Collaborating With Children and Young People: A New Model for Co-Production

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Aims. Childhood and adolescence is a time in which the patterns and foundations for future health are laid. The World Health Organisation advocate for providing opportunities for children and young people (CYP) to meaningfully participate in the design and delivery of services. Co-production, in which professionals and citizens collaborate together in an equal partnership, is recommended as an approach to achieve this and is linked to better community relations. Few co-production models exist that are specific to CYP and address the relevant practical and ethical challenges. We propose a new framework which can be used by organisations wishing to engage in meaningful collaboration with CYP.

To create a model for co-production with consideration of the specific needs of CYP.

Methods. The following methodology was used:

i) Identification of common themes from ten existing co-production frameworks
ii) Detailed analysis of three co-production frameworks with reference to CYP
iii) Identification of key issues from critique of the literature

Results. The key themes incorporated into the model using the above methodology were as follows: Purpose, Assets, Capabilities, Reciprocity, Networks and Relationships, Power, Catalysts, Diversity and Inclusion and Safety and Protection. This co-production framework can be used by organisations that wish to meaningfully collaborate with CYP and assess the depth of co-production of their initiatives.

Conclusion. The new model takes into account the socio-cultural challenges that must be considered when co-producing with CYP including power relations, safety and diversity and inclusion. We advocate for the model being tested, validated and further developed ideally with the collaboration of CYP.

End of Life Care on a Neuropsychiatric Inpatient Ward for Patients with Huntington's Disease: An Overview of Issues and a Project to Optimise Care

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Aims. Mill Lodge is a 14-bed inpatient neuropsychiatric ward in Leicestershire, UK. The service primarily functions for patients with Huntington's Disease (HD), a disorder that significantly reduces life expectancy. End of Life (EoL) care is necessitated in the inpatient setting. This project therefore aims to optimise EoL care in our specialist HD unit. Specific objectives are to: establish the levels of staff confidence in dealing with EoL care; identify specific areas of EoL care that staff felt could be improved; and to introduce a series of initiatives to optimise EoL care for our patients using a QI framework.

Methods. We commenced involvement with the local QI team to develop the project. The first stage of intervention included the planning and delivery of a stakeholder event on EoL care specific to HD with the assistance of regional palliative care colleagues.

As well as our inpatient nursing and medical staff and the palliative care teams, local GPs, district nursing colleagues, speech and language therapists and psychologists attended. The session comprised an educational overview for all colleagues of HD itself and palliation was discussed at length.

The meeting also comprised an open forum where we were able to identify barriers and facilitators to optimal care from all aspects of the assembled MDT.

Results. To date our interactions have revealed that staff confidence in dealing with the different aspects of EoL care was low. This included issues with care-planning; medications; communication with patients and staff; and when to refer for specialist help.

Other processes identified as difficult included paperwork that was not consistent across teams; district nursing colleagues having to liaise with multiple medical team members to ensure continuity of care; and the doses of EoL medications required in this patient group to mitigate involuntary movements that were previously controlled with multiple high-dose oral medications.

Conclusion. Staff without specialist knowledge require support. The efforts made to improve collaboration with external colleagues broke down barriers that were preventing optimal care and allowed all parties to express their opinions and feelings. This allowed us to transparently appraise our current processes and provide guidance on this difficult area.

The journey of optimisation continues, with further practical educational interventions planned, such as syringe-driver training, and efforts to improve shared documentation and enhanced communication and collaborative working between different disciplines.

Optimal, collaborative EoL care from a confident staff-group is possible and a most important part of care for this unique patient group.

Is Attachment Theory the Answer to a Complex Healthcare System?

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Aims. This article proposes the need for a theoretical framework that can be applied to underpin the varied idiosyncratic mental health systems.

Methods. Bowlby's Attachment Theory defines a set of values that are required for a developing child to acquire a stable base which allow for healthy psychological development into adulthood. These values and behaviours may serve as a caring and holistic framework for people using mental health services.

Results. The outcomes in mental health remain unsatisfactory and services are overall fragmented and increasingly specialised. Ongoing recognition of the inter-related relationship between a person's immediate and social environment and their mental health are frequently overlooked as services become ever stretched in terms of finances, capacity and limited resources including support for staff. The emphasis of treatment is on illness instead of the multifactorial humanity of the individuals using the services. A key outcome of mental health provision is recovery but instead, recovery is compromised by a reductive approach to care that may paradoxically compromise rights, autonomy, confidence and self-belief when people are at their most vulnerable. This creates