

Annex 4

Summary for Clinical Commissioning Groups

Key points for Clinical Commissioning Groups

Key Findings

1. England has poor outcomes for children and young people with respect to mortality, morbidity and inequality.
2. We need to raise the profile of children and young people and encourage the public sector and other institutions to work together more closely. The Chief Medical Officer (CMO) is therefore asking the Cabinet Office supported by Public Health England, and the Children's Commissioner, to consider initiating an annual National Children's Week.
3. Early action matters: the economic case is increasingly clear and we need to move from reactive to proactive care. CMO is asking for regular assessment of progress.
4. We need to ensure that efforts to improve outcomes are underpinned by proportionate universalism: improving the lives of all, with more resources targeted at the more disadvantaged. With this in mind CMO is asking for a refresh of the Healthy Child Programme evidence base to ensure that budgetary constraints do not compromise enactment of the programme. CMO is also asking Public Health England and local authorities and schools to identify innovative ways to make their sports facilities more available. Nutritional guidance is also to be re-examined. CMO is mindful of current targeted work and for example, supports Public Health England in ensuring that the Troubled Families Programme meets the health needs of families.
5. CMO has noted the evidence on the value of the views of children and young people and seeks to harness this through the development of a "health deal", building on the recent government pledge on health outcomes and pre-existing engagement work. This will allow young people to have access to services that they feel comfortable with. CMO has recommended that Health Education England ensure that the workforce receive necessary training on age appropriate care.
6. CMO seeks to develop further the evidence base for how to nurture resilience in young people, and how this can assist in educational attainment.
7. CMO seeks to mirror the recent announcement by Secretary of State, such that all young people with a long term condition have a named GP to coordinate their care. Similarly CMO believes that responsibility to the whole family should be a professional responsibility.
8. To aid commissioning CMO seeks to develop better data around health and wellbeing in children and young people and in particular mental health problem prevalence.

Background

Every year the CMO for England produces an Annual Report in two volumes. Volume One is a surveillance document, commenting on many health issues. Volume Two is a close look at particular areas of concern. This year Volume Two focuses on children and young people. The report is based on the evidence of experts, who provided information about the life course stages. In addition, four other groups of children and young people were focused on: those with neurodevelopmental disabilities, those with mental health problems, looked-after children, and those in the youth justice system. CMO was clear that the voices of children and young people should feature strongly in her report. The report also looks at the economic argument for early intervention. The report contains an Annex, 'Atlas of Variation in Healthcare for Children and Young People'. This is a sizeable annex which describes some of the variation in health and healthcare across England.

In her report, the CMO makes recommendations on how to improve the health of children and young people and why this is important to do.

For a summary of the full report, please see Chapter 1 of the 'Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays', available to download or view online via www.gov.uk