

NHS SERVICE DELIVERY AND ORGANISATION R&D PROGRAMME

PROGRAMME OF RESEARCH ON NURSING, MIDWIFERY AND HEALTH VISITING SERVICE DELIVERY AND ORGANISATION.

NM1: A SCOPING EXERCISE: THE NURSING, MIDWIFERY AND HEALTH VISITING CONTRIBUTION TO CHILD HEALTH SERVICES

Introduction

The Nursing and Midwifery and Health Visiting Service Delivery and Organisation (NMHVSDO) Commissioning Group was established in April 2002 with a specific stream of funding to support research into the SDO aspects of nursing, midwifery and health visiting services. It is intended to build synergy with research already commissioned and planned under the remainder of the SDO Programme. As with the other SDO Programme commissioning groups, the NMHVSDO Commissioning Group draws its representation from policy, practice, and patient communities as well as researchers.

The SDO Programme is now inviting proposals to conduct a scoping exercise on the topic of the contribution of nurses, midwives and health visitors to child health services. The purpose of the scoping exercise is to identify topics for further research to be commissioned by the SDO Programme. The scoping exercise should consider how nurses, midwives and health visitors can contribute to child health services and the design and delivery issues that may promote better outcomes for children, carers and families.

Background

Child health was identified by the NMHVSDO Commissioning Group as a neglected area and one which lends itself to cross-boundary working between health, education and social care and whose configuration of services is poised to change with the advent of Children's Trusts. The *Children's Taskforce* was established in 2000 to implement the NHS Plan and National Service Framework for Children has recently launched the first in a series of research modules (available from www.doh.gov.uk/nsf/children/standardhospserviceindex.htm). As the Climbié Inquiry has demonstrated, children who need help from social services very often need help from other services as well. But the boundaries between the different organisations - who are there to help them - and the different processes and the different bureaucracies mean that too often those services do not join up.

The 2002 spending review recognised that services need to be child-focussed and co-ordinated across social services, health, education, housing and other agencies at a local level. The "children at risk cross cutting review" (<http://www.doh.gov.uk/childrenstrusts/dh-dfes.htm>) recommended a three pronged attack:

- Strengthen existing local partnerships and pilot new Children's Trust models for integrated services.

- Better focus on mainstream children and young people's services to ensure they respond better to those most in need.
- Early identification of need to ensure preventative services are available before children, young people and families hit crisis point.

Children's Trusts will enable local partners jointly to plan, commission, finance and deliver services for children. The aim is to put children's needs rather than agency boundaries at the centre of policy (www.doh.gov.uk/childrenstrusts/index.htm)

The range of services to be included in Children's Trusts is very wide and might include (for example) combinations and variations from; services for disabled children; children with special educational needs; child protection; identification, referral and tracking of children at risk; and areas where social care, health and education services need to work together.

NM1: Contribution of nursing, midwifery and health visiting to child health services: the scoping exercise

An earlier scoping exercise commissioned by the SDO Programme on Continuity of Care identified a number of conceptual definitions (Freeman et al, 2001, www.sdo.lshtm.ac.uk) Relevant definitions from that report should be used in the current scoping exercise to facilitate analysis of outcomes. Current major issues of contention or interest in the area of cross-boundary working in health, housing, education and social care should also be considered.

There is a need to discuss how the contribution of nursing, midwifery and health visiting to child health services relates to outcomes in different types of health services, for example by setting (e.g. Acute v. community) or specialty (e.g. mental health v. surgery). In addition to the NHS, nursing, midwifery and health visiting can influence children's health across other sectors including social care, education and housing. One objective of the current scoping exercise will be to identify, on the basis of an appropriate conceptual framework, the boundaries within which a future research programme can be developed.

Many changes are currently underway in the organisation of children's services with the potential to change mode of delivery. There is a need to 'map' what these changes are, the direction of development, variations within these and the implications for nursing, midwifery and health visiting services. There is also a need to capture the views and perceptions of relevant stakeholders in respect of child health services. The scoping exercise should also discuss the current concerns of NHS and related stakeholders regarding child health services, the extent to which children themselves have been and are consulted, and the extent to which solutions can be delivered for children by carers and families, nurses, midwives and health visitors. Areas for further research and how they might be addressed should be identified. This could include both further reviews of the literature and/or primary research.

Applicants should also familiarise themselves with work completed and commissioned within the SDO Continuity of Care Programme (www.sdo.lshtm.ac.uk),

including the review by Forbes et al on 'The transition from child to adult health and social care', December 2002.

The scoping exercise should consist of two elements:

1. A literature review
2. Consultation with relevant stakeholders

1. The literature review

In considering the scoping exercise we draw a distinction between a systematic review of the literature which conforms to rigid search criteria and a literature review which extends beyond a priori inclusion criteria to include grey literature, published research and key commentators without necessarily applying quality standards. The purpose differs too; a scope takes a more prospective look and identifies gaps in the research evidence in order to help set a research agenda, whereas a systematic literature review takes a more retrospective approach and concentrates on the evaluation of the evidence in a particular area.

Lessons from sectors other than health and social care may be relevant, but need to be presented in such a way as to indicate their relevance to those fields. Evidence from other countries, including those within the United Kingdom should be included where relevant. Any evidence about, or able to shed light on, new organisational forms in the NHS (such as Care Trusts and pilot Children's Trusts) would be particularly welcome. Differences between different sectors (i.e. the State, the for-profit sector and the voluntary sector) should be discussed.

2. Consultation with relevant stakeholders

A wide range of organisational forms is and will be used in the NHS and related services. Views of NHS and related stakeholders at both national and local level about the current most pressing questions concerning the role of nurses, midwives and health visitors in different organisational forms are needed to inform SDO commissioning in this area. Those consulted could include those concerned primarily with the development of the Children's National Service Framework. Primary Care Trusts; NHS Acute and Mental Health Trusts; Strategic Health Authorities; local social services and education departments; user organisations, such as voluntary organisations, schools and local education authorities; managers' representatives, and relevant policy officers in the Department of Health.

Methods

Applicants should clearly outline their proposed methods for carrying out both elements of the scoping exercise. Applicants should cover the following areas:

1. Methods for identifying relevant published and grey literature should be stated. It is expected that applicants will plan to use a variety of methods including: the research team's prior knowledge; search of electronic databases; and advice from key researchers and practitioners in the field. The intention is not to

commission a full systematic review of the literature but comprehensive coverage of sources, including grey literature in emerging policy areas.

2. Applicants should bear in mind that, as a wide range of academic disciplines will be required, the team they propose should include people with a relevant range of expertise.
3. Methods for identifying relevant stakeholders at local and national level.

Output

A short report which should:

1. 'Map' the changes, the direction of development and variations within these in the new organisational forms for child health services paying due attention to the implications for nursing, midwifery and health visiting services.
2. Capture the views and perceptions of relevant stakeholders in respect of child health services, especially the extent to which children themselves have been and are consulted.
3. Develop a conceptual framework with which to research and understand this area.
4. Discuss the evidence on the contribution of nurses, midwives and health visitors to outcomes in different types of health, educational and social care services. Where possible, concrete examples should be given.
5. Report and discuss the current concerns of NHS and related stakeholders concerning nursing, midwifery and health visiting interventions in child health services.
6. Clearly identify the areas for further research and how they might be addressed. This could include both further reviews of the literature and/or primary research.
7. Identify interventions (actual and potential) provided by nurses, midwives and health visitors capable of promoting cross-boundary working in health, housing, education and social care for policy stakeholders.

The successful applicants may also be required to make a short oral presentation of their completed report to the NMHVSDO Commissioning Group.

Guidance Notes

Applications will be considered in a single stage process. Applicants are asked to submit full proposals by **9 July 2003 at 1pm** to:

Daniel Burt

Commissioning Manager

National Co-ordinating Centre for Service Delivery and Organisation R&D

London School of Hygiene and Tropical Medicine

99 Gower Street
London
WC1E 6AZ

25 double-sided copies (and an electronic copy on CD or floppy disk) of the proposals should be submitted (minimum font 10pt), including:

Cover sheet	(Stating the title of project, reference number of the advertisement, names and contact details of the lead researcher and all other applicants)
Scoping Proposal	(Maximum of 5 sides of A4 paper, stating the aims and objectives, background, methods and project timetable)
CVs	(Brief CV of each applicant, stating relevant knowledge and experience to undertake the work)
Costing	(Complete with staff inputs, including the costs of a co-ordinating managerial role where appropriate) equipment, consumables, travel and overheads. It is the SDO Programme's policy to pay overheads at a maximum of 40%, in line with the Department of Health guidelines).

The project should cost no more than **£80,000** but proposals will be judged on the extent to which they provide good value for money.

The project should start no later than **October 2003** and be completed in 9 months.

We anticipate that there will be informal discussions with SDO during the period during which the report is prepared to clarify issues as they arise.

Please clearly label the outside of the envelope in which you submit your proposal with the following: **Tender Documents**. This will enable us to identify proposals and keep them aside so that they may all be opened together after the closing date and time.

Teams should ensure that their proposal complies with the Research Governance Framework, which can be found on the Department of Health website, or via a link on the SDO website under the 'Call for Proposals' page.

Applicants should visit the SDO website : <http://www.sdo.lshtm.ac.uk> to familiarise themselves with the work of the SDO Programme in general and with previous scoping exercises in other topic areas.

Addendum

This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene & Tropical Medicine.

The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk.