

Children, Young People and Maternity Services

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Maternity Services**

Service Directory

- Maternity
- 0 – 19 Universal teams (health visiting/school nursing)
- Children's therapies
- Community paediatricians
- Community paediatric nursing team
- Children and adolescent mental health services
- Children with disabilities
- Looked after children

Performance

Maternity

- Established direct entry to midwives (maternity direct) to drive performance against 12wks+6 day (80%) currently aim to link into antenatal screening ASAP ideally between 8 – 10 weeks
- 8 - 12 week assessment of need and risk by midwife
- Midwives aligned to children's centres for antenatal clinics
- Increase the choice of delivery – Midwife Led Unit (1000+ births per year 25%)
Normalisation of birth a key driver transfer rate from MLU to obstetric unit at set up 46% now 17%
- Antenatal assessment at 28 – 32 weeks for moderate to high risk

0 – 19 Team Universal + Targeted

- MSOA teams established each with a team leader – four sectors
- Team leaders integrated into MAGS panels for appropriate assessments
- Health visitors integrated and working collaboratively with children's centres although not co-located at present
- Working collaboratively with Anglia Ruskin University to support the increase required for the future workforce through the DH call for action
- Working collaboratively with Anglia Ruskin, the CWC and SWECS in developing the MESCH programme for health visiting and taking the learning from the FNP to establish a more targeted and intensive support approach for the most vulnerable families in our communities
- Targeted antenatal assessment in place

Children's Therapies

- Changes to community therapy services to achieve core service delivery at EOE benchmark levels
- Re-specify and redefine core service and re-design model of delivery so that families moving within the area do not experience any variation in assessment and prioritisation
- All services fulfilling there need to assess and treat priority children within 18 weeks
- ASD seen within 18 weeks for assessment by Paediatrician and SALT however there is an issue concerning OT assessment

Community Paediatricians

- Community paediatric service redesigned with a new specification to define core service. (Waiting time target 13 weeks currently 5 – 7 weeks)
- Examining opportunities for increased collaboration between acute and community paediatrics through PAU and Triage approaches
- Develop a closer interface with CAMH services for shared care
- Redesign existing pathways for 0 – 19 teams, children's home care and MAAG to increase capacity and reduce inappropriate referrals to community paediatricians

Community paediatric nursing team

- Review undertaken to redesign team in regards to palliative care and children with continuing health need
- Review of team to respond to establishment of PAU to prevent inappropriate admissions and reduce length of stay
- Ability of team to provide hospital at home support for IV and Chemotherapy

Children and adolescent mental health services

- To improve case management, scrutiny, prior approval and overall governance of CAMH Services
- Development of a local tier 3 eating disorder service across South Essex
- Increased investment into crisis and out-reach teams to reduce inappropriate admissions
- More robust data and performance frameworks
- Development of Tier 2 capacity and redesign of PMHW services
- Fulfilling the requirement to complete assessment and link into treatment within 18 weeks
- Now have young peoples unit in Rochford as part of our approach to keep placement of young people local
- New mental health support service developed for Leverton Hall in the last 2 years

Children with Disabilities

Children with disability forum

- NHS South West Essex fully engaged and working collaboratively in developing and redesigning services for children and young people. One key success was the ASD collaboration with the forum and parents involved in the design of the pathway and assessment process.

Aiming high for disabled children

- NHS South West Essex has contributed £50,000 of resource to the aiming high agenda to support a range of developments in short break services. Will continue to support this agenda

Joint Agency Panel

- NHS South West Essex has a section 75 agreement for JAP which assesses and allocates resource to place children and young people with complex needs
- A member of NHS South West Essex children and young peoples team sits on the panel
- NHS South West Essex has pooled £500,000 to support this agenda
- Over the past two years this process has made considerable progress in achieving cost efficiencies without compromising quality and ensured the health component of placement has effective governance and a healthcare plan

Continuing Care

- Worked collaboratively with schools and families to achieve a range of school packages for children and young people with high level of need
- This has been particularly successful in Beacon Hill School
- Will be linking more CHC cases into the JAP as we disaggregate from the joint adult and children CHC risk share

Children's home care and palliative care

- Completed a review of some elements of home care service and a detailed assessment of palliative care, Currently Commission EPIC, and Little Havens.

Child development centre

- Moving towards stronger community focus by moving current Basildon Hospital based CDC element to Thurrock Community Hospital and Brentwood Community Hospital

Equipment Service

- Recently specified and new contract developed and agreed with Essex equipment services

Safeguarding & Looked After Children

- All Initial Health Assessments (IHA) carried out by Community Paediatricians this is the standard we are moving towards across Essex, Thurrock and South End. Ensuring assessment is aligned to BAAF standards (current performance above 80%)
- All review health assessments carried out by nurses
- Set up of Managed Clinical Network across the health economy
- Opening of the SARC on January 10th 2011
- Training and development to level 3 for all GP's
- Health now involved in review of placements in line with responsible commissioner guidance

Challenges

- Proposed changes to children's centres may influence the opportunity for co-location and integration making better use of joint agency workforce
- Recruitment and retention of a competent and skilled children's workforce
- On-going funding to support increase in required establishment of Health Visitors in line with the call for action
- Joint Agency approaches to support the on-going training of the current workforce
- Continuing healthcare and the availability of suitable trained care staff remains a challenge often is the issue within JAP.
- Re designing community paediatrics to core business and ensuring other tier 1 & 2 resources are available and skilled to support the behavioural management and a range of family support
- Core specification of services across Essex, Thurrock and Southend
- Achieving a cost effective CAMHS service by keeping young people in local provision and support
- Establishing Joint Commissioning for areas such as CAMHS, CHC, CWD and Safeguarding
- Achieving level 3 training for all GP's in Essex, Thurrock and South End