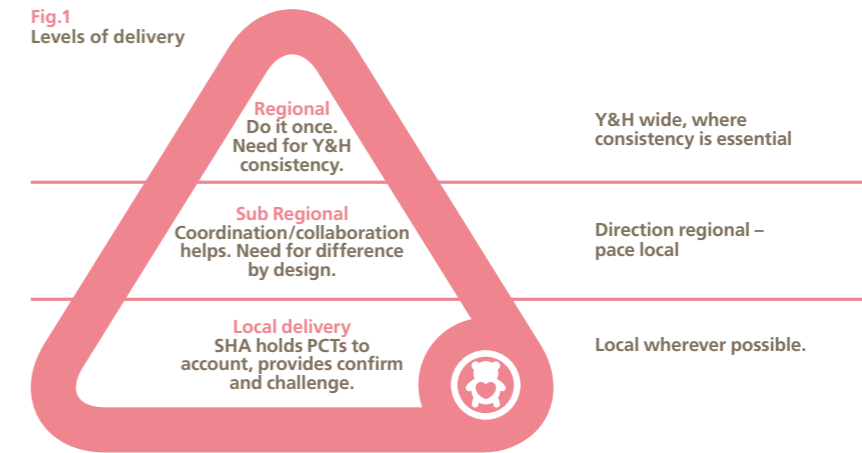


Fig.1
Levels of delivery



What did we say in Healthy Ambitions?*

1
The Children's Services Pathway Group recognised that the health of children in Y&H is amongst the worst in the country and that there were significant challenges to be overcome in future years – for example close to 1 in 5 boys and 3 in 10 girls in the region were expected to be obese by 2010. For girls this is nearly twice the national average.

They therefore recommended that:

- Comprehensive children's primary care teams should be developed.
- There should be improved paediatric expertise in primary care.
- There should be a single phone line for advice on children.
- There should be a series of summits for our regional experts to improve the care of children with asthma and diabetes.
- Routine planned surgery for children should take place as locally as possible, specialist and emergency surgery to be concentrated where it will improve outcomes.
- There should be support for the recommendations in a number of other areas as they affect children (e.g. urgent care; planned care, staying healthy etc.).

Who is taking this work forward?

2
Levels of delivery
PCTs across Y&H have worked with the SHA to agree which of the recommendations of the children's pathway should be taken forward locally and which might need action at regional level. This is summarised in fig.2 on the next page.

*Full details can be found at:
www.healthyambitions.co.uk/children.html

Recommendations & levels of delivery.

Fig.2 Levels of delivery

KEY
 ● Primary Implementation



Recommendation 1

Prevention and early identification: The CPG recommended that a risk assessment tool should be developed for every child starting from known pregnancy onset through birth, infancy, pre-school, school and into teenage years. This would inform targeted primary care and social support. Parents and particularly vulnerable parents should be offered parenting education on the prevention, recognition and care of sick children.

YH wide implementation

-

YH wide coordination and collaboration

Yes

Local Delivery

Yes

Comments

Collaborative commissioning of tool & piloting of tool from 0 years to adolescent



Recommendation 2

Assessment, diagnosis, and referral pathways: Access to services for children and families should be improved. Children should be able to access primary care services from 8 to late; thereafter there should be a single phone line for advice on children staffed by an experienced children's practitioner. Urgent Care Centres, as proposed by the acute CPG, should include expert assessment of children by GPs and/or paediatricians.

YH wide implementation

-

YH wide coordination and collaboration

Yes

Local Delivery

Yes

Comments

Interface with acute pathway



Recommendation 3

Primary Care: The CPG advised we need properly constituted children's multidisciplinary primary care teams that include health visitors, midwives, school nurses, community children's nurses, paediatric therapists and GPs. This team requires strong leadership from within primary care.

YH wide implementation

-

YH wide coordination and collaboration

-

Local Delivery

Yes

Comments

Develop primary care teams

Nursing teams for children



Recommendation 4

The CPG recommended a range of ways in which standards in primary care could be raised to the levels of the very best on offer in Y&H. This includes strengthening the training requirements of GPs in respect of paediatrics, asking a cohort of GPs to develop expertise to act as a 'beacon' within a practice or groups of practices with a clear aim of raising standards and improving outcomes, or potentially piloting a specific new role of a children's GP.

YH wide implementation

-

YH wide coordination and collaboration

Yes

Local Delivery

Yes

Comments

Develop quality standards
 GP champion pilots
 Review GP training



Recommendation 5

Acute management/treatment: 30 years ago children stayed in hospital for a wide range of common conditions such as whooping cough. Now children are unlikely to stay in hospital unless they have a severe or urgent condition which requires the care of specialists such as paediatric surgeons and anaesthetists. Whilst the vast majority of children can be treated in their local hospital, some will need the expert skills available in tertiary centres; networks will need to be in place to link these centres with local hospitals. The CPG therefore recommends that: -

YH wide implementation

Yes

SCG

YH wide coordination and collaboration

Yes

SCG/Collaborative

Local Delivery

Yes

Comments

Review local A&E usage
 Undertake review of expertise in surgery and anaesthetics for children



Recommendation 6

For planned surgery, Trusts and PCTs need to create more opportunities for children to have surgery carried out in local hospitals by competent surgeons and anaesthetists. Occasional practice should cease.

YH wide implementation

-

YH wide coordination and collaboration

-

Local Delivery

Yes

Comments

Utilise reviewed children's networks



Recommendation 7

For the small numbers of children that may require specialist surgical care, better outcomes may be achieved through concentrating care into larger units.

YH wide implementation

SCG where relevant

YH wide coordination and collaboration

SCG

Local Delivery

Yes

Comments

Networks as above



Recommendation 8

We need to develop expertise and facilities to meet the health needs of teenagers.

YH wide implementation

Yes
 SCG where relevant

YH wide coordination and collaboration

-

Local Delivery

Yes

Comments

-



Recommendation 9

Child and adolescent mental health: Children and young people should have the same thresholds and access to services across the region. In addition there should be rapid access teams, drop in services, specialist on-call services in all areas and paediatric mental health liaison for children and young people with physical health conditions. Services should be age sensitive and focus on prevention and early intervention. There should be investment in training for professionals in order to improve the emotional and behavioural support for children and young people in primary health care, schools and communities

YH wide implementation

Yes T4 CAMHs
 SCG

YH wide coordination and collaboration

-

Local Delivery

Yes

Comments

Benchmark access thresholds to CAMHs
 Locally review access to EI/CR services (interface with mental health pathway)
 Capacity and capability review T4 CAMHs
 Commission education and training programme for T1 services for universal coverage



Recommendation 10

Improving outcomes in diabetes by developing a focused approach.

YH wide implementation

-

YH wide coordination and collaboration

-

Local Delivery

Yes

Comments

Year of Life programme



Recommendations & levels of delivery.



Recommendation 11

Improving outcomes in childhood asthma, with a clear aim of reducing acute admissions and improving overall disease control. The proposal is similar to diabetes but in this instance would also involve primary care to a much greater extent. The first step would be to hold a 'Y&H Asthma Summit.'

YH wide implementation

Yes

YH wide coordination and collaboration

-

Local Delivery

Yes

Comments

Clinical summit



Recommendation 12

Young people's palliative care

YH wide implementation

-

YH wide coordination and collaboration

YHIP

Local Delivery

Yes

Comments

Mapping and scoping palliative care services SCG where appropriate YHIP



Recommendation 13

Children with neuro-disabilities

YH wide implementation

Yes
SCG where relevant

YH wide coordination and collaboration

Yes

Local Delivery

Yes

Comments

-



Recommendation 14

Dental Health: Primary care dental services need to be developed to better cater for children with significant dental disease within the primary care sector.

YH wide implementation

-

YH wide coordination and collaboration

-

Local Delivery

Yes

Comments

-



Recommendation 14.1

There needs to be better integration between primary dental care and specialised services. Referral pathways into the specialist services need to be more clearly defined.

YH wide implementation

-

YH wide coordination and collaboration

Yes

Local Delivery

Yes

Comments

Develop clinical care pathway for specialist dental services



Recommendation 14.2

The effective delivery of preventive dental care within primary care dental services needs to be encouraged and supported.

YH wide implementation

-

YH wide coordination and collaboration

-

Local Delivery

Yes

Comments

-



Recommendation 15

Commissioning: There is a need to commission whole pathways of care. The CPG were not opposed to some elements of pathways being provided by different providers as long as commissioners are clear about the whole pathway and that performance management and incentives are directed towards providing a service integrated around the needs of each child and family.

YH wide implementation

-

YH wide coordination and collaboration

Yes

Local Delivery

Yes

Comments

Networks
SCG



Recommendation 16

Effective financial levers: There is a need for clear outcome measures – of both clinical relevance but more importantly of relevance to each child and family. This demands involvement of users in determining and being aware of outcomes.

YH wide implementation

-

YH wide coordination and collaboration

Yes

Local Delivery

Yes

Comments

Agree metrics PHO to develop tool kit
Link to quality framework benchmarking





When is it happening?

3
The actions to be taken forward in the first year of implementation for the pathway are shown in fig.3.

Local delivery

4
PCTs have prioritised the recommendations in Healthy Ambitions in light of the needs of their local community and the current position of their services.

Working with local providers and other partners they have all set out the action that they will take to start to turn the recommendations in Healthy Ambitions into reality in their five year strategic plans.

An example of the action being taken in Doncaster is shown in fig.4.

Fig.3 Timetable

Action	When
Complete network review and SCG new arrangements	February 2009 – April 2009
Asthma Summit	By December 2009
Agree infrastructure for taking forward Children's Care Pathway(s) Needs to interface with LTC/Planned and acute care pathways	By February 2009
Develop and review GP training and quality standards	April 2009 onwards
Development of risk assessment tool	June 2009 onwards
Review of specialist surgical care Define scope	June 2009
CAMHS Tier 4 review	March 2010
Mapping palliative care and development of action plan	July 2009
Dental health pathways	June 2009

Fig.4 An example of local action in NHS Doncaster

Local action in Doncaster:

- Breast Start: we will commission programmes by 2013, with significant investment in acute, community and partnership based services to ensure 8000 more babies are breastfed at 6-8 weeks.
- Healthy weight for all: From July 2009, we will commission and introduce personalised packages of care and treatment in Doncaster to support 300 children each year in losing weight.
- Attitudes Towards Alcohol: To commission a range of innovative and creative services regarding alcohol treatment and prevention to reduce the number of adolescents drinking alcohol more than 3 times a week.

PCTs have prioritised the recommendations in Healthy Ambitions in light of the needs of their local community and the current position of their services.

How can you help make it happen?

5

Everyone with an interest in improving health and healthcare can play a part in taking forward the recommendations in the children's chapter of Healthy Ambitions.

In fig.5 we have set out some of the suggestions from staff about how people could help implement the recommendations. As an NHS publication – this section has just focussed on the roles that NHS Staff could play – but we very much recognise that our partners have a big contribution to make if we are to deliver the recommendations of the children's chapter in Healthy Ambitions. We know that local authorities have a big part to play – e.g. in safeguarding children, helping to create a safe environment and promoting healthy lifestyles in schools. We are committed to working with our partners to help make this happen.

Fig.5

Who	What
Paediatricians could:	<ul style="list-style-type: none"> Plan and deliver care in line with recommended models Develop acute assessment units for expert children's assessment and care of children
Directors of Commissioning could:	<ul style="list-style-type: none"> Understand models of care in detail Reflect them in service specifications and contract with providers Make sure they are reflected in indicators used to reward quality in contracts. Commission services to reduce hospital admissions for children with asthma Ensuring HA recommendations are reflected in work to set up or further develop children's Trusts
Directors of Performance could:	<ul style="list-style-type: none"> Monitor indicators to ensure progress is being made and examine impact on selected WCC outcomes.
GPs could:	<ul style="list-style-type: none"> Understand and implement recommendations in pathway report – examine alternative proposals for improving children's primary care Offer effective management of children with asthma to avoid hospital admissions
CAMHS professionals could:	<ul style="list-style-type: none"> Understand and implement CAMHS recommendations in pathway report
Directors of Finance could:	<ul style="list-style-type: none"> Assess the financial implications of local plans in response to pathway recommendations and ensure appropriate provision within medium term and operational financial plans. Any impact on providers of change in care pathways or service provision would need to be appropriately communicated consistent with WCC standards and process and existing contracting arrangements
Dentists could:	<ul style="list-style-type: none"> Understand and implement the dentistry recommendations in the report
Medical Directors could:	<ul style="list-style-type: none"> Implement children's surgery recommendations Develop acute assessment units for expert children's assessment and care All elective surgery and anaesthetics should be provided by professionals working as part of a network incorporating specialist children's surgeons and anaesthetists



Who will make sure that this work happens?

6

There are a number of key leadership roles in the delivery of this pathway:

Locally

Each PCT Chief Executive is responsible for delivering recommendations in line with local priorities and strategic plans.

Collaboratively and Regionally:

Delivery will be overseen by a Pathway Delivery Board – as described in the chapter on governance arrangements.

For children the chair will be Chris Outram Chief Executive at NHS Leeds who will act as a sponsor of the children's pathway within the wider chief executives forum. She will assist the clinical lead and SHA Director lead to promote implementation of the pathway, and partnership working between PCTs and local authorities.

The regional clinical lead is Ian Lewis, consultant paediatric oncologist at Leeds Teaching Hospitals Trust, who will oversee progress against of the Children's pathway recommendations, act as a champion for the recommendations, advise on delivery processes and encourage colleagues to continue to focus and give priority to the children's recommendations

Sue Proctor, Director of Patient Care and Partnerships, will oversee progress on implementation of the children's pathway for the SHA.

Who	What
Diabetologists could:	<ul style="list-style-type: none"> Understand and implement recommendations in pathway report
Respiratory physicians/nurses could:	<ul style="list-style-type: none"> Aware of Y+H asthma summit and opportunity to participate. Ensure services are planned and delivered in line with the recommended model.
Health Visitors could:	<ul style="list-style-type: none"> Understand and implement recommendations in pathway report Target work with high risk children and families Offer effective management of children with asthma to avoid hospital admissions
Midwives could:	<ul style="list-style-type: none"> Understand and implement recommendations in pathway report
School nurses could:	<ul style="list-style-type: none"> Understand and implement recommendations in pathway report Target work with high risk children and families
Community children's nurses could:	<ul style="list-style-type: none"> Understand and implement recommendations in pathway report children's nurses should:
Paediatric therapists could:	<ul style="list-style-type: none"> Understand and implement recommendations in pathway report
Workforce planners could:	<ul style="list-style-type: none"> Analyse of workforce implications of pathway recommendations including training for GPs and emotional and behavioural support for young people.
Directors of Finance could be:	<ul style="list-style-type: none"> Assessing the financial implications of local plans in response to pathway recommendations and ensuring appropriate provision with medium term and operational finance plans. Any impact on providers of changes in care pathways or service provision would need to be appropriately communicated consistent with WCC standards and process and extant contracting arrangements

This checklist is illustrative and for guidance only.



How will we measure success?

7

We have developed a "Healthy Ambitions Dashboard" based on a small number of key indicators which taken together can be used to start to measure the success of the Healthy Ambitions programme as a whole. This is underpinned by trajectories which each PCT will set to reflect their local priorities and circumstances. It will show the measurable improvements they are making in each pathway area. This will supplement the "vital signs" indicators and trajectories which support delivery of the targets set out in the NHS Operating Framework and the selection of outcome measures which PCTs have included in their strategic plans. In many cases these measures are one and the same. All of these measures will feature in PCTs annual operating plans to be agreed with the SHA and be the basis for the SHA's performance management regime.

Recognising that the pathway recommendations are many and various we intend to start by tracking progress against the key pathway pledge, which for the children's pathway is to cut the number of hospital admissions for children with asthma.

We know that this doesn't tackle all of the priorities in this chapter. Childhood obesity, breastfeeding rates, children's asthma and diabetes rates will be tracked through existing routes. Obesity in primary school children and infants breastfeeding are Vital Signs, whilst identification and support for diabetic children is a CQUIN measure.

The key indicators we will therefore track in the "Healthy Ambitions Dashboard" will be:

- Number of children <20 years admitted to hospital for asthmatic episodes (by 5 year age band)
- Readmission rates for children with asthmatic episodes within 3 months
- Average length of stay for asthma admissions and readmissions for under 19 year olds

Work has been undertaken to establish baselines for the pledge and by the end of March '09 trajectories for improvement will have been agreed between the SHA and PCTs and will be reflected in annual operational plans.* We intend to publish progress against individual trajectories.

*More details can be found in chapter on performance and metrics.

Our pledge in taking forward this pathway will be to cut the number of hospital admissions for children with asthma.