Children's services

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Children's services

- National Policy context
- Local priorities
- Links to operating framework/vital signs
- Provider services response
- Working with PbC

Policy context

- Increasing attention on children and maternity services reflected in:
 - Maternity Matters
 - Aiming High for Disabled Children
 - Palliative Care review
 - Operating Framework
 - Every Child Matters/ Children Act
 - Working Together to Safeguard children
 - Improving Lives Saving Lives
 - 18 weeks <

- community publems

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Where multipliaty of interventions

Local issues

- Long waits in therapy provision esp. SALT
- · Significant reductions in universal services
- High levels of obesity in children
- Teenage Pregnancy rates ~
- · JAR outcomes focussed on
 - _ Safeguarding & LAC
 - Children with disability especially LD

- CAMHS

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Policy implementation Have to wake This means we have to: 1.Deliver the choice agenda in Maternity Matters 2.Increase and develop services for disabled children. 3. Develop a children's palliative care strategy 4. Focus more on children's emotional health and well-being and **CAMHS** 5. Respond to the childhood obesity challenge 6. Continue the focus of integrated children's services 7. Focus on early intervention and prevention 8. Commission therapy interventions for disabled children 9. Implement child death review arrangements 10. Priofitise services for vulnerable children e.g. LAC 18,000 identified as disability grunip Jabove nat, average

Performance management

We will be measured via LAA/vital signs/AHC on Leath

- CAMHS provision

- Services for disabled children

- Obesity

- Breastfeeding
- Children's emotional health and well-being
- Teenage pregnancy
- Direct access to midwives by 12 weeks
- Child death review implementation

Provider Services Response

- include ante natal element into HV service specification & agree AN and PN care pathways.
- Reduce waiting times for community paediatrics, audiology & therapies to 18 weeks RTT. Review how HV/SN Specialist role for disabled children is delivered. Develop proposal for paediatric continence service.

Review county Children's palliative care service to include a psychology element & address current transition to adulthood issues.

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Provider Services response cont.

- Review evidence of effectiveness of NH&S Emotional Health & WB Nurse in School Nursing service & offer to other PBC areas.
- Agree capacity increases in school nursing, HV (& ? Dietetics) services to meet requirement to screen children, but also to prevent obesity.
- Implement local integrated teams of HV&SN services, including training posts.
- · Contribute staffing time to integrated practice, focussed on children and young people at preventive stage

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Fractice Mode

halfway through causultation (luternal consultation)

Provider Services response cont.

- Review therapy input to schools & joint working with CSF OT's.
- Develop Child Death response capability & capacity within existing safeguarding nursing & community paediatric teams.
- Agree capacity increases in SN/HV

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