



Ambition 3: Improving Services for Babies, Children, Young People (BCYP) and developing our Local Maternity and Neonatal System (LMNS)

Ambition 3: Improving Services for Babies, Children, Young People (BCYP) and developing our Local Maternity and Neonatal System (LMNS)



Sue Cook
Executive Director People Services
Suffolk County Council



Sara Tough
Executive Director Children's Services
Norfolk County Council



Tricia D'Orsi
Executive Director of Nursing,
and LMNS SRO, Norfolk & Waveney ICB

"Our collective Ambition is that all babies, children and young people will have the best start in life, achieved through person and family centred, high quality support to enable them to 'Flourish'. We will focus on collaborative working with system partners to promote the importance of a strong start in life for children and young people. We will prioritise the voices, needs and ambitions of children and young people so they can live their happiest, most rewarding lives and meet their potential."

Our objectives

- a) Successful implementation of Norfolk's Start for Life and Family Hubs approach
- b) Continued development of our LMNS, including the 3-year Maternity Delivery Plan
- c) Implementation of asthma and epilepsy recommendations, for Children and Young People
- d) Develop an improved and appropriate offer for Children's Occupational Therapy

What would you like to see in our five-year plan for health and care services? What matters most to you?

Parents and children have told us that they want access to better information and support for their physical and mental health needs, waiting times to assessment and treatment are too long, services supporting children, young people and families should work better together and maternity care should be personalised.

Why we chose these objectives

The first 1001 days of a child's life are critical, and the NHS plays a crucial role in improving the health of babies, children and young people: from pregnancy, birth, and the early weeks of life; through supporting essential physical and cognitive development before starting school through to help in navigating the demanding transition to adulthood. We know the health of children and young people is determined by far more than healthcare. A stable and loving family life, healthy environment, education, safe housing, and income all significantly influence young people's health and life chances. The outcomes we seek to achieve for children will be consistent across Norfolk and Waveney so that regardless of postcode, families can expect to have access to appropriate services. We aim to provide holistic care through design and implementation of care models that are age appropriate, closer to home and bring together physical and mental health services to support development. We can improve outcomes and make a difference through working in partnership with other organisations.

Objective 3a Successful implementation of Norfolk's Start for Life (SfL) and Family Hubs (FH) approach

What are we going to do?

Implement a Start for Life (SfL) and Family Hubs (FH) model, using the whole family approach to provide a single access point to family support services that is integrated across health (physical and mental health), social care, VCSE organisations and education settings.

The emphasis will be on support for families in local areas, plus a designated family hub site in each of the seven district council areas. There will be sites in Norwich, King's Lynn, Great Yarmouth/Gorleston, and Thetford where 37% of Norfolk's overall population reside and include the most deprived areas in Norfolk. Virtual services will also be available through the family hubs approach.

How are we going to do it?

Through improved data sharing arrangements and a more joined up approach to 'whole family' needs whatever part of the system families' access.

Through FH sites and the FH network, co-located teams will be working alongside each other to provide support.

Through prioritising prevention and early intervention by providing advice and guidance to families at the earliest opportunity when families engage with FHs. This will also include the signposting to self-care resources, and the opportunity to link with others for mutual support.

How are we going to afford to do this?

There is circa £1.9m of DHSC funding, for perinatal mental health and parent-infant relationship support, to be effectively utilised to deliver the programme's minimum expectations by March 2025.

The funding required to develop and implement a SfL and FH approach in Norfolk is secured through an overall grant of approximately £6m paid to the host agency, Norfolk County Council.

There is an added requirement for Partners (resource expertise) across the system to collaborate to ensure the most effective support is in place to benefit families.

What are the key dates for delivery?

Year 1 April 2023 – Sep 2023

- Commission enhanced support for families who have suffered pregnancy loss
- Four phase one family hub sites operational
- Family hub virtual offer operational
- Level one Perinatal Mental Health and Parent and Infant Relationship (PAIR) 'awareness' training delivered to the core family hub workforce

Year 1 Oct 2023 – March 2024

- Enhanced 0-4 Parent Infant Mental Health Service, with additionality aligned to family hubs
- Enhanced Wellbeing (Talking Therapies) Service, with additionality aligned to family hubs
- Three phase two family hub sites operational

Year 2 April 2024 – Sep 2024

- Specific deliverables to be defined for this period

Year 2 Oct 2024 – March 2025

- Full family hub approach embedded across Norfolk

Year 3 to Year 5 deliverables are not yet known.

How will we know we are achieving our objective?

The programme team is currently working with the DfE/DHSC to develop an evaluation process for the national FH and SfL programme. In addition, at a local level a performance measurement dashboard will be developed to track the identified KPI's across the programme and for each individual work strand, for example:

1. Feedback from families on Start for Life and Family Hubs offer (e.g. inclusive, 90% accessible, co-ordinated approach, greater connection through services, easier to navigate access services)
2. 90% access integrated referral pathways tell story once and 90% of families access the advice, information and guidance they need feedback from parent and carer panel feedback
3. More Practitioners across agencies work in a whole family approach (data single view – data sharing agreements)
4. Recruitment of an additional 70 peer support volunteers recording families receiving support and recruitment numbers by 2025/26.
5. Aim 250 of families supported via Every Relationship Matters reduce parental conflict on children
6. Families receiving help to manage financial challenges (measured through Department of Work & Pensions advisors embedded in Family Hubs)
7. Families accessing non funded services
8. Parents accessing Start for Life and Family Hub services have improved understanding of the contribution to child's wellbeing, achievement and school attendance. Measured increase in number of families receiving support and increase in school attendance.
9. Families with SEND receive early support reducing escalation measured through reduction in Education Health and Care Plan (EHCP) and needing access alternative provision.
10. Improved health and development outcomes for babies and children with focus on most deprived 20% of Norfolk population (measured by aligned public health outcomes.

Objective 3b Continued development of our Local Maternity and Neonatal System (LMNS), including the Three-Year Maternity Delivery Plan

What are we going to do?

The LMNS brings together the NHS, local authorities and other local partners with the aim of ensuring women and their families receive seamless care, including when moving between maternity or neonatal services or to other services such as primary care or health visiting.

NHS England published a three-year delivery plan for maternity and neonatal services in Spring 2023: [3 year delivery plan](#) which sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families.

Our LMNS equity and equality action plan [Norfolk and Waveney Maternity Equity and Equality action plan](#) is a five year plan that will be monitored, reviewed and updated to ensure:

- equity for mothers and babies from Black, Asian and Mixed Ethnic groups
- those living in the most economically deprived areas
- race equality for staff
- development of co-produced equity and equality action plans to support the Core20PLUS5 approach.

How are we going to do it?

The LMNS will align with the wider work to develop Family Hubs (implementation of Family Hubs is an objective within this ambition) to ensure that safe, healthy pregnancy and childbirth is embedded into the Start for Life approach [Start for Life](#).

We will:

- improve equity and equality in accessibility of services.
- offer a 'one stop shop' for care to all pregnant women and people.
- improve maternity safety and outcomes.
- improve maternal and staff satisfaction.
- reduce footfall through hospitals

We will develop a workforce improvement plan to reduce our vacancies for maternity staff. The plan will include:

- implementation of consistent job roles across the system,
- systemwide recruitment of midwifery students,
- deliver systemwide training and learning events,
- support our hospital trusts to have current and robust digital maternity strategies, forming the basis for digital integration in maternity services.

We will make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury.

LMNS will oversee the quality and safety of maternity services. We will share learning and development, informed by the experiences of people using maternity services. This will include access to postnatal physiotherapy and a focus on reducing in smoking during pregnancy, which is an objective within this ambition. We will ensure our Maternity and Neonatal Voices Partnerships (MNVPs) are representative of the population and the LMNS can evidence continued co-production with service users of service improvement.

How are we going to afford to do this?

6 March 2023 funding allocation letter received detailing available funding for delivery of the three year delivery plan across the system. There will also be an expectation that existing funding within the system is utilised to continue to deliver the quality, safety and transformation requirements that will be detailed in the three-year delivery plan.

What are the key dates for delivery?

● Year 1 April 2023 – Sep 2023

- Culture Workshop held
- Publication of LMNS Data Dashboard to automatically report KPIs to LMNS board.
- Review of LMNS governance and reporting

● Year 1 Oct 2023 – March 2024

- MNVP action plan produced and published.
- Review of MNVP function supported by national and regional guidance by Jan 24

● Year 2 April 2024 – Sep 2024

- Revised MNVP approved and ready for implementation.
- LMNS governance and reporting reviewed, refreshed and updated.

● Year 2 Oct 2024 – March 2025

- Pelvic Health Prevention Service is embedded.

● Year 3 (April 2025) – Year 5 (March 2028)

- We will continue to embed the learning, upskill the workforce, continue to hear the service user voice and drive continued quality and safety measures as part of our usual business.

How will we know we are achieving our objective?

We will see the maternity workforce vacancies reduce and retention improve, with clear evidence of future leaders ready to drive forward maternity improvement. As at May 2023 the vacancy rate is 9% which will be our baseline position to measure improvement against.

Objective 3c Implementation of asthma and epilepsy recommendations, for Children and Young People

What are we going to do?

We will establish clinically led professional networks who will work together to implement the recommendations of two bundles of care – Asthma (which has been published here: [Fingertips Indicators](#)) and Epilepsy (expected June 2023).

Over the next two years, we will increase access to psychological support for those affected by asthma and epilepsy, raise awareness of the conditions, and improve support available to children and families.

This links to Core20PLUS5 which is explained in section 3.4. Asthma and Epilepsy are two of the '5' focus clinical areas.

How are we going to do it?

Clinical networks will be rolled out involving stakeholders across Norfolk and Waveney to support consistency in clinical pathways, identify and raise gaps in provision and areas for improvement to ensure we improve the quality of care for children with long-term conditions such as these. This will be achieved through sharing best clinical practice, supporting the integration of paediatric skills across services and specific quality improvement projects.

Our public participation group has developed a CYP Mental Health Charter, which details what is important to CYP and their families in the delivery of services and our governance structure enables CYP to hold us to account.

We will support children with epilepsy and asthma to access activities within their communities and remain well while doing so through delivery of better care across clinical and non-clinical services, including access to condition specific training.

We will support improved independence to self-manage conditions and access to skilled advice and support to keep children out of hospital.

How are we going to afford to do this?

Regional funding of £115k per annum is allocated to Norfolk and Waveney to progress plans. Local systems are able to submit expressions of interest for linked innovation schemes.

What are the key dates for delivery?

● Year 1 April 2023 – Sep 2023

- Establish system wide clinical networks.
- Map the pathway of care for CYP with asthma through primary, secondary, and tertiary care.
- Development and implementation of plans to deliver the national asthma bundle
- Agree baseline and set trajectory for improvement.
- Increase the reach into communities of CYP and families who are seldom heard.

● Year 1 Oct 2023 – March 2024

- Work with regional teams to develop and implement plans to deliver improvements in the four areas of focus for epilepsy improvements
- Agree baseline and set trajectory for improvement.

● Year 2 April 2024 – Sep 2024

- Design and implement new model of care with psychological support.
- Evaluate impact of Asthma deliverables achieved

● Year 2 Oct 2024 – March 2025

- Increase access to training from VCSE and extend new model of care with psychological support.

● Year 3 April 2025 – March 2026

- To be defined by the local networks

● Year 4 April 2026 – March 2027

- To be defined by the local networks

● Year 5 April 2027 – March 2028

- To be defined by the local networks

How will we know we are achieving our objective?

Decreased hospital admissions for asthma for young people aged 10-18

Decreased hospital admissions for epilepsy for children and young people aged 0-19

Link for indicators is here: <https://fingertips.phe.org.uk/indicator-list/view/paGkBr8vy0#page/1/gid/1/pat/15/ati/167/are/E38000239/iid/93136/age/288/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Objective 3d Develop an improved and appropriate offer for Children's Occupational Therapy

What are we going to do?

Norfolk and Waveney are piloting the impact of integrating children's occupational therapy services. Regardless of where you live, the aim is that access to specialist support should be consistent and high quality, able to meet the needs of CYP.

This programme will deliver:

- Increased and expanded skill mix of the clinical workforce.
- Increased access to advice, support, and training for universal services (these are services that are offered to all families)
- Publication of a joint commissioning strategy involving Norfolk and Suffolk local authorities
- Increased levels of investment to expand the workforce to meet need.

How are we going to do it?

We will improve independence to self-manage conditions and provide access to skilled high-quality advice and support to reduce the need for specialist interventions.

We will explore the viability of shared care records across the footprint through a single point of contact, meaning you will only have to tell your story once.

We will ensure that children with sensory needs can access clinical support through an NHS pathway.

We will work with parents and carers to ensure those with lived experience are involved in the co-production of the improved service.

Within a joint commissioning strategy, teams will be working to a consistent set of requirements across the Norfolk and Suffolk local authorities.

We will reduce the number of children who require exceptional treatment options by providing training for school staff, parents, and carers to create inclusive

school and home environments. This will free up specialist support for those who most need it. Children with complex needs will be supported sooner through a graduated model of support.

Access to a digital offer of support and training will enable universal services to provide better support to children and young people.

How are we going to afford to do this?

External funding for this programme is available until March 2025. Work during 2024/25 will include recommendations to Norfolk and Waveney ICS how a new workforce model can be sustained.

The joint commissioning strategy will include local authority funded provision, assuming a reduction in independently funded packages of care.

Engagement with services and families has strengthened, and integrated commissioning is an established approach. A four-year occupational therapy transformation programme is underway that will provide a valuable blueprint for the future, across both Norfolk and Suffolk.

What are the key dates for delivery?

● Year 1 April 2023 – Sep 2023

- Establish a clinical working group.
- Co-design the resources for the website and handbooks for schools
- Co-design training packages for professionals.

● Year 1 Oct 2023 – March 2024

- Accelerate co-production with parents and carers.
- Publish the parent page.
- Commence recruitment of additional therapists

● Year 2 April 2024 – Sep 2024

- Finalise joint commissioning strategy
- Commence joint funding arrangements with the local authorities.

● Year 2 Oct 2024 – March 2025

- Evaluate the impact of deliverables achieved
- Refresh the joint commissioning strategy and expand the blueprint for joint commissioning priorities.

● Year 3 April 2025 – March 2026

- Implementation of revised plans

● Year 4 April 2026 – March 2027

- Use the evaluation and learning to develop the future service.

● Year 5 April 2027 – March 2028

- TBC

How will we know we are achieving our objective?

Improved patient experience evidenced through feedback with families and a reduction in inappropriate referrals to specialist services.

Outcomes

- Improved access to digital resources online and accepted referrals for sensory needs
- Improved access to specialist advice and therapy through increased interventions
- Improved access to specialist training by clinical professionals
- Improved access to universal training for non-clinical professionals and parents/carers

This programme will be evaluated by Ipsos Mori with outcomes expected by 2024/25