

CHILDREN AND YOUNG PEOPLE WITH DISABILITIES, COMPLEX AND PALLIATIVE CARE NEEDS PERFORMANCE NARRATIVE.

PCTs have an important role in commissioning services for children and young people with disabilities, complex and palliative care needs, ensuring an integrated approach which improves outcomes. SHAs expect PCTs, as members of Children's Trusts, to work with partners to identify the needs of this client group and commission appropriate services. This framework seeks to monitor the NHS contribution to specific elements of these services for which additional baseline funding was received by PCTs for 2008/9 to 2010/11. Some additional information on these services (community equipment, wheelchairs, short breaks and palliative care) will be accessed by SHAs through the national children's services mapping dataset. To view relevant information available through this route go to www.childrensservicesmapping.org.uk/help and review the PCT data dictionary.

Data pertaining to the national indicator about parental experience of services for children with disabilities will be available for 21 PCTs by September 2009 and for the remaining PCTs by November to December 2009. This framework should be completed in the context of that indicator and as a tool to help identify actions and developments which may improve performance against it.

NAME OF PCT NHS BRADFORD and AIREDALE

Commissioning arrangements:

Describe the aspects of services for children with disabilities, complex and palliative care needs which you commission jointly within your Children's Trust arrangements	The Children's Trust is currently leading the development of joint commissioning arrangements across a number of areas including services for children with disabilities, complex and palliative care needs: We have an established 'Aiming High' commissioning board through which representatives from the local authority and PCT have worked together to commission services to improve Short
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	<p>Break opportunities for disabled children and young people.</p> <p>We have a 'Healthy Minds Strategy Group' which has developed a strategy to improve child and adolescent mental health across the district and services are commissioned from a pooled budget to support the implementation of this strategy.</p> <p>We are in the process of strengthening our joint commissioning arrangements for children with disabilities, complex health and palliative care needs through the formation of a Disability Strategy Group with membership from senior managers from across the Children's Trust which will act as an advisory group to the Children's Trust via the Joint Strategic Commissioning Group.</p>
<p>Describe any collaborative commissioning arrangements with other PCTs for aspects of service (eg high cost low volume provision such as specialist equipment, specialist palliative care services, etc)</p>	<p>As part of an agreement with other PCTs across West Yorkshire we contribute towards the cost of the Consultant in Paediatric Palliative Medicine hosted by Martin House House Children's Hospice in Wetherby.</p>
<p>How is the PCT identifying and responding to the views of children and young people with disabilities, complex and palliative care needs and their carers?</p>	<p>The PCT uses a number of methods to seek the views of children and young people with disabilities, complex and palliative care needs and their carers:</p> <p>We actively seek information from service providers around feedback from service users and have begun to build this requirement in to our service contracts.</p> <p>A series of Roadshows were held across the district to support the development of 'Achieving the Best Health for All' the PCTs</p>

	<p>strategic plan 2008/13 and service users and key stakeholders were encouraged to identify gaps in service and areas requiring improvement. Commissioning intentions have been developed in response to issues raised through these events.</p> <p>Within the Children's Trust arrangements there are a number of forums through which service users and their carer are invited to support service improvement through the influencing of commissioning arrangements. This includes service user groups, parent involvement in the commissioning of Short Breaks provision, and public consultation events.</p>
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SERVICE NEED	PLEASE INDICATE WHETHER THE PCT COMMISSIONS THIS SERVICE, REFLECTING CURRENT EXPENDITURE	WHAT ARE THE LOCAL SERVICE GAPS? Are these identified in the Children and Young People's Plan?	NARRATIVE ON PLANNED DEVELOPMENTS IN 2009/10 INCLUDING NEW PCT INVESTMENT TO SUPPORT THIS	NARRATIVE ON PLANNED DEVELOPMENTS IN 2010/11 INCLUDING NEW PCT INVESTMENT TO SUPPORT THIS
<p>1a. 24 hour a day, 7 day a week community children's nursing service enabling children/young people to be cared for in their preferred setting</p>	<p>Community based children's nursing services are commissioned and provided via a number of nursing teams:</p> <p>Nursing provision to support children's continuing care is available 24 hours per day, 7 days per week and is provided</p>	<p>Locally identified gaps in service include:</p> <p>The need to improve access to multi-agency service provision for young people with Autistic Spectrum Condition.</p> <p>The likely impact of the children's continuing care guidance (now expected to be published in December 2009) and the expectation that there will be a need to increase</p>	<p>Throughout 2009 the PCT has been developing its commissioning processes through the adoption of the MSP methodology.</p> <p>Through the newly established Children's Programme Board a number of task/finish groups have been identified to develop commissioning plans to support these developments.</p> <p>The majority of these service</p>	<p>The Children's Programme Board will review the work programme at the end of 2009/10 and identify key areas for review by commissioners.</p> <p>The expectation is that the majority of these service developments will be achieved through service redesign and decommissioning, with a Programme Budget available to support agreed increased service costs.</p>

	<p>in a variety of settings including service users homes, educational settings and local authority respite care provision.</p> <p>Access to the children's community nursing team is available through the daytime 7 days per week.</p> <p>Access to specialist learning disability nursing provision is available 5 days per week, daytime only.</p> <p>All the nursing teams have access to specialist children's palliative care nursing advice through the team on a daytime basis. 5 days per week. Out of hours advice is provided by Martin House Children's Hospice.</p>	<p>access to nursing provision.</p> <p>Commissioners have identified a need to improve discharge planning to reduce average lengths of stay for children on paediatric wards.</p> <p>Increased access to learning disability nursing provision has been identified as a priority to improve the educational attainment of children and young people with learning difficulties.</p> <p>These gaps in service are well documented within the Children's Trust arena but are not included within the limited number of priorities included within the Children and Young People's Plan.</p>	<p>improvements will be achieved through services redesign and the PCT will identify a Programme Budget to support any increased service costs.</p>	
2a. Powered wheelchairs for children and young people	<p>Services are commissioned and the service is provided based on a clinical needs</p>	<p>There is a need to review the current service provision through the current Children's Trust arrangements to ensure that where appropriate property</p>	<p>Discussions have begun through the Aiming High Commissioning Board to ensure the most effective use of equipment in all settings.</p>	<p>The Children's Programme Board will review the work programme at the end of 2009/10 and identify key areas for review by commissioners.</p>

	assessment which can be carried out in a variety of settings including clinic, educational settings and the service users home.	adaptations are carried out to allow access for indoor/outdoor wheelchairs both within educational settings and at home. These gaps in service are well documented within the Children's Trust arena but are not included within the limited number of priorities included within the Children and Young People's Plan.	The majority of these service improvements will be achieved through services redesign and the PCT will identify a Programme Budget to support any increased service costs.	
3a. Non Powered wheelchairs for children and young people	Services are commissioned and the service is provided based on a clinical needs assessment which can be carried out in a variety of settings including clinic, educational settings and the service users home.	We have identified the need to review current service provision and ensure we have commissioned services in line with the guidance set out in 'Healthy lives, brighter futures'.	A review of current NHS provision is currently underway and the findings will be presented to the Children's Programme Board. The Aiming High Commissioning Board are currently looking at the possibility of providing Sports Wheelchairs to facilitate sports and leisure opportunities. PCT commissioners are leading this process with funding identified from the LA Short Breaks grant.	The Children's Programme Board will make decision around any future commissioning requirements subject to the review of current provision.
4a. Health service element of short breaks for disabled children and those with palliative care needs	We currently include and element of short break/respite care provision within continuing care packages (including	It is expected that the children's continuing care guidance (now expected to be published in December 2009) will increase the health related element of short breaks provision.	The Implementation of proposed NSF for children and young people's continuing care will be undertaken as soon as the guidance is published. A Clinical Lead Nurse in post has been	The Children's Programme Board will review the commissioning requirements for 2010/11 on publication of the children's continuing care guidance.

	those packages of care provided for children and young people with palliative care needs.		recruited to support this process. PCT expenditure will form part of the continuing care packages that are usually funded on a joint basis with the LA. Expenditure includes for residential overnight stays, family based overnight stays and family based or individual care.	
5a. Health key worker arrangements for children/young people who require health care packages in the community	Health key work arrangements are commissioned from a variety of sources: Children receiving health care packages via health funded continuing care provision receive key work support via an identified care co-ordinator. Children receiving input from the children's community nursing team also have access to a key worker.	The need to review the current key worker arrangements across the Children's Trust has been identified and although this is not reflected in the Children and Young People's Plan it is likely to be one of the early tasks of the Disability Strategy Group to ensure children in receipt of multi-agency packages of care receive the appropriate level of key worker support.	Commissioners are supporting local service providers in the implementation of the 'Early Support' principles which are underpinned by the key worker ethos. The majority of these service improvements will be achieved through services redesign and the PCT will identify a Programme Budget to support any increased service costs.	The Children's Programme Board will make decision around any future commissioning requirements subject to the review of current provision.
6a. Specialist palliative care provision for children	We have commissioned a children's specialist palliative care nurse who supports both	We are part of discussions across NHS Yorkshire and Humber looking at our ability to deliver the guidance outlined in the national document Better	We have established an End of Life Task group as part of our Children's Programme Board arrangements who are reviewing local provision to support the	The Children's Programme Board will make decision around any future commissioning requirements subject to the review of current provision.

	<p>the continuing care team and the community nursing team to allow children and young people with specialist palliative care needs to option to remain in their own homes. The post holder also provides support and advice to non NHS service providers including the Martin House Children's Hospice.</p> <p>We commission family support workers who primarily provide additional support children from minority ethnic groups.</p> <p>We contribute towards the cost of the care provided by Martin House Children's Hospice and a Consultant in Paediatric Palliative Medicine who provide both inpatient and outreach services.</p>	<p>Care:Better Lives.</p>	<p>regional work.</p> <p>The majority of these service improvements will be achieved through services redesign and the PCT will identify a Programme Budget to support any increased service costs.</p>	
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	PLEASE DESCRIBE WHETHER AND HOW YOUR COMMISSIONED SERVICES DELIVER THE FOLLOWING.	WHAT ARE THE LOCAL SERVICE GAPS?	NARRATIVE ON PLANNED DEVELOPMENTS IN 2009/10 INCLUDING NEW PCT INVESTMENT TO SUPPORT THIS	NARRATIVE ON PLANNED DEVELOPMENTS IN 2010/11 INCLUDING NEW PCT INVESTMENT TO SUPPORT THIS
1b. Year on year reduction in delayed transfers of care due to unmet equipment or community nursing needs	<p>The children's community nursing team in-reach into local and regional acute services to facilitate and support early discharge where appropriate.</p> <p>Equipment is provided via a number of different sources including: acute and community nursing and therapy services and the local authority.</p>	<p>We are considering the need for a more formal arrangement to facilitate discharge planning from acute hospitals into community settings.</p> <p>We are looking at options to consolidate NHS equipment provision within our local community equipment store.</p>	<p>Through the Children's Programme Board we established a task group to look at opportunities to improve current discharge planning arrangements. This will link closely with work being undertaken to ensure we are able to meet the requirements of the emerging guidance around children's continuing health care.</p> <p>Through the Children's Programme Board we have begun a review of NHS equipment provision. We intend to work with local authority colleagues to understand the full picture of equipment provision across Bradford and Airedale with a view to centralising all provision within our local community equipment store. It is expected that these changes will be achieved through service redesign.</p> <p>The majority of these service improvements will be achieved</p>	<p>The Children's Programme Board will make decision around any future commissioning requirements subject to the review of current provision.</p>

			through services redesign and the PCT will identify a Programme Budget to support any increased service costs.	
2b. The provision of equipment for individual children/young people in more than one domestic setting if requested.	Current commissioning arrangements allow for the provision of equipment which is transferable across domestic settings wherever possible. Requests to provide more than one piece of equipment to support transfer of the child between domestic settings are considered on a case by case basis.	Commissioners have not yet identified any local service gaps but would expect these to emerge as part of the review of current equipment provision identified in 2a.	Through the Children's Programme Board we have begun a review of NHS equipment provision. We intend to work with local authority colleagues to understand the full picture of equipment provision across Bradford and Airedale with a view to centralising all provision within our local community equipment store. It is expected that these changes will be achieved through service redesign.	The Children's Programme Board will make decision around any future commissioning requirements subject to the review of current provision.
3b. An NHS workforce able to contribute to delivery of the full service offer in short break arrangements	The children's continuing care team are commissioned to provide nurse led care in a variety of settings to support the provision of short breaks. We have commissioned the provision of nursing support within local authority run respite	It is expected that the children's continuing care guidance (now expected to be published in December 2009) will increase the health related element of short breaks provision. We are currently working with the local authority to review the current level of nursing support available within respite care provision.	The Children's Programme Board will review the commissioning requirements for 2009/10 on publication of the children's continuing care guidance. On completion of the review of current provision the Children's Programme Board will review the current commissioning arrangements.	The Children's Programme Board will review the commissioning requirements for 2010/11 on publication of the children's continuing care guidance. The Children's Programme Board will review the commissioning requirements for 2010/11.

	care provision.		The majority of these service improvements will be achieved through services redesign and the PCT will identify a Programme Budget to support any increased service costs.	
4b. Free health skills training for short break providers from outside the NHS	We expect and support our commissioned services to provide health skills training to both statutory and voluntary sector short break providers. Currently this training is provided via the continuing care team; community nursing team or the clinical lead for children receiving care to ensure the child's needs are safely met.	We would like to consider options to expand this offer of support to services providing short breaks who are not receiving care from one of the children's nursing teams.	This is an area of need identified as requiring further work by the Children's Programme Board.	The Children's Programme Board will review the work programme at the end of 2009/10 and identify key areas for review by commissioners. The expectation is that the majority of these service developments will be achieved through service redesign and decommissioning, with a Programme Budget available to support agreed increased service costs.
5b. Community children's nursing which integrates with other service providers, e.g. education, social care, leisure etc	Commissioners have worked closely with service providers to ensure integration of the children's nursing services with other service providers: The children's community nursing team to work very	There is a desire to improve the integration between the local children's community nursing services and children's therapy provision across the district, particularly with those occupational therapists employed by the local authority.	Through the Children's Programme Board and/or Children's Trust arrangements a number of task groups have been established to support and strengthen partnership working: <ul style="list-style-type: none"> • Disabled Children and Young People's Strategy Group. • 'Whole Systems Review of Child Development Centres 	The Children's Programme Board will review the commissioning requirements for 2010/11.

	<p>closely with other providers in particular the acute trust – wards, CDC, therapy services and the hospice.</p> <p>Specialist paediatric physiotherapy which is integrated into the team which is provided by colleagues from a local acute provider.</p> <p>The specialist school nursing service provides a peripatetic service into all specialist schools.</p> <p>The children’s continuing care team have worked with leisure services to provide access to recreational activities by utilising play specialists.</p> <p>Community nurses work with other service providers.</p>		<p>and Community Paediatric Provision’.</p> <ul style="list-style-type: none"> • Multi-agency review of implementation of NSF Standard 8. • Transforming Services Initiative will address Service Integration Requirements. • Be Healthy Strategy Group (PCT chair) with Leisure representation. <p>The majority of these service improvements will be achieved through services redesign and the PCT will identify a Programme Budget to support any increased service costs.</p>	
<p>6b. Holistic, integrated assessment which includes a mobility assessment and leads directly to</p>	<p>Current commissioned services provide:</p> <p>Assessments which are holistic and integrated with the</p>	<p>In line with the implementation of the Common Assessment Framework we would like to develop integrated documentation to avoid the need for parents to tell their stories over and over again.</p>	<p>Planned developments around integrated assessment processes are being led though the Children’s Trust arrangements. The Children’s Programme Board will consider and requirements to make changes to current NHS</p>	<p>Planned developments around integrated assessment processes are being led though the Children’s Trust arrangements. The Children’s Programme Board will consider and requirements to make changes to current NHS</p>

<p>a) provision of an appropriate wheelchair if needed</p> <p>b) provision of appropriate community equipment if needed</p>	<p>clinical needs of the child being taken into account along with any requirements that parents may have such as weight of equipment to coming to terms with the changing needs of the child.</p> <p>Joint assessments which are carried out with other therapists either OT physiotherapists, carers, advocates, parents, school representatives, etc. For continuing care assessments providers are currently working to develop joint visits with social care to assess needs.</p>		<p>commissioning arrangements as these are identified.</p>	<p>commissioning arrangements as these are identified.</p>
<p>7b. A transparent service standard in service specifications regarding 'time from initial assessment to receipt of fully functional/adapted wheel chair'</p>	<p>Currently, all referrals are triaged by the clinical team and prioritised/graded. The target for all new/re-referrals is to be seen within 6 weeks.</p>	<p>Currently timescales can be affected by a lack of stock or manufacturing delays for bespoke equipment.</p>	<p>As part of the review of NHS equipment provision described above we will review all service specifications relating to equipment provision to ensure all relevant service standards are included.</p> <p>It is expected that these changes will be achieved through service redesign.</p>	<p>The Children's Programme Board will review the commissioning requirements for 2010/11.</p>

