NHS Devon

Achieving Equity and Excellence for Children Briefing Paper

1. Introduction

1.1 This paper sets out an overview of the main points in the **'Achieving equity and excellence for children *How liberating the NHS will help us meet the needs of children and young people*'** engagement document (Department of Health 2010).

2. Introduction

2.1 Proposes policy and practice that will ensure **high quality services** for children and young people.

2.2 It has been informed by the **Kennedy Report** (2010) *'Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs'*.

2.3 It recognises that the NHS is in close contact with families through the vital period of **pregnancy and early childhood** which as the **Marmot Review** (Feb 2010) identified was crucial to helping children get off to the best possible start (para 1.2).

2.4 The **transition** between children's and adult services is also highlighted as a key process where young people can also **fall through the gap** (para 1.3)

3. Putting children, young people and families first

3.1 Follows the principles set out in **Equity and excellence: Liberating the NHS** (Department of Health 2010):

- 'no decision about me without me'
- access to information
- choice of provider
- rating services
- personalised care
- stronger voice for patients and public
- benefits achieved by all

(para 2.1)

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3.2 There is some way to go to make services truly **child-centred** eg need for a coherent 24/7 urgent care service for families (para 2.3)

3.3 **HealthWatch** would provide a vehicle for ensuring that families' and young people's voices are fed into the local commissioning processes (para 2.6). Innovative ways will be needed to engage parents (para 2.7) and the needs of vulnerable children and young people must also be considered (para 2.8)

3.4 Better **information** and **shared decision making** will ensure that children, young people and families have real choices in the system (para 2.10).

3.5 The NHS Commissioning Board will be tasked with making explicit how promoting and extending **choice and control** will apply appropriately to children, young people and families (para 2.13). All GPs will be expected to provide a good service to children, young people and families but some practices may wish to develop particular expertise and knowledge (para 2.14). The potential that personalised budgets offer for young people and families will be further explored (para 2.15)

3.6 **Third parties** will be encouraged to provide **information on services** (para 2.16) whilst information should be **tailored made** to the needs and preferences of different audiences, ensuring that it is **age appropriate** (para 2.17). Services need to ensure they do not inadvertently breach a Gillick competent child or young persons wish for **confidentiality** (para 2.18).

3.7 **Navigating** the system is important with **health visitors** and outreach services in **Children's Centres** being central in providing this support (para 2.22). Charities and community groups have a part to play (para 2.23)

3.8 **Bureaucratic burdens** to information sharing where it is in the interest of the child will be removed (para 2.25). The practicality of a new **national signposting service** to help practitioners find out if any other practitioners in other local authorities is, or has, worked with the same **vulnerable child** is being explored (2.26).

4. Improving outcomes for children and young people

4.1 The focus will be on **outcomes** and **quality standards**:

- clinically credible and evidence-based outcome measures, not process targets
- patient safety paramount
- inspection will be against essential quality standards
- money will follow the patient
- providers will be paid according to their performance

(para 3.1)

4.2 Views are being sought on **appropriate outcomes** including those that take account of safeguarding needs (para 3.6). The forthcoming Public Health

White Paper and Public Health Outcomes Framework will reflect outcomes across the lifecourse with a focus on early childhood and adolescence and young adulthood (para 3.7).

4.3 Possible **quality standards** could include:

- transition between children's and adult services
- arrangements for and responses to children and young people who are not safe or who are at risk of significant harm
- how to pick up on and respond to children's, young people's and their families' experiences of care, particularly young children, severely disabled children and those in need of additional support and protection
- arrangements for looked-after children in the care of local authorities, particularly those with mental health needs
- the impact of the health of parents on the health of their children

(para 3.9)

Commissioning

4.4 Work is underway on expanding the scope of **Payment by Results** in a number of areas which will be of benefit to children and young people (para 3.11). Best practice tariffs and the Commissioning for Quality and Innovation (CQUIN) framework are being explored to identify **incentives and support** for quality improvement goals for children (paras 3.12 and 3.13)

4.5 Other **incentives** being explored are payment by results for Children's Centres for health outcomes they can help to improve and the new dentistry contract in relation to the oral health of school children (paras 3.15 and 3.16)

4.6 **Training and education** in dealing with children and young people is particularly important (para 3.17). There will be greater professional ownership of the structure and content of training and quality standards (para 3.18). Ways in which non-social work professionals can improved **front-line practice in child protection** is part of the remit of the Munro review (para 3.19)

5. Clear accountability, local autonomy and cutting bureaucracy

5.1 Nationally Government attaches importance to **strong and stable families**. Work is underway to consider the overall impact of government policy on children and families with reviews commissioned on issues such as **childhood and life chances and early intervention** (para 4.6)**.** The public health sub committee is looking at the impact of **new public health policies**, including the health of children and young people.

5.2 The Department for Education has a focused remit on **teaching and learning, the early years, safeguarding and support for children, young people and families.** New Department of Health and NHS **national**

responsibilities on child health have been specified (see Appendix A) (para 4.8).

5.3 The Department of Health will continue to **work closely** with the Department for Education on services for children, to ensure that **NHS and public health reform** supports the ability of local health, education and social care services to work together for children, young people and families (para 4.9)

Local governance

5.4 There will be **simpler and clearer accountability** structures. Subject to Parliamentary approval **GP consortia** will commission most NHS services whilst the transfer of health improvement functions to local authorities will provide greater opportunity for joined up working to tackle **complex issues** e.g. childhood obesity and preventative child social care (para 4.13). New **clarity of purpose** between schools and the NHS will enable better **joint working where outcomes interrelate** (para 4.14).

5.5 The emerging **strong strategic role for local authorities**, as champions for greater equality, fairness and opportunities for all pupils, will allow them to focus on supporting the progress and achievement of **disadvantaged and vulnerable children** and breaking down barriers to achievement for all children.

5.6 **Local commissioning** places **GP consortia** at the heart of the new system which will ensure the provision of appropriate, high quality care for children, young people and their families, particularly **urgent care, minor injuries and familiar illnesses** (para 4.16). Likely to present challenges for some GP consortia. Proposal for GP consortia to have a statutory duty to co-operate with new **Health and Wellbeing Boards** to improve engagement into wider children's systems (para 4.18).

5.7 Opportunities for GP consortia to **pool expertise and financial risk** (para 4.19) with **National Commissioning Board** commissioning national and regional **specialised services** (4.20).

5.8 Local Authority led **Joint Strategic Needs Assessment** will inform the planning and commissioning of services (para 4.22). Whilst the responsibility for commissioning child health services would sit clearly with GP commissioning consortia but the **removal of central prescription** will better enable local bodies to work together in a way that suits them to commission joined-up services (para 4.22).

5.9 As action plans for the Coalition Agreement commitments on **health visiting and Sure Start Children's Centres** are firmed up, the Government will set out further detail on how these can be taken forward through the **evolving NHS and public health arrangements** (para 4.23)

5.10 Subject to Parliamentary approval, GP consortia would have a **statutory duty to co-operate and work in partnership** with local authorities and it is proposed that they should be members of joint Health and Wellbeing Boards along with local HealthWatch (para 4.27).

5.11 We do not intend to set out centrally how local **Children's Trusts and Health and Wellbeing Boards** would work together or to be prescriptive about the total membership of the proposed Health and Wellbeing Boards. This will be up to local partners to decide (para 4.30).

Safeguarding

5.12 It is especially important that local organisations work together to **safeguard** children and young people and **protect them from harm**. Proposed that **statutory responsibilities** should pass to **GP consortia** and the **NHS Commissioning Board** and links which would be necessary between Local Safeguarding Children Boards (LSCBs) and the proposed Health and Wellbeing Boards under consideration (para 4.32).

5.13 **Munro Review of child protection** due to report April 2011 including include consideration of the future arrangements for **LSCBs**, the clarity of **statutory guidance** for professionals working together to safeguard and protect children, and **Serious Case Reviews**(para 4.33).

5.14 The Government is considering providing for the following core accountability framework through the **Health Bill**:

- a clear **statutory responsibility** for **every NHS commissioning body** and **licensing requirement** for every **NHS provider** to make arrangements to safeguard children and to work with partners to that end
- **GP consortia** would become members of **LSCBs**
- if there were **concerns** about partnership working between health and other bodies that the LSCB was unable to resolve, it could (subject to consultation) raise these with the proposed local Health and Wellbeing Board, which could have the responsibility for promoting and supporting partnership working. Subject to consultation, the Health and Wellbeing Board could, in turn escalate unresolved concerns over NHS commissioners to the NHS Commissioning Board (para 4.34).

5.15 This will be an important **new role for GP consortia** and one which will go beyond the experience of most existing GP commissioning groups (para 4.35).

Feedback due by 11th October 2010

Link to Department of Health document:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119449

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APPENDIX A

National Child Health Responsibilities
The Department of Health and Secretary of State for Health

The Department of Health is currently responsible for securing improvements in the physical and mental health of children and young people in England and for promoting a comprehensive health service for the prevention, diagnosis and treatment of illness among children and young people.

Subject to Parliamentary approval, in the future the Secretary of State would fulfil this responsibility by:

1. Setting a formal mandate for the NHS Commissioning Board, including the NHS Outcomes Framework. This would include outcomes for children and an explicit consideration of children and families in its implementation plan for choice.

2. Holding the NHS Commissioning Board to account for the delivery of improvements for children against the agreed outcome indicators.

3. Publishing national outcome statements where necessary, to enable the roles of the NHS and public health services to be better co-ordinated. This would include children and young people as a key area which runs across the boundary of the NHS and public health.

4. Setting the legislative framework for the NHS, including for the quality regulator (the Care Quality Commission) and the economic regulator (Monitor).

In addition, through the Public Health Service, the Secretary of State would:

5. Conduct and co-ordinate national campaigns to protect public health and support health improvement.

6. Agree with local authorities the local application of national health improvement outcomes, including outcomes for children and young people.