

HERTFORDSHIRE PCT'S BRIEF FOR PBC GROUPS ON CHILDREN AND MATERNITY SERVICES

The purpose of this document is to identify the wide range of requirements that Practice Based Commissioners need to consider when commissioning children and maternity services. The main focus will be the impact of policy, targets and statutory guidance on the commissioning of the PCT provider services. Where needs data is available this will be included. The brief should be read in conjunction with the PCT children's commissioning team operational plan for 08/09 which gives a wider perspective on the children's commissioning agenda.

Policy/target/statutory guidance	Expectation on commissioners	Needs analysis	Impact on PCT provider services	For further consideration by commissioners
<p>Aiming high for disabled children Published May 07 sets out commitment to improve services for children with a disability. CSR set out financial commitment to deliver Aiming High. PCTs expected to invest in services (letter written to CEO)</p>	<p>Commissioners have to work jointly with partners to deliver improvement in services for children with disability. Expectation set out in operating framework and LAA that we will increase investment in services especially short breaks (respite), transition, and early intervention and LD services. There is also expectation of link to palliative care strategy. DH commitment reflected in increased PCT budget</p>	<p>Recent needs analysis in Herts concludes that there are 18,000 children who are disabled. Further work being undertaken on children and parents views. Main areas of unmet need challenging behaviour with or without a mental health need. Level of disability slightly higher than national averages but data locally and nationally inconsistent due to different</p>	<p>Increasing numbers of disabled children are putting pressure on all aspects of the children's provider services and will continue to do so. The complexity of children is also changing and the life expectancy changes have meant the overall numbers of children are increasing. PCT staff needs to be able to act as Lead professional for the children and participate in effective multi-agency</p>	<p>Nascot Lawn respite facility needs investment to increase coverage back to 14 night fortnight. Continence need to look at potential of developing a children's continence service to offer better quality to children and reduce pad spend. Transition post need to look at development of transition posts to support this key area of aiming high Challenging behaviour work being undertaken</p>

		although as yet no details on level of spend expected. Child health mapping will be used to measure the increased investment	approaches to data collection and definitions.	planning arrangements.	to develop pathway and investment plan via CAMHS work CDC development – no CDC in east and north needs resolving Link to palliative care strategy needed as children cross over from aiming high
18 weeks	PCT will commission consultant led services to deliver the 18 week RTT. Further expectations will mean that all services with GP referrals will have to deliver 18 weeks RTT			Increase in community paediatrics and therapies needed to ensure target met	Further work needed to address the 18 week issue when it is for all GP referred services
Child death review Statutory guidance in chapter 7 of working together	PCT will commission rapid response and designated doctor function	Expectation that 25 children per annum will die unexpectedly		Safeguarding team commissioned to deliver rapid response and designated doctor function	National funding for 3 years
Looked After Children Statutory guidance on the provision of designated doctor functions and health	Commission services to provide designated doctor function and health and dental assessments for looked	Circa 950 children in Herts are LAC. All need annual dental check and between 1 – 2 health assessments per annum		Designated Dr post within W Herts PCT establishment funded. Investment in school	Dental – more work needed to ensure consistent access to dental checks

<p>assessments as part of a multi-agency requirement to improve outcomes for Looked After Children and Care Leavers</p>	<p>after children. Local authorities are performance managed via APA process on health and dental assessments. JAR process also looks at LAC children</p>	<p>dependant on age. Initial assessments completed by Dr and reviews by nurses</p>	<p>health service in 08/09 to enable health reviews to be completed</p>	
<p>Every child matters Framework for the delivery of improvements in children's services, underpinned by the children act 2004 which introduced children's trust arrangements, integrated children's services, LSCB's, CAF and Lead Professional</p> <p>Increasing national emphasis on 'narrowing the gap'</p>	<p>PCT has statutory duty to cooperate in children's trust arrangements and integrated children's services. Current consultation on statutory guidance will increase emphasis on joint commissioning across health and social care as well and integration moving towards joint provision</p>	<p>250,000 children in Herts. 82 children centres by 2010 and 38 extended schools bringing services to localities Poor JAR outcomes</p>	<p>Universal services need to operate in teams around the child based on extended schools communities Resources in HV/ISN low due to lack of investment and impact of FRP</p>	<p>PbC need to decide if they wish to invest in universal 0-19 services to meet the needs of the children in their communities. LGA are telling LA's that PCTs have the power to remove HV/ISN budgets from PbC and the DH have supported this in certain areas. Locally I think this would be a backward step and would prefer an integrated approach across PCT and PbC commissioners</p>
<p>Maternity matters Govt commitment to</p>	<p>Commission services to deliver the commitments</p>	<p>13,500 babies born to Herts women. 3,500</p>	<p>HV service specification needs to include:</p>	<p>Further work being undertaken to look at</p>

<p>improvement in maternity services. Range of actions required by end of 2009 including choice of delivery and improvement in antenatal and postnatal services DH promoting the role of HV service in home visiting as part of their review of HV services</p>	<p>set out in maternity matters. NICE have produced clear guidance on pathways Ensure HV service commissioned is able to provide comprehensive service to support women and families</p>	<p>women deliver outside of Herts but require local community services. Increasing birthrate of 6% higher than nationally increase. Increase disproportionate in older women and women where English isn't first language (12%). Both providers received poor HCC reports</p>	<ul style="list-style-type: none"> - comprehensive antenatal contact by HV service - HV service role in bloodspot screening - HV role in comprehensive support postnatally including MH assessment <p>Benefits of HV service being developed also impact on breastfeeding rates, obesity rates and family support</p> <p>Investment in 2008/09</p>	<p>role of MH services in care pathway may impact on investments to MH services and HV services</p> <p>HV services need to be at a level to enable them to meet the demand of increasing birthrates</p>
<p>Children's palliative care After the review of children's palliative care in 2007 the DH have produced there response which sets out the requirement for the PCT to have a strategy</p>	<p>PCT have to write a strategy and link with existing adult networks Next stage review will mention this and need to create a children's palliative care network for EOE</p>	<p>Data difficult to determine work started in data analysis</p>	<p>Children's community nurses provide part of a joint approach to end of life care</p>	<p>Keach SLA in place work ongoing to increase value of SLA Discussions beginning with Iain Rennie about their community services which we receive but don't fund.</p>

<p>for children with life limiting illness and increase investment in children's palliative care services.</p>	<p>Breastfeeding – vital signs</p>	<p>Increased investment expected</p>	<p>Need to ensure levels of breastfeeding meet national targets</p>	<p>HV resources needed</p>	<p>Additional school health posts in west would help support the strategy and further work being undertaken to look at tier 2 model that is very successful in east and north Herts.</p>
<p>Emotional Health and well-being of children – Operating framework</p>	<p>Operating framework clear about the need to have an emotional health and well-being strategy</p> <p>This has begun as we expand our CAMHS strategy to reflect this</p> <p>This will include and investment plan for later in 08/09 and beyond</p>	<p>Work ongoing to look at need but disability needs assessment indicates this is an area of increasing need</p>	<p>HV role key to the delivery of improved rates of breastfeeding at 6 weeks</p> <p>Universal and targeted services provide elements of emotional health and well-being</p>	<p>Additional school health posts in west would help support the strategy and further work being undertaken to look at tier 2 model that is very successful in east and north Herts.</p>	<p>PCT in discussion with CSIP regarding the support for delivering chapter 8 of NSF</p>
<p>National Service Framework for children, young people and maternity 10 year plan to improve services.</p>	<p>Expectation that PCTs will commission services to deliver improvements in children's services. Specific work needed to look at 16-19 services especially those</p>	<p>Analysis of services shows many differences in services approach to 16-19 year olds.</p>	<p>All the services are currently only commissioned to age 16</p> <p>Work to be undertaken in 2008/09 to assess impact on services and cost the increase where</p>	<p>Work ongoing to look at need but disability needs assessment indicates this is an area of increasing need</p>	<p>Work ongoing to look at need but disability needs assessment indicates this is an area of increasing need</p>

	<p>services for children with complex needs. This is likely to be one of the issues raised within the Darzi work on children's services</p>		<p>identified.</p>	
<p>Childhood obesity measurement part of the PCT vital signs and also target in LAA. Expectation in 09/10 that PCTs will be expected to also show reductions on rates with targets set to deliver reductions</p>	<p>Ensure the commissioning of the childhood obesity measurement programme Ensure plans in place to develop comprehensive approaches to manage the rising levels of childhood obesity</p>	<p>High levels of overweight and obese children across Herts with some areas significantly above national average.</p>	<p>School health service undertake the childhood measurement programme Investment in 08/09 to increase establishment to enable programme to be undertaken without significant reduction in services (as happened in 07/08) Total cost in SLA 20k for West Herts PCT school health services</p>	<p>To enable the reduction in obesity planning and service delivery needs to be introduced in 08/09. Pbc groups are asked to give views on the introduction of a dedicated dietetics service which would include an increase in dieticians and also small amount of resource for resources and venues to run programmes Total investment for year per PCT 80k with 40k required for 08/09</p>
<p>HPV vaccine Introduction of HPV vaccine in autumn 08</p>	<p>PCT has to commission services to deliver the vaccine</p>	<p>c 6,500 girls per annum needing vaccine</p>	<p>School health service to be commissioned to deliver</p>	<p>Some national money but SH service to be commissioned to deliver service</p>