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

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"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 Neurodiversity

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 national Department of Health & Social Care 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 a grant 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 2024 – Sep 20234

- Families have access to information and advice about the service offer (physically within 7 newly established family hub sites and a dedicated virtual offer).
- Expanded the reach of services for those who need it most including those facing greatest inequalities and fathers and co-parents.

Year 1 Oct 2024 – March 2025

- Enhanced offer of perinatal mental health support through local NHS Talking Therapies service
- Pregnancy loss service is mobilised through local voluntary sector partner with counselling available to families experiencing loss.
- Embed father inclusive practice network and reflective practice drop-ins across system

Years 2 - 5 April 2025 – Sep 2029

- To be defined by local plans developed in collaboration with system partners and include sustaining the transformation programme beyond funding period.

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.

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 2024 – Sep 2024**
  - Revised MNVP approved and ready for implementation.
  - LMNS governance and reporting reviewed, refreshed and updated.
- **Year 1 Oct 2024 – March 2025**
  - Pelvic Health Prevention Service is embedded.
- **Year 2 April 2025 – Year 4 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.
- **Year 5 April 2028 – March 2029**
  - We will review performance against the three year Delivery Plan and target actions to ensure we continue to make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families.

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 work alongside clinically led professional networks to implement the recommendations of two bundles of care – Asthma and Epilepsy.

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?
We will expand the collaboration achieved in year one and work alongside Place based leads to drive forward plans locally using local teams and expertise.

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?
In the absence of regional funding to support Norfolk and Waveney to progress plans, local systems can submit expressions of interest for linked innovation schemes.

What are the key dates for delivery?

- **Year 1 April 2024 – Sep 2024**
  - Work with proposed health inequalities leads to develop CYP strategy
  - Work with place leads to identify opportunities for local delivery of Asthma bundle – e.g., Promote community voices programme for CYP to ensure 20% of children from most deprived communities have a personalised action plan
  - Review Health weight offer for Norfolk and Waveney
- **Year 1 Oct 2024 – March 2025**
  - Seek to increase access to training from Community activity providers and extend new model of care with psychological support.
- **Year 2 April 2025 – March 2026**
  - Seek to increase specialist nursing capacity across trusts
  - Seek to implement agreed care pathways across epilepsy services
- **Years 3 and 4 April 2026 - March 2028**
  - To be defined by the local networks and progress against bundle of care
- **Year 5 April 2028 – March 2029**
  - To be defined by local plans developed in collaboration with system partners

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/yrr/1/cid/4/tbm/1

Objective 3d Develop an improved and appropriate offer for Neurodiversity

What are we going to do?

Through a collaborative of system leads responsible for children's services, we will formally review and improve the clinical and non-clinical offer of support for our neurodivergent population

This programme will:

- Improve data monitoring and intelligence
- Improve pathways to support for assessment, and treatment
- Identify and address skills gaps in the existing education, health and care workforce
- Improve quality of clinical pathways
- Improve access to evidenced based information and advice
- Increase access to support for mental health needs

How are we going to do it?
We will increase awareness of health inequalities for neurodivergent young people

We will work with the organisations who see the patients to improve data monitoring and reporting for autistic young people accessing their services

We will improve governance of this programme of transformation through the system collaborative for CYP

We will develop a joint plan for action to reduce waiting times

We will test the delivery of whole school approaches of support for neurodiversity and expand if proven to be effective

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

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

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?
Funded within existing resources and supported through a process of prioritisation.

What are the key dates for delivery?

- **Year 1 April 2024 – Sep 2024**
  - Work with education and parent carer forums to design a local pilot testing whole school approaches for neurodiversity
  - Implement new provider framework for clinical assessments
  - Publish a Norfolk and Waveney 'supporting your neurodiverse child' resource pack
- **Year 1 Oct 2024 – March 2025**
  - Commission specialist training for 40 primary schools across Norfolk and Waveney
  - Commence implementation of action plan for system collaborative
  - Publish a dedicated digital library for neurodivergent people
- **Year 2 April 20245 – March 2026**
  - Implement changes to commissioned pathways
  - Launch new pre-diagnostic offer for families
  - Launch new 0-5 age offer of support
  - Evaluate Mental Health offer pilot
- **Year 3 April 2026 – March 2027**
  - Use evaluation and learning to develop the future service.
- **Years 4 and 5 April 2027 – March 2029**
  - To be defined by local plans developed in collaboration with system partners

How will we know we are achieving our objective?

- Improved patient experience evidenced through feedback with families
- A reduction in waits to specialist services
- Increase in 'appropriate' referrals to services
- Reduction in complaints regarding barriers to accessing care
- Number of unique users of the digital library

Outcomes

- Improved experiences for children and young people of health and care pathways
- Improved attendance at school
- 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 assessments of need
- Improved access to universal training for non-clinical professionals and parents/carers