

Maternity and Child Health Commissioning Strategic Plan (CSP) 2011-14

Version 0.6 (Document lead – Andy Howard)

Table of Contents

INTRODUCTION

VISION

DRIVERS FOR CHANGE

National context

Regional context

Local context

CURRENT SERVICES

Tertiary care services

Secondary care services

Community services

FINANCE AND ACTIVITY

NEEDS ASSESSMENT

STRATEGIC PLANNING

Commissioning model

Aspirations for next three years

Service reviews and redesign

Subject / service specific priorities, and planned investments

Section 75 agreement

SHAPING AND MANAGING THE MARKET

IMPROVING PERFORMANCE, MONITORING AND EVALUATING

OTHER ENABLING / SUPPORTING FUNCTIONS

User (patient & public) involvement

Clinical / staff input and involvement

KEY ACTIONS FOR 2011 / 12

CONCLUSION

APPENDIX 1 – Drivers for change: The National Context

APPENDIX 2—Drivers for change: The Regional Context

APPENDIX 3—Drivers for change: The Local Context

Introduction, Vision and Drivers for Change

Introduction

This commissioning strategic plan (CSP) intends to provide a shared understanding of the current and future direction for the commissioning (and provision) of maternity, children and young people's health services for the GP registered population within Trafford. As at 30th September 2010 the population aged 0 -17 inclusive was 50,246 or 21.6% of the total.

It is based upon and influenced by a number of key drivers for change, including needs assessments, and covers the period between April 2011 and April 2014, with an intention for it to be updated on an annual basis.

The CSP is written within the context whereby commissioning continues to be seen as an important process for securing better outcomes and meeting increasing budget pressures. Commissioning being the process for deciding how to use the total resource available for families in order to improve outcomes in the most efficient, effective, equitable and sustainable way.

The plan is structured to align with the three common phases of the joint commissioning and health commissioning cycles, being

- Needs assessment and strategic planning;
- Shaping and managing the market; and
- Improving performance, monitoring and evaluating

Vision

Our vision is to continually improve the health and wellbeing outcomes for mothers, children, young people and their families through effective joint commissioning of integrated health service provision that delivers the right services in the right place at the right time, to the right people.

Drivers for Change

There are a number of national, regional and local drivers (as detailed in appendix 1) which affirm that there is a clear requirement for NHS Trafford (in conjunction with Trafford CYPS joint commissioners), to continue to commission flexible, local and effective services that meet the needs of individual mothers, children and young people, ensuring that each has the opportunity to develop to their full potential in a safe and secure environment.

Current Services

At present NHS Trafford (supported by CYPS joint commissioners) commissions services from a wide range of providers that are located within and outside of Trafford.

The main specific health services that were commissioned for maternity, neonatal, children and young people in 2010 / 11 are listed below however it is not an exhaustive list.

The majority of services have developed incrementally in response to service / clinical demand, as opposed to through a structured commissioning and planning process. This has led to there being no clear overall model of care across services, although the services delivered have been tailored wherever possible to the needs of the relevant populations in Trafford. Service provision is split between tertiary, secondary and community as follows.

Tertiary care services

These services are commissioned by the North West Specialised Commissioning Group (NWSCG). The NWSCG has delegated responsibility for commissioning specialised and secure services on behalf of the 24 PCTs across the North West. More details about NWSCG can be found via www.nwsct.nhs.uk/. The broad categories of provision are

- Neonatal Intensive Care;
- Specialist Children's Services;
- Paediatric Intensive Care;
- Mental Health (inpatient care).

Secondary care services

These are mainly hospital based services and consist of inpatient, outpatient and day case surgery provision as follows.

- Maternity;
- Special Care Baby Unit (SCBU);
- Children and Young People's Services;
- Paediatric Observation and Assessment Unit (POAU).

Community services

Community based services are mainly provided in community settings or within patient's home / residence. Many of these services are specifically commissioned to provide services only for children and young people (CYP), whereas others are all age with a CYP element therein.

Children and young people (CYP) specific

- Allied health professionals;
- Speech and language therapy
- Occupational therapy
- Physiotherapy
- Orthoptics
- Health visiting;
- Named nurse for safeguarding children;

- Child and adolescent mental health services (CAMHS);
- School nursing;
- Community paediatric medical;
- Childrens community nursing team (CCNT);
- Childrens learning disability nursing service;
- Home support service;
- Trafford early development service (TEDS);
- Safeguarding;
- Health visitor liaison;
- Welfare foods;
- Newborn hearing (and other) screening;
- Immunisations and vaccinations;
- Breastfeeding coordination and support;
- Dental contractors - CYP only;
- Dental – orthodontics;
- Individual packages of care;
- Sexual health youth workers;
- Young people’s drug and alcohol treatment;
- Youth offending service (YOS) support;
- Children in care; and
- Transport for sick children.

All age services which have a CYP element

- Dietetics;
- Podiatry;
- Paediatric audiology (transferred to all age service in year);
- One Stop Resource Centre (OSRC) (CYP community equipment); and
- Disablement Services Centre (DSC) (CYP wheelchairs and community equipment).

Finance and Activity

The majority of the services outlined above are clearly identified as specifically commissioned for maternity, children and young people, and can therefore be financially quantified. The 2010/11 financial plan for all of these services (tertiary, secondary and community) was approximately £29,180,000. Excluded from this figure are those services that are all age with a CYP element, as it is not possible to fully disaggregate the data. The percentage breakdown of spend is as follows.

- Tertiary care (top sliced from PCT allocations) – 13%
- Secondary care (funded through payment by results) – 47%
- Community provision (mainly funded by block contract) – 40%

There are varying degrees of activity data available in relation to commissioned services and financial commitments therein. Tertiary care activity data is held at a regional level and is easily obtainable via the NWSCG. Secondary care data is abundant (driven by payment by results) and easily accessible, enabling detailed analysis where necessary. A general area of current weakness is activity collation and analysis for community service provision.

In order to take this strategy forward effectively, we intend to improve our financial (total spend) and activity analysis across the joint commissioning of all services. This can enable greater understanding of needs and service provision, thus allowing more informed and effective decision making to take place.

Needs Assessment

An essential element of the commissioning process is to ensure the current and emerging needs of the local population are effectively and robustly assessed, in order to inform wide ranging and service specific commissioning strategies and plans ongoing.

A number of the documents referenced in the local context above contain sections relating to the needs assessment of the Trafford registered population. The draft Maternity and Child Health Needs Assessment (MCHMA) which sits alongside this strategy has looked to summarise the key points within other documents (including the Joint Strategic Needs Assessment (JSNA)) and include additional analysis, to highlight the specific needs relating to maternity, children and young people in Trafford.

The draft document outlines that the health of CYP in Trafford is generally similar to or better than the England average, but there are still opportunities to improve outcomes in this area. Good health for children is crucial because it enables them to make the best of their opportunities in education and in developing healthy lifestyles.

There is a local commitment to improving outcomes in terms of reducing obesity; promoting breastfeeding; reducing infant mortality; helping young people make sensible assessments of risk; and longer term physical and mental health conditions.

In relation to CYP with complex and additional needs there are a number of factors that are and will continue to impact on the need for, and type of, services for this vulnerable group in Trafford such as

- Advances in medicine and technology are enabling children with highly complex health needs to survive, and survive longer. This will increase the numbers of CYP requiring support from services and will translate into an increased proportion of CYP with complex and specialist needs across Trafford;
- The range and level of services that can and will be offered to these CYP will continue to increase as we promote and implement the principles within 'Aiming High for Disabled Children' designed to ensure that all CYP have access to the specific services they need to reach their full potential. Therefore services need to be developed that can manage not only this rise in demand but also the changed care environments / interventions that will accompany it.

Recent needs analysis work has highlighted the requirement to build a more effective mechanism for ongoing collation of data to inform needs assessments. We intend that this will sit within a standard framework and approach that outlines the joint responsibilities for its ongoing implementation.

Strategic Planning

This CSP, along with other strategic plans within NHS Trafford and Trafford CYPS are, and will continue to be, based upon robust needs assessments, a clear understanding of the impact of national, regional and local drivers, and an understanding of local provision (and the market that it sits within).

It outlines the factors that we will consider for the most appropriate commissioning model, our high level overarching aspirations for the next three years, our approach to service review and redesign, along with subject / service specific priorities and planned investments.

We will translate this plan into a more detailed health and wellbeing delivery plan which will align to service redesign and investment commitments.

Underpinning the strategy is our intention is to ensure equal access to health for all irrespective of their age, gender, religion or belief, race or disability (learning and physical).

There are a number of local strategies in place that interlink and impact on this overarching health strategy as follows.

- Draft Promoting Physical Activity - A Strategy For Trafford 2011 - 2014;
- Draft A Healthy Weight Strategy For Trafford 2010 - 13;
- NHS Trafford Immunisation Strategy Plan 2010/11; and
- Commissioning Plan to Improve Breastfeeding Rates at 6-8 Weeks.

Commissioning model

A number of organisational options for the delivery of the most effective commissioning model need to be taken account of. Considerations in reviewing potential models could be:

- The ability to deliver more effective integrated working with the Children's Trust;
- Fit with the delivery of the overall model of care / and service specific;
- Potential to enhance partnership working;
- Viability of more specialist elements of services;
- Delivering value for money;
- Improving choice and access to services;
- Implications for the workforce in recruitment retention and skills; and
- The potential to improve outcomes.

The chosen commissioning model needs to integrate with other commissioning models and approaches within CYPS and relevant partner agencies.

Aspirations for next three years

Based upon an analysis of the needs assessment and drivers for change, the high level overarching aspirations for the next three years are as follows;

- Give every child in every community the best start in life;
- Take better care of our children's health and development in order to improve educational attainment and reduce the risks of mental illness, unhealthy

- lifestyles, road deaths and hospital admissions due to tooth decay;
- Provide greater support to families, and develop local community capacity in support of children and families, working closely with Sure Start Children's Centres and other local services;
- Improving children and young people's experience of healthcare provision;
- Reduce deaths in babies and young children;
- Encourage and increase breastfeeding take up rates;
- Promote improvements in the oral health of children to reduce tooth decay;
- Support the reduction in childhood obesity;
- Reduce risk taking behaviours;
- Reduce time spent in hospital by CYP with long term conditions, and provide more effective and responsive community services;
- Pay particular attention to groups with specific needs including vulnerable children and families, disabled children, palliative care, and child and adolescent mental health services (CAMHS), children in care and families with multiple problems.

Service reviews and redesign

Our strategic plans are and will be informed by ongoing individual service reviews and redesign of relevant provider services. This is mutually beneficial for commissioners and providers in ensuring services are fit for purpose ongoing. There are a number of commissioned services that have recently been reviewed or are in the process of being reviewed.

In addition a plan has been produced to expand this formal review to all community CYP services within the remit of this strategy. To ensure that this service provision is fit for purpose ongoing, these reviews are an integral part of the commissioning process. The key steps of a generic review process to be followed for the services under review are as follows.

- Provider review, which produces a business case (options) paper;
- Commissioning panel, which results in a decision about future provision;
- Revised service specification (SS) written, agreed and fed into contracting process;
- Allocation of funding to support the SS; and
- Commencement of the revised SS.

Subject / service specific priorities, and planned investments

The current economic climate means that there are limited opportunities for additional investment in services, necessitating the need for more radical service redesign. Opportunities have been identified for investment in some service areas that are best placed to meet gaps in the assessed needs of the population and can demonstrate the ability to improve outcomes. Based upon the needs assessment, key drivers for change, and information gathered from subject / service specific reviews, the priorities for the next three years and planned investments have been outlined below.

Tertiary care services

As outlined in the current services section above these are commissioned on a regional basis with limited involvement of the locality commissioners. It is the responsibility of the NWSCG to ensure that PCT Boards receive information and advice in order to help them make informed local decisions about how best to invest public money. These services tend to be low volume and high cost.

Secondary care services

The intention is to continue to commissioning secondary care services, taking account of the main changes that have taken place in Making it Better that have impacted directly on Trafford including as follows.

- Children’s outpatient and daytime services and maternity outpatient and community care staying within Trafford;
- Expansion of the children’s community team so that more children can be cared for at home or closer to home;
- New children’s observation and assessment unit at Trafford General Hospital;
- Transfer of Trafford General’s overnight children’s service to Wythenshawe Hospital which took place in February 2010;
- Transfer of Trafford General’s overnight maternity and neonatal service to Wythenshawe and St Mary’s Hospital which took place in February 2010;
- Bigger and new units at Wythenshawe and St Mary’s Hospitals to care for Trafford women, children and babies who need to be admitted to hospital.

Much progress has been made to work towards the new services and the changes to which services are provided at Trafford General Hospital have taken place.

Staff from Trafford General, Wythenshawe and St Mary’s Hospitals worked closely to make the necessary arrangements for the safe transfer of services and they are now working together in the improved and expanded units.

Changes which are now complete or in progress are:

- The safe transfer of overnight maternity, overnight children’s and neonatal services from Trafford General Hospital to bigger, improved units at Wythenshawe and St Mary’s Hospitals;
- Development of the Trafford Children’s Community Nursing team to ensure that all children who do not require a stay in hospital are well cared for at home or in the closer community;
- Opening of a new children’s observation and assessment unit at Trafford General Hospital;
- Continued development of the new maternity and neonatal units at Wythenshawe Hospital;
- The start of an expansion of the neonatal service with the recruitment of over 50

neonatal nurses across Greater Manchester;

- A 24 hour on-call service has been introduced to ensure that in emergency children with mental health problems are assessed by a specialist mental health practitioner.

In addition to the above there are local commitments affecting secondary care made in the response to The Operating Framework for the NHS in England 2011/12, to take forward developments for choice in maternity services; children and young people’s physical and mental health; plus supporting measures therein in relation to maternity 12 weeks, referenced below.

Maternity
To improve % of women accessing care by 12 th week of pregnancy;
Continue the promotion of direct access to midwife to support earlier booking;
Work towards UNICEF Baby Friendly initiative (BFI) level 3 accreditation to support increased initiation of breastfeeding rates;
Ongoing communications with GPs to emphasise the importance of early referrals and liaison with midwifery units to ensure timely record of midwife undertaking initial assessment recorded in maternity units;
Monitoring of impact of MIB through service users and local professionals through the local Maternity Services Liaison Committee; and
Care Quality Commission (CQC) surveys of women’s experiences of maternity services for UHSM and CMMC – action plans to be implemented and repeat survey to be undertaken at UHSM in April 2011.
Ensure effective delivery and take up of antenatal and newborn screening programmes through regular monitoring of activity and quality reporting;
Reduce levels of smoking among pregnant women;
Reduce obesity among pregnant women; and
Seek a reduction in levels of lower segment cesarean section (LSCS) at Wythenshawe hospital.

Community services

The majority of community services are provided by TPS and THT, the greater part of which are part of the Trafford CYPS arrangements.

During 2010/11 there were a number of service reviews undertaken of community health services for CYP, most of which are ongoing. The main ones have been as follows;

- Paediatric audiology and new born screening;
- Child and adolescent mental health services (CAMHS);
- Children in care – health provision for;
- Safeguarding;
- Sexual health youth workers and young people’s drug and alcohol treatment;
- Services for children with complex and additional needs (CAN);
 - Community nursing
 - Community paediatric medical
 - Palliative and continuing care
 - Community equipment and wheelchairs
 - ASD / ADHD pathways development
 - Allied health professionals (AHPs) including speech and language therapy (SALT), occupational therapy, physiotherapy, orthoptics, dietetics and podiatry.

For 2011/12 it is essential that those services currently under review should continue to completion, with the addition of the following;

- Health visiting;
- School nursing; and
- Health visitor liaison.

In relation to the above, there are local commitments made in the response to The Operating Framework for the NHS in England 2011/12 to take forward developments relating to violence against women and girls; health visitors; family nurse partnerships; increasing access to psychological therapies (IAPT); safeguarding children; dentistry;

children and young people’s physical and mental health; plus supporting measures therein in relation to breastfeeding at 6-8 weeks, as referenced below.

Breastfeeding
Look by improve initiation rates and those for 6-8 weeks, undertaking work to improve the rates particularly in areas of social deprivation;
Implement action plan following the social marketing project;
Continued investment in infant feeding coordinator in order to further develop the peer support scheme and other strategies to improve breastfeeding rates at 6-8 weeks and work to levels 1 and 2 UNICEF BFI accreditation; and
Implement the action plan in the commissioning strategy for breastfeeding.

Health visiting
As per the NHS operating plan 2011-12 look to ensure we have developed effective health visiting services, with sufficient capacity to deliver the new service model set out in the Health Visitor Implementation Plan 2011-2015 – A Call to Action. A local decision has been taken not to take part in Family Nurse Partnership (FNP) expansion; and
Undertake a full service review using the generic process outlined above.

Immunisations and vaccinations
To continue to implement and review the key actions highlighted in the strategy to improve take up, as follows;
Maintain a monthly GP practices waiting list and identify struggling practices;
Work with the GP practices in order to maintain an up to date list of movers, leavers and joiners in the borough;
Enact a robust follow up procedure of persistent non attenders of immunisation clinics;
Regular monitoring of data provided by the Child Health System Team; and
Continue targeted invites to Saturday morning clinics.

CYP with mental health needs
Complete the CAMHS development and investment plan of the three year £500k investment plan, matching the local CAMHS provision to comparator localities;
Continue to invest in urgent mental health care provision, leading to a specialist mental health assessment for CYP under the age of 16 years old where necessary within 24 hours or the next working day, and review protocols in place regarding rapid assessment standards and out of hours service provision;
To continue to commit additional funding to implement the Greater Manchester wide 24-7 CAMHS out of hours service and revised rapid assessment processes, and ensure compliance with the requirement that no 16 - 17 year old is inappropriately managed on an adult wards;
To ensure that young people aged between 16 and 18 years old presenting at A&E and other settings with mental health problems out of hours will be supported by the extended Crisis and Home Treatment Team from Greater Manchester West Mental Health Foundation NHS Trust;
To develop effective community eating disorders services through a partnership between local services and Galaxy House, including expanded effective specialist consultant-level clinical support;
To develop residential alternatives to children with traumatic histories / disorders rather than long-stay hospital admissions;
To extend and increase access to psychological therapies (IAPT) for CYP;
To complete the work on service specifications for CAMHS and the option of a tender or federated model with Central Manchester's service; and
To complete the Autism / ADHD care pathways and complete recruitment of the necessary additional clinical posts.
Dental
To take account of the NHS operating plan 2011-12 to continue to commission improvements in access to NHS dentistry, and seek to improve efficiency through effective management of dental contracts to minimise unnecessary recalls and split courses of treatment. To work with dentists and other agencies to promote improvements in the oral health of children.

CYP with complex and additional needs (CAN)
Continue service reviews and redesign work as below with additional investment identified of £150k recurrently to cover priority areas, taking account of potential shortfalls in funding from Sure Start (particular reference to SALT and dietetics).
Community nursing;
Community paediatric medical;
Palliative and continuing care;
Community equipment and wheelchairs;
ASD / ADHD pathways development; and
Allied health professionals (AHPs) including speech and language therapy (SALT), occupational therapy, physiotherapy, orthoptics, dietetics and podiatry.
Looked after children (LAC) and those in contact with YOS
To support early intervention in terms of making more interventions accessible for vulnerable LAC, especially those moving into adulthood from being looked after and who have been in contact with Youth Offending Services (YOS) – thereby reducing the likelihood of future mental health problems.
To commission additional nursing resource into the LAC service.
Consider improved access for those in contact with YOS, for CAMHS and SALT.
Safeguarding
Take account of the NHS operating plan 2011-12 - the findings of the Munro Review of child protection to be completed in April 2011. The response to this review is likely to impact on the way the NHS contributes to safeguarding children.
Obesity
Look to implement the actions relevant to mothers, children and young people in the draft Promoting Physical Activity - A Strategy for Trafford 2011 - 2014; and the draft A Healthy Weight Strategy for Trafford 2010 – 13.

Section 75 agreement

NHS Trafford has committed to embed the section 75 agreement work with Trafford CYPS further through a formal integrated commissioning and pooled budget, and as such to agree a clear service improvement to sustain and enhance outcomes, particularly in the management of transition throughout 2011/12.

Shaping and Managing the Market

There is need to ensure that market management is integral to the development and implementation of our strategic plan. It is about working with Childrens Trust partners to encourage current and potential providers to respond flexibly and creatively to the needs identified in the needs assessment.

Partners should actively encourage a strong provider market based on a diverse pool of suppliers from all sectors, and encourage entry by new participants and growth from underdeveloped sources of supply – including social enterprises and the third sector.

This phase involves putting the needs assessment and strategic plan into action, using resources from the range of partners. This phase will bring together experts from many disciplines, including finance, procurement and legal to develop service specifications and contracting arrangements that are outcomes-based and represent good value for money. In many cases this is about contracting and procuring, but in other cases it may be about investment in training, provision of services to support innovation and development and decommissioning provision that no longer contributes to priorities or is no longer based on best evidence.

This needs to align and link with approaches already taken within NHS Trafford and the CYPS market management methodologies.

Improving Performance, Monitoring and Evaluating

This phase of the commissioning cycle involves regular monitoring of performance and intervening early when performance suggests that improvements to outcomes may suffer. This includes assessing delivery against particular standards and outcomes, reviewing agreed use of resources (e.g. staff development) and reviewing whether resources are being used as effectively as possible against priorities. Findings and decisions from this phase should inform and be part of the annual planning cycles and reviews of partner agencies, particularly the review of the Children and Young People's Strategy by the Children's Trust partners.

Joining up in this phase will be determined by the market-shaping and contracting process outlined above. Detailed and ongoing performance management and service improvement should be led by the same partner or group of partners that led on market management. What is important is that the totality of the performance management and improvement activities covers the full range of services and needs identified in the needs assessment. At regular intervals (e.g. quarterly, half-yearly, annually) contract leads should report on performance to Children's Trust partners, and the partners should use this information to inform further assessment and planning.

Other Enabling/Supporting Functions

User (patient & public) involvement

All commissioning partners need to fully engage with CYP and their families, using creative approaches to reach vulnerable young people. Involvement of service users and their families / carers in the development of service provision is an integral part of effective commissioning. There is some limited involvement currently, however the plan is to make this more robust and integrated across all planning and delivery of services.

We wish to expand the scope and range of involvement with the aim to;

- To assess levels of satisfaction with current services and ideas for improvement;
- To gather information to shape future service specifications; and
- Test out views on aspirations and gain a sense of priority for development.

We will make use of the latest guidance and evidence in this field to ensure that this is effectively implemented.

Clinical / staff input and involvement

Clinical / staff engagement in the development of services is integral to future commissioning arrangements. It is essential that we engage providers and their respective staff in the development of commissioning plans.

All commissioning partners should actively seek and use the input of professionals, clinicians and experts throughout the commissioning process.

This engagement could be undertaken at a whole service as well as a service specific level. Clinical and managerial involvement drawn from across commissioned services can assist commissioners in the development of models of care that reflects professional best practice and which has leadership, ownership and commitment from the clinical community.

Should changes be required to commissioned services, these should be worked through jointly, involving affected staff. This activity should be synchronised to ensure business continuity, reduce instability and impact on the quality of services provided. We will make use of the latest guidance and evidence in this field to ensure that this is effectively implemented.

Key Actions for 2011 / 2012

Based upon the analysis outlined above the key actions for the next twelve months are identified as follows.

Commissioning generic

We intend to improve the CYPS commissioning arrangements by

- Translating this plan into a more detailed health and wellbeing delivery plan which will align to service redesign and investment commitments;
- Intending to improve our financial (total spend) and activity analysis across the joint commissioning of all services;
- Building a more effective mechanism for ongoing collation of data to inform needs assessments, and intend that this will sit within a standard framework and approach that outlines the joint responsibilities for its ongoing implementation;
- Deciding upon a commissioning model that integrates with other commissioning models and approaches within CYPS and relevant partner agencies;
- Ensuring that market management is integral to the development and implementation of our CSP;
- Ensuring that detailed and ongoing performance management and service improvement will be integrated into our commissioning model;
- Establishing more robust user involvement across all planning and delivery of services;
- Improving clinical / staff engagement in our decision making processes; and
- Refreshing the CSP on an annual basis.

Subject / service specific

The key subject / service specific domains that have actions identified to deliver (in more detail above) are

- Maternity;
- Breastfeeding;
- Health Visiting;
- Immunisations and vaccinations;
- Children with mental health needs;
- Children with complex and additional needs (CAN);
- Obesity;
- Looked after children (LAC) and those in contact with the YOS;
- Safeguarding; and
- Dental.

Conclusion

Outlined above are the key elements of a robust and integrated commissioning strategic plan for maternity, children and young people's health in Trafford that covers a shared understanding of the priorities for 2011 through to 2014 that can most effectively improve health outcomes and the actual experience encountered.

APPENDIX 1 – Drivers for change:

The National Context

Over the last two years, stimulated by a change of Government, there have been a number of key documents published which directly impact on the development of this local strategy. The key ones (in chronological order with most recent first) are outlined below with a summary of the elements therein, that need to be taken account of.

In addition there have been numerous subject / service specific strategies and plans produced that could have a direct impact on those respective subject / services. These are not specifically referenced in this document however need to be taken on board when developing strategies in those particular domains.

The NHS Outcomes Framework 2011/12

The first NHS outcomes framework sets out the outcomes and corresponding indicators that will be used to hold the NHS Commissioning Board to account for the outcomes it delivers through commissioning health services from 2012/13. The framework sets direction of travel in the journey towards improving outcomes, and offers an opportunity for the NHS to begin to understand what an NHS focused on outcomes means for individuals, organisations and health economies. More details can be found at

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_123138.pdf

Specific improvement areas (and indicators) relating to maternity and child health are

as follows;

- Reducing deaths in babies and young children
 - 1.6.i Infant mortality
 - 1.6.ii Perinatal mortality (including stillbirths)
- Reducing time spent in hospital by people with long term conditions
 - 2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
- Preventing lower respiratory tract infections (LRTIs) in children from becoming serious
 - 3.2 Emergency admissions for children with LRTIs
- Improving women and their families' experience of maternity services
 - 4.5 Women's experience of maternity services
- Improving children and young people's experience of healthcare
 - 4.8 An indicator needs to be developed.
- Improving the safety of maternity services
 - 5.5 Admission of full-term babies to neonatal care
- Delivering safe care to children in acute settings
 - 5.6 Incidence of harm to children due to 'failure to monitor'

Healthy Lives, Healthy People: transparency in outcomes, proposals for a public health outcomes framework

The Public Health Outcomes Framework, which complements the NHS Framework, sets out how society, government and individuals share collective responsibility to improve and protect the health of the population. The consultation (that closed on 31st March 2011) looks at five areas to:

- Protect the population's health from major emergencies;
- Tackle factors that affect health and wellbeing and health inequalities;
- Help people to live healthy lifestyles and make healthy choices;
- Prevent ill health; and
- Prevent people from dying prematurely.

More details can be found at

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_123113.pdf

Specific proposed public health outcome indicators relating to maternal and child health are as follows;

- Children in poverty;
- School readiness: foundation stage profile attainment for children starting Key Stage 1;
- Rates of adolescents not in education, employment or training at 16 and 18 years of age;
- Truancy rate;
- First time entrants to the youth justice system;
- Prevalence of healthy weight in 4-5 and 10-11 year olds;
- Hospital admissions caused by unintentional and deliberate injuries to 5-18 year

- olds;
- Under 18 conception rate;
- Rate of dental caries in children aged 5 years (decayed, missing or filled teeth);
- Hospital admissions caused by unintentional and deliberate injuries to under 5 year olds;
- Incidence of low-birth weight of term babies;
- Breastfeeding initiation and prevalence at 6-8 weeks after birth;
- Screening uptake (of national screening programmes);
- Chlamydia diagnosis rates per 100,000 young adults aged 15-24;
- Child development at 2 - 2.5 years;
- Maternal smoking prevalence (including during pregnancy); and
- Infant mortality rate.

The Operating Framework for the NHS in England 2011/12

This framework outlines the business and planning arrangements for the NHS in 2011/12. It describes the national priorities, system levers and enablers needed to build strong foundations set out in Equity and excellence: Liberating the NHS, maintaining and improving quality, while keeping tight financial control and delivering the QIPP challenge. More details can be found at

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122736.pdf

There are specific references to maternity and child health as follows;

- Choice in maternity services;
- Violence against women and girls;
- Health visitors;
- Family Nurse Partnerships;
- Increasing access to psychological therapies (IAPT);
- Safeguarding children;

- Dentistry;
- Children and young people's physical and mental health; and
- There are supporting measures therein in relation to maternity 12 weeks, and breastfeeding at 6-8 weeks.

Healthy lives, healthy people White Paper: Our strategy for public health in England

The White Paper sets out the Government's long-term vision for the future of public health in England. The aim is to create a 'wellness' service (Public Health England) and to strengthen both national and local leadership. More details can be found at

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122347.pdf

Key points relating to maternal and child health are

- By improving maternal health, it could give our children a better start in life, reduce infant mortality and the numbers of low birth-weight babies;
- Taking better care of children's health and development could improve educational attainment and reduce the risks of mental illness, unhealthy lifestyles, road deaths and hospital admissions due to tooth decay; and
- Giving every child in every community the best start in life. This will be done through the continued commitment to reduce child poverty, by investing to increase health visitor numbers, doubling by 2015 the number of families reached through the Family Nurse Partnership programme, and refocusing Sure Start Children's Centres for those who need them most. An Olympic and Paralympic-style sports competition will be offered to all schools from 2012.

Achieving equity and excellence for children

This paper sets out how the NHS White Paper relates to children and young people, highlighting the need for the NHS to pay greater attention to the needs of children,

young people and families in commissioning and delivering services. More details can be found at

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_119490.pdf

Getting it right for children and young people: Sir Ian Kennedy report

This paper considers how cultural barriers need and can be overcome in the NHS in order that it can meet the needs of children and young people. It sets a number of recommendations in order to take this forward. More details can be found at

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_119446.pdf

NHS organisations are asked to consider the issues the two documents above raise, particularly in the management of transition throughout 2011/12 and, as identified, pay particular attention to groups with specific needs including disabled children, palliative care, and child and adolescent mental health services (CAMHS), children in care and families with multiple problems.

Fair Society, Healthy Lives – The Marmot Review

The report proposes a new way to reduce health inequalities in England post - 2010. It argues that, traditionally, government policies have focused resources only on some segments of society. To improve health for all of us and to reduce unfair and unjust inequalities in health, action is needed across the social gradient.

The detailed report contains many important findings, some of which are summarised below.

- People living in the poorest neighbourhoods in England will on average die seven years earlier than people living in the richest neighbourhoods;

- People living in poorer areas not only die sooner, but spend more of their lives with disability – an average total difference of 17 years;
- The Review highlights the social gradient of health inequalities - put simply, the lower one's social and economic status, the poorer one's health is likely to be;
- Health inequalities arise from a complex interaction of many factors – housing, income, education, social isolation, disability – all of which are strongly affected by one's economic and social status;
- Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion to £40 billion through lost taxes, welfare payments and costs to the NHS ; and
- Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community.

More details can be found at <http://www.marmotreview.org/>

Healthy Child Programme: pregnancy and the first five years of life

The Healthy Child Programme (HCP) for the early life stages focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_118525.pdf

Healthy Child Programme from 5 to 19 years old

The HCP from 5 to 19 year olds sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. It outlines suggested roles and responsibilities for commissioners, health, education, local authority and other partners to encourage the development of high-

quality services. It sets out support for giving children and their families the best start in life.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf

Healthy lives, brighter futures – the strategy for children and young people's health

Published in February 2009 under the previous Government, this joint DH / DCSF strategy presents the vision for children and young people's health and wellbeing. It sets out how it planned to build on progress through: world-class outcomes; high quality services; excellent experience in using those services; and minimising health inequalities. More details can be found at

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400

Securing better health for children and young people through world class commissioning

This document supports commissioners to play their central role in securing improved outcomes for children, young people and their families. It accompanies *Healthy lives, brighter futures* and describes what world class commissioning for the improvement of health outcomes for children, young people and their families looks like. More details are available at

<http://www.education.gov.uk/publications/eOrderingDownload/285374b.pdf>

APPENDIX 2 – Drivers for change:

The Regional Context

The geographical location of Trafford within Greater Manchester and the North West of England is an essential consideration to factor into this strategic plan. The key contextual factors are as follows.

Making it Better

Making it Better (MiB) involves investment and changes to NHS services for children, babies, young people and families in Greater Manchester. It will result in improved services that are more suited to today's health needs. Greater Manchester Primary Care Trusts (PCTs) are investing over £120 million in maternity, neonatal (newborn babies) and children's services for new buildings and equipment. Several million pounds will be spent each year on more doctors, nurses and other staff, as well as more training. This will make services safer and fit for the future. The changes are that

- There will be more services closer to home so that where it is safe, more children and mothers can receive care at home or in the community. This is what families said they would prefer;
- All hospitals will continue to provide outpatient and daytime children's services;
- Emergency services for children will continue at all hospitals with an Accident & Emergency (A&E) Department;
- All acute hospitals will continue to provide outpatient antenatal and postnatal care along with maternity care in the community;
- Overnight services for children and maternity will be provided in fewer, larger

hospitals to concentrate specialist staff and expertise and improve staffing levels. This will make services safer;

- There will also be a move from two to three regional neonatal intensive care units to improve access to this specialist service for all families in Greater Manchester. From winter 2011/12, there will be the existing unit at Saint Mary's Hospital and new units at the Royal Bolton and Royal Oldham Hospitals. Salford Royal Hospital will no longer provide a regional neonatal intensive care service from winter 2011/12.

Further details can be found at <http://www.makingitbetter.nhs.uk/index.php>

Trafford specific developments and references are outlined below in the section - subject / service specific priorities, and planned investments.

NHS Northwest clinical pathway groups

In 2009/10 NHS Northwest established clinical pathway groups to look at eight key health issues that affect people at different stages in their lives, each led by an expert from health or social care. They looked at what can be done to ensure best practice is used universally in our region, so that people can get the best standards of care. The relevant final reports from the Clinical Pathway Groups 2010 were published in July 2010 and the key findings are as follows.

Birth and Newborn

The Birth and Newborn Clinical Pathway Group asked commissioners to focus on three areas when commissioning maternity services, whilst continuing to use the current core maternity pathway, being:

- Pre-conception care which optimises the health of all women 15 - 45 years, regardless of intention to conceive (more than 50% of pregnancies are unplanned);
- Improving the quality of the initial maternity assessment appointment (social and medical needs, risks, preferences, leading to a plan for pregnancy);
- Planning and provision of post-natal care.

Children

The Children's Clinical Pathway Group focused their work and recommendations in relation to urgent care, disability, along with emotional health and well-being.

APPENDIX 3 – Drivers for change:

The Local Context

There are a number of local drivers for change that must to be taken account of, including:

NHS Trafford response to The Operating Framework for the NHS in England 2011/12

This document is in the process of being drafted and includes the NHS Trafford responses to the key headline and supporting measures therein. A number of these specifically relate to maternity, children and young people as referenced in the national context above.

Transitional commissioning arrangements

NHS Trafford (with regional partners) is working to ensure effective commissioning arrangements are in place to deliver the effective commencement of GP commissioning consortia from April 2013. The transitional arrangements include the proposed creation of a Greater Manchester commissioning cluster intended to:

- Sustain management capacity, and a clear line of accountability, providing greater security for the delivery of current PCT functions and statutory duties until March 2013;
- Provide space for developing GP commissioning consortia to operate effectively;
- Provide a mechanism to enable high quality NHS staff to move to new roles in GP

commissioning consortia, commissioning support arrangements and the NHS Commissioning Board, whilst minimising unnecessary redundancy costs;

- Provide a basis for the development of commissioning support arrangements, allowing current commissioners and new entrants to develop a range of commissioning support solutions from which consortia and the NHS Commissioning Board can secure expert support;
- Similarly, provide space for new arrangements with local authorities, particularly Health and Wellbeing Boards (accepted by Department of Health to be an early implementer), to develop; and
- Support the provider reform element of the transition.

Improving Health and Wellbeing in Trafford - Joint Health Inequalities Strategy and Delivery Plan 2010 - 2013

This strategy outlines how Trafford’s Health and Wellbeing Partnership and cross-sector partners in the borough will work together to improve the health and well-being of everyone, with the result that people feel emotionally and physically healthy, live longer, have better quality of life and improved life chances. The aim is to have a reduction in the health and life expectancy gap between the richest and poorest areas in Trafford.

The strategy is wide and far-reaching in its scope and ambition. It considers the factors that make people unhealthy. These may be behavioural such as smoking, poor diet and lack of exercise, but they are also inextricably linked to the wider determinants of health such as economic prosperity, transport, housing, planning, community safety, environment, education, culture, leisure and whether people feel a part of their local community or social networks.

The strategy sets out a commitment to developing preventative services and earlier interventions for local people and ensures that when people do require services they receive high quality services that increase independence and give individual choice and control. It integrates the detailed operational strategies and plans associated with improving physical and mental health and the services that contribute to the wider determinants and the preventative approach.

NHS Trafford Commissioning Strategic Plan 2009 – 2014

This strategic plan covers the whole of the Trafford registered population, outlining the journey away from a primary focus on ‘delivering healthcare’ towards the creation of a system that understands citizens and patients as partners in the ‘co-production of health’. It is underpinned by three key concepts being;

- That we must change the nature of the relationship between the NHS and the local population;
- That we must change the relationship between strategic management and care professionals; and
- Those of transformation - of both services and the commissioning function itself.

In simple terms it is about: Helping people to live longer, healthier and better quality lives - in short adding years to life and life to years.

Six priorities have been identified to support the vision:

- Protect and improve the health of Trafford citizens and reduce health

inequalities;

- Ensure that quality is enshrined in all our activities;
- Ensure that our services are value for money;
- Commission services that meet the needs of local citizens;
- Ensure that we systematically involve staff, patients and the public in decisions about their health and healthcare; and
- Ensure the organisation is well run and fully fit for purpose.

Trafford Integrated Care System

The intention of the integrated care system is to ensure that more services are made available in local communities and closer to people’s homes. Trafford Healthcare NHS Trust (THT) and Trafford Provider Services (TPS) have been at the forefront of the development of an integrated care system in Trafford, working in partnership with commissioners, GP and local authority colleagues.

NHS Trafford has been working closely with NHS North West and other partners over the last few months to identify a solution for the PCT to become a commissioning-only organisation as part of the Transforming Community Services (TCS) programme. The TCS programme involves TPS moving away from its arms-length relationship with NHS Trafford to become fully independent and to the creation of a model to provide integrated care services locally.

TPS has transferred to Ashton, Leigh and Wigan Community Healthcare NHS Trust for an interim period of up to 12 months (1 April 2011 to 31 March 2012), whilst work continues to develop a non-bed based integrated care organisational model in the borough. Related and aligned to this, THT is seeking acquisition by a larger organisation so they can ensure their services (hospital and community based) continue to provide the kind of high-quality care that patients currently receive for many more years to come, even though the Trust is too small to be viable as an independent trust ongoing.

Trafford Children and Young Peoples Service (CYPS)

Trafford CYPS is jointly governed and managed by Trafford Council, THT and NHS Trafford. The CYPS has responsibility for all the main education (including schools), health and social care services for the 53,000 children and young people in the borough.

The CYPS aims to improve quality of life outcomes through bringing different agencies and services together to provide a more 'joined up' service for children, young people and their families. To achieve this CYPS commissions and provides a wide range of integrated services. More details about CYPS can be found at <http://www.cyps.org.uk/>

Trafford Children and Young People's Strategy 2011 – 14

(currently in draft format for commencement in April 2011)

The plan is an overarching strategy that will set the top level outcomes and priorities for our Children's Trust partnership for the next three years. It is a statement of intent for improving outcomes for children, young people and families across the borough, laying out the vision for Trafford.

There are four overarching priorities within the plan. All are relevant to this strategic plan, with the first being the most relevant.

- Improve the health and well being of children, young people and their families;
- Close the gap in outcomes for children, young people and families in vulnerable groups;
- Close the gap in outcomes for children, young people and families based on their localities; and
- Ensure that young people are well prepared to achieve in adulthood through high quality learning and development.

The latest version of the plan can be seen at

http://www.cyps.org.uk/commissioning_performance_support/commissioning/2011/02/03/children_young_people_s_plan/