Making prevention a priority for neighbourhood teams – putting evidence into practice

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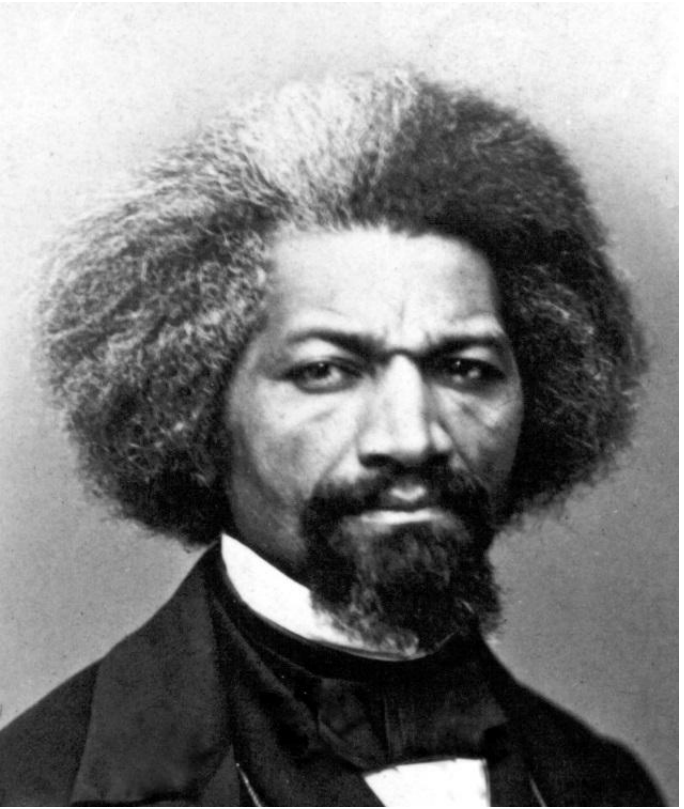
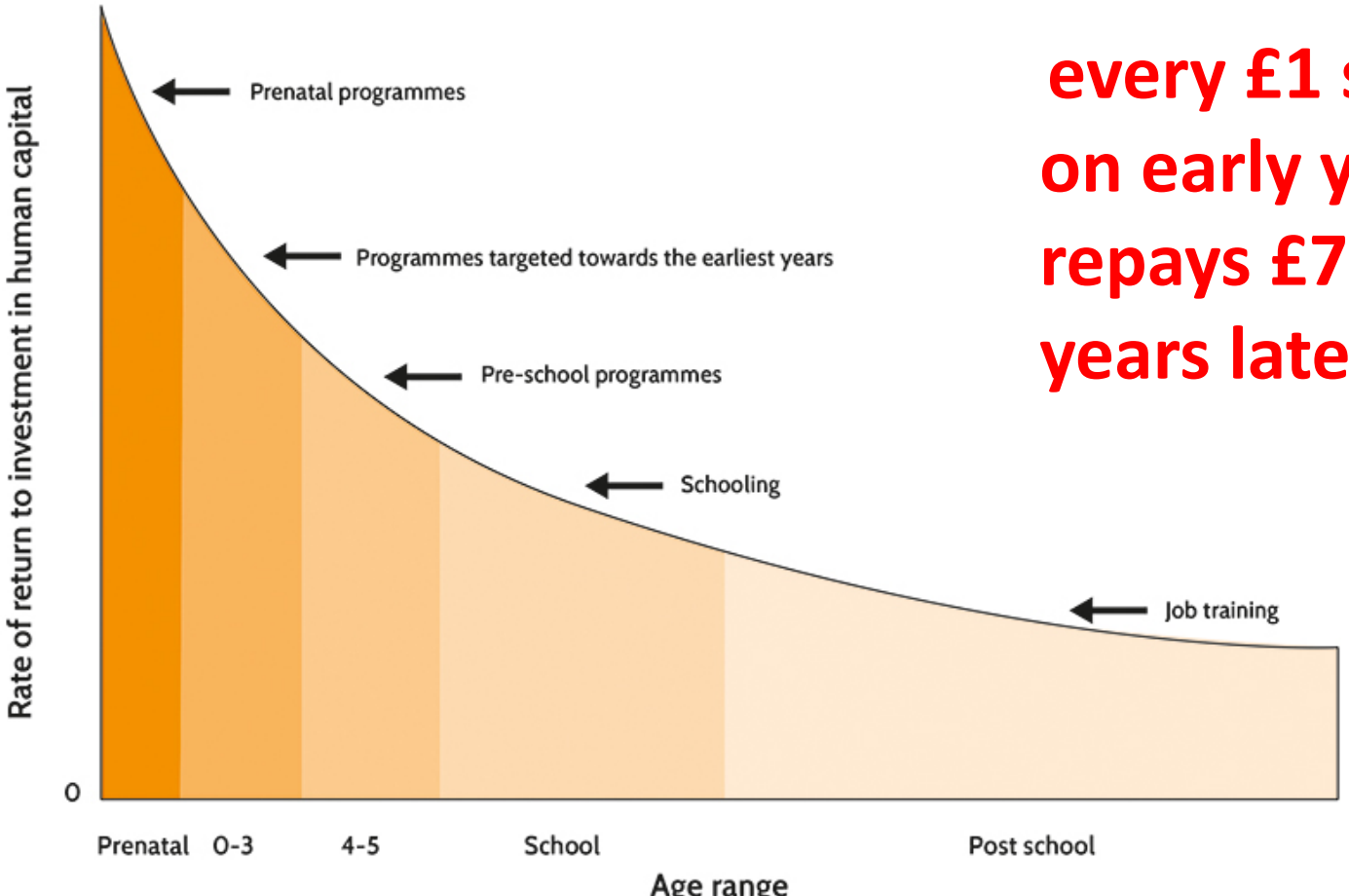


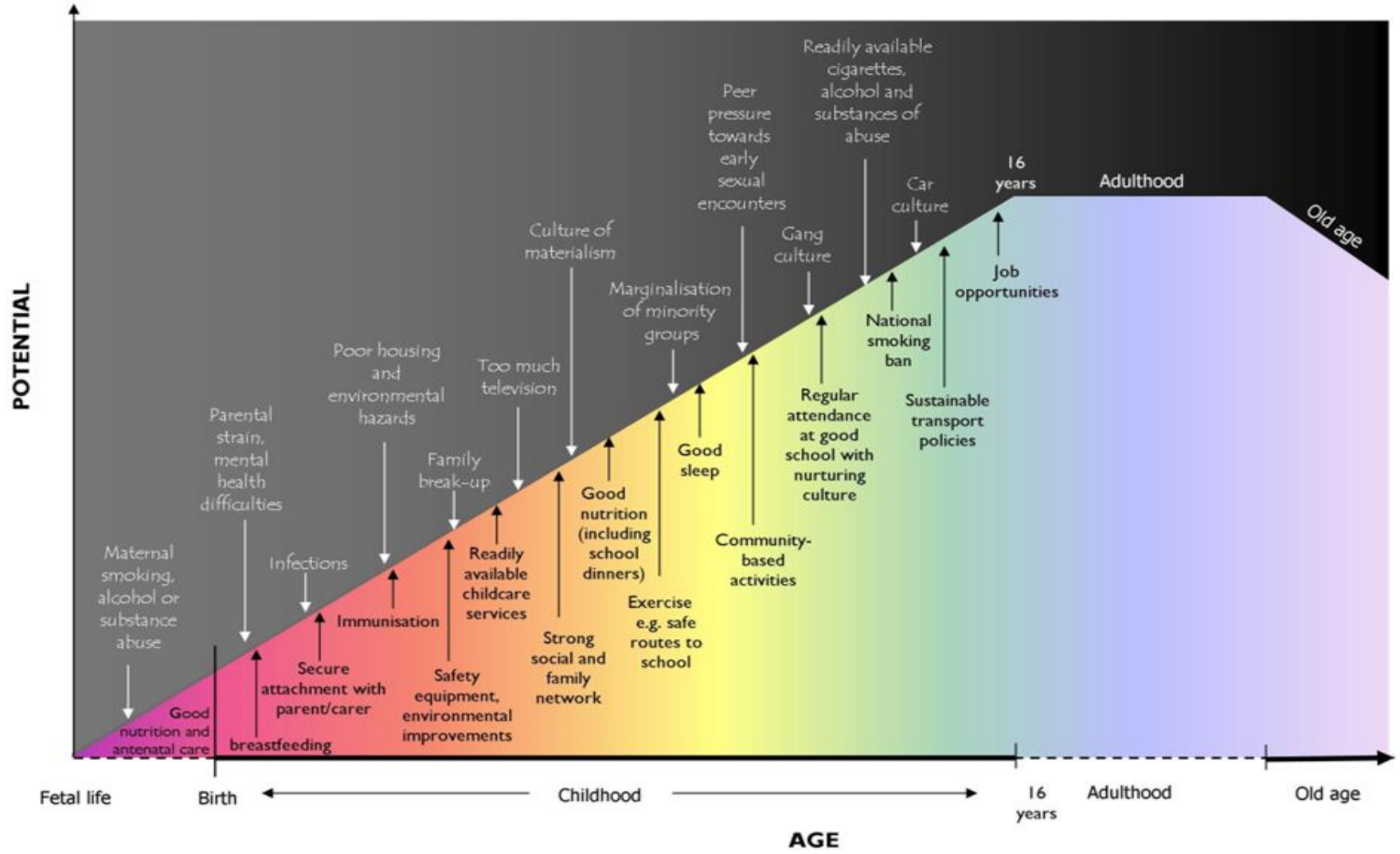
“It is easier to build strong children than repair broken men”

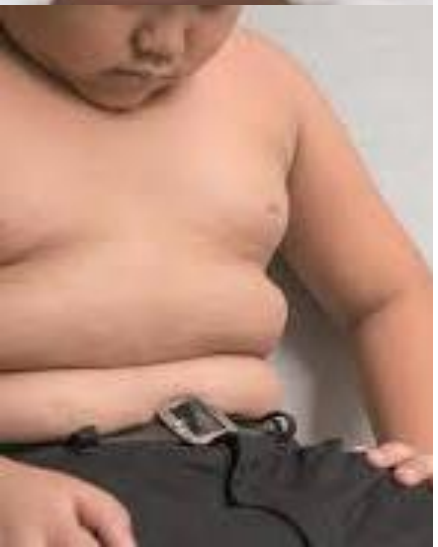
Frederick Douglass 1818-95
US Social reformer and born a slave

The Heckman curve: investment in the early childhood years brings returns in terms of human capital



every £1 spent on early years repays £7 eight years later.


POTENTIAL
Maternal smoking, alcohol or substance abuse
Parental strain, mental health difficulties
Infections
Poor housing and environmental hazards
Family break-up
Too much television
Culture of materialism
Marginalisation of minority groups
Peer pressure towards early sexual encounters
Gang culture
Readily available cigarettes, alcohol and substances of abuse
Car culture
16 years
Adulthood
Old age
Job opportunities
National smoking ban
Sustainable transport policies
Regular attendance at good school with nurturing culture
Community-based activities
Good sleep
Exercise e.g. safe routes to school
Good nutrition (including school dinners)
Strong social and family network
Readily available childcare services
Safety equipment, environmental improvements
Immunisation
Secure attachment with parent/carer
breastfeeding
Good nutrition and antenatal care
Fetal life
Birth
Childhood
16 years
Adulthood
Old age
AGE



Early Years Public health priorities in NW London

- **Oral health**
- **Immunisation uptake**
- **Child development – early identification and support and developmental promotion**
- **Healthy nutrition and reduction in obesity and diabetes**
- **Perinatal health (mental and physical)**

Why focus on the early years?

The case for early intervention

59%

of infant urgent & emergency attendances in NWL are lowest-acuity — no investigation or treatment needed

£1.8m

annual cost of those low-acuity attendances — driven by low parental confidence, health literacy and access issues

Under-5s

are the highest-attending age group for urgent and emergency care, yet under-represented in existing hub models

What the evidence says

- Sure Start evidence: hospitalisations fell significantly in childhood and adolescence, with the strongest impact in the 30% most deprived areas — reduced admissions offset ~20% of programme cost.
- Systematic reviews show early childhood interventions deliver lasting gains in cognition, language, socio-emotional health, education and employment.
- Complex local interventions typically need 3–4 years to mature, and 5–10 years to demonstrate return on investment.

Background and context

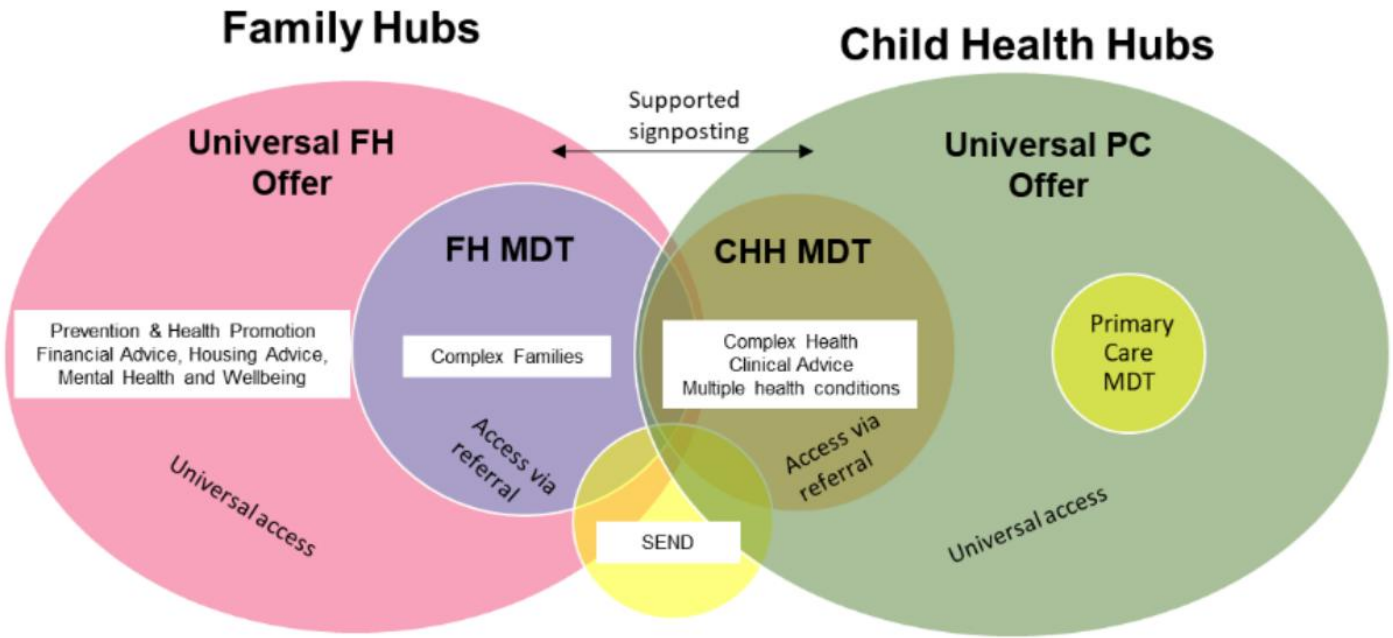
GP Child Health Hubs (CHHs) — Based on the Connecting Care for Children (CC4C) model — established in NWL for over a decade, evaluated as cost-effective, and now part of NHS England guidance on neighbourhood MDTs for children and young people (Jan 2025).

The Early Years Pilots — NHSE funded a 2-year project (April 2023 – March 2025) in Harrow, Brent and Ealing — boroughs chosen for their mature CHHs and strong local authority partnerships.

The vision — Build a “hyper-local preventive care team” (HLPCT) around the most vulnerable families: connecting CHHs to family hubs, children's centres and voluntary, community and faith organisations as an integrated neighbourhood team.

Independent evaluation — Mixed-methods evaluation by Imperial College London
Early Years Toolkit to help other Primary Care Networks replicate the model.

Integrated neighbourhood teams



Child Development Service

Socio-Economic ← "Triage" → Medical

Garg, P, et al. A Realist Synthesis of Literature Informing Programme Theories for Well Child Care in Primary Health Systems of Developed Economies. *International Journal of Integrated Care*, 2019; 19(3): 5, 1–15. DOI: https://doi.org/10.5334/ijic.4177

Best practice in well child care

RESEARCH AND THEORY

A Realist Synthesis of Literature Informing Programme Theories for Well Child Care in Primary Health Systems of Developed Economies

Pankaj Garg[*,†,‡,§,‖], John Eastwood[§,‖,¶,**,††,‡‡] and Siaw-Teng Liaw[§,‡‡]

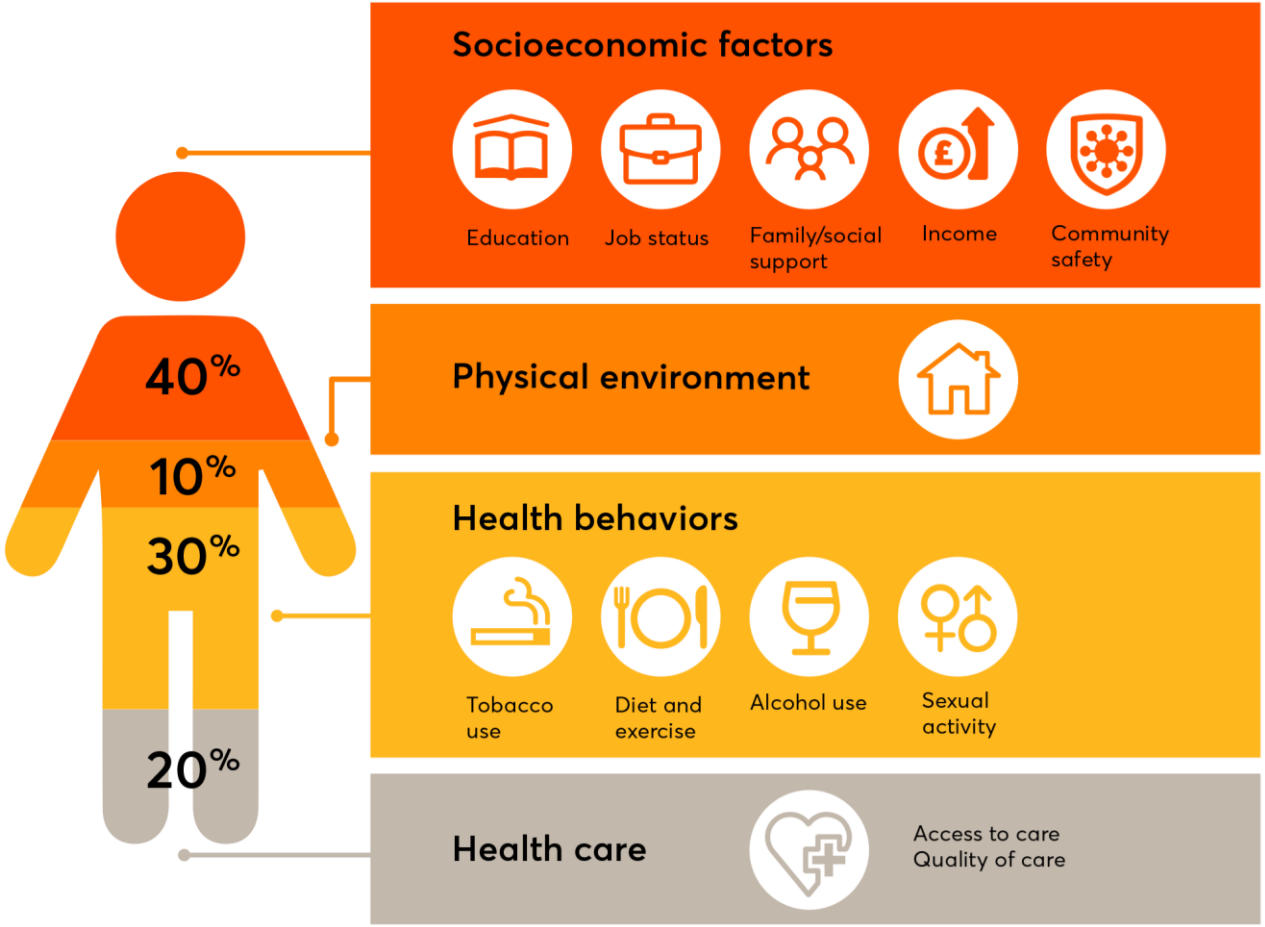
1. Family-centred care

2. Promoting health literacy

3. Enrolment of pre-schoolers in quality education programs

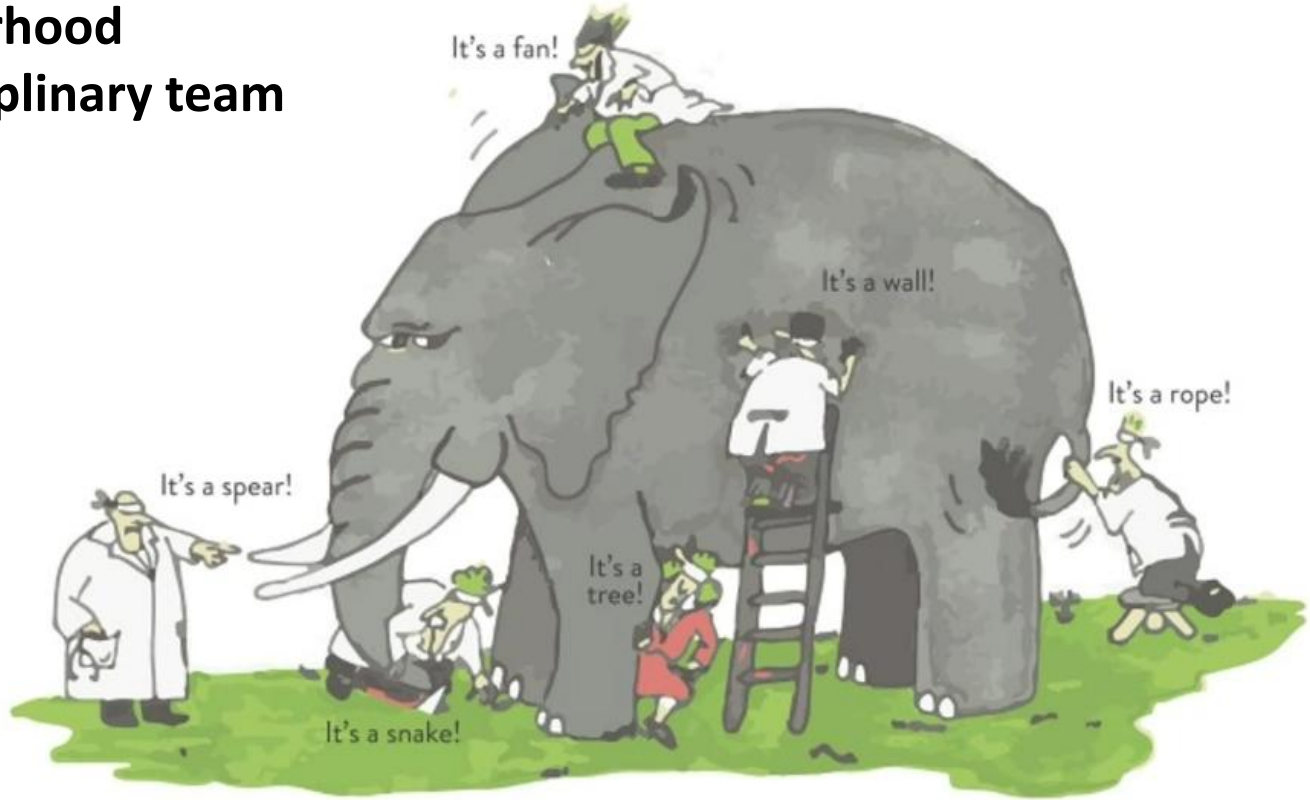
4. Reduction of access barriers through innovative technological approaches

5. Enhancing intersectoral coordination, continuity of care and supporting primary health providers



- Source: Social Determinants of Health –
- University Wisconsin Population Health Institute

The value of the neighbourhood multidisciplinary team



Five common core components of neighbourhood integrated care

- **Proactive identification**: Proactive case finding through population health risk stratification and community link worker support
- **Shared clinical delivery**: Joint clinical care in community settings
- **Holistic planning**: Multidisciplinary team case discussion for holistic care planning
- **Ongoing learning**: Continuous professional knowledge sharing
- **Co-production**: Active engagement of families and communities in co-production of services

Case-finding & population health management

What the routine public health data revealed

Harrow	**870 children aged 0–4 in the target postcodes; 10–20% missing Healthy Child Programme reviews; 73% MMR immunization, high levels of speech and language delay, 14.3% repeat ED attenders (4+ visits/yr)**
Brent	**Of 2,319 under-5s in Willesden, 9% have suspected asthma with no diagnosis; 25% of young children live with a smoker — concentrated in the most deprived deciles.**
Ealing	**Only 68% of 2–2½ year olds at expected level across all five development domains — below the England average, with communication skills a particular gap.**

The gap: WSIC dashboards flagged 4,876 frequent ED attenders and 1,954 under-5s with no care plan — yet fewer than 25 users across the whole ICB use these dashboards regularly. Reactive demand crowds out proactive care.

Three boroughs, three tailored models

Optivita

Harrow

First 1,000 days: perinatal & postnatal care, health promotion in the most deprived postcodes; response to high infant mortality, esp. the local Somali community.

Aims: Better access to care, higher uptake of reviews & immunisations, improved case-finding, stronger parental confidence.

Create

Brent

Under-5s' respiratory health: household smoking & indoor pollution, undiagnosed preschool asthma

Aims: Reduce household smoking, confirm asthma diagnoses

StartWell

Ealing

Emotional & behavioural health and developmental delay: systematic screening of social factors at the GP 6–8-week infant review

Aims: Improve parent confidence; fewer children reaching school with unidentified emotional / behavioural issues.

Six Core Interventions

1. **Hyperlocal preventive care team monthly MDTs**
2. **Aligned community initiated projects** (supported by innovation grants)
3. **Community Connector Home Visits**
4. **Specialist Community clinics** (postnatal PMH group consultation, preschool respiratory clinic, extended 6-8 week GP review clinic)
5. **Community outreach events** (Health and Wellbeing fairs)
6. **Professional education sessions**

How the pilots were evaluated

Mixed-methods evaluation using a logic model (Donabedian structure–process–outcome format)

Quantitative data collected on engagement and changes in health status

Qualitative data from case studies , parent reports and professional perceptions

Open access Original research

BMJ Paediatrics Open

Addressing equity through integration of child health services in North West London disadvantaged neighbourhoods: a mixed-methods evaluation

Bina Ram ,[1,2] Kajl Ahmad,[2] Dougal Hargreaves,[2] Mitch Blair[1]

BMJ Paediatrics Open
2026;**10**:e004079. doi:10.1136/bmjpo-2025-004079

Community connectors: the glue in the system

Community health & wellbeing workers, family link workers, social prescribers and champions — trusted local people, often from similar backgrounds to the families they serve — extend primary care's **“listening” capability**.

- **Signpost, refer, set goals and give practical help with language, debt, housing, isolation and health literacy**
- **Bring cases to GP supervision and MDTs much earlier — averting crises and easing pressure on overwhelmed statutory services**
- **Home visits reveal needs a 10-minute GP consultation never could**

Success factor: GP clinical supervision is essential and must be funded in GP contracts.

“No one thinks I can do this”

An Ealing mother with schizophrenia, anxious and housebound with her 8-month-old. Her family link worker built trust over months: home visits, park walks, safety equipment via partners, alerts to the GP when her mental health declined.

Outcome: baby cruising, gaining weight, babbling more; mother out of the house, joining groups, growing in confidence.

Co-production and Innovation grants

£7–25k
grant size, awarded via local voluntary-sector umbrella bodies

300+
families engaged by grant-funded projects to date

6+
funded projects in Harrow alone

2,300
families reached across all pilot services

Examples of funded projects

- ESOL & digital health skills for isolated families
- Baby Buddy app integration across Harrow maternity pathways
- Wealdstone Baby Bank workshops & professional drop-ins
- Culturally tailored health videos for Somali & Arab communities (HASVO)
- “Dad Matters” support in the first 1,001 days (Home-Start)
- GLOW Up! fitness café for mums aged 13–25 (Ignite Youth)

Learning

Tender windows too short; grants sometimes too small to cover real costs; encourage partnership bids rather than competition; involve the voluntary sector earlier in planning.

Community Engagement – Health and Wellbeing Fairs

Health & Wellbeing fairs: big value, small cost

250+

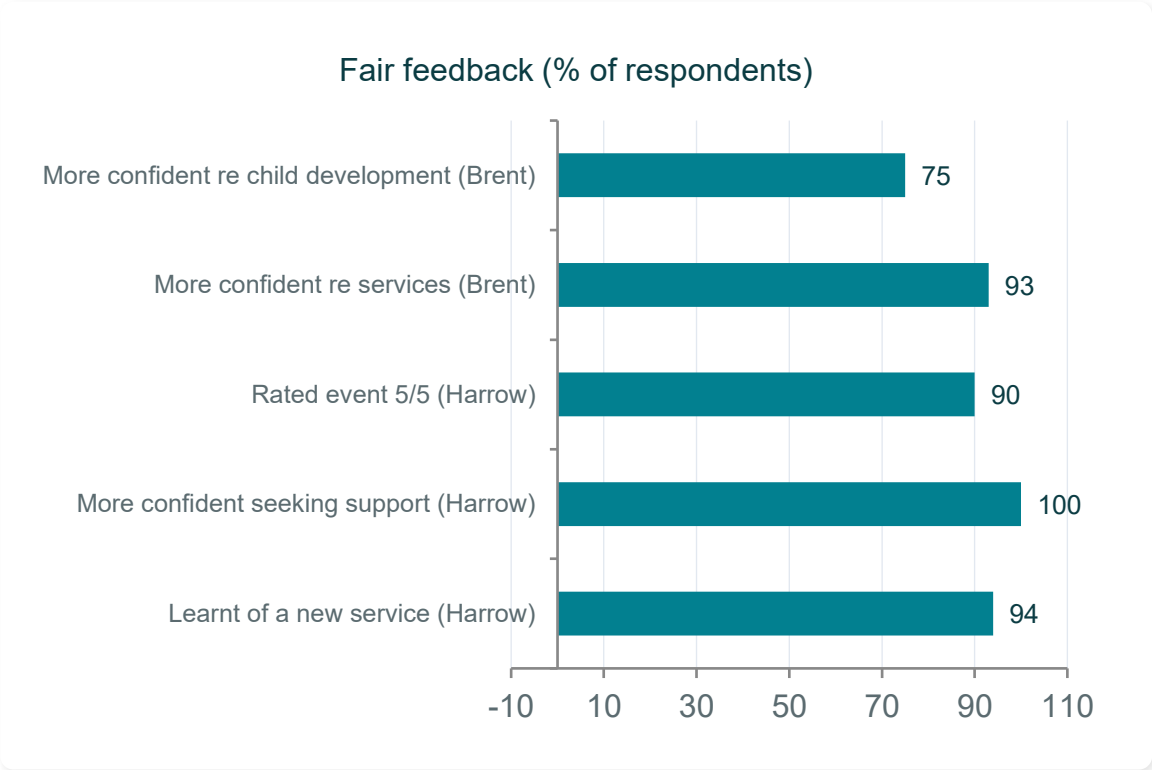
attendees at the Harrow fair (Feb 2024); 110 at Brent (June 2024)

£15.60

estimated cost per attendee, incl. venue, crèche and vouchers

30+

professional & voluntary organisations hosting stalls



Integrated neighbourhood teams & workforce learning

Learning together — “Munch & Learn” breakfast events at children's centres; IHV learning-needs assessment survey across all three sites — plenty of training exists but little time or curation.

MDTs evolve with trust — Discussions deepen from simple clinical queries to wider determinants of health; professionals report a more “joyful” way of working.

Pharmacy First— 35+ pharmacists trained to support parents and divert low-acuity cases from ED — but rollout stalled by internal reorganisation.

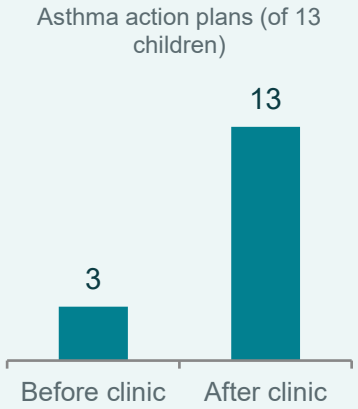
Proof it works: Harrow speech & language model

- Referrals: 98 → 45 per month (2021–23)
- Caseload: 683 → 523
- Waits over 18 weeks: 305 → 127
- Waits over 50 weeks: 58 → 0
- 93% of children given targeted support in children's centres needed no onward referral

120+ early years staff trained; NHS Innovators award winner

Specialist clinics: GPs + specialists together

Brent: preschool respiratory clinic



- **100% inhaler technique reviewed**
- **54% had medication changed**
- **All followed-up improved by 2nd visit**
- **Holistic: allergy testing, mould, smoking cessation, home visits**

Scalable, high cost-benefit model for the several thousand under-5s attending ED repeatedly with wheeze but no diagnosis.

Harrow: perinatal mental health group consultations

Postnatal drop-in groups (38 parents to date) for women with mild–moderate mental health needs, especially ethnically minoritised groups; linked referrals to talking therapies, trauma & loss services and peer support.

Ealing: GP early years enhanced review

Systematic screening at the 6–8-week check; 27 under-5s seen so far. Family link workers trained by paediatric therapists to spot atypical development and coach parents.

What professionals and parents say

Professionals (n=27)

- All agreed services build parents' support and confidence
- Most valued: learning & knowledge exchange across disciplines; the “joy of work”
- 76% said full delivery took (or will take) more than 5 months
- Barriers: GDPR/data access, funding, time; half don't attend an MDT — often simply never invited

Parents & case studies

“They understood my pain… when you're talking about your story and they listen, that's what people need.”

- All parent feedback received was positive
- 21 case studies: loneliness, language barriers, mental health, housing, finances — usually several at once
- Outcomes: less loneliness & anxiety, more confidence, referrals to 20+ agencies

Five main findings

1. It takes time to co-design services and meaningfully engage communities — all three sites operational at two years, ~2,300 families reached; Harrow the most mature.

2. Community connectors are key — extending primary care's listening capability, surfacing complex needs earlier and averting crises.

3. Specialists and GPs together raise the quality of clinical decision-making — and make work more joyful and relational.

4. GPs are steadily discovering family hubs and the voluntary sector as neighbourhood resources — integration is still at an early stage.

5. Translating national ambitions into practice needs better planning — a strong, stable central team for data, governance, finance and communications.

Challenges and lessons learned

Everything takes longer than planned

Recruitment, induction and operational policies: 3–6 months. Information governance approvals: 6+ months. Build these into project timelines from day one.

Rich data, little capacity to use it

Dashboards exist but are underused; reactive demand and missing incentives crowd out proactive, preventive case-finding.

Organisational churn hurts

Three project managers and two programme leads in two years; ICB restructuring and a change of government created uncertainty and delays.

Two years is not enough

Complex interventions need 3–4 years to mature and 5–10 to show return on investment — judge and fund accordingly.

The Early Years Toolkit & what happens next

Toolkit for scale & spread

A free, interactive improvement toolkit so any PCN in NWL (or beyond) can set up, run and measure an early years GP Child Health Hub — with case studies, pathways and governance guidance.

Next steps with support from public health colleagues

- Continue follow-up of families to demonstrate full impact over time
- Sustain funding beyond the pilot so models can mature and transform “business as usual”
- Scale the Brent asthma clinic model across the ICS
- Progress the proposed 1,000-day interagency data dashboard
- Standardise outcome tools (SDH-Q, MYCaW) for longitudinal cohort tracking

Conclusion

The pilot successfully established hyper-local preventive care teams in three boroughs — proof that mature GP hubs, family hubs and an engaged voluntary sector can wrap support around the most vulnerable families.

- Community connectors are the essential glue in the system
- Early quantitative and qualitative signals point in the right direction
- Relationships and trust take time — and cannot be overstated
- Sustained funding and stable teams are the price of full impact

“Together, we can ALL make a difference as an ‘abundant community’.”

— Professor Mitch Blair, Principal Clinical Lead

Editorial

Integrating neighbourhood care for children

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Integrated early years care and government policy to address child health inequalities: lessons from the UK and international contexts

Mitch Blair

programme linking nutrition, health and early education through community workers has shown reductions in malnutrition and increased preschool enrolment, though quality and reach vary.[10]

- Care Groups (multiple low- and middle-income countries): volunteer-based maternal and child health promotion groups have improved breastfeeding,