

Health Outcomes for Children and Maternity Services

1 Summary

Bristol Clinical Commissioning Group (CCG) Three Year Plan has eleven delivery themes which include children, and maternity services. Members of the Health Overview and Scrutiny Committee have asked for a more detailed report on how the CCG monitors and assures progress against the agreed priorities

This paper outlines the strategic priorities, interventions, and outcome targets for children's health and maternity services, and the systems which Bristol Clinical Commissioning Group (CCG) has in place to monitor those for which we are responsible.

2 Background

Bristol Clinical Commissioning Group (CCG) is responsible for commissioning maternity services, and a range of health services for children. Wherever possible we aim to work in partnership with other agencies which have responsibility for commissioning for maternity services and children's health: Bristol City Council (Public Health) and NHS England.

The main areas of responsibility are as follows:

Maternity:

- Bristol CCG: community midwifery, hospital maternity and obstetric services, gynaecology including termination of pregnancy
- NHS England: Neonatal Intensive Care (NICU), Fetal Medicine, Ante-natal and newborn screening
- Bristol City Council Public Health: no direct commissioning responsibilities but have an oversight function for public health priorities in pregnancy, and screening and immunisation programmes

Children's Services:

- Bristol CCG: Community services – Paediatricians, Therapy services, Child and Adolescent Mental Health (Tiers 2 and 3). Acute services: secondary hospital care, community nursing, palliative care, including hospice care.
- Bristol City Council (Public Health): obesity pathway, school nursing, sexual health services, healthy schools
- Safer Bristol Partnership- drug and alcohol treatment service for young people

- NHS England: Childhood Immunisation and vaccination programme; Health Visiting and Family Nurse Partnership (to October 2015), Child Health Information System, Tier 4 CAMHS; Tertiary/regional acute services (i.e cardiac, renal, Paediatric Intensive Care, Neonatal Intensive Care).

The CCG is developing a Children's dashboard to monitor key indicators. There are particular challenges where the data is not currently collected and new systems will need to be established, or proxy measures agreed. When looking at five year data, we need to take account of the increase in the child population over this period.

Maternity services are monitored quarterly for activity levels; progress against public health targets such as early booking for maternity care, breastfeeding initiation; and progress against locally agreed priorities such as increasing the rate of normal and midwife led births.

The main provider of acute (hospital) services for children is the Bristol Royal Hospital for Children (BRHC) which is part of University Hospitals Bristol NHS Foundation Trust. From May 2014, the project to centralise all specialist paediatric services on one site, which began in 2007, will be complete. BRHC is both the District General Hospital for children aged up to 16 in the Bristol, North Somerset and South Gloucestershire areas, and the Regional specialist centre for children across the South West.

The main provider of community health services for children is the Community Children's Health Partnership (CCHP) between North Bristol Trust and Barnardos, the Children's charity. CCHP provides universal services such as Health Visiting and School Nursing and targeted services for disabled children, children who are vulnerable and children with special needs including community paediatrics, therapies, and child and adolescent mental health (CAMHS).

Maternity services across the Bristol, North Somerset and South Gloucestershire Area are provided by North Bristol NHS Trust, University Hospitals Bristol NHS Foundation Trust and Weston Area Health Trust. These include community midwifery teams, hospital based maternity services, and midwife led birth centres at Cossham, St Michaels and Ashcombe (Weston General).

3 Bristol CCG Delivery Themes: Children and Maternity Services

Bristol CCG has identified strategic ambitions for children and maternity services which we believe will have an impact on improving the health of children and young people as a basis for healthy adult life, and where services commissioned by the CCG can make a difference. These ambitions have been developed in partnership with Public Health (Bristol City Council).

In addition to these strategic ambitions we have a 'business as usual' role of ensuring that all commissioned services are effective, high quality and provide value for money.

- Improve the health of vulnerable and excluded children and young people
- Reduce Childhood Obesity
- Improve access to health services and experience of services for children with complex health needs
- Reduce risk taking behaviour which impacts on health
- Improve emotional health and wellbeing of children and mothers
- Improve the physical health of children
- Improve maternal health and reduce infant mortality rates
- Improve the physical health of mothers and their babies

Detailed interventions have been agreed which identify how we will address each of these themes over the next two and five years. These are set out in Annex 1 to this report with details of the indicators used for each of the delivery themes and links to national and local outcomes and indicators.

4 National Outcomes Frameworks

Our workplan needs to align to the two main national outcomes frameworks, the NHS Mandate and the Public Health Outcomes Framework. These are described below.

NHS Mandate and Outcomes Framework

The NHS Mandate was first set out for the current year 2013-14. It is reviewed annually and sets out the ambitions for the NHS. The Mandate for 2014-15 continues the same outcomes as the initial year

Domain 1 – Preventing people from dying prematurely

- Potential years of life lost from causes considered amenable to healthcare.
- Reducing deaths in young children: infant mortality; perinatal mortality including stillbirths; and five year survival from all cancers in children.

Domain 2 – Enhancing quality of life for people with long-term conditions

- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Domain 3 Helping people to recover from episodes of ill health or following injury

- Preventing Lower Respiratory Tract infections in children from becoming serious
- Emergency Admissions for children with LRTI

Domain 4: Ensuring that people have a positive experience of care

- Children and Young People's Experience of Outpatient Services

Domain 5: Treat and caring for people in a safe environment and protecting them from avoidable harm

- Delivering safe care to children in acute settings: incidence of harm to children due to failure to monitor

Public Health Outcomes

The outcomes from the national Public Health Outcomes Framework which impact on children and maternity services are set out below. Although some fall within the area of CCG responsibility, others are the responsibility of Public Health, NHS England or other agencies. Progress against them should be reported through the Health and Wellbeing Board.

Domain 1 – improving the wider determinants of health

- Children in poverty
- School Readiness
- Public Absence
- First time entrants to the youth justice system
- 16 – 19 year olds not in education, employment or training

Domain 2 – Health improvement

- Low birthweight of term babies
- Breastfeeding
- Smoking status at the time of delivery
- Under 18 conceptions
- Child development at 2-2.5 years
- Excess weight in 4-5 and 10-11 year olds
- Emotional well-being of looked after children
- Smoking prevalence in 15 year olds

Domain 3 – Health Protection

- Chlamydia diagnosis (15-24 year olds)
- Population vaccination coverage
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Domain 4 – Healthcare, Public health and preventing premature mortality

- Infant mortality
- Tooth decay in children aged 5

Delivery Theme: children

Intervention	Indicator (where bold this is part of national outcomes framework)	Performance			
		2009-10	2010-11	2011-12	2012-13
<p>The current contract for children's community health services expires in March 2016. A major piece of work over the next two years will be to review the service specification and undertake a procurement exercise. This will include extensive consultation with young people, parents and carers and other stakeholder.</p> <p>The current service is monitored using an Outcomes Framework, including Commissioning for Quality Indicators (CQINs) which have a financial incentive/penalty attached, and target wait times for key services (ie CAMHS, Community Paediatrics, Therapies, School Nursing)</p>	CQIN targets				
	24/7 cover for urgent mental health needs (target 100%)	100%	100%	100%	100%
	Contribution to Statement reports within 6 weeks (target 95%)	92.9%	73.4%	99%	100%
	CAMHS outcomes reviews completed (target 35%)	31.3%	35.2%	37.6%	36.7%
	Did Not Attend rates (target <5.5%)	7.8%	4.6%	5.4%	4.9%
	Breastfeeding rates in eight lowest wards (target 32.9%)	31.3%	31%	34.2%	31.9%
	Number of Services achieving 18 week wait targets	4 yes 2 no	2 yes 4 no	6 yes	6 yes 1 no
	Number of Services achieving 8 week wait targets	2 yes 3 no	2 yes 3 no	4 yes	4 yes
<p>We want to ensure that children with minor illness and injuries can access treatment in the most appropriate location, which will include care at home from parents, or attendance at a Walk In Centre, Urgent Care Centre or Minor Injuries Unit.</p> <p>We are developing a range of information for parents on self care, and where to go</p>	<p>% of children attending Bristol Royal Hospital for Children ED with minor illness</p> <p>(This is categorised as children requiring no investigation or significant treatment)</p>	<p>Data is only available for 2012-13 and 2013-14</p> <p>2012-13 21049 attendances in total of which 6637 (32%) required no treatment</p> <p>2013-14 year to date 15,670 attendances of which 915 (6%) required no treatment</p>			

for help, using range of media. The aim is to reduce the number of children attending ED at Bristol Royal Hospital for Children, so that their resources are used for children with more serious needs.												
Where children do need hospital treatment, we need to ensure that a safe and effective minor injury and illness pathway is in place.	Clinical incidents due to incorrect transfer or signposting	None reported year to date										
Asthma and respiratory conditions are one of the main reasons for attendance at GPs and hospitals. We will encourage better management of asthma by promoting the use of asthma plans for children and young people in primary care	Number of emergency hospital admissions for asthma in under 19s	<table> <tr> <td>2009-10</td> <td>205 admissions</td> </tr> <tr> <td>2010-11</td> <td>158 admissions</td> </tr> <tr> <td>2011-12</td> <td>138 admissions</td> </tr> <tr> <td>2012-13</td> <td>175 admissions</td> </tr> <tr> <td>2013-14</td> <td>160 estimated (120 ytd)</td> </tr> </table>	2009-10	205 admissions	2010-11	158 admissions	2011-12	138 admissions	2012-13	175 admissions	2013-14	160 estimated (120 ytd)
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The requirement to implement Personal Health Budgets and the health contribution to Personal Budgets for children comes into effect next year and systems are currently being developed to ensure we can offer these.	Number of children with a personal health budget or health contribution to personal budget.	Personal Health Budgets to be offered from April 2014, Health input for Personal Budgets from September 2014										
The GP with Special Interest clinical advice service and community clinic offers specialist support to all GPs in Bristol to help manage children in primary care and avoid hospital outpatient attendance. We will review the service and consider expanding the community clinic into South Bristol	First outpatient appointments for children (GP referrals only) This scheme commenced in May 2011. The figures from 2012-13 onwards include urgent referrals	<table> <tr> <td>2010-11</td> <td>5562</td> </tr> <tr> <td>2011-12</td> <td>5106</td> </tr> <tr> <td>2012-13</td> <td>7365</td> </tr> <tr> <td>2013-14 (est)</td> <td>7479</td> </tr> </table>	2010-11	5562	2011-12	5106	2012-13	7365	2013-14 (est)	7479		
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We are developing an integrated disabled and SEN children and young adults service in the local authority with	Indicators for the health element of the new service to be developed	To be in place by September 2014										

embedded health provision		
Ensure S136 pathway in place for children who are detained under the Mental Health Act because they are a risk to themselves or others. This is to ensure that children and young people are held in a safe place and not in Police cells	An appropriate place of safety identified and pathway developed	A S136 place of safety has been identified for 16/17 year olds, training is in progress and the pathway is near completion.
We will refresh the Emotional Health and Wellbeing Strategy	Indicators to be included in strategy	To be completed by December 2014
Reduce rates of repeat terminations in under 18s	Number of girls aged 18 and under having more than one termination of pregnancy	Data is currently collected for women aged under 25. 25.8% of women in this age group who had a termination had previously had one. This is below the national average of 27.1%
Ensure access to health services for young people through Young People Friendly (YPF) Accreditation	Number of health services which have achieved YPF status following moderation	10 services have achieved YPF status and a further 29 are actively engaged in the process, including service user engagement to shape their services.

Delivery Theme Maternity

Intervention	Indicator	Current performance
We will refresh our infant mortality action plan with a focus on addressing the key risk factors	<p>Infant mortality rates</p> <p>Low birth weight in term babies (under 2500g)</p> <p>Maternal obesity</p>	<p>Data is only available for the current year.</p> <p>2.65% of term babies born at St Michael's and 3% of term babies born at Southmead have low birthweight</p> <p>30% of Bristol women are overweight at the time of booking and a further 20% are obese</p>
Work with Trusts to reduce rates of women who smoke during pregnancy	Smoking at time of delivery – target is 10% of women or fewer to be smokers	<p>2010-11 11.14%</p> <p>2011-12 10.13%</p> <p>2012-13 12.9%</p> <p>2013-14 (Q2) 12.4%</p>
Work with Trusts to improve breastfeeding continuation rates	Percentage of women who commence breastfeeding (target 80%)	<p>2010-11 80.4%</p> <p>2011-12 78.6%</p> <p>2012-13 81.3%</p> <p>2013-14 (Q2) 79.9%</p>
Work with Trusts to improve continuity of ante-natal care	Women's satisfaction with ante-natal care as reported in national survey and Friends and Family test (introduced in the autumn of 2013 when the national average score for ante-natal care was 63%)	<p>UHB 94% of women were very satisfied or satisfied (FFT score 66)</p> <p>NBT 96% of women were very satisfied or satisfied (FFT score 67)</p>
Increase take up of IAPT services for women with ante and post-natal depression	<p>Number of women referred for service</p> <p>Number of women receiving service</p>	Full year data is only available for 2013 when 50 women received a service.
Improve access to contraception for under 18s	Indicator to be developed	n/a