

# CHILDREN & YOUNG PEOPLE'S HEALTH OUTCOMES FORUM

September 2013

## **Final response to the consultation on Refreshing the Mandate to NHS England:2014-15**

The Children and Young People's Health Outcomes Forum has been set up by Government to provide expertise in child health and offer constructive challenge across the health system.

The Forum is independent and comprises some 60 experts from a range of professions and backgrounds including the Royal Colleges, the NHS, local government, charities and parents. The Forum is co-chaired by Professor Ian Lewis, Medical Director at Alder Hey Children's NHS Foundation Trust, and Christine Lenehan, Director at the Council for Disabled Children. It produced its first annual report in July 2012, which can be found here:

[www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results](http://www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results)

We have considered the consultation questions carefully and together provided responses, where there is greatest impact on health outcomes for children and young people. In addition, we recommend that the objective on meeting the needs of children with special education needs and/or a disability should be updated and clarified in the light of the Children and Families Bill. This is an important omission from the consultation.

### **Responses to consultation questions**

#### **Question 2: What views do you have on assessing NHS England's progress to date against the objectives?**

The Forum's work – which took into account the views of some 2,000 people – children, young people and those working in the health and care system – highlighted two key messages:

- too many outcomes for children and young people are poor and for many this is related to failures of care, and
- there is substantial and unexplained variation in many aspects of children's healthcare. The UK is worse than many other countries in Europe for many outcomes that could be improved through better healthcare and preventative interventions. There are also wide differences in health outcomes between groups and families with a social gradient, resulting in avoidable health inequalities.

The Forum is pleased that NHS England has signed up to the *Better health outcomes for children and young people pledge* and key leadership appointments, the NCD for Maternity and the NCD for Children and Young People and Transition. In order to strengthen national leadership for children and young people further, we recommend that this be extended to multidisciplinary clinical leadership roles e.g. nursing and AHP leadership. We also welcome the establishment of the strategic clinical networks for children and young people and maternity services. The strategic clinical networks have a key part to play in delivering NHS England's contribution to the pledge and the NHS Mandate. Strategic clinical networks need to set objectives, develop and deliver their strategies and work programmes to improve outcomes and reduce unwarranted variations across England. It is critical that they move quickly in setting their clear objectives which can be monitored for progress.

**We recommend that NHS England should be required to publish an implementation framework setting out the action they will take to make progress towards achieving the pledge ambitions and commitments.**

In order to build the confidence that CYP and their families have, that their needs are being identified and met, the Forum recommend that NHS England should demonstrate how it is delivering against the pledge.

The Forum welcomes that the recommendation that all data about children and young people should be presented in five year age bands through childhood and the teenage years has been acted upon.

In order to demonstrate improved outcomes, **the Forum recommends that NHS England with support from the HSCIC, should 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.** There is an opportunity to use data available from other sources including that held by professional bodies( Royal Colleges).

**Once established, the coverage of the new maternity and child health dataset should be extended,** in particular to enable tracking of:

- child development outcomes at age 2–2 1/2 years, as included in the Public Health Outcomes Framework
- care and outcomes associated with the Improving Access to Psychological Therapies (IAPT) initiative, and
- care and outcomes for children with disabilities and complex conditions.

**In order to demonstrate progress, NHS England should hold organisations it funds to account and ensure transparency about how funds are used for services for children and young people.**

**Question 3: What views do you have on the proposal to help people live well for longer?**

Childhood mortality is referenced alongside the five big killers in the consultation document. The objective in the refreshed mandate must make explicit that progress

is expected in reducing childhood mortality. This is pertinent given that the all-cause mortality rate for children aged 0–14 years has moved from the average to amongst the worst in Europe.

If childhood mortality here were equivalent to Sweden more than 120,000 productive life years would be saved each year.

Preventing poor health and particularly premature mortality – including tackling the wider determinants of health, such as domestic violence – is very important to children and young people.

We welcome the new health inequalities duty in relation to access and outcomes, created through the Health and Social Care Act 2012. The Secretary of State for Health now has a clear duty to ‘have regard to the need to reduce inequalities between the people of England with respect to the benefits that they can obtain from the health service’. This duty will also fall on clinical commissioning groups and came into effect from April 2013. This duty, alongside other equalities duties, will need to change the way health services are planned and delivered to ensure they reach those who need them most.

Breaking the link between disadvantage and poor physical and mental health is crucial to narrowing the health gap and maximising opportunities for children and young people and the generations that follow. Data shows that the gap in life expectancy continues to widen between the most and least disadvantaged areas. In England, the life expectancy for males and females in the most deprived areas is over 10 years less than in the most affluent.

Tackling this gap requires action across the social determinants that shape health and well-being, in both national and local government. It means acting in concert on key issues such as income and poverty, education, employment and environment as well as taking account of the contribution of the NHS, public health and health improvement measures.

Evidence is the key lever for action on inequalities in the health system. Modelling the impact of interventions on the infant mortality health inequalities gap shows how a social determinants approach can work – with action needed on child poverty, housing and overcrowding and teenage pregnancy as well as on smoking, nutrition and sudden and unexpected deaths in infancy.

**Question 4: What views do you have on using the refreshed Mandate to reflect the specifics of the plans to strengthen A&E services?**

**In refreshing the NHS England mandate the Forum recommends that the 4 fold variation in numbers of children attending emergency departments from equivalent general practices **needs to be addressed**.** Plans to strengthen A& E services must focus on reducing the 26% of children’s deaths showed ‘identifiable failure in the child’s direct care’.

We also recommend equity of access for children and young people, including waiting times and quality of services provided, A&E and urgent care services to be

provided by trained healthcare personnel with skills and competencies appropriate to the care of children and young people.

The Forum recommends that NHS England must work in partnership with Local Authorities to ensure that universal and targeted services reduce the need for urgent and specialist interventions.

**Question 6: What views do you have on updating the Mandate to make it a priority for NHS England to focus on mental health crisis intervention as part of putting mental health on a par with physical health?**

**Question 7: What views do you have on proposals to ask NHS England to take forward action around new access and/or waiting time standards for mental health services and IAPT services?**

In refreshing the Mandate as part of putting mental health on a par with physical health, it is vital to make explicit that the approach covers the whole life course.

Child and Adolescent Mental Health Services (CAMHS) and community service incentives are starting to evolve but gaps remain, particularly in areas where the integration of different services is required. Incentives in general practice are almost entirely focused on adult health.

With specific regard to mental health, the Forum recommended that children and young people want:

- to have a voice in the development and delivery of mental health services, and
- to have the stigma surrounding mental illness to be tackled, as a block to seeking help.

The Forum welcomes the proposal to ask NHS England to take forward action around new access and/ or waiting time standards for mental health and IAPT services and this fits with the **Forum's recommendation of the inclusion of a new indicator that reports the time to definitive diagnosis/start of treatment from first symptomatic presentation or contact with NHS services.**

The Forum identified a number of indicators in the Commissioning Outcomes Framework which will help to improve outcomes for those children with mental health problems.

More open access to IAPT for children and young people including planning for country wide service transformation is essential to improve outcomes. Consideration should be given to ensuring the gains secured so far are sustained. Consideration should also be given to meeting the needs of the most vulnerable including looked after children who often do not get access to the services they need.

NHS England must work in partnership with Local Authorities to commission services which support early identification and intervention for mental health conditions to

avoid problems becoming intractable. This includes the identification of risk factors from birth.

Some areas have 24/7 urgent access assessment to mental health nursing services so that children and young people attending emergency departments can have a rapid assessment undertaken. This may decrease the need for admission for some. This example of good practice should inform how this objective on mental health crisis intervention is updated in the NHS Mandate.

**Question 8: What views do you have on the ambitions and expectations for the vulnerable older people's plan?**

**Question 9: What views do you have on how we should achieve our ambitions on the vulnerable older people's plan, particularly on how to strengthen primary care?**

**Question 10: How should the ambitions for vulnerable older people be reflected in the refreshed Mandate?**

The priority areas for action, included in consultation on the vulnerable older people's plan reflect our recommendations to improve outcomes for children and young people, particularly vulnerable children and those with complex needs. The priority areas are:

- Better early diagnosis and support to stay healthy
- Named accountable clinician
- Improved access
- Consistent and safe out of hours services
- Enhanced choice and control
- Better information sharing

**We would want to see these principles applied to children and young people and reflected in the refreshed Mandate.**

**Question 11: What views do you have on updating the Mandate to reflect the Francis Inquiry and the review of Winterbourne View hospital?**

At the request of the Secretary of State, the Children and Young People's Outcomes Forum is working through the implications for children and young people of the Francis Report implications. We will be submitting our report to the Secretary of State as this consultation closes. Our work on this should be taken into account in setting out this new objective for NHS England, alongside our work on Winterbourne View.

In order truly to improve outcomes, we need a healthcare culture for children and young people that is shared by the whole system; in a continuum across health, social care, education, youth sector bodies, and the voluntary and independent sectors. Wherever they receive health care, children and young people should be treated in the same way, in a "universal culture" in which all staff are trained and continuously developed to consider their needs, listen to them, and put them first. Such a positive approach to children and young people must include the use of plain

and accessible language, in a culture of openness, transparency and candour, including when a child or young person needs to complain. There is a need for strong and responsive leadership, working to agreed standards, including on the better handling and learning from complaints. This Forum seeks the explicit inclusion of these values in both the refreshed Mandate, and the NHS Constitution

The Forum outlined a “child friendly health care” approach in our first report. A universal children and young people friendly culture of care, across the whole system, provides the essential underpinning for the provision of excellent care for children, young people and their families in all settings.

This culture is one which puts the child or young person first, exhibited through the whole system of health, education and social care by

- involving them in meaningful engagement in decisions about themselves – providing them with a voice
- considering them as whole beings, not as a part needing attention
- recognising the importance of their family and carers
- treating them in age and stage appropriate environments (i.e. infants, children and young people appropriate), and
- seeing the child and young person in the context of their family, school and the community in which they live.

The key elements of a children and young people friendly culture are:

**participation** of children and young people and their families – in individual decisions, in service improvement and policy/priority setting, without fear of recrimination or retribution

**prevention** and proactive care at every level – primary, secondary and tertiary

integrated **provision based on pathways** that make sense to children and families – essential to assist them to navigate increasingly complex and fragmented services across all sectors.

Participation is well established in the adult world, where user groups have a voice in the commissioning process, but it remains an undeveloped concept in the world of commissioning and providing children’s services.

Participation, prevention and provision based on pathways, are recurring themes in the UN Convention on the Rights of the Child (UN CRC). They are also central to the NHS Constitution.

The position of children and young people in society rarely provides them with a strong and effective ‘voice’. They experience a lack of engagement within services, struggle to get their voices heard, and are not involved in decisions about their own health. This makes it difficult for them to take responsibility for their treatment and care. Children and young people know what needs to be done to improve the services they use – they told us that where health outcomes are better, it is because they and their families are involved in decisions about their care, having received

relevant and age-appropriate information, and that care is provided in environments appropriate for their age. Their voices must be heard and responded to consistently throughout the health system.

The Forum therefore recommended in our first report that **all health organisations must demonstrate how they have listened to the voice of children and young people, and how this will improve their health outcomes.** The Pledge published in response helpfully also articulates a shared 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.

To ensure children and young people are being listened to, we also reiterate the recommendation in our first report that the Department of Health and NHS England should incorporate the views of children and young people into existing national patient surveys and develop surveys or other appropriate mechanisms for children and young people in all care settings as a matter of priority. These surveys must cover and include the issues that are of importance to children and young people.

Robert Francis emphasises the need for openness, transparency and candour, particularly when something goes wrong in the delivery of care. We strongly support his recommendations but wish to stress the importance of being inclusive of children and young people. In the same way as adults, children should be involved in shaping services as well as if errors are made or if harm occurs to them as a consequence of care or treatment. Information needs to be delivered in an age or developmentally appropriate manner, in the vast majority of situations with the support and involvement of their families. Children and young people should similarly be enabled to participate in any investigative process and in the response to complaints. We also share Professor Berwick's caution about inducing defensive practice and bureaucratic overload if every case of error that does not cause harm or near miss is reported to patients, and the need to develop a balanced approach to proactive disclosure.

**We recommend that, where direct error occurs or harm ensues to a child or young person as part of their treatment or pathway of care, the organisation concerned must be able to demonstrate that it has fully and appropriately informed and included the affected child or young person in its investigation and response.**

**We recommend that any “cultural barometer” or other similar tool in use or under development is reviewed to ensure that it picks up the specific needs of children and young people.**

|  |
|--|
| <p><b>Question 12: What views do you have on updating the objective to reflect NHS England's role in supporting person centred and coordinated care?</b></p> |
|--|

The text in the consultation document, with references to the vulnerable older people's plan and the pooled health and social care budget, focuses on the needs of adults. Integrated care is just as vital for children and the objective should be updated to ensure it is consistent with the ambitions in the *Better health outcomes for children* pledge.

Integration means that the joins both between services and between commissioning responsibilities are invisible because organisations are working in partnership to deliver the best outcomes for children and young people. It means that children, young people and parents don't have to keep repeating their information, that records are not lost or duplicated, that individuals and their needs do not fall between gaps, and that resources are focused on the same goals. Children and young people's, medical records are valuable and should be passed onto adult services at the time of transition.

Integration is particularly important for children and young people with disabilities or at risk of developing disabilities, with long term conditions, with complex needs or with mental health disorders. For example, the most effective commissioning for disabled children integrates specialist healthcare, community services like NHS therapists and local authority educational support services, special schools and children's social care services. So we welcome the new duties on the health system that were established in the Health and Social Care Act 2012.

The Forum recommended in its 2012 **report that NHS England and Monitor prioritise and promote the issue of integrated care provision in their funding, 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.**

The updated objective should make explicit the expectation that NHS England support the development of integration plans in each local area in partnership with local authorities and local Health and Wellbeing Boards which cover the whole life course.

**Question 13: What views do you have on updating the existing objective on maternity and early years to reflect the pledges in *Better health outcomes for children and young people***

Our Forum's recommendations encompassed the whole spectrum of maternity, children and young people through to adulthood. The Mandate should reflect this life course approach in its stated aim of improving outcomes.

Updating this objective for NHS England is essential if Government is to make its contribution to the Pledge for Better Health Outcomes for Children and Young People. The Pledge forms the overarching strategic framework for the system's response to our Forum's recommendations

The specific contribution from NHS England to delivering the ambitions in the pledge must be fully reflected in the refreshed Mandate, including:

- listening and acting upon what children and young people say,
- ensure services are integrated and services delivered in the right place at the right time, with seamless transition and improve the quality of care
- demonstrating improved outcomes



**We recommend that an additional element is included to reflect how NHS England must work in partnership with other parts of the system including PHE, HEE and local Health and Wellbeing Boards and Healthwatches**

All these elements are interdependent and must be included in the text of the refreshed Mandate.

Key to delivering improved health outcomes is high quality evidence, to inform the setting of standards for treatment and services. There were too few Quality Standards relevant to children and young people, but the Forum is pleased to note that an increased range of topics is now planned. This will go some way to addressing the gap, but much more needs to be done, and **we recommend that the National Institute for Health and Clinical Excellence (NICE) and NHS England work with the professional bodies to expand and prioritise the Quality Standards work programme as it applies to children and young people.**

In order to demonstrate improved outcomes, the **Forum recommends that NHS England use the Forum's report as a starting point for positioning children and young people in the final Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) (formerly known as the 'Commissioning Outcomes Framework').**

**This includes the commissioning of age appropriate services.**

As part of their commissioning responsibilities, the **Forum recommends that NHS England with CCGs, address service configuration to meet the needs of children and young people on a sustainable, safe and high quality basis.**

**Question 14: What views do you have on updating the existing objective to reflect the challenge NHS England to introduce the 'friends and family test' to general practice and community and mental health services by the end of December 2014 and the rest of NHS funded services by the end of March 2015?**

Children and young people are currently excluded from existing patient surveys. The Forum has already recommended that DH and NHS England 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.

The updated objective should make clear that the friends and family test must include children and young people and their families.

**Question 15: What views do you have on these proposals to improve patient safety?**

Information sharing is crucial to safety for children. **The Forum recommended the use of the NHS number as a unique identifier alongside better information governance to facilitate information sharing. This recommendation should be reflected in the updated patient safety objective.**

The Forum recommended that NHS England, with CCGs, address service configuration to meet the needs of CYP on a sustainable, safe and high quality basis.

The Forum's work on the Francis report as it relates to children and young people has addressed specific issues on safety, which should be taken on board in updating this objective.

The Forum's first report has already prompted significant action to improve safety for children and young people in health services. NHS England has committed to leading the development, through the patient safety domain, of a children and young people's patient safety strategy, including an implementation plan based on the NHS Outcomes Framework. We welcome NHS England's decision to establish a Children and Young People's Patient Safety Expert Advisory Group, with its remit to drive the patient safety agenda for this vulnerable group.

In this context, it is important to recognise that the profile of major patient safety issues for children differs somewhat from that for adults. The major safety incidents that affect the care of children and young people concern:

- medication errors. For example, 'near miss' events are more common in caring for children and young people, because of unusual drug treatments which are often prescribed for children, smaller doses involved and the greater use of unlicensed drugs.
- unexpected or unrecognised clinical deterioration
- loss of skin integrity,
- hospital acquired infection, in particular respiratory viruses, gastroenteritis,
- surgical site infections and central line infections, and
- safeguarding issues relating to adult parents/carers staying on children's wards overnight, staff need to ensure that all children including unaccompanied children are kept safe

One of the aspects of the patient safety work on clinical deterioration in children is highlighted in the NHS England Compassion in Nursing Strategy. Work is underway by a collaborative of several children's services to bring together a monitoring and improvement proposal called the Paediatric Safety Scan – to mirror the adult 'Patient Safety Thermometer'. This includes the use of a 'Paediatric Early Warning Score' in which a child's clinical observations are recorded and which, along with clinical opinion, gives an early indication that further intervention or escalation of care may be required.

The only way that children, young people, their families and the public have of knowing how safe the services they use are, is through the publication of clear and transparent data on outcomes presented in language they can easily understand.. There is an interesting debate and some difference of opinion discussed in Professor Berwick's report about the feasibility of achieving or aiming for 'zero harm'. Nevertheless, it is our view that it is unacceptable that any child or young person suffers a medication error, acquires a serious infection in hospital, loses skin integrity, or suffers an unrecognised deterioration that results in harm. It is also

unacceptable that children and young people should suffer physical and/or sexual abuse while patients in a NHS organisation. These safety issues also apply to neonates and community services for children and young people.

Whilst these safety issues are predominantly the concern of children's wards, one area of considerable disquiet is the placing of young people on adult wards or indeed adults in children's wards .

Evidence shows that young people achieve better health outcomes when on adolescent wards or, if adolescent beds are not available, than on children's wards. They have the worst health outcomes when placed on adult wards. We have particular concern about the safety and outcomes of young people with mental health problems placed on adult mental health wards – which, of course, contravenes the Mental Health Act 2008.

**We recommend that the key safety indicators for children and young people, which include the five outcomes above, together with the number of young people on adult mental health wards, should form part of services' patient safety reporting to commissioners.**

In our first report, the Forum recommended a number of changes to indicators in Domain 5 of the NHS Outcomes Framework, "Treating and caring for people in a safe environment and protecting them from avoidable harm", including a new indicator on rates of admission to age inappropriate environments for children and young people. We proposed a similar new indicator, specifically with regard to children and young people with mental health problems, for Domain 4 ("Ensuring that people have a positive experience of care") of the Commissioning Outcomes Framework, as well as several new indicators for its Domain 5. **We recommend that the Department of Health investigates the feasibility of introducing each of these new measures as a matter of priority.**

**We further recommend that NHS England should develop a roll-out of 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.**

As well as taking into account the findings of the Department of Health's review of complaints and how this information is shared and used to protect patients, we would urge taking into account the report prepared by the Children's Commissioner on complaints process as experienced by children and young people.

**Question 16: What views do you have on the proposal to update the Mandate for NHS England to work with Monitor towards a fair playing field for providers?**

The Forum strongly supports the move to provide care for children and young people closer to home, at home or in community settings. Managed properly, this will improve health outcomes. To achieve this, a mixture of specialist services, 24 hour acute services and local community and primary care services is needed, but current funding arrangements do not necessarily incentivize care to be provided in the best

place for individual children. This will have significant consequences: services will need to be redesigned, and some will close.

**We recommend that NHS England in its discussions with Monitor must be mindful of the 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.**

**In its discussions with Monitor, NHS England should also consider the regulatory burdens placed on small voluntary sector providers of children's services. It is imperative that these burdens are fair and proportionate relative to other providers of NHS services. The Mandate should refer to the duties placed on commissioners by the Public Services (Social Value) Act 2012 and Localism Act 2011 in terms of recognising the value of the voluntary sector in providing NHS-funded services. Guidance should be produced for commissioners to help them comply with these duties.**

**Question 17: What views do you have on the proposal for Government to provide additional leadership on delivery of agreed pre-existing Government commitments?**

Leadership in respect of children and adult services should be given equivalent priority. For example, there has been a welcome focus on adult rehabilitation but there needs to be a separate and equivalent approach for children with disability and long term conditions.

We welcome the proposal for additional leadership from NHS England to deliver existing commitments including an extra 4,200 health visitors to support children and families.

Our Forum recommended that alongside national clinical leadership:

- 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.

**The refreshed Mandate should require NHS England to work with CCGs to put multidisciplinary clinical leadership in place.**

We are mindful that as the new system takes shape there is a potential risk to continuity of services as commissioning for early years is transferred from NHS England to local authorities. **We expect that NHS England will recognise this risk and plan early for a smooth transfer.**

**Question 18: What views do you have on the proposal to update the objective to challenge NHS England to support the NHS to go digital by 2018?**

The Forum welcomes the proposal that people's records should be linked in a secure way and with their consent within hospitals, between primary and secondary care and between the NHS and wider care and support services.

**The Forum recommends that NHS England considers 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.**

**Question 19: What views do you have on the proposal to be more explicit on the expectation around reporting?**

The Forum raised in its 2012 report concerns about unexplained variation in many aspects of children's healthcare and the UK is worse than other countries in Europe for many outcomes that could be improved through better healthcare and preventative interventions

These include:

- a 3 fold variation in admission of term babies into neonatal units;
- a more than 4 fold variation in numbers of children attending emergency departments from equivalent general practices;
- a 4–6 fold variation in admissions to hospital for bronchiolitis or asthma;
- an 8 fold variation in expenditure on community children's services; and
- a 3 fold variation in tonsillectomy rates.

We welcome the expectation that reporting includes the quality of services at GP practice level. In order to support this, **we recommend that:**

- **NHS England prioritise the development of an appropriate range of incentives within the Quality and Outcomes Framework for general practice to provide high quality care reflecting the needs of children and young people.**

**Question 21: What views do you have on the proposals to make better use of resources?**

It is essential that that NHS England makes best use of clinical audit data, from both children and adults to drive improvements in services.

Royal Colleges and established clinical networks for example trauma, paediatric intensive care, diabetes and neonatal services hold detailed datasets and audit information. There is scope for assembling these datasets at a national level, driving up standards for coverage and data quality and using them to identify further which service interventions drive improvement in health outcomes.

We are aware that some economies have used QIPP and CQuIN schemes to try to drive up quality at local and regional level for children and young people. Whilst we welcome this, it has not been universal. We wish to encourage all economies to take up and expand these schemes, using the evidence base from NICE.

In addition to individual indicators, we wish to emphasise once again the importance of incentivising integrated care across sectors and in providing robust services across the whole pathway.

**To support the proposals to make better use of resources, the Forum in its report recommended that:**

- **NHS England and local commissioners should develop CQuIN schemes to drive improvement in the areas prioritised in the Forum's report; and**
- **NHS England should include children and young people's healthcare outcomes in the next phase of QIPP.**

### **Issues not covered in the consultation on refreshing the Mandate to NHS England**

#### **Special Educational Needs and Disability (SEND)**

The consultation document does not include a proposal to update the consultation document to update the objective on SEND.

We feel this is a serious omission, given the important role NHS England have in supporting CCGs to prepare for implementation of the provisions within the Children and Families Bill, which will become law before the refreshed Mandate comes into force. **The current objective should be updated to set out the expectation that NHS England supports CCGs to fully understand and take forward their responsibilities to jointly commission services for this group of children in line with the new duty, as well as working with local authorities to implement the revised code of practice and develop and promote the local offer as set out in the legislation.**

#### **Safeguarding**

We understand that the objective on improving safeguarding practice in the NHS will be carried forward into the refreshed Mandate.

Safeguarding children and young people and identifying parental and social risk factors as well as indicators of abuse early to facilitate prevention and early intervention are core responsibilities of the health system. This is such an important area that the Forum made a number of recommendations to help ensure that focus is not lost in the transition to the new landscape. For the NHS Mandate, this includes a recommendation that:

**Further work should be undertaken on indicators that would drive improvement to protect and promote the welfare of children and young people. This should include a focus on measuring the effectiveness of early help/early intervention.**