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Meeting	Health and Well-Being Board
Date	31 January 2013
<b>Subject</b>	<b>Report of the Children and Young People's Health Outcomes Forum: Implications for Barnet</b>
Report of	Director for People
Summary of item and decision being sought	The Children and Young People's Health Outcomes Forum was commissioned by the Department of Health to make recommendations about the most important health outcomes for children and young people and how the new health system should ensure they are met. This item has been produced to brief the Board on the report, and the potential implications for Barnet.

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Officer Contributors	Joint Head of Children's Commissioning, LBB and NHS
Reason for Report	To brief the Board on the Children and Young People's Health Outcomes Forum, and the potential implications for Barnet, and seek their views on how the Board can implement the recommendations and improve outcomes for Children and Young People
Partnership flexibility being exercised	None at this stage but joint flexibilities will be considered as a way of tasking forward any new joint service developments

Wards Affected All

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## **1. RECOMMENDATION**

### **1.1 That the Health and Well-Being Board note developments outlined in this report and the implications for Barnet and considers the following recommendations:**

- Clear arrangements for children's voices to be heard through Healthwatch should be in place, alongside an increased focus on the patient experience through commissioning.
- Consideration of perinatal mental health pathways is included in the broader review of maternity services to be commissioned by NHS Barnet CCG.
- The data locally available to assess the health needs of children with disabilities, looked after children and young people in contact with the youth justice system should be identified and included in the next iteration of the Joint Strategic Needs Assessment.
- Formal Section 75 agreements to jointly commission health services for looked after children, occupational therapy and physiotherapy should be considered in 2013/14.
- The Primary Care Strategy should consider what arrangements and local support offer are required to enable primary care settings to play a full role in services for children and young people.
- Consideration should be given to developing a local health network to support the work of the Children's Trust Board and Health and Wellbeing Board

## **2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD**

- 2.1 Children's Trust Board- 6 December 2012- agenda item 6- considered the Health Outcomes in the Forum report, endorsing the recommendations and agreeing a more detailed report to the next Children's Trust Board on how to best deliver better child health outcomes, including recommendations around governance and resource planning (including Section 75 Agreements).

## **3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)**

- 3.1 The specific proposals outlined in this report will assist the Health and Well Being Board to deliver the 'Keeping Well- preparing for a healthy life' priority in the Health and Well-Being Strategy. They will inform more specific commissioning plans developed both by the Council and Barnet Clinical Commissioning Group.

## **4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS**

- 4.1 Equality and diversity issues are a mandatory consideration in decision-making in the council. This requires officers and members to satisfy themselves that equality considerations are integrated into day to day business and that any proposal has properly taken into consideration what impact if any there is on any of the protected groups. In discharging the public sector equality duty the council must have due regard to the need to eliminate discrimination, advance equality of opportunity by removing disadvantages experienced by people due to their protected characteristics and fostering good relations.
- 4.2 Barnet Joint Strategic Needs Assessment includes information on health outcomes for young people and inequalities that affect particular groups. These will be addressed through implementing the Forum's recommendations in a Barnet context.

- 4.3 This report recommends that data locally available to assess the health needs of children with disabilities, looked after children and young people in contact with the youth justice system should be identified and included in the next iteration of the JSNA.

## **5. RISK MANAGEMENT**

- 5.1 Additional resources may be needed to implement some of the recommendations in this report: these will need to be prioritised against CCG/LBB commissioning intentions and where appropriate funded from within existing NHS and local authority budgets.
- 5.2 Meaningful engagement in a children's health network group will be taking place during a period of considerable transition. A communication plan will be developed to ensure appropriate communication.

## **6. LEGAL POWERS AND IMPLICATIONS**

- 6.1 Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area. Steps that may be taken include providing information and advice, providing services or facilities designed to promote healthy living, providing services for the prevention, diagnosis or treatment of illness, providing financial incentives to encourage individuals to adopt healthier lifestyles, providing assistance (including financial) to help individuals to minimise any risks to health arising from their accommodation or environment, providing or participating in the provision of training for persons working or seeking to work in the field of health improvement, making available the services of any person or any facilities.
- 6.2 In public law terms this target duty is owed to the population as a whole and the Local Authority must act reasonably in the exercise of these functions.
- 6.3 Regulations setting out the detailed obligations are yet to be issued.
- 6.4 Proper consideration will need to be given to the duties arising from the Equality Act 2010 as mentioned above.

## **7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC**

- 7.1 Each of the potential service developments highlighted in this report will need to be costed and met from existing resources of partners, supported by business cases as appropriate. Suitable projects to support the health of children and young people will have long-term benefits in terms of reduced costs of intervention throughout life.

## **8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS**

- 8.1 A report was also presented to Children's trust Board on 6 December 2013 to begin to engage with critical stakeholders working with children and young people, including schools. Further engagement is planned and the report proposes establishing a local health network to support this work

## **9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS**

- 9.1 None at this stage.

## 10. DETAILS

- 10.1 The Children and Young People's Health Outcomes Forum was established in December 2011, under the joint leadership of Christine Lenehan (Disabled Children's Council) and Ian Lewis (Alder Hey Children's NHS Foundation Trust). The Forum was commissioned by the Department of Health to make recommendations about the most important health outcomes for children and young people and how the new health system should ensure they are met.
- 10.2 The Forum has examined the whole health system, including organisations with local and national remits, and partnership bodies. Some of the proposals relate specifically to Government departments, regulatory bodies or health authorities with a specific national remit. Proposals are only considered within this report if they have specific implications at a local level.
- 10.3 The Forum has recommended the development of a range of indicators specific to children and young people within the NHS Outcomes Framework, the Public Health Outcomes Framework and the Commissioning Outcomes Framework. These are appended to this report as Appendix A.
- 10.4 While the report does include a focus on those children and young people who are most vulnerable and have the most complex needs, it has a more far reaching focus on the outcomes and care experiences of children and young people with long term conditions, particularly diabetes, asthma and epilepsy, which can have significant impacts on broad outcomes and later life opportunities. This provides an opportunity locally to think about the outcomes for this group of children and how schools, health services and family support services can work together to ensure that needs are met.
- 10.5 The report focuses on eight key themes, which are:
- Putting children, young people and their families at the heart of what happens;
  - Acting early and intervening at the right time;
  - Integration and partnership;
  - Safe and sustainable services;
  - Workforce, education and training;
  - Knowledge and evidence;
  - Leadership, accountability and assurance;
  - Incentives.

### 10.5.1 Putting children, young people and their families at the heart

Involving children, young people and families in decisions about their care, and in the development of services, is a key factor in achieving successful outcomes and takes high priority within the report. The report makes the following recommendations:

- All health organisations must demonstrate how they have listened to the voice of children and young people, and how this will improve their health outcomes;
- The Department of Health should produce a children's health charter, based on the principles of the UN Convention of the Rights of the Child. The application of these principles should be audited through the regulators.
- Local Healthwatch includes children and young people's voices as core to their work and demonstrates this through their reporting mechanisms.

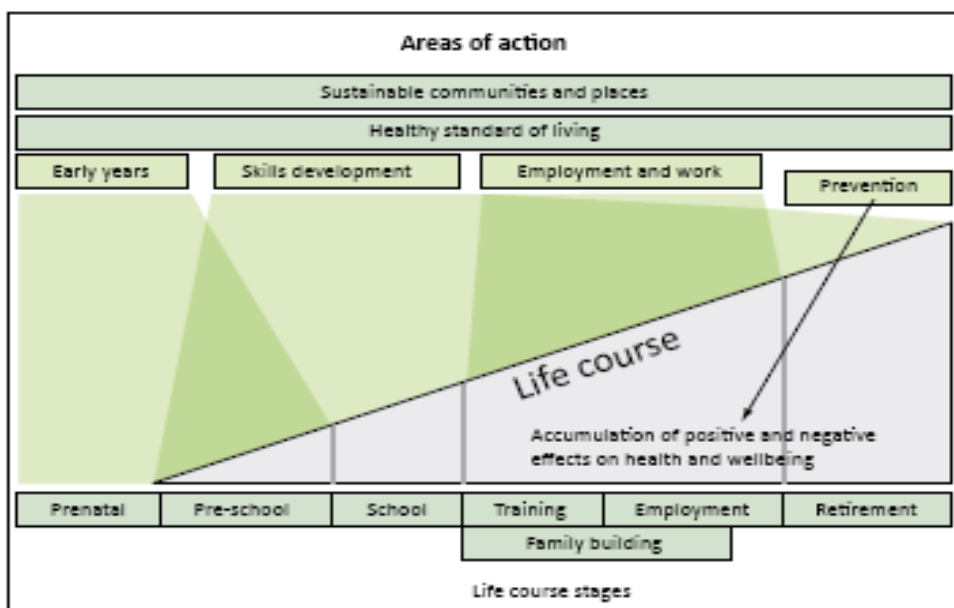
#### *Barnet Implications*

- Engagement of children and young people is strong, through Barnet Youth Board, YouthShield, the Bobby Panel and the Role Model Army, although it is not yet clear how this will link with Barnet Healthwatch

- There is a clear Participation Strategy in place across the Children’s Trust and a Participation Strategy Group meets regularly to oversee it’s implementation
- ‘You’re Welcome’ standards for health services have been rolled out across health settings, including sexual health and CAMHS, although this could be re-launched and supported by ongoing inspection and mystery shopping by young people.
- Health providers undertake some patient experience work with children and young people. Expectations could be strengthened through commissioning activity.

### 10.5.2 Acting early and intervening at the right time

The Forum’s thinking has been heavily influenced by the concept of the life course, and the benefits of supporting the accumulation of positive effects on health and wellbeing, starting during pregnancy. These benefits are not just tangible in health terms but equally importantly in economic and social terms too.



The Forum makes the following recommendations:

- All organisations in the new health system should take a life-course approach, coherently addressing the different stages in life and the key transitions instead of tackling individual risk factors in isolation.
- Directors of Public Health and their local clinical commissioning groups should work together with maternity and child health services to identify and meet the needs of their local population.
- In 2013 DH should explore the development of a new outcomes measure on perinatal mental health and implement it as soon as possible.
- Directors of Public Health, through their Health and Wellbeing Board, should ensure that they include comprehensive data for all children and young people within their Joint Strategic Needs Assessment – including those requiring tailored provision, such as those who are looked after, those with disabilities and long term conditions and those in contact with the criminal justice system.
- CCGs with their local authority partners need to ensure sufficient clinical expertise and leadership for looked after children, including a designated doctor and nurse.
- Directors of Children’s Services should be responsible for overseeing the overall quality and delivery of health and wellbeing for looked after children.

- Social care staff and others dealing with looked after children should have responsibility for ensuring they are registered with a GP and that the GP is kept informed of the details of their care.
- CCGs and local authorities should specifically recognise care leavers in early adulthood (18-25) as well as looked after children, in their commissioning, including requiring children in care health teams to include a focus on this group.

#### *Barnet Implications*

- The Health and Wellbeing Strategy is based on a life course model and a key priority is 'Preparation for a Healthy Life'. The developing Children and Young People's Plan also follows a life course approach and sets out clear outcomes for children and young people in different phases.
- The JSNA includes data on disability, looked after children and young people in contact with the criminal justice system, although for youth offending and children in care, the level of analysis could be deepened.
- Health provision for children in care was recognised as good by Ofsted in the February 2012 inspection. The Designated LAC Nurse is co-located with the Corporate Parenting Team and some co-location of the LAC CAMHS Team will be considered via the new CAMHS Strategy.
- Designated posts for LAC are in place.
- Inclusion Strategy is being developed and will address the needs of children and young people with disabilities and special educational needs.

#### **10.5.3 Integration and Partnership**

The Forum places significant emphasis on integration and partnership working, both within the health system, and across both the children's services sector and with adults services.

The report recommends:

- The NHS number should be used as the unique identifier to bring together health, education and social care data for all children and young people.
- The National Curriculum Review should include the provision of health and wellbeing within the 'statutory aims' of the revised national curriculum.
- The NHS Commissioning Board and Monitor should prioritise and promote the issue of integrated care provision in their regulatory and performance roles within the NHS, and work with the Care Quality Commission and Ofsted in developing a framework across non-health providers.

#### *Barnet Implications*

- Joint commissioning was recognised as a strength in the 2012 Ofsted inspection.
- Opportunities to co-locate the Complex Care Nursing Team with local authority staff are being explored. There are opportunities to consider some co-location of children's health managers with local authority staff.
- Development of a local curriculum offer for health and well-being, with resources developed for schools to support them to deliver it, is being taken forward through the emerging Children and Young People's Plan.
- Barnet's Health and Wellbeing Strategy includes a commitment that 20% of commissioning activity will be carried out jointly. Section 75 agreements are planned for Speech and Language Therapy and CAMHS in 2013/14, with further consideration being given to jointly commissioning all children's therapy provision.

#### **10.5.4 Safe and sustainable services**

The Forum's view is that there is insufficient specialist knowledge of paediatrics and child health to provide a full range of safe services close to the child's home. The Forum is particularly concerned about drug errors, which are not currently reported on a mandatory basis. The Forum makes the following recommendations:

- The NHS Commissioning Board (NHS CB) must ensure that there is a nationally designated, strategic managed network for children and young people. This should include maternity and neo-natal care. The network should incorporate:
  - All children and young people's services within the Specialised Services Definition Set, and
  - All parts of relevant pathways, from specialist centres through district general hospitals to community service provision and primary care. The NHS CB must ensure explicit links between the specialist elements of the pathway commissioned by them, and those areas of the pathway commissioned by CCGs.
- CCGs need to develop local networks and partnerships with providers to address and deliver the sustainable provision of local acute, surgical, mental health and community children's services and to ensure both care closer to home and no gaps in provision.
- The NHS CB, with CCGs, should address service configuration to meet the needs of children and young people on a sustainable, safe and high quality basis.
- From April 2013, the reporting of medication errors to the National Reporting and Learning System should become mandatory as part of the reporting for the NHS Outcomes Framework, and should become part of the regulatory framework for CQC and Monitor.

#### *Barnet Implications*

- The Complex Care Nursing Team is commissioned as a specific paediatric service to support children with complex health needs to live in the community.
- New commissioning process implemented by NHS Barnet in 2011 has built capacity in community services and reduced need for inpatient beds. This has realised benefits including an annual cost reduction of £700,000 and better communication and support for children.
- Health participation in the emerging Multi-Agency Safeguarding Hub is strong.
- An Integrated Paediatric Service across primary and secondary care is in place at Barnet and Chase Farm Hospital.
- The children's Diabetes Service at Barnet and Chase Farm Hospital has been developed so that it will be compliant with NICE standards from April 2013.
- A collaborative enuresis pathway has been developed with Central London Community Healthcare. This is often overlooked but the condition can be very socially excluding, particularly for older children.
- The Health and Wellbeing Board and Children's Trust Board provide effective governance at the most strategic level. A local Children's Health Network, reporting into both Boards, would strengthen this.
- Clear arrangements for safeguarding children and young people will need to be in place when the Health Visiting Service is commissioned by the National Commissioning Board.

#### **10.5.5. Workforce, education and training**

The Forum believes that there are significant skill shortages within the children's health system, and that more can be done to support professionals working within the wider children's sector (e.g. teachers, social workers) to understand children's health and wellbeing needs. The Forum recommends that:

- All GPs who care for children and young people should have appropriately validated CPD reflecting the proportion of their time spent with children and young people.

- All general practices that see children and young people should have a named medical and nursing lead.
- All general practice staff should be adequately trained to deal with children and young people.

#### **10.5.6 Knowledge and evidence**

The Forum believes that the health system should be intelligence led and make use of the highest quality data, including research findings. It recommends:

- The NHS CB, with support from the Health and Social Care Information Centre (HSCIC), should establish electronic child health records, accessible for both patients and professionals.
- Once established, the coverage of the new maternity and child health dataset should be extended, in particular to enable tracking of:
  - Child development outcomes at age 2-21/2 years,
  - Care and outcomes associated with the Improving Access to Psychological Therapies (IAPT) initiative, and
  - Care and outcomes for children with disabilities and complex conditions.

#### *Barnet Implications*

- The specification for the Health Visiting Service is being revised to strengthen delivery of the child development reviews, prior to transfer to the National Commissioning Board.
- An application to the next round of Children and Young People's IAPT activity is being taken forward via the CAMHS Strategy.
- The Complex Care Programme Board will facilitate better data sharing around children with complex needs and during transition.

#### **10.5.7 Leadership, accountability and assurance**

The Forum is concerned that with the scale of change within the NHS, and new organisations operating with new responsibilities from April 2013, accountability for children and young people's services may become confused. Conversely, the development of a new system provides an opportunity to enshrine clear leadership and accountability from the very beginning. The Forum recommends that:

- All organisations leading the new system – DH, Public Health England (PHE), the NHS CB, Monitor, local authorities and CCGs – should clearly set out their responsibilities for children, young people and their families and how accountability will be exercised at every level in the system, and should be transparent about the funds they spend on child health.
- Local commissioners, including CCGs and local authorities, should identify a senior clinical lead for children and young people.
- DH and the NHS CB should publish a full accountability framework for safeguarding children in the wider health system as soon as possible.
- As part of the new multi-agency inspections, CQC should consider how all parts of the health system, including relevant adult services, contribute to effective local safeguarding.
- Further work should be undertaken on indicators that would drive improvement to protect and promote the welfare of children and young people. This should include a focus on measuring the effectiveness of early help/early intervention.
- NICE should be commissioned to develop a Quality Standard for safeguarding children.

#### **(viii) Incentives for driving service improvement**

The Forum's view is that the development of funding based incentives for service improvement (e.g. QoF, Payment by Results) have largely focussed on adult services



and incentives for improving services to children and young people need to be more developed. The Forum recommends that:

- The NHS CB and Monitor should prioritise and promote the issue of integrated care provision in their funding, regulatory and performance roles within the NHS, and DH should address this issue across government for those services that fall within the remit of local authorities, education, or other government departments.
- The NHS CB prioritise the development of an appropriate range of incentives within the Quality and Outcomes Framework (QoF) for general practice to provide high quality care reflecting the needs of children and young people.

#### *Barnet Implications*

- There is a locally agreed service enhancement arrangement for looked after children within general practice. Consideration could be given to developing further service enhancements relevant to children and young people.
- Consideration of payment by results for CAMHS is being taken forward via the CAMHS Strategy.

## **11 BACKGROUND PAPERS**

- 11.1 Report Of The Children And Young People's Health Outcomes Forum  
<http://www.dh.gov.uk/health/files/2012/07/CYP-report.pdf>

Legal – HP

CFO – JH