Maternity, Children and Young People NHS Overarching Specification

Introduction

This document outlines a set of expectations to move the system for child health from a set of individual service offers to a more integrated set of services and pathways, with a focus on right care, right time, right place.

The ambition to ensure we act as one NHS system to develop relevant integrated service models and provider collaborative approaches within the NHS offer of services dedicated to expectant parents, children and young people to ensuring

- high quality and safe provision in pregnancy and early years that offers choice and addresses outcome inequality, identifying need for intervention with parents and children early.
- and we ensure the right teams are in place to meet the physical, developmental and mental health of our children.

In order to do this we seek to create a system approach to governance and oversight of the whole health offer for our children and families in a collaborative approach with child health service leads and clinical leads across NHS services for maternity, physical, developmental and mental health, and with our wider partners in “One Vision”.

Overarching Specification

Working together to understand demand and capacity changes and trends

Maternity, Neonatal, Children and Young People’s Services will work collaboratively with commissioners to develop and identify changes in presenting need and problem solve solutions to managing and developing services in light of demand.

An annual refresh of the presenting challenges and forward planning will take during the course of the year to inform annual transformational developments.

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National Trends

In England, children and young people make up 26% of all emergency department attendances and are the most likely age-group to attend emergency unnecessarily (McHale, P., Wood, S., Hughes, K., Bellis, M., Demnitz, U. & Wyke, S. (2013). We know around 30-50% of ED attendances could be managed in integrated care services linking primary and community care with paediatric expertise (NHS Long Term Plan).

More than one third of short-stay admissions are attributed to minor illness that could have been managed in the community (Increasing Short-Stay Unplanned Hospital Admissions among Children in England; Time Trends Analysis '97–'06, published October 2009).

We are seeing changes to those with the most complex life-limiting heath conditions and complex disabilities, including technical advances that are enabling longer lives. This increased long-term survival of children means that appropriate care needs to be in place to support a shift in focus from inpatient care to home-based care. (Children and Young People's Health Outcomes Forum, 2012).

Children represent 20% of the population (Office for National Statistics), but account for up to 40% of a typical GP workload, how we enable families with better information, education and self-help strategies to better manage common childhood developmental difficulties illnesses is a core driver for our system. (The Future of General Practice – RCGP Response submitted by the Royal College of Paediatrics and Child Health, November 2018).

The UK has one of the highest prevalence, emergency admission and death rates for childhood asthma in Europe, despite a slight fall in unplanned admission rates for asthma from 256 to 185 per 100,000 population between 2006/7 and 2016/17 in England.

Epilepsy is the most common significant neurological disorder in children under the age of 19: more than one in 220 have epilepsy (approximately 63,400).The total costs of admissions attributable to paediatric epilepsy in 2016-17 was £18.4m.

In 2016, 23% of 4-5 year olds and 34% of 10-11 year olds were overweight or obese and 4% of 10-11 year olds had severe obesity.2.5 million children in England are overweight or obese.

31,500 children and young people under the age of 19 have diabetes in the UK, with 95% having Type 1 diabetes. Rise in obesity may result in more Type 2 diabetes in the long term

Prevalence of mental health difficulties in the population of children and young people continues to grow year on year, prevalence in the 5-16 year age group trajectories –

- 2010: 1 in 10, 2017- 1 in 19, 2020- 1 in 6, 2021 – 1 in 6.

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- 39% of children aged between 6 to 15 experienced deteriorations in the mental health between 2017 and 2021, 22% saw an improvements
- 53% of young adults aged 17 – 23 experienced deterioration in their mental health between 2017 and 2021, with 15% experiencing improvements
- The proportion of children with probable eating problems increased from 7% to 13% in 2021
- In 2021 29% of six to ten year olds

Local intelligence

23/24 identified challenges are:

We are seeing increased growth in children's developmental difficulties presenting to NHS services, with marked increase in demand on neurodevelopmental pathways, speech and language services,

Additionally disruption to core service provision mean we are still tackling recovery across acute and community service waiting times. Specific areas of concern are:

- Looked after children initial health assessments
- Neuro-disability and neurodevelopmental pathways
- Speech and language therapy
- Immunology and Allergy
- General Paediatrics
- Trauma and Orthopaedic pathway
- Eating Disorders
- CAMHS waiting times

As well as four significant programmes of transformation that impact specifically on childhood services in response to the Long Term Plan, (Maternity and Neonatal Services, Mental Health Services, Learning Disability and Autism services and Child Health (physical))

There are also developments in new service demand and NICE guidance, specifically

- Foetal Alcohol Syndrome
- Sensory Processing,
- Avoidant Restrictive Food Intake Disorder
- Sleep

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Core Ambitions

1. Vision

We want to ensure children and young people get the right access to health services at the right time, ensuring we target health inequalities in childhood, improve individual outcomes that will in turn reduce the length or intensity of living with a disease or disability (YLD), and dependency on NHS and care services throughout the life course and pre-mature death.

2. Strategic Commissioning Intentions NHS Maternity, Children and Young People Services

- Ensuring healthy pregnancies and nurturing parent and child relationships in the first years of life, through developing workforce to deliver safe effective care in maternity and neonatal services and targeting support in the perinatal pathways to those most vulnerable to poor outcomes.

- Review the demand, capacity, and models of care of community-based assessment and therapy support for vulnerable children and those with developmental or physical disability, including capacity to support the integrated special educational needs and disability (SEND) agenda.

- Reducing the demand on clinical pathways in child developmental and mental health pathways through improving early intervention and open access relationship-based care to support personalisation – with a focussed-on training and consultation models, and investment in improving capacity of local VCSE, school-based support and developing primary care ARRS roles (including models up to 25 years of age).

- Improving clinical pathways of care for mental health, physical health need and long-term conditions targeting our approaches to the children and young people's CORE 20 plus 5 and developing responses to the child health transformation improvements in standards and quality of care.

- Improving elective care responses, focussing on recovery of waiting times, implementing and development innovations such as community clinics (CORE 20) and digital care to reducing DNAs and unplanned admissions through and developing capacity in elective day patient activity, timely discharge with digital solutions and virtual ward models of care.

- Improve our responses to and avoidance of for children and young people's urgent care demand with a focus on
    - integrated risk responses across CAMHS, social care and acute settings – project in place

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- avoiding mental health inpatient admission of those with learning disability and neurodevelopmental disorders.
- reducing inpatient admission for eating disorders
- supporting admission avoidance for common childhood illnesses and respiratory need with pathways between paediatrics, primary care and IUCS, learning from winter planning and national pilots.

3. Specific Long-term Plan and NHSE/I Transformation Deliverables for Maternity, Neonatal Services, Children and Young People

Maternity and Neonatal	Child Health	Child Mental Health	Learning Disabilities, Autism and Special, Educational Needs and Disabilities
• Implement safe effective care transformation plans including Saving Babies Lives Care Bundles • Improve Quality - Implement the Quality Surveillance model and deliver the Ockenden actions and implement Kirkup, 'Reading the Signals' recommendations • Implement personalisation and choice in maternity care and birth options • Ensure high quality perinatal care: including peri-natal and maternal mental health and pelvic health • Deliver the equity strategy - focussed on improving pregnancy outcomes for those most vulnerable • Implement maternity continuity of carer	• Secure the right governance for integration for children and young people's services across health across education, health, and care agenda. • Tackle Health Inequalities – Implement CYP Core 20 plus 5 • Ensure visibility of and address inequity in elective recovery for children and young people • Improve pathways for children with long term conditions and palliative care • Improve approaches to same day emergency care (SDEC) – reducing unnecessary emergency dept presentation or paediatric emergency admissions	• Implement Mental Health Support in Schools • Increase timely access to therapies (numbers receiving 1+ contact) • Ensure timely access to eating disorder treatment • Deliver 24/7 crisis response • Improve the management of mental health need in acute settings • Increase CYP mental health capacity in primary care • Ensure 0-25 models of provision (moving from historic 5-18), in partnership with adult mental health developments.	• Reduce waiting times for autism assessments • Develop integrated approaches to meeting the need of children with autism and other neurodevelopmental need in partnership with education and care (SEND partnership) • Develop the role of the keyworker to prevent admissions • Implement crisis and admission avoidacne response for children with learning disabilties and autism

3. Overarching Outcomes Framework

The outcomes below are for all health services for babies and infants, children and young people.

Prevention and Health Promotion	• Education providers, parents, carers and local communities report that they access to specialist consultation that enables them to manage common childhood development, health, emotional wellbeing and mental health problems. • The children's workforce (e.g. public health nursing, pastoral teams, GPs, SENCO's) are able to identify additional need and intervene to minimise harm, reduce escalation or refer appropriately
Access	• Children and young people have access to timely, accessible and well-co-ordinated multi-disciplinary assessment and intervention and co-ordination of allocation of the appropriate services at the appropriate time • Services are delivered in safe environments • Children and young people can access services locally, where possible
Recovery	• Children and young people are enabled to sustain recovery or improvement in health and developmental goals, where possible • Children and young people are enabled to cope with and engage in everyday life (including education and family life) • Children and young people are protected from harm
Independence	• Children and young people are enabled to have life choices and live as independently as possible • Children and young people with complex conditions and life long conditions, their families and other professionals in their lives are confident in managing their need
Personalisation and Choice	• Children, young people and families are enabled to have choices, as practicable, in respect to their care • Children and People receive personalised plans developed with clinicians to meet their needs

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	• Children and young people's voice is heard and considered within decisions around their care • Children and young people experience a minimum of unplanned or crisis episodes of care
Experience	• Children, young people, their families and carers have a positive experience of care and support • Children and young people and their families experience a positive transition to adulthood

Framework for Service Planning and Delivery

1. Principles

Framework for Service Planning

Adopt the Anna Freud ITHRIVE model to plan our service offer with the overarching aim to provide enable self-help and early intervention support through training and clinical consultation to prevent deterioration of health need, managing demand on longer term or unplanned and crisis care.

Marks Table:??

Age-appropriate responses

Adopt a life course approach, developing models with adult services for services up to 25, ensuring we intervene at the earliest opportunity in the child's life course to prevent difficulties becoming more complex. Enabling age and development appropriate delivery with staff who have robust training in child development, including core understanding of neuroscience.

Co-production

Involve and co-produce services with children, young people and families, ensuring their voice is central to models of delivery. Also ensure clear engagement of stakeholders across education, social care, Primary Care and the VCSE to ensure we make the most of resources and joint and integrated planning opportunities

As close to home as possible

Ensuring services are as close to home as possible, under the principles of

- Low volume, highly specialised - Tertiary, acute

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- Low volume, high intensity – County-wide
- High volume, high/low intensity – ICA and locality level service model (including specific consideration of accessibility for the Isles of Scilly.

Service development takes into account size, travel times, density of population, health inequalities when developing staffing models.

Tackling Health Inequities

Development of targeted responses to specific cohort of children or areas of need that will result in lifelong poor outcomes.

Ensuring engagement into provision, through proactive strategies, including:

- Referrals, including self-referrals, should be supported with information about what to expect from a service assessment/appointment and if necessary, support itself or with others preparing individuals for that assessment/appointment.
- The service will have pro-active processes in place to understand why individuals do not attend appointments or whether they are not supported and pro-actively support individuals to attend appointments to improve productivity.
- Targeting specific populations least likely to refer or attend (be brought) though multi-agency engagement strategies.

Integration of the service offer

Develop and deliver integrated services for cohorts with related needs (or clinically similar approaches/ skillset), including an integrated approach at ICA level to avoid duplicate or repeat referrals and improve right, care, right time, with appropriate multi-disciplinary assessments, pathways and clinics.

- Child Development and Disability Services
- Mental Health Services
- Long Term Conditions
- Maternity, neonatal and early years

Within this is the need to

- Review the options for co-locating and developing joint/matrix management models of care.
- Ensure the developing an ICA relationship partnership with schools, local authority locality services and primary care services

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- Support the development of PCN workforce plans for ARSS
- Seek out collaborative models for service delivery across health, education, social care, VCSE and community services to ensure we are providing the right multi-agency care to meet the holistic needs of children and families.
- Ensure parity of access across the county for specialist services.

Evidence Based Service Development

Plan services against a sound understanding and analysis of demand and profiling of presentations of need, seeking out intelligence on the latest epidemiological forecasting.

Develop clinically led models for safe effective care, including innovative and flexible service models to meet local population requirements, utilising:

- NICE Pathways, Advice and Quality Standards of Care
- Actively uses sources e.g., SCIE to understand the wider contextual pressures on children and young people and their needs
- International, national and regional research, pilots, new and developing evidence base for best practice and intervention
- Learning from local measures that demonstrate the impact the investment in the service is having
- Effective actions to counter the impact of inequality and inequity in the individuals needing support

Think Family

Champion children and parents in NHS services delivering to in all ages and ensure capacity and skillset to meet children's needs is available, including promoting approaches in adult services that recognise the need for whole family approaches.

Legislation and Guidance (in addition to Safeguarding Section in Contract Terms and Conditions)

Comply with current legislation and guidance including:

- UN Convention on the Rights of the Child (1989)
- 'Covering All Bases', publication Royal College of Paediatrics and Child Health (RCPCH) 2017.
- Children and Young People and Families Act, 2014
- Care Act 2014
- SEND Code of Practice, DH 2015

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- Better Care, Better Lives: Improving outcomes and experiences for Children and young people, young people and their families with life limiting and life-threatening conditions DoH 2008
- National Children and young people's Bureau Early Support Principles
- You're Welcome: Quality Criteria, DH 2011
- Every Disabled Child Matters Charter 2007
- Hear by Right Standard, National Youth Agency: https://nya.org.uk/hear-by-right/.
- Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing, NHSE/DoH (2015)

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