CHILDREN AND YOUNG PEOPLE'S STRATEGIC PARTNERSHIP LAA DELIVERY PLAN 2008/09

Area of Work	NI Ref	Brief description of actions/interventions	By Whom? (lead agency emboldened)	Risks	Cross Reference to Your Local Delivery Plan	LAA Indicator Accountable (lead)
Increase children and young people's participation in high quality PE and sport	57	• Maintain School Sports Coordinator Programme to ensure within school provision • Enhanced link with West London Competitions Manager • Partnerships with Community Development staff to increase provision / accessibility outside school	Achievement and Inclusion Service		CYP Plan	Heather Clements Harrow Council
Increase prevalence of breastfeeding at 6-8 weeks for birth	53	See action plan	**PCT**	Low but problem with data return	LDP target	Angie Woods PCT
Increase Breastfeeding initiation rates	Local indicator	See action plan	**PCT**	Good	LDP target	Louise Taylor PCT
Increase early access for women to maternity services	126	See action plan	**NWLH**	Improving but risk re. capacity at local unit	LDP target	Angie Woods PCT
Reduction of permanent exclusions	Local Indicator	• sustained work around behaviour with schools • ensuring effectiveness of RIT and managed moves • establishment of HELIX (KS3 respite unit) • development of learning mentor provision in high schools	**Harrow Council** Achievement and Inclusion Service		CYP Plan	Heather Clements Harrow Council

Reduction of fixed term exclusions	Local Indicator	• sustained work around behaviour with schools • ensuring effectiveness of RIT and managed moves • establishment of HELIX (KS3 respite unit) • development of learning mentor provision in high schools • funding of seclusion units in high schools	Achievement and Inclusion Service		CYP Plan	Heather Clements Harrow Council
Improved attendance at 25% worst performing schools in Harrow LA area with regard to attendance (Primary Schools)	Local Indicator					
Improved attendance at 25% worst performing schools in Harrow LA area with regard to attendance (Secondary Schools)	Local Indicator					
Average points score per pupil at level 2 at age 16	Local Indicator	• targeted intervention	Achievement and Inclusion Service		CYP Plan	
Number of extended schools	88					Heather Clements
% of young people aged 16-18 who are NEET	Local Indicator	• new provider procured • successful development of collegiate	Achievement and Inclusion Service		CYP Plan	
Improve stability of placement of children looked after: length of placement	63					Gail Hancock Harrow Council

Effectiveness of child and adolescent mental health services	51	See action plan	**CNWL**	Significantly improved but some difficulty with complex cases	LDP target	Angie Woods PCT
Increase number of core assessments for children's social care that were carried out within 35 working days of their commencement	60					Gail Hancock Harrow Council
Decrease hospital admissions caused by unintentional and deliberate injuries to children and young people	70	Please see action plan below	**NWLH**	Improving with new initiatives likely to renew enthusiasm	LAA target – to be included in LDP refresh	Mitch Blair Northwick Park Hospital
Increase key stage 4 attainment for Black and minority ethnic groups	108	• participation in national 'Black Pupils Achievement' Projects • focus with schools in target setting	Achievement and Inclusion Service		CYP Plan	Heather Clements Harrow Council
Narrow the achievement gap at age 5	92					
Increase achievement for all children at age 5	72					
Increase proportion achieving level 4+ in both English and Maths in Key Stage 2	73	• universal training programme for all schools through advisory service • targetted support for focus schools from primary consultants • monitoring, challenge and support to schools through School Improvement Partner programme	Achievement and Inclusion Service		CYP Plan	

Improve proportion progressing to national curriculum levels in English in Key Stage 1 and 2	93	• universal training programme for all schools through advisory service • targeted support for focus schools from primary consultants • monitoring, challenge and support to schools through School Improvement Partner programme	Achievement and Inclusion Service		CYP Plan	
Improve proportion progressing to national curriculum levels in maths in Key Stage 1-2	94	• universal training programme for all schools through advisory service • targeted support for focus schools from primary consultants • monitoring, challenge and support to schools through School Improvement Partner programme	Achievement and Inclusion Service		CYP Plan	
Increase proportion achieving level 5+ in both English and Maths in Key Stage 3	74	• universal training programme for all schools through advisory service • targeted support for focus schools from secondary consultants • monitoring, challenge and support to schools through School Improvement Partner programme	Achievement and Inclusion Service		CYP Plan	
Increase proportion achieving level 5 in science in key stage 3	83	• universal training programme for all schools through advisory service • targeted support for focus schools from secondary consultants • monitoring, challenge and support to schools through School Improvement Partner programme	Achievement and Inclusion Service		CYP Plan	

Improve proportion progressing to national curriculum levels in English for key stage 2-3	95	• universal training programme for all schools through advisory service • targeted support for focus schools from secondary consultants • monitoring, challenge and support to schools through School Improvement Partner programme	Achievement and Inclusion Service		CYP Plan	
Improve proportion progressing to national curriculum levels in maths for key stage 2-3	96	• universal training programme for all schools through advisory service • targeted support for focus schools from secondary consultants • monitoring, challenge and support to schools through School Improvement Partner programme	Achievement and Inclusion Service		CYP Plan	
Increase proportion achieving 5 A*-C grades at GCSE and equiv incl GCSE English and Maths for key stage 4	75	• universal training programme for all schools through advisory service • targeted support for focus schools from secondary consultants • monitoring, challenge and support to schools through School Improvement Partner programme	Achievement and Inclusion Service		CYP Plan	
Improve proportion progressing equivalent of 2 national curriculum levels in English in key stage 3-4	97	• universal training programme for all schools through advisory service • targetted support for focus schools from secondary consultants • monitoring, challenge and support to schools through School Improvement Partner programme	Achievement and Inclusion Service		CYP Plan	

Improve proportion progressing equivalent of 2 national curriculum levels in English in key stage 3-4	98	• universal training programme for all schools through advisory service • targeted support for focus schools from secondary consultants • monitoring, challenge and support to schools through School Improvement Partner programme	Achievement and Inclusion Service		CYP Plan	
Reduce persistent absentee pupils in secondary schools	87					
Increase proportion of children in care achieving level 4+ in English at key Stage 2	99	• universal training, support and challenge to schools • Appointment of Virtual Headteachers, with effect from Sept 08, to champion achievement of individual CLA.	Achievement and Inclusion Service		CYP Plan	
To increase proportion of children in care achieving level 4+ in maths at key stage 2	100	• universal training, support and challenge to schools • Appointment of Virtual Headteachers, with effect from Sept 08, to champion achievement of individual CLA.	Achievement and Inclusion Service			
To increase proportion of children in care achieving 5 A*-C grades at GCSE and equiv incl 101GCSE English and maths	101	• universal training, support and challenge to schools • appointment of Virtual Headteachers, with effect from Sept 08, to champion achievement of individual CLA.	Achievement and Inclusion Service		CYP Plan	

NI 70 ACTION PLAN

PREVENTING INJURY AND INJURIOUS BEHAVIOUR

Harrow has recognised Injury as an important aspect staying safe in childhood. Incidents of injury for the most disadvantaged in the Borough are comparatively high. Local audit in Harrow shows peaks around preschool and teenage years.

The local multi-agency Children and Young Persons Injury Prevention Group has devised a five year action plan which seeks to address these local area priorities in a two pronged approach.

1 Injury prevention

Based on evidence available from research - Phase 1 Under fives falls, burns and poisonings in first instance. Phase 2 school based injury prevention especially sports and playground injury

Baseline – no. of short term admissions for falls, burns and poisoning via HES data tracked to post codes. Year 1 finalise baseline, year 2 agree targeted areas, year 3 set targets for achievement of reduction, year 4 review interventions, year 5 achieve targets.

INTERVENTIONS:

- Public health campaign- especially around avoiding smoking and drinking hot liquids around toddlers and Campaign encouraging uptake of safety equipment (CHIPS project)

surveillance system

- Injury coordinator as part of safeguarding co-ordinator role initially with review in January and potential investment in full time post

- Continuation of multi-agency approach with fire, police, housing commitment, and the voluntary sector

2. Prevention of injurious behaviour

Based on evidence available from local accident and emergency audit, provide follow up for young people (9 – 11) who present at A/E with risk taking behaviour. Offer them coaching on healthy lifestyles choices, linking with young offenders and those working with children on the cusp of failing on attainment targets.

INTERVENTIONS:

- Proposal to appoint a co-ordinator working with A/E and local schools to support children who have been injured, bullied or are presenting at A/E with early risk taking behaviour.
- Working closely with injury prevention group and school inclusion support systems including the voluntary sector , offer case management and coaching to those eligible and choosing to take up service

tracking

CAMHS Partnership self assessment matrix 2007-8

Detailed action plan QW in deadline column indicates Quick Wins

Element of a comprehensive CAMHS		Action/s needed	Who is responsible for the action/s	Deadline for completion
1. Functioning and inclusive partnership.				
	Clear responsibility for financial decision making	Names of those who hold budgets. In the case of pooled budgets, accountability is clear. Mapping of funding streams required.	AW	**achieved**
	Clear lines of accountability including to children and young people's partnership	Included in terms of reference	AW	**achieved**
	CAMHS strategy	Current strategy, to be redistributed with structure chart with all major stakeholders signed up to agreed annual priorities. Likely to comprise (or include) a summary of not more than 10 pages.	AW	achieved
	Strategy implementation or action plan	Implementation plan for strategy to be revised.	AW	achieved
2. CAMHS strategy underpinned by comprehensive needs assessment.				
COMPONENT	locally adjusted epidemiological information on the prevalence of mental health problems	Needs assessment from PCT public health report to inform strategy.	AW	pending
	assessment of the needs of specific groups of children who are at risk or vulnerable	Including, as a minimum, BME, children looked after, those with LD		
	analysis of unmet need/service gaps	Needs identified and relevant care pathways need to be embedded to ensure rapid referral for urgent cases, including transition protocol	AW	ongoing
	service map showing services provided and service usage	care pathways developed through primary care mental health workers to be re-distributed. Voluntary sector provision to be mapped. Cross agency services pathways to be identified.	AW	**ongoing**
	views of stakeholders	Mechanisms for consulting with stake-holders and making use of existing information eg via audits, compliments, complaints, other feedback	AW	achieved
	views of service users taken into account when revising or planning services	Mechanisms for consulting with service users and making use of information already provided eg via routine outcome evaluation and/of focus groups	AW	ongoing
	evidence of effectiveness and efficacy of interventions and service models taken into account	Some of the key interventions to be prioritised are based on the best available evidence	CS	**achieved**
	commitment to Every Child Matters, NSF and implementation of NICE guidance	Strategy reflects ECM outcomes + NSF standards/ markers of good practice and NICE guidance/recommendations	CS	**ongoing**

	clear priorities for commissioning	Listed with some ordering of key priorities	AW	**ongoing**
	audit and mapping of workforce capacity	Written and summarised	KH	pending
	each agency providing children services makes a contribution to comprehensive CAMHS.	Clarity and agreement around universal, targeted and specialist provision - what it is and who provides it.	all	ongoing

Element of a comprehensive CAMHS		**Action/s needed**	**Who is responsible for the action/s**	**Deadline for completion**
3. Effective commissioning.				
COMPONENT	joint commissioning makes use of pooled budgets and Health Act Flexibilities	Notional pooling puts all the CAMHS money, from whatever source, into a hypothetical pot and spends it according to agreed, joint priorities. (This works for many partnerships)	AW	achieved
	transparent links from needs assessment to commissioning decisions	A lay person could make the connection between the stated unmet need/service gaps and the priorities for commissioning.	AW	ongoing
	evidence of 10% year on year increase in staffing and investment.	Shown through extra staffing and/or greater activity such as the primary care mental health workers and relocation of CAMHS in Alex	AW	ongoing
4. Multi agency provision of ***universal*** services.				
COMPONENT	education interface programme/s	CAMH contribution to Healthy Schools, extended schools, Behaviour Education Support Teams (BEST). Referral to specialist CAMHS from education agreed. Clarity on CAMHS involvement with/contribution to special schools for LD, vulnerable pupils and Social Emotional and Behavioural Difficulties, PRUs.	LDD/CAMHS steering group	ongoing
	positive mental health promotion	Age appropriate, within contexts in which young people already meet/feel comfortable, accessible to all groups of young people. Information about mental well being for young people available: posters, leaflets and/or internet. Resources may be designed wholly or partly by young people themselves and readily available in a range of appropriate languages. Monitoring of positive promotion to be established.		
	primary care staff training programme	Sustainable programme in place to achieve mental health awareness based on clear principles for multi-disciplinary delivery and tailored to the in-service training opportunities available to different staff groups. Programme determined by the partnership's assessment of need, overseen and evaluated by specialist staff e.g. PCMHT training programme	KH	ongoing
	access to community based mental health services	CAMHS based alongside other children's services eg education, paediatrics, social services, voluntary sector - wide range of provision under one roof, may be known as a 'one stop shop'. Environments of care are age appropriate, privacy and safety are considered. Waiting areas and clinical rooms for younger children have range of toys that reflect the diversity of the community. Younger children not expected to share the same facilities as older teenagers e.g. Alex clinic.	AW	ongoing

Element of a comprehensive CAMHS		Action/s needed	Who is responsible for the action/s	Deadline for completion
5. Multi agency provision of ***targeted*** services for young people.				
COMPONENT	who care for parents/others	Young carer support groups/ networks in place. Links between CAMHS and adult mental health services (AMH), provision of training on mental health issues to staff working with young carers, access to assessment and support and participation in activities that might include group work, counselling and therapies designed to increase personal coping and raise self esteem.	KC	ongoing
	with longer term, complex needs that cannot be met by one agency	Multi-agency framework in place for the future delivery and monitoring of their care, informed by the Common Assessment Framework (CAF). A key worker appointed to assist the family in managing the interface with the various services supporting them. CAMH services contribute through attendance and provision of assessments and reports to meetings, support of the key-working system and support to other staff involved including co-working.	GH	pending
	whose belonging to a particular BME group causes specific disadvantage in gaining access to services	Special groups, based on unmet need and service gaps, predicated on consultation with (non) service users and voluntary sector. Offered in places where specific BME communities meet and with translated materials and/or interpreters.	AW	ongoing
6. Multi agency provision of ***specialist*** services.				
COMPONENT	Learning Disability	Care pathways to be completed, services provided via CAMHS, Harrow Learning Disability Team and community paediatrics. Action plan for comprehensive CAMHS in place	AW	ongoing
	Autistic Spectrum	There is a national gap re. autistic and aspergers service provision. CAMHS LD pathway now agreed with action plan to implement	AW	ongoing
	who require intensive support and whose needs cannot be fully met by community and out-patient services	Services may include day patient provision, in patient care and intensive community support such as inreach/outreach. Intensive services offered as close to the young person's home as possible or arrangements made with SSD for help with transport for visiting. Out of area placements are reviewed and monitored regularly.	KH	ongoing
	with early onset psychosis	PCMHT support CAMHS for rapid joint assessments and case management and for prescribing to under 16-year-olds. Also clear, audited referral pathways and joint training programmes. Early intervention in psychosis project manager appointed.	KH	ongoing

Element of a comprehensive CAMHS		Action/s needed	Who is responsible for the action/s	Deadline for completion
7. Workforce.				
COMPONENT	staff able to provide support, consultation and face-to-face work in primary care settings	Where support is offered by specialists to primary care workers this is costed into budgets and documented formally through agreements/protocols. PMHT & CAMHS in Alexandra Avenue outreach to special schools and children's centres established.	AW	ongoing
	staff able to provide and participate in teaching, training, consultation and liaison, research and audit	Commissioners account for the cost implications and providers demonstrate value for money. There are tangible benefits for staff and service users as a result of these activities.	KH	ongoing
	staff meet the mental health needs of the population served	Summary needs assessment is matched to evidence based effective interventions, which in turn are matched to skills profile, skill mix and training programmes. Sufficient numbers in the specialist service: 15 per 100,000 population in non teaching service, 20 in a teaching service.	KH	ongoing
8. Specialist CAMHS infrastructure.				
COMPONENT				

Element of a comprehensive CAMHS		Action/s needed	Who is responsible for the action/s	Deadline for completion
9. Accessibility.				
COMPONENT	services offered in convenient locations, in a number of settings	Service users have options - to attend a clinic/hospital site, or to meet in another service setting, eg school, neighbourhood centre, children's centre, home, etc.	KH	ongoing
	young people aged 16 and 17 are able to receive a full service	Adolescent-friendly environments are used and the staff providing the service to 16-17 year olds have specific training with this age group. Effective links with adult services. New young person's centre being developed with CAMHS linked to interim site.	KH	ongoing
	young people with learning disabilities and mental health needs are able to receive a full service	Access to specialist services with expertise in both areas. Some children with mild learning disability are best served within community CAMHS, whilst others with more severe disability require specialist LD provision. Joint protocols and planning between CAMHS and LD services ensure no child fails to get a service.	AW	Achieved except in Tier 4

10. Appropriateness and acceptability.				
COMPONENT	mechanisms to fully involve young people, parents/carers in development and evaluation in place	Service users are consulted on the strategy and invited to be involved in task groups within the partnership. Special attention is paid to users from black and minority ethnic groups.	KH	achieved
	the staff mix reflects the diversity of the community	Positive steps have been taken to ensure that the staff reflects the make up of the local population or is sensitive to the needs of the diverse members of the local population. This may be evidenced by training in cultural competency etc.	KH	ongoing

National Service Framework for Children, Young People and Maternity Services: Action Plan 2008

Nationally agreed standards

1.0	Flexible Services	Evidence of compliant practice	Action Required	Lead	Compliance Jan 07	Score
1.1	Provide flexible individualised services with emphasis on the needs of vulnerable and disadvantaged women.	Currently provide an extensive range of maternity services including routine services and specialist services to meet the needs of women experiencing normal childbirth and complicated childbirth. These include screening services for fetal abnormality; services for women with infectious diseases such as Hepatitis and HIV/AIDS; women with diabetes and other medical problems; teenage pregnancy, pregnancy loss, African Well Woman,women with twin pregnancy.Referral to QCH and St Mary's for fetal medicine services Some services are provided in community & hospital settings.	Awaiting Precruitment of Community Midwifery posts following Community Midwifery Review 2006 to change model of care.	CM / KT & PCT		1
1.2	Services are inclusive for all women e.g. women with learning and physical disabilities taking into account their communication, equipment and support needs; services for teenage parents	Antenatal 'risk assessment' undertaken on women with physical disabilities and plan agreed. Named midwives in post to provide continuity of care to teenage mothers in Brent and Harrow				1

1.3	Make provision for translation, interpreting and advocacy services based on an assessment of the needs of the local population. Provision includes a mixed economy of interpreting and advocacy services – for home visiting, out-of-hours services, antenatal	24/7 interpreting services available in 200 languages, available in hospital and community, GP also provides as necessary				**3**
1.4	Women who use local maternity services are involved in improving the delivery of these services, and in planning and reviewing all local hospital and community maternity services.	User representation on the Maternity Services Liasion Committee (MSLC), Labour Ward Forum and Women's Partnership Group. Issue that we need to encourage further representation.	Continue to encourage multi-ethnicity involvement invitations in all areas requesting more women's involvement	CM		**1**
1.5	Maternity services are proactive in engaging all women, particularly women from disadvantaged groups and communities.	Women's Guide to Maternity Services translated in 6 most common languages, Patient Information leaflets translated.	Ongoing work to ensure engagement of vulnerable women.	CM		**1**
2.0	**Informed Choice**	**Evidence of compliant practice**	**Action**	**Lead**	**Compliance Jan 07**	
2.1	Women are given enough time between receiving information and making choices to reflect upon the information, consider their options and seek additional information and advice where they wish to.	Screening information sent out with the booking appointment letter. Parent education offered to all women. Opportunity for women to discuss Vaginal Birth after Caesarean (VBAC) with Consultant Midwife.	Combined AN Screening being implemented across NWL to women on a selective basis	CM		**2**

2.2	All pregnant women have easy access to information about the normal emotional and psychological changes during pregnancy and following birth, advice on promoting well-being and simple coping strategies. It should also include information on mental health problems and how to access appropriate help.	General advice available. Specific information on mental health problems not widely available. Mandatory training for midwives on Maternal Health issues	Lead for safeguarding responsible for MDT care planning Consider perinatal mental health antenatal cliniic	GL OL/CM		**1**
2.3	All women are involved in planning their own care with information, advice and support.	Some choices made available. Midirs leaflets on place of birth, and non epidural pain relief are given to women. Birth Plan discussed with all women prior to labour (e.g. around 34-36 weeks).	Audit of birth plan discussion to be undertaken	CM/ AH		**1**
2.4	In addition, specific training is needed so that advocates and translators understand the provision of maternity care and social services so that they can effectively help to guide women around the system.	ITLS provide traning to their staff	Trust currently reviewing interpreting services with a view to recruiting health advocates	CM		**2**

3.0	Managed Care Networks	Evidence of compliant practice	Action	Lead	Compliance Jan 07	
3.1	Maternity services are commissioned within a context of managed care networks and include a range of provision for routine and specialist services for women and their families.	Tertiary referral for fetal medicine services to QCH and St.Mary's. Neonatal network in place (QCH)				**2**
3.2	Managed Maternity care networks include effective arrangements for managing the prompt transfer and treatment of women experiencing problems or complications	Infrastructure and capacity to care for women with complicated clinical needs				**1**
4.0	**Care Pathways**	**Evidence of compliant practice**	**Action**	**Lead**	**Compliance Jan 07**	
4.1	Care pathways are used to illustrate the woman's progress through the variety of services available.	Full Guidelines in place. Multidisciplinary care pathway to be developed.	Care pathway to be developed and considered by guidelines group	SA		**2**

4.2	Community based continuity of care' schemes are in place for women from disadvantaged and minority groups and communities	Children's Centre based model under development, with Harrow and Brent PCTs. New model of care midwifery care under development.	Extra community midwives to include vulnerable women caseload - awaiting recruitment	CM / PCT		1
5.0	**Access to Midwives**	**Evidence of compliant practice**	**Action**	**Lead**	**Compliance Jan 07**	
5.1	Extend accessible midwifery services, including some co-location, in Children's Centres.	Model under development with Harrow & Brent PCTs. Looking to mirror cluster groupings within PCTs.	Work with Harrow & Brent PCTs to implement new model	CM		1
5.2	Contact details for midwives are easily accessible to all women in the local population.	Contact details given to all women at booking.				1
5.3	Each pregnant woman has two visits early in pregnancy with a midwife who can advise her on her options for care on the basis of an in-depth knowledge of local services	Women have the option to contact the hopsital and arrange to attend antenatal clinics.	Agree placement of midwives in accessible locations (e.g. Children's Centres) with PCT. Continue in campaign for additional midwives by submitting an annual bid.	CM		2
5.4	All women are offered the support of a named midwife throughout pregnancy	The majority of women are currently assigned to an obstetric team. Assigned midwife model being developed as part of new Midwifery Model. Likely implementation late 2007.	Midwife-led teams to be set up to facilitate an increase in the number of women with a known named midwife - Recruitment to additional posts	CM		2

6.0	Antenatal care	Evidence of compliant practice	Action	Lead	Compliance Jan 07	
6.1	Antenatal care complies with Guidelines for Routine Antenatal Care from the National Institute of Clinical Excellence	Antenatal care complies with NICE guidelines. The antenatal management of diabetes is designed to reflect the high percentage of diabetic women in the local population.				**2**
6.2	A comprehensive high quality antenatal screening and diagnostic service, based on recommendations of the National Screening Committee, is offered to all women (presented as options, not as a routine part of care)	A screening programme is in place for all women as per the NW London Sector guidelines. Staggered implementation is planned and combined antenatal screening with NWL Sector.	Working party to devise strategies to ensure the provision of timely antenatal booking appointments	CM/ SA		**2**
6.3	Every woman experiencing early pregnancy problems has access to an Early Pregnancy Unit (EPU)	EPU in place on both sites				**1**
7.0	**Normal Birth**	**Evidence of compliant practice**	**Action**	**Lead**	**Compliance Jan 07**	
7.1	All services facilitate normal childbirth wherever possible.	Consultant midwife leads on the promotion of normal birth. VBAC discussion offered by Consultant Midwife.	Midwife-led teams to be set up to facilitate an increase in normal birth.	CM / AH		**1**

7.2	Capacity of midwife-led and home birth services are developed to meet local needs	6 bedded standalone midwifery led birthing unit (Brent Birth Centre). Community midwifery staffing needs to be increased to ensure round the clock access for the home birth service.	Birthing centre up and running	CM/ PCT		**1**
7.3	Clinical interventions, including caesarean sections, are only performed if there is clinical evidence of expected benefit to the woman/baby. A consultant is involved in the decision to undertake any caesarean.	Regular discussions of management of CS's. Consultant involvement audited annually.				**1**
7.4	All staff have skills and knowledge to support women who labour without drugs including pools and positions.	All staff have the opportunity to access further training if not confident e.g. 1to1 supervision with a senior midwife; attendance at study days/Normal Birth Module. Mandatory training. Active Birth workshops facilitated by Consultant Midwife.				**2**
7.5	The birth environment should be quiet and relaxed, offering homelike surroundings.	Brent Birth Centre 6 bedded unit. £19m refurbishment completed with relaxed birth environment				**3**
7.6	Staffing levels and competencies on delivery suites comply with Clinical Negligence Scheme for Trusts standards (CNST)	Mandatory training 5 days per annum guaranteed to each midwife/nurse. Competency framework in place for doctors. Midwife to birth ratio 1:30 monitored by Clinical Scorecard				**2**

8.0	Complex care	Evidence of compliant practice	Action	Lead	Compliance Jan 07	
8.1	Medical consultant-led services have adequate facilities, expertise, capacity and back-up for timely and comprehensive obstetric emergency care, including transfer to intensive care.	Consultant-led services are appropriately and easily accessed for women experiencing complications; expertise available in e.g. haematology; endocrinology; fetal medicine; infectious diseases. Easy access to level III Neonatal Intensive Care Unit & adult ITU.				**2**
8.2	Formal local multi-disciplinary arrangements are in place for emergency situations, including transfer in labour	Guidelines in place.				**1**
8.3	Community based facilities are fully equipped and staff have the skills for initial management and referral of obstetric and neonatal emergencies	Brent Birth Centre has operational policy to ensure compliance				**2**

9.0	Postnatal Care	Evidence of compliant practice	Action	Lead	Compliance Jan 07	
9.1	All babies to have a clinical examination within the first week of life or prior to transfer from neonatal care, with prompt referral when necessary	All babies have an examination. Several hospital and community midwives trained to undertake the examination of the newborn, thus facilitating early transfer home.				**1**
9.2	Information on breastfeeding is timely, consistent and reflects best practice; support for breastfeeding is a routine part of all maternity care	In palce. In addition, Working towards Certificate of Commitment for UNICEF - 0.5 WTE Breastfeeding Specialist in post working in hospital. UNICEF training for 20 staff March 2007				**1**
9.3	Maternity support workers (MSWs) to be used in hospital & community under supervision.	32 MAs working within the hospital based maternity services, achieved in 2005.	To develop role of MAs within the community	AY		**2**
9.4	Access to a midwife to continue for at least 1 month post birth/transfer from hospital & up to 3 months or longer depending on need.	Services currently extended up to 28 days postnatal though early discharge possible at day 10 for the majority (>90%) of women. Postnatal clinics in Brent set up in 2006.				**2**
9.5	Postnatal care complies with the Guidelines for Routine Postnatal Care from NICE	Guidelines are compliant with NICE requirements.				**2**

10.0	Mental Health	Evidence of compliant practice	Action	Lead	Compliance Jan 07	
10.1	All NHS maternity care providers have in place policies and protocols for identifying and supporting women who are at high risk of developing a serious postpartum mental illness.	Policy in place for the management of women with a history of serious mental illness. However there is no pathway for women at risk of developing mental health problems.	Care pathway to be developed for women at risk of developing mental health problems	GL/ SA		**1**
10.2	All NHS maternity care providers & Mental health Trusts have in place joint working arrangements for maternity health services, including arrangements for direct access by midwives, general practitioners and obstetricians to a perinatal psychiatrist.	Arrangements for direct access to a psychiatrist are in place for an acute episode.	Business case for perinatal mental health team to be submitted	KT/ CM/ OL		**1**
10.3	Maternity and social services have joint-working arrangements **in** place to respond to concerns about the welfare of an unborn baby and its future, due to the impact of the mother's needs and circumstances.	Midwife lead for Child Protection cases with direct involvement in multidisciplinary and multiagency planning of care for women with Child Protection concerns.		CM		**1**

10.4	All those concerned with the care of women and their families at this stage in their lives need to be familiar with the normal emotional and psychological changes that take place during pregnancy and in the post-natal period.	Training in place				**2**
10.5	All pregnant women are asked about any previous history of psychiatric disorder and/or family history of serious mental illness early in their pregnancy.	At booking all women are asked about any previous mental health problems and this is recorded on the Maternity Information system (CMIS).				**1**
11.0	**Domestic Abuse**	**Evidence of compliant practice**	**Action**	**Lead**	**Compliance Jan 07**	
11.1	All pregnant women are offered a supportive environment and the opportunity to disclose domestic abuse.	IN place - 1:1 booking arrangements.				**1**
11.2	Joint working arrangements are in place between maternity services and local agencies with responsibility for dealing with domestic abuse.	Joint working arrangements and joint training sessions are in place between maternity services and local agencies with responsibility for dealing with domestic abuse.				**1**
11.3	Local support services and networks are available.	Referral 'flowchart' agreed				**2**

11.4	Maternity service staff are aware of the importance of domestic abuse in their practice and are competent in recognising the symptoms and presentations and are trained to respond appropriately.	Training programme in place				**1**
11.5	Child protection issues are identified early, and managed appropriately.	Named midwife in post who works closely with the named nurse and named doctor for Child Protection. However, the CP work is increasing and requires additional funding.				**1**
12.0	**Maternal and neonatal death**	**Evidence of compliant practice**	**Action**	**Lead**	**Compliance Jan 07**	
12.1	There are comprehensive, culturally sensitive and accessible policies, services and facilities for the support of families who have experienced a maternal or neonatal death or stillbirth	Comprehensive, culturally sensitive and accessible policy in place. Room 9 on Delivery Suite dedicated as a Bereavement Room.				**1**

13.0	Training	Evidence of compliant practice	Action	Lead	Compliance Jan 07	
13.1	All professionals providing maternity care undertake regular, specific, ongoing on-site training on the early identification and referral of women with obstetric or other medical complications (includes resuscitation for both mother and infant).	Ongoing programme of uni and multidisciplinary in-service training available to all maternity staff. Mandatory training includes maternal and neonatal resuscitation on an annual basis. Other training includes fetal monitoring, emergency skills and drills sessions. The orientation programme for new staff includes a resus., skills/drills and fetal monitoring. Compliant with CNST requirements.				**2**
13.2	All women and their babies receive treatment from health care professionals competent in providing breastfeeding support.	Breastfeeding 0.5 WTE specialist in post, plus training ongoing of staff.	Unicef training - undertake audit of antenatal preparation	GL		**1**
13.3	Clinical staff have appropriate multi-disciplinary training to ensure they work in partnership, including inter-agency, with a shared philosophy of care.	Many examples of multi-disciplinary/interagency training e.g. skills/drills, fetal monitoring.				**1**

TIME SCALE	OUTCOMES	MEASURES
January 2008 -December 2010	Improve exclusive breastfeeding rates on discharge	NWLH report three monthly
December 2006-January 2010	Improve breastfeeding knowledge and skills of all staff in contact with women.	workshops for staff including training sessions for multi-professionals
January 2007-December 2008	Women feel supported and enabled to breastfeed exclusively on discharge.	HCA audit at NWLH (customer satisfaction)
January 2007-December 2008	Mothers and babies are not separated for the first hour after birth and are supported with the first feed in the Labour Ward.	comparison of initiation and discharge breastfeeding audit
January 2007-December 2008	Women feel supported and enabled to breastfeed exclusively on discharge.	HCA audit at NWLH (customer satisfaction)
January 2007-December 2008	Women are enabled to give only breast milk on discharge	comparison of initiation and discharge breastfeeding audit
January 2007-December 2008	All staff are knowledgeable about sustaining and supporting women with breastfeeding during illness.	training sessions and audit of staff knowledge
June 2006-December 2008	Parents are given medical support to breastfeed.	training paediatric consultants and obstetricians planned
June 2006-December 2008	Parents are given support immediately after birth to begin breastfeeding.	HCA audit at NWLH (customer satisfaction) comparison of initiation and discharge breastfeeding audit
ongoing	Improve staff knowledge and breastfeeding practice - Unicef accreditation	training sessions and audit of staff knowledge
ongoing	joint policy approved, no formula policy introduced	mandatory training for midwives monthly sessions
Aug-09	Progress to full Baby Friendly accreditation	certificate of commitment Summer 07, have received a certificate of intent, aim for full accreditation 2009
Sep-08	recruit to second breast feeding co-ordinator to support paediatrics	reduction of failure in breast feeding and admissions into paediatric ward for new borns with dehydration
Nov-07	Improve skills of Health Visitors	Evaluation
December 2006-December 2008	Widened access for women to gain support	no. of groups before and after, accredited peer group supporters
Jan-07		no. of different groups including Somali women's groups, obtain baseline data for before project and after to show increase
January 2007-December 2008	Importance of breastfeeding and referral pathways understood by staff in Childrens' Centres.	no. of training sessions
ongoing	Offer support and guidance to volunteers and ensure safe practice	no. of supervision sessions
Jan-07	Establish any impact of intervention	audit tool and analysis of results for babies born in Jan 07
December 2006- December 2008	Optimise support networks	leaflets, support group in South Harrow, support group in Victoria Halls, information sharing, feeding cups, training of peer supporters
January 2007-December 2008	Ensure information sharing	minutes and ToRs of meetings, agenda and attendances, PEC approval, presentation at GP forum, improved data return for 6 - 8 weeks.