

Children and young people's health and wellbeing in changing times

Shaping the future and improving outcomes





The partners

The Association of Chief Children's Nurses
www.accnuk.org

The Child and Maternal Health Observatory
www.chimat.org.uk

The Child Health Development Programme
www.cyp1.org.uk

The NHS Alliance
www.nhsalliance.org

The NHS Confederation
www.nhsconfed.org

The NHS Institute for Innovation and Improvement
www.institute.nhs.uk

The Royal College of General Practitioners
www.rcgp.org.uk

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Executive summary

England has one of the highest mortality rates in Europe for those aged 0 to 14. Levels of obesity among children in the UK are high, while 10 per cent of children between five and 16 years of age have a mental health problem. In addition, we currently have the highest birth rate in 40 years, which adds further weight to the case for addressing key child health and wellbeing challenges.

Good health services for children are essential for the future health of the adult population. Making improvements to these services now will pay dividends in the future, quite apart from the moral and ethical case for doing so.

Despite the welcome increase in funding over the last decade, the *NHS atlas of variation* shows there are still areas where outcomes are poor and highlights that greater resource allocation does not necessarily lead to improved care. New ways of working need to be considered to improve health outcomes and ensure children and young people receive the high-quality care they deserve.

In 2011 the Royal College for Paediatrics and Child Health and the NHS Confederation published *Children and young people's health: where next?* This raised concerns about the potential for the NHS reforms to increase fragmentation of children and young people's services. When we published the report, children's health services were commissioned by seven different organisations. Subsequent changes to education and criminal justice policy since its publication mean this has now increased to eight different organisations.

Following publication of the report, we welcomed the Government's decision to bring together experts from the NHS, local government and charities to form the Children and Young People's Health Outcomes (CYPHO) Forum. The CYPHO Forum's report recommended strengthening existing outcomes measures and creating new measures to prompt action to improve the health of children and young people. For example, the report recommended a new outcome measure to ensure effective transitions between child and adult services.

We endorse the recommendations of the CYPHO Forum's report and urge the Government to implement them as soon as possible.

While the CYPHO Forum's report is welcome, action is needed. Therefore, a national collaborative of nine health organisations* brought together young people, health professionals and health organisations in a series of four events over the summer of 2012. The events considered what action could be taken at a local level to improve the health outcomes for children and young people and how this action could be supported at a national level. It was clear from these discussions that this is not just about the implementation of the NHS reforms but also needs to be seen as a cross-government issue. Changes to education, criminal justice policy and special educational needs provision currently being implemented all have an impact on the health of children.

* The Association of Chief Children's Nurses; the Child and Maternal Health Observatory; the Child Health Development Programme; the NHS Alliance; the NHS Confederation; the NHS Institute for Innovation and Improvement; the Royal College of General Practitioners; the Royal College of Nursing; the Royal College of Paediatrics and Child Health.

This report sets out the conclusions from these discussions. As well as giving examples of best practice from our members, we make a large number of policy recommendations in order to improve child health in this new and evolving context.

Ensure there is joined-up working at a national level

Although joined-up working needs to be driven at a local level, with health and wellbeing boards playing an important part, national government must act in a way that supports this. A step change is needed to address the lack of policy coordination between different government departments and national bodies. For example, the Government intends to introduce education, health and care plans for children and young people with special educational needs. The Department for Health and the NHS need to be more involved in this to overcome the differences between systems and ensure it works smoothly.

Make national and local bodies responsible for shared outcomes

National bodies and local areas need to plan together to achieve shared outcomes. Building on the improvements suggested by the CYPHO Forum, we recommend that the outcomes frameworks for the NHS, public health, adult social care and children and young people should be merged into one, thus supporting joint working. This will ensure that this area is treated as a priority for the whole health service, not just specialist children's services.

Be clear who is responsible for safeguarding vulnerable children

Previous failings in safeguarding show the dangers of a disconnected system and unclear procedures. The reorganisation of the NHS has led to a great deal of uncertainty around safeguarding. It is vital that the statutory guidance from the Department of Education and the NHS Commissioning Board is clear and sufficiently detailed so that all organisations and their staff understand where in the system responsibility lies for safeguarding and what their individual roles are in this.

Involve children and young people in their services

Young people need to be consulted on how their healthcare is provided, and accessible information on services needs to be available. We recommend that Healthwatch and all organisations delivering and commissioning services embed engaging children and young people in their work.

Improve primary care for children and young people

Primary care is often the first place children and young people go when a health issue arises, yet only 30 to 40 per cent of GPs have specialist paediatric training. We support the plans for extra training for GPs on child health and recommend it should include all key elements of the Healthy Child Programme and improve awareness of public health and its impact at a population level.

Improve arrangements for transition between services

Transition between adult and children's services involves a risk of patients falling between the gaps and failing to receive the care they need. We recommend a designated transition lead is identified within every local area to support improvements in transition, link different organisations and services and monitor progress. Each provider should identify a clinical champion to consider how transition pathways for young people could be improved.

Make child mental health a greater priority

We welcome the Government's Mental Health Strategy and its implementation framework. We make a number of recommendations to ensure child mental health is a higher priority. We recommend that the system used to monitor the implementation of the strategy incorporates the indicators included in the CYPHO Forum's report, to ensure progress is properly monitored.

Enable schools to improve child health and wellbeing

Schools have an important role to play in improving child health and wellbeing. To be able to commission integrated, quality services, schools will need to work with health and wellbeing boards to join up their efforts. We believe that investment in school nurses should be similar to that of the national health visiting programme. Without such focus on school nurses, joining up different parts of the workforce for school-age children, as well as young people during the important years of transition to adulthood, will not happen.

Improve sharing of information

Good sharing of information between organisations is central to joined-up care. We recommend that all organisations in health, social care and education should use the NHS Number as the unique identifier across the system. Public health departments within local authorities will need to work across services to make data and information available and easily accessible to all relevant organisations.

Background

The profile of children and young people's health and wellbeing within the health reforms has been significantly improved by the Children and Young People's Health Outcomes (CYPHO) Forum and its recently published report.¹ However, many professionals across children and young people's health and wellbeing services continue to be concerned about implementation of the reforms and child health outcomes.

The purpose of this report is to support implementation of the health reforms to improve children and young people's health and wellbeing. It makes key recommendations and provides support and evidence to national government and bodies, and local organisations and professionals. It shares best practice of where local areas are innovating effectively to improve health outcomes. The report builds on the findings of the CYPHO Forum's report and urges the Government and national and local bodies to take action in key areas.

England has the worst all-cause mortality rate for children aged 0 to 14 years in Europe, and is behind in improving children and young people's health and wellbeing.² It is estimated that in 2012 the birth rate in the UK is at its highest since 1971, with the number of births exceeding 700,000.³ The level of obesity among children remains high, with 19 per cent of children aged ten to 11 years defined as obese,⁴ and continues to rise. One in ten children aged between five and 16 years has a clinically diagnosable mental health problem.⁵

The issues raised in this report are not just intended to improve the health and wellbeing of children and young people now, but to improve the future health and wellbeing of an ageing adult population.

This report is published at a time when the Health and Social Care Act 2012 has become law and the reforms for children with special educational needs and disabilities⁶ and for safeguarding children and young people are ongoing.⁷ The structures in the new health system, including the NHS Commissioning Board, clinical commissioning groups (CCGs), Health Education England, Public Health England and health and wellbeing boards are emerging and public health responsibilities are being transferred to local authorities.

The *NHS atlas of variation in healthcare for children and young people*⁸ demonstrates that greater resource allocation does not necessarily correlate with improved quality of services or improved health outcomes. The unwarranted variation highlighted in the *Atlas* should lead commissioners and providers to rethink quality of care across services to improve equity of access, quality and appropriateness of care, efficiency and value for money. This report includes key recommendations and provides support and evidence to the new bodies and across government for how to improve children and young people's health and wellbeing.

'The issues raised in this report are not just intended to improve the health and wellbeing of children and young people now, but to improve the future health and wellbeing of an ageing adult population'

This report shares the learning and findings from four regional events co-organised by a collaborative of health organisations,* which were attended by young people's representatives and more than 380 professionals from across the health service (commissioners, medical and nursing directors, nurses, paediatricians, GPs, senior leaders and public health specialists). The events provided young people's representatives with an opportunity to share with health professionals their feedback and ideas on improving health and wellbeing. This report provides analysis, feedback from those implementing the health reforms on the ground and recommendations for improving health and care services in the future. The report builds on the first report of its kind,⁹ which stimulated debate in Parliament and provided the evidence the Government needed to develop the CYPHO Forum. At each event, the CYPHO Forum was given the opportunity to hear from delegates.

* The Association of Chief Children's Nurses; the Child and Maternal Health Observatory; the Child Health Development Programme; the NHS Alliance; the NHS Confederation; the NHS Institute for Innovation and Improvement; the Royal College of General Practitioners; the Royal College of Nursing; the Royal College of Paediatrics and Child Health.

The children and young people's outcomes strategy

We welcome the Government's initial, positive response to the CYPHO Forum's report and we urge the Government to implement the report's recommendations.

We believe that hosting an annual summit will be a constructive and positive initiative and will be important for monitoring implementation of the Children and Young People's Health Outcomes Strategy. Our collaboration of national partners is available to support this summit and to ensure that key learning and messages from children and young people, their parents and families, and health and care professionals around the country are shared. By working with the Department of Health and the NHS Commissioning Board, we can enable regional events that bring together professionals and young people's representatives and families, to ensure the annual summit is informed by the 'view from the ground'.

Integrated care

Integration, a key priority for the Government's health reforms, is particularly important for coordinating and improving health and care services focused on patients and service users. Here we look at key elements of integrated care: access, commissioning, delivery of health and care services, workforce and information. The services and partners involved and the ways in which they can be integrated are likely to be different in each of these areas. We showcase examples of good practice and recommend areas for reform.

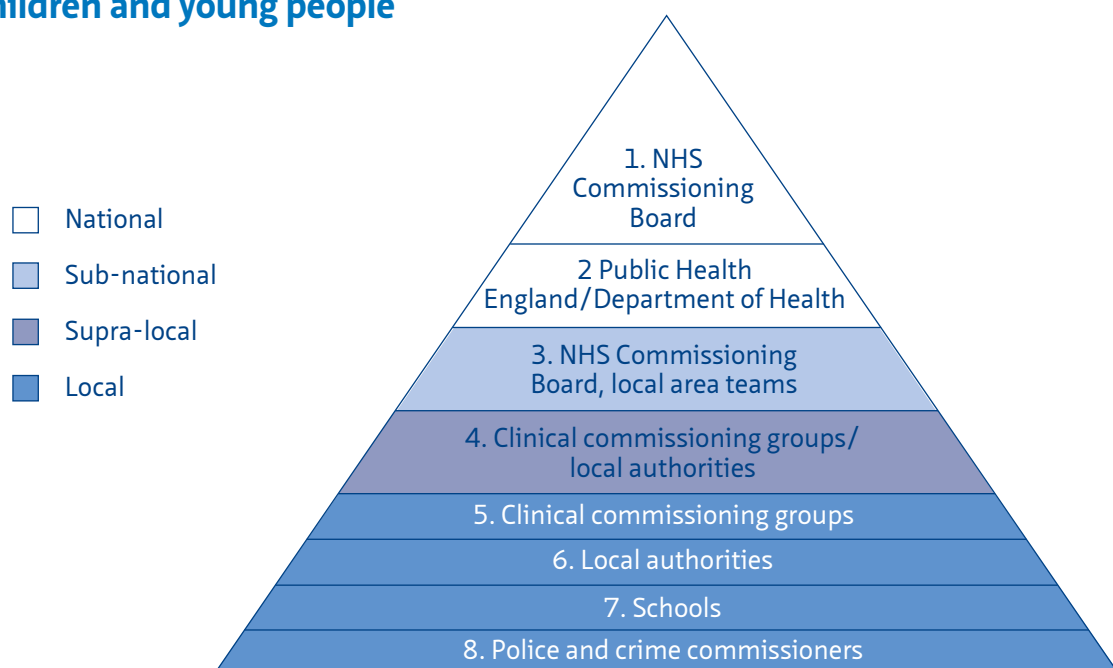
Integrating access

To improve access to services and raise standards of care, health organisations and professionals need to improve the ways they engage with children and young people. Key actions that professionals should consider

when engaging with children and young people include the following:

- arrange engagement sessions or health and wellbeing surgeries, such as sexual health advice sessions, in suitable settings. Choose places where different groups of young people go, not necessarily a formal healthcare setting such as a hospital or GP surgery
- ensure the location is accessible
- reimburse participants for their travel and time; this can be as vouchers instead of cash
- ensure services are tailored to the needs of children and young people, rather than their parents
- demonstrate the impact young people's contributions have made to services. This is an important part of the ongoing engagement process.

Figure 1. Eight levels of commissioning health and public health services for children and young people



See overleaf for more detail.

Table 1. Eight levels of commissioning health and public health services for children and young people

	Body	Responsibilities
National	1. NHS Commissioning Board ¹⁰	Commissioning: specialist NHS services, including some mental health and acute care within managed networks; screening; child public health for under-fives, including the Healthy Child Programme and health visitors (until 2015 when this responsibility will move to local authorities); immunisation, core pharmacy and primary ophthalmic services; and antenatal and newborn screening aspects of maternity services. Some of these functions may be commissioned sub-nationally.
	2. Public Health England/ Department of Health	Responsible for national public health campaigns and health protection nationally and locally and will host specialist expertise such as dental public health. Public Health England will have 15 local centres for those functions that depend on close relationships with local government, and four regions will be coterminous with the NHS Commissioning Board and Department for Communities and Local Government resilience hubs.
Sub-national/ regional	3. Local area teams of the NHS Commissioning Board	Commissioning primary care, including the GP contract. This includes mental health within the GP contract.
	4. Clinical commissioning groups and local authorities	May work together to increase the effectiveness of commissioning of public health and health services for key groups over a larger geographical area, such as looked-after children and disabled children. CCGs will commission urgent and emergency care.
Local	5. Clinical commissioning groups	Commissioning local child and adolescent mental healthcare (CAMHs), physical healthcare and maternity services.
	6. Local authorities	Commissioning child public health services, including the Healthy Child Programme for five to 18 year-olds, school nurses and the majority of other public health services, including: dental public health; tobacco, alcohol and drugs; public mental health; accidental injury prevention; and sexual health services. Local authorities will take over commissioning child public health for under-fives, including the Healthy Child Programme and health visitors, from 2015 onwards.
	7. Schools	Commissioning public health initiatives, such as mental wellbeing, key elements relating to special educational needs, and other school initiatives that local authorities do not commission.
	8. Police and crime commissioners	Commissioning drugs, alcohol and youth justice services.

An illustrative case study: How a child with complex needs might experience the reformed health system

This illustrative case study demonstrates how a child with complex needs might experience health services in the future.

John is born naturally in 2013 and experiences good health throughout his early years. This means John is delivered through maternity services commissioned by his CCG; immunised by services commissioned by the NHS Commissioning Board; and receives support through the Healthy Child Programme, including visits from a health visitor commissioned by the NHS Commissioning Board (from 2013 to 2015) and subsequently by the local authority (from 2015 onwards). Once John goes to school he might see the school nurse, who is commissioned by the local authority.

John develops acute lymphatic leukaemia aged seven. He has received universal primary care and community services up until diagnosis, having been referred by his GP to secondary care commissioned by his CCG. Once in secondary care he goes through the childhood cancer pathways, which include both secondary services commissioned by his CCG and specialist services commissioned by the NHS Commissioning Board. However, John's family also need support, which they receive through services commissioned by the local authority. When John has a relapse he has to go back

into hospital. Then, when complications develop and he becomes terminally ill, he is referred for tertiary specialist services commissioned by the NHS Commissioning Board. Throughout this time he may also have accessed primary care, commissioned by the NHS Commissioning Board's local area team.

Risks of gaps in and duplication of services occur wherever there is a transfer between services: from primary to secondary care, or from secondary to tertiary or social care. The key issues for John are:

- who coordinates his journey along the pathway?
- who makes sure that at each stage he is getting the quality of care he needs?
- who ensures overall quality?

The biggest risk to quality of care also occurs at transitions, when patients move from one service to another, such as from adolescent to adult mental health services, or from children's to adult diabetic care. The NHS will need to establish which part of the system is responsible for ensuring the quality of a whole pathway of care, and for identifying gaps in service or poor quality handovers between service providers.

Integrating commissioning

To highlight the complexity of the system following reforms across health, education and criminal justice, in this report we have revised upward, to eight, the number of levels at which children and young people's health services are commissioned (see Figure 1 and Table 1 above).

In the upper tier of local authorities, health and wellbeing boards – statutory committees due to fully operate from April 2013 onwards – will bring together local authority officers and councillors, local health commissioners (CCGs) and local Healthwatch (the patient and public representative body). Health and wellbeing boards can invite additional partners to attend, including the NHS Commissioning Board. Some bodies and structures with responsibility for commissioning health services for children and young people, such as schools and police and crime commissioners, will not be statutory members of health and wellbeing boards, which could make it difficult to join up commissioning.

To help health and wellbeing boards join up their work for children, the NHS Confederation, the NHS Institute for Innovation and Improvement, the Local Government Association and the Department of Health have produced a series of tools. For further details, see www.nhsconfed.org/HWB

We support the development of a strategic clinical network for maternity and children's services – hosted by the NHS Commissioning Board – to support and provide advice across the system on commissioning, but we make recommendations for ensuring it focuses on what matters most. Effective commissioning needs to take a whole-pathway approach, including prevention, health promotion and early intervention, for both mental and physical health and wellbeing.

Recommendations

- Government at national level needs to be more joined up. This will require a step change in joint working at national level to address the lack of coordination between the policies and requirements of different government departments and national bodies on the NHS and those of local authorities. We expect health and wellbeing boards to drive and deliver change locally, with national Government actively supporting them to do so.
- Merge the outcomes frameworks for the NHS, public health, adult social care and children and young people. Merging the frameworks would ensure national bodies and local areas are brought together through health and wellbeing boards to plan strategically to achieve shared outcomes. This should help to reduce silo working and ensure that each part of the system understands other parts and works with them to achieve shared goals. Health and wellbeing boards will lead on strategic joint commissioning, and will need to manage the performance of the system against the outcomes framework.
- Schools, police and crime commissioners and others commissioning health and wellbeing services for children and young people should take an active part in Joint Strategic Needs Assessments and in developing Joint Health and Wellbeing Strategies. They should also develop their commissioning plans on the same basis as the NHS and local authorities.
- The new clinical network for maternity and children's services should incorporate health improvement (prevention of illness and promotion of health and wellbeing) as well as health protection and healthcare services.

Schools

To be able to commission integrated, quality services, schools will need to work with health and wellbeing board partners to join up their efforts, particularly in areas of mental health and public health commissioning. Schools need to understand how setting aside a budget for key commissioning activities will help them achieve their overall educational objectives, as well as contribute towards improving health and wellbeing outcomes. Organisations need to share ownership of documentation regarding services and share evidence and intelligence for improving outcomes.

Recommendation

- The NHS, local authorities and schools should jointly commission services and share evidence and intelligence on the needs and what works.

Integrating delivery

In order to integrate delivery, it will be necessary for services and professionals to work together across different organisations and bodies. Joint clinics are a way of joining up such efforts. In Taunton, an advice and guidance service acts as an integrated children's hub. It brings together child and adolescent mental health services (CAMHs), social services, police and others. Cases are discussed within the hub and referred to the appropriate lead professional.

Multi-agency hubs have been found to improve efficiencies and result in more appropriate referrals. Previously, in Taunton and elsewhere, if parents were not satisfied with services they would visit other types of providers. Multi-agency working enables all the organisations involved to know what other services parents may have attended.

Some areas have found that, as a result of the cuts to local authority budgets and in transition to the reformed health service, partnership structures – such as teenage pregnancy partnerships – that were previously funded and supported, have had to disband. This has resulted in areas losing their capacity to bring children and young people's agencies together. Previously, regional networks increased information sharing; the advent of strategic clinical networks and senates provides new opportunities to continue such efforts.

Recommendations

- Multi-professional teams – working together, sitting in each other's offices, sharing information – should become the norm. If social workers, health visitors and school nurses could do this, it would improve efficiency and should support the scaling up of early intervention.
- The benefits and impacts of inter-agency working need to be measured to ensure efficiency and quality is maintained or improved. This must not result in overly bureaucratic processes, but should be focused on the processes required to improve health and wellbeing outcomes.

Healthwatch

Healthwatch provides an opportunity to increase the engagement of children and young people in individual and shared decision-making and in the commissioning and scrutinising of health services for children and young people.

Recommendations

- Healthwatch England and local Healthwatch should develop structured engagement mechanisms to meaningfully engage children and young people in strategic commissioning decisions improving health service delivery and providing feedback where changes have or have not been made.
- Healthwatch organisations should focus on looking at the boundaries and interfaces between different types of services, such as health and social care, to support integrated care and transitions from children's to adult services. This should help inform what changes are needed to improve integrated care.

Transition from children and young people's services to adult services

We know that the transition to adult health services is a difficult time for young people. Transition needs to be built into care pathways for young people, and should not be regarded as a discrete event but as a process. Although adult services are dominated by older age groups, they need to recognise the needs of young people. The examples below from Walsall and Oxford offer valuable experience.

Recommendations

- All hospitals should have a young person's advisory group. Young people's representatives should be part of patient forums that discuss children's and adult services.
- A designated transition lead should be identified within a local area to support improvements in transition, link different organisations and services together and monitor progress.
- Each provider should identify a clinical champion to work with others to reform transition pathways for young people. Finding interested clinicians is one of the keys to success in improving transitions to adult services.
- Mentoring and self-care approaches should be built into transition. These are essential for improved outcomes and reduced pressure on services.
- As identified by the CYPHO Forum,¹¹ a new outcome should be included in the NHS Outcomes Framework to ensure that transitions between young people's and adult healthcare are effective and healthy.

Case study: Transition to adult services for young people with physical impairments and long-term conditions

In 2009, Walsall Healthcare NHS Trust's health transition team was created to address the issues young people with long-term health conditions and disabilities face during their transition from children's to adult services. The team engaged young people nearing transition and who had already moved into adult services to design the programme. The young people about to transition felt they would like a case manager, who would look at them from a holistic point of view and coordinate and oversee the transition process. Those who had already transitioned felt lost and disconnected from adult services and were very frustrated and worried about their future.

Using the young people's input, the team developed a holistic assessment to look at all areas of the life of a young person about to transition and identify areas for support. Each assessment results in a transitional action plan, drawn up using patient reported outcome measures. The plan is reviewed on a regular basis to ensure the young person is gaining the skills or accessing the support they require. Actions may range from learning how to reorder a prescription, to talking to a physiotherapist to request self-directed exercises, to requesting careers advice from school or learning to drive. The team also supports the young person to

create a health passport, to avoid the frustration of repeatedly having to tell their story to different health professionals.

The project developed into RAPID (Realising Aspirations and Prosperity for Individuals with a Disability). To raise aspirations, celebrities and local people living with a disability were invited to speak, to act as role models and raise aspirations, and a peer mentoring scheme was set up so that older members could support younger members. The team now supports young people with other long-term conditions, such as severe allergies, eczema, asthma and type 1 diabetes. The holistic assessment has been adapted to meet the specific needs of each individual condition. Recent research in Walsall showed that 52 per cent of young people with type 1 diabetes were being lost from adult services following their transition.

For more information and a short film about the project, see www.walsallhealthcare.nhs.uk/our-services/health-transition-team-for-physical-impairments.aspx or see www.healthtransition-walsall.nhs.uk or contact Kathie Drinan, Case Manager for Health Transition, healthtransitionteam@walsallhealthcare.nhs.uk

Case study: Transition to adult services for young people with kidney failure

This project in Oxford¹² has demonstrated that an integrated paediatric-to-adult clinic service can improve outcomes for young adults with kidney failure. This has been achieved by supporting patients to transition successfully from one service to another and enabling them to have more control over their care and treatment.

Typically in the UK, around a third of kidney transplant recipients who transfer from paediatric to adult services lose their kidney within three years; in Oxford, kidney transplants failed in 67 per cent of recipients following their transfer to adult care.

Adolescence is a time of significant change in a young person's life – they are gaining increasing independence and perhaps experimenting with different risk-taking behaviours, which can result in non-adherence to regular medication. There have often been disconnects between paediatric and adult renal and transplant services, linked to inadequate communication of information, which has led to a lack of trust between young adult patients, their families and healthcare teams. We know that communication is one of the biggest factors for empowering and supporting patients; therefore, to address these issues and improve outcomes, Dr Paul Harden and colleagues designed an integrated care pathway for transition of paediatric patients with end-stage kidney disease to care in an adult renal unit (see Figure 2).

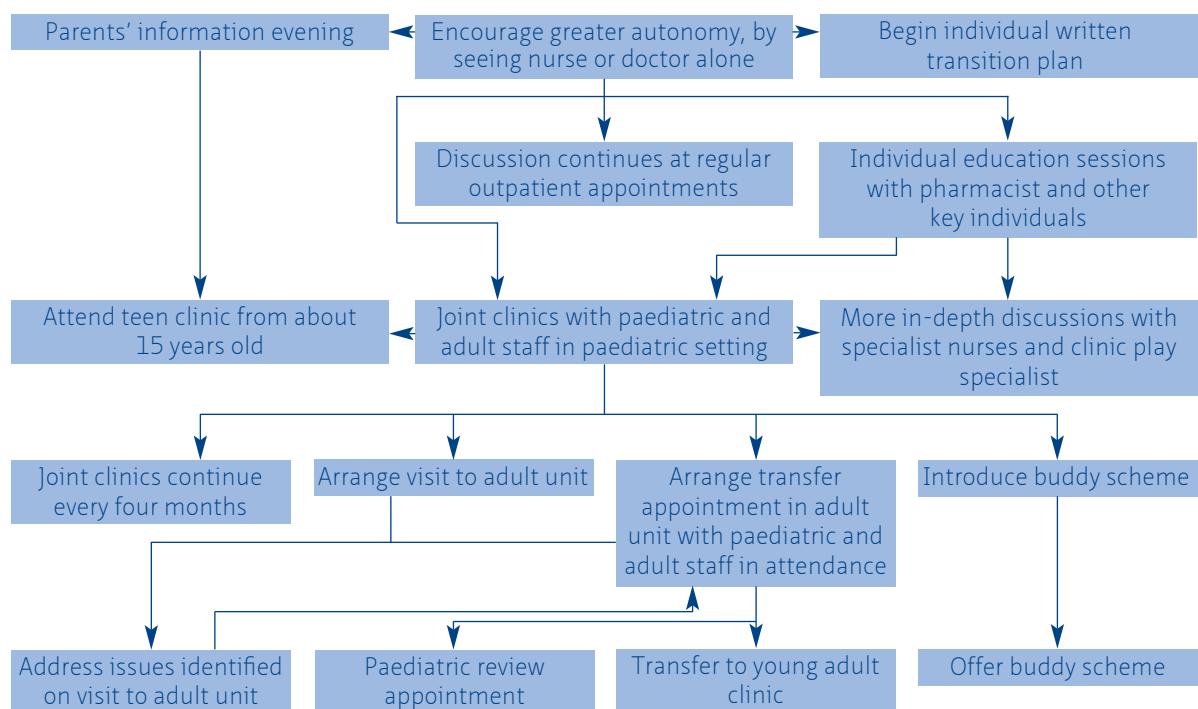
A cornerstone of the programme was, after listening to the needs and wishes of patients, to provide opportunities for different types of care and support, with peers, youth workers and clinicians, in different settings: cafes, sports clubs and youth centres, as well as hospitals. A survey showed that patients preferred meeting peers in similar situations to their own and attending clinics in non-traditional health settings. Youth workers played an important role in bringing these young people together, not a role usually found in adult health services.

This programme resulted in zero transplant losses in patients who were transferred as part of the integrated care pathway, in comparison with the loss of transplants in 67 per cent of patients transferred directly to adult care. These findings demonstrate the significant benefits for integrating care, by working more closely with patients, and are applicable to other chronic diseases.

NHS Kidney Care has supported other projects to develop new approaches to supporting young adults. These approaches have centred on the role of a key worker, who works across young people's and adult kidney services as well as primary care, social care and other settings. The 'You're Welcome'¹³ criteria have been used to develop holistic patient care, supporting patients to have more control over their care packages.

For more information, see www.kidneycare.nhs.uk

Figure 2: Integrated care pathway for transition of paediatric patients with end-stage kidney disease to care in an adult renal unit



Integrating the workforce

The health visiting service is an important part of early intervention for a multitude of public health factors. However, we are concerned by the lack of involvement of local government in the current Department of Health health visitor programme. This lack of involvement will make it more difficult to hand over commissioning of the reformed workforce in 2015, as is currently planned.

Recommendations

- The NHS Commissioning Board, in collaboration with Public Health England,

should work closely with local authorities to ensure a smooth transition of the commissioning of public health services for children aged under five years from the NHS Commissioning Board to local authorities.

- During 2013/14 and 2014/15, the NHS Commissioning Board and local authorities should jointly commission the Healthy Child Programme for under-fives. This will help local authorities to integrate this commissioning with their commissioning of the Healthy Child Programme for five to 18 year-olds.

Ensuring that the NHS and schools work together is essential. As identified by young people, there is a lot of potential for school nurses to expand their role, in line with the vision for school nursing.¹⁴ One of the most important roles for school nurses is to ensure that young people know how to keep themselves healthy as they grow into adults.

We very much support the school nursing vision and its approach to providing a service throughout the year, not just during school term time. School nurses need to work alongside and with other services to ensure efforts are targeted effectively.

Recommendations

- Investment in school nurses should be similar to that of the national health visiting programme. Without a focus on school nurses, this part of the workforce will lose out as areas focus on achieving their health visitor targets. This investment should ensure continued progress in improving health and wellbeing outcomes for school-age children as well as young people during the important years of transition to adulthood. The Healthy Child Programme continues until 18 years of age, so efforts should not just be focused on the under-fives.
- The health visitor programme should be joined up with the vision for school nursing, to ensure care pathways are connected and that there is a smooth transition for children at five years of age. There should be clarity regarding handover of caseloads to school nurses, to ensure that early intervention efforts are maintained and children are not lost in the system. We recommend the NHS Commissioning Board, with cross-sector partners, should carry out this work.
- School nurses should play a bigger role in ensuring young people know how to keep healthy and well as they grow into adulthood.

Workforce approaches

Professionals have highlighted the need to improve the approach taken by staff, to ensure that children and young people are at the centre of their care and decision-making processes.

Recommendations

- Health Education England should ensure that the following areas of improvement are included in interpersonal skills training for communicating with children and young people:
 - being able to open difficult discussions
 - taking a non-judgemental approach
 - being open and honest
 - listening to and recognising young people as expert patients.
- Staff should have sufficient time to spend with service users.
- Learning should be shared with others and communicated more widely than within an individual team.

Integrating provision and use of data and information

There is a wealth of evidence – not least the recent report by the National Children's Bureau on the views of children and young people regarding health provision¹⁵ – to help commissioners and health professionals improve their services. It is essential to ensure that information is available to young people in the right format and in ways that resonate with them, i.e. through the internet and social media. Young people need to feel in control, and empowered by information they receive from health professionals, teachers and others, in order for them to manage their own health conditions and live healthy lives. The case studies in this chapter show how professionals have been able to support young people to take more control of their conditions as they transition to adult services.

Helping young children understand what is happening when they use health services is important, yet it is seldom mentioned by health professionals and others. The *Monkey goes to hospital* storybook series and Medikidz (www.medikidz.com) have been designed to help parents and young people understand more about what happens when they go to hospital or when they visit the doctor. The most recent product, *Monkey's guide to NHS services*, has been designed for use by primary schools. For more information, see www.ahhapublications.com

Recommendations

- National and local bodies should ensure that information is available to children and young people in the right format and in ways that resonate with them. Engagement with children and young people is essential for ensuring this is effective.
- Public health departments within local authorities should work across services to make data and information available and applicable to individual organisations, so that those organisations can easily determine the most effective initiatives to commission.
- All organisations providing health services nationally and locally, the NHS, local authorities and schools, should use the NHS number as the unique identifier for individuals across services.

An essential element of integrated care is communication. Professionals need the means to communicate with others, either through phone or email. Delegates at our regional events reported that in some areas, health visitors do not have access to email, making this difficult.

Recommendations

- Local areas should demonstrate how investing in technological solutions now can reduce costs in the long term.
- Health professionals should have access to email and the ability to make conference calls with more than one other professional at a time to facilitate better communication and joined-up working across organisations and departments.

Investing in improved electronic data collection systems should enable professionals to collect and use data and information more easily, helping them to target resources and improve efficiency. An example is the NICE British National Formulary for Children app, which was recently launched to help health and social care professionals prescribe, monitor, supply and administer medicines for childhood disorders.¹⁶

Case study: Health profiles to help children's centres and schools understand the health needs of their populations

North Lincolnshire Public Health Intelligence Unit has developed a series of health profiles for children's centres in its area. These are updated quarterly and have been useful in helping children's centres to understand their populations and develop action plans to address the key child and maternal health issues in their areas. The intelligence unit has been able to supply the evidence base behind what works for each topic and highlight the roles that the children's centres and related staff can play (for example, in increasing vaccination rates, reducing child obesity or increasing breastfeeding.)

Colleagues are planning to produce health profiles for schools, plus the profile for catchment children's centres and both secondary and primary schools in the area. This will give schools not only a profile of their own children, but also of where their children come from and move on to, providing a wider context.

For more information, contact louise.garnett@nhs.net, Public Health Directorate, North Lincolnshire, or visit www.northlincolnshire.nhs.uk/healthintelligence/healthandwellbeing

Case study: Reducing emergency admissions through an integrated children and young people's asthma service

The Child and Maternal Health Observatory's child health profile for Southend on Sea shows that the health and wellbeing of children in the area is generally similar to the England average. However, localhealth.org.uk maps show that some areas in Southend have child poverty levels of over 40 per cent and high emergency admission rates. Yet emergency admission rates in under-19s for asthma are some of the lowest in the country.

The asthma service provides a Monday to Friday, 8am to 4pm service, with some flexibility outside these hours. The paediatric community nurses are available 24 hours a day, seven days a week to patients on the asthma outreach service. Children are seen in their own homes, hospital or school/pre-school setting. All patients are contacted within 48 working hours and offered an appointment to be seen for assessment. Priority is given to children who require management of

anaphylaxis, severe or acute asthma or extensive severe eczema.

In the first year, A&E attendance fell by 15 per cent and hospital admissions were reduced by 7 per cent, which resulted in cost savings of £15,000. Fourteen per cent of patients were discharged from the service after one year as education and parental empowerment resulted in the service no longer being needed. The patient satisfaction results for 2011/12 showed that 100 per cent of respondents were happy with the care they received, were confident to care for their child's asthma at home, would recommend the service to others and were treated with dignity and respect.

For more information, see www.chimat.org.uk and www.sept.nhs.uk, or contact Alison.davischc@nhs.net (SE NHS Partnership) or Julia.yelloly@erpho.org.uk (ChiMat)

Primary care

Although children and young people make up a significant proportion of patients seen in primary care, only 30 to 40 per cent of GPs have specialist paediatric training. Primary care is often the first place that children, young people and their families go when a health issue arises, making it a particularly important part of the health service. GP training and continuing professional development should include children and young people's health and wellbeing and the communication skills required for dealing with them, their parents and their carers. Ensuring that primary care services are able to communicate effectively with children, young people and their families, can manage their health needs confidently, and work well with other services, is essential to improving outcomes across the children's, NHS and public health outcomes frameworks.

Patient education for children and young people is required to ensure they are aware that they have a right to universal health services and know what services GPs provide.

Communication

Children and young people are not small adults; health professionals need to understand this when communicating with them. Young people in their teenage years are often independent and able to make choices about their own lives, but are frequently not seen by health professionals as being independent with regards to making decisions about their health and treatment. There needs to be clear communication between primary care professionals – GPs and nurses – and young people to ensure that young people, as service users, are comfortable about speaking up and giving feedback about services.

Recommendations

- The right of children and young people to free access to health services at the point of delivery and the General Medical Council's *0-18 years* and *Protecting children and young people* guidance should be incorporated into GPs' core and ongoing training.
- A structured training programme for practice nurses should include working with children and young people and all elements of the Healthy Child Programme.
- Children and young people should be included in GP practice and secondary provider patient partnership and participation groups, and as foundation trust board governors. Making these work effectively will be the most important issue.
- Children and young people patient groups should link with other primary care participation groups and the Royal College of General Practitioners' patient forums. Patient groups will need to work together, not as isolated entities, to have more impact.

Healthy Child Programme

Within the current Healthy Child Programme, a primary care medical professional assesses a child in the first six to eight weeks of life. This is one of the few opportunities that primary care professionals have to pick up issues that can adversely affect a child in its early years, such as post-natal depression, poor parent-child attachment and bonding, and relationship issues, such as domestic abuse. It is also a prime opportunity for the professional to offer health education and signpost parenting support.

Currently, there are limited training opportunities for GPs and practice nurses within the Healthy Child Programme. The standard of assessment at six weeks, despite the Red Book guidance,* is very variable and information is limited. There is little monitoring of this check. As a result of the change in the GP contract in 2003, the training requirements regarding child health have depended on local health authorities and commissioners. The change of contract impacted upon the standard of child health in primary care, and the Quality and Outcomes Framework needs to be improved in this regard.

Usually, only GPs who have training in paediatrics feel sufficiently confident to manage routine checks. Due to the way that GPs are remunerated, they are not necessarily incentivised to focus on improving outcomes for children and young people as children's health services budgets are a small proportion of the whole health and care budget. The children and young people's agenda has too often been seen as peripheral to NHS primary care organisations and therefore there has been a reticence to get involved beyond provision of primary medical services.

We very much support the CYPHO Forum's recommendations regarding training for GPs, and the Royal College of General Practitioners' plans to extend GP training to allow for adequate training in paediatrics and children and young people's physical and mental health and wellbeing.

This is increasingly important as the advent of GP commissioning provides an opportunity for primary care leaders to commission children and young people's health services. The East Midlands Development Centre's *Children and young people services commissioning: GP information pack* can be used to support GP commissioners.¹⁷

Recommendations

- The planned extra training for GPs on child health should include all key elements of the Healthy Child Programme and consider different types of approaches to improving outcomes. It should also improve GPs' awareness of public health and its impacts at a population level, to ensure that when they are commissioning they are thinking about the public and not just about individual patients. Public health colleagues in local authorities will play an important part in providing the cost-effective evidence for GP commissioners to improve children and young people's health across populations.
- There should be an effort to build on the evidence base regarding the impact of child health and maternity services, including the standard six-week check, breastfeeding rates at six weeks and three months, and the impact of improving maternal and foetal outcomes on long-term adult health.
- To incentivise GPs, consideration should be given to the development of the Quality and Outcomes Framework indicators which accurately reflect improved outcomes for children and young people.

* The Red Book refers to the Personal Child Health Record provided before or after birth. It is used to keep track of a child's health.

Professions across the system need to be more understanding regarding the co-dependencies and interdependencies that exist within and across NHS and local authority services. Primary care and other health professionals need to give more recognition to support services, to help to break down communication barriers between different bodies and professionals. The South Gloucestershire and West Sussex case studies (below) provide examples of how professionals can develop programmes to work together in new ways. The programmes have required committed and enthusiastic leadership, but the lessons learned can be applied elsewhere. Champions within local areas are needed to promote such innovative approaches.

Experience from other areas has also shown that similar initiatives to those demonstrated in the South Gloucestershire example can result in more paediatric care being managed within primary care, reducing referrals to secondary care. The programme in South Gloucestershire shows that enabling this to happen results in costs savings and improved patient and staff satisfaction, and allows secondary care providers to focus on more complex specialist care. However, the current payment by results tariff system disincentivises acute providers from doing this; incentives within primary care, through the Quality and Outcomes Framework, are therefore needed to encourage such an approach.

The NHS Commissioning Board will have to improve standards of provision in child health in primary care, particularly following reconfiguration of secondary care services. In the future we may need extremely specialised services, resulting in fewer facilities. This could increase the distances patients will have to travel, making it important to strengthen the quality of child health services within the community.

Recommendations

- Incentives within the system need to be aligned to support the shift towards improving health outcomes through the management of paediatric care by primary care services.
- The tariff system for acute care should be reformed to incentivise quality across pathways and be connected to incentives with the Quality and Outcomes Framework.

Communication between health professionals and children and young people within primary care has a lot of room for improvement. GPs need to ensure they are directly communicating with their young patients as well as communicating and working with parents.

Recommendation

- Children and young people's feedback should be made part of the extended training and revalidation process for GPs and all clinicians, and it should be compulsory for clinicians to report on patient feedback in their portfolios.

Case study: What does a primary paediatric service look like? Linking primary care with paediatrics in South Gloucestershire

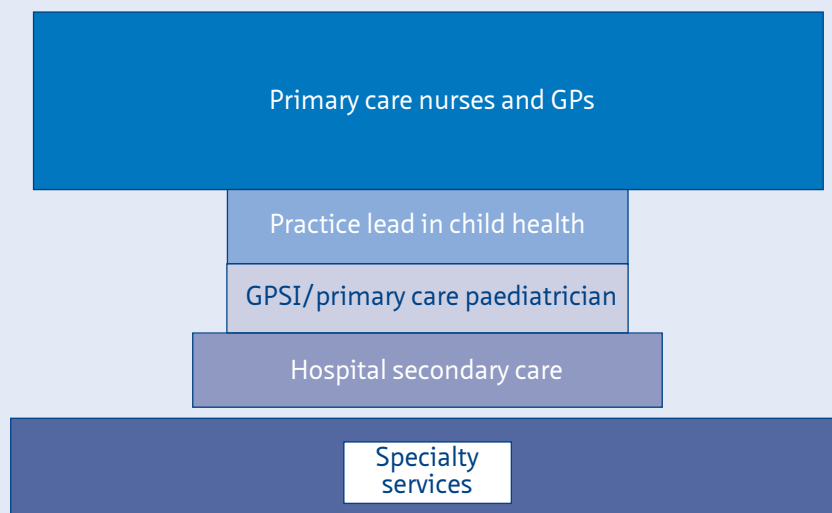
A paediatric GP with special interest (GPwSI) service has been developed in South Gloucestershire to reduce excessive outpatient paediatric referrals, support GPs manage more cases within primary care, provide more care closer to patients' homes and strengthen integrated and connected services. The service, developed jointly by Dr David Capehorn (GPwSI), Dr Lisa Goldsworthy (consultant paediatrician) and the primary care trust (PCT), provides an email support and advice service for GPs. It helps GPs manage cases within primary care, and with referrals to the GPwSI and other services within the local area, such as to the local acute trust, Bristol Royal Hospital for children. From early findings, this service has saved the PCT approximately £350,000 over one year (2009/10), and recent qualitative evaluations provide positive feedback from

patients, GPs and health professionals within secondary care. A guide has also been developed to embed the programme within accreditation and training for paediatricians and GPs.

The relationship between the GPwSI and lead paediatrician made this programme a success. Good communication between the hospital and primary care teams was also needed. As the approach within primary care focused on keeping children well, this complemented the illness-focused approach paediatricians have to take.

The plan for the future is to develop paediatric networks (modelled below) to be rolled out across Gloucestershire and Bristol.

For more information, contact david.capehorn@gmail.com

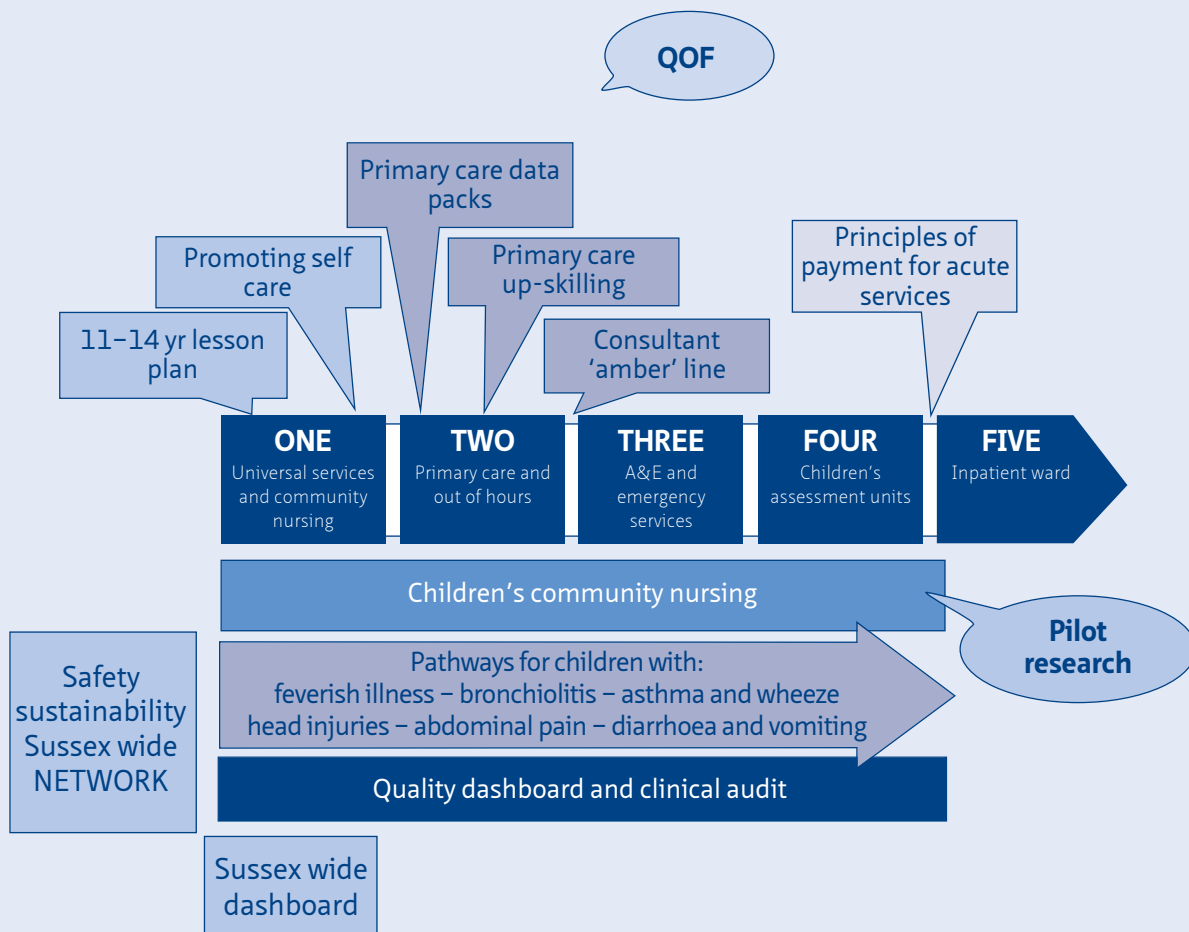


Case study: Taking a whole-system approach – West Sussex children and young people's urgent and emergency care project

In order to improve the quality and cost-effectiveness of children and young people's care in Sussex, the PCT, the West Sussex council and emerging West Sussex CCGs signed up to the children and young people's urgent and emergency care project. The project group has focused on strengthening primary care support to reduce costs at the more expensive end of care. They trained 490 GPs and primary care staff and appointed GP leads responsible for children and

young people's health in each CCG. The leads meet once a month and have focused on engaging children and young people and their parents in the services. System-wide pathways have been developed, along with an improved data collection system to get the engagement of clinicians. Through working with families and primary care, it was clearly highlighted that we need to communicate more with them about the in- and out-of-hours services within the area.

continued over



Case study: Taking a whole-system approach – West Sussex children and young people's urgent and emergency care project

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The project group continues to strive to make savings across the health economy by reducing demand at the more acute end of care: inpatient assessment units and A&E care.

The project evidence showed that they could not redesign the urgent care pathway, develop community and primary care children's services and stay within the financial envelope while also maintaining existing provision, and they

were therefore forced to change. Whilst working towards an increased investment in primary care and community services, this work has developed into a wider scope across Sussex, and is now part of the emerging children and young people's strategic network plan.

For further information, contact aaron.gain@westsussex.gov.uk or lorrynemulroney@nhs.net

Complex needs

For children with complex needs, joining up different elements of their care pathway is essential for improving their health and life outcomes. We support the policy aims of the Children and Families Bill regarding special educational needs (SEN): to join up health, social care and education assessments, plans and services. However, as numerous health professionals will play key parts in identifying, assessing, commissioning and delivering services for children with SEN, much more needs to be done to involve the NHS in the development, design and implementation of this policy.

Although the policy for assessment and services for children with SEN and disabilities is aimed at improving services, it is hoped it will result in more targeted support for those most in need. Therefore, it is essential that services for children and young people who do not qualify for a specialist plan but still have SEN are maintained and delivered across health, care and education services in all areas.

Clinical commissioning groups will need to have adequate access to expertise on child health when commissioning the required services. We support the development of a strategic clinical network for maternity and children's services hosted by the NHS Commissioning Board. Effective commissioning needs to take a whole-pathway approach, including prevention, health promotion and early intervention, as well as connecting complex care pathways for children with SEN and disabilities.

We welcome the aim of establishing one statutory assessment process from birth to 25 years. The process rightly aims to include service provision from across education, health, social care and other services. However, the reality is that different services are available in different areas; therefore, we are concerned that even though a child may be entitled to a

particular service, that service might not be available or, if it is available, it might not be able to afford the level of care required. It is not clear who or which part of the system will be responsible and accountable for the single assessment process and for measuring and monitoring the process and outcomes.

Standardisation of the age of transition from children's to adult health services is a positive step. However, this is made complex by the fact that services in the NHS are provided to children up until either 16 or 18 years, not the 25 years set out in the draft Children and Families Bill. It is not clear how the new age of transition will work and how this will be commissioned and funded.

Recommendations

- More details are required regarding communication arrangements and information sharing between health, social care and education staff and commissioners for the new arrangements for children with SEN and disabilities. This basic requirement needs to be considered when setting out the responsibilities for managing children with complex healthcare needs.
- A lot of health services for children with disabilities with complex needs will have some of their services commissioned by the NHS Commissioning Board, not just CCGs (for more information see *Integrated care*, page 7). Therefore, the healthcare, social care and education plans will need to involve the NHS Commissioning Board's local area teams as well as local commissioners and CCGs.
- The strategic clinical network for maternity and children's services should look at specialised commissioning for children with disabilities, to join up services across a care pathway.

- Further clarity should be provided regarding how SEN services for children and young people who do not qualify for an education, health and care plan will access services. Locally, health and wellbeing boards, through Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, will be able to identify needs, and they will need to plan alongside schools accordingly to meet these needs.
- Additional work should be carried out to focus on health improvements for young people with disabilities and learning difficulties. This needs to address both mental and physical wellbeing, and more emphasis should be given to the role of allied health professionals, such as speech and language therapists, in prevention and health improvement.
- More discussion is required regarding the funding gap caused by the standardisation of the age of transition for young people with SEN and disabilities, and also about how commissioners will handle the process. It is not clear how the process will take place and what will happen to the services that are currently only provided up to the age of 16 years. GPs and CCGs will play a crucial role in ensuring the transition is as smooth as possible.
- Early planning for transition is needed, and clarity is required regarding which part of the system is responsible for doing this across health, education and social care. Currently, no existing medical specialty has taken on the holistic care of disabled adults in the way that community paediatricians currently do for children.
- A focus on long-term care is needed, to ensure that adult health services are engaged, care pathways are redesigned to accept young people, and appropriate care and connections with social care and education are maintained.
- More work is required to ensure the types of services available from the receiving service, i.e. adult health services, are more closely aligned with those provided by the sending service, i.e. paediatric health services.
- In order to join up efforts across health, education and social care, national government departments, in particular the Department for Education and the Department of Health, must work together and be committed to ensuring there is a joined-up approach to the health and wellbeing of children with SEN and disabilities. Without joint commitments across government to improve health and wellbeing, it will be difficult for the NHS to make significant progress.
- Addressing the mental health of children with disabilities and learning difficulties must remain a priority. Local authorities and CCGs will need to work together through the health and wellbeing boards to commission such services.

Safeguarding for children with complex needs

There are many particular challenges for safeguarding children with complex needs, ranging from issues such as different lists of children between health, social care and education bodies, to challenges of diagnosing cases of abuse.

For safeguarding children and young people with disabilities to work well, professionals need to look at a range of communication techniques, such as body language and eye contact. However, care must be taken not to make assumptions about cases of abuse, and support is required from across a range of organisations. More joined-up working and training between health professionals, social care and teachers on safeguarding is needed.

Developing a model for joining up services for children with complex needs

Cross-sector professionals co-produced the model illustrated below in order to bring together the key elements required of a service that will meet the needs and rights of children and young people with complex needs and their families.

The CIVIC (choice, independence, voice, individual and communication) model places the child or young person at the heart of the process (see Figure 5 below). It connects their day-to-day life with their friends, family and carers, and with the different services that they interact with. The key elements listed on the outer circle are relevant across the services. The model recommends there is a lead professional or carer to ensure communication between the different elements of the young person's life and the services they access. This approach is backed up by evidence from care coordinators within other parts of the care system and by the CYPHO Forum's long-term conditions, disability and palliative care report.¹⁸ This model highlights the complexity of the system for children and young people with complex needs.

This model is a starting point, not a complete approach, but it can be used by policy-makers, commissioners and providers to help them think about taking a holistic approach to caring for and supporting children and young people with complex needs. The model can be used to help professionals understand the different roles that different services and individuals play within the life of a child or young person with complex needs. There needs to be honesty among professionals regarding the overlap of roles, and respect for the different roles each person plays. Sensitive and timely commissioning is essential to make the different parts of the model work well. The lead professional must ensure

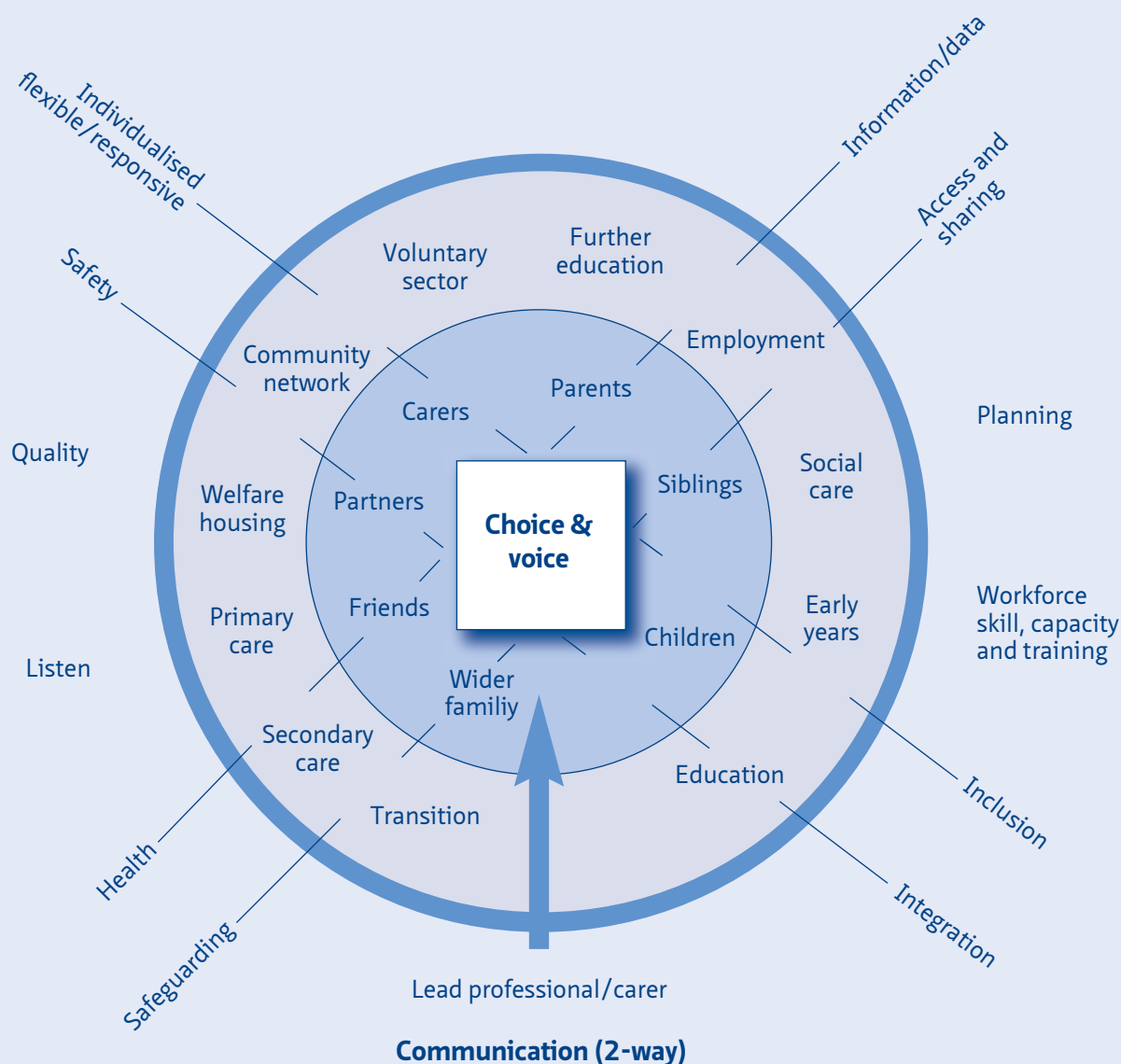
children and young people and their families provide feedback and that this is taken on board by multiple services. It is not easy to deliver responsive, equitable and individualised care, but this is what the system should be aiming for.

Recommendation

- Commissioners should build on the CIVIC model to ensure that when they are commissioning services they are taking a holistic perspective of a child or young person with complex needs.

Figure 5. The CIVIC (choice, independence, voice, individual and communication) model

Developed by cross-sector health professionals to illustrate the key elements of the relationships and services for children with complex needs



Safeguarding

As a result of the reforms following the Munro review of child protection,¹⁹ the guidance on safeguarding for children, *Working together*,²⁰ has been revised. The draft guidance is made up of three documents, with limited details on the responsibilities for the health sector. Information for the NHS is included in an interim accountability framework published by the NHS Commissioning Board.²¹ Although the CCG authorisation process aims to ensure CCGs are aware of their safeguarding responsibilities, as new organisations taking up these responsibilities for the first time it will not be easy for them, or other multi-sector professionals, to know where to go to find out their responsibilities for safeguarding and multi-agency working.

Recommendation

- The NHS Commissioning Board's safeguarding accountability framework and the revised statutory guidance in *Working together* and accompanying documents should be clear about the roles and responsibilities of all health professionals, including named and designated nurses and doctors, particularly GPs. It must be clear where the accountabilities for safeguarding lie, so that all organisations can ensure they are fulfilling their statutory duties and responsibilities.

Young people's involvement

Young people's involvement in safeguarding is not sufficiently widespread within the NHS, although there are pockets of good practice, the case of Walsall being a good example (below). While we found a wealth of activity to involve and engage children and young people, we know that this is not systematic and across the board in all commissioning and provision of health services.

Recommendations

- All local safeguarding children boards should strengthen their engagement with and involvement of children and young people and report on activities.
- Young people's advisory groups based in health providers, such as acute hospitals, should systematically link with and provide intelligence to local safeguarding children's boards.
- The effectiveness of young people's involvement should be measured to help ensure resources are allocated to sustain engagement mechanisms.

Case study: Walsall's local safeguarding children board

In Walsall, young people sit on the local safeguarding children's board (LSCB) to monitor children and young people's engagement. The young people's representatives support and challenge the members to improve integrated services and ensure that personal, social and educational development of young people is taken into consideration. The trust has also developed an interactive safeguarding computer game – *Keep me safe* – which guides the user down different safeguarding pathways. It was designed by young people, for young people.

For more information, see www.wlscb.org.uk

Sharing information – the future of multi-agency safeguarding hubs (MASHs)

Sharing information across organisations not only keeps children safer, but is a statutory duty for all health and care organisations.

Repeatedly, serious case reviews cite challenges relating to information as a factor of an 'unsafe system'. Multi-agency safeguarding hubs (MASHs) have been set up across the country to improve this situation. They should act to balance the protection of confidential information, through agreed governance procedures, with the protection of children. MASHs operate on a consent model: enquiries and referrals are made with the consent of parents unless there is a reason to override that consent.

Having simple IT systems makes information sharing easier but it is not the only solution. We must not lose the art of professionals discussing issues together, improving how we talk to each other as well as to children and their families.

Although the number of health professionals who might need to be involved with a MASH is potentially large, coming from both adult and children's health services, the main focus for a MASH should be to build partnerships and trust with organisations to improve information sharing. Links with all NHS providers, including blood and transplant units, is required to enable early intervention.

It is not clear who in the new system will cover the costs of developing MASHs, and there are no

core principles or standards regarding how they work. The interfaces between organisations need to be more clearly defined, and clarity is needed regarding clinical and operational governance.

Recommendations

- A core set of operating principles and competencies should be developed for all health professionals working within a MASH.
- NHS-funded providers – including NHS organisations and private and voluntary sector providers – should be involved in the development and establishment of MASHs.
- Information held by primary care and secondary NHS-funded providers is systematically shared with MASHs within local areas, in line with information governance protocols agreed within the MASH. Every partner working within the MASH should retain a duty of care for the information.
- All multi-agency organisations agreeing to work through the MASH should ensure that resources are committed each year to keep the MASH fully operational.

Joining up adult and children's safeguarding

In order to strengthen safeguarding across the NHS, adult and child safeguarding must be brought much closer together. Although the forthcoming adult safeguarding legislation brings legal duties more in line with child safeguarding, local professionals need to work more closely together to ensure more joined-up working.

Mental health and wellbeing

In the past few years, improving children and young people's mental health and wellbeing has become a higher priority. We strongly welcome the emphasis in the NHS Commissioning Board's mandate on valuing mental health and physical health equally, and we support the recommendations in the implementation framework for the mental health strategy, *No health without mental health*. However, although the strategy is extremely relevant across local areas, implementation in some areas has been slow. Many areas find there is still a lack of investment in the prevention of mental illness and promotion of mental health and wellbeing, and more work is needed to build on the successes of the Improving Access to Psychological Therapies programme to strengthen and join up primary and secondary mental healthcare provision. Joint pathways to support young people to transition to adult mental health services are also required. Map of Medicine is a useful tool for supporting this transition.²²

We support the recommendations in the CYPHO Forum subtask group's report on mental health and make key recommendations that build on both the mental health strategy implementation framework and the CYPHO Forum's report.

Recommendations

- The national dashboard being developed to monitor implementation of the mental health strategy should incorporate the recommendations and indicators included in the CYPHO Forum's report.
- The mental health monitoring dashboard should be connected to the data, intelligence and knowledge functions of Public Health

England and the Department for Education nationally. This should ensure the joining up nationally of population-wide interventions and support integration of initiatives locally.

- Efforts to strengthen the Healthy Child Programme should be integrated with the implementation of the mental health strategy, both nationally and locally.
- CCG commissioning for mental health should be linked to the public mental health work of local authorities through health and wellbeing boards.²³
- Where payment tariffs are being developed for children and young people's mental health services, these should focus on measuring integrated care and working across multiple agencies, including schools.

Case study: Involving young people in service design

An excellent example of the NHS engaging young people to design services can be found at Lancashire Care NHS Foundation Trust. The trust engaged 16 to 17 year-olds who had experience of mental health problems in developing its services. The young people co-designed and facilitated the training of staff at a mental health unit for young people, called 'The Platform'. In collaboration with the trust's other mental health unit for young people, 'The Junction', young people have recently created their own radio programme, benefiting the wider community as well as those involved. For more information, see www.lancashirecare.nhs.uk/services/children-families

Conclusion

This report shares multiple examples of good practice, where health professionals have transformed services and approaches in order to improve children and young people's health and wellbeing. It provides recommendations for national and local bodies and builds on the recommendations made by the CYPHO Forum.

Improving children and young people's health and wellbeing must remain a top priority of the Government to ensure that we are not just making gains in health outcomes now but improving the long-term outcomes of future adult populations.

Engaging and involving children and young people is an essential part of transforming

services and we need to do more to make this happen.

National government departments, in particular the Department of Health and Department for Education have the opportunity to work together to improve services in order to maximise the opportunities of the reforms.

As a national collaborative of nine health organisations, we urge the Government, national and local bodies to take action in response to the recommendations and evidence provided in this report.

For more details of our work in this area, please contact nicola.rosenberg@nhsconfed.org

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Children and young people's health and wellbeing in changing times

The profile of children and young people's health and wellbeing within the health reforms has been significantly improved by the Children and Young People's Health Outcomes (CYPHO) Forum and its recent report. However, many professionals across children and young people's health and wellbeing services continue to be concerned about implementation of the reforms and child health outcomes.

The purpose of this report is to support implementation of the health reforms to improve children and young people's health and wellbeing. It makes key recommendations and provides support and evidence to national government and bodies, and local organisations and professionals. It shares best practice of where local areas are innovating effectively to improve health outcomes.

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