

Annex 6: Progress against recommendations made by the Forum in their first report

CURRENT PROGRESS (APRIL 2014) IN RESPONSE TO THE CHILDREN AND YOUNG PEOPLE'S HEALTH OUTCOMES FORUM RECOMMENDATIONS

The tables below show *what we know* about progress in response to the Forum's recommendations made in July 2012. Therefore, other action may have been taken which is not recorded here.

Forum recommendation for

- All organisations in the new health system – 3, 21 & 61.
- Association of Directors of Children's Services (ADCS) – 32 & 72.
- Care Quality Commission – 28, 40, 61, 64, 65, 69 & 72.
- Centre for Workforce Intelligence – 46.
- Chief Medical Officer (CMO) – 57 & 60.
- Clinical Commissioning Groups – 13, 22, 25, 37, 38, 49, 51, 61, 63, 77 & 78.
- Department for Education – 18, 19, 26, 27, 56 & 58.
- Department of Health – 4-10, 14, 16, 18, 20, 23, 26, 29-31, 34, 39, 42, 47, 53, 56, 58, 61, 62, 66, 70, 73 & 74.
- Directors of Children's Services – 25.
- Directors of Public Health – 22 & 24.
- Health and Social Care Information Centre (HSCIC) – 54-56.
- Health Education England (HEE) – 43-45, 61, 68 & 72.
- Healthwatch – 1 & 2.
- Local Authority Commissioners of public health services – 13, 25, 61 & 63.
- Local Government Association (LGA) – 32 & 72.
- Medicines and Healthcare products Regulatory Agency (MHRA) – 36.
- Monitor – 28, 40, 61, 65, 72, 74 & 76.
- NHS England (previously known as the NHS Commissioning Board (NHSCB)) – 13, 14, 17, 25, 26, 28, 33, 35, 38, 49, 51, 54, 55, 59, 61, 62, 66, 67, 72 & 74-78.
- NHS Institute for Innovation and Improvement (The NHS Institute closed on 31 March 2013. A number of key resources have transferred to the NHS improving Quality's website. A number of products are being provided by Delivery Partners and supported by NHSIQ.) – 41.
- National Institute for Health and Clinical Excellence (NICE) – 12, 59 & 71.
- Ofsted – 28 & 65.
- Public Health England (PHE) – 52, 56, 61, 62, 68 & 78.
- Royal Colleges – 15, 41, 50 & 59.
- Royal College of General Practitioners (RCGP) – 48, 49 & 51.
- Royal College of Nursing (RCN) – 51.
- Royal College of Physicians (RCP) – 11, 49 & 51.
- Royal College of Paediatrics and Child Health (RCPCH) – 11, 49, 51 & 59.
- Royal Pharmaceutical Society (RPS) – 41.
- Social care staff – 25.
- Society of Local Authority Chief Executives (SOLACE) – 32 & 72.

Section 2 - Putting children, young people and their families at the heart of what happens

Forum recommendations	What we know
<p>1. Healthwatch England, as the national champion for health and social care, gives appropriate consideration to the importance of the voice of all children and young people in informing its work programme; and is able to demonstrate this through its annual report</p>	<p>Healthwatch England identified the need to include children, young people and their families in Healthwatch at a local and national level from the outset and appointed Christine Lenehan to their Committee. A toolkit and resources on how to work with and engage children, young people and their families has been created for local Healthwatch. For their annual report they are commissioning in-depth research into the experience of children, young people and their families within health and social care to further inform their approach.</p>
<p>2. Local Healthwatch includes children and young people's voices as core to that work and demonstrates this through their /reporting mechanisms</p>	<p>See response to recommendation 1.</p> <p>At local level Healthwatch are beginning to develop their remit for children and young people and there are already examples of good practice.</p>
<p>3. All health organisations demonstrate how they have listened to the voice of children and young people and how this will improve their health outcomes</p>	<p>The <i>Better health outcomes for children and young people</i> pledge, signed up to by all the major players in the new health system, included as the first stated ambition 'that children, young people and their families will be at the heart of decision-making, with the health outcomes that matter most to them taking priority.'</p> <p>The Department of Health strongly supports the <i>You're welcome</i> quality framework.</p> <p>NHS England has committed in <i>Securing Equity and Excellence in Commissioning Specialised Services</i> that patients should be able to express their views on the services they have received and their experiences, and to do so using their chosen technology. NHS England has launched a new Youth Forum. Comprising twenty young people recruited from all over the country and linked in to a Facebook network of hundreds more young people, the forum aims to provide a voice for young people. The young people will work with NHS England, Public Health England and Department of Health to work in partnership with us to improve the services for young people. A critical element of the Forum's work will be embedding the Health and Wellbeing Manifesto within the CMO's report '<i>Our Children deserve better, Prevention pays</i>'. The forum will work closely with NHS England's Board to deliver their objectives. The delivery of the Forum is supported by the British Youth Council and a reference group of a wide range of youth sector partners. This group will also be part of the emerging NHS Citizen programme – a network of people and patients who can work with us to improve healthcare.</p> <p>CCGs have produced a set of common standards for all specialist services where children and young people are in hospital, including mental health services</p> <p>CQC purpose is to drive improvements, consulting on its strategic direction for next 3 years. As part of this consultation it ran focus groups with children and young people. CQC is developing an approach to involving children and young people in its inspection activity and also developing information about CQC in a child-friendly format.</p> <p>PHE states that listening to the views of children and young people is an essential component of developing its priorities. They have worked with a group of school pupils on matters to them about health and wellbeing, and will shortly be building on this with another group of young people as they test out PHE's thinking on next year's priorities.</p> <p>The Children and Families Act introduce change to the way in which commissioners of services for children and young people with special educational needs and disability will assess and plan their care. Provides an opportunity for health and social care to support enablement rather than management of</p>

	<p>disability. The Bill also includes duties to engage strategically with and consult children, young people and their parents including Parent Carer Forums. Approach seen as pivotal to improving both individual and collective outcomes.</p>
<p>4. The revised constitution is drafted in such a way as to be applicable to all children, young people and their families (DH)</p>	<p><i>The NHS Constitution for England</i> published March 2013. No specific reference to children, with only cursory references to children in the accompanying <i>Handbook</i>.</p> <p>The Expert Advisory Group's recommendations on how to make the NHS Constitution more practical and meaningful for patients and staff in England was published on 13 February 2014. Relevant recommendations included –</p> <ul style="list-style-type: none"> • We recommend that the Department, working with other organisations, focuses now on embedding the NHS Constitution and leaves content changes till later. • We recommend that the Department works with others, including voluntary sector organisations, to produce a range of easy-read and much shorter summary versions (for example young people). <p>The National Children's Bureau has, as part of its strategic partnership plan with the Department of Health, explored the idea of making the NHS constitution more accessible to young people. Subsequently the Council for Disabled Children has received funding from the Department of Health for a 3 year project called <i>Our Rights, Our Voices</i> to help children and young people understand their rights when using the health system by promoting the NHS Constitution.</p>
<p>5. DH should bring together all relevant partners to coproduce a children's health charter based on the principles of the UNCRC Article 12 P, and align these with the NHS Constitution. The application of these principles should be audited through the regulators</p>	<p>DH, the LGA, Healthwatch England and other key stakeholders, such as the National Children's Bureau, the National Youth Council and the Children's Rights Commissioner, are working in partnership to support local authorities and local Healthwatch organisations in understanding the issues that are important to children and young people's issues and becoming equipped to engage and involve children and young people in their work.</p> <p>The active and systematic involvement and participation of children and young people and their families is built into this work and the mechanisms being put in place to build momentum, in line with the observations of the UN Committee on the Rights of the Child on compliance of UK healthcare with the UN Convention on the Rights of the Child.</p>

Section 3 - Health Outcomes that matter most for children, young people and their families

Forum recommendations	What we know
6. With immediate effect, all data about children and young people are presented in 5 year age bands through childhood and the teenage years. This will allow relevant international comparisons of key outcomes as well as national or local comparisons of outcomes at significant transition points, such as joining secondary school and transition to adult life	<p>All data will be presented, where technically feasible and statistically robust, in single years or 5 year age bands up to 25 to enable effective transition to be monitored.</p> <p>(As examples of where this has happened) The NHS OF now publishes data in single years or 5 year age bands where appropriate, and the Health and Social Care Information Centre (HSCIC) recently published a detailed analysis of Hospital Episode Statistics for children and young people where the data was presented in five year age bands.</p>
7. Incremental improvements are made to data collection, to allow data to be analysed by gender and socio-economic status at population level, in order to ensure equity for health outcomes is addressed	<p>Nineteen of the 66 indicators in the Public Health Outcomes Framework (PHOF) 2013-2016 have a primary focus on maternity, children and young people. A further 21 include younger age groups alongside adults. The PHOF domain on the social determinants of health highlights the links between wider social factors and health outcomes.</p> <p>Significant development work is underway on measures of women's experience of maternity services (NHSOF), children and young people's experience of healthcare (NHSOF), child development at 2-2.5 years (PHOF) and school readiness (PHOF)</p>
8. Inclusion of a new indicator that reports the time to definitive diagnosis/start of treatment from first symptomatic presentation or contact with NHS services. Initially, we recommend this for a set of exemplar conditions including cancer, diabetes, meningococcal disease and epilepsy....this should be extended to other areas in due course eg autistic spectrum disorders and mental health problems in children and young people	<p>The NHS Outcomes Framework 2013-2014 includes measurable outcomes to demonstrate improvement in critical areas: for example in infant and perinatal mortality, and through better support to children and young people with asthma, diabetes and epilepsy</p> <p>DH is investigating the feasibility and appropriateness (according to agreed criteria) of implementing all of the Forum's wide-ranging recommendations on the development or extension of measures for the NHS, Public Health, Adult Social Care and Commissioning Outcomes Frameworks. The Department will not be able to add new indicators to the current PHOF which has been set for 3 years. The Forum's recommendations of additional indicators will be considered in the selection process for new indicators. Working with partners, including OGDs, DH will take forward a programme of work to explore detailed options and development costs to implement new or extend existing data sources and measures in the following priority areas:</p> <p><u>NHS Outcomes Framework</u></p> <ul style="list-style-type: none"> • Strengthening work on measurement of children and young people's experience of care, exploring extension of existing national surveys (such as GP patient survey) and Friends and Family test • Integrated care – Children's Health and Wellbeing Partnership has established a Task and Finish group to look at measurement of integration using the proposed survey of children and young people's experience as inpatients, as well as a framework to help measurement at a local level. • Time to diagnosis/start of treatment – development of a research question to look at how to measure time to diagnosis, and the proposed definition. The introduction and expansion of care.data is one of the new developments in data which could feed into this work • Transition from services for children or young people to those for adults • Impact of poor physical and mental health or disability on education
9. Composite indicator developed to look at the provision of integrated care for children and young people with a long term condition, disability or complex needs	<p><u>Public Health Outcomes Framework</u></p> <ul style="list-style-type: none"> • Maternal mental health – The Department of Health has commissioned the National Perinatal Epidemiology Unit to develop a new maternal mental health and wellbeing indicator for the outcomes framework. The indicator is expected to be ready in 2015. • The prevalence of mental health problems in children and young people. The Department of Health has been considering the options available for taking forward a new survey of children and young people to look at the prevalence of mental health conditions and have made funds available to commence this project in 2014/15.
10. DH includes a new outcome in the NHS Outcomes Framework to ensure that effective and healthy transitions take place between child centred and adult centred health care	<p><u>Public Health Outcomes Framework</u></p> <ul style="list-style-type: none"> • Maternal mental health – The Department of Health has commissioned the National Perinatal Epidemiology Unit to develop a new maternal mental health and wellbeing indicator for the outcomes framework. The indicator is expected to be ready in 2015. • The prevalence of mental health problems in children and young people. The Department of Health has been considering the options available for taking forward a new survey of children and young people to look at the prevalence of mental health conditions and have made funds available to commence this project in 2014/15.
11. Royal College of Physicians work with the Royal College of Paediatrics and Child Health and other Colleges to develop a plan, by 2014, to ensure that	No clear reference in system-wide response

<p>the health outcomes and the experience for transition are improved</p>	
<p>12. NICE produce a Quality Standard for age and developmentally appropriate care of teenagers and young adults, including through transition</p>	<p>The Department of Health has asked NICE to develop guidance on <i>Transition from Children to Adults' services</i>. NICE has begun work on this and expects to publish guidance by February 2016. A quality standard on the topic will follow shortly afterwards.</p>
<p>13. NHSCB, all clinical commissioning groups and LA commissioners of public health services commission services in a way that ensures that teenagers are managed in age-appropriate services – either in paediatrics, adult services or dedicated young people's services – and that a measure of this is included in the NHS Outcomes Framework. All services for teenagers should be commissioned using the quality criteria outlined in <i>You're Welcome</i></p>	<p>No clear reference in system-wide response</p> <p>PHE, NHS England and the Department of Health are collectively working on the recommendation in CMO's Annual Report 2012 that, alongside representatives of children and young people, they should build on the <i>You're Welcome</i> programme and the vision outlined in the <i>Better health outcomes for children and young people</i> pledge to create a 'health deal' which outlines the compact between children and young people and health providers, and creates a mechanism for assessing the implementation of this. We understand that an initial meeting is to take place in early May with key stakeholders and young people's groups will be involved in this work.</p>
<p>14. By 2013-14 DH and NHSCB incorporate the views of children and young people into existing national patient surveys in all care settings – primary care, community health care, acute/in-patients, neonatal units and outpatients. This should include the following:</p> <ul style="list-style-type: none"> • Provision of information about their care • Involvement in decisions about their care • Timely access to primary care • Children's experience of transition into adult services • Pain management • Accommodation for families during care where appropriate • Parent experience of neonatal care • Stigma and discrimination experienced by children in healthcare settings 	<p>The NHS Outcomes Framework 2013-14 has placeholders for developing an indicator for measuring improvements in children's and young people's experience of care. DH is working to identify the best ways to capture the patient experience of integrated care across all ages and patient groups, recognising that there will be different patterns of use and behaviour among specific groups of young people. The findings will inform the development of outcome measures</p> <p>NHS England intend to roll out the Friends and Family test to all areas, including children and young people, by 2015. NHS England and CQC are also planning to measure the experience of young people in inpatient settings from 2014. This survey will cover a number of areas identified as key gaps by the Forum, such as staying on an age-appropriate ward, feeling safe, and being the provision of information about their condition in a way that the child understands.</p>
<p>15. Colleges and specialist societies develop robust and evidence based outcome measures and indicators for the key conditions within their remit, and that these are transparently reported by service provider organisations for the information of children, young people and</p>	<p>No clear reference in system-wide response</p>

<p>their families as well as for commissioners and regulators</p>	
<p>16. DH with partners develop a population based survey of children and young people to look at trends in health and wellbeing</p>	<p>DH has appointed Ipsos MORI to trial the survey to test strategies for getting a response rate that can be robust enough to provide local level data. If this is successful – and we should know this very soon – and the trial shows that the response rate can be achieved then Ministers will take a view on rolling out the main survey so that data can be collected and ready for analysis in 2015.</p>
<p>17. In addition to the recommendations for the existing NHS and Public Health Outcomes Frameworks, the NHS CB uses the Forum's report as a starting point for positioning children and young people within the final Commissioning Outcomes Framework</p>	<p>No clear reference in system-wide response</p>
<p>18. The addition of identifiers into the pupil database and the child health information systems so that they allow subdivision of information by children with long term conditions and long-term mental health problems, disability, special educational needs and looked after children.</p>	<p>See response to recommendation 26 for progress on information/data sharing.</p>
<p>19. The addition of a marker in the existing Pupil Level Annual Census to identify previously unidentified/unknown conditions at school entry.</p>	<p>No clear reference in system-wide response</p>
<p>20. A new survey to support measurement of outcomes for children with mental health problems.</p>	<p>The Department of Health has been considering the options available for taking forward a new survey of children and young people to look at the prevalence of mental health conditions and have made funds available to commence this project in 2014/15.</p> <p>DH are working with Margaret Oates to look at how we can use the new CAMHS dataset to measure outcomes for children accessing mental health services.</p>

Section 4 - Acting early and intervening at the right time

Forum recommendations	What we know
21. The Forum recommends that all organisations in the new health system take a life course approach, coherently addressing the different stages in life and the key transitions instead of tackling individual risk factors in isolation	Life course approach now more commonly referred to within organisational strategies. PHE is leading a life course approach and children and young people are one of five priority areas
22. The Forum therefore recommends that Directors of Public Health and clinical commissioning groups work together with maternity and child health services to identify and meet the needs of their local population	Health and Wellbeing Boards, with their membership of CCGs, Directors of Public Health and Directors of Children's Services, together with a representative from local Healthwatch, have access to quantitative and qualitative evidence relating to the needs of children and young people in the area. Commissioners should look to provision of better-integrated care where this will help improve quality of reduce health inequalities
23. The Forum recommends that in 2013, DH explores the development of a new outcome measure on perinatal mental health, and implements it as soon as possible	The Department of Health will take forward a programme of work to explore detailed options and development costs to implement new or extend existing data sources and measures in priority areas, including maternal mental health. The department has commissioned the National Perinatal Epidemiology Unit to develop a new maternal mental health and wellbeing indicator for the outcomes framework. The indicator is expected to be ready in 2015.
24. The Forum recommends that Directors of Public Health , through their health and wellbeing board, ensure that they include comprehensive data for all children and young people within their JSNA – 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	Health and Wellbeing Boards, with their membership of CCGs, Directors of Public Health and Directors of Children's Services, together with a representative from local Healthwatch, have access to quantitative and qualitative evidence relating to the needs of children and young people in the area. Commissioners should look to provision of better-integrated care where this will help improve quality of reduce health inequalities. Many Health and Wellbeing Boards are taking a life course approach PHE supports local JSNA by providing data for LAs eg Child health profiles PHE and NHS England are developing a Health Visitor Dashboard to support the work on early years PHE have developed a schools dashboard and are developing an adolescents dashboard
25. The Forum recommends that: 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 quality and delivery of health and wellbeing for looked after children, which will lead to a measured reduction in their health inequalities The NHSCB only accepts GPs on the	Work programme in place to improve outcomes for vulnerable children, including looked after children: <ul style="list-style-type: none"> • Statutory guidance on JSNAs and Joint Health and Wellbeing strategies will emphasise that these must include the health and social care needs of all children and young people including those in vulnerable circumstances, such as looked after children or those who have been adopted. Due to their experiences, these groups have a high incidence of multiple and complex needs • The Deputy Children's Commissioner's Inquiry into child sexual exploitation in gangs and groups highlighted the disproportionate risks facing looked after children living in residential care, particularly those who are placed a long way from their home. <i>Health Working Group Report on Sexual Exploitation</i> published January 2014 makes recommendations to help health services improve prevention techniques and to achieve the best possible results for affected children and young people.. • Ofsted published updated <i>Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers (single inspection framework) and reviews of Local Safeguarding Children Boards</i> in December 2013. • Monitor and NHS England published <i>2014/15 National Tariff Payment Scheme</i> in December 2013 following a consultation exercise. It introduces a new mandatory price for health assessments of looked after children • In addition to the emphasis in both the Mandate and the JSNA and JHWs guidance, DH will ensure that evidence based material relevant to adoption is included in both the children and young people mental health e-portal (launched in March in 2014) and the NHS Information Service for Parents. DfE will fund NICE to develop guidance on care and services to promote permanence for children with attachment disorder issues, including those

local performers list who can demonstrate the level 3 competencies set out in the Intercollegiate Framework document, *Looked after children: knowledge, skills and competencies of healthcare staff* (2012)

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

The **NHSCB** should ensure the current work with stakeholders, including the Royal Colleges, led by SHAs, develop a tariff for the statutory health assessments for looked after children is implemented by the CCGs and that implementation of the Responsible Commissioner guidance promotes the health and wellbeing of looked after children placed out of their local area

CCGs and local authorities should specifically recognise care leavers in early adulthood (18-25) as well as looked after children, in their commissioning, including a requirement that children in care health teams include a focus on this group

who have been adopted by 2014/15

- NICE published quality standard on *Health and Wellbeing of Looked After Children and Young People* in April 2013.
- The Royal College of Nursing in conjunction with partner organisations will update the intercollegiate frameworks in light of NHS structural changes in England to ensure roles and responsibilities of all are clearly understood:
 - Looked after children: knowledge, skills and competence of health care staff
 - Safeguarding Children and Young People: roles and competences for health care staff
- CQC started a review in September 2013 to look at how health services work with others to promote the health and wellbeing of looked after children.

Section 5 – Integration and partnership

Forum recommendations	What we know
<p>26. The NHS Number is ideally placed to be used as a unique identifier, providing the cornerstone of interagency care records. ..Work should start on this immediately, led by DH, NHS CB and DfE</p>	<p>The Department of Health held a workshop on 21 March 2014, bringing together the wide range of organisations (including ADCS, ADASS, LGA, SOLACE, Department for Education, NHS Engalnd, HSCIC) with an interest in this issue, to discuss the benefits, barriers, risks and costs of extending the use of the NHS Number to children's social care.</p> <p>There is an opportunity with Local Authorities upgrading their IT systems to incorporate the NHS Number in their adult social care records database to upgrade their children's social care records database at the same time at marginal cost.</p> <p>The Department of Health (and the Forum) will work with the ADCS, LGA and SOLACE to see whether local authorities can be encouraged to upgrade their IT systems for children's social care to incorporate the NHS Number.</p>
<p>27. The Forum recommends that the National Curriculum Review currently taking place includes the promotion of health and well-being within the 'statutory aims' of the revised national curriculum. (DfE)</p>	<p><i>Not yet good enough: personal, social, health and economic education in schools</i> (Ofsted, May 2013). House of Lords debate, on amendments to Children and Families Bill, on PSHE on 28 January 2014. DfE Minister Lord Nash referred to –</p> <ul style="list-style-type: none"> • Reaffirming the importance of PSHE in the introduction to the new national curriculum. • Termly email (15 January 2014) to all schools reminded them about PSHE, emphasising it is considered a real priority. • Governors' handbook, published January 2014, encouraged them to hold teachers to account by asking constructive questions about the school's approach to pupils' wellbeing. • DfE making full use of digital channels, including DfE pages on <i>Times Educational Supplement</i> website, to steer teachers towards high quality resources on PSHE topics. • Establishing PSHE expert subject group to support better teaching and improve PSHE delivery. • Funding PSHE Association for a further financial year, and it will publish case studies. • Ofsted's inspection framework requires inspectors to consider pupils' spiritual, moral, social and cultural development when forming judgements. • PHE are working to with partners to update information on PHSE and developing briefings for headteachers, on the importance of emotional health and wellbeing for educational attainment and evidence base for local actions.
<p>28. NHS CB and Monitor prioritise and promote integrated care provision in their regulatory and performance roles within the NHS, and that they work with CQC and Ofsted in developing a framework across providers in other sectors providing services for children and young people.</p>	<p>The Mandate sets an objective for the NHS England to work with others to tackle practical barriers preventing services working together. NHS England is part of a single Integrated Care Collaborative programme with key national partners (DH, LGA, Monitor).</p> <p>Since the Forum's report was published CQC has begun making some significant changes to the way it inspects and regulates services, including some changes to how it inspects services for children. Last year CQC consulted on and then published a revised strategy. This confirmed CQC's purpose is to make sure health and social care services provide people with safe, effective, compassionate, high quality care and encourages services to improve. This includes services for children. CQC's role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and it publishes what it finds, including performance ratings to help people choose care.</p> <p>Monitor's main duty, as set out in the Health and Social Care Act 2012, is to protect and promote the interests of people who use health care services by promoting the provision of health care services that is economic, efficient and effective and that maintains or improves the quality of services. Monitor continues to fulfil its duty to enable the delivery of integrated care through the NHS provider licence, incentives offered by the payment system and choice, competition and procurement and through its regulatory options. Monitor recognise that integrated care is about person-centred, coordinated experience for all patients and service user, irrespective of age. Monitor's duty is applicable to all user groups that receive services from providers subject to the NHS provider licence.</p> <p>Monitor also continues to work closely with NHS England and others through the Integrated Care and Support Collaborative to set the strategic direction for integrated care and to support the health and care sector in delivering more coordinated models of care and improving outcomes for all users, not just children and young people. As part of this group, Monitor have also developed, and continue to actively support, the integrated care pioneers programme, many of whose work will impact at the individual, family and community levels.</p> <p>Ofsted published updated <i>Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers (single inspection framework) and reviews of Local Safeguarding Children Boards</i> in December 2013.</p>
<p>29. DH works with other Government</p>	<p>The <i>Better health outcomes for children and young people</i> pledge, signed up to by all the major players in the new health system, included a shared ambition</p>

<p>Departments and partners – such as the Local Government Association, the Society of Local Authority Chief Executives, and the Association of Directors of Children’s Services – to support better integration of health with education, social care and other local authority led services</p>	<p>that services will be integrated and care will be coordinated around the individual, with an optimal experience of transition to adult services for those young people who require on-going health and care in adult life</p> <p>The Children’s Health and Wellbeing Partnership, jointly chaired by DH and SOLACE, commissioned DH and relevant members to develop suitable indicators of integration of children’s services by 2015 to drive excellence in commissioning and provision. A task and finish group, including clinicians and commissioners, are developing at measurement of integration of children’s services using the proposed experience survey of children and young people, as well as a framework to help measurement at a local level. The Partnership are planning a seminar on integrated care and support for children and young people, with key stakeholders including Forum members, to identify priority actions to be taken.</p> <p>NHS England’s Business Plan 2014/15 -2018/19 includes a deliverable to develop aA model for integrated care from pregnancy through to the transition into adult healthcare produced by March 2016.</p> <p>The National Network of Patient Carer Forum’s (NNPCF) has developed a narrative of <i>What Good Integrated Care Looks Like in Transition</i> for young people with complex needs.</p>
<p>30. DH should work with partners to select some sentinel conditions and pathways which reflect needs along the life course in order to assess significant risks of gaps in services, including prevention, and identify action to improve integration of care as experienced by the child, young person and family</p>	<p>See response to recommendation 29.</p>
<p>31. DH should support health and wellbeing boards by encouraging them to use a broad range of quantitative and qualitative evidence, in a range of formats, including reflecting the contribution and insights of a wide range of local service providers, and local communities themselves</p>	<p>No clear reference in system-wide response.</p>
<p>32. The LGA, ADCS and SOLACE promote the health and wellbeing board factsheet locally as health and wellbeing boards develop</p>	<p>ADCS and others promoted the health and wellbeing factsheets when they were published.</p>
<p>33. The NHS CB consider how to harness the enormous potential for electronic care records to provide an accessible comprehensive record to inform professionals – and alleviate frustration of young people and their families</p>	<p>No clear reference in system-wide response</p>
<p>34. DH provide, as a matter of urgency, clarification on information sharing between professionals and across systems</p>	<p><i>Information: To share or not to share? Government response to Caldicott Review</i> published September 2013. The ambitions of the response were:</p> <ul style="list-style-type: none"> • Everyone will feel confident that information about their health and care is secure, protected and shared appropriately when that is in their interest. • People will be better informed about how their information is used and shared while they are receiving care, including how it could be used in anonymised form for research, for public health and to create better services. • If people don’t want their information to be shared in this way, they will know how to object if they want to.

- People will be increasingly able to access their own health and care records.
Jean Gross report *Information sharing in the foundation years* published November 2013 includes examples of good practice.

Section 6 - Safe and sustainable services

Forum recommendations	What we know
<p>35. The Forum recommends that there is a nationally designated, strategic managed network for children and young people. This should include maternity and neonatal care. The network should incorporate:</p> <p>All children and young people services within the Specialised Services Definition Set</p> <p>All parts of relevant pathways, from specialist centres through DGHs 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.</p>	<p>The 12 Maternity and Children's Strategic Clinical Networks throughout England are forming work programmes which reflect the national children and young people's agenda while adding their own variations as a local priority. Catherine Calderwood and Dr Jacqueline Cornish were invited to speak at almost all of the Network launches with PHE have also been fully involved, and they have brought the clinical, managerial and improvement leads together for structured days of plenary talks and the sharing of problems and solutions between the 12 Network teams. Locally Strategic Clinical Networks are working with Public Health England to look at the full pathway including prevention.</p> <p>Meeting held in February 2014 between the NCDs with the Strategic Clinical Networks and many of the CCG Maternity, Children's and Child Mental Health leads together with area team representation. Objective was to open a dialogue on shared values for the improvement of children and young people's outcomes and steps towards vertical integration of NHS commissioning structures, followed by horizontal integration with bodies such as education, the Local Government Association and social care. The intention is that this will have helped to smooth pathways for children, from pre-conception, maternal health and birth to transition, which will of course include the voice and recommendations of young people themselves, such that this will be a co-production and truly collaborative.</p> <p>The first meeting of the NHS England Children and Young People's Forum was held in January 2014. This brought together individuals within all of the NHS Directorates working on children and young people, so that they can understand the extent of the work being undertaken, where the vital partnerships are, and outline a co-ordinated response to the Pledge, with people allocated and timeframes described. This is a welcome development, giving a critical overview of current activity and reinforces NHS England's commitment to children and young people. This work will address improvements in outcome, safety and patient experience, encompassing all of those indicators in the Mandate and recent refresh.</p> <p>NHS England's Business Plan 2014/15 – 2018/19 includes: deliver the Mandate commitment for maternity of support for postnatal depression, choice for women and all or most of the care delivered by a named midwife • deliver NHS England commitments in key national reports on maternity and children's services. This includes recommendations from children's plans, the National Audit Office (NAO) report into Maternity Services Value for Money and the Care Quality Commission (CQC) report into Women's Experience of Maternity Care Best practice guidance to support the implementation of the suite of recommendations from reviews across maternity and children & young people services produced by April 2015 NHS England will set up a Women and Children's programme board to oversee the work of the Mandate. The first meeting will take place in April 2014.</p>
<p>36. The Medicines and Healthcare products Regulatory Agency with immediate effect prioritises pharmacovigilance of children's medicines, including medication errors and off-label use, in line with the new EU legislation effective in July 2012</p>	<p>The UK is playing a key role in ensuring effective implementation of the pharmacovigilance legislation, including maximising its impact on safe use of children's medicines. The new European Pharmacovigilance Risk Assessment Committee has reviewed a number of medicines used to treat children. The first referral to the Committee, was to review the safety of codeine for post-operative pain relief in children with sleep apnoea undergoing tonsillectomy or adenoidectomy. There is work on-going to strengthen the European guideline on paediatric pharmacovigilance and to update guidance on excipients including those with paediatric-specific issues. The UK has led a number of these safety reviews.</p> <p>The MHRA is taking forward a communications campaign which is focusing on Yellow Card reporting of adverse drug reactions (ADRs) in children. MHRA has commissioned research as part of this campaign to understand awareness levels of the Yellow Card Scheme. This has highlighted some geographical differences in recognition of the Yellow Card Scheme and in the likelihood of parents or carers reporting side effects in children.</p>

	<p>[http://www.mhra.gov.uk/NewsCentre/Pressreleases/CON390434]</p> <p>MHRA is working to update advice on reporting of ADRs in children, including following off-label prescribing.</p> <p>The online ADR reporting form has been updated to make it easier to report ADRs suspected to be associated with drug exposure in pregnancy. Communications will be issued around this shortly, which will include an article in the MHRA's Drug Safety Bulletin, Drug Safety Update.</p> <p>MHRA is working with NHS England to provide clear advice on medication error reporting and establishing improvements in sharing of medication error data.</p> <p>The Department of Health asked the MHRA to review the regulations regarding schools holding asthma inhalers for emergency use. Following a review of the benefits and risks, the Commission on Human Medicines (CHM) recommended that schools should be allowed to hold a salbutamol inhaler with an appropriate spacer for use in an emergency, if a child presents with an acute asthma attack. The CHM concluded the legislation should be changed accordingly. The MHRA will consult on changing the regulations to allow schools to hold an emergency inhaler, starting in late April, with the change to legislation to take effect in October. The Department has worked with stakeholders such as Asthma UK to develop guidance for schools, on which the public will also be consulted.</p>
<p>37. 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</p>	<p>NHS England will prioritise service configurations that balance specialisation versus care close to home.</p>
<p>38. The Forum recommends that the NHS CB, with CCGs, address service configuration to meet the needs of children and young people on a sustainable, safe and high quality basis</p>	<p>NHS England have established a Children and Young People's Patient Safety Expert Group. Forum's response to the Francis Inquiry report, which highlighted specific issues of patient safety that are most relevant to children and young people, has been shared with the Expert Group. NHS England are leading the development of a children and young people's patient safety strategy to ensure that children and young people are kept safe from avoidable harm whenever they put their trust in our healthcare system. They will prioritise service configurations that strike a balance between specialisation/centralisation of services versus care closer to home. This applies to support to CCGs in their commissioning and to directly commissioned services including specialised children's services. Following a current review of paediatric neurosurgical services, children's neuroscience networks will be established across England with the aim of stronger coordination of care for patients and families and aiming for 24/7 paediatric care.</p> <p>NHS England will roll-out programmes using improvement methodology through the Strategic Clinical Networks (including that for Maternity and Children's Services) to address each of the main safety areas for children and young people.</p> <p>NHS England are also developing a General Paediatric Specification which should ensure a consistent approach for all inpatient services where children are cared for.</p> <p>Design day event, organised by Dr Mike Durkin, NHS England National Director of Patient Safety, in January 2014 brought together 120 leaders and experts in patient safety. Aim is to have 15 localised teams (or local collaboratives) spread across the country, with local people from both inside and outside the NHS working together to build local learning systems capable of continually improving care at the front line and reducing the likelihood of harm to patients. These teams will come together to share their learning so that the lessons learned can be spread benefitting patients right across the NHS.</p> <p>NHS England's Business Plan includes:</p> <ul style="list-style-type: none"> • get a better understanding of what goes wrong in healthcare including through improving completeness of reporting to the National Reporting and Learning System (NRLS), developing a new national patient safety incident reporting system, developing patient safety thermometers, and creating the first ever direct national measures of patient safety using retrospective case note review

	<ul style="list-style-type: none"> • Tackling patient safety priorities, including Failure to monitor children and neonatal admissions <p>Deliverables:</p> <ul style="list-style-type: none"> • A young patient/parent participation package that would include work on the evidence base and a framework for how to best participate in safer care by March 2015 • Make progress in implementing the national report on child sexual exploitation and recommendations in the female genital mutilation inter-collegiate guidelines within 2014/15. • The first wave of the child protection information sharing system will be implemented in May 2014.
<p>39. DH adopts the indicator in Domain 5 of the NHS Outcomes Framework to measure all drug errors that reach patients</p>	<p>No clear reference in system-wide response</p>
<p>40. From April 2013, the reporting of these errors to the NRLS becomes mandatory as part of the reporting for the NHS Outcomes Framework and that this becomes part of the regulatory framework for CQC and Monitor</p>	<p>The number of serious medication errors reported to the NRLS already forms part of the NHS OF and serious medication errors have to be reported to CQC under CQC's registration requirements. In addition NHS England is exploring how to improve measurement of patient safety in general through a new indicator related to in-hospitals deaths involving unsafe care and specifically in relation to medicines, through the development of a specific medicines 'safety thermometer' - a point prevalence survey tool to measure harm in care related to common medication errors. Mandating the reporting of all medication errors would be very onerous to the NHS and the regulators, detracting from patient care and of unclear benefit.</p> <p>Monitor note that the system wide response (February 2013) stated that 'mandating the reporting of all medication errors would be very onerous to the NHS and the regulators, detracting from patient care, and of unclear benefit'. Monitor's <i>Risk Assessment Framework</i> sets out their expectation that NHS Foundation Trusts inform Monitor of issues that could have a material impact on their financial risk or reflect potential governance issues. It does not reference the reporting of medication errors specifically, but asks NHS Foundation Trusts to report e.g. patterns of serious incidents or (by exception) any never events. In order to ensure that NHS Foundation Trust boards promote a quality focussed culture throughout the Trust, their Quality Governance Framework sets out the importance of staff feeling comfortable reporting harm and errors.</p>
<p>41. With immediate effect, the Royal Pharmaceutical Society works with the Colleges and the NHS Institute for Innovation and Improvement to develop a bundle of interventions in order to eliminate or reduce drug errors</p>	<p>The Royal Pharmaceutical Society is working with the RCPCH and the Chief Pharmaceutical Officer Dr Keith Ridge on action. The Chief Pharmaceutical Officer and the President of the RCPCH commissioned a robust review of the evidence base relating to medication errors and effective reduction. Based on the findings, this has led to discussion on how the Colleges could share learning on errors and quality improvements and ensure e-prescribing such as that used at Birmingham Children's Hospital is rolled out widely. It is likely that the next round of the Technology Fund initiative will require bidders for e-prescribing to include paediatric needs against specifically designed criteria, as well as exploring whether it is feasible to adapt BCH underpinning e-prescribing database for use elsewhere, thereby avoiding duplication and accelerating deployment. A bid has been put forward to the Department of Health for funding to support further workstreams identified by the evidence review –</p> <ul style="list-style-type: none"> • To develop guidance and implementation support for electronic prescribing for children across NHS. • To establish a quality improvement network to develop and share good practice in medicines safety improvement initiatives. • To set up a trusted information source, including clinical decision support tools, based on the American system Paediatric Care Online. • To warehouse existing paediatric prescribing educational resources, conduct a gap analysis, and if appropriate develop any additional required resources. <p>However, resourcing to support this may be problematic and unless resource can be found, the programme cannot progress. The evidence review is likely to be published in the near future.</p> <p>The Department of Health will work with the Royal College of Paediatrics and its key stakeholders to explore the potential to develop a UK version of Paediatric Care Online including tools to support electronic prescribing.</p>
<p>42. DH commissions a study in 2013 to quantify the harm to children and the costs that arise due to errors from unlicensed and off-label prescribing and through lack of age appropriate formulations and using the findings, works with the industry and academia to develop properly the use of all medicines, whether old or new, starting with those medicines producing the most harm</p>	<p>The Medicines Board, a sub group of the CMO's Children and Young People's Health Outcomes Board, undertook a systematic review which found that an accurate picture of the rate and type of paediatric medication error (PME) in the UK is not available due to evidence being submitted on a voluntary basis and inconsistently reported. There is no strong evidence of what works except for electronic prescribing. The Medicines Board will develop an action plan and recommendations building on the evidence base and linking into National Institute for Health Research (NIHR) work on medicines in children and the NHS England Child Safety Committee. This plan will be presented at the CMO's Board meeting in May 2014.</p>

Section 7 - Workforce, education and training recommendations

Forum recommendations	What we know
<p>43. HEE should prioritise children and young people, providing early strategic direction for workforce planning, education and training for the core and specialist children's health workforce</p>	<p>HEE agrees in principle with the recommendations. The DH will work with HEE on the steps needed to provide a safe and sustainable healthcare workforce for children and young people. The Education Outcomes Framework (EOF) is the high level strategic workforce planning, education and training framework. The EOF sets out the key domains which will be used as a basis for DH to hold HEE to account for the outcomes it secures through the LETBs and its oversight of the commissioning of education and training services.</p> <p>On-going discussions between HEE, DH, RCPCH, RCN, NHS England and members of the Children's Health and Wellbeing Partnership to develop a strategic approach to workforce planning and commissioning for children and young people.</p> <p>The Department of Health published Delivering high quality, effective, compassionate care: <i>Developing the right people with the right skills and the right values – A mandate from the Government to Health Education England: April 2013 to March 2015</i> which provides details of the strategic objectives in the areas of workforce planning, health education and development for which Health Education England and Local Education and Training Boards (LETBs) have responsibility. The Mandate includes a section on <i>Early Years – Best Start in Life</i> which includes the following –</p> <ul style="list-style-type: none"> • To enable children to get the best start in life, prevention and treatment services from pregnancy through to adolescence and young adulthood need to be high quality, evidence-based and safe. These services need to be delivered in the right place by a properly planned, educated and trained workforce. • NHS and public health staff across a range of professions should work in partnership for the benefit of children and young people. They will require appropriate training to help them reach a joint and holistic view of a child's needs and development and enable them to provide support to mothers and to children in their early years and as they grow. • HEE will work with PHE and local authorities to ensure a well educated workforce for school aged children and young people and in particular school nurses.
<p>44. HEE should identify a lead LETB to co-ordinate education, training and workforce development to reduce variability and maintain national standards</p>	<p>See response to recommendation 43.</p>
<p>45. HEE should address the workforce education, training and development requirements (including capacity and capability) to refocus service provision at home or closer to home.</p>	<p>See response to recommendation 43.</p>
<p>46. As a matter of priority, the Centre for Workforce Intelligence, in conjunction with key professional bodies, including the Royal College of Nursing (RCN), RCPCH, the Royal College of General Practitioners (RCGP), Royal College of Psychiatrists (RCPsych), British Psychological Society (BPS), AHP bodies and other medical Colleges whose members provide services to children and young people, should undertake a scoping project to identify and address the issues of providing a safe and sustainable children and young people's healthcare workforce</p>	<p>The Centre for Workforce Intelligence (CfWI) has identified the children and young people's workforce as an area where work should be undertaken in the next business year, subject to agreement of the Commissioning Group. In order to ensure that the views of the Children and Young People's Health Outcomes Forum are fully understood and feed into the business planning process.</p>

<p>47. The RCGP proposal to extend GP training to allow for adequate training in paediatrics and physical and mental child health is supported (DH)</p>	<p><i>Securing the future of excellent patient care: Final report of the independent review led by Professor David Greenaway published.</i></p>
<p>48. All general practices that see children and young people should have a named medical and nursing lead. (RCGP)</p>	<p>RCGP support this aspiration - the presence of a named lead at practice level is one of the most effective means by which care can be enhanced in primary care. The practical and resource implications of establishing a lead in every practice require further exploration. RCGP is committed to working with NHS England, DH, the General Pharmaceutical Council (GPC) and others to consider this proposal in more detail.</p>
<p>49. 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</p>	<p>NHS England either directly commissions, or supports CCGs to commission services for children and young people that are delivered by professionals with appropriate knowledge and skills. This is applicable to the clinical commissioning guidance developed to support CCGs and through the specialised commissioned National Programme of Care for Women and Children.</p> <p>CQC inspects providers of NHS primary medical care against standards on staffing and the skills and competences of staff. In inspections of GP practices and out-of-hours services as well as answering the five key questions (Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they well led?) CQC will look at the quality of services in a practice through the lens of mothers, babies, children and young people and we intend to rate practices for the quality of care they provide to this population group (as well as a number of other key population groups). CQC will begin testing their new approach in GP practices from April 2014 and by April 2016 they will have inspected and rated every GP practice and GP out-of-hours service in England.</p> <p>NHS England's business plan 2014/15 – 2018/19 includes the following deliverables: Develop guidance for CCGs to ensure children with SEN have access to services in their care plan based on a single assessment across health, social care and education by March 2015. Identify gaps in delivery of the transfer of responsibility for special educational needs commissioning from the current series of national events and develop support for CCGs by March 2015.</p> <p>The RCGP and RCPCH will continue to work together to develop opportunities for all GPs to experience acute childhood illness in a specialist setting during their GP Specialist Training Programme.</p> <p>The Royal College of Physicians (RCP) are keen to maintain a strong focus on adolescent and young adult health. The RCP's Young Adult and Adolescent Steering Group plans to influence its members and fellows, through highlighting the issues, guidance and disseminating evidence-based practice. The Steering Group has worked (and continues to work) on involving young people in its initiatives. The RCP intends to work with the RCPCH to produce a common competency framework with appropriate training for physicians providing adolescent and young adult care.</p> <p>RCN and RCGP published revised <i>Getting it right for children and young people. A self-assessment toolkit for practice nurses</i> in January 2014 which establishes a clear framework outlining the expected knowledge, skills and competence of all nursing staff in GP practices, walk-in-centres and minor injury units.</p>
<p>50. All the relevant Royal Colleges should work together to agree skills and competencies in child health</p>	<p>See response to recommendation 49</p> <p>In April 2013, the RCPCH and RCN hosted a Children's Health workforce conference in partnership with the College Youth Forum and over 200 professionals from a range of services attended. The Colleges also emailed their members to feedback on key workforce challenges. following this conference , RCPCH developed a high level workforce strategy and a short/long term action plan which is now underway RCPCH and RCGP have agreed to work collaboratively to develop the right model(s) of care for children and young people</p>
<p>51. All general practice staff should be adequately trained to deal with children and young people.</p>	<p>See response to recommendation 49</p>

Section 8 - Knowledge and evidence

Forum recommendations	What we know
52. PHE should develop national campaigns specifically focused on children and young people, with their input	<p>PHE promotes targeted public health action on a range of health issues, including those facing children and young people.</p> <p>Change4Life and Start4Life are national campaigns specifically focused on children and young people. FRANK and developing work on adolescents</p>
53. The Forum strongly recommends that, once established, the maternity and child health dataset will need to be extended in particular to enable tracking of -child development outcomes at age 2-2.5 years as included in the PHOF -care and outcomes associated with the Improving Access to Psychological Therapies (IAPT) initiative -care and outcomes for children with disabilities and complex conditions	<p>The Maternity and Children's Dataset (MCDS) is a key element that will inform outcome measures. The NHS England business plan 2014/15-2018/19 includes a deliverable to implement the maternity and child datasets. It is anticipated that the Dataset will be in place during 2015.</p> <p>The Child and Maternal Health Intelligence Network will provide some of the central support that NHS providers are likely to require for the implementation of the Maternity Child and CAMHS datasets.</p>
54. The NHS CB with support from the Health and Social Care Information Centre , establish electronic child health records accessible for both patients and professionals	<p>NHS England Mandate sets out that:</p> <ul style="list-style-type: none"> - Everyone who wishes will be able to get online access to their own health records by their GP by March 2015 - NHS England will promote the implementation of electronic records in all healthcare settings - Work will be done to develop secure linking of these electronic health and care records wherever they are held, so there is as complete a record as possible of the care someone receives - Clear plans will be in place for those records to be able to follow individuals, with their consent, to any part of the NHS or care system - Everyone will be able to book GP appointments and order repeat prescriptions online - Everyone will be able to have secure electronic communication with their GP practice with the option of e-consultations becoming much widely available - Significant progress will be made towards 3 million people with long-term conditions being able to benefit from telehealth and telecare by 2017 <p>RCGP with a number of partners and stakeholders has a project in place to establish patient online access to their own health records. The issues relating to children and young people form part of the project. On telehealth and telecare, children and young people with diabetes in the East of England are part of a project examining the use of these technologies, with very good short term outcomes to date.</p>
55. The NHS CB with support from the Health and Social Care Information Centre , improve the quality of routinely collected data, collecting them once and using them for multiple purposes, as well as making secondary uses data readily available to and useable by clinical professionals	<p>Child Health Information Systems (CHIS) are patient administration systems that provide a clinical record for individual children and support a variety of child health and related activities, including universal services for population health. CHIS are recognised as the main record of child health at a local level, including immunisation, screening, on-going development and any specific issues.</p> <p>Work has been ongoing to improve and bring greater consistency to CHIS across England. A comprehensive national clinical specification of functionality was published in 2012 and underpins arrangements with the NHS CB, which will be responsible for ensuring the effective provision of CHIS from April 2013. The intention is to:</p> <ul style="list-style-type: none"> - Improve data quality, collect once and enable sharing - Allow for better information exchange across other multiple agencies leading to improved outcomes for the child - Help to deliver consistency in functionality and efficacy of these important information systems during transition to the future health and care systems - The commissioning responsibilities for CHIS will remain with NHS England until they are reviewed in 2020. <p>There have been delays to the MCDS (Maternity and Care Data Sets) project but the strategic commitment to the implementation of MCDS remains unchanged.</p>

	<p>NHS England, following discussions with the DH, DfE and PHE, has commissioned the Healthcare Quality Improvement Partnership (HQIP) to undertake a one year development pilot to create a National Child Death Overview Panel (CDOP) Database. The Database will capture primary data at an individual child level, thus assisting the identification of unusual causes of death and modifiable factors as well as deriving population trends. There has already been interest from the devolved administrations to join this pilot. NHS England have also commissioned the development of a perinatal clinical audit.</p>
<p>56. The content of existing datasets is improved- in particular, PHE and HSCIC to improve the flow of data from primary care by 2014, PHE and DfE to improve the aggregation and use of data from Child Death overview panels by 2014, and DH, DfE and PHE to improve data about children with disability and complex needs by 2015</p>	<p>The Chief Knowledge Officer's Directorate within PHE will produce a regularly updated report on indicators within the PHOF. This will include benchmarking information for local authorities wherever possible broken down to ward-level information. PHE will deploy successful approaches taken toward surveillance of health protection issues to a range of health challengers including those facing children and young people, to better promote targeted public health action. The Chief Knowledge Officer's directorate will build on the success of disease registration for cancer to extend surveillance on congenital abnormalities to 100% coverage. In order to enable the Forum and others to monitor and manage progress against improvement objectives over time a benchmarking tool of outcomes for children and young people, using a selection of indicators both existing and in development, has been established and was published by PHE in January 2014.</p> <p>The HSCIC have a role to collect, de-identify, link and publish information, in order to support decision making and innovation. The maternity and children's dataset is the means to do this: by taking data from a mother's maternity record and from Child Health Information Systems it will provide the data source to report on how well NHS and Public Health Services are improving outcomes for women and children.</p> <p>The Chief Knowledge Officer's directorate will build on the success of disease registration for cancer to extend surveillance on congenital anomalies to 100% coverage. This will enable both early identification of threats to population health and better management of individual cases promoting better long-term outcomes.</p> <p>PHE's Chief Knowledge Officer will provide a Senior Responsible Owner role for CHIS, managing agreements with the NHS Commissioning Board and ensuring continuous improvements are promoted, PHE will continue the project started during 2012 to promote better links between maternity services and CHIS.</p> <p>Despite delays, HSCIC are working on the development of the data sets to include childhood disability and are currently reviewing the RCPCH work.</p> <p>The Child and Maternal Health Intelligence Network will explore how to extract and use data from Child Death Overview Panels to better understand threats to child safety and lead to improved approaches to safeguarding.</p>
<p>57. CMO consider how an intelligence network for children and young people's healthcare, which crosses all settings can be established by 2013 to drive up standards and effective use of data, information and intelligence in decision making in order to support the Forum's recommendation on a research strategy</p>	<p>Child and Maternal Health Intelligence Network established, hosted and facilitated by PHE. Led by Forum Co-Chair Professor Ian Lewis the Network pulls together stakeholders from across the system, including PHE, NHS England, the Health and Social Care Information Centre (HSCIC), Royal Colleges, academia and the voluntary sector, to focus on the creation and utilisation of the best possible data, information and intelligence.</p>
<p>58. Interoperability standards, to be required in the future of NHS Information systems under new DH guidance, be applied also to interoperability with educational and social care systems</p>	<p>No clear reference in system-wide response.</p>
<p>59. NICE and NHS CB work with RCPCH and other Colleges and professional bodies to expand and prioritise the Quality Standards work programme as it applies to children and young people</p>	<p>With regard to the four specific quality standards mentioned in the Forum's initial report: the quality standard on bacterial meningitis and meningococcal septicaemia was published in June 2012; the quality standard on epilepsy in children was published in February 2013; the quality standard on the diagnosis and treatment of asthma in adults, young people and children was published in February 2013; the quality standard on atopic eczema was published in September 2013.</p>
<p>60. CMO uses her role as head of research and development to stimulate the development of academic child health, both physical and mental and the evidence base for practice and improving outcomes</p>	<p>This issue was discussed at CMO's Children and Young People's Health Outcomes Board held in November 2013. In February 2014 the National Institute for Health Research (NIHR) issued a call for evaluative research for long-term conditions in children and young people. The research will aim to provide the evidence base to improve the health outcomes for children and young people that result from long-term conditions. The call is in support of CMO's 2012 Annual Report. NIHR has also established an integrated academic training pathway for outstanding clinical academics. Paediatrics is now one of the best represented specialties in this programme with 43 Academic Clinical</p>

Fellows and 10 Clinical Lecturers in paediatric specialties receiving NIHR funding since 2012. The RCPCH has launched a targeted awareness raising campaign around children and young people's health services research to support the call for evaluative research.

Section 9 - Leadership, accountability and assurance

Forum recommendations	What we know
<p>61. All organisations in the new health system, including DH, Public Health England, the NHS CB, Monitor, CQC, Health Education England, local authorities and CCGs, should clearly set out annually:</p> <p>Their ambition for improving the health outcomes for children, young people and their families, recognising the specific needs within the whole life course;</p> <p>How they exercise their responsibility for improving the health and wellbeing of children and young people at every level of their organisations – national, regional and local;</p> <p>Their plans for expenditure to deliver and improve child health.</p> <p>DH hold to account explicitly for improving health outcomes for children and young people every statutory organisation that it funds (eg through Framework Agreements, Mandate to NHS CB and accountability reviews and reports. NHS CB should do similarly with all organisations that it funds</p>	<p>DH established a new Children and Young People's Health Outcomes Forum to keep up the momentum for improvement to outcomes for children and young people. The Forum held an Annual Summit, involving Health Minister Dr Dan Poulter and the Chief Medical Officer (CMO), to monitor progress on child health outcomes.</p> <p>The <i>Better health outcomes for children and young people</i> pledge, launched by Health Minister Dr Dan Poulter and signed up to be all the major players in the new health system, included a shared ambition that there will be clear leadership, accountability and assurance and organisations will work in partnership for the benefit of children and young people. The pledge was subsequently extended to local authorities and Health and Wellbeing Boards. The NHS Mandate 2014/15, published in November 2013, includes an objective for NHS England to work with partner organisations to ensure that the NHS takes forward the pledges they signed up to.</p> <p>The Children's Health and Wellbeing Partnership (CHWP), co-chaired by DH and SOLACE (Society of Local Authority Chief Executives), was established in 2013 to bring together key national organisations to lead and commission work which requires a multi-agency approach to improve children and young people's health and wellbeing. The CHWP have agreed a common principle of retaining a clear focus on the recommendations of the Children and Young People's Health Outcomes Forum to deliver its core objectives.</p> <p>The CMO has established a new Children and Young People's Health Outcomes Board which brings together key system leaders in children's services with the aim of bringing coherence and a sustained focus on improving outcomes across the whole child health system</p> <p>CMO's 2012 Annual Report <i>Prevention pays – our children deserve better</i> focussed on children's health and wellbeing. In order to support services, including those for children and young people, a number of Networks have been established –</p> <ul style="list-style-type: none"> • multi-professional Senates, • Strategic Clinical Networks (including one for Maternity and Children), • Local Professional Networks, • Operational Delivery Networks, and • Other Local Networks (including Academic Health Science Networks and Research Networks). <p>One of PHE's five key priority areas are children and young people, focusing on early years, childhood obesity, troubled families and the Early Intervention Foundation</p> <p>Monitor will continue to consider the impact of its regulatory work on the children and young persons user group as it would for any users of healthcare services. Monitor recognises that this is most likely to be in relation to its ongoing work on the development of the payment system, enabling integrated care and assuring the continuous delivery of quality services.</p> <p>The NHS England business plan 2014/15 – 2018/19 includes a deliverable to develop an implementation plan for the Children and Young People Pledge and implement key aspects of the Pledge on behalf of the organisation by March 2015.</p>
<p>62. DH, the NHS CB and PHE should identify national clinical leadership on children and young people for example</p>	<p>NHS England has appointed 5 National Directors, one for each domain of the NHS Outcomes Framework. In addition to these, it is appointing a number of National Clinical Directors including a National Clinical Director for Maternity and Women's Health and a National Clinical Director for Children and Young People and Transition to Adulthood.</p>

<p>through a deputy reporting to the CMO in DH, and a National Clinical Director reporting to the Medical Director within the NHS CB</p>	<p>The NCDs have a responsibility for driving improvement in their area. Specifically, they drive and enable change on key areas for action, engage with clinicians and patients, agree outcomes by which services will be judged, and support NHS England to construct the suite of commissioning instruments to effect that change.</p> <p>Public Health England appointed a Director of Children, Young People and Families, a Chief Knowledge Officer and a Programme Director for Child and Maternal Health Intelligence Network, who will provide clear leadership for these areas.</p>
<p>63. Local commissioners, including CCGs and local authorities, should identify a senior clinical lead for children and young people and these senior clinical leads should be part of the health and wellbeing board advisory process</p>	<p>The Department of Health is developing some guidance for Health and Wellbeing Boards which emphasise the importance of tackling children's complex needs, and the role of senior clinical leadership.</p>
<p>64. CQC should make maximum use of thematic reviews to examine aspects of the new health system from a children and families' perspective</p>	<p>CQC is exploring how thematic reviews or themed inspections can be used to make judgments about the quality and safety of health services from a children and families perspective. This may include working with Ofsted, HMI, Prisons, HMI Probation, HMI Constabulary and HM Crown Prosecution Service Inspectorate to develop a new programme of inspections of child protection arrangements to start in June 2013. Inspections will focus on the child's journey and experience through all of the health systems.</p> <p>In September 2013 CQC introduced a new programme to inspect local health service arrangements for safeguarding children and for looked after children and care leavers. CQC, Ofsted and the other inspectorates are developing plans to commence multi-agency inspections of local arrangements for these groups in 2015. In addition CQC has recently completed a review of children's transition to adult health services. They looked at the transition arrangements within health services for young people with complex health needs. CQC are due to publish their findings in Spring 2014.</p> <p>CQC will continue to consider where they can effectively use their powers to carry out special reviews to examine aspects of the health system from a children and families perspective, working with other inspectorates where appropriate.</p> <p>CQC appointed Dr Sheila Shribman as a lead to advise them on the inspection of children's health services. This will initially be alongside hospital inspections with further work in other sectors. Followed up by the CQC inviting Forum members to a stakeholder event in January 2014 to test out whether the new model for hospital inspection is fit for purpose for children and young people.</p>
<p>65. Monitor, CQC and Ofsted collectively produce a clear joint statement which demonstrates how they will work together to foster integration of key services and partnership across sectors</p>	<p>CQC have a Memorandum of Understanding with Ofsted and Monitor and work closely with them.</p>
<p>66. DH and the NHS CB should publish a full accountability framework for safeguarding children in the wider health system as soon as possible. This should include the responsibilities of commissioners and providers of adult services</p>	<p><i>Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework</i> (NHS England, 2013) published to complement revised statutory guidance from the Department for Education, providing clarity on roles, responsibilities and accountabilities in a complex, multi-agency system.</p> <p>DH and NHS England have established a Safeguarding Children Transition Board, bringing together key system leaders in order to develop a shared understanding of respective responsibilities from April 2013.</p> <p>DH has commissioned NICE to develop a health and social care quality standard for child maltreatment, with a focus on the recognition of and response to concerns about abuse and neglect and effective interventions.</p> <p>A number of indicators in the Public Health Outcomes Framework are relevant to safeguarding, including the measurement of child development at 2-2.5 years, and others such as those relating to school readiness, alcohol related hospital admissions and domestic violence.</p> <p>DH's child protection information sharing project, announced in December 2012, will enhance national IT systems in emergency departments and other unscheduled care settings to include information on the child protection status of individual children. It will start to be introduced in NHS hospitals in 2015. The project has the strong support of DfE and other key partners.</p>

<p>67. The NHS CB accept on local performers lists only GPs who can demonstrate level 3 competences as set out in the intercollegiate document Safeguarding Children and Young People: roles and competences for health care staff (2010)</p>	<p>See response to recommendation 66.</p>
<p>68. PHE should work in partnership with HEE to assess at the earliest opportunity the workforce required to support Directors of Public Health ensuring the needs of children and young people are met locally, and create a public health workforce development programme with maternity, children and young people at its heart</p>	<p>PHE are developing a work programme for the public health workforce related to children. This will start with continuing professional development for the public health specialist workforce within local authorities.</p> <p>PHE is working with the Department for Health on school nursing and health visitors</p>
<p>69. As part of the new multi-agency inspections, CQC consider how all parts of the health system, including relevant adult services (mental health, drug and alcohol services for example) contribute to effective local safeguarding</p>	<p>In September 2103 CQC introduced a new programme to review local health service arrangements for safeguarding children and for looked after children and care leavers. Full details of these inspections can be found here: http://www.cqc.org.uk/public/publications/themed-inspections/child-safeguarding-and-looked-after-children-inspection-progr</p> <p>CQC, Ofsted and the other inspectorates are developing plans to commence multi-agency inspections of local arrangements for these groups in 2015. CQC will consult soon on their proposals for these multi-agency inspections.</p> <p>Both inspections will include consideration and review of how relevant adult services contribute to effective local safeguarding.</p>
<p>70. That further work 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.</p>	<p>PHE have commissioned an update of evidence for the Healthy Child Programme 0-5 and are working with the Early Intervention Foundation to get this evidence into practice</p>
<p>71. NICE is commissioned to develop a Quality Standard for safeguarding children. We would also support proposals for further relevant NICE guidelines</p>	<p>The Department of Health has asked NICE to develop guidance on <i>Child abuse and neglect</i>. NICE has begun work on this and expects to publish guidance by April 2016. A quality standard on the topic will follow shortly afterwards. NICE has already published a number of different types of guidance which also feature safeguarding. For example: <i>Social and emotional well-being – early years; Health and well-being of looked after children; When to suspect child maltreatment</i>. NICE's recently published <i>Domestic violence and abuse</i> also features child safeguarding.</p>
<p>72. NHS CB, Monitor, CQC, HEE, the LGA, ADCS and SOLACE promote the information in the safeguarding factsheet in order to support wide understanding of the issues to address</p>	<p>ADCS and others promoted the safeguarding factsheet when it was published.</p>

Section 10 - Incentives for driving service improvement

Forum recommendations	What we know
<p>73. The Forum recommends that DH, in its system oversight role, maintain a focus on the pattern of funding flows across the NHS, local authorities, public health and where relevant, wider care or wellbeing, to ensure that perverse incentives are not adversely affecting patient care or service provision</p>	<p>As steward of the health and care system, DH has responsibility to ensure that the system is fit for purpose and sustainable for the future, with a focus on continuous improvement. The outcomes frameworks provide the health and care system, the public and Parliament with robust and comparable outcomes focused information, which show how far the system is delivering better outcomes for patients and users. They allow local partners to compare their performance against others, stimulating conversation, learning and spreading best practice.</p> <p>CQC uses a wide range of data and intelligence to enable it to target its regulatory activity, including a Quality and Risk Profile (QRP) for each registered provider. These consider a wide range of information and risk factors including local and national data and population factors and where it is relevant will use any new data sources or information about children and young people's experiences of care.</p> <p>Monitor oversees the governance of NHS foundation trusts with new functions as set out in the new provider licence (which includes a condition relating to Monitor's duty to enable integrated care), its key tool for regulating providers of NHS services. Through the license it will monitor the financial health of providers (social care providers will be exempt from the license) and take appropriate action if there are warning signs of a provider getting into difficulty, with commissioners taking the main responsibility for ensuring the continuity of services in their local area.</p>
<p>74. The Forum recommends that: The NHS CB and Monitor prioritise and promote the issue of integrated care provision in their funding, regulatory and performance roles within the NHS DH addresses this issue across Government for those services that fall within the remit of local authorities, education or other Government Departments</p>	<p>Monitor's main duty, as set out in the Health and Social Care Act 2012, is to protect and promote the interests of people who use health care services by promoting the provision of health care services that is economic, efficient and effective and that maintains or improves the quality of services. Monitor continues to fulfil its duty to enable the delivery of integrated care through the NHS provider licence, incentives offered by the payment system and choice, competition and procurement and through its regulatory options. Monitor recognise that integrated care is about person-centred, coordinated experience for all patients and service user, irrespective of age. Monitor's duty is applicable to all user groups that receive services from providers subject to the NHS provider licence.</p> <p>Monitor also continue to work closely with NHS England and others through the Integrated Care and Support Collaborative to set the strategic direction fro integrated care and to support the health and care sector in delivering more coordinated models of care and improving outcomes for all users, not just children and young people. As part of this group, Monitor have also developed , and continue to actively support, the integrated care pioneers programme, many of whose work will impact at the individual, family and community levels.</p> <p>Monitor has new functions which include a duty to enable integrated care.</p> <p><i>2014/15 National Tariff Payment Scheme</i> (Monitor and NHS England, 2013) notes that integrated care, particularly integrated health and social care, is critical to ensuring that the quality of services improves in a context of constrained resources. The <i>Integration Report</i> (Future Forum, 2012) asked Monitor and NHS England to develop new payment models to incentivise the delivery of co-ordinated, person-centred care. Finding explored in <i>Enablers and Barriers to Integrated Care</i> (Monitor, 2012) and since then research on international health care payment systems has investigated a number of alternative payment approaches designed to incentivise the delivery of integrated care. Working with the sector, for example the integrated care pioneers, to support them to identify the new shape of services and scope of outcomes they want provided for patients.</p>
<p>75. The Forum recommends that the NHS CB prioritise the development of an appropriate range of incentives within the QOF for general practice to provide high quality care reflecting the needs of children and young people</p>	<p>No clear reference in system-wide response</p>
<p>76. The Forum recommends that Monitor and the NHS CB should ensure that they continue with the outcome oriented development of PbR currencies and tariffs on child health related areas, and that they continue to engage appropriate expertise, including through the Expert PbR Advisory</p>	<p>NHS England and Monitor become jointly responsible for the 'National Tariff' as specified in the Health and Social Care Act 2012 from 2014/15. DH, NHS England and Monitor are working closely together to manage the transition from existing arrangements undertaken by DH and review the clinical priorities and approach to the first National Tariff in 2014/15</p> <p>Monitor and NHS England published <i>2014/15 National Tariff Payment Scheme</i> in December 2013 following a consultation exercise. It introduces a new mandatory price for health assessments of looked after children. It notes that in response to a discussion document issued in May 2013 the sector welcomed the concept of linking payment more closely to patient outcomes but recognised that these can be hard to refine and measure objectively,</p>

<p>Group on Children</p>	<p>particularly at the level of an individual patient. Need to do further work to develop payment approaches that can reward patient outcomes, balancing the needs of the patient and those of the local health economy.</p> <p>Monitor are in the process of developing their strategy and proposals on payment system design alongside NHS England, with a focus on payment approaches that improve the efficiency and quality of patient care. Monitor cannot make any specific commitments at this stage, but tariffs that are independent of the provider setting are under consideration. Monitor's pricing team is working with NHS England in taking this work forward, with input from the Children's Advisory Group. Monitor will continue to liaise further with the relevant stakeholders as options are identified.</p>
<p>77. The Forum recommends that: The NHS CB and CCGs are mindful of potential consequences to providers of general and specialist services and consider how they will adopt a risk sharing approach between different provider organisations in developing their commissioning plans for delivering care closer to home; and Monitor ensure that evolving PbR mechanisms have sufficient flexibility to reflect these tensions and cost changes in a timely fashion</p>	<p>As above.</p>
<p>78. The Forum recommends that: The NHS CB and local commissioners should develop CQUIN schemes to drive improvement in the areas prioritised in this report PHE develop an incentive scheme to address improvements in the public health outcomes prioritised in this report The NHS CB should include children and young people's healthcare outcomes in the next phase of QIPP</p>	<p>NHS England and Monitor become jointly responsible for the 'National Tariff' as specified in the Health & Social Care Act 2012 from 2014/15. DH, NHS England and Monitor are working closely together to manage the transition from existing arrangements undertaken by DH and review the clinical priorities and approach to the first National Tariff in 2014/15.</p> <p>PHE advise that the recommendation to develop an incentive scheme to address improvements in the public health outcomes prioritised in this report is not a role for their organisation.</p>