

	LINCOLNSHIRE SHADOW HEALTH AND WELLBEING BOARD
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Open/Exempt (please delete as appropriate) Report on behalf of
(If Exempt insert relevant paragraph)

Report to	Lincolnshire Shadow Health and Wellbeing Board
Date:	22 January 2013
Subject:	Children and Young People’s Health Outcomes Forum

Summary: In 2012, the Secretary of State established a Children and Young People’s Health Outcomes Forum which published its proposals on how health-related care for children and young people could be improved. The Forum identified several themes to ensure that improvements are achieved and these are highlighted later in this report. This paper outlines the recommendations of this report, and suggests that the Health and Wellbeing Board commissions a task and finish group to assure itself that the key factors needed for improvement are embedded in Lincolnshire.

Actions Required: The Health and Wellbeing Board is asked to note the content of this report and establish a task and finish group to measure performance in Lincolnshire against recommendations and against the key strategic questions / challenges and to develop an action plan to address areas in need of development.

1. Background

Earlier this year, the Secretary of State established a Children and Young People’s Health Outcomes Forum which published its proposals on how health-related care for children and young people could be improved. The Forum identified several themes to ensure the improvements are achieved and these are highlighted later in this report. This paper outlines the recommendations, and suggests that the Health and Wellbeing Board commissions a task and finish group to assure itself that the key success factors needed for improvement are embedded in Lincolnshire.

The report on the Children and Young People's Health Outcomes Forum recognises that outcomes for children and young people could be improved if the wider health system had a greater focus on inequality. Infant mortality, obesity, childhood accidents and teenage pregnancy affects more children and young people from disadvantaged backgrounds and there is significant evidence which states that children who have a disability, who are looked after or are in the criminal justice system face even poorer health outcomes than their peers. It is further recognised that it is not just their health that is affected – it is their social, educational and economic potential. The report also confirms that greater personal responsibility in self managing health needs is more likely to be successful. The report also highlights the importance of a well trained workforce and concludes that improving education and training of the Children's Workforce can deliver real improvements.

There are of course, examples of outstanding health and social care resulting in good outcomes for children and young people and it is this evidence which must be shared to affect change. We have a unique opportunity through the Health Reforms and the establishment of Health and Well Being Boards to co-ordinate what is done in Lincolnshire to improve health and wellbeing outcomes for children and young people and to exploit the commitment of all commissioners to work together to assess needs, plan and co-ordinate commissioning to create high quality, integrated pathways of care.

The report makes a series of recommendations which are attached in Appendix 1. These include:

- **Ensuring leadership and accountability** across all agencies and partnerships and setting out responsibilities for children, young people and their families and how accountability will be exercised at every level in the system.
- **Ensuring effective contribution to effective local safeguarding**, that DH produce a full accountability framework for safeguarding children in the wider health system as soon as possible; that, as part of the new multi-agency inspections, CQC should consider how all parts of the health system, contribute to effective local safeguarding; and a recommendation that further work be undertaken on indicators that would drive improvement to protect and promote the welfare of children and young people, including a focus on measuring the effectiveness of early help/early intervention. In addition, that NICE be commissioned to develop a Quality Standard for safeguarding children.
- **Promoting integration and partnership**, including cross-government join up on policy, funding and performance management; prioritise integrated care provision in their regulatory and performance roles for all partners; and a recommendation that the NHS Number should be used as the unique identifier to bring together health, education and social care data for all children and young people.
- **Acting early and intervening at the right time**, with a focus on tackling inequality, particularly of looked after children, including calling for: all organisations to take a life-course approach coherently addressing the different stages in life and the key transitions instead of tackling individual risk factors in isolation; Directors of Children's Services to be responsible for overseeing the overall quality and delivery of health

and wellbeing services for looked after children; and CCGs with their local authority partners to ensure sufficient clinical expertise and leadership for looked after children, including a designated doctor and nurse.

- **Workforce, education and training**, including that all GPs who care for children and young people should have appropriately validated CPD reflecting the proportion of their time spent with children and young people; and recommendations for Health Education England and Centre for Workforce Intelligence.

The report is intended as a basis for a wider children and young people's health outcomes strategy. Moving forward, the relationship between local authority Children's Services and health commissioners through the Health and Well Being Board will be key.

The Forum also published the first four of a range of factsheets they are producing to help children, young people and their families be effectively involved in decisions about their health care, and help organisations and individuals in different parts of the system understand whether they are meeting the needs of children and young people.

- [Read factsheet for school governors](#)
- [Read Health and wellbeing boards and children, young people and families](#)
- [Read Commissioning in the new NHS for children, young people and their families](#)

These are attached in Appendix 2

The full report can be found at: <http://www.councilfordisabledchildren.org.uk/what-we-do/work-themes/health/the-children-and-young-peoples-health-outcomes-forum>

Implications for Health and Wellbeing Board

Health and Wellbeing Boards have a responsibility to co-ordinate the contributions made to improve health and wellbeing outcomes for children and young people. Specifically commissioners of services must ensure that outcomes are improving through jointly assessing need, planning and co-ordinating the commissioning of provision to create high quality integrated pathways of provision for children and young people.

The Forum has identified success factors which can be used by Health and Wellbeing Boards to measure effectiveness. These are described as:

Key success factors

- Commissioning is informed by active **engagement with children, young people and families** using methods appropriate for them
- Commissioning is planned and **coordinated across the whole spectrum of child's health needs**, with key transitions from maternity and into adult services, and with related services meeting their wider needs including education and children's services
- Commissioning plans are achieved through effective engagement with **Health and Wellbeing Boards** and clear alignment with local JSNA and JHWS that clearly set out the needs of children and young people

- ❑ There is **clear accountability** within all commissioning organisations for commissioning child health services
- ❑ Commissioners have effective access to appropriate **clinical expertise** on children, including from providers
- ❑ Commissioning plans take a **patient centred perspective** and consider the needs of the family and the context in which the children and young people live, including the need to support them in education
- ❑ Commissioners ensure that care is delivered in **age appropriate settings** using standards like “You’re Welcome”
- ❑ There is clarity on the totality of **funding** available to meet local children and young people’s needs across all relevant commissioners
- ❑ Commissioners understand the whole **life course** and the impact of health and wellbeing in childhood, particularly maternity and the early years, on health in adult life and on health inequalities
- ❑ The needs of particularly **vulnerable or at risk groups** of children and young people are fully considered

Finally the Forum sets of key strategic questions and challenges for Boards which are:

- Does the Health and Wellbeing Board link effectively with the local children’s trust, safeguarding board and clinical commissioning groups (CCGs) to ensure cohesive governance and leadership across the children’s agenda?
- Does the Health and Wellbeing Board have an agreed process to ensure children’s issues receive sufficient focus?
- Has the Health and Wellbeing Board contributed to defining the early help offer, as recommended by Professor Munro?
- Is the Health and Wellbeing Board making appropriate use of local mechanisms to listen to the views of children, young people and families?
- Does the local health and wellbeing strategy analyse and prioritise the health needs of children and describe success?
- Have the views of frontline staff and clinicians been factored into the board’s planning?
- Has the Health and Wellbeing Board got an agreed method of engaging with schools?

- Has the Health and Wellbeing Board got a clear plan to maximise the use of public assets (children’s centres, schools, youth services, health centres, etc.) to improve health outcomes for children?
- Is the Health and Wellbeing Board satisfied that the common assessment framework is sufficiently embedded in the local partnership?

2. Conclusion

The Forum has set out recommendations for the new health system which, if accepted and put in place, will start to address the key obstacles to improving children and young people’s health outcomes that exist now. The implementation of these recommendations is crucial, but we await government response on the recommendations. The Forum is clear that without consistent attention and further development of the strategy this report could go the way of many of its predecessors and fail to secure the benefits that our children and families need and the country requires.

Recommendation

The Health and Well Being Board is asked to note the content of this report and establish a task and finish group to make performance against recommendations and against the key strategic questions/ Challenges and to develop an action plan to address areas of development

3. Consultation

4. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Recommendation from the report of the Children and Young People’s Health Outcomes Forum
Appendix 2	Factsheet for School Governors Health and wellbeing boards and children, young people and families. Commissioning in the new NHS for children, young people and their families.

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Debbie Barnes who can be contacted on 01522 553201
or Debbie.barnes@lincolnshire.gov.uk

Appendix 1

Recommendations from the report of the children and young people's health outcomes forum

Theme 1 - Putting children, young people and their families at the heart of what happens

The Forum Concluded that where health outcomes are better it is because children, young people and their families are involved in decisions about their care, have received relevant and age-appropriate information, and that care is provided in environments appropriate for their age.

- **All organisations must demonstrate how they have listened to the voice of children and young people, and how this will improve their health outcomes.**
- **The revised NHS Constitution is drafted in such a way as to be applicable to all children, young people and their families.**
- **The Department of Health (DH) should bring together all relevant partners to co-produce a children's health charter based on the principles of the UN Convention on the Rights of the Child, and aligned with the NHS Constitution. The application of these principles should be audited through the regulators.**
- **Healthwatch England gives appropriate consideration to the importance of all children and young people's voices to inform its work programme, and is able to demonstrate this through its annual report. Local Healthwatch includes children and young people's voices as core to their work and demonstrates this through their reporting mechanisms.**

Theme 2 - Acting early and intervening at the right time

The report's focus on children and young people is not only an emotionally driven one. It is also based on economic reality: children and young people are crucial to the future well-being and prosperity of our nation. This is why a focus on the health of the pregnant mother, infancy and the early years and tackling disadvantage quickly is so critical. Poor mental health in pregnancy is associated with low birth weight and increased rates of mental and physical ill health in children. However, the current system does not recognise this. The Forum's recommendations are designed to address these issues:

- **All organisations in the new Health system should take a life-course approach, coherently addressing the different stages in life and the key transitions instead of tackling individual risk factors in isolation.**
- **Directors of Public Health and their local clinical commissioning groups (CCGs) should work together with maternity and child health services to identify and meet the needs of their local population.**
- **In 2013 DH should explore the development of a new outcomes measure on perinatal mental health, and implement it as soon as possible**
- **CCGs with their Local Authority partners need to ensure sufficient clinical expertise and leadership for looked after children, including a designated doctor and nurse**
- **Directors of Children's Services should be responsible for overseeing the overall quality and delivery of health and wellbeing for looked after children**
- **Social care staff and others dealing with looked after children should have responsibility for ensuring they are registered with a GP and that the GP is kept informed of the details of their care**
- **CCGs and Local Authorities should specifically recognise care leavers in early adulthood (18-25) as well as looked after children, in their commissioning, including requiring children in care health teams to include a focus on this group**

Theme Three

Integration and partnership

The report appreciated that the varied needs of many children and young people can only be met by different organisations. However, only by putting the child or young person and their family's needs first, and using sensible systems for sharing information, is it possible to move from fragmentation to proper integration. The Forum's recommendations here, therefore, are for better systems for information, as well as for the new and existing health, social care and education systems:

- **The NHS Number should be used as the unique identifier to bring together health, education and social care data for all children and young people.**
- **The NHS CB should prioritise and promote the issue of integrated care provision in their regulatory and performance roles within the NHS, and work with the Care Quality Commission (CQC) and Ofsted in developing a framework across non-health providers.**
- **DH should work with other Government departments and partners to achieve better integration of health with education, social care and other local authority led services**
- **DH and partners should select some sentinel conditions and pathways which reflect needs along the life course in order to monitor significant risk of gaps in services, including prevention, and provide focus on improving integration of care**

Theme Four

Safe and sustainable services

The report noted that there is a shared ambition to provide world class services and outcomes, delivered using the best available evidence. The Forum does not believe this is achievable with the current pattern of services and the lack of adequate training in paediatrics and child health. The development of networks and partnerships at all levels of the system is essential. Our main recommendations here are designed to achieve this and reduce fragmentation between:

- **all children and young people’s services within the Specialised Services Definition Set; and all parts of the relevant pathways from specialist centres to district general hospitals to community provision and primary care.**
- **CCGs need to develop local networks and partnerships with providers to address and deliver the sustainable provision of local acute, surgical, mental health and community Children’s Services and to ensure both care closer to home and no gaps in provision**
- **DH should commission a study in 2013 to quantify the harm to children and the costs that arise due to errors from unlicensed and off-label prescribing and through lack of age-appropriate formulations. Using the findings, DH should work with the industry and academia to develop properly the use of all medicines, whether old or new, starting with those producing the most harm**
- **The NHS CB, with CCGs, should address service configuration to meet the needs of children and young people on a sustainable, safe and high quality basis. In addressing safety, we looked closely at medicines – at both medication errors and the licensing and testing of medicines. DH should adapt the existing indicator in Domain 5 of the NHS Outcomes Framework to measure all drug errors that reach patients. With immediate effect, the Royal Pharmaceutical Society should work with the Colleges and the NHS Institute for Innovation and Improvement to develop a bundle of interventions in order to eliminate or reduce drug errors**

Theme Five

Workforce, education and training

All those working with children and young people should have the right knowledge and skills to meet their specific needs. This is not just within the NHS, but in schools and youth services, whose staff can make an important contribution to children and young people's health outcomes. The new health system, Health Education England (HEE) and the local Education and Training Boards (LETBs) provide the ideal opportunity to take stock of the children's health workforce needs for the whole country. We recommend:

- **HEE should prioritise children and young people, providing early strategic direction for workforce planning, education and training for the core and specialist children's health workforce.**
- **HEE should identify a lead LETB to co-ordinate education, training and workforce development to reduce variability and maintain national standards.**
- **As a matter of priority, the Centre for Workforce Intelligence, in conjunction with key professional bodies whose members provide services to children and young people, should undertake a scoping project to identify and address the issues of providing a safe and sustainable children and young people's healthcare workforce.**

The wider workforce such as teachers, social workers etc. have an important role in improving health outcomes. As well as understanding their physical health needs, children and young people need those working with them to understand the importance of good support for emotional health and well-being. This is of the utmost importance. We therefore support the DH-led consortium of organisations producing a mental health e-portal, which we hope will form part of many professions' initial training and continuing professional development (CPD) from 2014.

General practice and GPs in particular, have a critical role to play in children and young people's health as they are often the first point of contact when a health problem arises, and their response to the child's problem can determine the outcome. The next group of recommendations therefore relate to GPs and general practice staff training:

- **The Royal College of General Practitioners proposal to extend GP training to allow for adequate training in paediatrics and physical and mental child health is supported.**
- **All GPs who care for children and young people should have appropriately validated CPD**
- **All the relevant Royal Colleges should work together to agree skills and competencies in child health**
- **All general practices that see children and young people should have a named medical and nursing lead**
- **All general practice staff should be adequately trained to deal with children and young people**

Theme Six

Knowledge and evidence

Collecting information and turning it into knowledge and evidence, and putting that alongside research is central to the drive for better health outcomes. The Forum has made many suggestions in this area including, at its most basic, the interpretation of data – the need to present data in relevant age bands. As part of the drive to involve children, young people and their families in their care, the Forum looked at access to health records and good personal health information, and also at the need for new data sources.

The systems and data currently in use require significant development to meet future needs. In this chapter we make a number of detailed recommendations designed to start to put that right. Some of the main ones are:

- **The NHS CB, with support from Health and Social Care Information Centre (HSCIC), should establish electronic child health records, accessible for both patients and professionals.**
- **The NHS CB, with support from the HSCIC, should improve the quality of routinely collected data, collecting them once and using them for multiple purposes, as well as making secondary uses data readily available to and useable by clinical professionals.**
- **The Chief Medical Officer should consider how an intelligence network for children and young people's healthcare, which crosses all settings, can be established by 2013, to drive up standards and effective use of data, information and intelligence in decision making.**

Key to delivering improved health outcomes is high quality evidence, to inform the setting of standards for treatment and services. There were too few Quality Standards relevant to children and young people, but the Forum is pleased to note that an increased range of topics is now planned. This will go some way to addressing the gap, but much more needs to be done, and we recommend that:

- **The National Institute for Health and Clinical Excellence (NICE) and the NHS CB work with the professional bodies to expand and prioritise the Quality Standards work programme as it applies to children and young people.**

Theme Seven

Leadership, accountability and assurance

New organisations in the system are setting up their structures and ways of working so that they can deliver their responsibilities. The Forum believes that leadership and accountability for improving health outcomes across the whole life course must be embedded and demonstrated throughout the system – within both new organisations and those already established.

- **All organisations leading the new system – DH, Public Health England (PHE), the NHS CB, Monitor, local authorities and CCGs – should clearly set out their responsibilities for children, young people and their families and how accountability will be exercised at every level in the system, and should be transparent about the funds they spend on child health. Clinical leadership – an important feature of the new health system – must be visible at every level.**
- **DH, the NHS CB and PHE should identify national clinical leadership on children and young people, for example through a deputy reporting to the Chief Medical Officer in DH and a National Clinical Director reporting to the Medical Director within the NHS CB.**
- **Local commissioners, including CCGs and local authorities, should identify a senior clinical lead for children and young people.**
- **CQC should make maximum use of thematic reviews to examine aspects of the new health system from a children and families' perspective.**
- **CQC and Ofsted should collectively produce a clear joint statement which demonstrates how they will work together to foster integration of key services and partnership across sectors.**

Safeguarding children and young people and identifying abuse early are core responsibilities of the health system. This is such an important area that we have made a number of recommendations to help ensure that focus is not lost in the transition to the new landscape. These include:

- **DH and the NHS CB should publish a full accountability framework for safeguarding children in the wider health system as soon as possible.**
- **As part of the new multi-agency inspections, CQC should consider how all parts of the health system, including relevant adult services, contribute to effective local safeguarding.**
- **Further work should be undertaken on indicators that would drive improvement to protect and promote the welfare of children and young people. This should include a focus on measuring the effectiveness of early help/early intervention.**
- **NICE should be commissioned to develop a Quality Standard for safeguarding children.**

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