

Select Committee on Children's Services – 26 January 2011

Report of the Acting Director of Children's Services

Achieving Equity and Excellence for Children

Purpose of Report

1. To provide a briefing note for Select Committee on Children's services on the proposals contained in the consultation document Achieving Equity and Excellence for Children - how liberating the National Health Service will help to meet the needs of children and young people.

Background

2. The Government set out a new vision for the help of children and young people on 16 September 2010 in an engagement document Achieving Equity and Excellence for Children. This document forms the opening part of an ongoing dialogue on how to ensure high quality services for children and young people. It is a detailed supplement to the ongoing consultation on the White Paper, Equity and Excellence Liberating the National Health Service. This document was published alongside the report of Professor Sir Ian Kennedy Getting it Right for Children and Young People; overcoming cultural barriers in the National Health Service so as to meet their needs.
3. Achieving Equity and Excellence for Children outlines that it endeavours to:
 - Personalise services to individual needs, which are appropriate for children, young people and their families
 - Ensure that age specific information becomes routinely available and accessible
 - Ensure that children young people and their families are at the centre of the design and delivery of services facilitated by local professionals
 - Ensure that improvements are measures in terms of outcomes for children and young people rather than time focussed targets
 - a. Vision focuses on the objectives outlined in the White Paper and further important points from an National Health Service perspective include:
 - National Health Service outcomes will be underpinned by quality standards formulated by NICE (National Institute for Health and Clinical Excellence). Any specific considerations relating to children and young

people should be an automatic ingredient of the standard where appropriate

- There will be an increased focus on the transition between children and adult services
 - Partnership working is the focus of attention
 - There will be a focus on local commissioning
 - Children's Trust will be restructured in order to reduce bureaucracy
 - Every organisation must be clear about its own responsibilities in the field of safeguarding
 - Services should consider the possibility that Gillick competent children and young people may not wish their parents to know that they are receiving health care or be involved in decisions about the health care they receive
 - Health Visitors warrant special mention as being well placed to help families to link communities and where needed to specialist care
- b. Of significance in taking the agenda forward for children and young people is Professor Sir Ian Kennedy's report *Getting it Right for Children and Young People*; overcoming cultural barriers in the National Health Service so as to meet their needs. This was published on the same day as the White Paper and key elements from the report have been incorporated into the Government's vision for children and young people.
4. The Kennedy report identifies a number of challenges concerning the quality of services alongside examples of areas of excellence but overall he suggests in his report that child health services have received a disproportionately low priority. The report contains a detailed overview and analysis of the effectiveness of National Health Service services for children and young people and the following issues are highlighted as important in promoting children's health:
- Getting policy right
 - Considering change within the National Health Service including how services are configured in promoting positive health. Sir Ian outlines that the National Health Service must invest to save and his approach contemplates the integration of services working collaboratively within the National Health Service and across other agencies and creating savings through greater efficiency, co location, joint planning and commissioning. This report also endorses the need to empower professionals within the safeguarding agenda.
5. Sir Ian's recommendations include:
- Responsibility for policy relating to health and well being of children and young people should be brought together in a single government department
 - Funding for the health and healthcare of children and young people and transition to adulthood must be identified separated from the funding dedicated to the care of adults
 - There should be dedicated local partnership in every local authority responsible for the planning and delivery of children and young people's

health and healthcare at a local level and for integrating these services into all of the services provided

- The local partnership must create structures to seek the views of children and young people and take account of them in planning
- The local partnership should have a dedicated team responsible for commissioning all services including health and healthcare services for children and young people
- There should be a single point of access to the National Health Service for children and young people
- Information about the care of children and young people must be collected and consolidated at the central point of access and should be available to all who provide services to children and young people
- There should be a dedicated information officer in General Practitioner Practices responsible for the collection, coordination and dissemination of information about the care and welfare of children and young people in the relevant area to those providing services
- All General Practitioner Practice nurses and other professionals attached to General Practitioner Practices should receive training in the comprehensive care of children and young people
- Initial training for General Practitioner's should incorporate the need for training and the comprehensive care of children and young people
- General Practitioner Practices should seek to ensure there is at least one professional who has specialised knowledge in the comprehensive care of children and young people
- Urgent action is called for to respond to the mental health needs of children and young people
- There should be a single criteria for measuring the quality of National Health Service for children and young people
- Arrangements must be agreed regarding funding and other matters to address the change in needs of children and young people as they mature to ensure a smooth transition between Children and Adult Services which should be a priority for local commissioners
- National Health Services for children and young people should be designed from a perspective of the child and young parent or carer

Local Issues and Challenges

Listening to children and young people and their families

6. The direct involvement of the public in the determination of health provision is to be welcomed as is the commitment to patients becoming active partners in their health care.
7. Children and young people must be included in these processes with the Department for Health, the National Health Service Commissioning Board, local General Practitioner Consortia and local authorities actively involving children and young people when planning, commissioning and developing health services

at all levels. This is the best way to ensure that services are relevant, accessible and will achieve the desired outcomes.

8. Listening to children and young people and their families is a specialist task which requires more attention and effort than merely developing satisfaction questionnaires and surveys.
9. Local authorities have a wealth of expertise in this particular area and we have learned that children and young people should not adapt to fit our way of doing things. We have to make efforts to develop creative methods that make the most of the knowledge and experiences of children and young people. It is therefore essential that in the governance arrangements for General Practitioner Consortia we attend to the needs and wishes of children and young people.

Improving Outcomes for Children & Young People

10. To improve outcomes for children and young people it is important that we have the necessary data on which to make informed decisions about future commissioning intentions. Information sharing across services is a means for targeting support directly to families or designing services is difficult.
11. If we can tackle this particular area in terms of information sharing it offers us the ability to join up and work together in a much more coherent way.
12. The development of outcome measures which have cross agency responsibility are also necessary as a further enabler for agencies to work together.
13. We must recognise that outcome measures for adults such as reduced mortality may not have the same significance for children and young people and that alternative measures need to be developed to ensure that their needs are recognised by commissioners and providers.
14. Single outcome measures across agencies will enable us to further support joined up services.

Local Commissioning, Local Partnerships

15. At a local level there are many good examples of integrated working and we can demonstrate here in Dudley that it is making a real difference to the identification of need and meeting those needs and delivery services. However, we also know that there have been a number of barriers to integrated working particularly around information sharing, pooled budgets, transition and cultural attitudes.
16. The Statutory Children's Trust guidance has been withdrawn as has the requirement to produce a Children & Young People's Plan. Section 10 of the Children act 2004 – the duty to co-operate remains in place but the Government intends to remove the duty to co-operate from schools although Primary Care Trust's and Strategic Health Authorities are currently included. The White Paper places a duty on local authorities and General Practitioner's to work in

partnership. It will continue to be a challenge for local agencies to work together in partnership which accords with the Kennedy review recommendations for dedicated, robust local partnerships with the power to ensure holistic approach to the care and welfare of children and young people.

17. It is very difficult to generalise regarding General Practitioner engagement with Children's Services. The role of General Practitioner's in commissioning services for children do not fit as well as it appears to for the average adult. For more vulnerable children and young people their care is often led by clinicians rather than General Practitioner's and increasingly young people source their health care through other means.
18. There is also a slight concern that to date many General Practitioner's will have had little involvement in the prevention and public health agendas and will not recognise the importance of commissioning services that prevent rather than treat acute illnesses.
19. It is essential that the General Practitioner Consortia has strong links into local authorities to make sure that a preventative model is adopted and that vulnerable groups are considered as part of future planning arrangements.

Safeguarding & Vulnerable Groups

20. The role and responsibility of partners from Health is important in terms of safeguarding and promoting the welfare of children. General Practitioner's, nurses, health visitors, paediatricians, psychologists and other health professions are significant and important partners in this activity.
21. We are particularly concerned therefore that the effort made across agencies in building up relationships and arrangements which support safeguarding in local areas should not be undermined by any of these changes.
22. The role of designated clinical safeguarding leads have played a significant role in helping sharing information between Health and children's social care and we would hope that these roles would continue in the proposed new arrangements.
23. Vulnerable and hard to reach, but often high need populations need to be specifically recognised in order to ensure that their requirements are not overlooked. These include disabled children, children in custody, unaccompanied asylum seeking children and those who are in families seeking asylum, traveller children, children in families where English is not the first language, children whose parents may be learning disabled and/or have mental health difficulties, children in care. The commitment to *no decision about me without me* can only be realised if those who need health services are enabled to be fully informed about their health needs, are effectively communicated with, have access to the information and services they require, have the same opportunities for choice and determination as other population groups.
24. Partnerships through Children's Trusts have been of benefit for local children and families because partnerships have come together and have focused on

improving the lives and experiences of children and young people in local areas. Any future changes will need to take into account these experiences which could be addressed through membership on the new Health and Well-Being Boards with an individual or a number of individuals on the Board with specific responsibility for children.

25. We must also ensure the linkages between other partnership arrangements, specifically the role of the local strategic partnership and the Local Safeguarding Children Board. At the very least safeguarding must be a standing item on any agenda for the Health and Well-Being Board.

Finance

26. Whilst major re-structuring of the National Health Service with implications for Local Authorities is envisaged in the National Health Service White Paper, there are no immediate financial consequences for the Council.

Law

27. The Government set out a new vision for the help of children and young people on 16 September 2010 in an engagement document Achieving Equity and Excellence for Children. This document forms the opening part of an ongoing dialogue on how to ensure high quality services for children and young people. It is a detailed supplement to the ongoing consultation on the White Paper, Equity and Excellence Liberating the National Health Service. A Bill to enact the White Paper provisions will be published in the autumn.

Equality Impact

28. An Initial Impact Assessment of all the proposals has been carried out by the government.
29. The White Paper also states that local authorities and boards will need to ensure that the health and wellbeing of all groups within the local populations are taken into account in carrying out their work.
30. The aims and objectives of the White Paper can be seen as contributing to the equality agenda in its pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Recommendation

31. That Select Committee note the publication of the National Health Service White Paper.
32. That Select Committee receive a further report following the outcome of the consultation on the National Health Service White Paper Equity and Excellence,

Liberating the National Health Service and Achieving Equity and Excellence for Children



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