Parents also reported a significant positive effect on children's school functioning (p<0.001) specifically attention in class and ability to keep up at school (p<0.01), and a significant positive effect on children’s speech (p<0.05).

98% of parents reported that Zone West had a ‘positive’ or ‘very positive’ effect on their child’s overall wellbeing, whilst 70% reported Zone West had had a ‘positive’ or ‘very positive’ effect on their family. 97% of children reported they ‘enjoyed’ or ‘enjoyed a lot’ being part Zone West.

Conclusion We have demonstrated on a small scale that social prescribing using a link worker model can significantly improve social emotional mental health and wellbeing, quality of life and language and communication in primary school children who are at-risk of poor long-term health, educational and social outcomes. The intervention was universally well received. We are now looking to expand our cohort in number and location and evaluate further.

BOTH SIDES OF THE STORY: COMBINING DATA AND LIVED EXPERIENCE TO HIGHLIGHT HEALTH RISKS AND INSPIRE ACTION

Vicky Sleap, Sylvia Stoianova, James Harle. National Child Mortality Database, University of Bristol

Aims To demonstrate that storytelling and lived experience enhance and complement data-driven insights, leading to stronger dissemination, engagement and positive change.

Methods We use case studies from the work of the National Child Mortality Database (NCMD), a world-first database capturing every child death in England, to highlight how researchers, clinicians, charities and patients can work together to set lived experience alongside data. This presentation will showcase how NCMD has worked with charity partners to utilise the power of storytelling to illustrate connections between data and the real-world impact of challenges facing children, young people and their families in England.

This approach focuses on 4 core principles to support individuals to tell their story

- Collaboration
- Flexibility
- Respect and consideration
- Closing the loop

Results Our presentation will demonstrate, using real-life examples, that bereaved families and young people can effectively share their lived experience as part of in-depth data-driven reporting on particular health issues. What is more, our experiences show that including lived experience in our reports ensures that data-driven insights are contextualised in a way that is true to the families and patients affected by the issues we are reporting on. Finally, we will show that the approaches we’ve used ensure that the data we present is representative and inclusive of the lives that it reflects.

Conclusion Stories represent an opportunity to learn from another person’s experience. They can illustrate improvements or problems in a care pathway. Reporting on statistics and data is important in monitoring and understanding services and facilitating improvement; telling the stories from the lived experiences alongside that has the power to motivate and change minds.
However, a key theme from the questionnaire was the lack of parental confidence in remote (particularly phone) consultations; parents were more likely to still seek a face-to-face assessment in PED if they felt they couldn’t communicate their child’s signs and symptoms over the phone.

Abstract 781 Figure 1

As local networks embrace a more remote model of working to deliver some urgent and emergency care it is necessary to identify the cohorts of patients who may still attend PED, and plan how better to provide clinical reviews for them in the community.

Abstract 781 Figure 2

As local networks embrace a more remote model of working to deliver some urgent and emergency care it is necessary to identify the cohorts of patients who may still attend PED, and plan how better to provide clinical reviews for them in the community.

COMMUNITY BASED INTEGRATED SERVICES FOR CHILDREN: A STRATEGIC VISION

Rachel Owen, Melanie Collins, Lynn Fanning, Prabhu Rajendran. Cambridge Community Services NHS Trust

Aims In 2008/9 Luton was identified to have a high rate of non-elective admissions into hospital. Within Luton 22% of the population is aged less than 15 years of age, significantly comparative to 18% both regionally and nationally.¹ The need for an urgent care model based around children’s acute healthcare needs was identified.

The Children’s Rapid Response team was created in 2013 as a sustainable model of integrated working between acute and community services. It’s hoped to bridge the gap between acute admission and management at home for acute childhood illnesses.

Since inception to present day, the service has continued to develop. In 2018 the service transformed into a nurse practitioner led clinic based model receiving direct bookings from NHS 111. Providing alternative treatment options for children who may otherwise have been dispatched an ambulance by NHS 111 or directed into ED. Referrals into the service can be of any acute undifferential diagnosis. Rapid Response aims to avert hospital admissions and facilitate early discharge from hospital for children with acute illnesses where safe. Following assessment by the Rapid Response team, patients who are unsuitable for management at home, can be referred into hospital directly to the paediatric registrar, avoiding an ED admission.

Methods Patient feedback surveys were completed; gaining information about their experience within the service, from this quantitative and qualitative data was able to be collated.

Data was also collated from Rapid Response referral pathways, examining the number of children requiring referral into hospital.

Results Data analysing the referrals into and out of the rapid response service reports a high level of hospital avoidance activity. Between April 2021 – December 2021 the total number of referrals into the service was 3,852, with 80% of these referrals coming directly from NHS 111. Only 8% of these children were referred into hospital. Without the option of the Rapid Response service a large majority of the children may have previously been inappropriately directed into ED. Furthermore the children who were referred into hospital are referred directly to PAU, thus continuing to contribute to reduced ED admissions.

Patient feedback also reports a strong correlation between the children’s Rapid Response service and a reduction in the use of ED (see figure 1). Positive qualitative data (figure 2) demonstrates the need for this service to continue to provide responsive, accessible and effective care to acutely unwell children in the community.

Abstract 751 Figure 1