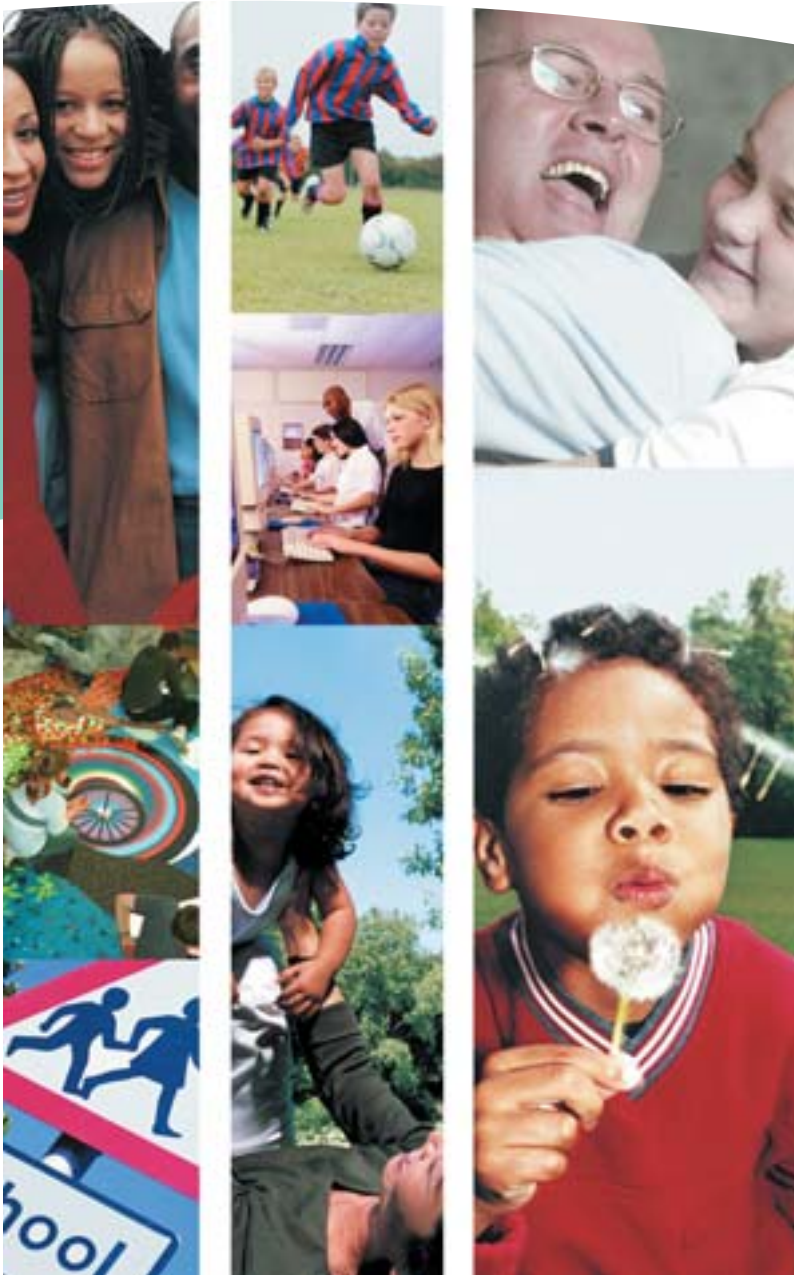


department for

education and skills



*National Service Framework for Children,
Young People and Maternity Services*

Supporting Local Delivery

Every Child Matters:
Change for Children
in Health Services



Policy	Estates
HR/Workforce	Performance
Management	IM & T
Planning	Finance
Clinical	Partnership Working

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Description	This document sets out the national support that will be provided to local agencies to assist them in implementing the National Service Framework for Children, Young People and Maternity Services and places it in the context of the wider Every Child Matters: Change for Children programme
Cross ref	National Service Framework for Children, Young People and Maternity Services
Superseded docs	
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For recipient's use	

- > more children's centres to enhance the health and well-being of children;
- > an increased number of extended schools, to help make the school a force for health in every community;
- > encouraging healthy eating and restricting the promotion and marketing of food high in fat, sugar and salt to children;
- > providing more opportunities for sport and physical activity;
- > new support and information to young people on sexual health;
- > preventing the sale of alcohol to children;
- > preventing the sale of cigarettes to children; and
- > the development of personal health plans for all children.

The NHS delivery context

- 1.8 Along with work focused specifically on children, two recent documents have set out the Government's plans for continued improvement of the NHS in the next five years, and the planning framework for delivering those improvements. Children's health services will be delivered as part of this improvement agenda.
- 1.9 The NHS Improvement Plan ³, set out the Government's vision of high-quality, personalised care for all. This will be delivered by
- > Investment, new capacity and diversity of provision
 - > Getting information to work for patients
 - > Aligning incentives with patients and professionals
 - > Supporting people with long-term conditions
 - > A more flexible workforce
 - > Empowering local communities by devolving power to the frontline and increasing NHS accountability to local communities.
- 1.10 National Standards, Local Action ¹, the Health and Social Care Standards and developmental standards for local organisations. It emphasised the importance of addressing the needs of children as well as the adult population, and of working in partnership locally. It also stated that National Service Frameworks should be considered as 'developmental standards'.
- 1.11 The Secretary of State for Health also launched *Making Partnership Work for Patients, Carers and Service Users* ⁴, a proposed strategic agreement between the Department of Health, NHS and the Voluntary and Community Sector (VCS). This reflects a joint commitment to strengthen partnerships between the statutory and voluntary sectors in health and social care to improve the quality and range of service planning and delivery.

Case study

Children and Young People's Health Services Commissioning

Professor Kennedy recommended in his report on Bristol Royal Infirmary that there should be one individual with designated responsibility for children's services. This is an effective operating model within one organisation which provides dedicated support for commissioning of children's services for four levels and types of commissioning activity:

- > A board level post with lead responsibility for children's services
- > A non-executive member with specific responsibility for children's services
- > A professional lead for children's services
- > A facilitative officer (Project Manager) with specific responsibility for children's services

2.21 PCTs are required to ensure that additional services are provided to their population. These services include child health surveillance for all children under the age of 5 (including regular monitoring of children's health and development), childhood vaccinations and immunisations, and all necessary maternity medical services to pregnant women. PCTs can also commission enhanced services from any potential provider to expand the range of primary care services or to deliver essential or additional services to a higher standard.

2.22 Through the Quality and Outcomes Framework (QOF), participating practices are eligible to be rewarded for the quality of care provided to patients. The QOF includes payments for child health surveillance and maternity services.

2.23 Changes in commissioning in the NHS, including practice-based commissioning and payment by results, will also impact on the way in which services for children and pregnant women are commissioned.

2.24 Helpful information to support PCTs and Local Authorities in their role as commissioners is available on the National Primary and Care Trust Development Programme (NatPaCT) website www.natpact.nhs.uk.

plays a key role in providing services for children and some of the issues outlined below may have implications for the voluntary sector workforce.

Case study

Leeds Inter-agency Project

By training all the midwives in Leeds, the Inter-agency Project has produced a focused and equitable impact on women experiencing domestic violence during pregnancy and early motherhood. In addition, the Project has improved networking between Primary Care, Trusts, General Practice and Social Services, and helped all agencies providing services to women and their children to develop good practice in relation to domestic violence. (The Inter-agency Project team comprises a Manager, a Health and Social Care Co-ordinator and two Project Workers).

3.12 The DH publication *Delivering the NHS Improvement Plan: The Workforce Contribution* (November 2004) sets out to encourage an inclusive approach to planning and highlights the strategic workforce issues that support Local Delivery Planning (LDP).¹⁸

3.13 The areas for action in relation to workforce are:

- > **Workforce Capacity** – staffing shortages, recruitment and retention;
- > **Workforce Modernisation** – new roles, amended roles and new ways of working;
- > **Skills Development** – competences, education and training, continuing professional development (CPD) and Leadership.

Case study

Educational Health Workers

Educational Health Workers have been introduced at the New Cross Special School, Salford, to increase the capacity of nursing, therapy and teaching staff caring for children 11 – 18 years old with profound and multiple learning difficulties. The Educational Health Workers deliver therapy programmes according to protocols set out by the Therapy staff, and also provide nursing support, and support the education needs of the children. The Educational Health Workers have improved communications between the children and with staff so staff are better able to understand the children's needs, improved their access to education and in some instances, speeded up children's return to school after acute episodes by providing support in the home.

See www.info.dh.gov.uk/children/nsfcasestudies.nsf

- > A DH national programme of pilot projects is testing many of the solutions that are being proposed to implement the European WTD for doctors in training. These include pilots testing new ways of working in anaesthesia and pilots looking at maternity and paediatrics.
- > DH will promote NHS National Workforce Planning toolkits to help service providers determine their staff and training needs ²⁰.
- > DH/DfES will develop a means of mapping supply and demand of workforce for children's and maternity services.
- > DH/DfES will seek stakeholder consensus on the priorities for workforce expansion by a mixture of more staff and new ways of working ²¹.
- > The government will fund every PCT to have at least one, full-time, year round, qualified school nurse working with each cluster or group of primary schools and the related secondary school.

Workforce Modernisation

- 3.17** The continuing need to modernise the workforce and look at role redesign is highlighted within the NSF, to help address staffing constraints and to enable the service to respond flexibly to rapidly changing demands and support initiatives such as the European Working Time Directive and *Agenda for Change*. A range of new and changed roles will be developed during the lifetime of the NSF, with staff working in new ways across agencies and within multi-disciplinary teams.
- 3.18** Professional self-regulation is an essential element in the delivery of high quality patient services. Regulation is one means of securing the delivery of high standards of patient care. New ways of working for health professionals will be supported by systems of regulation to ensure the highest quality patient care.

- > DH will disseminate the findings of the SHA's projects on implementation of the NSF in 2005.
- > DH will commission a leadership programme for paediatricians and children's nurses that will link into the wider leadership programmes led by DFES and DH. (See paragraph 3.23)
- > DH is funding the North Central London Partnership to design care management pathways of care for children and young people with asthma, diabetes and epilepsy across primary, secondary and tertiary care (to be published on the NSF website).
- > The Emergency Services Collaborative will develop a checklist for unscheduled care for children and young people.
- > DH will assess the need for the development of a toolkit for improving access to, and reducing waiting times, for therapy services.
- > DH/DfES will establish an accelerated development programme to develop the support worker role in school nursing by late-2005.
- > DH will establish an accelerated development programme for maternity support workers to provide parenting and public health support to vulnerable families and improve continuity of care between antenatal and early infancy services by late 2005.

Managed Children and Maternity Networks

- 3.27** Examples of the innovative approaches taken in some areas to achieve compliance with the European Working Times Directive include new working patterns, the introduction of new roles and service redesign. However, the difficulties associated with achieving compliance in these particular specialties have meant that some trusts have adopted solutions in the run-up to August 2004 when the Directive came into force, which need to be developed further if they are to be sustainable in the longer term.
- 3.28** Central funding (*see 3.29 below*) has been made available by DH to support the development of children's and maternity services managed care networks. These will be developed and managed locally to ensure there is a comprehensive, integrated, safe local service for pregnant women, children and young people. As described in standards 6, 7 and 11 of the NSF, they will focus on the

Case study

Leeds Asylum Seekers Support Network

The Leeds Asylum Seekers Support Network gives asylum seeking and refugee mothers the independence and confidence to access the services they need to promote their own, and their children's health and wellbeing. The Service is delivered by trained and supervised volunteers who are matched one-to-one with a pregnant woman, new mother or mother of young children and their family. Services include English-at-home, Befriending and Mother and Baby Groups (with a midwife or nurse leading the discussion and giving information about pregnancy, childbirth and early motherhood).

> DH will work with the Healthcare Commission on the adoption of all national clinical audits applicable to children, young people and maternity services including audit on neonatal intensive care. PICaNET, which audits paediatric intensive care, will continue to be supported by DH.

Confidential enquiries

3.38 The National Patient Safety Agency (NPSA) has recently assumed responsibility for the Confidential Enquiry into Maternal and Child Health (CEMACH). The 50th anniversary report of the Confidential Enquiry into Maternal Deaths, *"Why Mothers Die"* ²⁸, highlights the importance of early assessment of known risks for a newly pregnant woman to ensure that she is offered services that are flexible and tailored to her specific needs. The report also highlights that vulnerable and socially excluded women, including women who cannot speak English, are at greater risk.

3.39 Following advice from the National Advisory Committee for Enquiries into Child Health (NACECH), the development of a new child health enquiry programme into the identification and classification of all child deaths will be taken forward as a priority next year and will involve a number of CEMACH regional offices. This will support the development of local screening teams to be set up under the auspices of Local Safeguarding Children Boards.

