



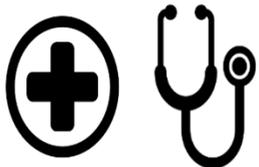
# An overview of Children's and Maternity Commissioning

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## Thanet HWBB November 2018

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Ashford Clinical Commissioning Group, Canterbury and Coastal Clinical Commissioning Group,  
South Kent Coast Clinical Commissioning Group and Thanet Clinical Commissioning Group.



## Hospital admissions

Hospital admissions for the following reasons were highest in Thanet CCG based on the most recent data available AND have been increasing overall over the time period data is available for:



Emergency admissions for babies under 14 days of age

Admissions for respiratory tract infections in infants aged under one year

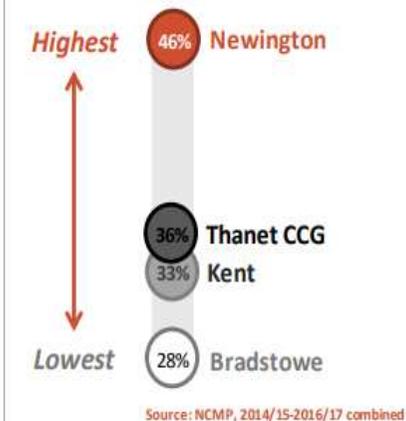


Emergency admissions for people aged 0-4 and 0-19 years

Emergency admissions for deliberate and unintentional injury among people aged 15-24 years were highest in Thanet CCG, but have been decreasing since 2010/11

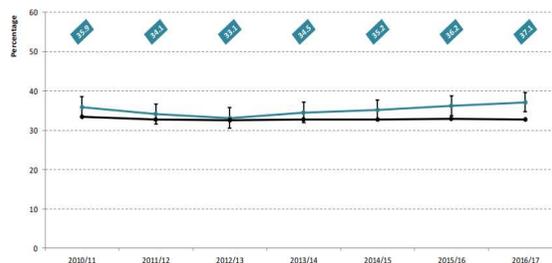


## Ward-level excess weight (Year 6)

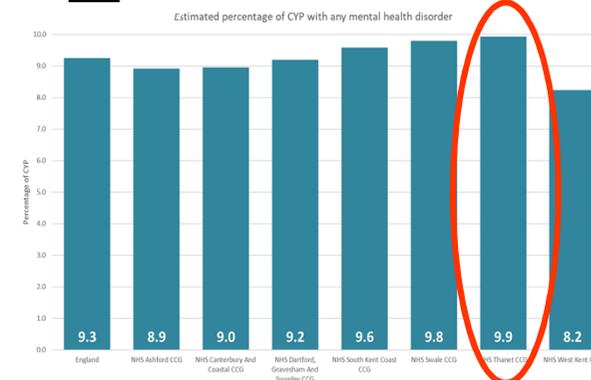


The percentage of Year 6 children with excess weight has been increasing in Thanet and was the highest of all Kent CCGs based on 2014/15 to 2016/17 pooled data. The same is true for year 6 children classified as obese. Excess weight and obesity levels are also rising among Thanet's reception children

Excess weight in year six children aged 10-11 years: trend  
Percentage of year six pupils measured as overweight or obese, Body Mass Index greater than or equal to the 85th centile of the UK90 growth reference according to age and sex, 2010/11-2016/17



## Mental Health



Highest estimated percentage of CYP with a diagnosable MH condition of all Kent CCGs

## Life expectancy at birth

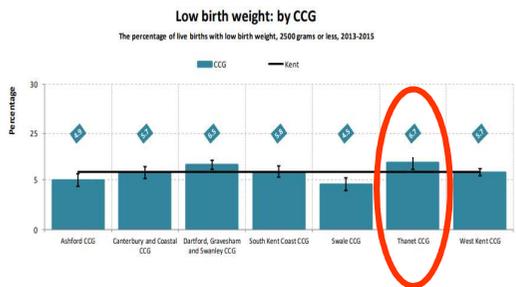
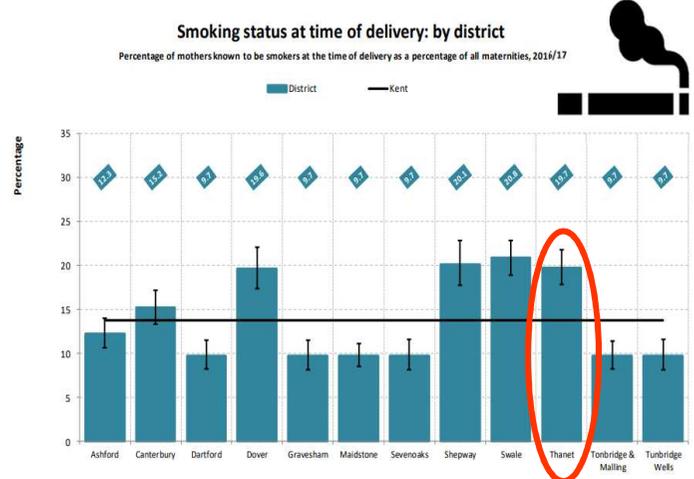
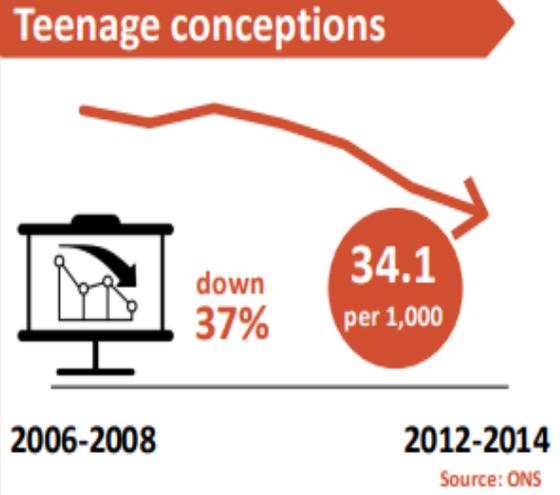
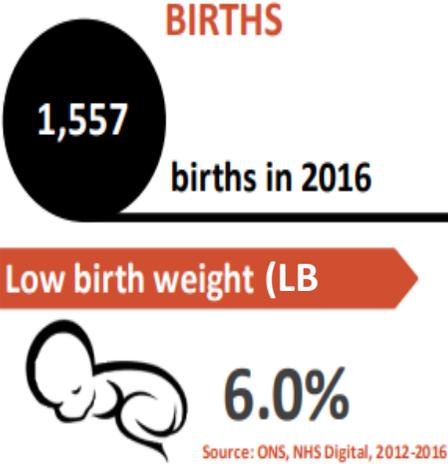
77.9 years for males



82.2 years for females

Life expectancy at birth for both males and females is the lowest of all Kent CCGs

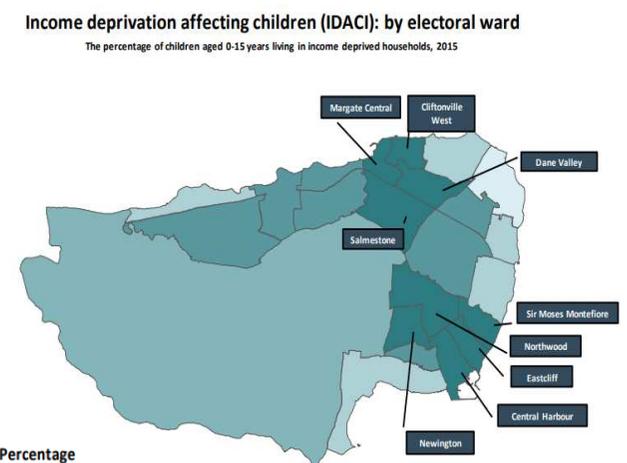
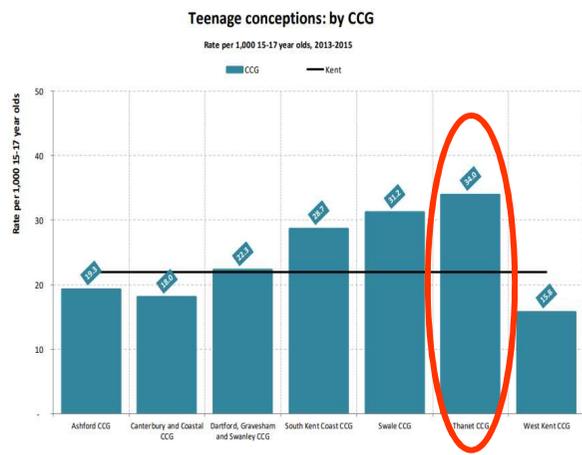




Teenage conceptions for Thanet CCG are decreasing; however the rate for Thanet CCG was still the highest of all Kent CCGs based on 2013-2015 pooled data

In 2016/17, one in 5 mothers were known to be smokers at time of delivery

Between 2012 and 2016, 6.0% of births within Thanet CCG were classified as LBW (<2500g). While there is considerable annual variation, based on pooled data for 2013-2015, Thanet CCG had the highest percentage of LBW babies of all Kent CCGs



High proportions of CYP are living in income deprived households

# Our priorities-why are they important

## **Maternity:-**

- In 2016 *Better Births* set out the Five Year Forward View for Maternity services in England. *Better Births* recognised that delivering the vision of safer and more personalised care would rely primarily on local leadership and action. Consequently, it was recommended that commissioners, providers and service users come together as Local Maternity Systems (LMS) to deliver local transformation. KCC Public Health are part of the LMS. We have submitted an STP LMS Transformation Plan to NHSE.
- This will involve the implementation of a new national service specification for maternity and an aspiration for a single contract for maternity services across the Kent and Medway footprint.
- The *Better Births* journey takes us to implementing the recommendations by 2020/2021. Maternity transformation is in the CCG planning guidance deliverables for 2018/2019 and this includes the implementation of the Saving Babies Lives Care Bundle which has smoking in pregnancy as part of the action.

## **Mental Health:-**

- Mobilisation of new CYP EWMHS. Contract=5+2 years
- ND pathway-new model in new service and historic waiting list issues currently being addressed
- Transformation-Programme of investment until 2021. Monitored by NHSE and regular assurance docs submitted for scrutiny-NHS England have determined that the key measure of the success of the national Transformation programme is to increase access to treatment, so that 35% of children and young people with a diagnosable mental health need can access treatment in 2020/21. To achieve this, there are incremental annual targets for CCGs to meet and in 2017/18 we should enable 30% of children and young people with a diagnosable mental health need to access treatment, rising to 32% in 2018/19. Key deliverables under Transformation include CRISIS care transformation, LAC, Transforming care/Health & Justice and ND pathway.

## **Community Paediatrics:-**

- RCPCH reviews commissioned by EKCCG's. Action plan developed-delivery against recommendations by Feb 19. RCPCH to then revisit to review success against the recommendations. Also forms part of CCG contract negotiation dispute with Provider.
- Workforce issues are challenging. Recruitment/retention of Doctors is a National concern.
- Staff contribute to EHC plans, ND pathway and LAC pathways.

## **SEND:-**

- Joint inspection due within 4 years-CCG requirement to self assess to ensure readiness.
- Joint strategy with KCC
- DMO/DCO sits within CCG responsibility.
- New pilot Tribunal process-Health can now be held to account legally
- Health contribution to EHC plans

## **Acute Paediatrics:-**

- Need for pathway review following recent POD audit
- Requirement to see reduced numbers of CYP in A&E

## **Transforming Care:-**

- Programme delivery until 2019.

## Kent and Medway performance against the NHS England Access target

*To enable 32% of CYP with a diagnosable MH condition to access treatment in 2018/19*

Area	Predicted 2018/19 performance
NHS ASHFORD CCG	32.9%
NHS CANTERBURY AND COASTAL CCG	35.3%
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	26.2%
NHS MEDWAY CCG	22.7%
NHS SOUTH KENT COAST CCG	34.5%
NHS SWALE CCG	22.7%
NHS THANET CCG	40.0%
NHS WEST KENT CCG	21.9%
<b>KENT, SURREY AND SUSSEX Region</b>	<b>24.7%</b>
<b>KENT &amp; MEDWAY STP</b>	<b>27.7%</b>
<b>ENGLAND</b>	<b>27.0%</b>

### Predicted access performance

Based on data from April to June 2018, this table shows predicted performance across Kent and Medway against the 32% access target

NHS Digital predictions suggest 32% target will be met in EK CCGs, but not WK or NK CCGs

*NHS Digital account for seasonal variation in their calculations, based on each CCG's level of variation in 2017/18*

Source: NHS Digital / NHS England

2018/19 predictions based on April -June 2018 data

# NELFT Prescribing fees for ND pathway Sept 17-April 18

			Sep	Oct	Nov	Dec	Jan	Feb
	Area	Prescriber	Total					
Totals (inc dispensing fees)	East Kent	Ashford	£5,631.00	£10,134.47	£7,343.13	£9,191.79	£7,188.89	£6,668.06
	East Kent	Canterbury	£20,120.14	£23,635.50	£31,803.65	£31,300.05	£33,008.21	£24,935.19
	<b>East Kent</b>	<b>South Kent Coast</b>	<b>£11,525.41</b>	<b>£17,153.79</b>	<b>£26,866.36</b>	<b>£21,073.32</b>	<b>£22,017.47</b>	<b>£20,977.87</b>
	East Kent	Thanet	£24,356.85	£29,914.82	£33,014.88	£38,662.86	£34,269.69	£30,921.75
Total (East Kent)			£61,633.40	£80,838.58	£99,028.02	£100,228.02	£96,484.26	£83,502.87

## Current NELFT waiting list data

<b>Kent Caseload</b>	<b>No of active patients</b>
NHS ASHFORD CCG	978
NHS CANTERBURY AND COASTAL CCG	1787
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	1176
NHS SOUTH KENT COAST CCG	1747
NHS SWALE CCG	477
NHS THANET CCG	1728
NHS WEST KENT CCG	1701
<b>Grand Total</b>	<b>9584</b>

# Our Response

## **CYP Emotional Health & Wellbeing**

### **Porchlight Adolescent Wellbeing Service**

- 10 young people are currently receiving support.
- 15 young people have successfully completed an intervention.
- 14 young people have received an initial visit from a worker, and 40 more are waiting for an initial visit.
- A parenting group is being organised for Spring 2019.

### **BeYou**

- Thanet CCG (along with the other East Kent CCGs) have recently commissioned the BeYou project, which supports young LGBTQ people through peer support groups and an online directory of support and information. Staff recruitment is currently underway. A parent rep from the Thanet area has been identified.

### **Mind and Body Programme**

- A cohort of young people in Royal Harbour Academy Lower School and Royal Harbour Academy Upper School has recently finished their interventions.
- A further cohort of young people in Royal Harbour Academy will begin in early November.
- A cohort of young people receiving the Mind and Body Programme in the community has finished their interventions.
- Meetings have taken place with Charles Dickens School and Hartsdown Academy and start dates will be confirmed shortly.

### **Good Mental Health Matters**

- 19 schools within the Thanet district have signed up to the Good Mental Health Matters school portal. This free teaching resource for Years 6 - 13 includes vlogs, lesson plans and resources to enable teachers to lead classes in discussing the 5 steps to Good Mental Health.
- A Thanet primary school is involved in the development of a primary school-aged resource, which will be launched in Spring 2019.

### **Local Children's Partnership Group**

- Our CCG lead for the Thanet LCPG has recently chaired an Emotional Wellbeing and Mental Health sub-group. As a result, Thanet CCG is leading work with Early Help and the voluntary and charity sector to pull together a local emotional wellbeing and mental health service director. In addition, a networking event for Thanet will be arranged in April 2019 to increase connections across primary care, health, schools, the voluntary and charity sector and Kent County Council.

# Our Response

## Maternity

### Smoking in Pregnancy (SATOD Thanet CCG 2017/2018 – 21%): LMS Prevention Work Stream

- Additional training for Midwives – Challenging conversations and reinforcement of the BabyClear pathway, resources for Midwives
- Specialist Midwives for Smoking in Pregnancy – temporary posts
- Stop smoking advisors offering home visits (KCC commissioned service)
- Speakers into the maternity entrance at QEQM
- LMS supporting through communication with all Trusts. Expectation: 95% CO monitoring at booking, 90% referral to stop smoking services (home visiting), collection of SATOD data at 36 weeks.

### Saving Babies Lives Care Bundle – 4 elements: LMS Safety and Quality Work Stream

- Reduction in smoking in pregnancy
- Risk assessment and surveillance for fetal growth restriction
- Raising awareness of fetal movement
- Effective fetal monitoring in labour
- Reduction in pre-term birth – 10% more likely in most deprived income group compared to the least deprived decile, delivery at the right time in the right place.

### Perinatal Mental Health – conception up to a year after the birth of a baby

- Mother and Infant Mental Health (MIMHS) Specialist Service – Moderate/ severe diagnosis – direct referral, MBU Dartford (8 inpatient beds)
- GP Spotlight Training
- IAPT Champion Training

## Acute Paediatrics

- Working with East Kent Hospitals Trust in order to clarify the pathway for children from A and E / Day assessment Centre on to the wards. Clinical audit to support reduced admissions and reduction in length of stay in hospital.
- GP Practice based paediatric clinics pilot – joint GP/paediatric clinics reducing referrals to secondary care, strengthening links between GPs and paediatrics.
- Early discussions concerning ‘Hospital at Home’ models of care – where children are supported in the community for acute short term conditions and some long term conditions rather than admission to hospital. Element of preventative /health promotion work here also – respiratory.

# What Next?

- ❖ Community MDT clinics based in GP hubs
- ❖ “Hospital at Home” model –reducing attendance at A&E and admissions
- ❖ Developing further local services for CYP EHWB and implementing the LTP plan
- ❖ Delivering the recommendations of Better Births via the LMS plan