvement for children's and young people's services
 - Whether other information should be considered which hadn't been included in the documents
 - Whether there are other opportunities for improvement in maternity, neonatal or children's and young people's services that had not been presented in the documents
- Ranking of the top three most important aspects of maternity care from 9 choices
 - Choosing the single most important aspect of maternity care
- Ranking of the top three most important aspects of neonatal care from 7 choices
 - Choosing the single most important aspect of neonatal care
- Ranking of the top three most important aspects of emergency care for children and young people from 10 choices
 - Choosing the single most important aspect of emergency care
- Ranking of the top three most important aspects relating to surgery for children and young people based on 6 choices
 - Choosing the single most important aspect relating to surgery for children and young people
- Ranking the top three most important aspects relating to care for children and young people with long-term conditions based on 7 choices
 - Choosing the single most important aspect relating to care for children and young people with long-term conditions
- Demographic information about respondents

The full survey document can be found in the Appendices.

3.5.1 NUMBERS TAKING PART IN THE SURVEY

389 people completed the survey by answering at least one of the questions (completed questionnaires). A further 126 people started the survey but did not answer any of the questions (incomplete questionnaires). Data from the completed questionnaires was analysed and is presented in the next section.

- 180 were current or recent service users
- 32 were carers/family members of service users
- 45 were members of the public
- 89 were members of staff providing maternity, neonatal or children's and young people's services in NCL
- 29 were other care professionals, members of NHS staff, NHS Trust or provider organisations
- 4 were from other public bodies/stakeholders or political representatives
- 3 were from voluntary organisations or charities
- 1 was from a private health and care provider organisation
- 6 identified as 'other'

The boroughs of the participants were as follows:

- Barnet 102
- Camden 103
- Enfield 41
- Haringey 64
- Islington 32
- Other 47

3.6 SUBMISSIONS BY STAFF

NCL staff were invited to take part in the engagement in several ways (see previous section). As well as completing the survey some staff discussed the Case for Change in staff meetings and sent in their views by email:

- Records of three staff meetings held at The Royal Free London NHS Foundation Trust were submitted: general staff meeting, midwives and an obstetrics and gynaecology consultants' meeting
- There were two individual staff responses: one from an obstetrician and one regarding medical training
- An overview of staff engagement at UCLH

All these submissions were analysed as qualitative data and are included in the findings sections which follow.

3.7 ENGAGEMENT WITH STAKEHOLDERS

The Start Well team visited meetings to hear the views of stakeholders. Notes on queries, questions and comments made in the meetings were kept and were analysed qualitatively (see below) and are presented in the findings section.

3.8 ANALYSIS

3.8.1 ABOUT THE DATA

Quantitative data

Quantitative data was collected through the Start Well questionnaire, which comprised closed questions and free text comments. Questionnaire data has been analysed and is presented in charts which set out the proportions of people who expressed each view (not every respondent answered every question). In the case of free text comments, these were allocated to themes to provide an indication of the views most commonly expressed.

It is important to note that survey respondents did not have to answer all questions. Answers were analysed based on the numbers of people who completed a question. The key to each chart shows the number of answers upon which it is based for each category or sub-category, both for multiple-choice and free text responses. Some of the sub-groups analysed therefore contained a relatively small number of respondents.

Qualitative data

Qualitative data was collected primarily through engagement meetings facilitated by the Start Well team, which used qualitative methods to ensure that people's views and experiences could be explored in detail.

This approach means that we do not collect, or report, on the numbers of people holding particular views or experiences. The purpose of the qualitative analysis is to define and describe the range of emergent issues and to explore linkages, rather than to measure their extent.

Sections of this report which relate to qualitative findings are identified in the text. Please note that in these sections the analysis aims to present the range of views expressed, but the data does not support conclusions to be drawn about the proportion of people expressing any particular view.

3.8.2 THE SURVEY

The survey comprised closed and open questions.

Quantitative data

Closed questions produced quantitative data which was analysed numerically. The data was cross tabulated by three clusters of respondent type:

Cluster	Respondent types
Cluster 1: Patients and Residents	<ul style="list-style-type: none"> - Current or recent (within last five years) user of maternity, neonatal, children's or young people's services in NCL - Carer or family member of a service user - Member of the public
Cluster 2 Staff	<ul style="list-style-type: none"> - Member of staff who provides maternity, neonatal or children's and young people's services in NCL - Other care professional/member of NHS staff, NHS Trust or provider organisation
Cluster 3 Other Stakeholders	<ul style="list-style-type: none"> - Private health and care provider organisation - Voluntary organisation/charity - Trade Union or professional body - Other public body/stakeholder/political representative - Other

Open questions

Open questions allowed respondents to add text to clarify their answers or give further information. These were analysed by developing a coding frame which involved clustering similar answers together to develop categories. The coding frame was constantly checked against new answers and modified if new categories were needed. It should be noted that where open text has been coded there is sometimes duplication across different question sets and in questions asking for explanations of answers and open text where respondents could enter other views and thoughts. We felt it was important to capture all information, regardless of whether respondents entered text which directly related to the questions above the open text boxes.

3.8.3 QUALITATIVE DATA

Data collected in engagement sessions was summarised according to themes from notes taken at the events. Broadly the themes related to the topics in the survey. The analyst looked for recurring themes, similarities and differences within and between accounts and experiences.

Data submitted in any text format (e.g. email or word document) was analysed as qualitative data using the same process outlined above.

4. FINDINGS

This section presents findings from all aspects of the Start Well engagement, bringing together data from the survey questionnaire, the engagement sessions run by the Start Well team and other types of submissions.

The findings are presented in this order:

- overview of the survey respondents
- the Case for Change
- maternity services
- neonatal services
- emergency care for children and young people and emergency surgery for children and young people
- planned care, including for long term conditions

These sections all contain findings from staff, patients and residents and a small number of other stakeholders who completed the survey; both quantitative and qualitative data is presented.

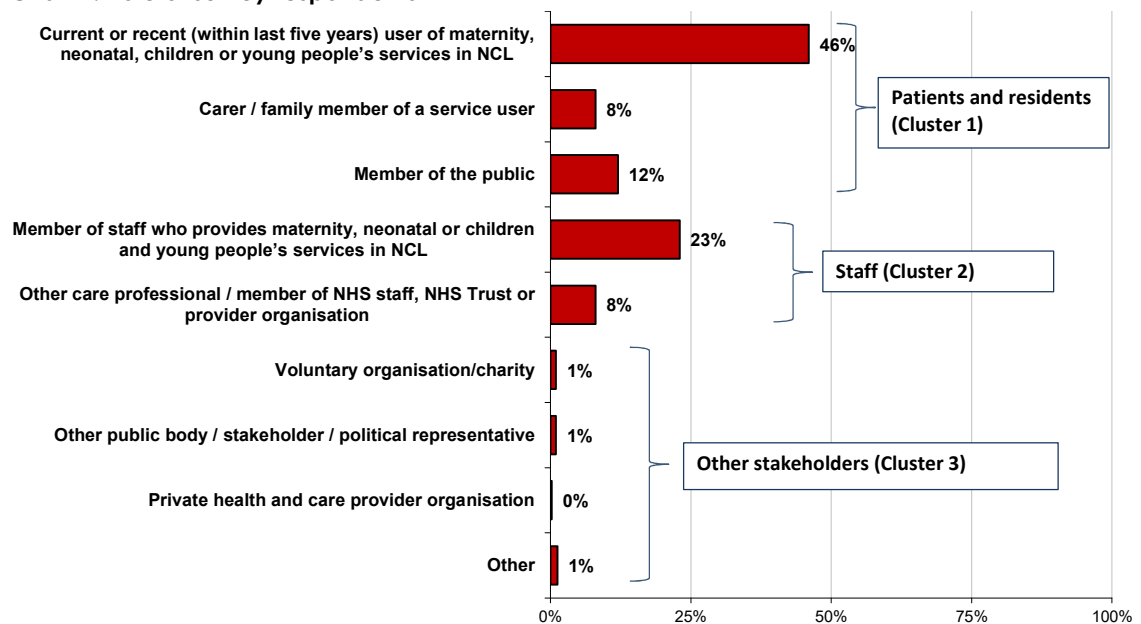
The final section presents the findings from the stakeholder engagement sessions attended by Start Well staff, based on notes taken in the meetings.

It should be noted that survey respondents did not have to answer all questions; forms were included for analysis where people had answered at least one question. Answers were analysed based on the numbers of people who completed a question, therefore not all sets of data below are based on all 389 people who filled in the survey. Each chart shows the number of answers upon which it is based and for some answers this relatively small.

4.1 OVERVIEW OF SURVEY RESPONDENTS

People were asked in what capacity they were responding to the survey. The chart below shows the numbers of people in each individual category, and the clusters which are used for the quantitative analysis.

Chart 1: Role of survey respondents

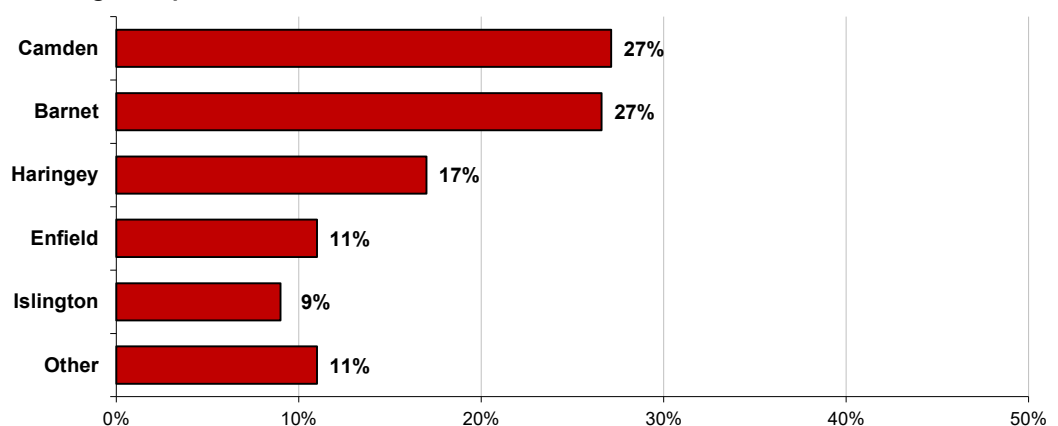


Source: Verve Communications 2022

Base: All respondents (389)

Respondents were asked to say which borough they lived in, or, if answering on behalf of an organisation, the borough their organisation was in.

Chart 2: Boroughs respondents are based in

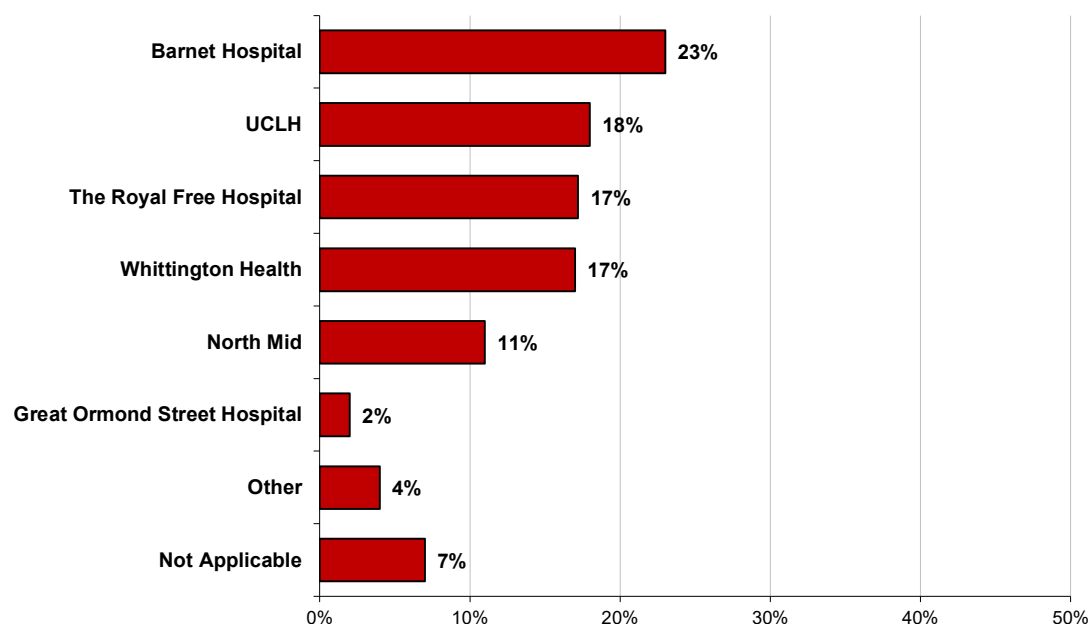


Source: Verve Communications 2022

Base: All respondents who gave a valid response (387)

Respondents were asked to say which NCL hospital they were most likely to go to for children's, young people's or maternity services.

Chart 3: Hospitals used by all respondents

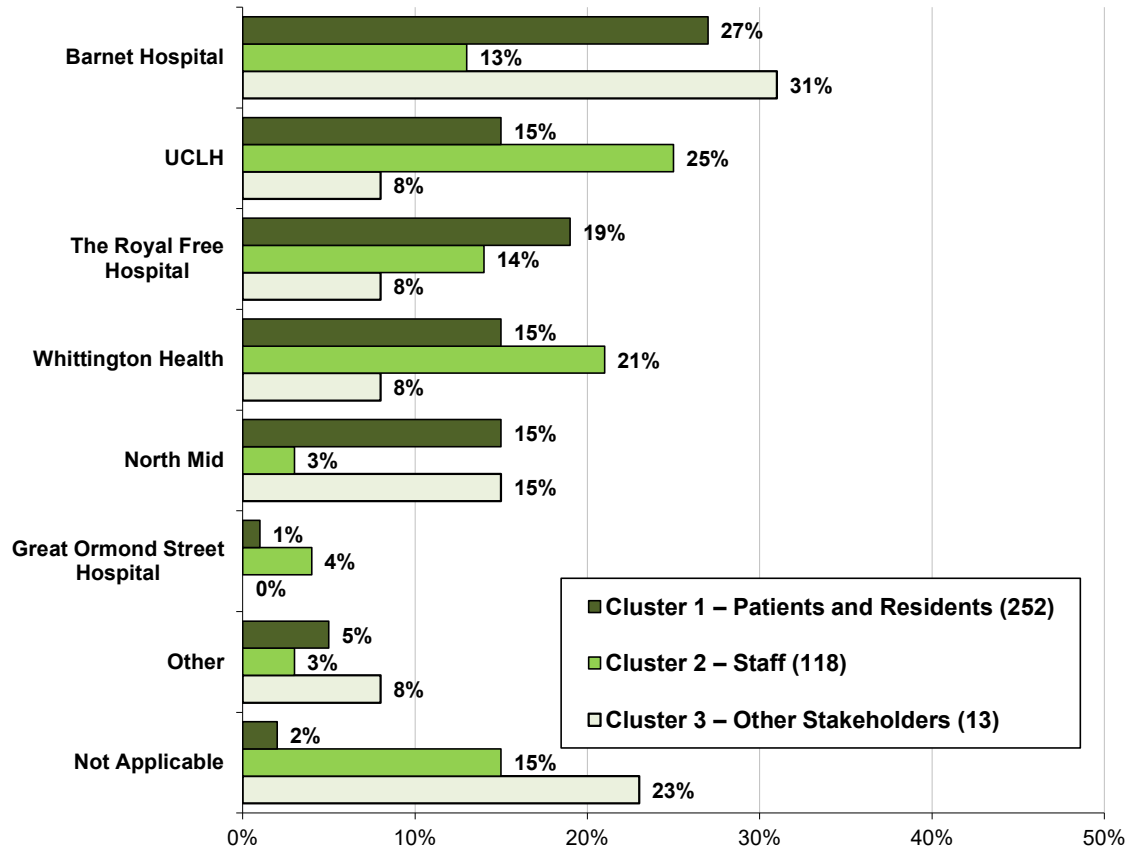


Source: Verve Communications 2022

Base: All respondents who gave a valid response (383)

Analysis of hospitals used by clusters shows that staff were more likely to use UCLH and Whittington Health and other stakeholders were more likely to use Barnet Hospital and North Mid. Patients and residents reported usage across all hospitals.

Chart 4: Hospitals used by clusters of respondents



Source: Verve Communications 2022

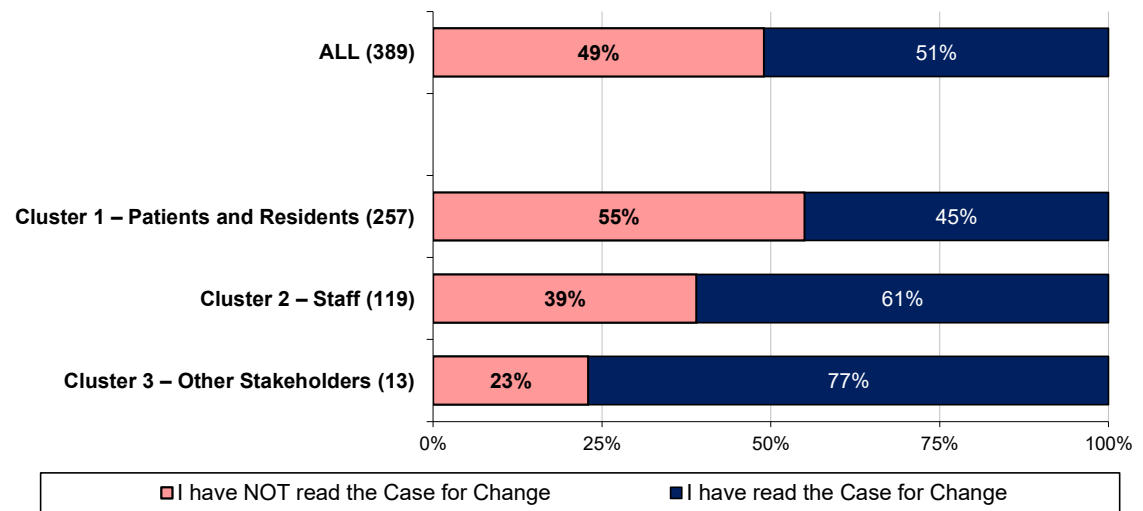
Base: All who gave a valid response (276)

4.2 CASE FOR CHANGE

The survey presented those who had read the Case for Change with the opportunity to comment on the opportunities for improvement for maternity and neonatal services and children's and young people's services. A scale of 1-5 was used to score levels of agreement with strongly disagree having a score of 1 and strongly agree a score of 5. The results are shown in the charts below.

Fifty one percent of survey respondents had read the Case for Change or the information leaflet, with staff and other stakeholders having been more likely to have looked at the information that patients and residents.

Chart 5: Percentages of people who had read the Case for Change or information leaflet



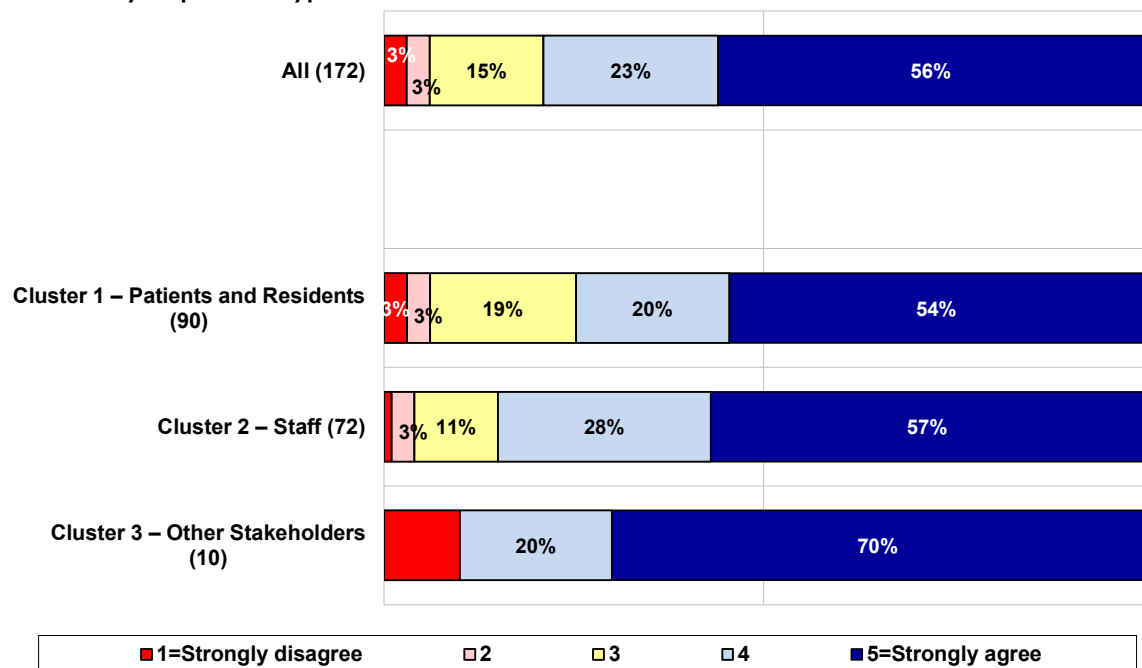
Source: Verve Communications 2022

Base: All respondents

4.2.1 MATERNITY AND NEONATAL SERVICES

Survey respondents were asked to what extent they agreed with the opportunities for improvement for maternity and neonatal services presented in the Case for Change and other literature. A score of 1 represented strong disagreement and a score of 5 represented strong agreement. The chart below shows the scores of all respondents and the scores of the clusters of respondents.

Chart 6: Levels of agreement on opportunities for improvement in maternity and neonatal services by respondent type



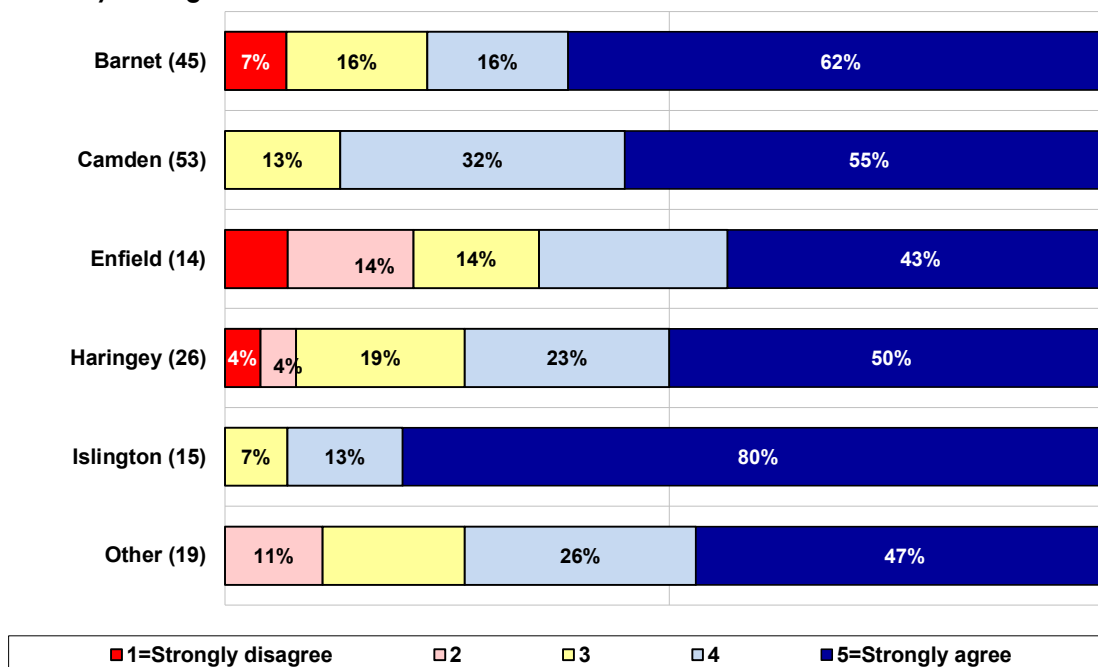
Source: Verve Communications 2022

Base: All who had read the Case for Change and gave a valid answer

This shows that overall participants agreed or strongly agreed with the opportunities for improvement in maternity and neonatal care identified in the Case for Change.

The chart below shows the responses by borough.

Chart 7: Levels of agreement on opportunities for improvement in maternity and neonatal services by borough



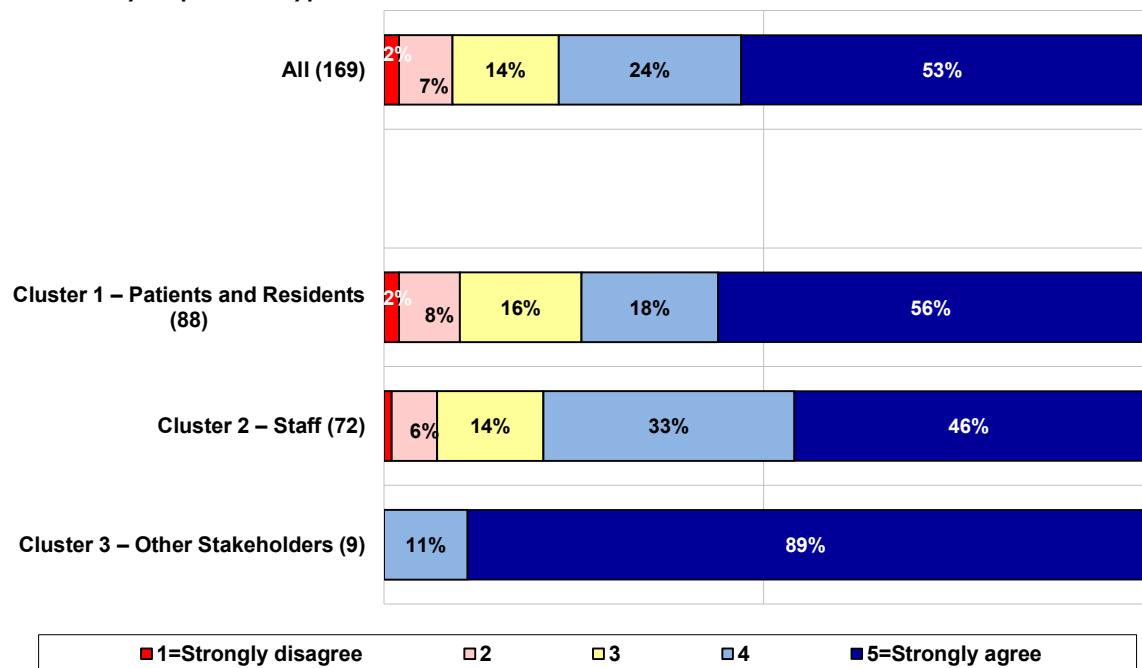
Source: Verve Communications 2022

Base: All who had read the Case for Change and gave a valid answer

4.2.2 CHILDREN'S AND YOUNG PEOPLE'S SERVICES

Survey respondents were asked to what extent they agreed with the opportunities for improvement for children's and young people's services presented in the Case for Change and other literature. A score of 1 represented strong disagreement and a score of 5 represented strong agreement. The chart below shows the scores of all respondents and the scores of the clusters of respondents.

Chart 8: Levels of agreement on opportunities for improvement in children's and young people's services by respondent type



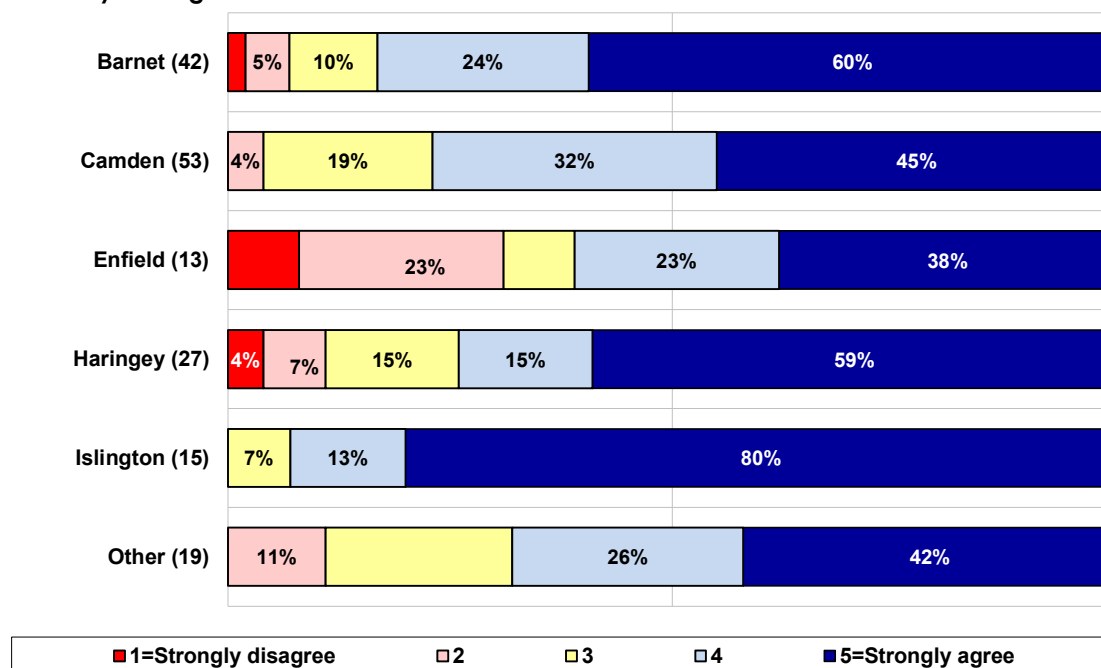
Source: Verve Communications 2022

Base: All who had read the Case for Change and gave a valid answer

This shows that overall participants agreed or strongly agreed with the opportunities for improvement in children's and young people's care identified in the Case for Change.

The chart below shows the responses by borough

Chart 9: Levels of agreement on opportunities for improvement in children's and young people's services by borough

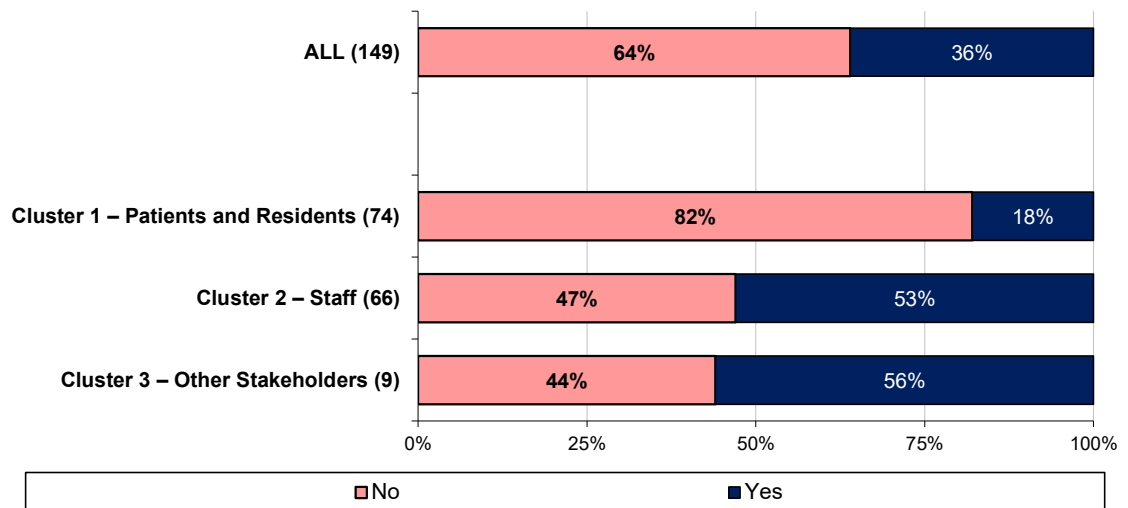


Source: Verve Communications 2022

Base: All who had read the Case for Change and gave a valid answer

The survey offered people the opportunity to say whether they thought other information should have been considered which was not included in the Case for Change. The charts below show the response levels, followed by the levels of response and the reasons people gave for their answers.

Chart 10: Is there other information which should be considered which was included in the Case for Change documents?



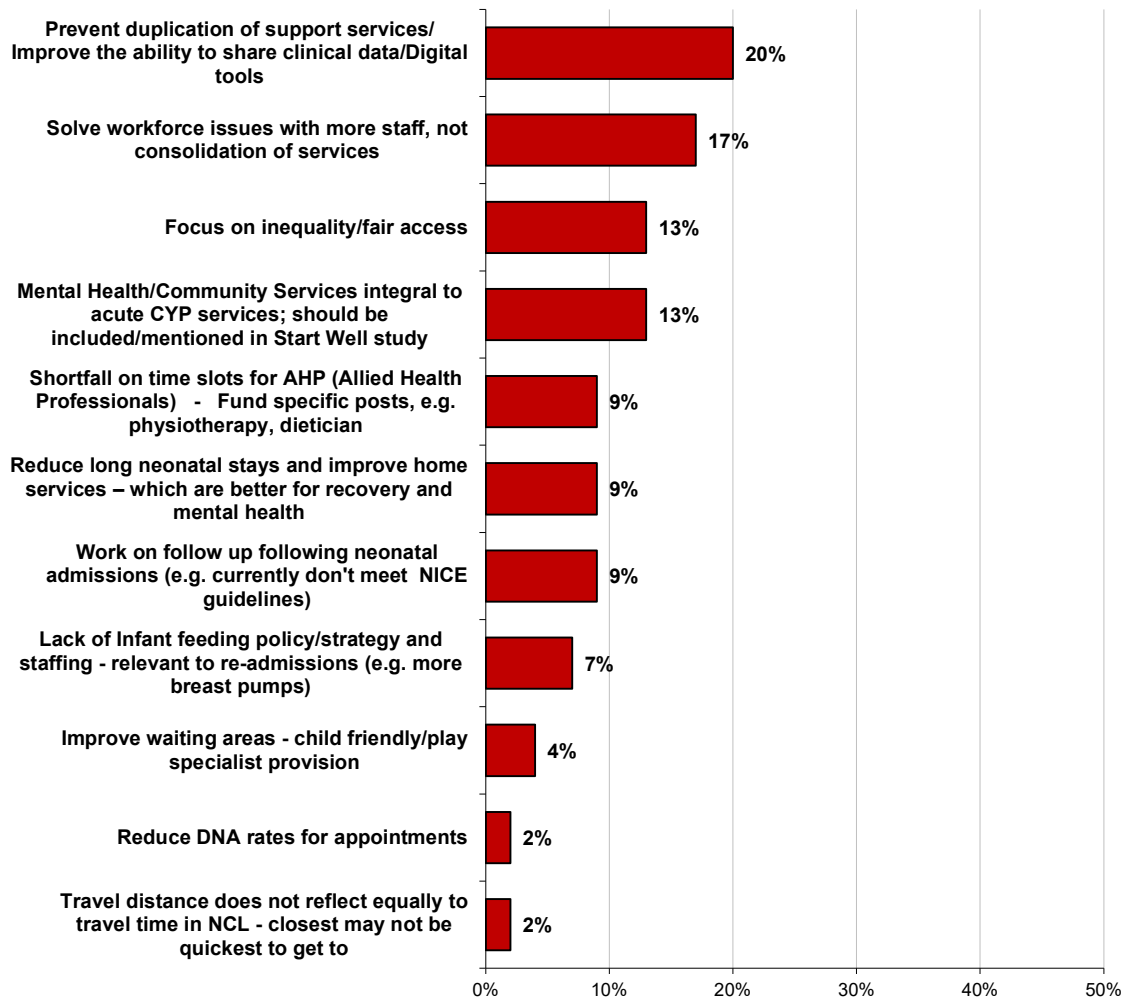
Source: Verve Communications 2022

Base: All All who had read the Case for Change and gave a valid answer

The chart shows that staff and other stakeholders were more likely to say that other information should have been considered in the Case for Change than patients and residents.

Participants were given the opportunity to write in more information on why they thought other information should be considered in the Case for Change. The two charts below show the coded analysis of the free text answers – the first shows the categories and the percentage of people whose answers were coded into that category, the second shows the codes by respondent type. The analysis was undertaken on the numbers of people who answered, in this case fifty four people, the majority of whom were NCL staff. Note, a participant's answer might be coded into more than one category.

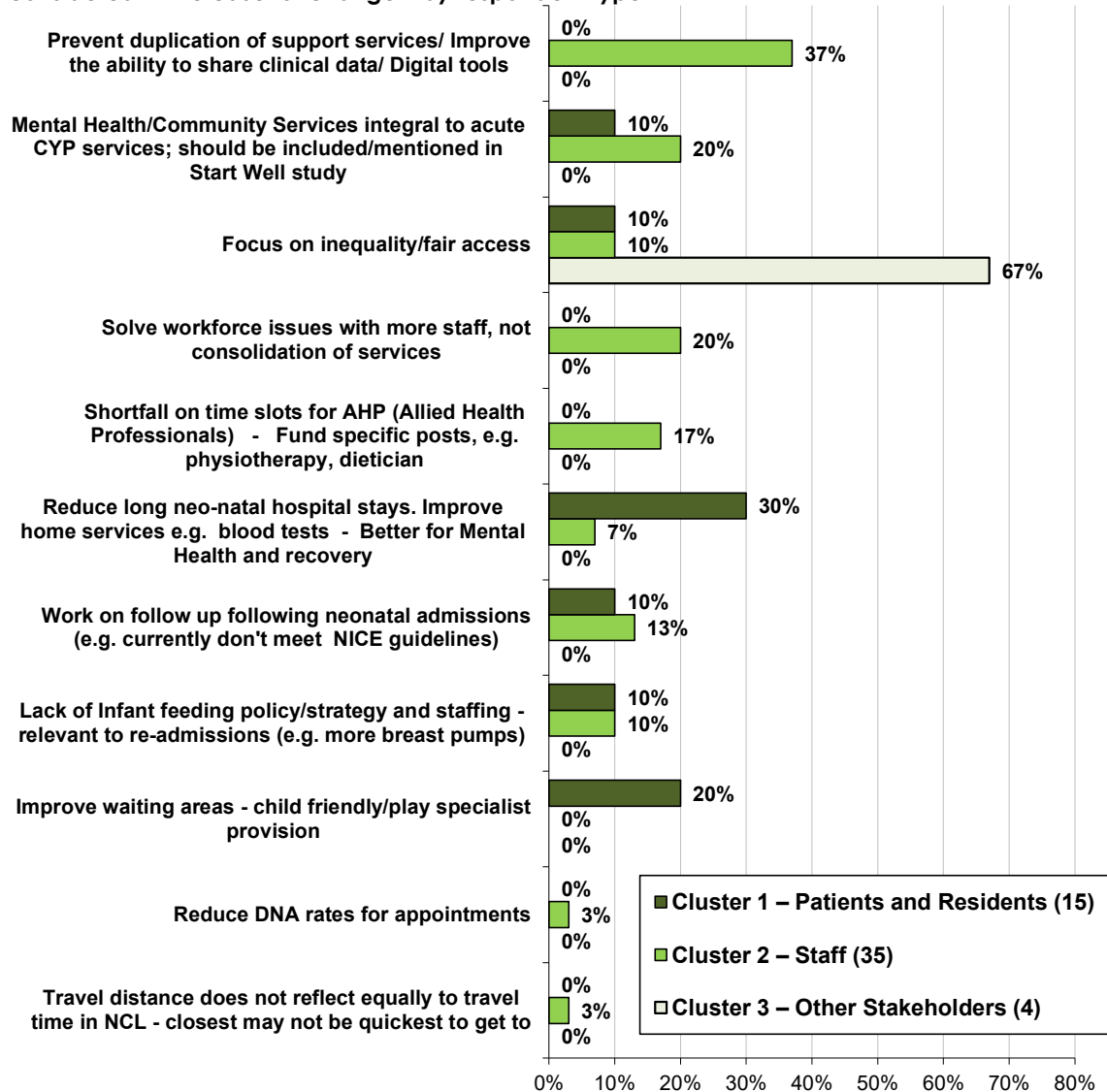
Chart 11: Coded open text answers to why people thought further information should be considered in the case for change – all answers



Source: Verve Communications 2022

Base: All who had read the Case for Change and who made a comment (54)

Chart 12: Coded open text answers to why people thought further information should be considered in the case for change – by respondent type



Source: Verve Communications 2022

Base: All who had read the Case for Change and who made a comment

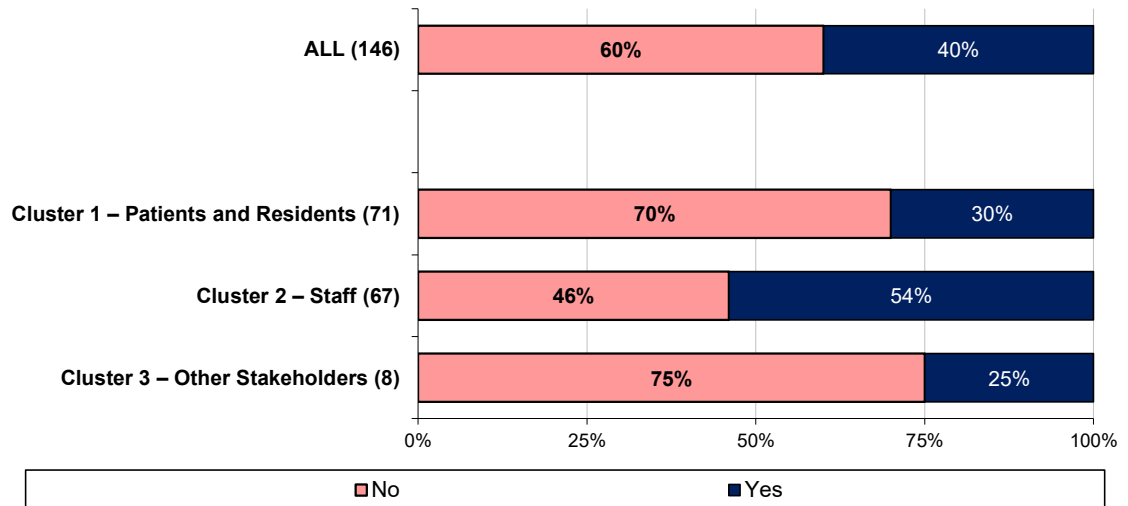
The Royal Free London and UCLH also separately submitted feedback from staff. Other Trusts did not at this stage. The Royal Free submission covered a number of areas:

- There should be a greater focus on the needs of pregnant women and people within the Case for Change
- The Case for Change should set out more clearly the provision of maternal medicine services at the Royal Free London NHS Foundation Trust.

Survey participants were asked whether they considered there were any other opportunities in maternity, neonatal or children's and young people's services which were not presented in the

documents. The chart shows 40% of people thought there were other opportunities for improvement, with the majority of those respondents being staff.

Chart 13: Are there other opportunities for improvement in maternity, neonatal or children's and young people's services which were not presented in the Case for Change documents?

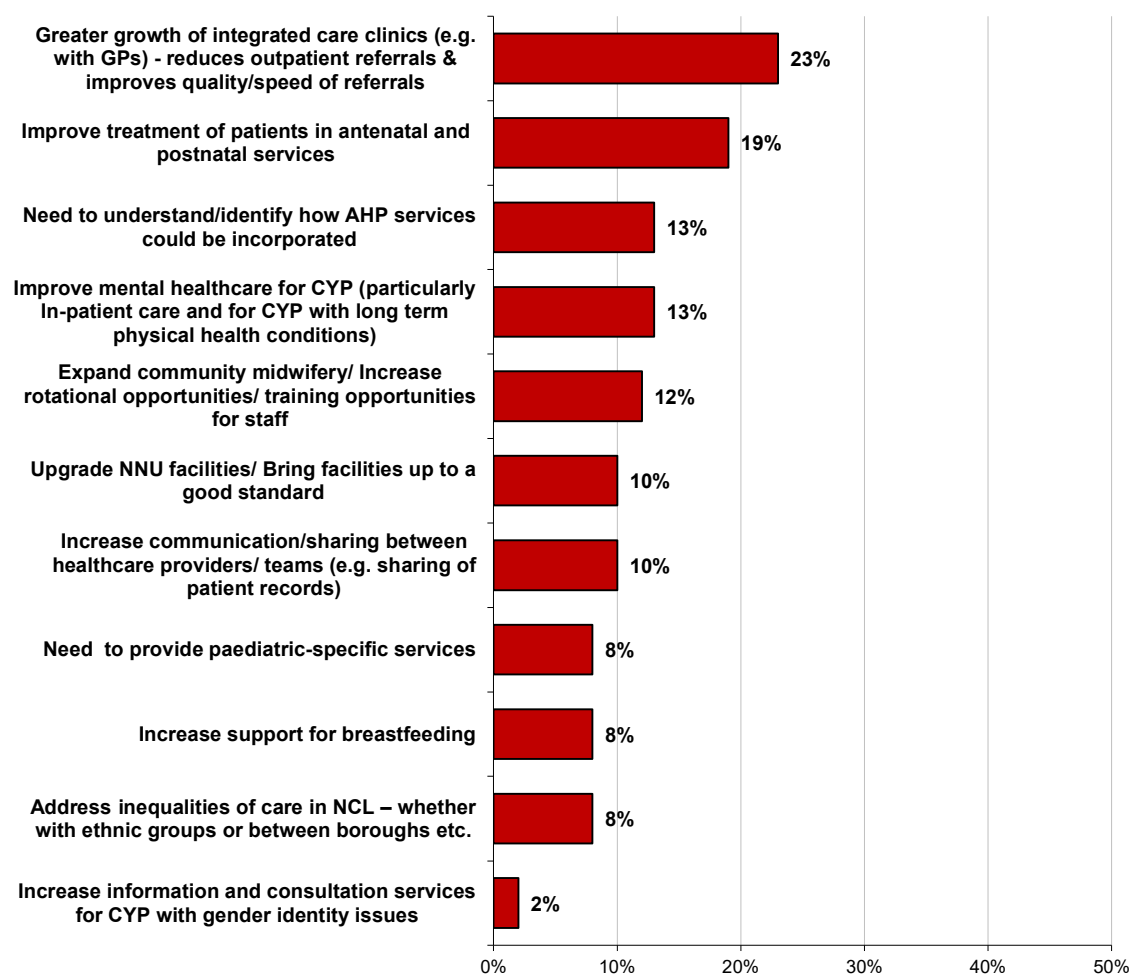


Source: Verve Communications 2022

Base: All All who had read the Case for Change and gave a valid answer

The survey participants were given the opportunity to write in more information on why they thought there were other opportunities for improvement in maternity, neonatal or children's and young people's services, beyond those presented in the documents. The charts below show the coded analysis of the free text answers. The first shows the percentage of people whose answers were coded into a category, the second shows the codes by respondent type. The analysis was undertaken on the numbers of people who wrote in answers, in this case fifty two people, the majority of whom were staff. Note some participant's answers could be coded into more than one category.

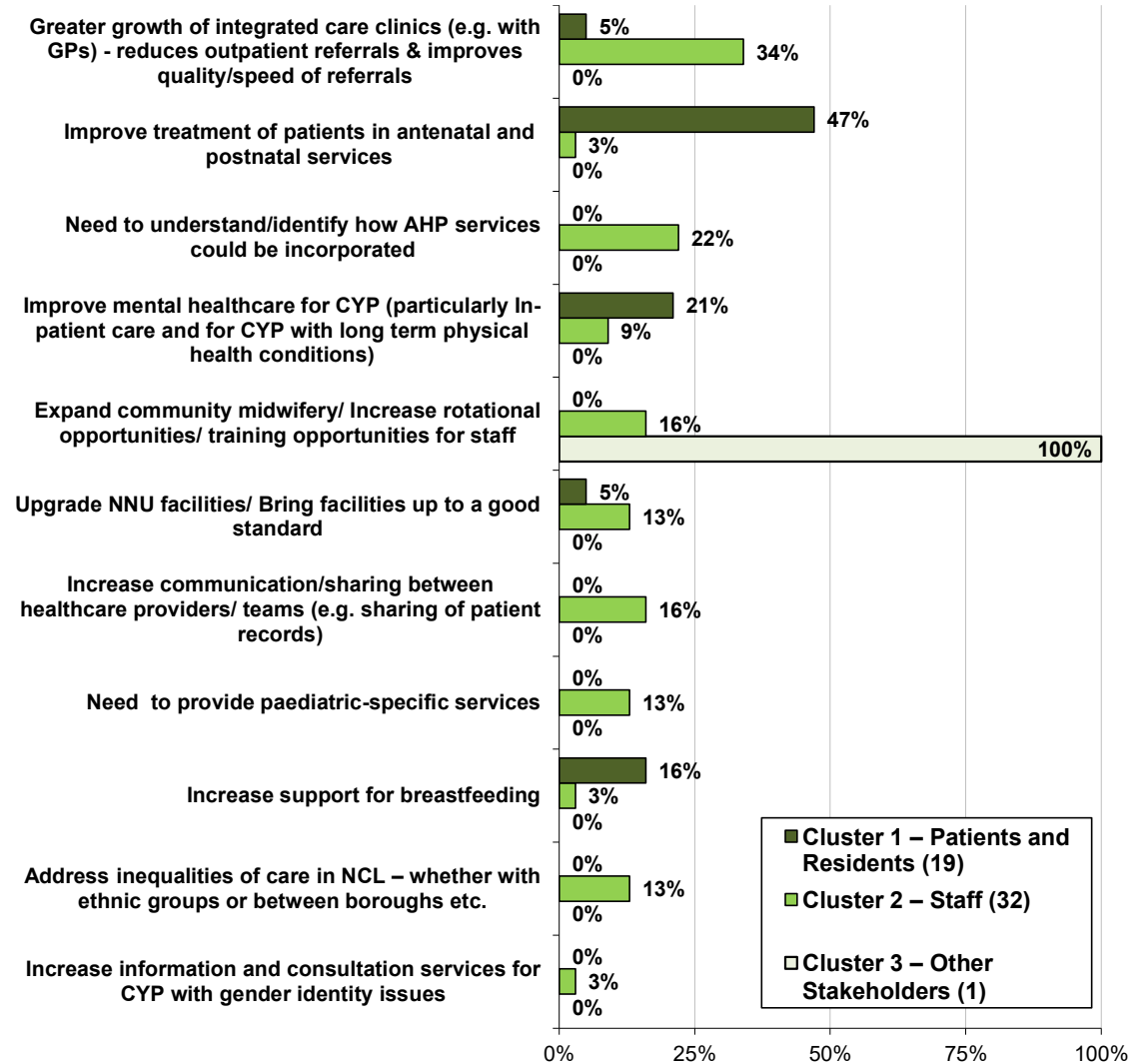
Chart 14: Coded open text answers on other opportunities for improvement in maternity, neonatal or children's and young people's services – all answers



Source: Verve Communications 2022

Base: All who had read the Case for Change and who made a comment (52)

Chart 15: Coded open text answers on other opportunities for improvement in maternity, neonatal or children's and young people's services – by respondent type



Source: Verve Communications 2022

Base: All who had read the Case for Change and who made a comment

4.3 MATERNITY CARE

This section presents the engagement findings relating to maternity care. The qualitative elements of the engagement produced more data on maternity care than on other topics as generally more of the participants had experienced maternity care. There is a section below which outlines the particular thoughts of people with learning disabilities, and their views and experiences of maternity care.

4.3.1 OVERVIEW OF FINDINGS

Residents and patients said that safe and compassionate care were paramount in maternity care. They felt that good communications were a vital component of good maternity services; information needed to be offered by health professionals at the right time without patients having to ask a lot of questions. Further, it was important that health professionals took care to understand them and their needs and wishes - for example, when first languages were not English and when patients had learning disabilities.

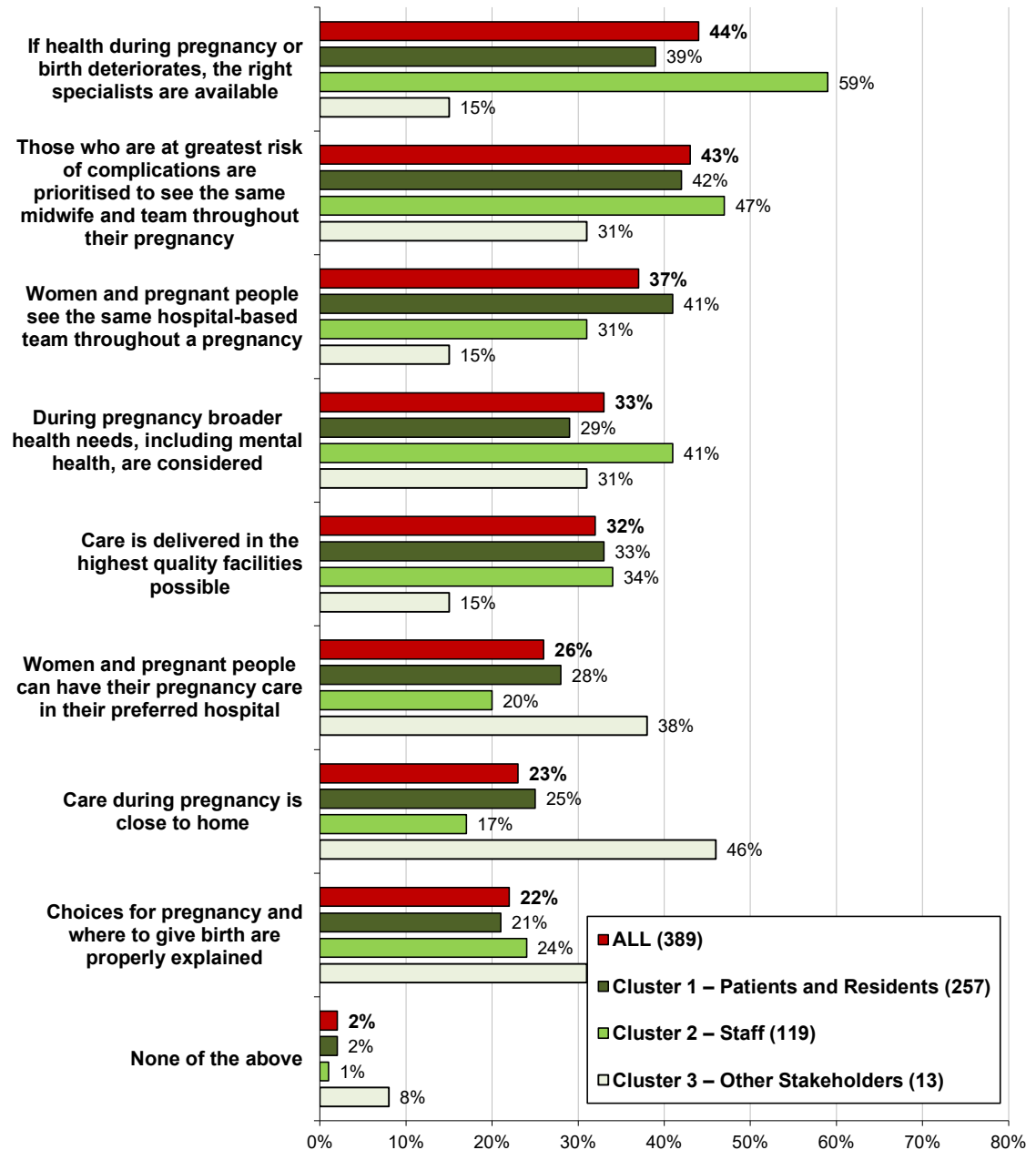
The survey showed that people felt having the right specialists available if a patient's health deteriorates during pregnancy or birth was the most important factor in maternity care.

Staff submissions from The Royal Free London NHS Foundation Trust (RFH), emphasised their view that maternity care at the Royal Free Hospital was of a high standard, with multidisciplinary clinics, intensive care and other facilities. Staff were keen to emphasise the value of the specialist services, for example, interventional radiology and vascular services. Staff submissions from UCLH highlighted the need to balance patient choice alongside the needs of the population.

4.3.2 SURVEY FINDINGS

The survey presented eight opportunities for improving maternity care, and the option of 'none of the above'. Participants were asked to choose the three which they thought were important. The chart below shows the results by respondent type:

Chart 16: Choosing three important opportunities to improve maternity care by respondent type

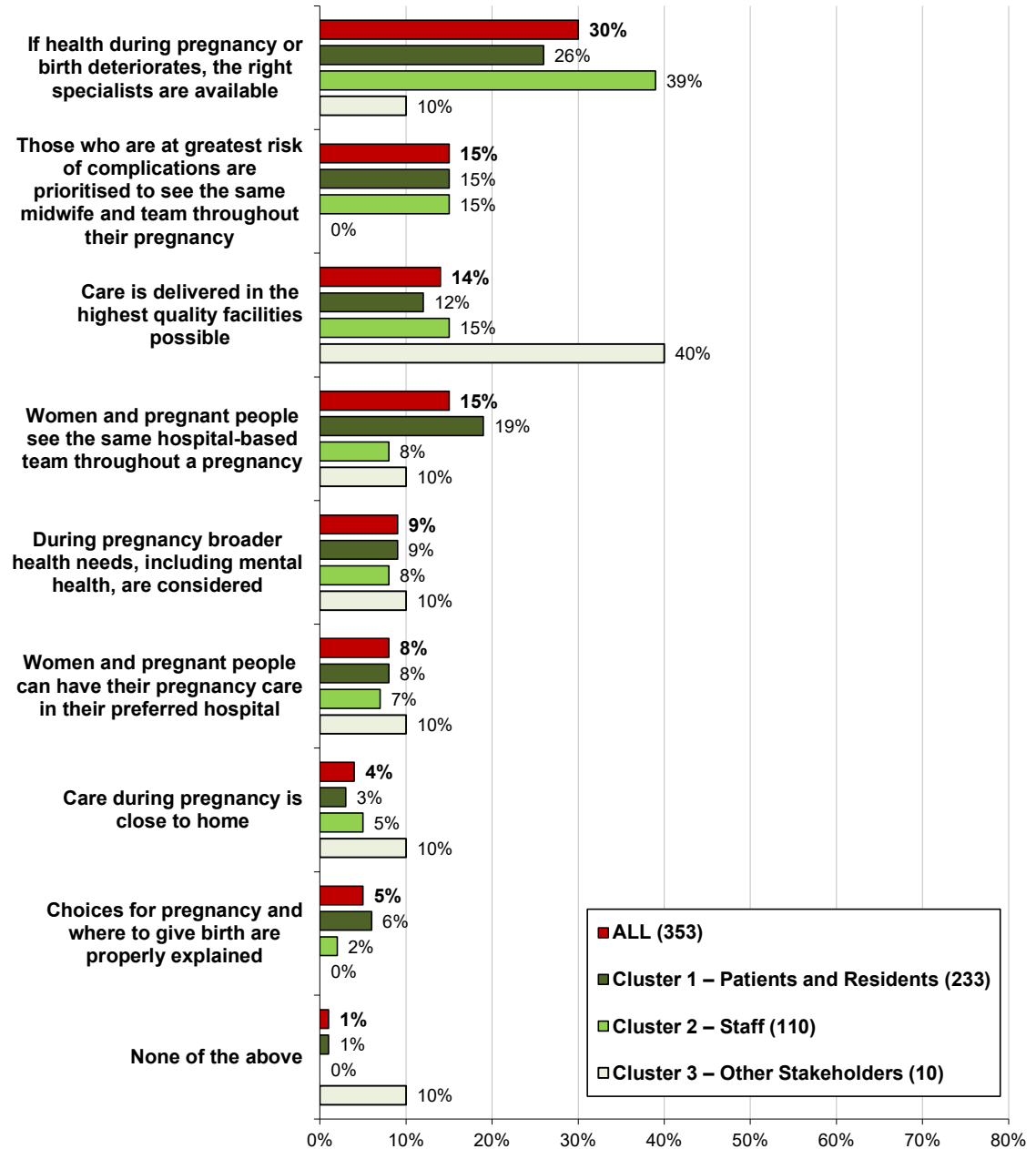


Source: Verve Communications 2022

Base: All respondents

Participants were then asked to choose one opportunity for change which they thought was most important. The chart below shows answers by respondent type.

Chart 17: Most important opportunity for improvement in maternity care by respondent type

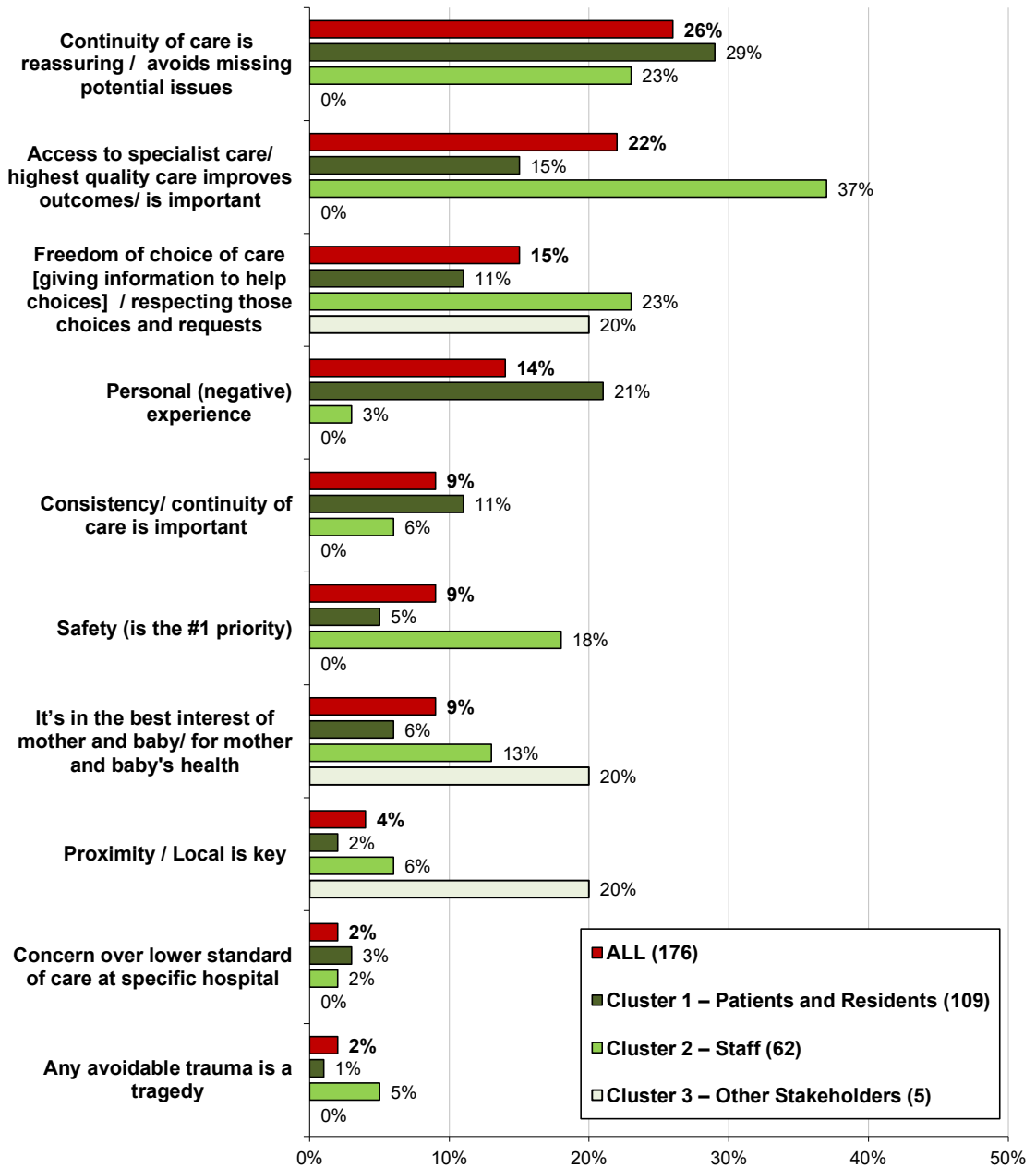


Source: Verve Communications 2022

Base: All who gave a valid response

Participants had the opportunity to give a reason for their answers. The two charts below show coded free text answers by respondent type and by borough. Numbers are based on those who wrote in answers.

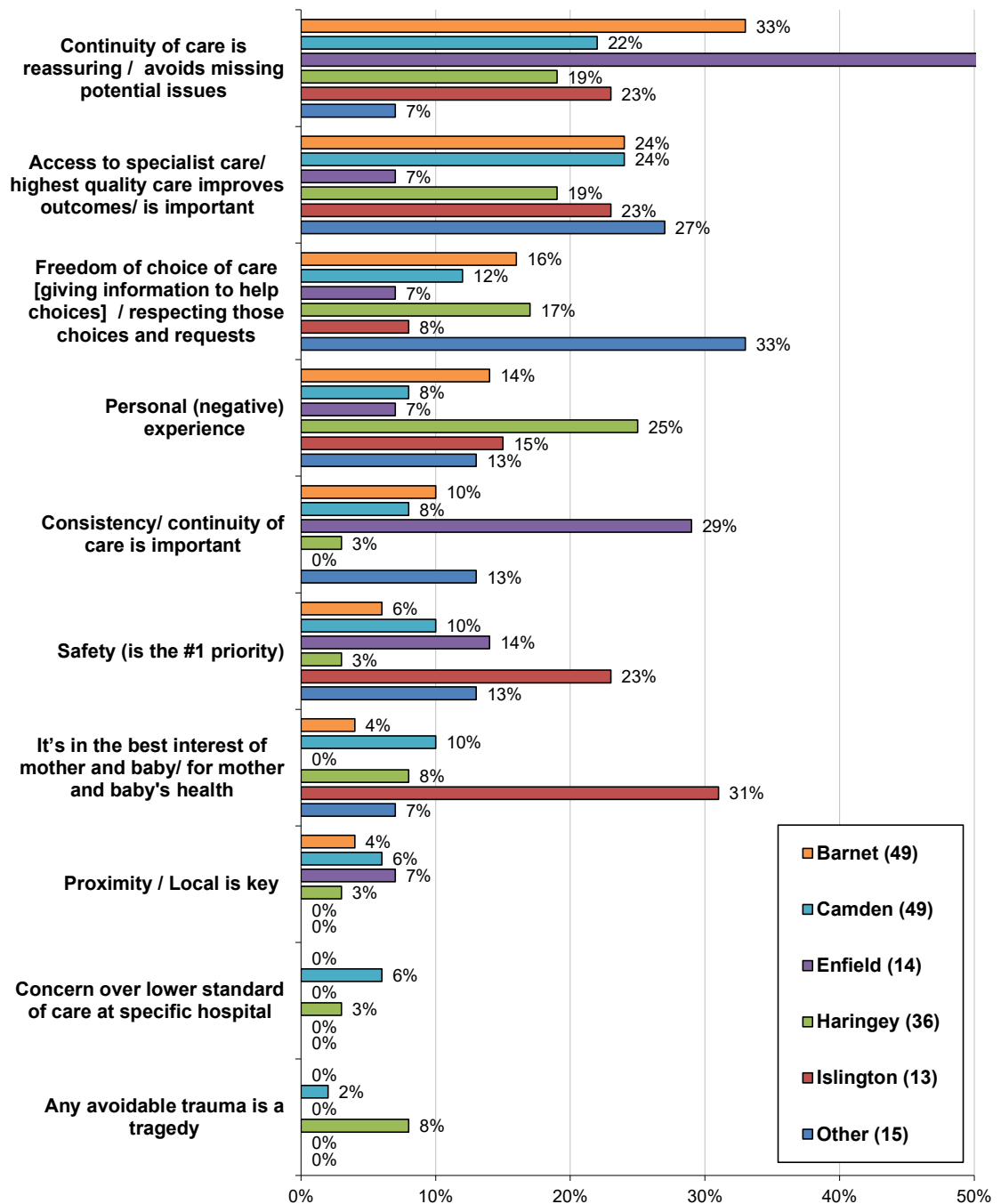
Chart 18: Coded free text answers on reasons given for the answers on important elements of maternity care – by respondent type



Source: Verve Communications 2022

Base: All who made a comment

Chart 19: Coded free text answers on reasons given for the answers on important elements of maternity care – by borough

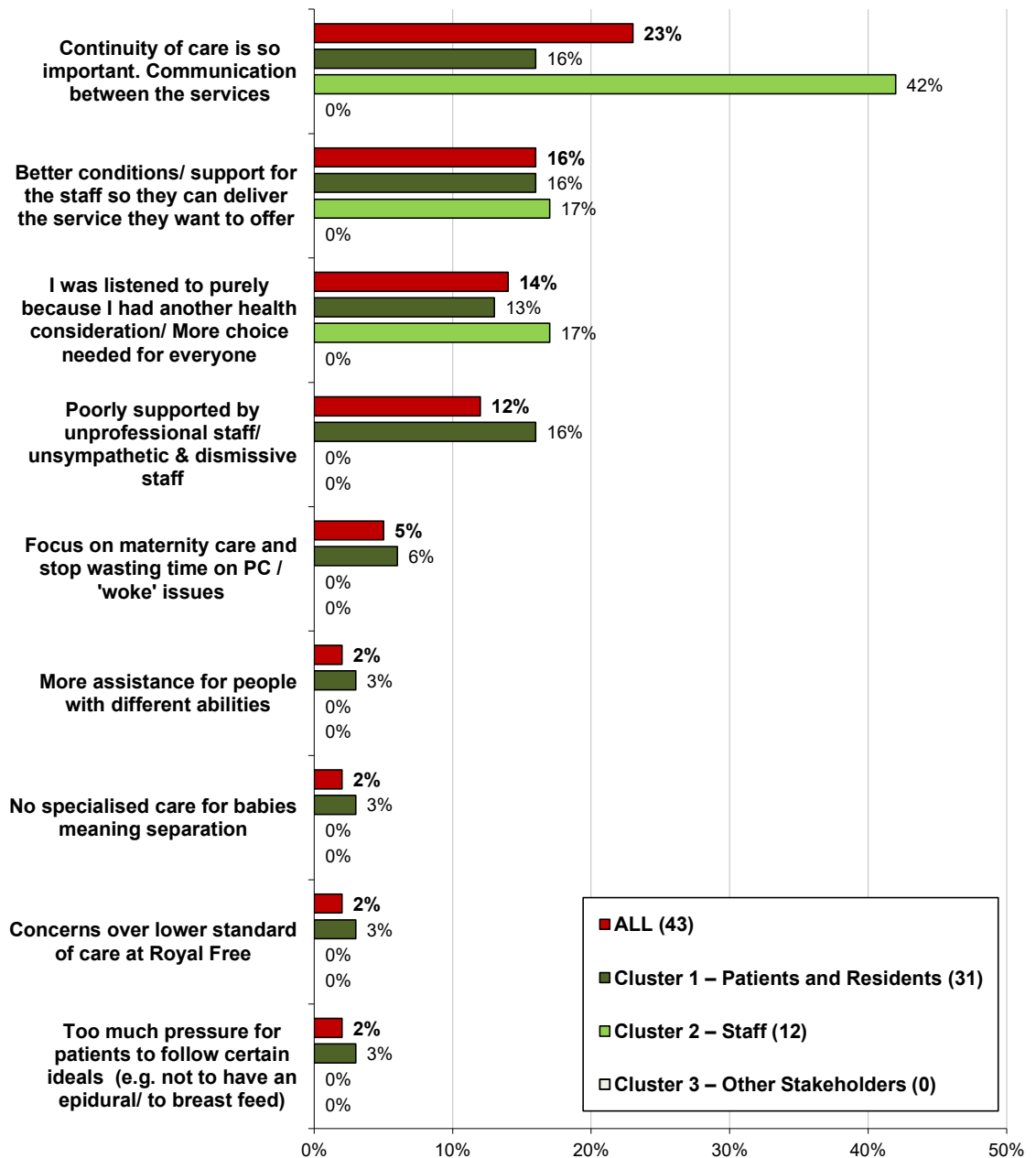


Source: Verve Communications 2022

Base: All who made a comment

Participants had a further opportunity to add free text, being asked if there was anything else they wanted to add about maternity care. The chart below shows the coded responses by participant type.

Chart 20: Coded responses on further comments about maternity services – by respondent type



Source: Verve Communications 2022

Base: All who made a comment

4.3.3 QUALITATIVE FINDINGS

The qualitative findings were analysed and are presented here.

COMMUNICATIONS

Patients and residents said it was important that health professionals ensured that patients understood what they were trying to communicate to them – for example by using accessible language so that patients are not made to feel uncomfortable by asking for clarification.

It was also thought to be important that health professionals took great care to understand their patients' needs and requirements. Some people for whom English was not their first language felt that they were not always able to make themselves understood by health professionals; if an interpreter were available this was ameliorated to some extent, however, this was not always possible. People with learning difficulties said that having an advocate was important whenever possible, for example having access to a Learning Disabilities nurse.

Good two-way communications with health professionals understanding patients and patients understanding health professionals are vital to enable patients to make informed choices and for health professionals to be able to take into account patients' needs and wishes.

It was also seen as important that there should be good and clear communication between health professionals about their patients and some patients mentioned electronic maternity notes could improve this.

Participants said it was important that information should be consistent, that is, the same information should come from all sources. Some people had experienced having different information given by different members of staff, and this had caused anxiety and confusion.

HOW PATIENTS MAKE CHOICES IN MATERNITY CARE

The qualitative data showed that people commonly chose maternity care based on one or more of three factors:

- Recommendations from friends and family
- Proximity to home
- Familiarity with hospital

Hospitals were deemed to be familiar to service users if they had used them for any reason in the past, or because they had lived in an area for a long time and knew about a hospital by reputation.

PATIENTS WITH LEARNING DISABILITIES

Patients with learning disabilities discussed their experiences of maternity care, and what would work better for them.

Communications and advocacy

- There was a call for clear and appropriate communication so that patients with learning disabilities understood information and that healthcare professionals understood their

patients with learning disabilities. People said that they had had poor experiences of care requirements being explained to them, for example what extra care a patient would need after a caesarean section or the medications their baby would need

- Some participants had heard of maternity passports which they thought would help them by setting out what support they required, what their birth plans were and what their needs were
- Having an advocate whilst in the hospital (such as a Learning Disability nurse) can be very important, for example, what is entered on patient notes can have ramifications for future access arrangements – and an advocate could help support communication and understanding
- There were also some examples of very positive experiences of help, support and understanding of their additional needs

Extra support

- Having a Learning Disability nurse available when people are in maternity suites would be helpful, as patients do not always know how to access learning disability support and advocacy
- People felt that there was insufficient support in relation to how to care for a newborn baby – this support was deemed to be vital for parents with learning disabilities to ensure they could look after their baby. If a parent with learning disabilities needed to stay on a ward longer after birth this time could be well used to support learning skills
- Additional support for breastfeeding and first aid can be very helpful

Social work involvement

- Patients felt that sometimes when social services were involved staff could be quick to jump to conclusions about why they were there, and that they felt that social services staff themselves could at times be judgemental
- When social work input is required there can be delays in leaving hospital and in some cases a longer delay until all court proceedings are complete
- It was felt that communication between health and social work does not always work well which also adds to delays

OTHER ISSUES RAISED

Patients and residents raised other issues in relation to maternity care:

- GPs should have more of a role in the early stages of pregnancy to help people make informed choices about where to select for care
- Patients thought that concerns about not having an epidural probably made some people choose obstetric led units rather than midwifery units
- The hospital environment during labour and delivery is important – for example if a room is too hot fans should be available
- People disliked being in post-labour ward with 8 beds – they found it difficult to get privacy or rest
- Fears that talking about mental health concerns before or after birth would lead to people being judged
- There should be more focus on the tongue-tie pathway, as this impacts feeding which can in turn lead to long term complications

- There should be follow up care for people who have had a traumatic birth experience – with information and support available
- Where possible support should be in person, rather than online – some people had experienced (after Covid restrictions had lifted) having only virtual appointments, which meant their babies did not get weighed or examined by health professionals, which caused the parents anxiety

Staff from RFH, in their submissions, talked about the following priorities for maternity care:

- Capacity, resourcing and collaborative workforce models, exploring how to provide more care in community settings and paying attention to flows from outside NCL
- Quality of care and patient experience, for example ensuring separation of mother or person and baby is minimised when considering new models of care and looking at innovative ways to provide alternative methods of support
- Information and the resources to support people make a decision about their preferred place to birth, including exploring a single point of access
- Impact of complexity including the importance of supporting women and pregnant people to be seen in the most appropriate setting for their level of clinical need including the place of standalone birth centres
- Supporting services – ensuring that there is attention to services which support the maternal pathway, including MDT support, perinatal mental health and interventional radiology
- Focus on inequalities including those who may experience digital exclusion

Staff from UCLH requested more discussion on how the system will balance and prioritise patient choice alongside the needs of local pregnant women and people, infant, child, and young people populations.

4.3.4 WHAT GOOD LOOKS LIKE

The qualitative data showed that a number of things were important for people using maternity services:

- Feeling safe and looked after
- Good communications – this includes healthcare professionals being proactive in giving enough information at the right time, having consistent information from different sources, letting people know what is happening with their pregnancy and what their options are and following up to see if people need help, for example, with breast feeding. This also means ensuring that health professionals should understand what their patients' needs are, and that they fully understand people's wishes
- Consistency – seeing the same team throughout pregnancy and birth. If this is not possible for all, those at greatest risk of complications should be prioritised so that they see the same midwife and team to ensure consistent care and information
- Ensuring any problems with a baby are picked up soon after birth
- Having maternity and neonatal services co-located
- Being able to easily get appointments when needed, including GP appointments
- Friendly and helpful staff
- Partners being present at birth and after a baby is born

- Good follow up in the postnatal period, e.g. breastfeeding advice and checking up on potential postnatal depression
- Listening to patients and respecting their choices
- Holistic services incorporating mental health support during and after pregnancy, and support for related issues such as breast feeding, postpartum physiotherapy and for those who have experience miscarriages and ectopic pregnancies

4.4 NEONATAL CARE

All participants had the opportunity to give their views on neonatal care. Some of the participants in the qualitative sessions had experience of neonatal care and the Start Well team actively sought others who had neonatal experience to hear their views. It should be noted that the answers to questions about neonatal care generated very similar answers in all sections. For completeness we have included all answers below.

4.4.1 OVERVIEW OF FINDINGS

Generally, the qualitative data showed that people wanted babies in need of neonatal care to be given the best possible services by specialists. It was important to people that neonatal services were co-located with maternity services so that there was seamless care before and after a baby was born, and so that babies did not have to be moved to other hospitals for neonatal care.

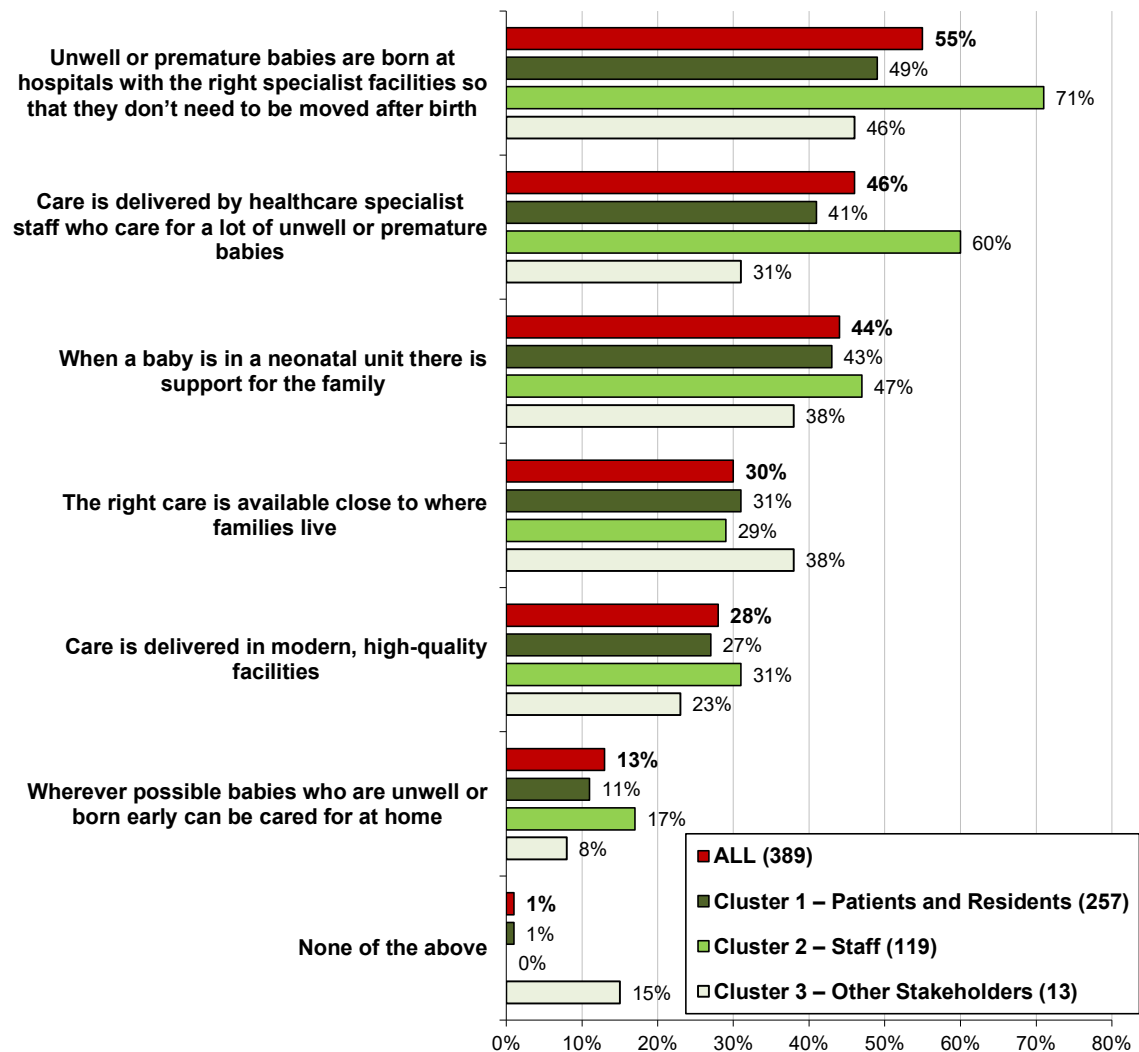
In the survey people said that the most important factor was that care is delivered by staff who care for a lot of unwell or premature babies; the second most important factor was that unwell or premature babies should be born in hospitals with the right facilities to look after them, so they do not have to be moved.

RFH staff felt that women and pregnant people often choose to book into maternity units with level 2 or level 3 neonatal care, in case they needed it: RFH has level 1 care, and staff felt this reduced the numbers choosing their maternity offer. UCLH staff highlighted capacity constraints for level 3 care and the beneficial impact that would be realised through increasing community provision.

4.4.2 SURVEY FINDINGS

Survey participants were asked to choose three important opportunities for improvements to neonatal care from a list of six options and one option of 'none of the above'. The chart below shows the responses by respondent type.

Chart 21: Choosing three important opportunities to improve neonatal care by respondent type

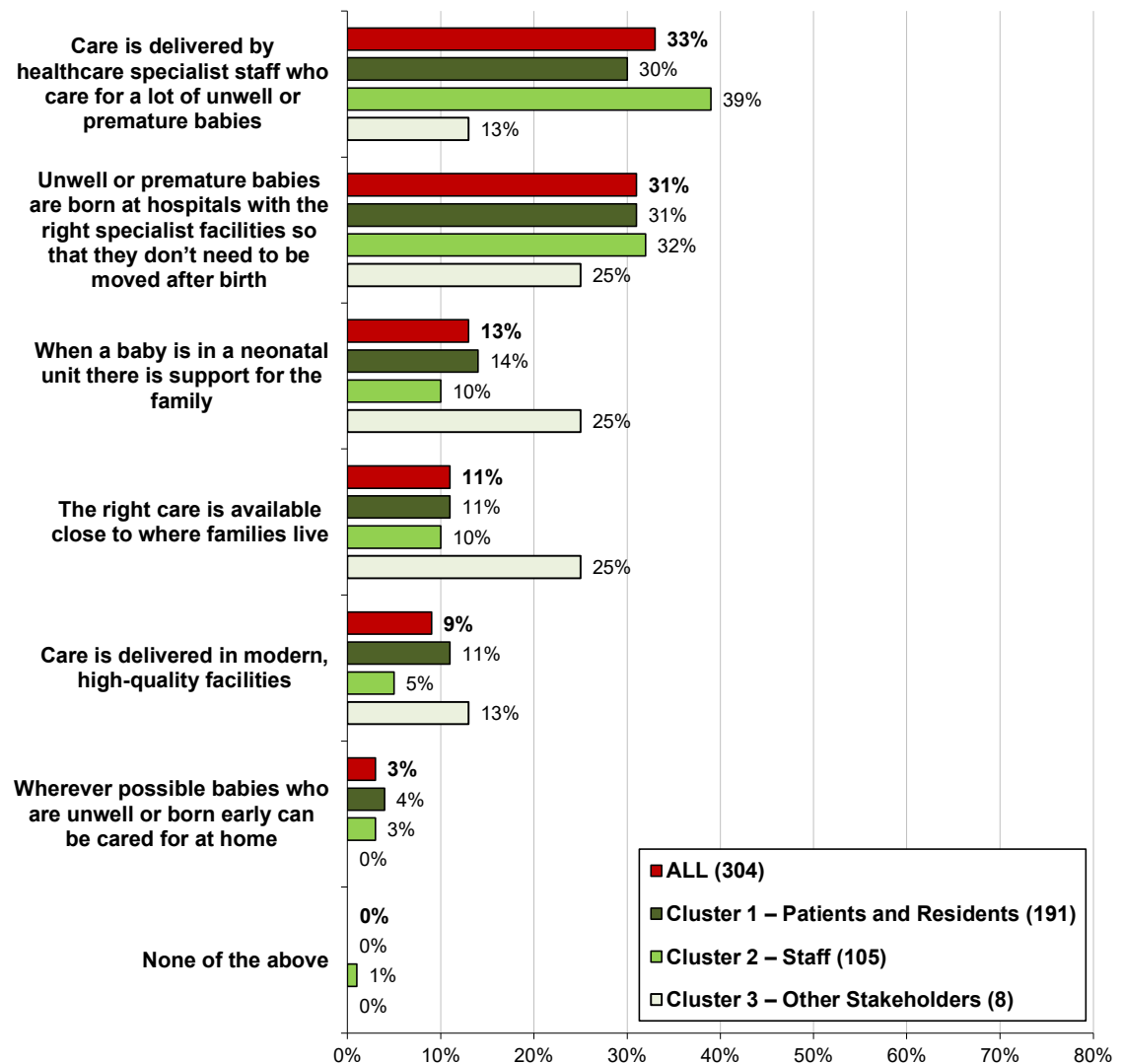


Source: Verve Communications 2022

Base: All respondents

Participants were then asked to choose one opportunity for change which they thought was most important. The chart below shows answers by respondent type.

Chart 22: Most important opportunity for improvement in neonatal care by respondent type

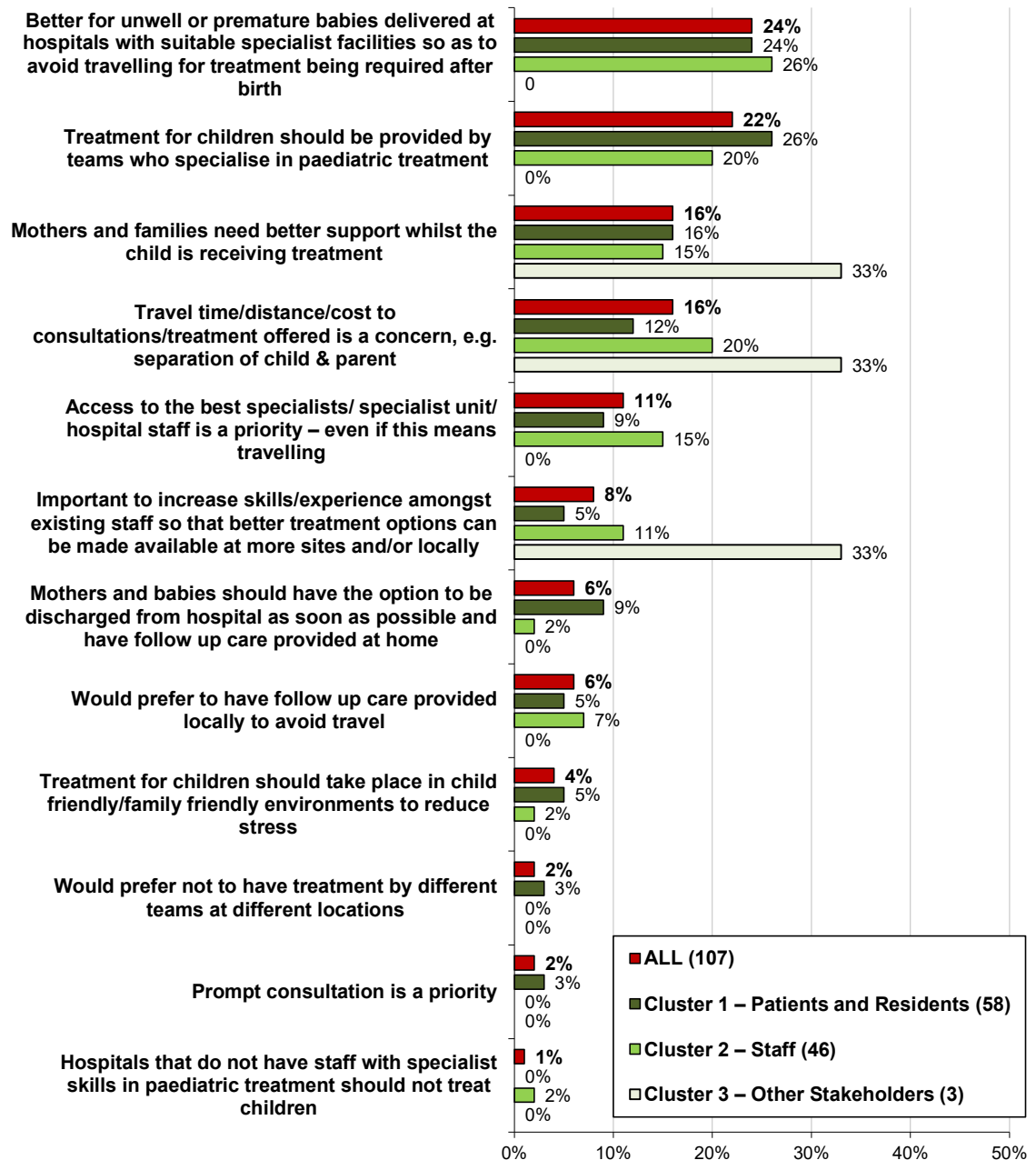


Source: : Verve Communications 2022

Base: All who gave a valid response

Survey participants had the opportunity to give reasons for their answers. The chart below shows coded free text answers by respondent type. Numbers are based on those who wrote in answers.

Chart 23: Coded free text answers on reasons for the answers on important elements of neonatal care – by respondent type

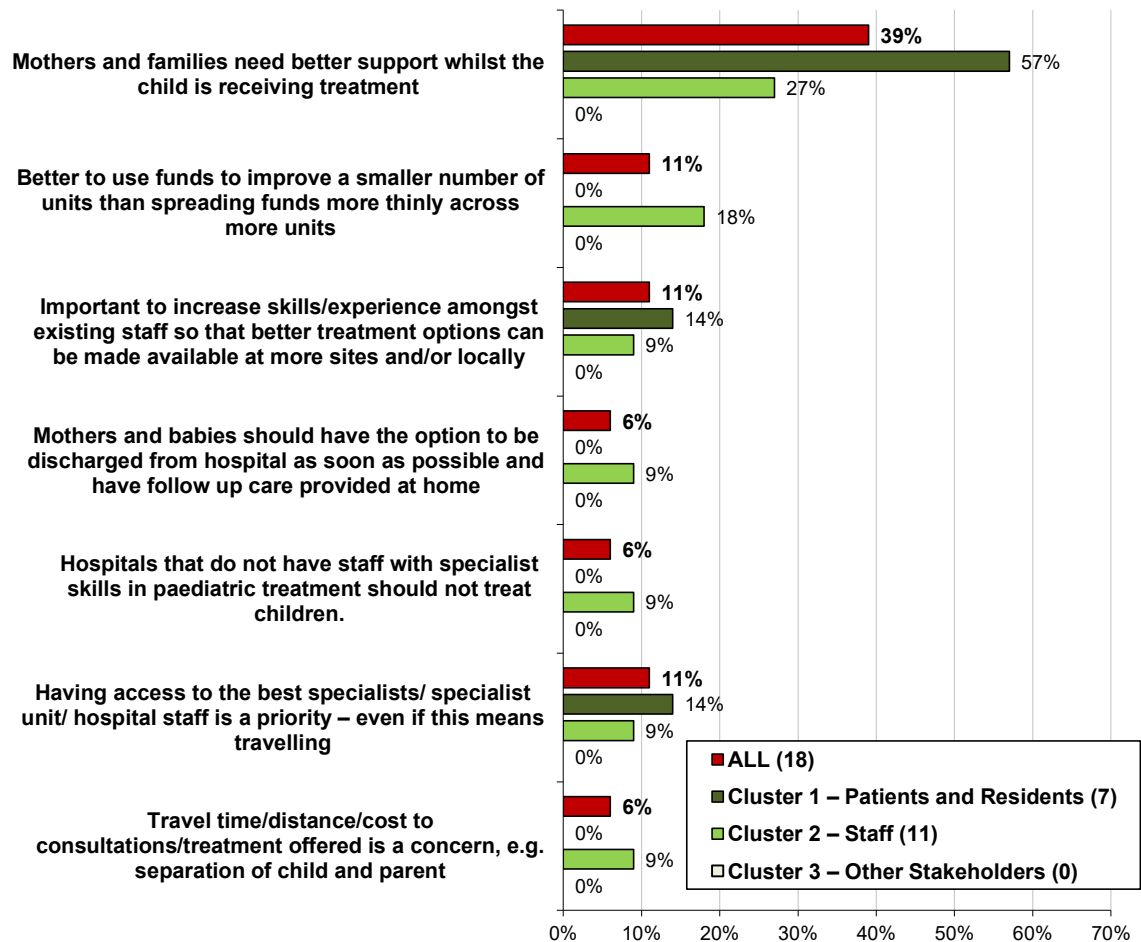


Source: Verve Communications 2022

Base: All who made a comment

Participants had a further opportunity to add free text in the survey, being asked if there was anything else they wanted to add about neonatal care. The chart below shows the coded responses by participant type. Note that these codes are based on text from eighteen people.

Chart 24: Coded responses on further comments on neonatal care – by respondent type



Source: Verve Communications 2022

Base: All who made a comment

4.4.3 QUALITATIVE FINDINGS

From conversations with parents with experience of neonatal care people said it was important, where possible that care should be relatively close to home although generally people said that the best care for a baby was the most important thing to consider, regardless of location. People said travel could be difficult for several reasons, including not being able to drive after a caesarean section, having other children to look after and feeling tired or unwell after giving birth.

People talked about the trauma of having a baby who needed neonatal care, and that this did not seem to be acknowledged. Caring and kind staff on neonatal units helped people to

understand and cope with the situation, but some people mentioned feeling abandoned when they were discharged from a neonatal unit – having been used to intensive levels of input from staff and then feeling that there was nothing when at home.

There were suggestions that all expectant parents should be told about neonatal units so that they knew what to expect if their baby should need neonatal care.

COMMUNICATIONS

Parents who had experienced neonatal care often mentioned communications with and between health professionals as being extremely important.

- Parents said they wanted to have clear explanations from staff about their babies' care and possible outcomes, even if the news was not good
- Communications between staff should be clear and good
- There should be communication with local healthcare professionals when a baby is discharged from a neonatal unit – some parents found that this had not happened and found they had to explain their babies' health conditions, the care they had had, and current needs, which they found very stressful

FACILITIES FOR PARENTS AND OTHER FAMILY

- Where possible have nice rooms which parents can stay in whilst their babies are in neonatal care, and have facilities such as hot drinks, food and bathrooms available
- If parents are unable to stay with their baby for any reason, they are still likely to spend considerable periods of time at the hospital. There should be facilities such as hot drinks, food and showers available.
- Siblings of the baby, and other family members, should be able to visit the baby and the parents at the hospital

PROBLEMS EXPERIENCED

- People who had stayed in a regular postnatal ward when their baby was in a neonatal unit said this was difficult as all the other parents had healthy babies
- Parents' emotional and mental health needs should be considered – some said it could take a long time to recover from the trauma of the experience of having a baby who needed neonatal services, and some said they felt guilty leaving their baby in hospital
- Some parents said that they felt abandoned when discharged – they go from intensive levels of input to nothing as they felt there was little support once they are at home

GOOD EXPERIENCES

- Some had had very good experiences of neonatal services, citing good communications, help for the parents, and liaison with community teams to enable an early discharge

STAFF VIEWS

UCLH and RFH staff submitted written feedback, other staff may have fed back through the survey.

RFH staff held the view that women and pregnant people often chose maternity units with higher than level 1 Neonatal units in case their babies needed neonatal care.

UCLH staff highlighted two areas around the interface and regional, national and specialised services. The first being that, as set out in the case for change, UCLH struggle for capacity at the highest level of neonatal care and staff felt that this needs to be increased to support the needs of the NCL population and also for the surrounding areas and noted the need for appropriate resources to support this. In addition to this, investment in more downstream capacity (especially community care) would be beneficial.

4.4.4 WHAT GOOD LOOKS LIKE

The qualitative data showed that several things were important in neonatal care:

- Neonatal services being co-located with maternity services so that babies did not have to be moved to other hospitals
- Having all the technology needed for neonatal care, and staff with the right expertise
- When it is known that a baby will need neonatal care having continuity of care throughout pregnancy and birth to enable planning for the baby's needs
- Having mental health support for parents

Beyond the things which people thought were important for medical care there were suggestions of things which would make parents' and families' experiences better:

- Parents being able to stay with their baby so that they could learn how to care for them, and to help with bonding and to make breast feeding easier
- Having support for parents and other family members, including siblings
- Having facilities such as showers, hot drinks and food available even for parents who cannot stay with their baby, but who spend long periods of time in a neonatal unit

4.5 EMERGENCY CARE FOR CHILDREN AND YOUNG PEOPLE

4.5.1 OVERVIEW OF FINDINGS

People were asked about care for children and young people in emergency departments (EDs), and about emergency surgery. In the qualitative engagements people discussed care in EDs in some detail, but none had experience of emergency surgery. The survey asked two separate questions about ED care and emergency surgery – the findings of both are reported below.

The qualitative findings showed that having emergency care close to home, being seen quickly in emergency departments and having good communications from staff so that parents understand what is happening were important when accessing emergency care for children and young people. Similarly, the top answer in the survey was being able to access care quickly once a child or young person became ill, closely followed by care being delivered by specialists in the care of children and young people.

There were mixed feelings about the use of the 111 services – with some people saying that getting advice in real time and helping them to decide whether their child needed to be taken to an ED, was important, and other saying that they did not have confidence in taking advice on the telephone because their child was not being seen.

The Youth Summit thought that there should be more promotion of alternative sources of help and guidance so that people knew there were options other than A&Es/EDs and GPs.

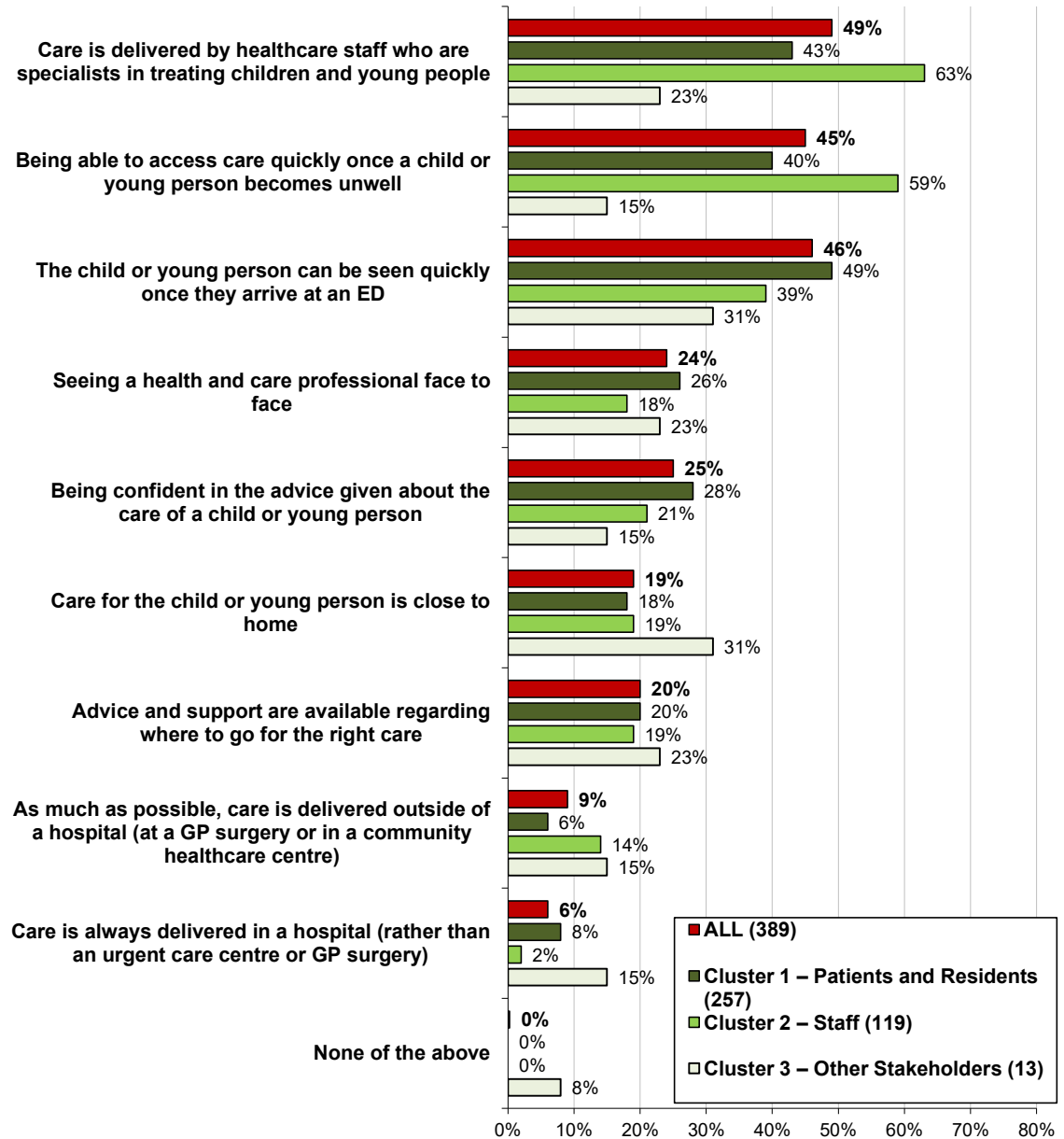
Some parents felt that there could be more information available to them on what they should do if their child is sick, including alternatives to going to EDs. Some people said that they thought not being able to get a GP appointment was a reason some parents took their children to EDs when they were ill.

Some participants said they would prefer paediatric EDs to be separated out into different age groups, so that younger children and older children had different areas to wait in.

4.5.2 SURVEY FINDINGS

Survey participants were asked to say which three opportunities they thought were important to improve emergency care for children and young people. The chart below shows answers by respondent type.

Chart 25: Choosing three important opportunities to improve emergency care for children and young people

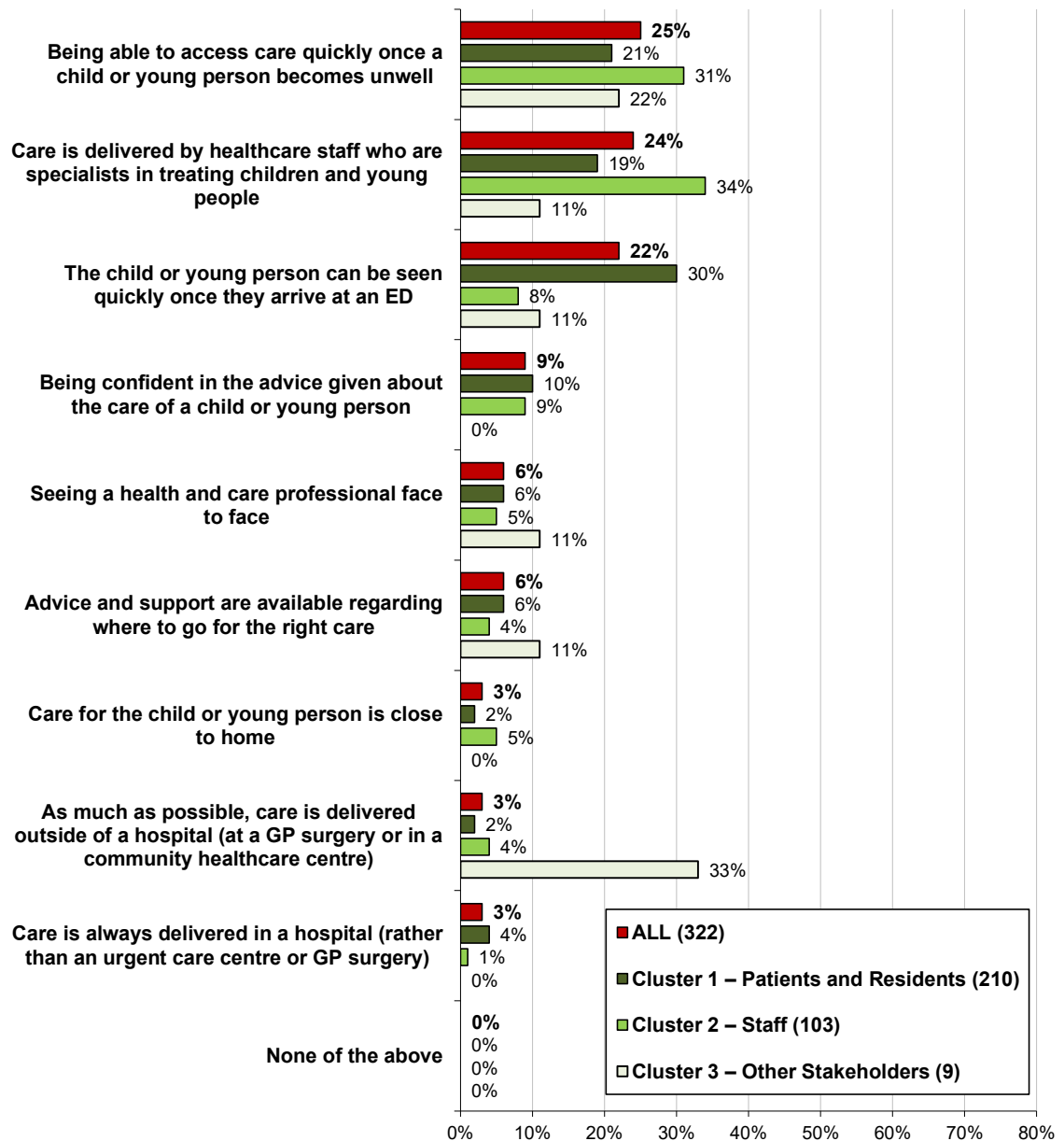


Source: : Verve Communications 2022

Base: All respondents

Participants were then asked to choose one opportunity for change which they thought was most important. The chart below shows answers by respondent type.

Chart 26: Most important opportunity for improvement in emergency care for children and young people by respondent type

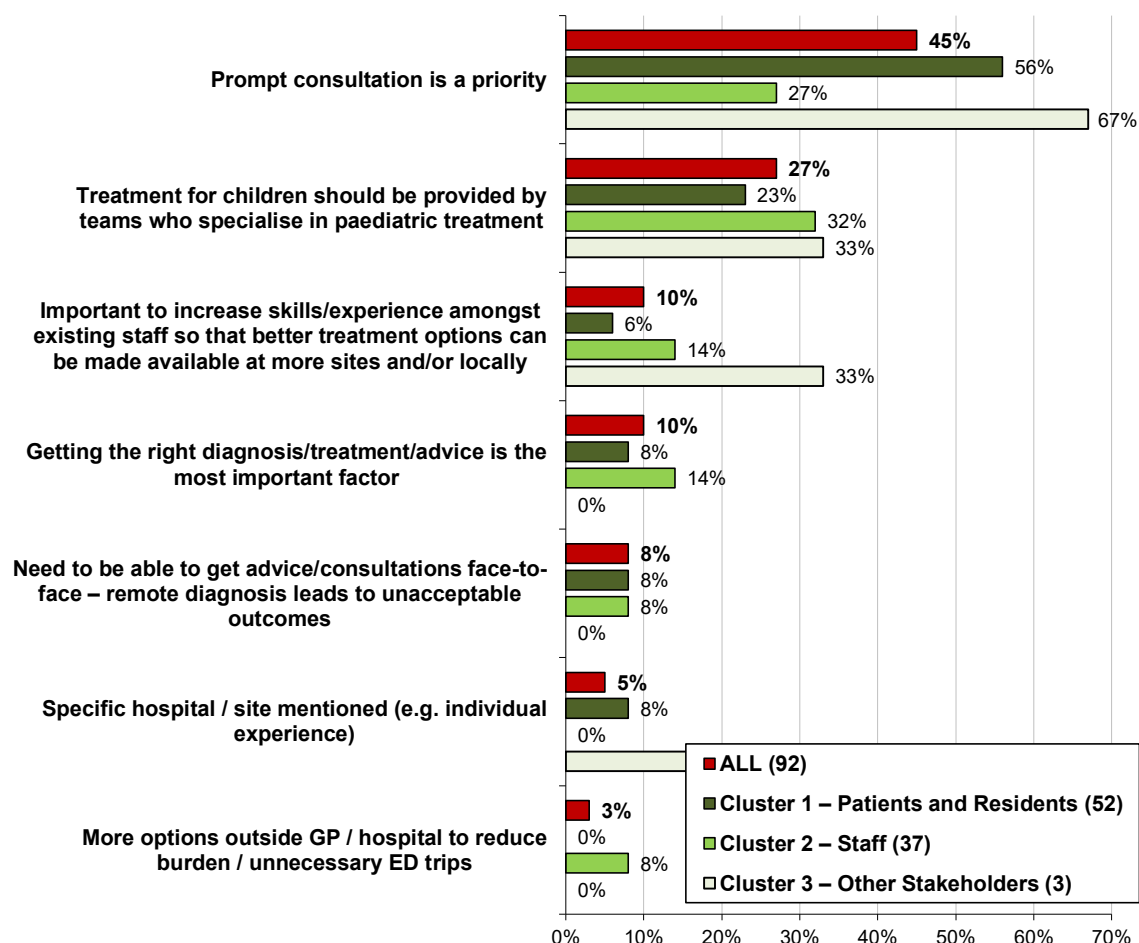


Source: : Verve Communications 2022

Base: All who gave a valid response

Survey participants were given the opportunity to give a reason for their answers. The chart below shows coded free text answers by participant type. The analysis was undertaken on the numbers of people who answered, in this case ninety two people.

Chart 27: Coded free text answers on reasons given for the answers on important elements of emergency care for children and young people – by respondent type



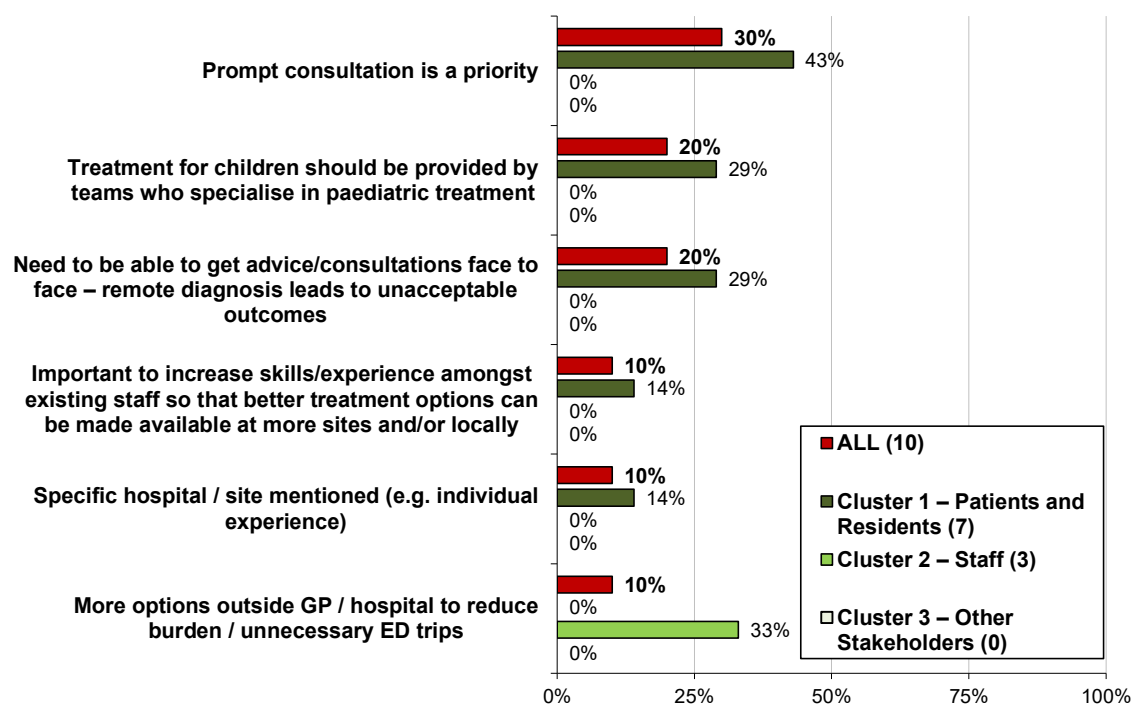
Source: Verve Communications 2022

Base: All who made a comment

Survey participants were asked to choose three important opportunities to improve surgery for children and young people from a list five options and the option of 'none of the above'. The chart below shows the responses by respondent type.

Participants had a further opportunity to add free text, being asked if there was anything else they wanted to add about emergency care for children and young people. The chart below shows the coded responses of those who entered text, by respondent type. Ten people added text.

Chart 28: Coded further comments on emergency care for children and young people – by respondent type

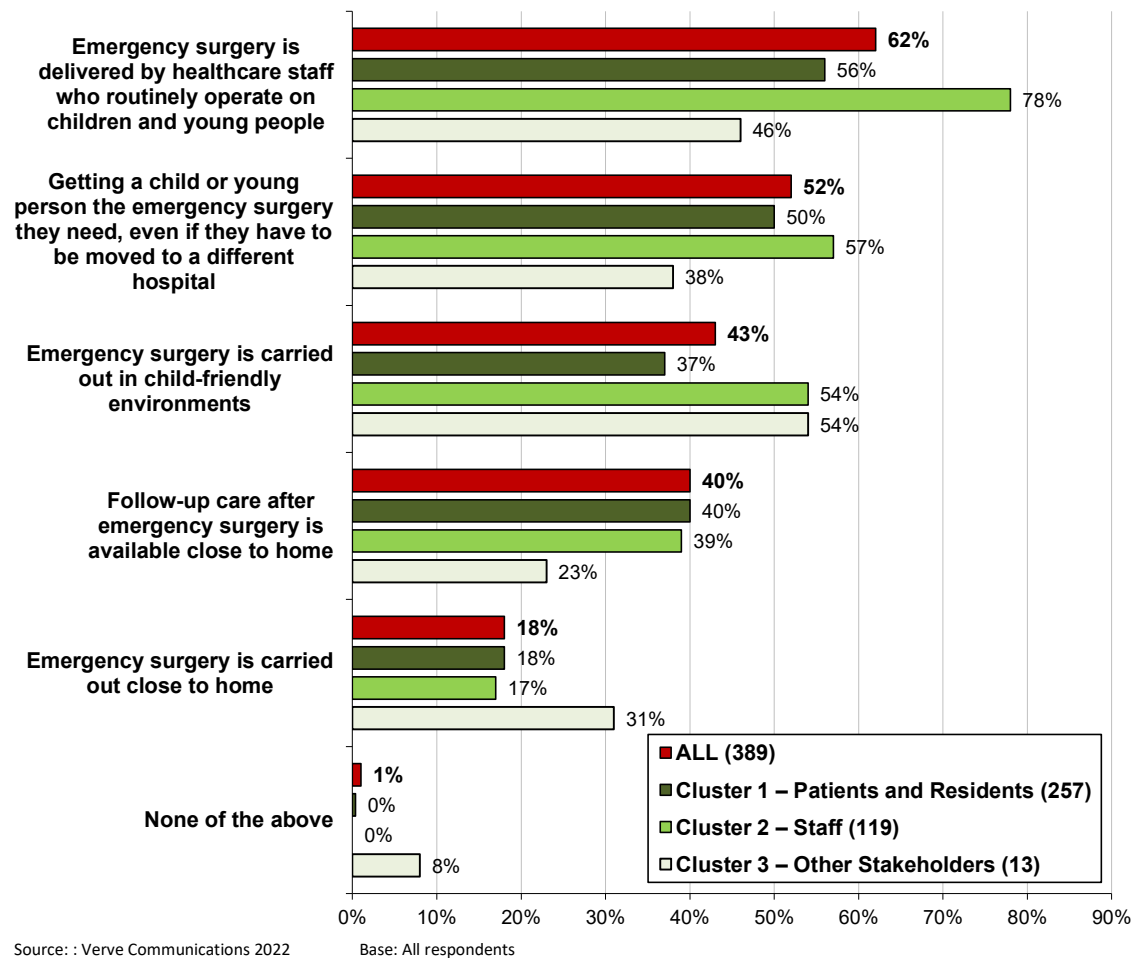


Source: Verve Communications 2022

Base: All who made a comment

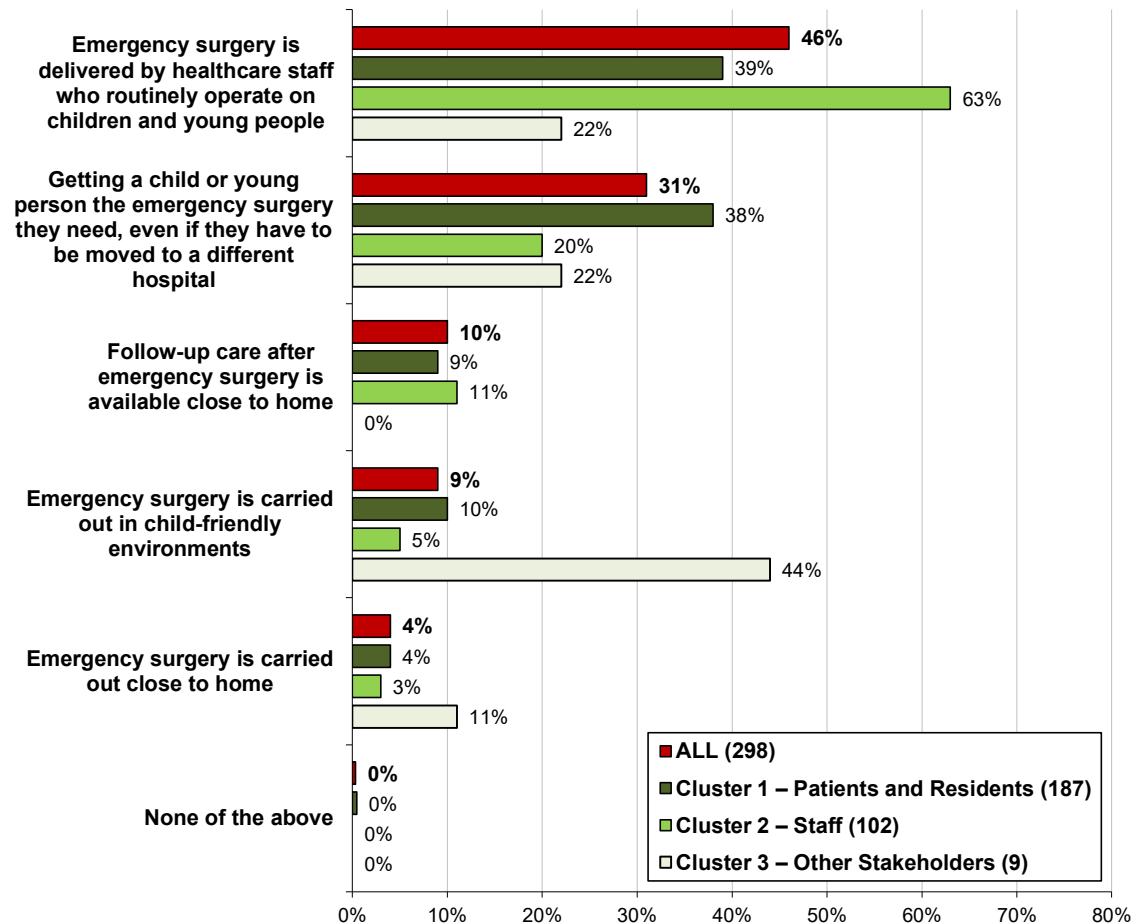
The survey asked respondents to choose three important opportunities to improve surgery for children and young people, for a list of five choices and an option of 'none of the above'. The chart below shows the responses.

Chart 29: Choosing three important opportunities to improve surgery for children and young people by respondent type



Participants were then asked to choose one opportunity for change which they thought was most important. The chart below shows answers by respondent type.

Chart 30: Most important opportunity for improvement in surgery by respondent type

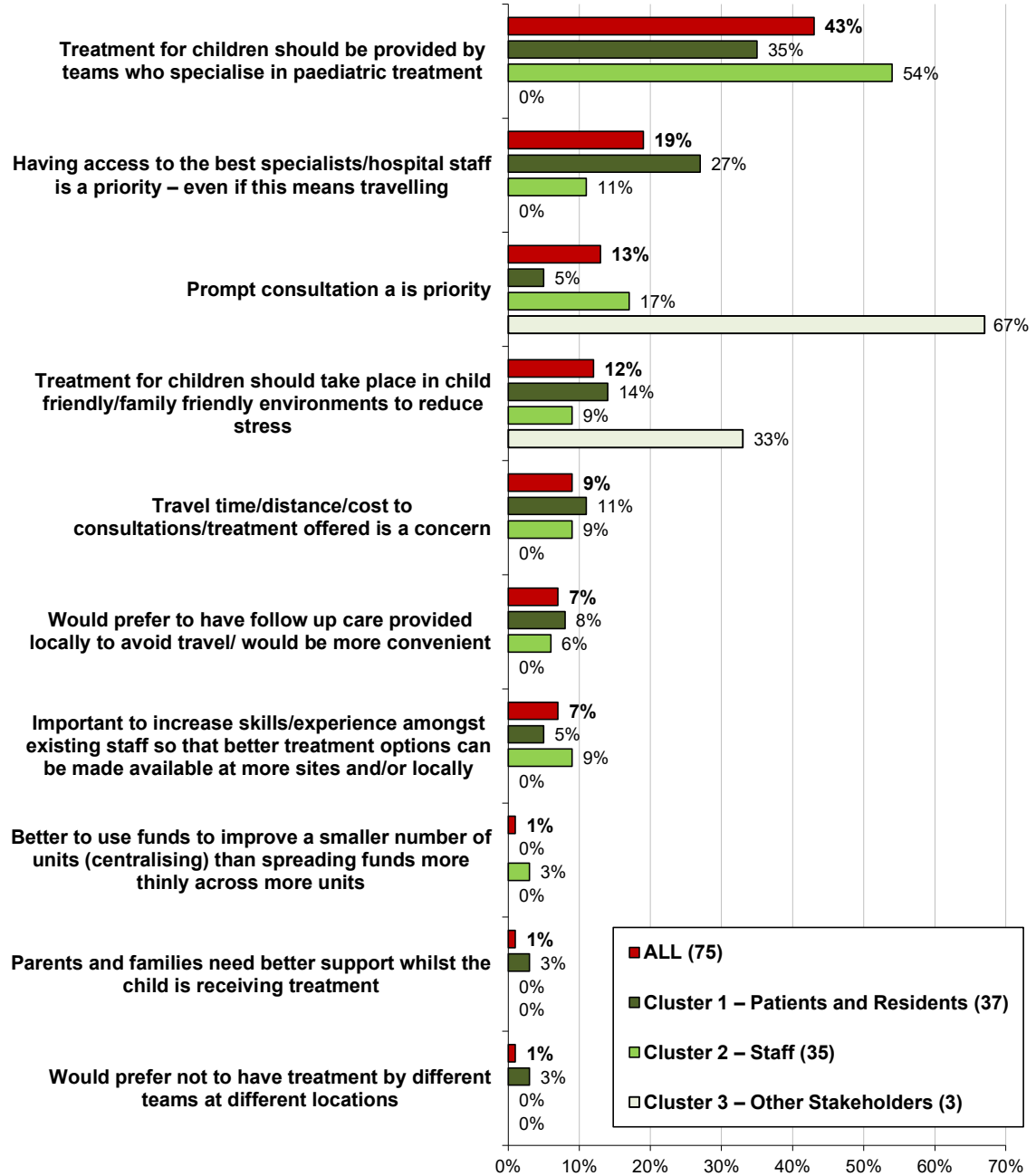


Source: : Verve Communications 2022

Base: All who gave a valid response

Participants were given the opportunity to give a reason for their answers. The chart below shows coded free text answers by respondent type. Seventy five people provided answers.

Chart 30: Coded free text answers on reasons given for the answers to important elements of surgery for children and young people – by respondent type

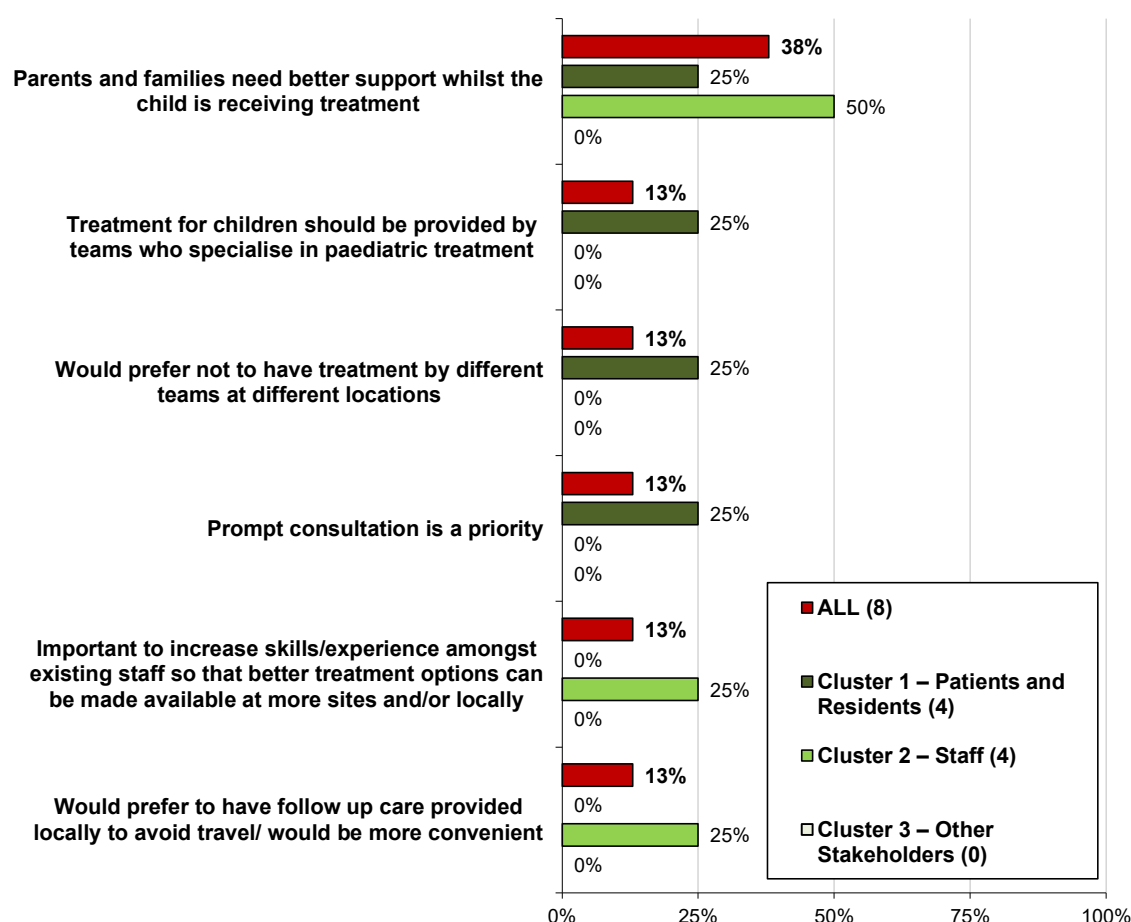


Source: Verve Communications 2022

Base: All who made a comment

Participants then had a further opportunity to add free text, being asked if there was anything else they wanted to add about surgery for children and young people. The chart below shows coded responses by participant type. Eight people added text.

Chart 31: Coded responses on further comments about surgery for children and young people – by respondent type



Source: Verve Communications 2022

Base: All who made a comment

4.5.3 QUALITATIVE FINDINGS

Patients and residents valued having emergency care for children and young people close to home. They said that having specialist paediatric emergency departments available was important because they felt that their children would get care from staff experienced in dealing with children and young people, which was reassuring for parents and children alike.

Participants in the Youth Summit said that good and compassionate communication was important. They felt that clinicians should look at the whole person and should take them and

their concerns seriously. They would like to have clarity on what they could expect from their care and wanted to be seen in a timely way.

UCLH staff felt it would be helpful to explore education and patient empowerment and how to optimise the resources already in place to reduce the demand on emergency services. They fed back that a future workstream of the programme that looks at signposting, access and changes to information provision and locations would be useful.

SICKLE CELL DISEASE

Parents of children with sickle cell disease commented that they knew of no dedicated emergency pathways for children with the condition. They found that in EDs sickle cell disease was not factored in when children were triaged, and there was a lack of specialist knowledge amongst ED staff – meaning other clinicians had to be called in which increased the waiting time for treatment. Parents felt that there should be more training for all healthcare professionals on sickle cell disease.

Hospital passports for Paediatric Assessment Units (PAUs) were highly valued; they meant that EDs could be bypassed, and children and young people could go straight to PAU giving faster access to specialist assessment and care and the child's medical notes were available to staff. It was also possible for parents to telephone PAU to say that they were bringing their child in, so that they were ready for them when they arrived.

Parents also valued Clinical Nurse Specialists who gave advice on the telephone.

Generally, parents expressed concern about their children transitioning to adult services where there were no equivalents of hospital passports and PAUs as far as they knew.

4.5.4 WHAT GOOD LOOKS LIKE

- Specialist paediatric EDs being close to home
- Being seen quickly on arrival at EDs
- Good communications from staff so parents understand what is happening
- Having paediatric staff available, and ensuring that EDs have enough staff to cope with demand
- Healthcare professionals should take care to listen to parents' concerns about their children
- Having age-appropriate environments

4.6 PLANNED CARE FOR CHILDREN AND YOUNG PEOPLE

Planned care, in this context, is all non-emergency care for children and young people. This includes routine appointments and ongoing care for long term conditions and non-emergency operations which are planned in advance.

4.6.1 OVERVIEW OF FINDINGS

The qualitative data showed that people were willing to travel beyond their local hospital to see a specialist if their child needed planned care. The important thing for parents was to get the best care for their child, wherever the care is located. Good communication with clinical teams was very important to participants, including having a contact number for getting expert advice when it was needed.

Some parents had difficulty in navigating pathways of care and linking all the necessary services for their children; they felt that information was not always shared in a timely way between healthcare professionals.

Some participants had experienced long waits for appointments for planned care.

The Youth Summit called for age-appropriate settings in hospitals and clinics, and appropriate information on conditions.

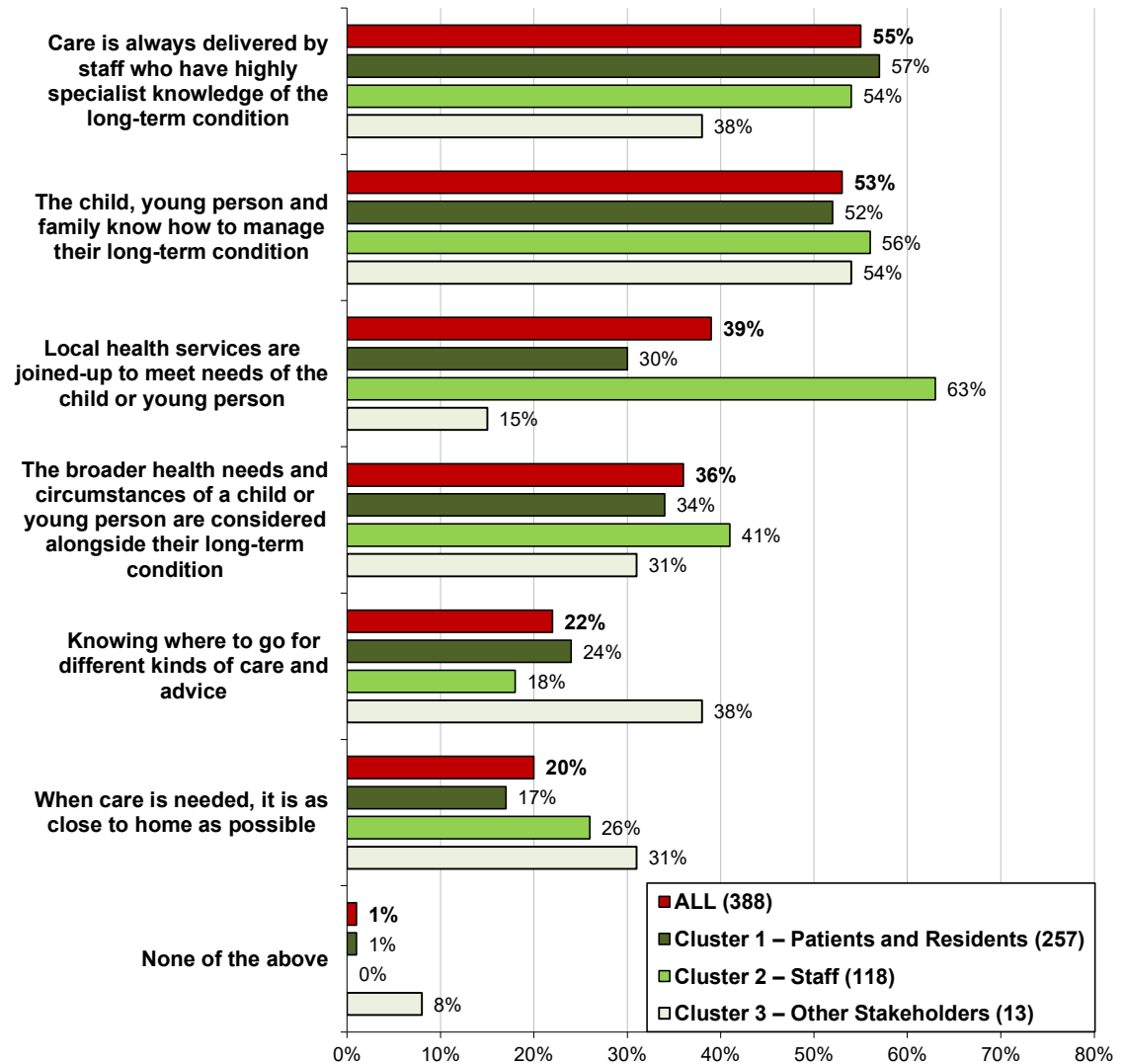
UCLH staff highlighted the management of long-term conditions, access to psychological support and a system wide approach in addressing the backlog for planned care.

The survey showed that care being delivered by staff who have specialist knowledge of a child's or young person's long-term condition was very important.

4.6.2 SURVEY FINDINGS

Survey participants were asked to choose three important opportunities for improvements for care for children and young people with long term conditions. Six options were given and one option of 'none of the above'. The chart below shows responses by respondent type.

Chart 32: Choosing three important opportunities to improve care for children and young people with long term conditions

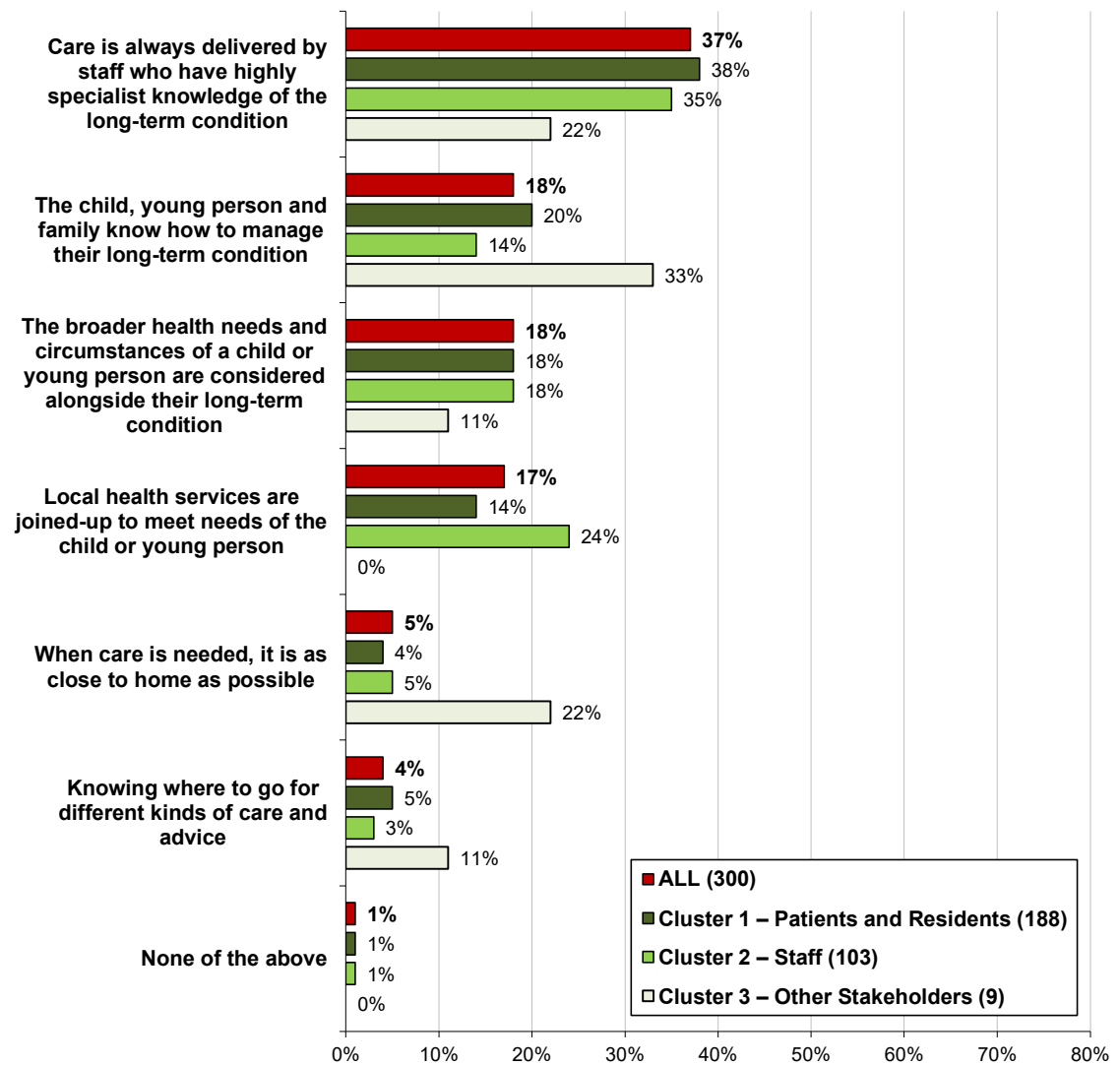


Source: Verve Communications 2022

Base: All respondents (278)

Participants were then asked to choose one opportunity for change which they thought was most important. The chart below shows answers by respondent type.

Chart 33: Most important opportunity for improvement in care for children and young people with long term conditions by respondent type

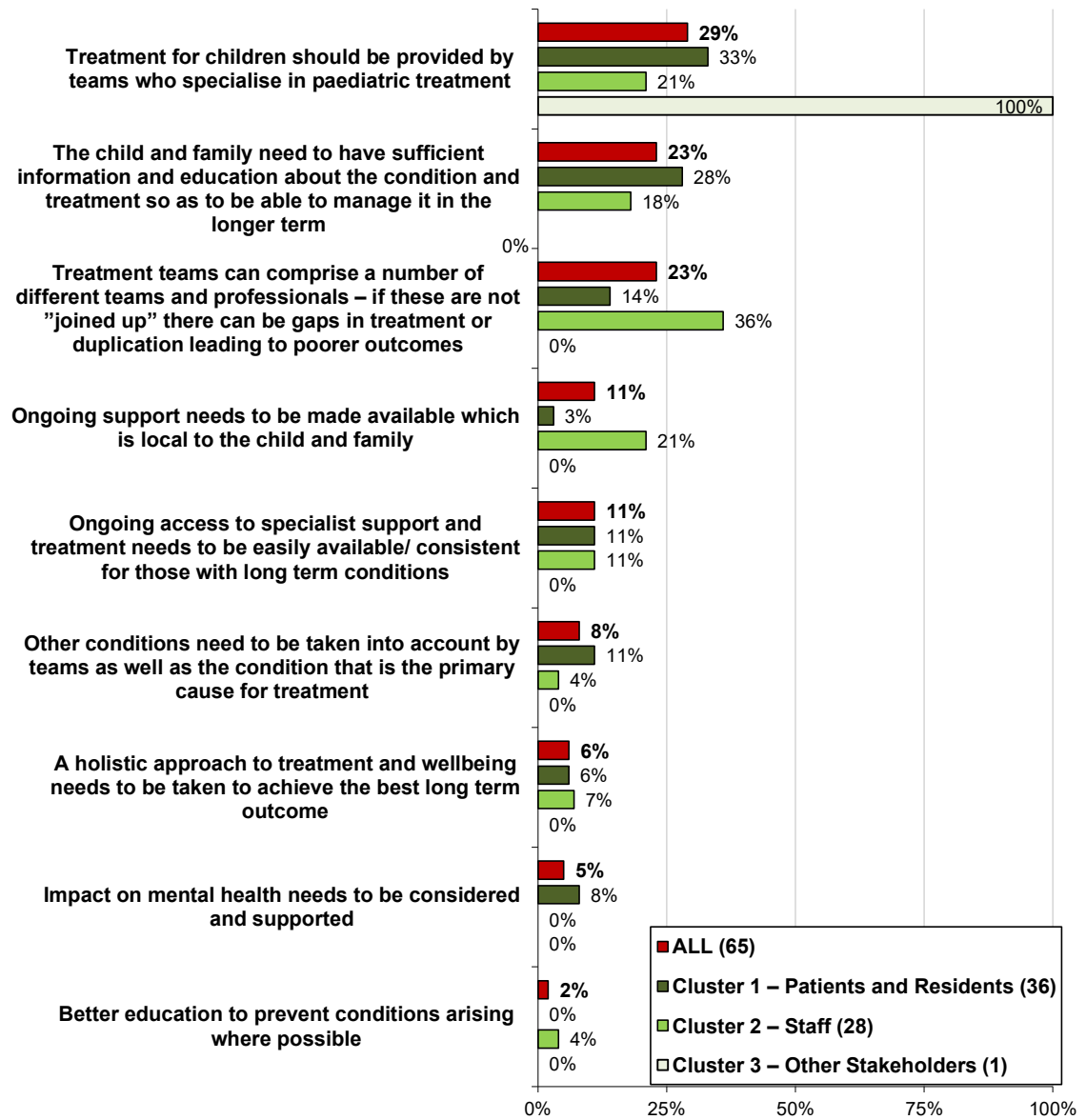


Source: Verve Communications 2022

Base: All who gave a valid response

Participants had the opportunity to give a reason for their answers. The chart below shows coded free text answers by respondent type. Sixty five people added information.

Chart 34: Coded free text answers on reasons given for answers about care for children and young people with long term conditions

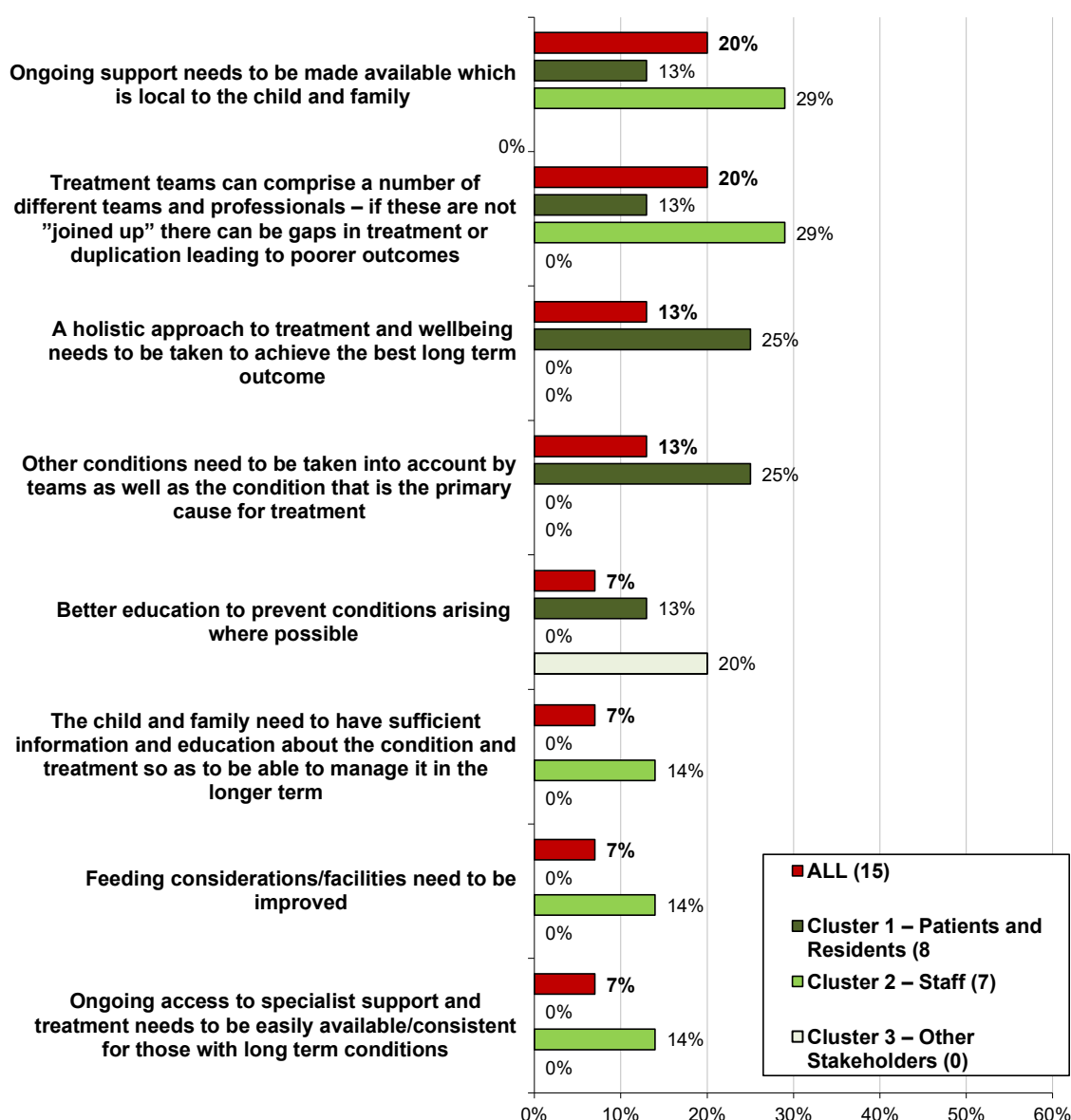


Source: Verve Communications 2022

Base: All who made a comment

Participants had a further opportunity to add free text, being asked if there was anything else they wanted to add about care for children and young people with long term conditions. The chart below shows the coded responses by participant type. Fifteen people added text.

Chart 35: Coded responses on further comments about care for children and young people with long term conditions – by respondent type



Source: Verve Communications 2022

Base: All who made a comment

4.6.3 QUALITATIVE FINDINGS

Generally, people were willing to travel further than their local hospital to have specialist care for children and young people. There could be long waits for appointments, and between different types of appointment, so consolidating appointments would be welcomed to reduce waiting times in clinics and between appointments. Some people, however, had concerns that travelling further for appointments would be financially difficult, and could cause problems for parents who had other children to take care of.

Some participants reported long waiting times for appointments, and the Youth Summit pointed out this has an impact on patients and their families.

Good communication with and from medical teams was deemed to be very important, with the view that knowledge is key to managing long term conditions. Many parents of children and young people with long term conditions said that they got a lot of information from charities and organisations relating to specific long terms conditions such as sickle cell disease. There was a view that better access to routine diagnostic tests and screening would be beneficial and could reduce the need for emergency admissions if changes in conditions were picked up quickly.

UCLH staff agreed that the management of long-term conditions is a key priority and highlighted the need for increasing access to psychological and mental health support for this group. They also supported work to address paediatric referrals to secondary care and the need to have a system wide approach in addressing the backlog for planned care, including surgery, to support equitable access to services, especially where services are located relatively close together.

PROBLEMS ENCOUNTERED

Some participants had encountered problems in looking after long-term conditions:

- Being asked to buy pain medications over the counter for children and young people who would be eligible for free prescriptions because the medications are relatively cheap (such as ibuprofen or paracetamol). Participants pointed out that not everyone could afford this which could mean some children and young people are left in pain and there could be more ED attendances as a result
- Long waits for appointments and services such as speech therapy for children on the autistic spectrum
- Parents, children and young people not being listened to by clinicians
- Services not being joined up and teams passing responsibility from one specialism to another and information not being shared in a timely way
- Parents having difficulty navigating the care pathway and linking together all necessary services
- Parents of children and young people with sickle cell disease were worried about having to pay for medications when young people turned 18; other long-term conditions such as diabetes result in free prescriptions, but sickle cell disease does not

4.6.4 WHAT GOOD LOOKS LIKE

- Good communications with healthcare professionals, including having a number to call for expert advice when needed and being given enough information to manage long term conditions at home as much as possible
- Having joined up services to meet the full needs of children and young people, and services communicating with each other
- Not having to wait a long time for appointments
- Healthcare professionals taking into account the broader needs and circumstances of children and young people alongside their long-term conditions
- Acknowledge that children and young people have knowledge about their long-term conditions and listen to them
- Support for mental health needs, and an acknowledgment of the impact of long-term conditions on children's and young people's mental health, and that of their families
- Having age-appropriate literature to explain conditions to children and young people, including signposting to support groups and organisations to enable children and young people to talk to others of their own age

4.7 STAKEHOLDER RESPONSES

Members of the Start Well team presented at a number of formal of stakeholder meetings, for example Health and Wellbeing Boards. They separately met with Lead Members from Local Authorities to brief them on the Case for Change and to update them on the engagement process, potential impacts and areas for consideration, other programmes Start Well should consider and interdependencies. Predominantly these sessions focussed on the process of engagement and questions about how the programme were being taken forward. These helped to inform the engagement approach over the summer.

THE PROCESS OF ENGAGEMENT

- Timing of the engagement process including how to maximise reach whilst engaging over school summer holidays, and given the breadth of the case for change ensuring that the questions and input needed were clear for those participating
- Ensuring engagement materials were accessible and available in a variety of formats and languages
- How wide and inclusive the engagement exercise was planned to be – particular groups mentioned were the Somali community, asylum seekers and the Jewish community and fora for children and young people and their parents
- Ensuring wider clinical engagement was to be undertaken, including primary care
- Engagement with professional groups such as education
- Need to reflect on previous engagement exercises so that learning is applied

POTENTIAL IMPACTS AND AREAS FOR CONSIDERATION

- Potential impact of the programme on resourcing and infrastructure in NCL and the important role of place in planning models of care
- There should be consideration of health inequalities and the wider determinants of health such as dental care and nutrition and prevention

- Consideration of the development of family hubs across NCL, through local authority Early Years teams
- There are different age cut offs for paediatrics in different areas – it would be good to have a pan-London approach
- Need to consider the impact of any potential changes for neighbouring services, for example, how temporary changes to paediatric services during the pandemic, impacted on Northwick Park and St Mary's
- How will intersectionality be considered, e.g. stillbirth rates and race, disability and deprivation
- The need to further consider maternal deaths, stillbirths and neonatal deaths within the analysis
- Point raised about how the take up of services across the maternity pathway feeds into inequalities, e.g. parental support and breastfeeding pathways which feed into inequalities with interpreting carer responsibilities

INTERDEPENDENCIES

- The need to consider existing and interdependent programmes for example Community Services Review, Mental Health Review, safeguarding boards, work within providers around Ockenden compliance and childhood vaccination programmes
- The importance of transition between services and between children and adult services
- There should be a clear link to mental health services, including perinatal mental health
- Need to consider the wider agenda around health visiting, immunisation and safeguarding

4.8 OTHER VIEWS

There were a small number of other views expressed which did not fit in any earlier categories, but which people wanted to be considered when thinking about Start Well.

WOMEN AND CHILDREN IN REFUGES

A support worker in a women's refuge asked that the situation of women and children in refuges are considered when planning services. Generally, the stay in a refuge is about six months; accessing medical care can be difficult during the stay, and people might be moved out of the area after their stay, meaning continuity of care is difficult.

NHS DATA AND DIGITAL

Staff at RFH were of the view that the use of different computer system in each Trust hampers cross organisational working and the sharing of information between trusts. A more streamlined approach would better support patient care.

UCLH staff referenced the need for additional work to predict the population changes across NCL. Pulling together data that captures and illustrates the complexity of the cases (including co-morbidities and social determinants of health) that are being presented at the front door would also be useful to guide further discussions on improvements.

TRAINING, EDUCATION AND WORKFORCE

An individual submission from the Royal Free London requested that the Case for Change should consider the impact of potential changes on student placements in obstetrics and gynaecology. There was a call for education stakeholders to be involved in the planning to ensure there is no disruption to the pipeline of qualified practitioners.

UCLH staff requested due consideration be given, in partnership with HEE, to what impact the final model will have on training and capabilities within paediatric surgical care and the need to work across the London region to ensure a broader view of the changes. More generally, the need to focus on workforce resilience was highlighted and the need to think about the development of the next generation of staff.

PROGRAMME DELIVERY IN THE NEXT PHASE

UCLH also highlighted:

- The importance of finance as a key enabler for the programme
- The links between the acute, tertiary and quaternary services that UCLH provides need further consideration, to ensure alignment across the interface between acute and specialist services
- Recognising the demands of the programme on staff and making sure that this is balanced with clinical and operational pressures over winter

- The need to engage wider clinical and care colleagues, GPs, community services, children's social services transport providers (e.g., Neonatal Transport Service) to create better pathways of care and support

5. APPENDICES

5.1 THE CASE FOR CHANGE

The Case for Change is available in two versions – a full version of 209 pages, which can be found here: https://nclhealthandcare.org.uk/wp-content/uploads/2022/07/NCL_Start-Well-Case-for-Change-FINAL.pdf

and a summary version of 16 pages which can be found here:

https://nclhealthandcare.org.uk/wp-content/uploads/2022/07/NCL_Start-Well-Summary-FINAL.pdf

5.2 INFORMATION LEAFLET

An information leaflet was produced which could be downloaded in English, Arabic, Bengali, Polish, Persian (Farsi), Somali, Turkish or Easy Read. These can be seen here:

<https://nclhealthandcare.org.uk/get-involved/start-well/>

Paper versions were available by contacting the Start Well team by email or telephone. The Start Well team handed out paper versions of the leaflet at community groups and events; Trusts involved in the programme and relevant outpatient clinics also had paper versions available.

The English version of the leaflet is shown here:



Start Well

Opportunities for improvement in NHS maternity, neonatal and children and young people's services in North Central London



Start Well brings together staff and patients from across the NHS in North Central London to think about how services are working. We want to understand whether we are delivering the best services to meet the needs of people living in Barnet, Camden, Enfield, Haringey and Islington, and those from neighbouring boroughs and beyond who choose to use our services.

Give us your views, and help the NHS deliver even better services for children, young people, pregnant women and people, and babies.

We want Start Well to be as inclusive of everyone's experiences of health care as possible and refer to 'pregnant women and people' when describing those that use maternity services to include individuals whose gender identity does not align with the sex they were assigned at birth.

2

Through Start Well, the NHS is asking if we are:

- **Delivering the best services to meet the needs of pregnant women and people, babies, children, young people and their families**
- **Doing all we can to reduce differences in health outcomes and experience**
- **Learning from the pandemic and responding to national policy and independent reviews**

The NHS strives to deliver safe, high-quality and compassionate care. As local people's health needs change, we need to review NHS services to make sure that we are delivering the right care to give everyone the best start in life.

This leaflet describes what we know about local maternity, neonatal and children and young people's NHS services and highlights some opportunities for the future.

When you have read it, we would like to know if you think we have missed anything important that needs to be considered, and what is most important to local people as we plan our response to the opportunities for improvement highlighted.

This is a brief overview. You can read a longer summary and a full Case for Change at:

www.nchealthandcare.org.uk/start-well

where you can also give your feedback.

This information has been published by NCL Integrated Care Board (ICB).
<https://nchealthandcare.org.uk/about/integrated-care-board>

3

The background to Start Well

Health and care organisations in North Central London covering Barnet, Camden, Enfield, Haringey and Islington, have been working together on a long-term programme looking at children and young people's, maternity and neonatal services, called Start Well.

Start Well is looking specifically at:

- Children and young people's planned (elective) services in hospitals
- Children and young people's emergency services in hospitals
- Maternity services
- Neonatal care for babies who are unwell when they are born or are born early and need extra support

They are focussing on our local hospitals:

- North Middlesex University Hospital NHS Trust (North Mid)
- Royal Free London NHS Foundation Trust which covers three hospitals: Barnet Hospital, Royal Free Hospital and Chase Farm Hospital
- University College London Hospitals NHS Foundation Trust (UCLH)
- Whittington Health NHS Trust (Whittington Health)

4

The programme also touches on services provided by specialist providers, including Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH), Royal National Orthopaedic Hospital NHS Trust (RNOH) and Moorfields Eye Hospital NHS Foundation Trust (Moorfields).

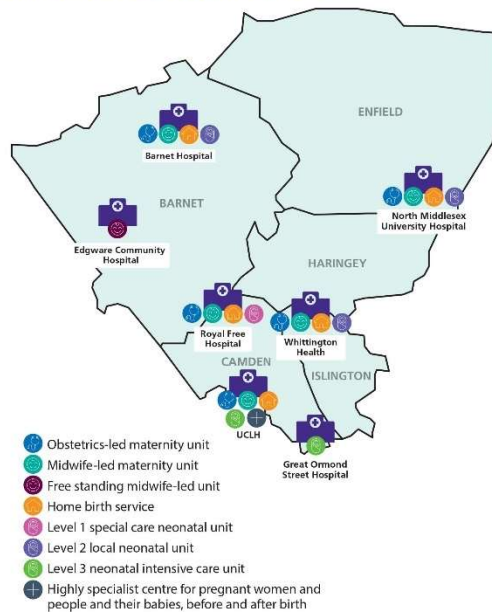
The links between the local hospitals and specialist hospitals, particularly GOSH, have been considered as part of the review.

Community, mental health services and primary care are not being reviewed as part of the Start Well programme, but the overlap between them and this programme is being carefully considered.



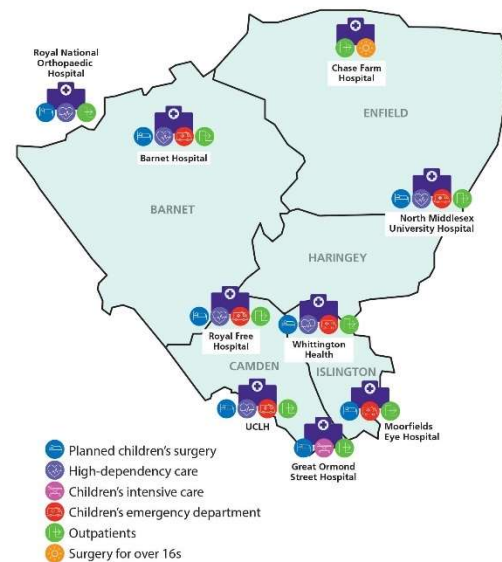
5

Maternity and neonatal services in North Central London



See page 13 for a more detailed description of the different levels of neonatal care available in our hospitals.

Children and young people's hospital services in North Central London



6

7



8

9

What patients said about services

While many receive excellent care in local hospitals, there are also areas for improvement, and some current and future challenges. We need to respond to what patients have told us.

We heard from local people, who told us their priorities:

- Better communication between hospitals and patients
- Better communication between individual staff members and individual patients and clearer, more accessible information
- Personalisation and continuity of care
- To be treated with equal respect
- Better spaces and facilities for their care
- Recognition of the important link between physical and mental health



10

We need to make better use of the range of maternity services we have across NCL to support patients' choices

Supporting pregnant women and people to make informed choices about their birth is crucial.

Currently pregnant women and people in NCL are more likely to choose, or be advised, to give birth in an obstetric (specialist doctor) led unit, rather than an midwife-led unit. This means that the use of obstetric-led units is very high, while on average, midwife-led units were used to around only 30% of their possible capacity.

We need to understand the reasons for this difference. It may be that pregnancies are more complex and require this more specialist care. However, it is also possible we need to support pregnant women and people to choose the full range of birthing options that are appropriate and safe for them.

Overall, we need to understand if we have the right balance of services to meet the needs of all the pregnant women and people, from NCL and beyond, who choose to give birth at our hospitals.

12

The opportunities to improve care for pregnant women and people, and babies

We need to address differences in what services are provided, where they are, and the experience of those using maternity services

We understand that there are many factors influencing pregnant women and people's needs for NHS maternity and neonatal services and we know that **not all pregnant women and people have the same experience**. We also know that there are differences in outcomes.

- Black and Asian pregnant women and people have more complications in pregnancy, when compared to White pregnant women and people and their babies are more likely to need additional support in a neonatal unit after birth.
- Nearly three-quarters of pregnant women and people giving birth at the North Mid live in the 40% most deprived areas.
- The stillbirth rate in NCL varies between boroughs, with Haringey and Enfield having the highest rates in NCL.
- The number of pregnant women and people accessing perinatal mental health care in all boroughs is below national targets. We need to go further to support those with mental health conditions before, during and after pregnancy.

We need to focus on supporting those people that use maternity services so that they are able to access the right services. This means considering the diversity of our population when planning services.

11

We need to ensure sufficient neonatal care in the right places

The NHS has different kinds of neonatal units to look after babies who are born prematurely or are unwell.

Special Care Unit (SCU)	Local Neonatal Units (LNU)	Neonatal Intensive Care Units (NICU)
Level 1	Level 2	Level 3
Care for: Babies with the least complex conditions	Care for: The next step up in care	Care for: The most premature or unwell babies
Hospitals in NCL: Royal Free Hospital	Hospitals in NCL: Barnet Hospital North Mid Whittington Health	Hospitals in NCL: UCLH Great Ormond Street Hospital

The maximum level of care offered at each hospital is shown. They can also offer care at the levels below this.

All hospitals in NCL that provide obstetric (specialist doctor) led maternity care have a neonatal unit, however the use of these varies:

- UCLH and GOSH care for the most premature and unwell babies. They are often full, which means that babies who need the highest level of care are sometimes transferred further away from home.
- The Royal Free Hospital's neonatal unit is only able to provide the least specialist level of neonatal care. The use of this unit is much lower and over half of its cots are not used on any given day. Special arrangements are in place to help staff maintain their skills in looking after unwell babies. There is a question about whether the unit can continue to run safely in its current form, and the NHS needs to think what happens in the future.

Not having access to the right care at the right time can be stressful and distressing for families and staff. We need to properly understand and plan for the right amount and type of neonatal care to meet the needs of everyone.

13

We need to support families with unwell babies to be cared for at home

Neonatal outreach teams offer care to babies that have been born early or are unwell at home, rather than in hospital. This keeps families together in an environment where they feel safe and comfortable, while ensuring that babies get the level of care that they need. However, the same services aren't available everywhere.

We need to ensure all babies and their families can access the same services, no matter where they live.

We need to provide everyone with the best hospital environment, wherever they live

Hospital facilities should provide privacy, preferably labour rooms with en-suite bathrooms and space for a birth partner to join delivery when possible. Some hospitals have modern facilities that offer all of this; however the quality of some of the buildings, most notably at Whittington Health, does not currently meet modern standards.



14

The opportunities to improve care for children and young people

We need to address the increasing demand for children and young people's emergency services

Emergency departments (EDs) provide emergency care for over 160,000 children and young people a year and this is increasing. However, use of these services is not evenly distributed across hospitals.

Barnet Hospital and North Mid have large numbers of attendances and serve large catchment areas. In the south of NCL, there are three hospitals – ULCH, Whittington Health and the Royal Free Hospital – providing emergency care that are close to each other. The total number of paediatric ED attendances at North Mid is the highest in London and is greater than UCLH and the Royal Free Hospital combined.

We know that an ED isn't always the best place for some children and young people to receive their care and there is a proportion of cases that could have been treated in the community or at a GP practice.

With use increasing, we need to think about how best to support our emergency departments to ensure everyone gets the care they need and to look at opportunities to provide alternative ways of accessing emergency care.

15

We need to improve care for children and young people with long-term conditions

Some children and young people with long-term conditions do not get enough support to manage their health, leading to unplanned time in hospital.

Children and young people with asthma living in the most deprived areas of NCL were twice as likely to be admitted to hospital than those with asthma living in the least deprived areas of NCL.

We need to consider why this is, and ensure the right resources are available so we can support these children and young people better.

We need to provide high-quality emergency surgery for children and young people and reduce waiting times for planned surgery

If a child or young person needs surgery, whether this is planned or as the result of an emergency, we need the right services in place and to make sure that no one waits too long. We currently have challenges in delivering this.

1 in 5 children and young people who needed to be transferred to a different hospital for emergency surgery were moved outside NCL.

Most children requiring a transfer went to GOSH, but some were transferred outside of NCL. While some of these children will require specialist care, some could have been seen in local hospitals if a team with the right surgical or anaesthetic skills had been available. Arranging transfers for patients is time consuming for clinical staff and worrying for the child or young person and their family, and it may also impact on the outcome of the surgery. There is a need to look at this variation.

16

There are around 4,300 children and young people in NCL waiting for a planned operation and the waiting list is growing. The current situation doesn't meet NHS targets and has a significant impact on the wellbeing of the children, young people and families waiting.

Over 330 children and young people have been waiting over a year for surgery and 1,600 over 18 weeks. Some types of surgery, such as dentistry, have longer waits than others. Some hospitals have very small services for some specialties and some struggle to plan operations for children and young people alongside emergency care. We know there are joint working arrangements across teams in different hospitals, which we can build upon in the future.

More needs to be done across our hospitals to address long waits and skills gaps.

We need to improve the transition from children's NHS services to adult services

For children and young people living with long-term ill health, the transition from adolescent to adult services is an important step; however, this is currently managed in an inconsistent way. There is an opportunity to review and improve this and consider how children and adult services could work better with families.

17

We need to address the staffing challenges in midwifery, children's nursing and other health professionals

There are currently high numbers of staff vacancies in midwifery, children's nursing and other health professionals that care for babies, children and young people. The hard work of current staff and support across hospitals helps to address gaps, but we know that there is further work to do.

- The number of midwives staffing maternity units can have a significant impact on the quality and safety of maternity services, but we know that nationally, we don't have enough trained midwives
- An additional 26 neonatal nursing posts are needed across NCL units and there are also significant gaps in allied health professional roles to support babies, such as speech and language therapists to help identify and support babies at risk of feeding difficulties
- Vacancy rates are particularly high in paediatric nursing, with rates ranging from 13% to 36% across our hospitals
- To address gaps, staff work under pressure and this is leading to staff burnout

There are staffing challenges across the NHS, but there is also an opportunity for organisations across NCL to work together to develop innovative solutions.



18

These are the challenges and opportunities that we have found What do you think?

We want to receive the views of as many patients, public, staff and partners as possible to inform what happens next.

This includes residents of Barnet, Camden, Enfield, Haringey, Islington and neighbouring areas who might use hospital services in North Central London. We are particularly interested in hearing from anyone who has current or recent experience of these services, or anyone who might need these services in future, and their families and carers.

This leaflet gives a brief overview. You can read a longer summary and a full Case for Change at:

www.nclhealthandcare.org.uk/start-well

To give feedback you can:

- Complete the printed questionnaire and return it in the post using the Freepost address provided
- Complete our online survey www.nclhealthandcare.org.uk/start-well
- Write to us at:
FREEPOST NCL NHS
(No need for a stamp or postcode)
- Invite the programme team to speak to your group using the contact details on page 20
- Telephone: 0203 816 3776

**The opportunity to give feedback runs from
4 July to 9 September 2022**

19

We can provide support for those who may need some additional help to participate. This document is available in large print, Easy Read or Braille on request. We can also offer translations and additional support if English is not your first language.

Please contact us on the details below if you need additional help to participate or would like to give feedback verbally. You can give feedback from 4 July to 9 September 2022.

Contact us

Email: nclccg.startwell@nhs.net

Telephone: 0203 816 3776

Mail to: **FREEPOST NCL NHS**
(No need for a stamp or postcode)

QR code: Scan for the questionnaire



Start Well is a partnership programme set up through the NCL Integrated Care System, and is being coordinated by NCL Integrated Care Board



5.3 SURVEY QUESTIONNAIRE

The questionnaire could be completed online or on paper and submitted by Freepost. The paper questionnaire is shown below.



Start Well

Opportunities for improvement in NHS maternity, neonatal and children and young people's services in North Central London



Return this questionnaire in an
envelope to FREEPOST NCL NHS
No stamp needed.

You can also complete this
questionnaire online at:
www.nclhealthandcare.org.uk/start-well



Health and care organisations in North Central London: covering Barnet, Camden, Enfield, Haringey and Islington, have been working together on a long-term programme looking at children and young people's, maternity and neonatal services, called the Start Well programme.

Start Well is looking specifically at:

- Children and young people's planned (elective) services in hospitals
- Children and young people's emergency services in hospitals
- Maternity services
- Neonatal care for babies who are unwell when they are born or are born early and need extra support

We are focussing on our local hospitals:

- North Middlesex University Hospital NHS Trust
- Royal Free London NHS Foundation Trust which includes Barnet Hospital, Royal Free Hospital, and Chase Farm Hospital
- University College London Hospitals NHS Foundation Trust
- Whittington Health NHS Trust

The programme also touches on services provided by specialist providers, including Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH), Royal National Orthopaedic Hospital NHS Trust (RNOH) and Moorfields Eye Hospital NHS Foundation Trust (Moorfields).

The links between the local hospitals and specialist hospitals, particularly GOSH, have been considered as part of the review.

Community, mental health services and primary care are not being reviewed as part of the Start Well programme, but the overlap between them and this programme is being carefully considered.



So far, Start Well has brought together staff working at these hospitals to understand what currently works well and what could be improved. We have heard directly from some people who have used these services and reviewed patient feedback gathered over the past five years. The programme has also gathered information about how the services are managed, how they meet national standards, how they are staffed, what the current challenges are and what services cost.

Our findings to date are available in our Case for Change document. There is also a summary Case for Change and a Start Well information leaflet for patients. All of these are available on our website:

www.nclhealthandcare.org.uk/start-well

We are now seeking feedback from the public, local residents, people who use these services, and staff who work in them, to help us understand what is most important to them as we plan ahead, and to ensure that the Case for Change contains all the information it should and that nothing important has been missed.

To capture your feedback we have designed this questionnaire, which has two parts. You can choose to feedback on both parts, or just one of them.

✔ Please tick one or both boxes

- ☐ I have read the Case for Change, summary or leaflet and I would like to give my thoughts on this (Section 2)
- ☐ I would like to tell you what is most important to me, when looking at these services in future (Section 3)

**Return this questionnaire in an envelope to
FREEPOST NCL NHS. No stamp needed.**

**You can also complete this questionnaire online at:
www.nclhealthandcare.org.uk/start-well**



Section 1: Before you start...

Please tick **one** option for each question. All responses remain anonymous.

Q1 In what role are you responding to this questionnaire?

☑ Please tick one option

- ☐ Current or recent (within last five years) user of maternity, neonatal, children or young people's services in NCL
- ☐ Carer / family member of a service user
- ☐ Member of the public
- ☐ Voluntary organisation/charity
- ☐ Member of staff who provide maternity, neonatal or children and young people's services in NCL
- ☐ Other care professional / member of NHS staff, NHS Trust or provider organisation
- ☐ Trade union or professional body
- ☐ Private health and care provider organisation
- ☐ Other public body / stakeholder / political representative
- ☐ Other

Q2 Please tell us which borough you are based in

Use your home address if you are answering as an individual OR your organisation address if answering as a representative of an organisation.

- | | |
|-------------------------------|--|
| <input type="radio"/> Barnet | <input type="radio"/> Haringey |
| <input type="radio"/> Camden | <input type="radio"/> Islington |
| <input type="radio"/> Enfield | <input type="radio"/> Other [please state, for example Westminster or Hertfordshire] |
- _____

Q3 Which of the following hospitals are you most likely to go to for children, young people's or maternity services?

- | | |
|--|--|
| <input type="radio"/> Barnet Hospital | <input type="radio"/> Great Ormond Street Hospital |
| <input type="radio"/> North Mid | <input type="radio"/> The Royal Free Hospital |
| <input type="radio"/> UCLH | <input type="radio"/> Whittington Health |
| <input type="radio"/> Other [please state] _____ | |
| <input type="radio"/> Not Applicable | <input type="radio"/> Prefer not to say |

Section 2: Your views on the Start Well Case for Change

To complete this section you should have read the Start Well Case for Change, summary of the Case for Change, or Start Well information leaflet for patients.

These documents present opportunities for improvement in maternity, neonatal and children and young people's services in North Central London.

The Case for Change highlights the following opportunities for improvement:

For maternity and neonatal services

- Ensuring excellent experience, equitable access and optimal outcomes for pregnant women and people
- Better utilisation of maternity capacity offered in NCL
- Supporting maternity workforce sustainability
- Matching neonatal care capacity and demand
- Consider the sustainability of the Royal Free Hospital Special Care Unit
- Minimising avoidable admissions to neonatal units
- Addressing workforce vacancies and variation in provision and access to allied health professionals across neonatal units

For children and young people's services

- Increasing demand for emergency care
- Improving long-term conditions management
- Organisation of paediatric emergency surgical care
- Reducing long waits for elective care
- Improving transition to adult services
- Recruitment and retention of paediatric workforce
- Meet national recommendations for the environment for paediatric surgical care.

Q4a To what extent do you agree with the opportunities for improvement for maternity and neonatal services?

- ☑ Please indicate your level of agreement below, where a score of 1 is strongly disagree and a score of 5 is strongly agree. Please tick ONE option

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Q4b To what extent do you agree with the opportunities for improvement for children and young people's services?

- ☑ Please indicate your level of agreement below, where a score of 1 is strongly disagree and a score of 5 is strongly agree. Please tick ONE option

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Q5 Is there other information that should be considered that hasn't been included in the documents?

☐ YES ☐ NO

Why do you think this?

You may leave this box empty if you have no other comments

Q6 Are there any other opportunities for improvement in maternity, neonatal or children and young people's services that have not been presented in the documents?

☐ YES ☐ NO

Why do you think this?

You may leave this box empty if you have no other comments

Section 3: How we can improve care in maternity, neonatal and children and young people's services in North Central London.

We know that there are lots of examples of good care in the hospitals in North Central London, and examples of where the NHS could improve further.

We'd like to hear your views on these, to help us plan services in the future and prioritise.

The following questions focus on the areas for improvement that we have identified and ask for your views on what a good experience of care might look like when developing these opportunities in future.

The list of choices in questions are based on what some patients have already told us and some of the opportunities that have been highlighted. If your priorities aren't included in the list of options there is space to tell us what they are.

We'd like to know what is important to you, your family and your community.

The information you provide will help the NHS to look at new, different and improved ways to care for patients in our hospitals.

1. Maternity services

Q7 When thinking about opportunities to improve maternity care, which of the following do you consider to be important?

☑ You may choose **THREE** of the following:

- ☐ Care during pregnancy is close to home
- ☐ Choices for pregnancy and where to give birth are properly explained
- ☐ Women and pregnant people can have their pregnancy care in their preferred hospital
- ☐ Women and pregnant people see the same hospital-based team throughout a pregnancy
- ☐ Those who are at greatest risk of complications are prioritised to see the same midwife and team throughout their pregnancy
- ☐ During pregnancy broader health needs, including mental health, are considered
- ☐ If health during pregnancy or birth deteriorates, the right specialists are available
- ☐ Care is delivered in the highest quality facilities possible
- ☐ None of the above

Q8 Which of these is MOST important?

☑ Choose only one

- ☐ Women and pregnant people can have their pregnancy care in their preferred hospital
- ☐ During pregnancy broader health needs, including mental health, are considered
- ☐ Care during pregnancy is close to home
- ☐ Women and pregnant people see the same team throughout a pregnancy
- ☐ Choices for pregnancy and where to give birth are properly explained
- ☐ Those who are at greatest risk of complications are prioritised to see the same midwife and team throughout their pregnancy
- ☐ Care is delivered in the highest quality facilities possible
- ☐ If health during pregnancy or birth deteriorates, the right specialists are available
- ☐ None of the above

Why did you give this answer?

You may leave this box empty if you have no other comments

Anything else?

You may leave this box empty if you have no other comments

2. Neonatal services

Q9 When thinking about opportunities to improve neonatal care, which of the following do you consider to be important?

✓ You may choose **THREE** of the following:

- ☐ The right care is available close to where families live
- ☐ Unwell or premature babies are born at hospitals with the right specialist facilities so that they don't need to be moved after birth
- ☐ When a baby is in a neonatal unit there is support for the family
- ☐ Wherever possible babies who are unwell or born early can be cared for at home
- ☐ Care is delivered in modern, high-quality facilities
- ☐ Care is delivered by healthcare specialist staff who care for a lot of unwell or premature babies
- ☐ None of above

Q10 Which of these is **MOST** important?

✓ Choose only **ONE**:

- ☐ When a baby is in a neonatal unit there is support for the family
- ☐ Care is delivered in modern, high-quality facilities
- ☐ The right care is available close to where families live
- ☐ Unwell or premature babies are born at hospitals with the right specialist facilities so that they don't need to be moved after birth
- ☐ Care is delivered by healthcare specialist staff who care for a lot of unwell or premature babies
- ☐ Wherever possible babies who are unwell or born early can be cared for at home
- ☐ None of above

You may leave this box empty if you have no other comments

[illegible]

You may leave this box empty if you have no other comments

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3. Emergency care for children and young people

Q11 When thinking about opportunities to improve emergency care, which of the following do you think is most important?

✔ You may choose **THREE** of the following:

- ☐ Care for the child or young person is close to home
- ☐ Advice and support are available regarding where to go for the right care
- ☐ Being confident in the advice given about the care of a child or young person
- ☐ The child or young person can be seen quickly once they arrive at an ED
- ☐ Being able to access care quickly once a child or young person becomes unwell
- ☐ Seeing a health and care professional face to face
- ☐ Care is always delivered in a hospital (rather than an urgent care centre or GP surgery)
- ☐ As much as possible, care is delivered outside of a hospital (at a GP surgery or in a community healthcare centre)
- ☐ Care is delivered by healthcare staff who are specialists in treating children and young people
- ☐ None of the above

Q12 Which of these is **MOST** important?

✔ Choose only **ONE**:

- ☐ As much as possible, care is delivered outside of a hospital (at a GP surgery or in a community healthcare centre)
- ☐ The child or young person can be seen quickly once they arrive at an ED
- ☐ Care for the child or young person is close to home
- ☐ Being confident in the advice given about the care of a child or young person
- ☐ Seeing a health and care professional face to face
- ☐ Advice and support are available regarding where to go for the right care
- ☐ Care is always delivered in a hospital (rather than an urgent care centre or GP surgery)
- ☐ Being able to access care quickly once a child or young person becomes unwell
- ☐ Care is delivered by healthcare staff who are specialists in treating children and young people
- ☐ None of the above

Why did you give this answer?

You may leave this box empty if you have no other comments

Anything else?

You may leave this box empty if you have no other comments

4. Emergency surgery for children and young people

Q13 When thinking about surgery for children and young people, which of the following do you consider to be important?

☑ You may choose **THREE** of the following:

- ☐ Emergency surgery is carried out close to home
- ☐ Emergency surgery is delivered by healthcare staff who routinely operate on children and young people
- ☐ Getting a child or young person the emergency surgery they need, even if they have to be moved to a different hospital
- ☐ Emergency surgery is carried out in child-friendly environments
- ☐ Follow-up care after emergency surgery is available close to home
- ☐ None of the above

Q14 Which of these is **MOST** important?

☑ Choose only **ONE**:

- ☐ Emergency surgery is carried out in child-friendly environments
- ☐ Getting a child or young person the emergency surgery they need, even if they have to be moved to a different hospital
- ☐ Emergency surgery is carried out close to home
- ☐ Follow-up care after emergency surgery is available close to home
- ☐ Emergency surgery is delivered by healthcare staff who routinely operate on children and young people
- ☐ None of the above

5. Care for children and young people with long-term conditions

Q15 When thinking about care for children and young people with long-term conditions, which of the following do you consider to be important?

✔ You may choose **THREE** of the following:

- ☐ The child, young person and family know how to manage their long-term condition
- ☐ When care is needed, it is as close to home as possible
- ☐ Knowing where to go for different kinds of care and advice
- ☐ Care is always delivered by staff who have highly specialist knowledge of the long-term condition
- ☐ Local health services are joined-up to meet needs of the child or young person
- ☐ The broader health needs and circumstances of a child or young person are considered alongside their long-term condition
- ☐ None of the above

Q16 Which of these is **MOST** important?

✔ Choose only **ONE**:

- ☐ When care is needed, it is as close to home as possible
- ☐ The broader health needs and circumstances of a child or young person are considered alongside their long-term condition
- ☐ The child, young person and family know how to manage their long-term condition
- ☐ Knowing where to go for different kinds of care and advice
- ☐ Local health services are joined-up to meet needs of the child or young person
- ☐ Care is always delivered by staff who have highly specialist knowledge of the long-term condition
- ☐ None of the above

Why did you give this answer?

You may leave this box empty if you have no other comments

[illegible]

Please use the box below to state any other comments or suggestions you have about what is important to you, when thinking about how we can improve care in maternity, neonatal, children and young people's services in North Central London.

Anything else?

You may leave this box empty if you have no other comments

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

About you

NCL Integrated Care Board is committed to ensuring everyone has the chance to participate fully in the activities and decisions of the organisations. By completing the following section, you will help us to understand who we are reaching and how to better serve everyone in our community. We will cross-reference this information with your answers, to help us understand the views of different groups within our community..

✔ Please tick **ONE** option for each question. All responses are optional and will remain anonymous

Q17 Which age group are you in?

- | | |
|-------------------------------|---|
| <input type="radio"/> 11 – 15 | <input type="radio"/> 16 – 18 |
| <input type="radio"/> 19 – 24 | <input type="radio"/> 25 – 34 |
| <input type="radio"/> 35 – 44 | <input type="radio"/> 45 – 54 |
| <input type="radio"/> 55 – 64 | <input type="radio"/> 65 – 79 |
| <input type="radio"/> 80+ | <input type="radio"/> Prefer not to say |

Q18 Which of the following options best describes how you think of yourself?

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ In another way
- ☐ Prefer not to say

Q19 Is your gender identity the same as the gender you were given at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Q20 Do you consider yourself to have a disability?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

About you

NCL Integrated Care Board is committed to ensuring everyone has the chance to participate fully in the activities and decisions of the organisations. By completing the following section, you will help us to understand who we are reaching and how to better serve everyone in our community. We will cross-reference this information with your answers, to help us understand the views of different groups within our community..

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| <input type="radio"/> 19 – 24 | <input type="radio"/> 25 – 34 |
| <input type="radio"/> 35 – 44 | <input type="radio"/> 45 – 54 |
| <input type="radio"/> 55 – 64 | <input type="radio"/> 65 – 79 |
| <input type="radio"/> 80+ | <input type="radio"/> Prefer not to say |

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Q19 Is your gender identity the same as the gender you were given at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Q20 Do you consider yourself to have a disability?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Next steps

Thank you for completing the survey. The opportunity to give feedback runs from 4 July to 9 September 2022

Once the engagement period ends all feedback will be collated and analysed by an independent organisation. This analysis will be written up into a report. We will publish the report on our website: www.nclhealthandcare.org.uk/start-well

Other ways to participate

We want to receive the views of as many patients, public, staff and partners as possible to inform what happens next.

We are particularly interested in hearing from anyone who has current or recent experience of these services, or anyone who might need these services in future, and their families and carers.

You can read a summary of the Case for Change and the full Case for Change document at: www.nclhealthandcare.org.uk/start-well

Other ways to give feedback include:

- Using our online survey: www.nclhealthandcare.org.uk/start-well
- Writing to us at: FREEPOST NCL NHS (No need for a stamp or postcode)
- Inviting the programme team to speak to your group using the contact details below
- By calling: 0203 816 3776

Your views are important to us

- Please complete this questionnaire online or by hard copy and return it to **FREEPOST NCL NHS**
- We can provide support for those who may need some additional help to participate. We also offer versions of this document in large print, Easy-Read or Braille on request. We can also offer translations and additional support if English is not your first language.

Please contact us on the details below if you need additional help to participate or would like to give feedback verbally.

Contact us

email: nclccg.startwell@nhs.net
phone: 0203 816 3776

You can complete this survey online at:
www.nclhealthandcare.org.uk/start-well
or scan the QR code

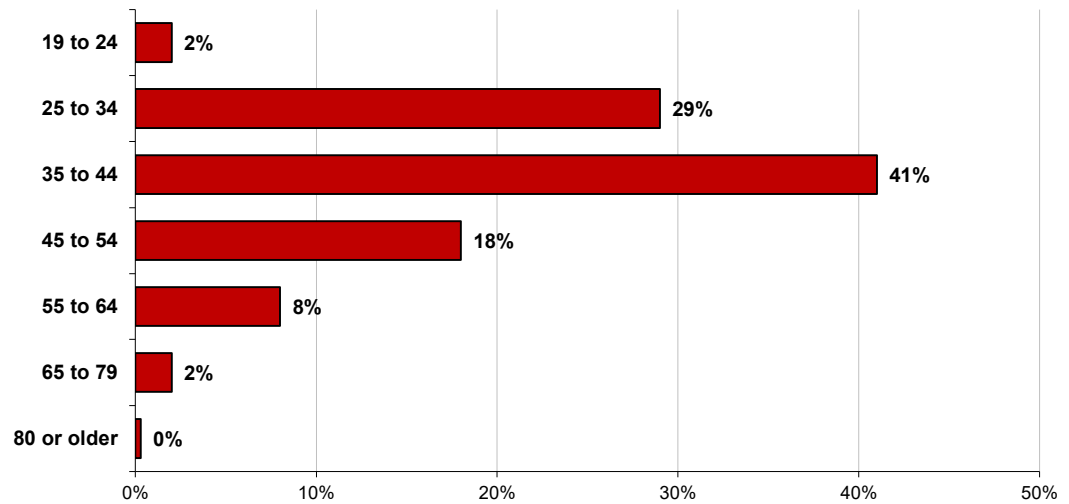


About the information you give us: All information that you provide in this form will be processed on behalf of NCL ICB by a company called Verve Communications. The information provided will be used as part of the engagement for the Start Well programme and only used for that purpose. All information will be held securely and will be treated as confidential. Please do not provide any additional personal information on this form.

5.4 SURVEY DEMOGRAPHICS

The following charts show the demographics of the survey participants.

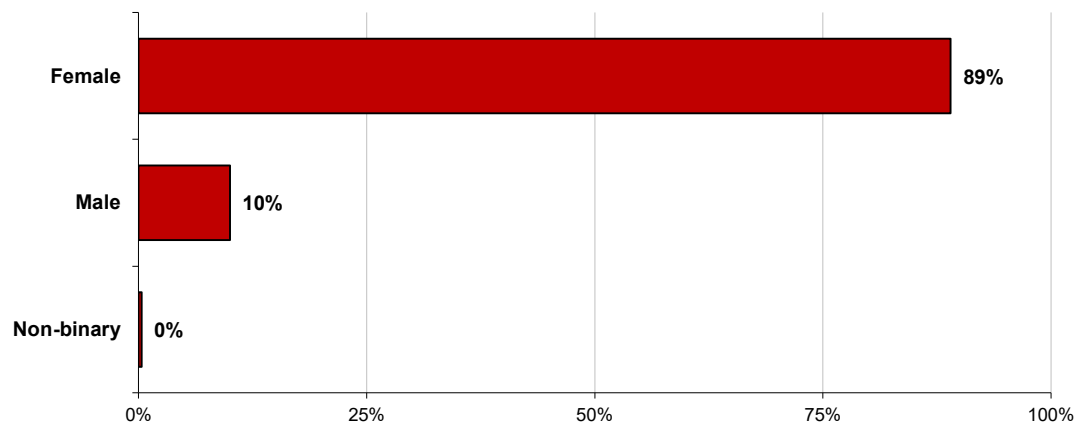
Age group



Source: Verve Communications 2022

Base: All who gave a valid response (327)

Gender



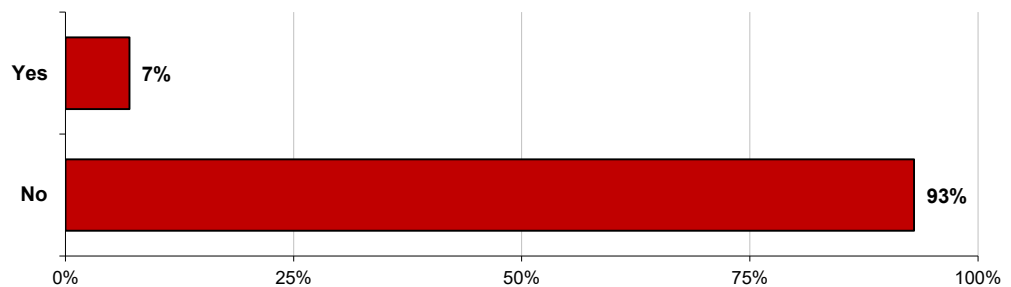
Source: Verve Communications 2022

Base: All respondents who gave a valid response (327)

Gender identity same as at birth

100% answered yes

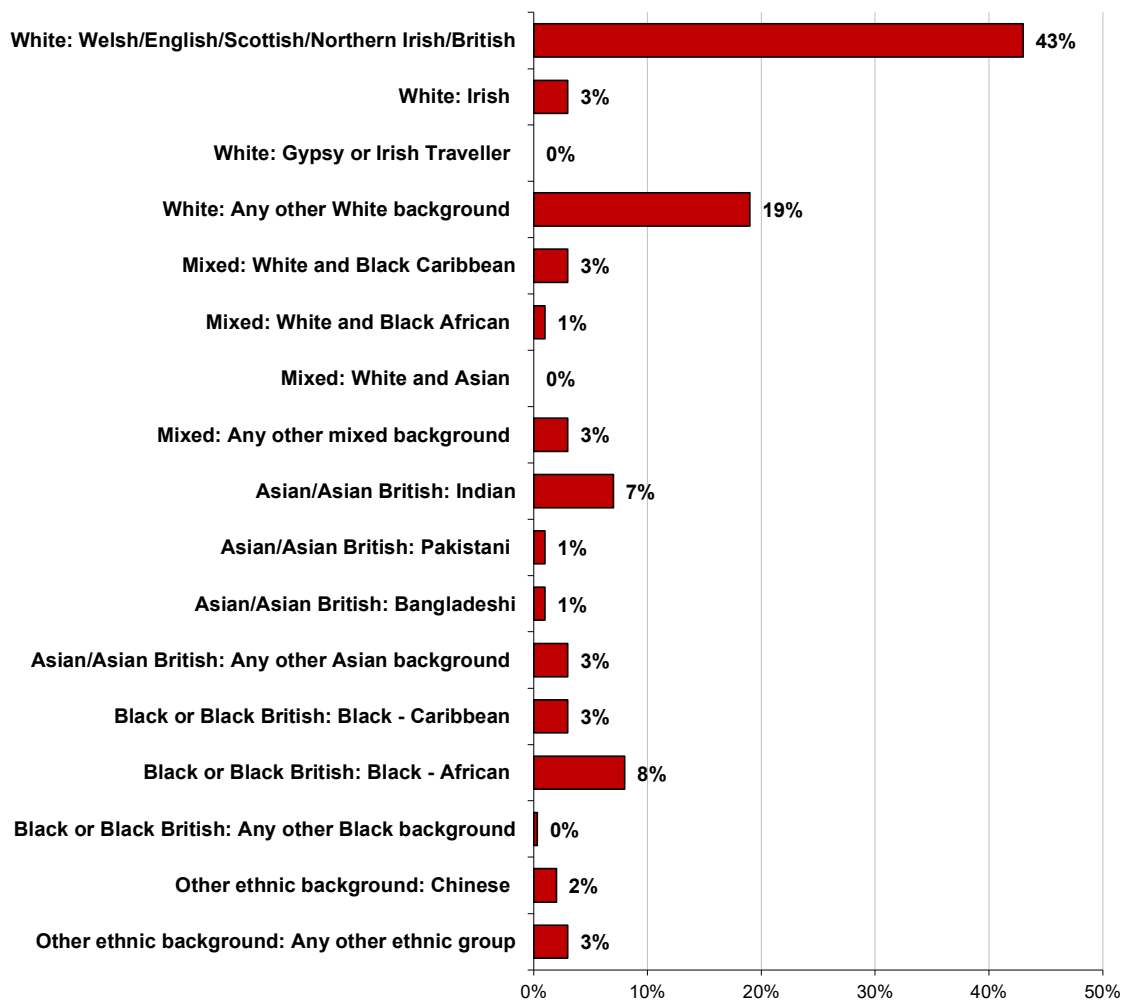
People who considered themselves to have a disability



Source: Verve Communications 2022

Base: All respondents who gave a valid response (324)

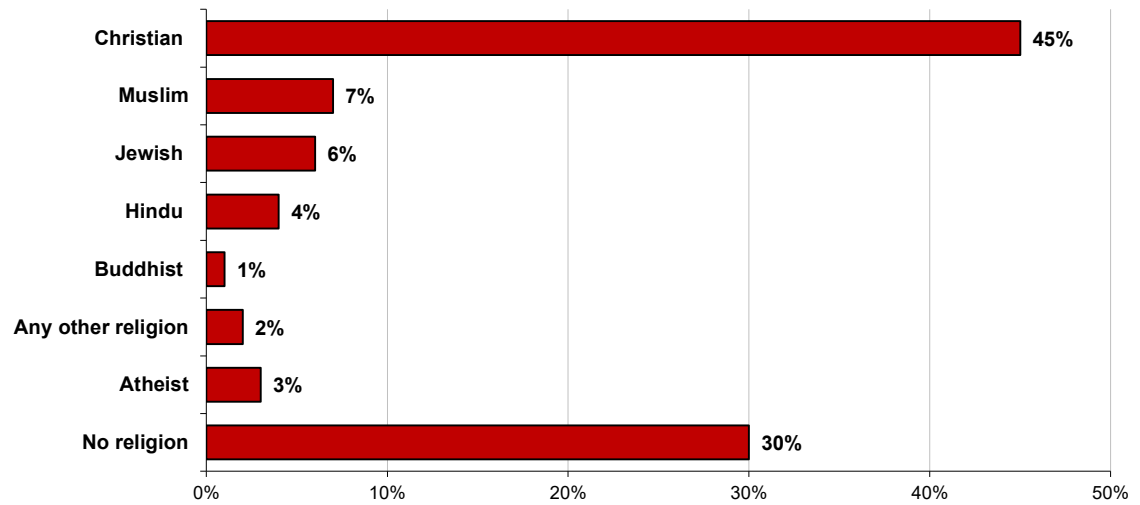
Ethnic origin



Source: Verve Communications 2022

Base: All respondents who gave a valid response (320)

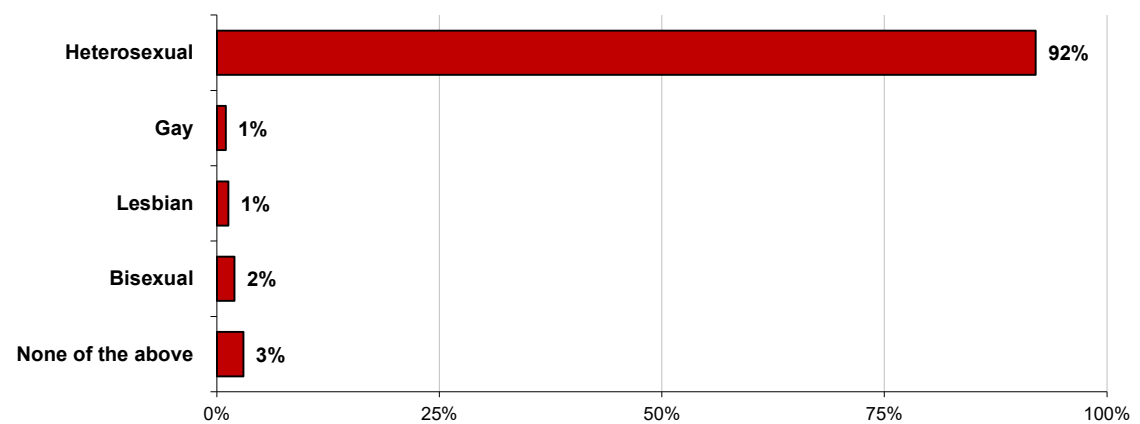
Religion or belief



Source: Verve Communications 2022

Base: All who gave a valid response (315)

Sexual orientation



Source: Verve Communications 2022

Base: All who gave a valid response (305)

5.5 WIDER STAKEHOLDERS CONTACTED

Stakeholders	Mechanisms for engagement
MPs representing Constituencies in NCL	<ul style="list-style-type: none"> - Letter inviting feedback and summary of the Case for Change
London Boroughs of Barnet, Camden, Haringey, Enfield and Islington	<ul style="list-style-type: none"> - Letter inviting feedback and summary of the Case for Change - Verbal briefing to Lead Members (Barnet, Camden, Haringey and Islington) - Attendance at Health and Wellbeing Boards (Barnet, Enfield, Haringey and Islington)
Joint Health Overview and Scrutiny Committee	<ul style="list-style-type: none"> - Letter inviting feedback and summary of the Case for Change - Verbal update
Neighbouring ICSs	Letter inviting feedback and summary of the Case for Change
Ambulance Services – Hazola Ambulance Service and East of England Ambulance Service	Letter inviting feedback and summary of the Case for Change
Health Education England	Letter inviting feedback and summary of the Case for Change
Regional Neonatal Network	Letter inviting feedback and summary of the Case for Change
North Thames Paediatric Network	Letter inviting feedback and summary of the Case for Change
NHSE Regional Team	Letter inviting feedback and summary of the Case for Change
NHSE Getting it Right First Time Workstreams– <ul style="list-style-type: none"> - Paediatrics Surgery and Urology - Maternity and Gynaecology - Paediatrics Critical Care - Paediatric Trauma - Orthopaedics - Neonates Programme 	Letters inviting feedback and summary of the Case for Change
Professional Bodies – <ul style="list-style-type: none"> - Royal College of Midwives - The Association of Paediatric Anaesthetists of Great Britain and Ireland (APAGBI) - British Association of Paediatric Surgeons - Royal College of General Practitioners - Royal College of Nursing - Royal College of Surgeons of England 	Letters inviting feedback and summary of the Case for Change
NHSE Clinical Senate	Meetings

5.6 VOLUNTARY SECTOR ORGANISATIONS CONTACTED

The following organisations were sent an email highlighting the programme and the engagement opportunities; a second email was sent providing a link to the case for change.

Location	Organisations
Barnet	<ul style="list-style-type: none"> - Noah's Ark Barnet - Healthwatch Barnet - Barnet Parent Carer Forum - Sangam Centre - African Cultural Association - Barnet Multifaith Forum - Chinese Mental Health Association / Meridian Wellbeing - Bell Lane Children's Centre - BEYA at Hampden Way Nursery School - BEYA Children's Centre at St Margaret's Nursery School - Childs Hill Children's Centre - Coppetts Wood Children's Centre - Fairway Children's Centre - Newstead Children's Centre - Parkfield Children's Centre - Silkstream Children's Centre - The Hyde Children's Centre - Underhill Children's Centre - Wingfield and Stonegrove children's centre - Community Barnet - Barnet Borough Sight Impaired - Barnet Mencap - Disability Action Barnet - Inclusion Barnet - Barnet Parent Carer Forum - Sangam Centre - African Cultural Association - Barnet Multifaith Forum - Chinese Mental Health Association / Meridian Wellbeing - Solace Women's Aid - Snap Care
Camden	<ul style="list-style-type: none"> - Camden, City, Islington & Westminster Bereavement Service - Child Death Helpline - Home-Start Camden & Islington - Agar Children's Centre - Camden Community Centres' Consortium - C4 - Kentish Town East Children's Centre Services (Camden Council) - Kilburn Priory Children's Centre Services (Camden Council) - Kings Cross and Holborn Children's Centre Services (Camden Council) - Regents Park Children's Centre Services (Camden Council)

Location	Organisations
	<ul style="list-style-type: none"> - Centre 404 - Voluntary Action Camden - Camden Mosaic - MIND Camden - Visually Impaired Camden - Action for Children - Camden Safeguarding Children's Partnership - Candl Safeguarding - Home Start Camden & Islington - Umoja African Health Forum - Bengali Workers Association - Camden Disability Action - Camden Faith Leaders Forum - Chinese Community Centre - Hopscotch Asian Women's Centre - London Gypsies and Travellers - London Irish Centre - Safeguarding Children AFRUCA - Somali Cultural Centre West Hampstead Women's Centre - Winvisible (Women with Visible and Invisible Disabilities) - PACE (Play, Adventure & Community Enrichment) - Sidings - Young Camden Foundation Parents Advisory Board - Special Parents Forum - Variety - The Children's Charity - UCLH Maternity Voice Partnership - Royal Free Maternity Voices Healthwatch Camden - Santé Refugee Mental Health Access Project
Enfield	<ul style="list-style-type: none"> - Enfield Carers Centre - Enfield Children's Centre - Enfield Family Contact Centre - Centre 404 - Enfield Council Cheviots Children's Disability Service - ENFIELD ADVISORY SERVICE FOR AUTISM - Enfield Disability Action - National Autism Society - Enfield branch - ONE-TO-ONE (ENFIELD) - Our Voice - Sen-Den - Every Parent & Child - Enfield Citizens Advice - Enfield Women's Centre - Enfield LGBT - ECYPS - Enfield Connections

Location	Organisations
	<ul style="list-style-type: none"> - Enfield Disability Action - Enfield Mencap - Enfield Saheli (work with women) - Enfield Voluntary Action - Noah's Ark Children's Hospice - North Mid Maternity Voice Partnership - Healthwatch Enfield - Learn Enfield - Enfield Children's Centre - Every Parent & Child - Enfield Caribbean Association - Enfield Carers Centre - Carers Advice Support Manager
Haringey	<ul style="list-style-type: none"> - Broadwaters - Park Lane - Pembury House - Rowland Hill - Triangle Children, Young people and community centre - Welbourne - West Children's Centre Team - Woodlands Park - Woodside - Bridge Renewal Trust - Centre 404 - Child Development Centre - Disability, Pregnancy & Parenthood - Haringey Association for Independent Living - Haringey Mencap - Mind in Haringey - Palace for All - SEND Support and services - Speech and Language Therapy (Haringey Children's service) - Step by Step Kooth - Home Start - Embrace UK - Latin American Women's Rights Group - Nafsiyat - Solace Women's Aid - Haringey Shed - Haringey Youth Space - Keen London - Rise Youth Club - Insight young people Homes for Haringey - Hope in Tottenham - Wise Thoughts (LGBT) Healthwatch Haringey - African Caribbean Leadership Company

Location	Organisations
	<ul style="list-style-type: none"> - Carers' Coffee Morning - Haringey Learning Partnership - Citizen's Panel - Healthy London Partnership - Interlink Foundation - Aspire Group - Early Help Dalmar Heritage and Family Development - Somali Bravanese Association in London - NCT Haringey - Caris Haringey - Mind in Haringey - Wise Thoughts - Embrace UK
Islington	<ul style="list-style-type: none"> - Bright Start Islington - Centre 404 - Voluntary Action Islington - Bereavement Service - CARIS Islington - Body & Soul - Islington Council Disabled Children's Service - Stonewall - IMECE Women's Centre - Diverse Health Voices - Islington Somali Community - Manor Gardens and Bright Start - Mary's Youth Club - Rose Bowl - Urban Hope - Elfrida Society Islington - I CAN - Islington Giving - The Parent House - Parent Groups - Whittington Maternity Voice Partnership - Healthwatch Islington
NCL	<ul style="list-style-type: none"> - Autism Hub Islington and Camden - Camden, City, Islington & Westminster Bereavement Service - Solace Women's Aid
National organisations	<ul style="list-style-type: none"> - Crescent kids - Interlink Foundation - SANDS - SUDC UK Action for Children - Barnardo's - Best Beginning - Child Hope

Location	Organisations
	<ul style="list-style-type: none"> - Child Poverty Action Group - National Childbirth Trust - NSPCC - Save the Children - The Children's Society - The Children's Trust - Tommy's - Young Minds - The Lullaby Trust - Together for Short Lives - Twins Trust - The Sickle Society - UK thalassaemia society

5.7 EVENTS AND MEETINGS ATTENDED AS PART OF THE ENGAGEMENT

Location	Organisation	Contact	Conversations
Barnet	Hyde Children's Centre	Attendance at drop in stay and play	10 (4 in-depth)
	Greentops Centre	Attendance at drop in stay and play	10 (4 in-depth)
	Home Start Barnet Playgroup	Attendance at drop in stay and play	10
	Barnet Early Years Alliance	Attendance at baby group	10 (4) in-depth
	Parkfields Children's Centre	Attendance at drop in stay and play	10 (10 in depth)
	Onestonegrove	Attendance at drop in stay and play	12 (12 in-depth)
	Barnfield Primary School (2 sessions)	Attendance at drop in stay and play and baby group.	22
	Barnet Hospital	Attendance antenatal clinic	50 (3 in-depth)
	Silkstream Children's Centre	Attendance at drop in stay and play	16
	Fairway School	Attendance at baby group	6 (2 in-depth)
Camden	Solace Women's Aid House meeting (3 meetings)	Discussion Group	11(11 in-depth)

Location	Organisation	Contact	Conversations
	Hamood Children's Centre (2 sessions)	Attendance at under 2 and baby groups.	26
	Camden Mosaic	Attendance at clinic for children with Learning Disabilities	5
	Royal Free Hospital	Children's Outpatients	6
	Royal Free Hospital	Antenatal Clinic	23
	Kilburn Children's Centre (2 sessions)	Attendance at stay and play and baby bonding groups.	21
	University College London Hospital	Attendance in Paediatric Outpatients	9(9 in-depth)
Enfield	Elden Children's Centre Stay and Play	Attendance at Antenatal check-up - attendees and Stay and Play Group parents	7(7 in-depth)
	Carterhash Baby group	Attendance at baby group	6(6 in-depth)
	North Middlesex University Hospital NHS Trust (2 sessions)	Attendance in paediatric Outpatients	21(21 in-depth)
	Chase Farm Hospital	Attendance in paediatric Outpatients	15
Haringey	Caris Haringey Summer Play Group	Attendance at drop in stay and play	4 (4 in-depth)
	Broadwater Children's Centre	Attendance at drop in stay and play	30 (12 in-depth)
	Woodlands Park	Attendance at drop in stay and play	20 (10 in-depth)
	Bridge Fest	Stall at event	50
	JPB	Meeting from across voluntary sector organisations including disability and mental health.	14
Islington	Manor Gardens	Attendance at drop in stay and play and baby group	6 (6 in-depth)
	Elfrida Society Parents Project	Support Group/Advocacy support for parents with Learning Disability	5 (5 in-depth)
	Whittington Hospital	Children's outpatients	20 (2 in-depth)

Location	Organisation	Contact	Conversations
NCL	CPPEG VCS and patient reps	Attendance at meeting	8 (8 in-depth)
	Clinical Senate PPV group	Patient and Public reps	10(10 in-depth)
	Targeted Sickle Cell event (2 sessions)	Online discussion group	4 (4 in-depth)
	Conversation with NCL Start Well patient representatives	Online conversation	2 (2 in-depth)
	NCL Youth Panel (2 sessions)	Youth Summit	36 (36 in-depth)
	Targeted Neonatal event	Online Conversation	3 (3 in-depth)

5.8 COMMUNICATION CHANNELS AND ACTIVITY

Communication Channel or action		
Website	- NCL ICS website: Start Well landing page with information about the programme, documents, and link to the Start Well questionnaire	Total page views: 4,335 Unique page views: 3,793
	- Start Well questionnaire page	Total page views: 752 Unique page views: 590
Newsletters	- RFL stakeholder newsletter article	Approximately 150 internal and external stakeholders
	- NCL GP website news item: https://gps.northcentrallondon.icb.nhs.uk/news/feedback-on-start-well-case-for-change	
	- RFL membership update	Sent to over 22,000 RFL members
	- RFL stakeholder update	Sent to approximately 150 internal and external stakeholders
	- Health Watch Haringey Newsletter	
	- Bridge Renewal Trust newsletter (Haringey) article	
	- NCL GP bulletin news item	
	- RFL stakeholder update	Sent to approximately 150 internal and external stakeholders
	- RFL stakeholder update	Sent to approximately 150 internal and external stakeholders
	- RFL website news item	
Website News	- NCL ICS website news item: https://nclhealthandcare.org.uk/news/share-your-views-on-opportunities-for-improvement-in-nhs-maternity-neonatal-children-and-young-peoples-services-in-north-central-london/	-
	- UCLH website news items	104 unique page views
Twitter	- NCL ICB Twitter:	83 impressions, 3 engagements 2 link clicks
Tweet	- UCLH tweet	796 impressions, 44 engagements, 7 link clicks
	- RFL Twitter post	621 impressions; 10 engagements;
	- NCL ICB Barnet Twitter	47 impressions, 9 engagements, 1 link clicks

Communication Channel or action		
	- NCL ICB Camden Twitter	249 impressions, 0 engagements, 0 link clicks
	- NCL ICB Enfield Twitter	63 impressions, 1 engagements, 0 link clicks
	- NCL ICB Haringey Twitter	71 impressions, 1 engagements, 0 link clicks
	- NCL ICB Islington Twitter	89 impressions, 4 engagements, 1 link clicks
	- RFL Twitter post	621 impressions; 10 engagements;
	- NCL ICB Barnet Twitter	47 impressions, 9 engagements, 1 link clicks
	- NCL ICS Twitter	139 impressions, 3 engagements, 1 link clicks
	- NCL ICB Twitter:	105 impressions, 6 engagements, 2 link clicks
	- NCL ICB Twitter	284 impressions, 3 engagements, 1 link clicks
	- NCL ICS Twitter	104 impressions, 1 engagements, 1 link clicks
Twitter	- NCL ICB Barnet Twitter	123 impressions, 13 engagements, 4 link clicks
	- NCL ICB Camden Twitter	65 impressions, 0 engagements, 0 link clicks
	- NCL ICB Enfield Twitter	68 impressions, 1 engagements, 0 link clicks
	- NCL ICB Haringey Twitter	106 impressions, 4 engagements, 0 link clicks

Communication Channel or action		
	- NCL ICB Islington Twitter	100 impressions, 0 engagements, 0 link clicks
	- RFL Twitter post	978 impressions, 28 engagements, 6 link clicks
	- RFL Twitter post	616 impressions, 2 engagements, 1 link click
	- RFL Twitter post	736 impressions; 21 engagements, 4 link clicks
	- RFL Twitter post	736 impressions; 21 engagements, 4 link clicks
	- NCL ICB Twitter	346 impressions, 10 engagements, 2 link clicks
	- NCL ICS Twitter	109 impressions, 1 engagements, 0 link clicks
	- NCL ICB Barnet Twitter	75 impressions, 2 engagements, 0 link clicks
	- NCL ICB Camden Twitter	103 impressions, 6 engagements, 1 link clicks
	- NCL ICB Enfield Twitter	58 impressions, 2 engagements, 0 link clicks
	- NCL ICB Haringey Twitter	44 impressions, 0 engagements, 0 link clicks
	- NCL ICB Islington Twitter	87 impressions, 1 engagements, 0 link clicks
Posts	- RFL Facebook post	Reach: 231, Likes: 2
	- RFL Instagram post	Reach: 395, Likes: 3
	- RFL Facebook post	Reach: 995, Shares: 1
	- RFL Instagram post	Reach: 723, Likes 12