

department for

**education and skills**



PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES

*National Service Framework for Children,  
Young People and Maternity Services*

**A Guide to Promote a  
Shared Understanding  
of the Benefits of  
Managed Local  
Networks**

*Every Child Matters - Change for Children*

<b>Policy</b>	Estates
HR/Workforce	Performance
Management	IM & T
Planning	Finance
Clinical	Partnership Working

<b>Document Purpose</b> Best Practice Guidance	
<b>ROCR ref:</b>	<b>Gateway ref:</b> 4968
<b>Title</b>	A Guide to Promote a Shared Understanding of the Benefits of Local Managed Networks
<b>Author</b>	DH
<b>Publication date</b>	29 Jun 2005
<b>Target audience</b>	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs , Medical Directors, PCT and SHA Childrens Leads, Regional Change Advisers, Policy Collaborative
<b>Circulation list</b>	SHA Children's leads, PCT Children's Leads
<b>Description</b>	This document sets out the benefits of managed local networks and aims to promote and encourage their development.
<b>Cross ref</b>	National Service Framework for Children, Young People and Maternity Services
<b>Superseded docs</b>	
<b>Action required</b>	N/A
<b>Timing</b>	
<b>Contact details</b>	Hilary Samson-Barry 522 Wellington House 133-135 Waterloo Road, London SE1 8UG Telephone: 020 7972 4272 e-mail: MB-Childrens-NSF@dh.gsi.gov.uk <a href="http://www.dh.gov.uk/childrensnsf">www.dh.gov.uk/childrensnsf</a>
<b>For recipient's use</b>	

A Guide to Promote a Shared Understanding  
of the Benefits of Managed Local Networks

# A Guide to Promote a Shared Understanding of the Benefits of Managed Local Networks

# Foreword

*Every Child Matters: Change for Children* sets out an agenda for improving services for children so that they are integrated around the needs of the child and more strongly focused on early intervention and prevention. It is centred on five key outcomes:

- > Be healthy
- > Stay safe
- > Enjoy and achieve
- > Make a positive contribution
- > Enjoy economic well-being

The National Service Framework for Children, Young People and Maternity Services (NSF) is key to delivering the *Every Child Matters: Change for Children*, 'be healthy' and 'stay safe' outcomes. It sets out how services will be improved across health, education and social care over the next ten years. It emphasises the role that managed children's clinical networks (Standard 6) and managed maternity and neonatal care networks (Standard 11) can play in helping to achieve the delivery of safe, comprehensive and integrated local services.

Managed local networks have clear governance and accountability arrangements. Because they differ from other types of partnership in this way they can be much more effective in helping to develop multi-professional, multi-agency services that are designed and delivered according to the need of each individual and their family.

Children's trusts will lead the planning, commissioning and delivery of integrated children's services for a local area across health, education, social care and other partners. Children's trusts are the embodiment of the 'duty to co-operate' to improve outcomes for children set out in the Children Act 2004; this duty applies to - among others - PCTs and Local Authorities. Managed local networks as described in this document will often take forward workstreams that form part of a children's trust's programme of work set out in the Children and Young People Plan (CYPP) for the local area, and will therefore need to ensure a good strategic fit with the CYPP. Managed networks will often cover a wider geographical area than the local area for the children's trust and will help to ensure that for some specialisms- such as neo-natal intensive care- commissioning is structured at the best scale. In these cases, there may well also be a need to establish strong links with the relevant children's trusts.

*A Guide to Promote a Shared Understanding of the Benefits of Managed Local Networks* has been developed through the Department of Health's Child Health and Maternity Policy Collaborative initiative. The Collaborative comprised policy leads, practitioners from a wide range of clinical and other interested professions and representatives of voluntary sector organisations. Its aim was to improve the quality of the policy making process by involving key stakeholders from the outset. We would like to thank every member of the Collaborative for contributing to the production of this guide.

The guide supports the efforts of colleagues in local health, social care and education settings to work ever more closely across organisational and professional boundaries and with user representatives to develop, deliver and monitor child- and family-centred services. It explains how the development of managed children's, maternity and neonatal networks can help to achieve a better service. It challenges local agencies and service providers to work together to improve clinical, social and educational outcomes for individual children, young people, expectant mothers and their families.

**Antony Sheehan**

Director of Care Services  
Department of Health

**Tom Jeffery**

Director General  
Children, Young People and Families  
Department for Education and Skills



# Endorsements

*In today's Health Service the public expects the best care as close to home as possible but they are prepared to travel for those parts of a 'treatment journey' where it is necessary. Managed local networks provide the framework to give the right treatment in the right place at the right time.*

*Alan Craft, President, Royal College of Paediatrics and Child Health*

*Achieving the best outcomes for children and young people requires evidence based, quality driven inter-professional collaboration. Managed networks are one of the most effective ways to focus practitioners, managers and commissioners to meet the diverse needs of children, young people and their families across the voluntary, health and social care communities.*

*Fiona Smith, Adviser in Children's and Young People's Nursing,  
Royal College of Nursing*

*'No man is an island' – and in the 21st Century no service should be an island. Managed local networks will develop and strengthen the informal links that clinicians have always valued.*

*David Hall, Professor of Community Paediatrics, University of Sheffield*

*A comprehensive document that argues persuasively for working within networks.*  
*John Alexander, Paediatrician, West Midlands*

*The use of the term network is becoming ubiquitous in the NHS. This guide helps in providing a common language, summarising current literature as well as highlighting concisely the positive benefits. I really think this is excellent and wish that I had had it two years ago when I started on this!*

*Lisa Marriott, Yorkshire Specialist Obstetrics and Paediatrics Network Manager*

*Some people find the concept of managed maternity and neonatal networks difficult to understand. This excellent guide will help all the stakeholders at local levels to start working on them.*

*Heather Mellows, Consultant Obstetrician and Gynaecologist, Doncaster & Bassetlaw Hospitals NHS Foundation Trust*

*We have found the guide to be an excellent resource that stimulated debate and provided a clear understanding of the benefits of partnership working.*

*Margaret Richardson, Health Strategy Consultant, Modernisation of SW London Maternity Services*

# Contents

## **A Guide to Promote a Shared Understanding of the Benefits of Managed Local Networks**

1. Aim of the Guide	6
2. Target Audience	7
3. Definition of Managed Local Networks	8
4. Benefits of Managed Local Networks	12
5. Drivers of Change	27
6. Symptoms that Indicate Managed Local Networks Might Help	38
7. How Much will it Cost to Set Up Managed Local Networks?	39
8. Where Do I Get Information about How to Set Up Managed Local Networks?	41
References	44
List of Contributors	46
Evaluation	49

# A Guide to Promote a Shared Understanding of the Benefits of Managed Local Networks

## 1. Aim of the Guide

- 1.1 The National Service Framework for Children, Young People and Maternity Services (NSF)<sup>1</sup> strongly advocates the introduction of managed local networks, the nature and extent of which is at the discretion of local planners, commissioners and providers. This document highlights the potential benefits of managed local networks. It is not, however, prescriptive about their nature and form or about who should be included in them. Those issues are at the discretion of decision-makers locally.
- 1.2 The aim of this document is, therefore, to promote and encourage the development of managed local networks and to allow commissioners, planners, providers of health, social care and education services, the voluntary sector and the criminal justice system to understand the gains from planning and delivering children's services through managed local networks.
- 1.3 Children's health and maternity are one of six major policy areas which participated in an initiative called the Department of Health Policy Collaborative. The goal of the Children's Health and Maternity Services Policy Collaborative was

*'To raise the profile of child health and maternity services, and to identify and address the major obstacles; to develop key principles, partnerships and practical tools to help local communities to achieve the outcomes in the NSF'* <sup>2</sup>

- 1.4 As part of its role of supporting local service providers to deliver the NSF, the Department of Health committed to develop, through the Children's Health and Maternity Services Policy Collaborative:

*'A tool to help promote a shared understanding between health professionals and managers of the case for setting up managed local networks in children's and maternity services'* <sup>2</sup>



## 2. Target Audience

2.1 This document is for all agencies with responsibility for planning, commissioning and providing children's and maternity services, together with patient and user groups. This includes the public, private and voluntary sectors in the health, social care and education fields. It should be read by those who commission, provide and manage services for children, young people and/or pregnant women and those who represent patient and user groups.

2.2 These include:

### Commissioners and Planners

- > SHAs
- > PCTs
- > LAs
- > Voluntary organisations
- > The private sector
- > Police authorities

### Providers

- > NHS Trusts (Acute, Mental Health, Ambulance, PCTs, etc)
- > Clinical managers
- > Professional leads
- > Children's leads
- > LEAs/head teachers
- > Police authorities
- > Sure Start & children's centres
- > User representatives
- > Staff representatives

### 3. Definition of Managed Local Networks

3.1 Managed local networks are defined in the NSF as:

*'linked groups of health professionals and organisations from primary, secondary and tertiary care, and social services and other services working together in a co-ordinated manner'* <sup>1</sup>

3.2 Managed local networks as described in this document will often take forward work streams that form part of the programme of work for the children's trust as set out in the Children and Young People Plan (CYPP) for the local area, and will therefore need to ensure a good strategic fit with the CYPP.

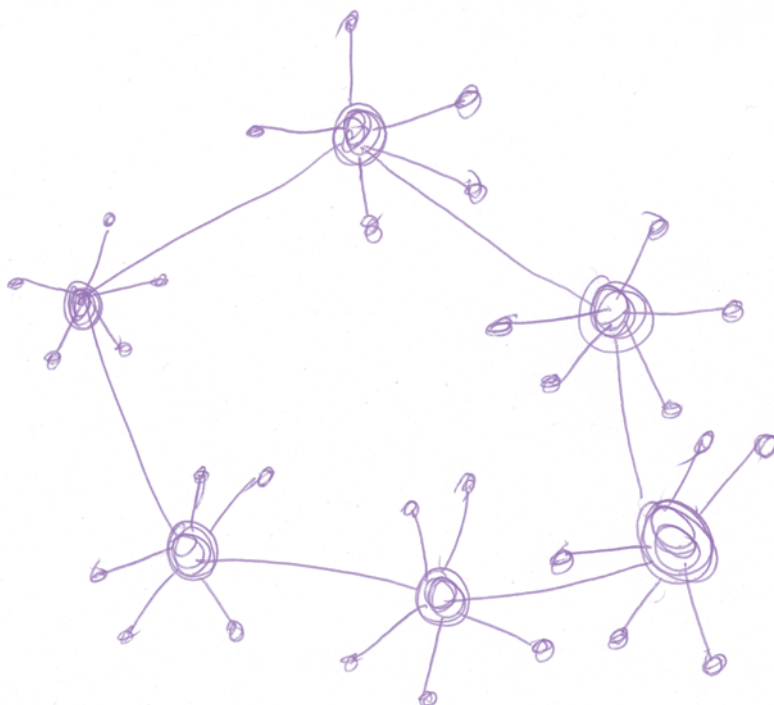
Their overall aim is to ensure that there are safe comprehensive, integrated, local services for pregnant women, children and young people. This will mean that in many instances managed local networks will need to develop and sustain strong relationships with the local children's trust(s)<sup>3</sup> that will need to take the lead in the integration of children's services across health, education, social care and other partners.

3.3 The specific aim of managed local networks is to encourage all those responsible for delivering care across all agencies, whether private, public or voluntary, or providing health, social care or education services, to work together across agencies to ensure that they deliver more than the individual parts can working alone.

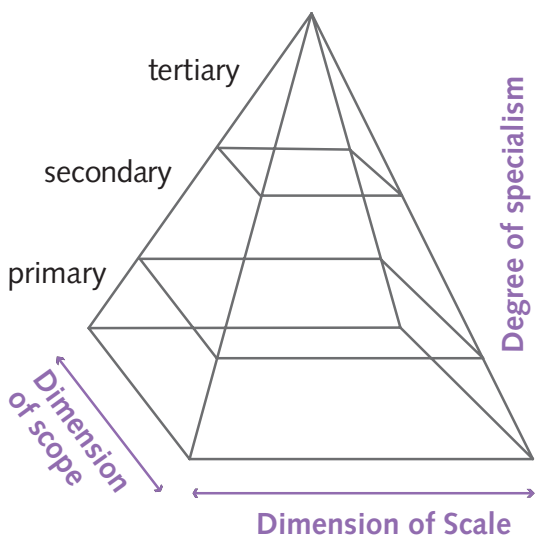
3.4 Managed local networks in their various forms can expect to include some, or all, of the following services:

- > NHS Direct
- > Ambulance services
- > Primary care
- > Community pharmacies
- > Accident and emergency, minor injury and walk-in centres
- > Local units providing maternity and paediatric services
- > Community nurses and health visitors
- > Community teams providing health and social care
- > Specialist clinical networks
- > Other local health services which see children and young people
- > Managerial and administrative support
- > Education and social services
- > Police and probation services

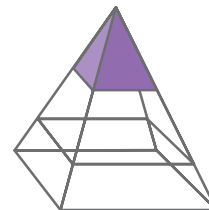
- 3.5 Managed local networks for children's and maternity services can include primary, secondary, tertiary and other locally delivered services. Their focus should be agreed by participants. They may include specific geographical areas, specific services with health or other well-being objectives, and specific populations. The partners involved will work together in a co-ordinated manner to ensure that there is a plan for the design, implementation and monitoring of child and family-centred services.
- 3.6 A spectrum of networks therefore exists which includes the following:
- > Service focused, cutting across organisational boundaries
  - > Geographic, regionally based services
  - > User focused, following the patient through the care journey
  - > Commissioning networks
  - > Clinician or practitioner networks



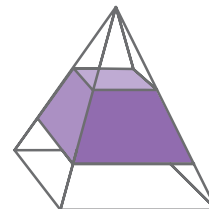
3.7 In practice, managed local networks will operate at many different levels and scales of operation; across PCTs, across primary care, community and acute care, within a health or local authority district, or across a number of local authority boundaries. The exact nature and optimal size of networks depends on their rationale and purpose. Managed local networks are fundamentally about enabling services to be formed or linked across boundaries (whether physical or financial) with the overall aim to ensure an optimal patient journey through and across services.



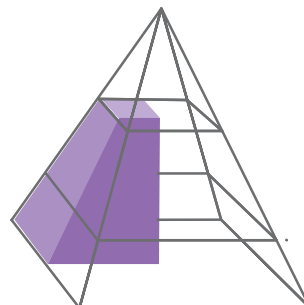
A way of visualising networks is to consider a multi dimensional space as a metaphor for the various aspects of a network. Different networks would then occupy different volumes of that space...



For example a model that operates in a specialist area would look something like this.



Another example might be a more generalist outreach style network, for example Respiratory, Nephrology.



A final example might be a network within a PCT cluster that extends from secondary into primary and community care – e.g. a DGH supporting short-stay ambulatory services.

### What is the difference between 'managed' local networks and other partnerships?

- 3.8 Managed local networks differ from other types of partnerships in that they have **clear governance and accountability**. For example, integrated service arrangements may already be 'managed local networks' as long as they have governance and accountability arrangements in place. For many managed local networks these arrangements may need to be linked to those for one or more children's trusts.
- 3.9 Adapting the classification of networks used by the Modernisation Agency, it is possible to define where managed local networks sit along the spectrum of care networks. The various networks were identified as:

> **Association**

An informal group that corresponds or meets to consider specific topics, best practice and other areas of interest.

> **Forum**

A more formal group that meets regularly and has an agenda that focuses on specific topics. There is an agreement to share audit and formulate jointly agreed protocols.

> **Developmental Network**

A forum that has started to develop a broader focus on other than purely topic-based issues, with an emphasis on service improvement.

> **Managed Network**

This includes the function of a forum, has a formal management structure with defined governance arrangements and specific objectives linked to a published strategy.

- 3.10 Managed local networks are therefore defined as:  
A linked group of health professionals and organisations from primary, secondary and tertiary care, and social care and other services working together in a co-ordinated manner, **with clear governance and accountability arrangements**.

## 4. Benefits of Managed Local Networks

- 4.1 The development of managed local networks offers the potential for realising many benefits for the user, service deliverer and even staff working within the organisations. Managed local networks, if set up properly, can be resilient, decentralised structures with a capacity to reach over a wide area, able to generate knowledge and to learn quickly by exchanging and sharing.
- 4.2 Managed local networks have been set up as a way of sustaining vulnerable services and maintaining access where the requirements of training or staff availability would otherwise have meant closure of local services.
- 4.3 The main aim of any change to service provision must be assessed by the impact on the users of services. Patients expect to move from one part of the service to another quickly and easily. They expect each part of the service to work together with a shared understanding of their needs and with a common, high standard of service. Integration of services through managed local networks, with greater emphasis on systems of care, rather than separate institutions, enables both the outcome and the experience of the user, simultaneously, to be improved. This should be the over-riding concern when determining the benefits of managed local networks.
- 4.4 There are secondary benefits from managed local networks that enable the system of care to work more efficiently and deliver better services. Because managed local networks are a new concept there are as yet only a few examples that can be quoted in our discussion of their benefits in paragraphs 4.5 to 4.28 below. This is in itself an illustration of the scope there is for employing them to achieve improvements in services for children, young people and expectant mothers.

### Managed local networks can improve care outcomes

- 4.5 Improves focus on the high level aims of the system** – managed local networks with clearly identified governance and accountability arrangements and board structures, ensure that clearly stated aims and objectives are shared across partners.
- 4.6 Reduces variation in service standards** – managed local networks can embed common standards of care across organisations through the development of joint policies and procedures thus reducing variations in service levels. Examples below.

The Greater Manchester and Cheshire Cardiac Network has developed a joint policy relating to inter-hospital transfers including a joint referral form, a centralised procedure for referral and an educational programme for District General Hospital nursing teams.

Since the publication of the West Midlands Review of Surgery for Children in September 2002, Partners in Paediatrics (PiP) has undertaken joint work with the 3 SHAs in the West Midlands, and with Trusts and commissioners from the wider PiP area.

In order to implement the recommendations of the Review, information was gathered on the provision and delivery of general surgery from the 25 Trusts in the partnership area. PiP developed 64 standards, which focused on the staff involved with children undergoing general surgical procedures and covered the 'child friendly' environment in which children should be cared for.

The standards were taken from the Review, the main reports of the professional bodies published in recent years and the NSF. Trusts completed 'self-assessment' questionnaires and developed action plans to meet the standards where necessary.

The work has improved the quality of services provided and reduced inequalities and variations in practice across a large geographical area.

- 4.7 Improves safety** – managed local networks can help to reduce practice variations which can jeopardise the safety of the children, women and families accessing care and can reduce the need for unsafe transfers within and between care settings.

The Greater Manchester and Cheshire Cardiac Network has developed a robust network governance group which links with other governance groups beyond the network to develop evidence based clinical practice and management approaches. This is exemplified by the governance coronary care peer to peer review exercise across the Network.

The establishment of the North West Midlands Critical Care Network has led to a significant reduction in transfers resulting from lack of capacity or shortage of critical care beds.

- 4.8 Early detection of problems** – by facilitating improved performance monitoring managed local networks can identify challenges and address problems before they become unmanageable. An expert group focusing on a narrow range of issues is uniquely placed to offer advice to individual organisations on the delivery of key targets and improve overall outcomes across the system.

Regular training is provided within the Yorkshire Paediatric Rheumatology Network, improving the knowledge, competence and ability of local clinicians to treat children. As a result of improved awareness, children are given appropriate, timely treatment that prevents the development of impairments – this has greatly improved the quality of life of children with potentially disabling diseases.



## Managed local networks can improve user experience

- 4.9 **Improves user experience** – managed local networks can provide a single point of access for services, enabling services to be delivered in a seamless, integrated manner. They allow services to be more closely aligned with the user pathway and experience of care, rather than along traditional institutional or professional lines.

*“Participation in meetings, conferences, decision-making and appointments is the norm” – David Geldard, Patient Representative.*

The Greater Manchester and Cheshire Cardiac Network has engaged patients fully in the shaping of current and future services. In particular patient representatives are now very active on the strategic board and within each of the geographical sectors changes of service have occurred as a direct result of patient views.

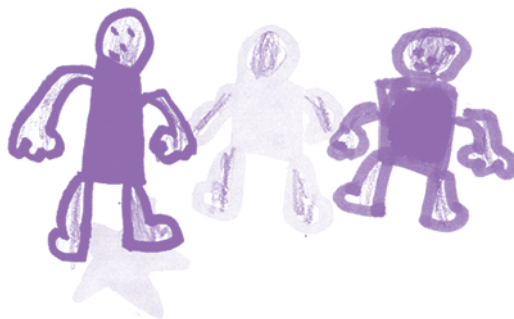


- 4.10 Ensures user involvement** – managed local networks with clear governance arrangements allow the involvement of user groups in planning service delivery to reflect their needs and priorities, and allows the voices of users, carers and the community to be heard.

The Greater Manchester and Cheshire Cardiac Network have a patient representative induction pack, patient training supported by the British Heart Foundation *Hearty Voices* programme and the National Consumer Council's *Stronger Voices* programme as well as the development of a set of standards for patient involvement.

The Yorkshire Paediatric Rheumatology Network has developed a training package for the administration of specialist drugs so that children or parents can administer these at home.

The network has also developed close links with the Young Arthritis Family Group who are represented on the network and provide information and support for children and families.



**4.11 Improves quality of service** – governance arrangements can ensure consistent quality of services across the managed local network, taking on an enabling and developmental role with partners, diagnosing problems and identifying needs.

Cancer Managed Clinical Networks in Scotland have shown that patients welcome the development of clearly defined pathways of care because they reduce delays.

The nurses and therapists from the Yorkshire Paediatric Rheumatology Network link closely with local clinicians so that good advice can be given to children having difficulty coping with their disease at school. Prior to this some children had long periods away from school as a result of their illness.

Partners in Paediatrics, working with specialised services commissioners, have established network development groups for paediatric rheumatology and gastroenterology services respectively.

Both groups are identifying the range of service provision and expertise in the network area in the light of current inequalities in provision of care to children. They are developing recommendations for commissioners to ensure that services are equitable and accessible to all children and families across the area, including the definition of care pathways.

- 4.12 Reduces the time patients have to wait for access to services** – managed local networks can improve service co-ordination and delivery planning, which can enable the service as a whole to improve and provide a more easily accessible service to users.

The Greater Manchester and Cheshire Cardiac Network are working with all their centres to deliver equitable networked angiography and revascularisation services, through development of care pathways and service standards across organisations.

This enabled the delivery of current waiting times targets:

- > No patient is waiting longer than 3 months for revascularisation
- > No patient is waiting longer than 6 months for a diagnostic angiogram.

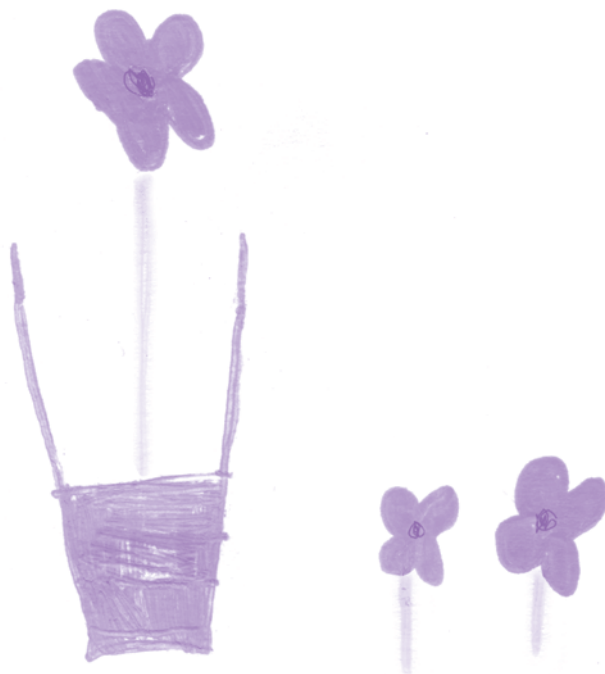
In Shropshire and Staffordshire the establishment of the North West Midlands Cancer Network has meant that good progress has been made on meeting the cancer two-week targets from referral to first consultant outpatient appointment.

The Shropshire and Staffordshire Cardiac Network has had similar success in reducing the waiting list for cardiac surgery and its efforts are now being directed towards reducing the waiting time for coronary angiography to the national target of 9 months.

### Managed local networks can improve equity

- 4.13 Improves equity of access and reaches previously excluded children, women and families** – managed local networks can enable a wider target user group to be reached through the multiple layers of care and integrated way in which services are provided. Once a user is identified at any point in the care pathway they can be pointed to the single point of access for all parts of the service.

The Yorkshire Paediatric Rheumatology Network has implemented guidelines for clinical management which have improved access to specialist expertise. This has resulted in 60% of children with the most common form of arthritis being seen locally by clinicians working with the specialist team.



- 4.14 Improves equality of service** – governance arrangements can ensure consistent quality of services across the managed local network through consistent monitoring and performance management.

The Yorkshire Neonatal Network has completed an audit of transfers and identified capacity bottlenecks allowing tailored developments to improve access for all.

**Managed local networks can improve value for money**

- 4.15 Avoids duplication of effort and resources** – managed local networks can reduce unnecessary and wasteful duplication. Facilities, equipment and staff can be shared in a more efficient way across organisations and service settings.

The Greater Manchester and Cheshire Cardiac Network has developed:

- > A Cardiac Investment Network Strategy to secure capital and revenue to ensure that NSF and locally agreed targets are developed across the network.
- > Network clinical groups have developed best practice protocols based on current evidence. This has been further supported with an active clinical governance agenda where standards for services are developed and monitored.

Cancer Managed Clinical Networks in Scotland have shown that development of clearly defined pathways of care reduces duplications and tackles bottlenecks.

- 4.16 Achieves and delivers standards of care** – managed local networks can help to achieve national (and international) standards of care. Working in networks and sharing resources across boundaries can assist in reaching standards such as the European Working Time Directive (EWTD)<sup>4</sup> and other standards such as those set out in the NSF.

Partners in Paediatrics (PiP) is working with Shropshire and Staffordshire SHA to develop a plan to deliver the EWTD in paediatric and maternity services through networks and collaborative working – to ensure that there are sustainable solutions in place by 2009.

They are identifying local problems and issues which affect the achievement of the EWTD in each area, and facilitating discussions with key clinicians in respective Trusts and across Trusts about ways of working that might enable compliance with the EWTD.

- 4.17 Facilitates and improves sharing of good practice** – managed local networks can be an effective way for the spread of information and sharing of good practice, which can improve the overall efficiency of the system.

The Yorkshire Neonatal Network has developed a process for reporting serious untoward incidents across the network, allowing rapid communication of learning points.

- 4.18 Enables delivery of service improvements** – managed local networks can deliver a focused transformation of services. The service improvement agenda can be furthered through networks which can act as a catalyst for considering wider reconfigurations of services which address the needs and preferences of users.

The Greater Manchester and Cheshire Cardiac Network have a team of Service Improvement Managers who work closely with the clinical teams across the network to deliver an agreed work plan that has been developed through wide consultation with staff and patients.

- 4.19 Allows potential to deliver financial savings** – financial savings may be achieved from initiatives such as joint procurement of consumables and equipment across a managed local network.

The operation of a purchasing consortium in the Yorkshire Neonatal Network has led to improved value for money through collective negotiation with suppliers.

The Yorkshire Neonatal Network has appointed a nurse consultant who has enabled timely transfers of children to their local unit. In the first four months of this appointment, 200 bed days of care in the tertiary unit have been saved.

- 4.20 Allows potential to secure additional funding** – if services are developed as part of a national or regional strategy that has funds attached, managed local networks may prove to be an effective way of securing additional funds for service provision or improvement.

The Greater Manchester and Cheshire Cardiac Network developed and co-ordinated submissions for capital schemes to achieve NSF targets and helped local organisations prepare capital and revenue submissions.

This has resulted in:

- > Capital expenditure of around £35 million
- > Increased revenue funding of £10 million across a three year period

- 4.21 Improves performance management** – managed local networks can provide a means of mobilising and co-ordinating services required to implement care pathways designed to meet the needs of a given population and as a point of accountability for the performance of these resources.



- 4.22 Enables early detection of problems** – managed local networks can help to improve performance monitoring which will identify issues and address problems before they become unmanageable.

The Greater Manchester and Cheshire Cardiac Network has developed monitoring and reporting systems to detect problems around waiting times. Their website is used to provide best practice updates and monitoring information. Annual workshops identify issues and produce a work plan agreed with service improvement heads.

- 4.23 Improves engagement and delivery** – multi-professional and multi-site working in managed local networks allows individual organisations and professions to see other approaches to service delivery. This enables greater understanding of others' perspectives, aims and obstacles and encourages individuals and organisations to challenge the way they have traditionally done things.

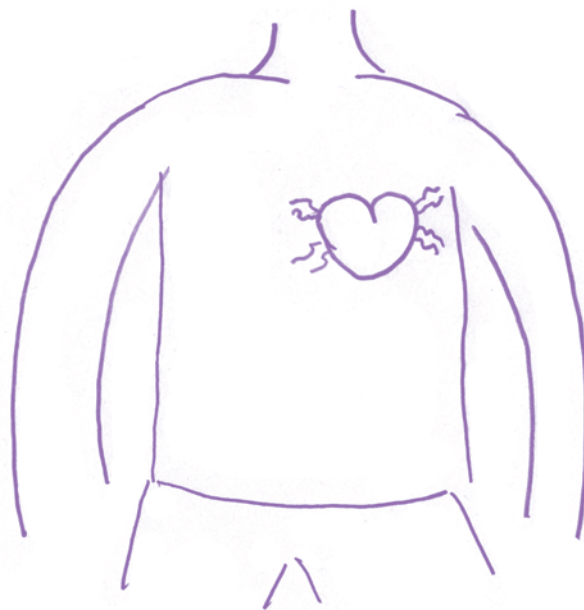
- 4.24 Reduces uncertainty and enables greater flexibility** – managed local networks can reduce uncertainty related to demand and need for services through spreading it across 'critical mass' which can mean services are more flexible to the varying needs of users of services.

The Yorkshire Neonatal Network has established a transport team that has improved safety and efficacy. Children can be transferred more effectively back to local centres; this has improved Neonatal Intensive Care Unit usage which has increased by 7% since the team was established.

- 4.25 Enables service reconfiguration** – managed local networks can enable new innovative ways of configuring services to be developed and implemented by engaging the local population in service redesign and the future development of children’s and maternity services.

Greater Manchester and Cheshire Cardiac Network has developed a clear strategy which focused on reviewing and redesigning provision of cardiac services. The network aimed to ensure a cohesive and integrated approach to service planning and delivery across the whole health economy.

This strategy has now been implemented with increased cross-organisation working and improved patient access.



## Managed local networks can improve the staff experience

**4.26 Improves staff experience** – managed local networks can improve the experience of staff by providing them with:

- > A greater role in shaping services
- > A wider range of professional contacts (and a critical mass to be able to influence things)
- > A greater understanding of the role their colleagues play in the user journey
- > A chance to extend their professional role within a supported context so that the user's safety is not compromised.

**4.27 Enables staff development, education and retention** – managed local networks can enable training and education programmes across organisations, which can provide better development and education opportunities, increasing staff retention.

The Greater Manchester and Cheshire Cardiac Network has developed a training and education scheme for cardiac nurses and technicians. This is improving recruitment and retention of these highly specialist staff.

The North West Midlands Critical Care Network has developed a training and education scheme for nurses which it is expected will improve recruitment and retention for specialist nurses.

Partners in Paediatrics (PiP) have established an Anaesthetic Working Group. Membership of the Group includes the Lead Anaesthetist for paediatric anaesthesia (or departmental representative) from each Trust within the West Midlands region and partnership area (including Cheshire).

The Group are addressing the issues relating to the safe delivery of paediatric anaesthetic services across the region and partnership area, and developing educational packages dedicated to meeting the training and developmental needs of all staff (including theatre nurses and recovery staff).

### Managed local networks can improve and support commissioning

4.28 Managed local networks can improve commissioning by providing commissioners with a perspective from delivery agents.

*“Collaboration between commissioners, clinicians and managers has resulted in a cardiac expansion plan which will result in a more equitable service for patients”*

*– Evan Boucher, CEO Bury PCT, Lead Commissioner*

In Shropshire & Staffordshire, Partners in Paediatrics (PiP) and the PCTs' Specialised Services Commissioning Consortium have established a Paediatric Specialised Services Advisory Group. The objective of this Group is jointly to consider priorities for the development of paediatric services, especially where managed clinical networks across the partnership area provide a way forward.

## 5. Drivers of Change

- 5.1 The high level drivers for introducing managed local networks are ultimately based around improving the quality of service for the user, and particularly ensuring that they are offered a service that appears seamless and 'relates to the whole life of a person'. In practice there are of course other, more pragmatic, drivers of change that spur organisations to introduce managed local networks.
- 5.2 Shifting the balance of power<sup>5</sup>; the programme of change brought about to empower frontline staff and patients in the NHS, has already led to the establishment of new structures. Other changes to care delivery have highlighted the need, and given the opportunity, to consider whether the existing structures are appropriate to deliver high quality care during a time of rising patient and public expectation and rapid change. Increasing devolution and empowerment, and interdependency between health and social care organisations, alongside the increased complexity of service delivery, require multi-agency and multi-disciplinary co-operation.
- 5.3 The first thing when considering the key drivers to setting up a managed local network is to identify what the key issues are in health and social care that currently, or will in the future, impede the service's ability to deliver its goals (which may be multiple and conflicting, e.g. quality of service, local targets, budgetary balance).
- 5.4 The following section considers some of the key factors that will influence delivery and act as key drivers of change.



### Statutory and policy context

- 5.5 **The Children Act 2004**<sup>6</sup> provides a legislative framework for more effective, co-operative working between agencies dealing with children and young people. It is the legislative spine for the cross-Government *Every Child Matters: Change for Children* programme which is centred on five key outcomes including “be healthy”. These outcomes are also set out in the Act.
- 5.6 Section 10 of the Children Act places a duty on agencies that provide services for children to work together. This duty of co-operation falls on a range of partners including local authorities, Primary Care Trusts, Strategic Health Authorities and police authorities, all of whom will also need to work with other children’s agencies, including those from the voluntary and community sectors.
- 5.7 This duty requires these agencies to *make arrangements to promote co-operation between agencies and other appropriate bodies in order to improve the well-being of children and young people*.
- 5.8 The practical realisation of this is through the setting up of children’s trusts, which will involve integration at all levels; from multi-disciplinary front-line teams, through joint strategic planning and commissioning, to inter-agency governance arrangements. Given the overarching role children’s trusts will play in integrating children’s services, including health services, it will be important for many managed local networks to sustain an effective relationship with them.
- 5.9 Health bodies have existing powers to pool funds with local authorities under the Health Act 1999<sup>7</sup>; the Children Act 2004 gives new powers to pool across a wider range of partners, therefore enabling co-operation across organisational and budgetary boundaries.
- 5.10 Managed local networks will be a very effective way of addressing some of the issues and challenges in the National Service Framework and of improving the five key *Every Child Matters* outcomes. To implement the programme of change envisaged by *Every Child Matters* will require changes in and development of the workforce. Staff training and development is needed to promote cultural change to enable multi-disciplinary working. Workforce reform can be achieved successfully through managed local networks, where sharing across organisations and disciplines can be better facilitated.

- 5.11 One of the key messages to come out of recent reforms is the importance of early detection and the continuing move towards prevention and early intervention. This crucially requires the involvement and integration of the criminal justice system in the process. By working in a more integrated way, universal services such as health and education can work with more specialist services to prevent problems or address them before they reach crisis point.
- 5.12 **The National Service Framework for Children, Young People and Maternity Services** strongly advocates the development of managed maternity and neonatal care networks. The NHS, social services and other organisations are encouraged to plan and commission maternity and neonatal services as part of locally agreed managed local networks. The NSF also highlights the need for local children's clinical networks to be developed and managed to ensure there is a comprehensive, integrated, safe local service for children and young people when they are ill.
- 5.13 Specifically, standard 6 in the NSF states that:
- 'All children and young people who are ill, or thought to be ill, or injured will have timely access to appropriate advice and to effective services which address their health, social, educational and emotional needs throughout the period of their illness'*
- 5.14 The NSF advocates comprehensive and integrated local services provided through managed local children's clinical networks.
- 5.15 For maternity services specifically, the introduction of managed maternity and neonatal networks will integrate services, where managed local networks are defined as:
- 'linked groups of health professionals and organisations from primary, secondary and tertiary care, and social services and other services working together in a co-ordinated manner'*
- 5.16 The hospital standard of the NSF published in 2003 encourages managed local networks in tertiary care to enable it to be provided closer to home for more children and at the same time drive up quality and efficiency of services.

- 5.17** The **Public Health White Paper: Choosing Health: making healthier choices easier**<sup>8</sup> highlights the health of children and young people as a key priority to start them on the right path to health and provide parents with the right support in giving their children a healthy start in life. Managed local networks will need to take account of the important role of children's trusts in delivering the White Paper's objectives.
- 5.18** The **European Working Time Directive (EWTD)**<sup>4</sup> represents one of the key challenges and drivers of change since it reduces the amount of time organisations can ask each member of staff to work, therefore effectively reducing the available labour supply (in the absence of expanding the number of trained staff). The challenge is to ensure that children's and maternity services are delivered in a sustainable, efficient way that satisfies the needs of the local community and complies with the EWTD.
- 5.19** The development of managed local networks has proved to be successful in other services such as cancer and emergency services, and within children's and maternity services such as neonatal intensive care. In these areas there have been clear benefits from organisations working together to:
- > Optimise the configuration of services
  - > Plan appropriate capacity to service the needs of the community
  - > Ensure that unnecessary, wasteful duplication of specialist services does not occur
  - > Ensure that scarce specialist staff input can be shared in a more efficient way across organisations and delivery agents.



- 5.20 Performance Indicators** and inspection by independent inspectorates such as the Healthcare Commission, Commission for Social Care Inspection (CSCI) and the Office for Standards in Education (OFSTED) are based on standards which underpin key aspects of care services. Patient experience forms an important part of the overall ratings, as do reductions in waiting times and delays. There are other more specific assessments such as the Integrated Inspection Framework and Joint Area Reviews of Children's Services which will increasingly focus on the extent to which services are integrated.
- 5.21** Managed local networks can help to improve the overall care experience and reduce delays in the system. The specific assessment frameworks relating to integration of services will focus on the level to which they are joined-up. The introduction of managed local networks can potentially help organisations to satisfy statutory obligations and improve overall performance ratings.
- 5.22** The Healthcare Commission and other national inspectorates will review provision of care against agreed standards and encourage and assist organisations to make changes, where necessary, to meet those standards. Following Healthcare Commission improvement reviews under Better Health the NSF will form a central part of the standards against which the performance of organisations will be monitored.

*'The framework [NSF] is critically important to improve children's services and the Commission for Social Care Inspection will do all it can to ensure that the new standards are delivered'*

*– Dame Denise Platt DBE, chair of the Commission for Social Care Inspection, September 2004*

### Changing needs

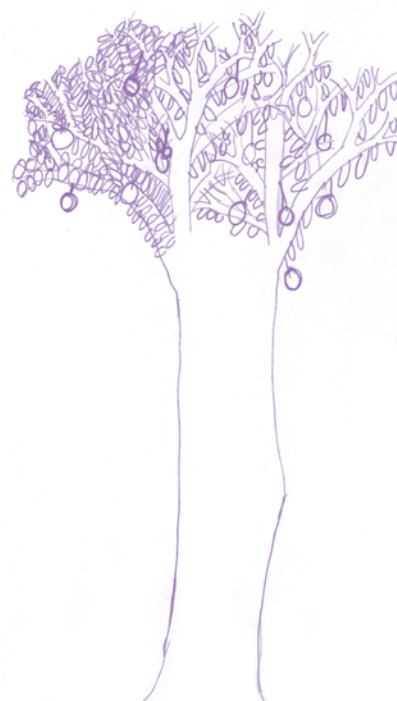
**5.23** The changing needs of pregnant women, children and young people are likely to exert considerable pressures on health, education and social services.

**5.24** **Morbidity levels** in children are changing. New conditions are developing and the prevalence rate of many complex and multi-faceted conditions such as diabetes and obesity are increasing in children and young people. These conditions are medically highly complex and are associated with significant co-morbidities and therefore require multi-agency and multi-disciplinary management and delivery of services. Intervention to prevent these conditions developing and early engagement to prevent them becoming more serious are key to their effective and efficient management. Managed local networks are a very effective way to address such challenges as they enable care to be integrated along care pathways and increase flexibility in service delivery.

**5.25** The overall **demand for services is changing**. Birth rates are falling. By 2021 the number of young people is expected to fall by around 20%. The setting for many aspects of care is also changing. More care is being provided in primary care and community settings. At the same time, inequalities are increasing and more children and young people are slipping through the gaps in the care system and failing to receive the services they need. Managed local networks enable providers to plan services in an integrated way, to re-configure services where necessary to meet the changing needs of users and to be more flexible in providing services. They can enable previously excluded children and young people to receive the care they need by providing a seamless care service and a single point of access whereby those who enter the care network are more likely to receive the other services they require on the pathway of care.

## Changing care practices

- 5.26 Care practices are changing. New technologies and new ways of providing care, such as new drugs, lead to new working practices. Some of the new innovations may be less staff intensive, thus changing resource requirements. In addition the expectations of staff and the cultural shift to an emphasis on prevention (reinforced by “*Choosing Health: making healthier choices easier*”) coupled with better informed patients with rising expectations, create pressures on care practices.
- 5.27 Managed local networks offer an opportunity to address the different practices within the care system to ensure the whole care system is aligned and geared up to **adopt best practices**. Innovations and dissemination of new and better practices can be adopted more quickly in managed local networks. Flexibility and **performance management** and governance arrangements can be geared up to allow practice to be continually updated and challenged to ensure the system remains focused on providing the best care to users at a time and place convenient to them.



### Resource constraints

- 5.28 All care systems face the challenge of delivering the best possible care within available **resource constraints**, which can be **financial** or **physical**. Other demands within the care economy can draw resources away from children's services and these are pressures that will increase over time. The number of older people is due to rise by around 27% over the next 15 years but the number of young people is forecast to fall by 20%. More immediately there is a rise in general allocations to the NHS of 7.1% in real terms between 2003/04 and 2007/08.
- 5.29 There is a real **skill and staff shortage** in children's and young people's services. There are insufficient specialist staff coming through the system. Other care services are competing for the care workers and other lower skilled assistants necessary to provide the levels of care required. The European Working Time Directive is also limiting the number of hours worked by existing staff.
- 5.30 Many providers are faced with **financial deficits** hampering their ability to deliver services and make the necessary investment in developing and improving them in the future.
- 5.31 Managed local networks are not a panacea for all problems. They do offer the opportunity to maximise the use of scarce resources by allowing specialist staff to be shared more efficiently between and across organisational boundaries. Sharing the training and development costs can alleviate some of the burden and can improve staff retention and morale. Compliance with the European Working Time Directive is much more likely to be achieved by pooling scarce staff and skills.
- 5.32 Managed local networks can **prevent unnecessary duplication** of effort and resources. If services are developed as part of a national or regional strategy that has funds attached, networks may prove to be an effective way of securing additional funds to help overcome some of the financial pressures.

## Changing public expectations

- 5.33 The increasing focus on user experience and the increased funding provided out of general taxation has increased **public expectations** about the ability of care services to deliver high quality care at a time and place and in a way that they find most convenient.
- 5.34 The **increase in consumerism** coupled with more informed users (alongside other initiatives such as the choice for elective healthcare) has added to the involvement of patients in shaping services and the desire for, and expectation that, users will receive excellent quality services locally.
- 5.35 Managed local networks are a highly effective way of **improving the user's experience** of care services, ensuring that services are developed with a single point of access and focus on the patient in a holistic manner with a 'seamless' care pathway.
- 5.36 Furthermore, improved performance management arrangements that can be put in place as part of managed local networks can provide better information for patients and providers to help to tailor services with a user focus.

## Changing systems

- 5.37 There are increasing expectations of the extent to which services can deliver care. At the same time the system itself is **fragmented, disjointed and complex** and delivered by many different organisations and services. This complexity itself necessitates a network approach.
- 5.38 The system under which care services are provided reflects the rules that govern the way services are demanded and supplied and some of the inherent complexities of providing them. They include, for example, the way services are reimbursed (e.g. payment by results) the choice patients have over services and the inherent uncertainty of when, where and how services will be demanded.
- 5.39 **Choice** of hospital is a good example. From the end of 2005 every hospital appointment will be booked at a time and a date that is convenient to the patient. The patient will have a choice of at least four providers at the point of referral by the GP. Whilst choice for elective care may be straightforward, choice for treatment options for long-term conditions, which require multi-agency provision may be more challenging. Managed local networks offer an opportunity to address some of these issues. If, for example, one-off deals are replaced with **longer-term relationships** where the patient can choose an entire pathway of care, then this may reduce the level of fragmentation and uncertainty in the system. Furthermore, integrated care systems have the potential to offer greater service variety and choice to the user as they can choose when, where and how they receive services along the entire pathway of care.
- 5.40 Managed local networks that are successful in **integrating care** and improving the patient journey should see patient satisfaction and outcomes improve and the informed patient should choose the managed local network route.
- 5.41 Another example of changing systems is the new financial system for paying for NHS activity - **Payment by Results**<sup>9</sup>, which links payments directly to activity and adjusted for casemix. The new system of payment is being phased in and the aim is that by 2008 the majority of procedures will be reimbursed under the new payment by results national tariff.
- 5.42 The new payment system may seem to have the potential to increase fragmentation in the system and discourage collaboration, as providers may

protect and seek new income streams and may be reluctant to give up existing patients. However, since payment by results is transparent and rewards those who provide more care, and provides more money for more work (i.e. it moves away from the old block contracts which effectively penalise those who do more), then there are opportunities as well as challenges. Managed local networks may offer a way of facilitating the sharing of benefits as well as the burden.

- 5.43** Section 10 of the Children Act 2004 provides the statutory basis for local partners, including PCTs and SHAs, to co-operate to improve the well-being of children in relation to the five Every Child Matters: Change for Children outcomes. Statutory guidance on section 10 makes it clear that local partners can fulfil their duty to co-operate by developing a children's trust. Fully working through their relationship with the local children's trust(s) offers opportunities for existing and emerging managed local networks. Care pathways can be developed that, for example, attract additional income for the NHS part of the work, which can be shared amongst the partners in the network – additional funds will flow from providing additional work.
- 5.44** **Agenda for Change**<sup>10</sup> and the **NHS National Programme for Information Technology (NPfIT)**<sup>11</sup> also offer opportunities, most notably for redefining roles and for better performance and system management, by setting up IT structures which follow the patient through their whole journey and allow the identification of where in the system things are potentially going wrong. Managed local networks enable providers to learn from each other and from other organisations faced with similar issues and challenges.
- 5.45** The **inherent uncertainties** associated with providing care present many challenges for the care system. It is not always apparent when, where or how users will require care. In general the smaller the scale of the organisation attempting to deal with these uncertainties, the greater the impact they have on the system of care. Networks offer an opportunity for smoothing out some of these uncertainties by pooling, which means that the scale of variation and fluctuation is shared across a much larger population base. Even changes to the way certain parts of the care pathway are provided, such as changes to out of hours care, can be **better handled within a network**, as all the constituent parts are already in place to handle these fluctuations in the way care is demanded and provided.

## 6. Symptoms that Indicate Managed Local Networks Might Help

- 6.1 There are a number of key indicators that might indicate that the delivery system in which you operate may benefit from the introduction of managed local networks.
- 6.2 Does the care system in which you operate suffer any or all of the following?

- > Inappropriate admissions
- > Duplicate services
- > Problems with discharging from hospital
- > Problems of dealing with variability in demand
- > Staff recruitment and retention problems
- > Staff training problems
- > Poor outcomes
- > Low user satisfaction/high level of complaints
- > Poor quality of care
- > High exclusion and inequalities
- > High variability of service levels
- > Poor information
- > Poor performance management
- > Long waiting times/delays
- > Difficulty satisfying statutory requirements (such as EWTD)
- > Outdated care practices
- > Financial/budgetary problems
- > Reluctance to re-configure services
- > Poor commissioning
- > Low staff morale
- > Lack of patient choice
- > Problems with sustainability of services

- 6.3 Managed local networks have the potential to help to address some or all these issues.
- 6.4 Consideration should be given to ensuring that potential participants agree and are committed to resolving these issues through the development of a managed local network.



## 7. How Much will it Cost to Set Up Managed Local Networks?

- 7.1 The cost or burden to each individual organisation will depend entirely on the type of managed local network, who is involved, what services are being provided, what the situation is now, how partners already work together and what cultural, organisational and budgetary boundaries exist. The costs may not be primarily financial. Substantial managerial time and commitment from the network partners and clinicians are often required to set up and maintain effective networks.
- 7.2 The activities and processes in the table below have been identified as crucial parts of a managed local network and give an indication of the level of involvement required and how these differ from what might already be taking place (i.e. give an idea of what *additional* input may be required).

### Key Activities/Processes for Managed Local Networks

---

Regular informal meetings and/or correspondence

---

Defined topics

---

Regular formal meetings

---

Sharing audit

---

Agreed protocols, management structure and governance framework

---

Service improvement projects across the network

---

Organisational development/network meetings

---

Work plan (which will need to tie in to the broader children and young people's plan and other relevant plans)

---

Review of data collection

---

Dedicated management team with identified programme lead

---

Network strategy – including:

- > Workforce development
  - > Finance and investment
  - > Baseline audits
- 

Network quality and clinical governance plan

---

Sharing events

---

Performance monitoring using common dataset

---

Confirmed relationship with local commissioners

---

7.3 Six principles have been identified which summarise the key stages in partnership development (Hardy et al 2003):

- Principle 1 Recognise and accept the need for partnership
- Principle 2 Develop clarity and realism of purpose
- Principle 3 Develop and maintain trust
- Principle 4 Ensure commitment and ownership
- Principle 5 Create robust and clear partnership working arrangements
- Principle 6 Monitor, measure and learn

7.4 These principles form a good basis for identifying the key stages that need to be considered when setting up managed local networks.

7.5 The resources outlined in the next section can help to assist in this process.

## 8. Where Do I Get Information about How to Set Up Managed Local Networks?

**Audit Commission.** *A fruitful partnership: effective partnership working.* Audit Commission, 1998

<http://www.audit-commission.gov.uk/Products/NATIONAL-REPORT/A190CA25-7A7E-47D1-BCAB-373A86B709C0/A%20Fruitful%20Partnership.pdf>

This paper aims to assist in decisions about when to set up a partnership and to improve the effectiveness of existing and future partnerships. Those contemplating or already involved in partnerships including local government, health and social care, voluntary and private sector organisations, may find it helpful.

**Department of Health and Department for Education and Skills.** *Every Child Matters: Change for Children in Health Services.* Department of Health and Department for Education and Skills, October 2004. <http://www.everychildmatters.gov.uk/>

Outlines the Government's programme of change to improve outcomes for all children and young people. It takes forward the Government's vision of reform of services for children, young people and families.

**Department of Health and Department for Education and Skills.** *National Service Framework for Children, Young People and Maternity Services.* Department of Health and Department for Education and Skills, October 2004. <http://www.everychildmatters.gov.uk/>

Outlines the Government's 10 year programme to stimulate long term and sustained improvement in children's health, setting standards for health and social services for children, young people and pregnant women.

**Hardy B, Hudson B and Waddington E.** *Assessing strategic partnership: the partnership assessment tool* Leeds: Nuffield Institute for Health, 2003.

<http://www.nuffield.leeds.ac.uk/downloads/pat.pdf>

This self-assessment tool is applicable to many cross-sectoral partnerships, although it was developed in the context of health and social care. It can be used to anticipate and address barriers to effective partnership working, as well as identifying the areas of difficulty.

**Institute of Public Health in Ireland.** *Partnership Framework: a model for partnerships for health.* The Institute of Public Health in Ireland, 2001.

<http://www.publichealth.ie/>

The framework is offered as a model to assist with building more effective and sustainable partnerships for people who want to learn to sustain a partnership and for those who want to make partnerships more effective in realising specific outcomes. It may also be for people who are interested in addressing an array of complex problems that resist simple fixes.

**NHS Service Delivery Organisation R&D Programme.** *Networks briefing key lessons for network management in health care.* NCCSDO, 2005.

[http://www.sdo.lshtm.ac.uk/pdf/studyinghealthcare\\_goodwin\\_briefingpaper.pdf](http://www.sdo.lshtm.ac.uk/pdf/studyinghealthcare_goodwin_briefingpaper.pdf)

This paper summarises the key lessons for managing across diverse networks from the public and private sector and draws out the implications for structure, management and governance of arrangements in networks.

**Public Services Productivity Panel.** *Working in Partnership: Developing a Whole Systems Approach, Project Report.* Department of Health, 2000.

<http://www.publications.doh.gov.uk/ipu/pspp/partner.htm>

This tool is designed to help local health communities assess their readiness for joint working. Specifically it is intended to support communities in the successful development and implementation of their Local Implementation Strategies (LIS). The tool includes a good practice guide.

**Scottish Executive.** *Partnership for Care: Scotland Health White Paper.*

Scottish Executive, 2003.

<http://www.scotland.gov.uk/library5/health/pfcs-00.asp>

Outlines the emphasis on partnership integration and redesign in Scotland and describes how those principles will manifest themselves seeking to bridge the gaps between primary and secondary care and between health and social care.

**NHS Scotland.** *What are managed clinical networks?* Hayward Medical Communications, 2002.

<http://www.pfizer.co.uk/pdf/MCN%208pp.pdf>

Provides a useful introduction to managed care networks and outlines the concepts and thinking behind their development.

**NHS Scotland.** *Managed clinical networks: a guide to implementation.* Hayward Medical Communications, 2002.

<http://www.pfizer.co.uk/pdf/MS1651%20MCNs.pdf>

Draws on the experiences of the national managed care networks pilot in Dumfries and Galloway. Provides practical advice for those involved in the development of networks.

**Shropshire and Staffordshire Strategic Health Authority.** *Clinical Network Development Toolkit CD ROM.* SASHA, 2004.

This toolkit is a useful resource in facilitating the successful development and establishment of emerging clinical networks and enabling existing networks to review their progress. The toolkit can enable networks to develop more swiftly and effectively. It may also help new networks avoid some of the pitfalls experienced by established networks.

## References

- 1 *The National Service Framework for Children, Young People and Maternity Services* Department of Health and Department for Education and Skills, September 2004.
- 2 *Every Child Matters: Change for Children in Health Services, Supporting Local Delivery* Department of Health and Department for Education and Skills, 15 December 2004. Or see the *Every Child Matters* website at: <http://www.everychildmatters.gov.uk>
- 3 *Section 10 of the Children Act 2004* provides the statutory basis for local partners, including PCTs and SHAs, to co-operate to improve the well-being of children in relation to the five *Every Child Matters: Change for Children* outcomes. Statutory guidance on *section 10* makes it clear that local partners can fulfil their duty to co-operate by developing a children's trust. Fully working through their relationship with the local children's trust(s) offers opportunities for existing and emerging managed local networks.
- 4 *Directive 2000/34/EC* of the European Parliament and of the Council of 22 June 2000 amending *Council Directive 93/104/EC* concerning certain aspects of the organisation of working time to cover sectors and activities excluded from that *Directive*.
- 5 "*Shifting the Balance of Power in the NHS*" Speech by the Rt Hon Alan Milburn MP, Secretary State for Health, 25th April 2001
- 6 *The Children Act 2004*, The Stationery Office. Or see <http://www.opsi.gov.uk/acts/acts2004/20040031.htm>
- 7 *The Health Act 1999*, The Stationery Office. Or see <http://www.opsi.gov.uk/acts/acts1999/19990008.htm>
- 8 "*Choosing Health: Making Healthier Choices Easier*", Public Health White Paper, Department of Health, 2004.

- <sup>9</sup> See the Department of Health Website at:  
<http://www.dh.gov.uk/>  
Search on 'Payment by Results'.
- <sup>10</sup> See the Department of Health Website at:  
<http://www.dh.gov.uk/>  
Search on 'Agenda For Change'.
- <sup>11</sup> *Delivering 21st Century IT Support for the NHS: National Strategic Programme.*  
See the Department of Health Website at:  
<http://www.dh.gov.uk/assetRoot/04/06/71/12/04067112.pdf>

# List of Contributors

We would like to thank all the members of the Child Health and Maternity Policy Collaborative:

**John Alexander**

Consultant Paediatrician/Clinical Director,  
City General Hospital, Stoke-on-Trent

**Margaret Ayton**

Head of Nursing Development,  
Northumberland, Tyne & Wear SHA

**Richard Balfe**

Lead for Children's Services, NHS  
Modernisation Agency

**Ann Barker**

Team Leader, Maternity and Women's Health, DH

**Leila Bates**

Locality Lead Nurse (Children's Services),  
Bexley Care Trust

**Sandra Betterton**

Head of Nursing and Midwifery, Norfolk,  
Suffolk & Cambridgeshire SHA

**Prof Debra Bick**

Professor of Midwifery and Women's Health,  
Thames Valley University

**Catherine Brogan**

Director of Public Health, North Central London SHA

**Gill Brook**

Head of Child and Family Centred Care,  
Birmingham Children's Hospital

**Adrian Brown**

Specialist Registrar in Public Health, Maternity  
and Women's Health, DH

**Doug Charlton**

Assistant Director of Nursing Services, Leicester  
Royal Infirmary

**Maria Collins**

Director, Partnership Development, Great Ormond  
Street Hospital

**Alix Cordell**

Senior Policy Officer, Health and Well-being,  
National Children's Bureau

**Susanne Cox**

Working Time Directive Lead, Maternity/Paediatrics,  
NHS Modernisation Agency

**Mark Davies**

Director, Children and Mental Health, DH

**Kathy Doran**

Chief Executive, Birkenhead & Wallasey PCT

**Prof William Dunlop**

Professor of Obstetrics and Gynaecology,  
University of Newcastle

**Sue Eardley**

Chairman, Mayday Healthcare NHS Trust

**Alcuin Edwards**

Policy Officer, Child Health Services, DH

**Frances Evesham**

Project Manager, Children and Older People,  
Skills for Health

**Yemi Fagun**

Policy Officer, Health Inequalities Unit, DH

**Kathryn Gutteridge**

Consultant Midwife, Leicester Royal Infirmary

**Prof Sir David Hall**

Professor of Community Paediatrics, University  
of Sheffield

**Claire Hartley**

National Child Health Mapping Lead, National  
Child Health Mapping Team

**Alison Harvey**

School Nurse Co-ordinator, Broxtowe & Hucknall PCT

**Martin Howarth**

Special Educational Needs and Disability, DfES

**Sophie Hughes**

Communications Manager, Children Care Group  
Workforce Team, DH

**Christine Humphrey**

Adviser on Safeguarding Children, DH



**Hilary Jones**

Divisional Manager, Women's and Children's Services, Bedford Hospital

**Peter Lachman**

Consultant Paediatrician/Clinical Director, NW London Hospitals NHS Trust

**Anne Layther**

Service Manager - Cardiac Services, Great Ormond Street Hospital

**Gwyneth Lewis**

Medical Adviser, Maternity and Women's Health, DH

**Alison Lovatt**

Assistant Divisional Director, Calderdale & Huddersfield NHS Trust

**Joan Mager**

Chief Executive, Richmond & Twickenham PCT

**Sheila Marriott**

Private Consultant

**Clive Marritt**

Policy Manager, Child Health Services, DH

**Shehnaz Master**

Senior Policy Officer, Maternity and Women's Health, DH

**Catherine McCormick**

Professional Adviser, Midwifery and Family Health, DH

**Felicity McElderry**

Paediatric Occupational Therapist, Royal Hampshire County Hospital

**Jaki Meekings**

Director, South Specialist Commissioning Group, Dorset & Somerset SHA

**Heather Mellows**

Consultant Obstetrician and Gynaecologist, Doncaster & Bassetlaw Hospitals NHS Foundation Trust

**Heather Miller**

Policy Manager, Children's, CAMHS and Learning Disability, Trent SHA

**Andrew Mitchell**

Consultant Paediatrician/Clinical Director, North Hampshire Hospitals NHS Trust

**Karen Naya**

Development Manager – Children, Healthcare Commission

**Mary Newburn**

Head of Policy Research, National Childbirth Trust

**Amy Nicholas**

Child Health Services Team Leader, DH

**Angie Nisbet**

Development Lead, NatPaCT, NHS Modernisation Agency

**Rosie Noble**

Project Manager, Wandsworth Contact a Family

**Cath O'Kane**

Nurse Consultant in Paediatrics, Northumbria Healthcare NHS Trust

**Claire Phillips**

Branch Head and Project Manager, Children's NSF, DH

**Robyn Pound**

Health Visitor/Researcher, Bath & North East Somerset PCT

**Sue Proctor**

Director of Partnerships, West Yorkshire SHA

**Emily Melville-Roberts**

Sure Start Centre, Bristol

**Helen Robinson**

Branch Head, Recovery and Support Unit, DH

**Philippa Russell**

National Children's Bureau

**Emily Samson**

Project Manager, Recovery and Support Unit, DH

**Hilary Samson-Barry**

Branch Head, Child Health, Maternity and Women's Health, DH

**Sheila Scales**

Director, Local Transformation Group, DfES

**Jane Scott**

Team Leader, Child Health and Maternity  
Projects, DH

**Richard Selwyn**

Joint Children's Trusts Team, DfES

**Sheila Shribman**

Medical Director, Northampton General Hospital

**Fiona Smith**

Adviser in Children's and Young People's Nursing, RCN

**Peter Smith**

Professional Adviser, CAMHS and Disabled  
Children, DfES

**Jackie Sullivan**

General Manager for Women's Health and  
Children's Services, UCLH

**Simon Tanner**

Director of Public Health/Medical Director,  
Hampshire & Isle of Wight SHA

**Prof Stuart Tanner**

Medical Adviser, Child Health Services, DH

**Rod Tooher**

Project Manager, Care Group Workforce  
Delivery Support, DH

**Bree Verity**

Communications Adviser, Children and  
Mental Health, DH

**Dotty Watkins**

Nurse Director/Head of Midwifery, Sheffield  
Teaching Hospitals Foundation Trust

**Amy Weir**

Regional Change Adviser, South West, GOSW

**Adrian Wells**

Head of Service Improvement – Children,  
Dorset & Somerset SHA

**Lee Wemyss**

Consultant, Healthcare Decisions

**Andrew Wright**

North Central London SHA

**Jenny Wright**

Divisional Manager, Change and Innovation, DfES

**Jason Yiannikou**

Team Leader, Change for Children Programme, DH

Thanks to **David Hughes**, Director, Healthcare  
Decisions for all his hard work with Collaborative  
members and other stakeholders to write this guide.

**Special thanks to:**

**Julia Greensall**

Project Manager, Partners in Paediatrics

**Lisa Marriott**

Yorkshire Specialist Obstetrics and Paediatrics  
Network Manager

**Debbie Stubberfield**

Lead Nurse, South West London Strategic  
Health Authority

**Sue Hitchings**

Health Strategy Consultant, Medical Workforce

**Janet Shepherd**

Director of Nursing, Kingston Hospital NHS Trust

**Rachel Thompson**

Project Lead, SW London Neonatal Network

**Margaret Richardson**

Health Strategy Consultant, Modernisation of SW  
London Maternity Services

**Barbara Newns**

Head of Clinical Networks, Shropshire and  
Staffordshire Strategic Health Authority

# Evaluation

Please fill in this page and send it back to:

**Child Health and Maternity Branch, Wellington House, 133-155 Waterloo Road, London, SE1 8UG**

If you have been provided with an electronic copy, please fill in and e-mail to:

**MB-Childrens-NSF@dh.gsi.gov.uk**

**Contact name:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_

**E-mail details:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

post code

**Contact numbers:** \_\_\_\_\_

**Specific interests e.g. CAMHS, Medicines for children, Maternity, etc:** \_\_\_\_\_  
\_\_\_\_\_

**What were some of the biggest challenges/ barriers when you were setting up the network?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you set up, or are you in the process of setting up a network?**

Yes     No

**Would you be willing to share your experiences with others who are trying to set up a network in their area?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What type of network is it?**

- Service focused, cutting across organisational boundaries
- Geographic, regionally based services
- Patient focused, following the patient through the care journey
- Commissioning network
- Clinician network
- Other, please specify: \_\_\_\_\_  
\_\_\_\_\_

**Please tick if you found this guide useful to:**

- Sell the idea of networks to you
- Sell the idea of networks to others
- Facilitate discussion
- Set priorities
- Identify common aims
- Promote a better understanding of the range and scope of networks
- Identify key benefits
- Identify key drivers
- Point to where further information could be obtained to help set up networks
- Overcome barriers
- Others, please specify: \_\_\_\_\_

**What area(s) does it cover?**

- Adolescents/Young People
- Children
- Children under one
- Maternity
- Other, please specify: \_\_\_\_\_  
\_\_\_\_\_

**Who is involved?** \_\_\_\_\_

**Other comments?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Notes







© Crown copyright 2005

269055 1p 5k Jun05 (CWP)

If you require further copies of this title quote *269055/A Guide to Promote a Shared Understanding of the Benefits of Managed Local Networks* and contact:

DH Publications Orderline

PO Box 777

London SE1 6XH

Tel: 08701 555 455

Fax: 01623 724 524

E-mail: [dh@prolog.uk.com](mailto:dh@prolog.uk.com)



08700 102 870 – Textphone (for minicom users)  
for the hard of hearing 8am to 6pm Monday to Friday.

*269055/A Guide to Promote a Shared Understanding of the Benefits of Managed Local Networks* may also be made available on request in Braille, on audio-cassette tape, on disk and in large print.

[www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

For more information about the NSF go to:

[www.dh.gov.uk/childrensnfsf](http://www.dh.gov.uk/childrensnfsf)