

MVP development project - Service Specification

SCHEDULE 1 - THE PROJECT

1. Context

There is a history of ethnic and cultural diversity in City and Hackney that has created a broadly diverse community that lies across a wide spectrum of means and with very differing needs. Communication on healthcare with the different groups of people in the area is a challenge for both healthcare professionals and patients. Maternity contacts account for the highest number of hospital admissions in any year - in 2017/18 there were 5,588 deliveries at the Homerton and around 3,286 births to City and Hackney women. Meeting the needs of large numbers of diverse groups needs a well organised and dynamic user group that is able to represent different groups and present their views to providers and commissioners. This will be an important part of developing good quality and responsive services.

City and Hackney MVP has a strong tradition of supporting local parents, grandparents and carers to be involved with and influence local commissioning and service development decisions. We have bi monthly meetings and have strong links with our local maternity service providers. Recruitment drives and training courses have taken place however it has still proven challenging to engage, recruit and retain pregnant women, their partners, and new parents to the MVP. It is now a critical time to consolidate the work and previous achievements of the MVP and focus on the new priorities identified for the year ahead and for subsequent years.

City and Hackney is a diverse inner London CCG. Hackney is the 11th most deprived local authority in England (of 326 local authorities) in the 2015 Index of Multiple Deprivation (IMD). It is the third most densely populated London borough with an estimated population of 263,000 people, 20,400 of those children under the age of five. It is an ethnically diverse population with only 55% identifying as White and almost 40% of the population born outside of the UK.

4,756 births were recorded in Hackney and City in 2013-14. In Hackney 77% of women delivered at the Homerton University Hospital (HUH) and in the City of London 56% of women delivered at University College London Hospital (UCLH). Fertility rates in the north east of the borough are amongst the highest in London and likely due to the high birth rate found in the Charedi community, where more than half of the population are under 16. Pregnant women in Hackney & City present with high levels of complexity (medical, obstetric, social and psychological). Approximately 60% of women between 2013 and 2015 required referral to one specialist service, 24% of those required referral to two services and 17% to three or four services revealing a high burden of complexity. The number of teenage conceptions has fallen by 25% over the last 15 years and the rate now equals the average in England. 5% of mothers were found to have poor mental health at delivery and a fifth of mothers were obese or very obese at delivery. 6% of women were identified as smokers at their booking visit and current smokers were twice as likely to have a low birth weight baby.

84% of women were breastfeeding to some extent in City & Hackney at 6-8 weeks. This is higher than London (73%) and national (51%) averages. White/White Other constitute 73% of attendees at breastfeeding support groups (but only represent 52% of Hackney's population) suggesting other ethnic groups may be underrepresented.

The child mortality rate in City & Hackney is 12.8 per 100,000 (2011-13). This is above the national average of 11.9 per 100,000 but a fall from 27 per 100,000 three years previously.

In City and Hackney 30% of children live in poverty. This is above the London average of 24% and almost two-thirds greater than the national rate of 19%. This deprivation contributes to poorer health outcomes and perpetuates health inequalities such as life expectancy and life chances. It also contributes to families and children being vulnerable to poorer social outcomes such as isolation, abuse and homelessness. 25% of Year 6 children are obese in City & Hackney, a rate far higher than the London or National averages. 31.4% of five year old children have experienced tooth decay with one or more teeth decayed to dentinal level, extracted or filled because of caries. This is higher than the national average at 27%.^[1]

[1] A Health Needs Assessment for 0-5 Year Old Residents of the London Borough of Hackney and the City of London. Public Health City & Hackney. 2016.

Accessed: <https://hackneyjsna.org.uk/wp-content/uploads/2018/02/Children-Aged-0-5-Needs-Assessment.pdf>

2. Outcomes

NHS Outcomes Framework Domains & Indicators:

Domain	Improvement Area	Indicator
1	Preventing People from Dying Prematurely	
2	Enhancing quality of life for people with long term conditions	
3	Helping people recover from episodes of ill health or following injury	
4	Ensuring people have a positive experience of care	Women's experience of maternity services
5	Treating and caring for people in a safe environment and protecting them from Avoidable harm	

Local defined outcomes:

The MVP positively impacts on City and Hackney CCG commissioning decisions and on the quality of maternity services delivered by Homerton Hospital.

Process KPIs to be applied to both primary and secondary care providers:

- Administration and support function developed.
- Review of MVP work plan including achievements and focus on future priorities.
- MVP forward work planning & annual report writing.
- Terms of Reference development.
- Training and development plan designed.
- Training and development plan implemented.
- Rolling plan for parent recruitment and retention including ongoing delivery of outreach to increase number and diversity of MVP and parent group representatives and to increase parent/carer empowerment, personal development and support for new members.
- Development of online / social media parent network / newsletter mechanisms.
- User service monitoring plan (including plan to increase Family and Friends Test response rate)
- Engagement in CCG strategic planning (including CCG and LBH PPI functions, Health Watch and Hackney CVS).

3. Contractual Framework

The service offered will initially be offered as a one-off commission which will include the development of the structure of the group and roles within the group. It will also include training, development and mentoring for group officers and members and plans for ongoing recruitment of parents including outreach.

4. Scope

Aims and objectives of service:

The service aims to achieve the following objectives:

- Increase the number of patients involved in maternity service development and delivery – with an aim to reach a minimum of 200 parents in the 10 month period (TBD)
- Give patients a stronger voice in improving services.
- Empower patients in communicating with healthcare professionals and commissioners.
- Aid commissioners in developing services based on the needs of individual patients and groups of patients.
- Provide a qualitative perspective in the monitoring and evaluation of services.
- Ensure that the views of patients from across communities in both the City and in Hackney are placed at the heart of healthcare services and practice.
- Support the development of a work plan that will contribute to improving service quality and increasing patient involvement.

Service description/care pathway:

The service will support the engagement of pregnant women, their partners and mothers and fathers of new-borns in representing their views on their care to providers and inform commissioning objectives and intentions. They will be active in providing feedback on services and be able to act as a consultation forum.

The MVP development project will work with the MVP's existing chairs and members to develop an operational framework for engaging a wide range of members and working effectively with service providers and commissioners. Support will be provided to the MVP that includes, but is not limited to:

- Administering meetings and supporting Chair(s) in their role.
- Coordinating volunteers for weekly Walk The Patch sessions and collating feedback reports
- Developing a MVP work plan and supporting the MVP to produce timely annual reports.
- Ensuring the MVP delivers to its work plan, with actions happening and outcomes achieved.
- Developing and supporting all members of the **parents' representative group** and supporting them at meetings with providers and commissioners.
- Identifying training needs of members and providing training as appropriate.
- Identifying and supporting new members (of the parents' group or MVP) to engage and attend and share their views with peers and providers/commissioners.
- Organising outreach sessions to engage and recruit parents, community events to promote maternity matters and hear the views of parents whose voices have not traditionally been heard in this arena, e.g. young parents, same sex couples, parents whose first language is not English and newly arrived families, fathers, low income families, and homeless families
- Consider the development of online resource / network to gain feedback from mothers who may not be able to attend meetings (e.g. working mothers and fathers).
- Develop links with Children's Centres, Community Centres, Health Watch and Hackney CVS to capture user experience and community feedback.

The project will be a discreet service engaged to support the development of the existing MVP. It is not linked to any other service or contract being delivered, it will however be plugged in to existing PPI taking place across the CCG Children, Young People and Maternity (CYPM) Care Workstream and HUH and add value to existing work underway to engage patients in maternity service developments.

5. Performance management

All non-recurrent funding projects will be required to submit a project plan within 1 month of the project start date. This is to ensure that key milestones are shared and commissioners and providers alike can ensure the project stays on track.

The following outcome measures will be collected as part of quarterly monitoring:

- Administration and support function developed (including recruitment of
- MVP work planning & annual report writing.
- Terms of Reference development.
- Training and development plan designed, and implemented.
- Rolling plan for parent recruitment and retention including ongoing delivery of outreach to increase number and diversity of MVP and parent group representatives and to increase parent/carer empowerment, personal development and support for new members.
- Development of online / social media parent network mechanism.
- User service monitoring plan (including plan to increase Family and Friends Test response rate)
- Engagement in CCG and CYPM strategic planning (including Health Watch and Hackney CVS).

- Review of MVP work plan including achievements and future priorities

Quantitative performance measures and targets: TBD with provider

- Evidence of weekly outreach sessions
 - Numbers of women approached and providing feedback at mothers support groups (75)
 - Feedback summaries
- Evidence of delivery of 3 mothers support group meetings
- Evidence of delivery of 6 MVP meetings with a minimum of 5 parents per meeting
- Number of women trained as maternity health guides (15)
 - Feedback from training (evaluation)
- Number of community engagement sessions delivered (8)
- Number of walk the patch / mum to mum checks (10)
- Number of women invited to join MVP (130) number of women trained (30) and number of new members (36)
- Engagement with all children's centres in City & Hackney to gather feedback
- Evidence of engagement across a wide patient demographic

Reporting requirements

KPI reporting arrangements including format and regularity

- Walk the patch surveys will be reported to the CCG and the HUH midwifery team monthly to ensure timely actions are taken on issues identified. Where feedback required urgent and immediate action, the feedback will be sent to the Head of Midwifery and Deputy Head of Midwifery at the Homerton and to the CCG commissioners.
- All other KPI targets to be reported Quarterly

SCHEDULE 2 – THE GRANT

The grant amount is £5,800.

This amount will be made available to the recipient following receipt of performance reports and invoice. This should be made for 50% of the grant amount and sent to the payee address below within 30 days of signing this grant agreement. The CCG will endeavor to pay the invoice within 30 days.

At the start of the one year agreement and six months thereafter upon receipt of a midyear invoice

Please send invoices as outlined below:

NPinamang
NHS City & Hackney CCG
07T Payables K315
Phoenix House, Topcliffe Lane
Tingley, Wakefield
WF3 1WE