Providing Community Child Health Services

Tools for service appraisal and development from BACCH

Ben Ko, Assistant Convenor to BACCH
Presentation overview

• What do ‘Community Child Health Services’ deliver? (‘Prospectus’)
• What needs to be commissioned? (‘Family Friendly Framework’)
• What are the minimum requirements? (‘BEST for Community Paediatrics’)
• Plans for the future
What is Community Paediatrics?

- Historically: ‘Medical Officers’ employed by Local Authority
- Formal recognition as a Paediatric specialty and appointment of Consultants (1980’s)
- Further consolidation of skill-set and training curriculum
- NOT just practice of paediatrics in the community
- (Court report 1976: ‘Primary Care Paediatricians’)
- (Darzi report 2008: Polyclinics)
What does the 2010 Training Curriculum say?

• Child Public Health
• Behaviour Paediatrics
• Neurodisability
• Safeguarding

Anything else is negotiable
BACCH Prospectus (2012)

• A description of what we do

• For engaging with commissioners and managers to describe and develop their services e.g. developing service specifications
Service areas described

• Child public health
• Vulnerable children and families: safeguarding, child protection, looked-after children, adoption and fostering
• Child death
• Short term general paediatric conditions
• Children with neurodevelopmental disorders & neurodisabilities
• Children with mental health & behaviour problems
• Long term medical conditions
• Palliative care services
• Audiology
Document structure

Each chapter includes:

• General description of service area
• Incidence/prevalence
• Service components
• Future development
• References

Additional chapters:

• Teaching/Training
• Research
Example: Audiology (1)

Description of conditions:
- Congenital permanent hearing impairment, either in isolation or as part of a more complex neurological condition
- Progressive and acquired hearing impairment
- Aetiological investigation of hearing impairment and genetics
- Auditory neuropathy spectrum disorders
- Auditory processing disorders
- Glue ear
- Balance disorders
- Tinnitus and hyperacusis
- Non-organic hearing loss
- Mental health problems in deaf children
- Educational advice
Incidence/prevalence

- 1-2 per 1000 children are born with significant permanent hearing impairment, and a similar number develop a hearing loss during childhood. In the pre-school years many children (at least 50%) have a temporary conductive hearing impairment.
Example: Audiology (3)

Service components delivered by Community Child Health services:

- Prevention (Immunisation, NHSP)
- Assessment (Core audiological services, referral to others)
- Management (Hearing aid service, local child development services)
- Coordination of care support (Education, tertiary services)
Prospectus calculator

**[Name of Service/District]**

<table>
<thead>
<tr>
<th>Condition/Service area</th>
<th>Prevalence</th>
<th>Expected new cases per year</th>
<th>Expected number of cases in total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of child population covered by service eg. Birth to 16 or 19</td>
<td></td>
<td></td>
<td>68000</td>
</tr>
<tr>
<td>Birth rate per year</td>
<td></td>
<td></td>
<td>4800</td>
</tr>
<tr>
<td>Cerebral palsies</td>
<td>0.0025</td>
<td>12</td>
<td>170</td>
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<tr>
<td>ASD</td>
<td>0.0157</td>
<td>75.36</td>
<td>1067.6</td>
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<tr>
<td>ADHD total</td>
<td>0.04</td>
<td>192</td>
<td>2720</td>
</tr>
<tr>
<td>ADHD on medication</td>
<td>0.01</td>
<td>48</td>
<td>680</td>
</tr>
<tr>
<td>senisoneural hearing loss</td>
<td>0.0015</td>
<td>7.2</td>
<td>102</td>
</tr>
<tr>
<td>low vision</td>
<td>0.0002</td>
<td>0.96</td>
<td>13.6</td>
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<tr>
<td>Down's syndrome</td>
<td>0.00097</td>
<td>4.656</td>
<td>65.96</td>
</tr>
<tr>
<td>chromosomal abnormality</td>
<td>0.000523</td>
<td>2.5104</td>
<td>35.564</td>
</tr>
<tr>
<td>epilepsy</td>
<td>0.007</td>
<td>33.6</td>
<td>476</td>
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<tr>
<td>complex needs (needing 24/7 nursing care)</td>
<td>0.00009</td>
<td>0.432</td>
<td>6.12</td>
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<tr>
<td>Looked after children</td>
<td>0.006</td>
<td>xxx</td>
<td>408</td>
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<tr>
<td>Children with Child Protection Plan</td>
<td>0.003</td>
<td>xxx</td>
<td>204</td>
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<tr>
<td>Children with Education Statement</td>
<td>0.028</td>
<td>134.4</td>
<td>1904</td>
</tr>
</tbody>
</table>
Contributors

British Academy of Childhood Disability (BACD)
British Paediatric Mental Health Group
Child Protection Special Interest Group (CPSIG)
British Association of Paediatricians in Audiology (bapa)
Child Public Health Special Interest Group (CPNiG)
Introducing the Family Friendly Framework

A whole systems approach to improve commissioning services for children and families
Structure

• Considers the current context of services for children and families
• Proposes a structure for the family friendly framework – partnership and pathways
• Considers its application to the commissioning process
• Outlines the benefits of this approach and
• Discusses the implications for commissioners, providers and regulators
Commissioning cycle for a population group – children and young people

- **2009**
  - Primary care trusts
  - Local Authority
  - National Specialist Commissioning
  - Pathways and partnerships

- **2012**
  - NHS Commissioning Board + Offices
  - Clinical Commissioning Groups
  - Commissioning Group Consortia
  - Local Authorities
  - Public Health
  - Academies of schools
  - Personal budgets
Partnerships

- Values
  - participation
  - prevention
  - provision

- Purpose
  - health
  - equity
  - sustainable

- Evidence
  - quantitative
  - qualitative
  - econometric

- Learning
  - measures
  - feedback
  - improvement
Short-term condition

Needs

- Promotion
- Protection

Screening

- Concern

Child

Family

Community

Social

Educational

Psychiatric

Medical

Surgical

Outcomes

Behavioural
## Commissioning arrangements

<table>
<thead>
<tr>
<th>Needs</th>
<th>Prevention</th>
<th>Recognition</th>
<th>Assessment</th>
<th>Interventions</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS CB</strong></td>
<td>Breast feeding promotion in primary care</td>
<td>Recognition of hearing impairment by GPs/1º care</td>
<td>Paediatric audiology assessment</td>
<td>Hearing aids SaLT Parent support</td>
<td>Br feeding rates @6/52</td>
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<tr>
<td><strong>CCG</strong></td>
<td>Genetic counselling</td>
<td></td>
<td></td>
<td></td>
<td>Access Timeliness</td>
</tr>
<tr>
<td><strong>LA</strong></td>
<td></td>
<td></td>
<td></td>
<td>Hearing Advisers Hearing loops</td>
<td>Language dev Educational achievement</td>
</tr>
<tr>
<td><strong>PH</strong></td>
<td>Smoking cessation</td>
<td>Healthy Child Programme</td>
<td></td>
<td></td>
<td>Uptake</td>
</tr>
</tbody>
</table>
Long-term condition pathway

- Initial pathway
  - Needs
    - Child
    - Family
    - Community
  - Review pathway
- Transition pathway
  - Outcomes
    - Effectiveness
    - Efficiency
    - Equity
Public health alignment

- Health harming lifestyles
- Health harming determinants
- Needs
- Services
  - Lifestyle interventions
  - Community interventions
- Health promoting lifestyles
- Health promoting determinants
- Outcomes
- Society
Key messages

• Family focus
• Pathway based
• Evidenced based, competent teams
• Networked, allocation and improvement
• Partnership between commissioners
• Measures with meaning that motivate
Commissioner benefits

• Bringing multiple commissioners together – a better use of collective capacity.
• Less duplication or omission and therefore better value for money across the network.
• Integrated learning and improvement.
BEST: the BACCH Essential Standards Toolkit for community based paediatric services

- These are the MINIMUM standards all services should be meeting, everywhere.
- All these standards are CURRENTLY in existence in referenced national documents.
- A statement of irrefutable facts that can be used to protect services.
- Aims to complement the RCPCH ‘Facing the Future’ Standards.
- Performance on these will be an essential component of any service review.
- BACCH will issue further guidance on how to measure these standards, analyse & respond to results to ensure continued improvement in the near future.
The Standards (1)

1. Waiting times are met for Generic (non statutory) work i.e. Referral To Treatment intervals are under 18 weeks
2. Reports of statutory initial health assessment are available within 28 days of children becoming ‘looked after’
3. Medical advice reports for assessment of Special Educational Needs are available within 42 days of notification by the LEA
4. Forensic examinations for child sexual abuse are carried out in a time frame consistent with maximising yield
5. Forensic examinations are carried out in premises meeting the standards set by RCPCH
The Standards (2)

6. Clinic letters are routinely copied to patients/families
7. Letters are routinely sent out within 10 working days of dictation
8. The service can demonstrate it complies with all relevant national guidelines
9. The service monitors patient safety routinely, reviewing incidents via Trust systems
10. The service complies with legal requirements for response to complaints
11. The service carries out surveys of parent & carer satisfaction at least once a year
12. Children’s experience of healthcare is measured at least once a year
The Standards (3)

13. All doctors in the service are compliant with the requirements of revalidation as specified by the GMC

14. The family’s experience of team working is assessed using a validated measure of integrated care

15. All paediatricians have access to facilities compliant with RCPCH Paediatrician’s Charter at each clinic

16. The job plans of all practitioners working in the service provide appropriate time required for clinical activity based on BACCH job planning guidance & RCPCH charter for paediatricians
17. The job plans of all practitioners working in the service meet the Academy of the Medical Royal Colleges (AOMRC) recommendations on supporting programmed activities (SPAs) to allow for revalidation, training and other supporting professional activities.

18. The service monitors and feeds back individual activity data to all practitioners to help them reflect on their performance at least annually.

19. The service is able to support practitioners in difficulty according to national requirements.

20. The service addresses health inequalities by monitoring uptake and outcomes by disadvantaged groups and acting upon results.
Where to find these documents?

- ‘Prospectus’: completed in 2012, available on BACCH website
- ‘Family Friendly Framework’: final draft for consultation, also on BACCH website
- ‘BEST’: published in BACCH 2013 Spring Newsletter. Will be available on website soon
Next steps

- Service review tools

- Update workforce requirement and service planning guides