

## Evidence in relation to “Aiming High”:

<p><b>Describe the aspects of services for children with disabilities, complex and palliative care needs which you commission jointly within your Children’s Trust arrangements</b></p>	<p>Leicestershire County Council, Rutland County Council and Leicestershire County and Rutland PCT (LCRPCT) have a joint strategy for Aiming High.</p> <p>Services are not currently commissioned jointly through either of the Children’s Trust arrangements.</p> <p>There are plans for the PCT and LA’s to consider how this may change in the future.</p> <p>The PCT has jointly financed a temporary Project Manager post that is located within Leicestershire County Council. The post holder is responsible for the co-ordination and implementation of the short break strategy in Leicestershire.</p>
<p><b>Describe any collaborative commissioning arrangements with other PCTs for aspects of service (e.g. high cost low volume provision such as specialist equipment, specialist palliative care services, etc)</b></p>	<p>The PCT now works more closely with the Local Authority’s in addressing the needs of children with complex needs. Further work is in progress to look at ways in which the agencies can be more effective in commissioning localised services.</p> <p>All high cost low volume service provision is commissioned through east Midlands Specialist Commissioning Group.</p> <p>Equipment is commissioned through pooled budget arrangements which is currently located with NHS Leicester City.</p>
<p><b>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?</b></p>	<p>The PCT and the Local Authority’s (LA’s) engage with the public in the following ways:-</p> <ol style="list-style-type: none"> <li>1. Representatives from the Parent/Carer Council sit on the strategic</li> </ol>

	<p>groups that look at service design transformation, and delivery, as well as working groups that look into the detail.</p> <p>2. Children and young people have been regularly consulted with particularly in respect of the Aiming High Agenda. Individuals as well as groups of children and young people have given their views about what services and where they are to be delivered. These have informed the commissioning intentions of the strategic groups.</p> <p>3. Two specific consultation events have taken place (2009) in Rutland that covered both children and young people and their parents and carers. These events also included sibling's views.</p> <p>4. Two specific stakeholder meetings have taken place (2009) in Leicestershire, with service providers to ensure that the services that any new they are developing are taking account of the views of local children and young people.</p>
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SERVICE NEED	PLEASE INDICATE WHETHER THE PCT COMMISSIONS THIS SERVICE, RELECTING 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><b>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</b></p>	<p>Children's Community Nurse (CCN) :- Provide a seven-day service to children 0-16 years and their families with nursing needs – Mon- Sat 8am - 4pm service</p> <p>The Diana service operates a policy of prioritising terminal care referrals over all other referrals and will respond within 24 hours of receiving referral. Only 2 children at a time can receive this service.</p> <p>Children's Continuing and Complex Care Team:- Provide a seven-day service to children 0-16 years and their families requiring complex care services. Children identified as requiring service currently on waiting list.</p>	<p>CCN services currently unable to deliver a 24/7 service.</p> <p>Waiting list for continuing and complex care provision identified for City and County children.</p>	<p>Service commissioned to provide home based respite care for young people, over 12 years of age, with life limiting/life threatening and complex health care needs therefore the families do not have access to home based respite care.</p> <p>Increased the nursing capacity and support in the Diana Continuing Care Team to ensure short breaks can continue to young people over 12 years of age.</p>	<p>Review of Community Nursing Services to identify service needs and long term planning for sustainability.</p>

<p><b>2a. Powered wheelchairs for children and young people</b></p>	<p>This service is commissioned from Integrated Community Equipment Store.</p> <p>The service is commissioned to meet essential mobility needs.</p>	<p>Attendant operated powered chairs are not provided.</p> <p>Powered chairs for outdoor use only (EPOCs) are not provided.</p> <p>Requests for independent vouchers for powered w/c's are not permitted</p>	<p>No additional investment planned.</p> <p>Partnership vouchers on NHS powered chairs to accommodate the provision of additional facilities such as risers.</p> <p>Significant work has been undertaken over the past 2 years to reduce waiting times from 6 years to 20 weeks for powered wheelchair assessment. In 2007/8 additional investment to help facilitate these reductions.</p>	<p>A further streamlining of services for children to reduce waiting times both for assessment and handover of equipment.</p> <p>Further reductions would require additional investment</p>
<p><b>3a. Non Powered wheelchairs for children and young people</b></p>	<p>Commissioned through block contract. The PCT commissions essential mobility needs.</p>	<p>a) Very light weight active wheelchairs,  b) Double buggies  c) Rain covers  d) Parasols,  e) Reclining chairs for changing  f) Requests for duplicate pieces of equipment for second home or outdoor use  g) Second covers for continent children are not provided.  h) Provide mobility equipment for children with safety or behaviour needs without being a part</p>	<p>Negotiating with suppliers to ensure the most competitive prices to ensure the most appropriate equipment for the users.</p> <p>Introduction of specialist children's clinics.</p> <p>Looking at audit outcomes for timely service provision</p> <p>Introduction of joint therapist and rehabilitation engineer at children's clinic to optimise skills</p>	<p>Seeking funding for accredited referrers training for children's healthcare professionals to ensure cascading of knowledge and skills and appropriate referral information which allows a more efficient, timely service.</p> <p>This works incredibly well currently within the adult service.</p> <p>Further reductions would</p>

		of a behavioural management programme	used for assessment to allow getting it right first time.  A further streamlining of services for children to reduce waiting times both for assessment and handover of equipment. Significant work has been undertaken over the past 2 years to reduce waiting times from 10 months to 20 weeks for non powered wheelchair assessment.	require additional investment
<b>4a. Health service element of short breaks for disabled children and those with palliative care needs</b>	Home based short breaks through Diana Continuing and Complex Care Team. Nursing support through Diana CCN Team.  Partnership working to support LA short breaks providers (local authority provision supported by CCN).  Rainbows Hospice provides packages of care.	CCN services currently unable to deliver a 24/7 service.  Waiting list for continuing and complex care provision identified for City and County children.	Service commissioned to provide home based respite care for young people, with life limiting/life threatening and complex health care needs.  Increased the nursing capacity in the Diana Continuing Care Team to ensure short breaks can continue to young people over 12 years of age.	Review of Community Nursing Services to identify service needs and long term planning for sustainability.
<b>5a. Health key worker arrangements for children/young people</b>	All children and young people receiving a service from community services	Transitional Care. The health element of transitional care within		Next Stage Review work to identify service needs

<p><b>who require health care packages in the community</b></p>	<p>will have a named key worker.</p>	<p>educational settings requires further support.</p> <p>Psychology. Children and Young people are currently awaiting a service and named worker- The remit of a paediatric psychology service is to manage the psychological aspects of chronic illness in the children in both inpatient and outpatient environments.</p> <p>Therapies. Children and Young people are currently awaiting a service and named worker for occupational therapy and physiotherapy.</p>		<p>and long term planning for sustainability of an integrated psychology model across CAMHS, acute and community care that will also link to transitions.</p> <p>Following these reviews investment requirements / redirections will be identified.</p> <p>Review of Community Therapy Services to identify service needs and long term planning for sustainability</p>
<p><b>6a. Specialist palliative care provision for children</b></p>	<p>We commission Rainbows Children's Hospice and the Diana CCT Service who operate a policy of prioritising Terminal Care referrals over all other referrals and will respond within 24 hours of receiving referral.</p> <p>Therapy services– Multi level surgery support for children with complex</p>	<p>Diana Service is currently only able to provide home based 24hr terminal care to maximum of 2 children at a time – this is across the whole of Leicester Leicestershire Rutland.</p>	<p>Increased the nursing support in the Diana Continuing Care Team to ensure short breaks can be offered in a timely manner.</p>	<p>No developments commissioned within CCN services.</p> <p>East Midlands Children's Palliative Care Network planning to lead on the implementation for neonatal end of life care pathway, in partnership with Neo-natal networks. Will need to consider</p>

	needs  The Laura Centre Bereavement is commissioned to provide counselling for parents and children.			these factors for local commissioning.
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<b>1b. Year on year reduction in delayed transfers of care due to unmet equipment or community nursing needs</b>	<p>Very few children /young people will experience delays in transfer of care due to community packages being available. Most delays occur between acute and community sectors due to social requirements e.g. housing.</p>	<p>None</p>	<p>None Planned</p>	<p>None Planned</p>
<b>2b. The provision of equipment for individual children/young people in more than one domestic setting if requested</b>	<p>NHS Leicestershire County and Rutland jointly commission equipment through a pooled budget arrangement. Only one set of equipment will be provided per child for home settings, additional equipment can be obtained for educational settings.</p>	<p>None</p>	<p>None Planned</p>	<p>A Review of Community Equipment provider to identify service needs and long term sustainability will occur in 2010/11.</p>
<b>3b. An NHS workforce able to contribute to delivery of the full service offer in short break arrangements</b>	<p>All children accepted into the short breaks service will receive a health assessment to plan the health care required in their specific short break provision, to assess functional ability and make recommendations for appropriate interventions, and to provide an assessment of equipment necessary for children to access short break services.</p>	<p>Gaps in knowledge and skills in behaviour management, ADHD and ASD within Leicester Community Children's Health Services(LCCHS)</p>		

	All staff receive training in relevant competencies, equality and diversity and safe-guarding.			
<b>4b. Free health skills training for short break providers from outside the NHS</b>	Numerous training sessions are available. We currently offer health care training to social care & education including Special needs schools and nurseries, mainstream schools and community nurseries. This also includes individuals who transport children and young people with additional needs through the local authority and private agencies. Within social care we train homecare carers and foster carers who provide short break respite within the home and carer at residential short break provision within the city.	<p>The training programme sets out the training days for each subject at the beginning of each year.</p> <p>This can be quite restrictive to some people who cannot get to a certain dates for varying reasons. Currently training is not offered outside of Monday to Friday 9 - 5pm.</p> <p>Identified as part of Next Stage Review work streams.</p>	To provide health care/ delegated tasks training (e.g. care of a child requiring Enteral feeding etc.) to all non-health care providers providing short breaks)	Further develop e learning packages to incorporate a wider variety of health care topics we currently offer as a face to face teaching session.
<b>5b. Community children's nursing which integrates with other service providers, e.g. education, social care, leisure etc</b>	All commissioned elements of the children's community nursing service integrate with other service providers and key relationships are identified within the contractual	<p>The following gaps have been identified through a review of services:</p> <p>True 24/7 on-call service</p> <p>Acute illness and injury</p>	A health working party (a sub group of the Aiming High strategy group) is being organised. The purpose of this group to agree the priorities and prepare for any funding	Next Stage Review work to identify service needs and long term planning for sustainability of a Non elective Care Pathway to facilitate early discharge from acute to community

	<p>arrangements and service specifications.</p> <p>Community nurses attend multi-disciplinary case meetings with appropriate representatives from family services, education, therapy services, paediatrician and any other key professionals.</p>	<p>service to facilitate hospital discharge.</p> <p>Some service needs of children and young people in the care system, either shared care or children/young people in the care of the LA.</p> <p>Needs of children under 5 and inter-relationships with children's centre programme.</p>	<p>available in 2010/11. This will be based on specific issues identified through consultation and service mapping exercises.</p>	<p>care.</p> <p>Following these reviews investment requirements / redirections will be identified.</p> <p>Implications of the new LAC health guidance will need to be considered in respect of service development/funding.</p> <p>Further work locally in respect of Better Outcomes Achieved Together and more integrated service provision.</p>
<p><b>6b. Holistic, integrated assessment which includes a mobility assessment and leads directly to</b></p> <p><b>a) provision of an appropriate wheelchair if needed</b></p> <p><b>b) provision of appropriate community equipment if need</b></p>	<p>Commissioned through block contract. We are commissioned to meet essential mobility needs.</p>	<p>All referrers are invited to attend the child's assessment and handover appointment to optimise efficacy of clinics. This is included on the referral form</p> <p>Few referrers attend clinics due to other commitments</p>	<p>Introduction of Joint OT and rehabilitation engineer clinics. The aim of these clinics is to utilise skills of both professionals in order to get it right first time for children, young people and their families.</p> <p>Expansion of children's clinics with specialist OT working within them</p>	<p>Expansion of the joint OT and Rehabilitation engineer clinics.</p> <p>Audit of the efficacy of joint clinics</p> <p>Continued meeting with community Childrens therapist re partnership working.</p> <p>New investment would be required for the Accredited Referrers wheelchair referrers training.</p>

<p><b>7b. A transparent service standard in service specifications regarding 'time from initial assessment to receipt of fully functional/adapted wheel chair'</b></p>	<p>The service is commissioned through a block contract to meet essential mobility needs.</p>	<p>The service currently meets the standards to which they are commissioned; 8 weeks for urgent assessment and 26 weeks for standard assessment.</p> <p>There are no current agreed standards for waiting times for handover of equipment.</p> <p>We are awaiting direction from the Department of Health on whether we will need to be providing an 18 week service from referral to handover of equipment.</p>	<p>The eligibility criteria is awaiting ratification from EMSCG.</p> <p>We are preparing for this shift by ensuring our pathways are as efficient as possible and that we have a robust reporting mechanism but there is a commissioning issue on funding and the affordability of providing such a service</p>	<p>Nothing Planned.</p>
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