



*National Service Framework for Children,
Young People and Maternity Services*

Supporting Local Delivery

Every Child Matters:
Change for Children
in Health Services



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| Policy | Estates |
| HR/Workforce | Performance |
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| Contact details | Claire Phillips, Children's NSF Team, 526 Wellington House 133-155 Waterloo Road, London SE1 8UG. Telephone: 0207 9724908. www.dh.gov.uk |
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Section 1: Who this document is for

- 1.1 This document is primarily for health organisations – in the public, private, voluntary and community sectors - but also their partners, in particular, those in social care and education. It should be read by all those working in those organisations who commission, provide or manage services for children, young people and/or pregnant women. It performs two functions: it sets out the health agenda for children and details the support that Government will provide for implementation of the *National Service Framework for Children, Young People and Maternity Services*.

Section 1 briefly summarises the health agenda for children, young people and families as set out in:

- > The National Service Framework for Children, Young People and Maternity Services (NSF);
- > Choosing Health: Making healthy choices easier (the Public Health White Paper);
- > The Chief Nursing Officer's Review of the Nursing, Midwifery and Health Visiting Contribution to Vulnerable Children and Young People, and
- > The NHS Improvement Plan and National Standards, Local Action

and places it in the wider context of the cross-Government *Every Child Matters: Change for Children programme*. Although much of the scope of the NSF overlaps with this programme, the NSF also covers all aspects of maternity services rather than specifically those which fall within the scope of *Every Child Matters*.

- 1.2 *Every Child Matters: Change for Children* is about radical change in the whole system of children's services to improve outcomes for all children and young people. The five outcomes which children and young people have told us are key to well-being in childhood and later life are:

- > Be healthy
- > Stay safe
- > Enjoy and achieve
- > Make a positive contribution
- > Achieve economic well-being

The programme is underpinned by the Children Act 2004. Further information is contained in *Every Child Matters: Change for Children* published on 1 December 2004 and available on the Every Child Matters website – www.everychildmatters.gov.uk

- > **Section 2** describes the new framework for delivery in the NHS, and places it in the context of the commissioning cycle;
- > **Section 3** describes the action the Government will be taking in a number of critical areas to support implementation of the NSF as a whole; and
- > **Section 4** describes the action the Government will be taking to support implementation of individual NSF standards.

Improving Health for Children

- 1.3 The NSF, Choosing Health, the Chief Nursing Officer's Review and the Children Act 2004 provide a context for local action as the vision set out in *Every Child Matters: Change for Children* is realised.

The National Service Framework

- 1.4 *The National Service Framework for Children, Young People and Maternity Services* (NSF) published in September 2004:

- > Sets out a ten-year programme for sustained improvement in children's health and well-being through setting standards for the care of children, young people and maternity services; and
- > Forms an integral part of the *Every Child Matters: Change for Children* programme that will, as it is implemented (by PCTs, Local Authorities and other partners) contribute to the achievement of improved outcomes for children, young people and pregnant women.

Local partners, in developing children's trusts, will therefore need to factor delivery of the NSF into their work. (*For more detailed information on children's trust arrangements, see chapter 3 of Every Child Matters: Change for Children.*)

- 1.5 The NSF for Children, Young People and Maternity Services forms part of the NHS 'developmental standards'¹ - standards that NHS organisations must work towards and will therefore be taken into account in the Healthcare Commission's work. Implementing the NSF standards in partnership locally will deliver a large part of the 'be healthy' outcome and contribute to the other outcomes, especially 'stay safe.'

The Chief Nursing Officer's Review²

- 1.6 The Green Paper, Every Child Matters, recommended that the Chief Nursing Officer look at the role of nursing and midwifery in the health and well-being of vulnerable children and young people. The review, published in August 2004, recommended a number of areas for action. These include:
- > Increasing the number of school nurses;
 - > Strengthening the public health role of midwives and nurses;
 - > Greater integration and co-location of practitioners within children's centres;
 - > Strengthening the children's role of nurses in general practice;
 - > Improved leadership on child protection.

'A key theme that emerges from this review is the need to 'follow the child'. For too long professional roles and organisational boundaries have dictated where services are provided rather than where vulnerable children and young people are. **'Following the child' is the principle to govern the location of nursing, midwifery and health visiting services.** This means being as close to home as possible, in schools, communities, in surgeries, in Connexions, Sure Start programmes and children's centres, youth justice services and prisons'. (CNO Review, p26)

Choosing Health - the Public Health White Paper

- 1.7 Choosing Health identifies the health of children and young people as a key priority so that we start people on the right path to health and provide parents with the support they asked for in giving their children a healthy start in life. This will mean action in a number of areas:

- > more children's centres to enhance the health and well-being of children;
- > an increased number of extended schools, to help make the school a force for health in every community;
- > encouraging healthy eating and restricting the promotion and marketing of food high in fat, sugar and salt to children;
- > providing more opportunities for sport and physical activity;
- > new support and information to young people on sexual health;
- > preventing the sale of alcohol to children;
- > preventing the sale of cigarettes to children; and
- > the development of personal health plans for all children.

The NHS delivery context

- 1.8 Along with work focused specifically on children, two recent documents have set out the Government's plans for continued improvement of the NHS in the next five years, and the planning framework for delivering those improvements. Children's health services will be delivered as part of this improvement agenda.
- 1.9 The NHS Improvement Plan ³, set out the Government's vision of high-quality, personalised care for all. This will be delivered by
- > Investment, new capacity and diversity of provision
 - > Getting information to work for patients
 - > Aligning incentives with patients and professionals
 - > Supporting people with long-term conditions
 - > A more flexible workforce
 - > Empowering local communities by devolving power to the frontline and increasing NHS accountability to local communities.
- 1.10 National Standards, Local Action ¹, the Health and Social Care Standards and developmental standards for local organisations. It emphasised the importance of addressing the needs of children as well as the adult population, and of working in partnership locally. It also stated that National Service Frameworks should be considered as 'developmental standards'.
- 1.11 The Secretary of State for Health also launched *Making Partnership Work for Patients, Carers and Service Users* ⁴, a proposed strategic agreement between the Department of Health, NHS and the Voluntary and Community Sector (VCS). This reflects a joint commitment to strengthen partnerships between the statutory and voluntary sectors in health and social care to improve the quality and range of service planning and delivery.

The Wider Agenda - Every Child Matters: Change for Children

- 1.12 Delivering better outcomes for children and young people will require a comprehensive programme of change through 150 local change programmes involving the public, private, voluntary and community sectors. To support effective co-operative working, a strategy for working with the voluntary and community sectors, *Working with voluntary and community organisations to deliver change for children and young people*, was published in December 2004 ⁵.
- 1.13 Improving the health of all children and young people is a vital part of the wider *Every Child Matters: Change for Children* programme, contributing directly to the 'Be healthy' and 'Stay safe' outcomes, and indirectly to the others. Children and young people who are suffering from ill health, disease, or malnutrition will be less likely to enjoy and achieve, and may have difficulty in making a positive contribution to their schools, local communities and wider society.
- 1.14 The Children Act 2004 is the legislative basis for the programme and the reform of children's services.

Children Act 2004 - Key Provisions

- > A Children's Commissioner to champion the views and interests of children and young people;
- > A duty on Local Authorities to make arrangements to promote co-operation between agencies and other appropriate bodies in order to improve children's well-being and a duty on key partners, including PCTs and Trusts, to take part in the co-operation arrangements;
- > A duty on key agencies, including PCTs, to safeguard and promote the welfare of children
- > A duty on Local Authorities to set up Local Safeguarding Children Boards and on key partners, including PCTs, to take part;
- > Provision for indexed or databases containing basic information about children and young people to enable better sharing of information;
- > A requirement for a single Children and Young People's Plan to be drawn up by each Local Authority
- > A requirement on Local Authorities to appoint a Director of Children's Services and designate a Lead Member;
- > The creation of an integrated inspection framework and the conduct of Joint Area Reviews to assess local areas' progress in improving outcomes; and
- > Provisions relating to foster care, private fostering and the education of children in care.

Key implications for health organisations and their partners

1.15 The *Every Child Matters: Change for Children* Programme will provide opportunities for health organisations to deliver improved outcomes in new ways and in partnership with other organisations. This will mean in particular:

- > **An increasing emphasis on early identification and intervention.** This ties in with *Tackling Health Inequalities: A Programme for Action*^{6a} and with the NSF's first standard on promoting health and well-being, identifying needs and intervening early.
- > **Strengthening health promotion in local communities** through early years settings, including children's centres, schools and other community-based resources, particularly in line with the messages in *Choosing Health*, the Public Health White Paper. Many PCTs have, for example, been taking a central role in local Sure Start programmes and teenage pregnancy strategies. Their role in the development of children's centres and schools delivering health provision will be crucial. The Healthy Schools programme will be rolled out further in the coming years, and will promote healthy lifestyles by, for example, confidential health advice, breakfast clubs and sporting activities. Health is also a statutory partner in Youth Offending Teams.

Lambeth 'Fit 4 Kids', Children taking control of their future health

The Lambeth school nursing service established a healthy lifestyle club, following concerns about childhood obesity and its immediate and long-term implications for health. The work was initiated as part of the extended school approach. The pupils were chosen from class-based activity and permission for participation was sought from parents/carers. An initial seven week prototype programme was developed. The pupils drew up ground rules and chose monitors for the respective rules. The sessions included exercise, making and having smoothies, planting vegetables, cooking stir fry, gaining knowledge about the difference in processed / unprocessed foods, the 5 A DAY message and identification of salt, fat and sugar content of some processed foods. Parents / carers were invited to participate and visited during the smoothie session. Each session was individually evaluated and feedback has been used to formulate work that will be rolled out in other schools across the borough.

Feedback from pupils included: "*I feel good*", "*I like vegetables now*", "*This is fun*", "*I showed my cousin and Mum how to cook a stir fry*"

- > **Targeting resources to the neediest communities**, to ensure that all children and young people have access to high quality services and are able to thrive. Local Strategic Partnerships have, through the leadership of PCTs and Local Authorities, worked towards this objective through pooling of funds, a mechanism which will be extended through the Children Act 2004.
- > **The development of children's trust arrangements** will provide a framework for the local integration of children's services, including health services. The practical experience of joint working generated by the children's trusts pathfinders will provide a basis for the further development of this approach to integration across health, education, social care and other sectors. Other important elements of the integration agenda are:
 - > Common Assessment Framework
 - > Information Sharing
 - > Lead Professional
 - > Common core competencies for those working with children.
- > **Safeguarding and Promoting the Welfare of Children**. Each local area will work towards the establishment of a Local Safeguarding Children Board (LSCB) by April 2006. LSCBs will co-ordinate and monitor member agencies' efforts to safeguard and promote the welfare of children, set policy and procedures, and establish local screening teams who will analyse the data with the aim of reducing local childhood death or injury. They will ensure proper investigation of child deaths so that similar future deaths can be prevented if possible.

A Swift Improvement

Work is underway to provide a nurse based at Palmer Community Hospital in Jarrow with access to the Swift (Social services) database. The Looked After Children Nurse has responsibility for ensuring that the health needs of all Looked After Children are met. At the moment, information is sent to the LAC nurse by email, but once she has access to Swift, she will have constant access to the most up-to-date information about children in the looked after system. She will also be able to enter relevant information directly onto the database. School nurses and the community paediatrician will also have access to the system.

- > **Involving children, young people and families in decisions which affect their lives**, and consulting them on planning and service delivery.

Participation and Health Promotion through Healthy Care: Worries, Wishes, & What ifs.

A group of South Gloucestershire looked after young people and care leavers (age 14 - 19) have made a health promotion video describing their experiences of being looked after and leaving care, and to give advice to other young people on the importance of taking responsibility for their own health.

The video is available on a CD, which can be seen by childcare professionals, Local Authority Members, children looked after and foster carers on a computer. It is set up like a website with a home page, and buttons that either run parts of the video addressing individual health promotion issues, or go to key health promotion information or links to health promotion websites. Each video clip is about 3 – 5 minutes long and they cover:

- > being looked after and leaving care
- > healthy eating
- > sex and relationships
- > smoking
- > drugs and alcohol
- > depression and self-harm
- > ambitions for the future.

Progress has already been made

1.16 The NSF and *Every Child Matters: Change for Children* are preceded by, and to some extent based upon, the many examples of working together to improve services locally that health and other organisations have driven forward in recent years. (See examples in boxes.)

Middlesbrough Football Club Community Project

Middlesbrough Football Community Project is a registered charity with strong links to Middlesbrough Football Club. The project, established in 1997, uses the medium and popularity of football to improve health, increase educational opportunities and increase participation for the young people of Teesside.

The “Education through Football” course targets 10 and 11-year old schoolchildren. The two day experience aims to promote the importance of physical activity, a balanced diet, give information on the dangers of smoking and increase confidence and self-esteem.

Middlesbrough Football Club Community Project (cont.)

To date, over 22,000 children have enjoyed the course, which provides exciting and interactive positive health messages with the added "street cred" of being associated with a Premier League Football Club. Building on the success of the 1-day course the programme was expanded to concentrate on a targeted deprived area of the community.

Other initiatives involve Family Health and Fitness Courses targeting parents and young children and After-School Health and Fitness Clubs. A new initiative in Redcar / Cleveland for 2004 will involve a 10-week in-school health promotion package and a behavioural programme in all primary schools.

The Hollies Centre, Somerset

The purpose-built Hollies centre provides integrated care and education along with health and family support for a predominantly rural area. Family support and health services are also delivered at outreach facilities in Wellington and Wiveliscombe and on an activity bus. In addition, the centre has established good links with Jobcentre Plus and the local college.

A health visitor is in post providing daily access to health advice and support.

Services the Centre provides include:

- parent programmes
- promotion of, and advice on healthy living
- speech and language groups for families
- access to consultation with paediatrician.

An advisory group - which includes parents, Jobcentre Plus, local school representatives, health and the local college - meets at regular intervals to monitor and advise the Centre on progress and development.

There is a great deal of work being done locally and nationally to improve outcomes for children. More details can be found in *Every Child Matters: Change for Children*, but key initiatives which will support implementation of the NSF include:

Early Years

- > The Government published a ten year strategy for childcare *Choice for parents, the best start for children*⁶ in December 2004. It set out a goal of 20 hours a week of free, high quality early education and care for 38 weeks for all 3 and 4 year olds by 2015. From 2006, all 3 and 4 year olds will receive the current 12.5 hours free entitlement over 38 weeks. From 2007, they will begin to receive an enhanced free entitlement of 15 hours per week with all 3 and 4 year olds receiving this by 2010.
- > The strategy also set a target of 3500 children's centres by 2010, one for every community in England. Health is a key part of the core offer in all children's centres in the most disadvantaged communities, and will be offered in many other children's centres as well.

Extended Schools

- > Extended schools are one way of integrating service delivery and ensuring that services are delivered closer to where children and their families spend much of their time.
- > By 2005/06, every local authority in England will be receiving funding to help develop extended services in schools. This might be individual schools or schools working together with key agencies to provide a range of services for children, young people and the community.

Common Assessment Framework

- > The Common Assessment Framework will, as it is rolled out, help to achieve both the NSF standards and the five Every Child Matters outcomes by providing a 'whole child' assessment.
- > DfES will provide guidance to help practitioners know when to use common assessment, how to record appropriate information and take action as a result, building on good practice.

Safeguarding and Promoting the Welfare of Children

- > The Children Act 2004 includes a duty placed on health organisations and others to ensure that they safeguard and promote the welfare of children. This is complementary to standard 5 of the NSF and will be fulfilled by working towards and meeting standard 5.
- > Local Safeguarding Children Boards will be established in all areas by April 2006. They will co-ordinate and monitor member agencies' efforts to safeguard and promote the welfare of children, set policy and procedures and establish local screening teams. Draft guidance will be issued in 2005.

Chief Nursing Officer's Review

- > As set out in *Choosing Health*, the Chief Nursing Officer will work with nurse leaders and the DFES to modernise and promote school nursing and develop a national programme of best practice.
- > Work is underway with the RCN to strengthen the practice nurse competences to work with children.

- 1.17 Having set the health agenda for children in the wider context of the *Every Child Matters: Change for Children* programme, the remainder of this document will focus on the support the Government will be providing to help the health service and its partners to implement the NSF together, through:
- > The new NHS delivery context;
 - > Support for implementing the whole NSF;
 - > Support for implementing particular standards.

Section 2: Delivering through commissioning, assessing progress

- 2.1 Government support for delivery of the NSF ranges from setting the broad framework for the delivery of health and other services for children and young people through to support for specific standards. This section deals primarily with the cycle for delivery and improvement in the NHS from the initial assessment of need through to the external evaluation of performance.
- 2.2 The NSF cannot be delivered by the NHS alone; similarly, *the Every Child Matters: Change for Children* outcomes will only be delivered by a number of organisations working in close partnership.
- 2.3 Some of the material in this section describes elements of the framework for delivering and improving that are already in place; where there is further work to be done, next steps have been indicated (set out in shaded boxes).

The wider planning and commissioning context

- 2.4 The Children Act 2004 requires partners in a local area, including SHAs and PCTs, to co-operate with the Local Authority in making arrangements to deliver improved outcomes for children and young people. Such local arrangements, operating effectively at every level, will be a children's trust in action, and a key element of these arrangements is joint planning and commissioning by the partners involved, which will include working together on the new Children and Young People's Plan.

Case study

Medway Speech and Language Therapy Service

The Medway Speech and Language Therapy Service is a multi-disciplinary service for mainstream primary schools and special educational needs schools and special units attached to mainstream schools in the Medway area. There are 15 special units providing for children with visual impairment, emotional and behavioural difficulties, physical disability and autism. The LEA and the PCT have a pooled budget to provide the service. The team includes specialist technicians, whose contribution enables the qualified therapists to see more children.

For full details of this and other case studies illustrating the NSF Standards and themes through emerging practice, visit the NSF website on www.info.dh.gov.uk/children/nsfcasestudies.nsf

The NSF delivery cycle

- 2.5 The basic delivery cycle for the NHS consists of:
- > assessing the needs of children, young people and pregnant women;
 - > identifying priorities: targets and standards;
 - > planning services;
 - > commissioning services to meet those needs, and
 - > managing performance, assessing and inspecting outcomes.

These stages can be seen as a continuous cycle of improvement and mirror those which children's trusts will follow in planning and commissioning services.

Assessing the needs of children, young people and pregnant women

- 2.6 Assessing the needs of their population for health and social care is key to the work of PCTs and local government. Data from various sources can inform this process; the first steps, working with partners as appropriate, are to:
- > Evaluate the current health status and well-being of the population, including that of particular groups of children and young people;
 - > Identify where children, young people and their families are; and
 - > Establish the needs of the population in relation to achievement of outcomes.
- 2.7 The aim is to gather, analyse and interpret information to plan, negotiate and improve services systematically⁷. This involves assessing demographic characteristics of the population (age, sex, deprivation status) highlighting inequalities; the incidence or prevalence of certain conditions (such as illness or disability); the effectiveness and cost-effectiveness of services and an assessment of what level of services is currently provided. Detailed information on the methodology for assessing the need for community child health services in a population is available⁸. The Government is also encouraging Local Authorities and their partners to use the five Every Child Matters outcomes in carrying out a thorough local needs analysis for the local area (*see paragraph 2.13*).

- > Public Health Observatories will increasingly be involved in developing further analytical approaches.
- > The Government plans to provide better information and research evidence to achieve real-time health surveillance and support cost-effective interventions to improve health, to inform commissioning and improve practice⁹.
- > Implementation in line with the NSF information strategy to improve the data that is the basis for assessing need; this will include work to develop indicators which relate to child health and maternity services which can be used for benchmarking services.

Identifying Priorities : Targets and Standards

- 2.8 Local priorities will emerge from the local analysis of need and will also be informed by national targets and standards.

Targets

- 2.9 The current NHS planning round as set out in *National Standards, Local Action* has seen a reduction in the number of nationally set targets in order to give more local 'headroom' to work on local priorities.
- 2.10 Unless otherwise specified, the national targets set out in National Standards, Local Action apply to all age groups; how these impact on children, young people and pregnant women in relation to each of these will therefore need to be considered (*see LDPs, paragraph 2.16*). The national targets include some new commitments, such as tackling childhood obesity and having the under-18 conception rate, and a restating of the existing commitment to ensure there is a comprehensive Child and Adolescent Mental Health Service by 2006.
- 2.11 The Department of Health will not monitor local targets or prescribe what they should cover. The Department's only requirements for local targets are that they should conform to the six principles for local target setting described in the Planning Framework. In their scrutiny of their PCTs' Local Delivery Plans (LDPs), Strategic Health Authorities (SHAs) will expect assurance that local targets adhere to the six principles:

In developing local plans, PCTs should ensure they:

- > are in line with population needs;
- > address local service gaps;
- > deliver equity;
- > are evidence-based;
- > are developed in partnership with other NHS bodies and LAs, and
- > offer value for money.

In ensuring that local targets are evidence-based, organisations will need to be guided by a range of evidence, including NSFs.

Standards

2.12 A set of national standards is also included in National Standards, Local Action, divided into 'core' (those that NHS bodies are expected to meet) and 'developmental' (those that NHS bodies are expected to work towards). NSFs form part of the set of 'developmental standards'. Over the course of the three year planning cycle NHS organisations and LAs will need to be able to demonstrate that they are making progress towards achieving the levels of service quality described in the NSF.

Outcomes Framework

2.13 *Every Child Matters: Change for Children* includes details of the Outcomes Framework developed by Government working with partners. The Framework defines what the five *Every Child Matters* outcomes mean by identifying 25 specific aims for children and young people. It aligns these to priority national targets (the Public Service Agreement targets across Government that are relevant to children and young people agreed during the 2004 Spending Review) and other indicators which give local partners a basis for discussing their local priorities. The draft Framework for the Inspection of Children's Services, on which the Inspectorates are consulting, has also been structured around these outcomes and aims (*see paragraphs 2.34-2.42*).

Priorities

2.14 PCTs and local government will need to prioritise needs in the context of:

- > the priorities set by the Government, as reflected in national standards and targets;
- > local priorities based on needs assessment and the views of local stakeholders and service users.

This will require local organisations to work in partnership and to take a holistic approach to meeting the needs of children, young people and pregnant women.

Planning Services

2.15 An understanding of the needs of the local population along with agreement about local priorities and the national PSA targets provide the basis for planning services. Local planning needs to be undertaken in line with the principle set out in *National Standards, Local Action* of development in partnership with other NHS bodies and Local Authorities. This will involve working with other partners in a children's trust to ensure that the Children and Young People's Plan (*see paragraph 2.17 below*) reflects the full range of needs of children locally, and that there is a clear understanding of how those needs should be met.

Local Delivery Plans

2.16 Working with local partners, including Local Authorities, PCTs will set Local Delivery Plans (LDPs) in Spring 2005 for the three financial years 2005/06 – 2007/08. The levels of performance set in PCTs' LDPs will be agreed and signed off by SHAs. In turn, DH will sign off SHA level plans, ensuring that national performance expectations are formally agreed.

Children and Young People's Plans (CYPP)

2.17 From April 2006, Local Authorities will be required to have a 3 year Children and Young People's Plan in place. This will be an overarching strategic plan identifying how outcomes will be improved, based on an analysis of need, identification of priorities and the strategic actions required to deliver on them. Local partners will need to ensure that the LDP and the CYPP are consistent.

Commissioning services

2.18 These plans will form the basis for effective commissioning. Key to the success of the NSF is how effectively local partners work together on commissioning services for children, young people and pregnant women, including through the use of joint commissioning. This requires a significant change in approach given the very different approaches to commissioning in the NHS and in local government and the wide range of services to be commissioned. These include a broad spectrum, ranging from placement of looked after children, to health services such as primary care and highly specialised services for children with complex needs. Work is also underway in DH on social care commissioning.

2.19 Health bodies have existing powers to pool funds with Local Authorities under Section 31 of the Health Act 1999. New powers in the Children Act 2004 allow for pooling with a wider range of partners, without the need for a formal Section 31 agreement where appropriate.

Case study

Surrey County Council Health Act Flexibilities

Surrey County Council with its health partners was the first area to use section 31 Health Act Flexibilities for CAMHS. This has enabled the council to develop a county-wide joint CAMHS strategy with the six local Primary Care Trusts and three provider trusts, which is supported by a pooled budget for all new CAMHS investment. Within the local authority, the bringing together of the social services department with education into a Surrey Children's Services has also broken down some of the previous barriers.

In Surrey new investment over the last three years has resourced:

- > Three Community Mental Health Development Workers to foster links in three areas of Surrey and develop local responses to needs;
- > Five Community Mental Health Workers to offer consultation and training to tier 1 staff and early intervention;
- > A project Worker to progress the implementation of the strategy, and
- > A service in partnership with the NSPCC for sexually abused children and young people.

See www.info.dh.gov.uk/children/nsfcasestudies.nsf

Commissioning primary care

2.20 Since April 2004, PCTs have been able to commission or provide primary medical services using four contracting routes - General Medical Services (GMS), Personal Medical Services (PMS) which includes Special PMS (SPMS) for people who are not registered with a general practice, Primary Care Trust-Led Medical Services (PCTMS) and Alternative Provider Medical Services (APMS). These routes provide a flexible framework to enable PCTs to commission services from a range of potential providers, and develop provision which is responsive to population need and improves patient choice and convenience. These contracting routes can be used for the provision of essential, additional, enhanced and Out of Hours services, or any combination of these.

Case study

Children and Young People's Health Services Commissioning

Professor Kennedy recommended in his report on Bristol Royal Infirmary that there should be one individual with designated responsibility for children's services. This is an effective operating model within one organisation which provides dedicated support for commissioning of children's services for four levels and types of commissioning activity:

- > A board level post with lead responsibility for children's services
- > A non-executive member with specific responsibility for children's services
- > A professional lead for children's services
- > A facilitative officer (Project Manager) with specific responsibility for children's services

2.21 PCTs are required to ensure that additional services are provided to their population. These services include child health surveillance for all children under the age of 5 (including regular monitoring of children's health and development), childhood vaccinations and immunisations, and all necessary maternity medical services to pregnant women. PCTs can also commission enhanced services from any potential provider to expand the range of primary care services or to deliver essential or additional services to a higher standard.

2.22 Through the Quality and Outcomes Framework (QOF), participating practices are eligible to be rewarded for the quality of care provided to patients. The QOF includes payments for child health surveillance and maternity services.

2.23 Changes in commissioning in the NHS, including practice-based commissioning and payment by results, will also impact on the way in which services for children and pregnant women are commissioned.

2.24 Helpful information to support PCTs and Local Authorities in their role as commissioners is available on the National Primary and Care Trust Development Programme (NatPaCT) website www.natpact.nhs.uk.

Commissioning specialised services

2.25 Specialised health services are those provided in relatively few specialist centres to catchment populations of more than a million people. The Children's Specialised Services Definition set ¹⁰ includes 25 different specialised services for children (for example, paediatric surgery, paediatric cardiology and cardiac surgery, paediatric neurosciences). PCTs are responsible for ensuring that children's specialised services are commissioned collectively through their Local Specialised Commissioning Groups (covering services with a catchment population of 1-2 million) and Specialised Commissioning Groups (covering services with a catchment population of 3-6 million). Very highly specialised services, where there are only 2 or 3 specialist centres covering the whole country, are currently commissioned on a national basis by the National Specialist Commissioning Advisory Group (NSCAG).

Contestability

2.26 Increasing the diversity of provision was identified as an important force for improvement in both the NHS Improvement Plan and the Five Year Strategy for Children and Learners. A scoping study has been carried out on behalf of DfES to:

- > provide information on the existing and potential state of the market for children's services,
- > identify gaps in provision,
- > consider the appetite and capacity for expansion, and
- > comment on degrees of contestability in different areas of service provision ¹¹.

- > Advice on the planning and commissioning function of a children's trust is being developed by DfES working in collaboration with DH; draft guidance on the Children and Young People's Plan will be available early in the New Year.
- > The successor to the Modernisation Agency, the NHS Institute for Learning, Skills and Innovation ¹², the Improvement and Development Agency (IDeA) and the Care Service Improvement Partnership will support the development of commissioning with a particular focus on health inequalities.
- > The responsibility for commissioning highly specialised services will be transferred from NSCAG to the NHS. See www.dh.gov.uk
- > Once the consultation on contestability has been completed, the government will provide support for local organisations to help them understand and interact with the market for children's services more effectively.

Managing Performance, Assessing and Inspecting Outcomes

- 2.27 Key to the cycle of delivery and improvement are the processes for ensuring that services improve continuously. This will be achieved through:
- > Internal evaluation;
 - > Performance Management by Strategic Health Authorities, and
 - > Inspection by the Healthcare Commission, CSCI, OFSTED, and Joint Area Reviews.

Internal evaluation

2.28 Local organisations will be able to draw upon indicators that allow them to assess their own progress in comparison with others. Examples of government support for this include the common dataset being developed to underpin the *Every Child Matters: Change for Children* Outcomes Framework.

The Inspectorates will provide each Local Authority area with details of their own performance against this dataset. This will allow Local Authorities and partners to see how well they are doing and to benchmark against other comparable areas.

2.29 Indicators developed for the CHILD, PERISTAT and REPROSTAT projects as indicators of outcome measures may also be helpful¹³.

2.30 Another significant resource of national best practice to inform local target-setting and planning for quality improvements is the 'Better Metrics' project. This was commissioned by the NHS Top Team to identify measures of performance relevant to, and supported by, clinicians. See www.dh.gov.uk

2.31 Better Metrics should inform local planning to meet the standards of quality set out in the Children's NSF. They will also inform the assessment criteria used by the Healthcare Commission to assess performance against NSF standards.

2.32 This year, the Department of Health is proposing that the NHS returns local data on the prevalence of obesity in children. To support the development of local data sources, and improvements in data quality, the Department of Health will continue to work closely with the Department for Education and Skills to develop appropriate systems for recording weight and height measurements among school-aged children.

Performance Management by Strategic Health Authorities

2.33 PCTs are responsible for specifying the level and quality of services through their commissioning arrangements with service providers. PCTs will in turn be held to account for their Local Delivery Plans by their SHA (*see 2.16 above*).

Inspection

2.34 The responsibility for assessing and reporting on the performance of PCTs, trusts and NHS Foundation Trusts rests with the Healthcare Commission and with CSCI. The Healthcare Commission is also responsible for inspecting and assessing private organisations providing healthcare. The LDP will be the key reference point for the Healthcare Commission to use in determining a PCT's annual performance rating (currently "star rating"). PCTs will need to meet the levels of performance against the national targets that were agreed in LDPs to achieve a good performance rating. The Healthcare Commission set out its proposals for assessing health services in Assessment for Improvement, a consultation document published in November 2004 (www.healthcarecommission.org.uk).

2.35 The Healthcare Commission is proposing to conduct an improvement review of children's hospital services in 2005/6. This review is currently being piloted at 20 trusts across England and will focus on elements of standard 7 of the NSF.

Case study

East Kent Hospital Trust Challenging Behaviour Team

This is a service for children with learning disabilities who have challenging behaviour. The Challenging Behaviour Team is headed by a Consultant Clinical Psychologist and works with Child Development Centres, Child and Adolescent Mental Health services, Health Visitors, Schools, Nursing, Education and Social Services.

It covers children 0 – 19 years old who live within the catchment area of the East Kent Hospital Trust and referrals are made via consultant paediatricians, Special Educational Needs Officers, Child Development Teams or special schools. It provides direct help to families and trains and supports professional staff in different disciplines. Parents are engaged as active partners in helping the child and given copies of all the paperwork about the treatment plan and its progress.

2.36 Its current scope includes:

- > Access to child-specific services (capacity, and management of capacity);
- > Safety of those services (staff levels and staff training), and
- > The impact of local networks across community, DGH and tertiary care on the above. See www.info.dh.gov.uk/children/nsfcasestudies.nsf

Case study

New Cross Hospital Youth Work Team

Young people who have deliberately self-harmed, overdosed or had an accident, may well have underlying health problems they are not prepared to disclose to health staff working in accident and emergency. By using trained youth workers to do an initial assessment and then support the young person concerned, the New Cross Hospital Youth Work Team is able to assist young people in being referred to the most appropriate support agency. The team follows up the young people on discharge to ensure the provision of ongoing support and a youth work style assessment.

2.37 The improvement review's planned methodology, as discussed in the Commission's consultation document, will consist of judgements based on national data collection followed by local work in a minority of trusts.

Joint Area Reviews

2.38 Joint Area Reviews (JARs) will report on the well-being of all children and young people in a local area, covering universal, preventive and specialist services. Children who are vulnerable to poor outcomes will be a particular concern, and each JAR will deal in detail with children and young people who are looked after by local authorities and those with learning difficulties.

2.39 JARs will look at:

- > The collective contribution made to outcomes for children by the relevant publicly funded services in the area;
- > The contribution made by the local authority's services overall including specific judgements about education and social care services;
- > The contribution of other services where there is sufficient evidence;
- > The extent to which local services work together to improve outcomes.

- 2.40 While the JAR will not be an inspection of individual healthcare organisations, its coverage will include observations about:
- > Aspects of primary health care, such as speech and language therapy, health visiting and school nursing;
 - > Aspects of secondary health care such as Accident and Emergency services;
 - > Child and Adolescent Mental Health Services;
 - > Public Health;
 - > Commissioning.
- 2.41 JARs will also assess the effectiveness of local co-operation and integration. In the years when an authority area does not have a JAR, there will be an Annual Performance Assessment (APA) of local authority children's services. While the criteria, performance data and evidence used for annual performance assessment will relate only to those services provided by the council, predominantly in undertaking its social care and education functions, it will start with a self-assessment with key partners covering all relevant local services. The self-assessment will include the salient features of service management, including the effectiveness with which services work together, consultation with children and young people and value for money.
- 2.42 A consultation document on the framework for the Inspection of Children's Services and process for JARs and the proposed arrangements for the APAs was published by OFSTED on 6th December 2004 (www.ofsted.gov.uk).

Conclusion

- 2.43 Taken together, the elements described in this section provide the basis for the continuous improvement of services for children, young people and pregnant women, and delivery of improvements in the *Every Child Matters* outcomes more generally, and thus form a fundamental part of the national support for the implementation of the NSF as part of the *Every Child Matters: Change for Children* programme. More specific action is set out in sections 3 and 4.

Section 3: National support for local action

- 3.1 This section sets out the key steps that are being and/or will be taken by government departments and national agencies, such as the Healthcare Commission or NICE, to support the delivery of the NSF Standards, many of which will also contribute to meeting the five outcomes for children and young people set out in *Every Child Matters*. These fall into the following areas:
- > Steering arrangements
 - > Information Management and Technology
 - > Workforce
 - > Modernisation and Improvement
 - > Research and Development
 - > Quality and Effectiveness
 - > Involving Children, Young People and Families
 - > Built Environment and Estates
 - > Communications.
- 3.2 As set out in section 2, it is for the NHS and local government to determine how the standards will be met locally over the next ten years. However, as with previous NSFs, some national support will be provided to support local action and save duplication of effort. National organisations including professional bodies and voluntary organisations will also have a valuable contribution to make to implementation of the NSF and some of their plans for supporting the NSF are included in this and the next sections.

Steering arrangements

- 3.3 The development of the NSF was overseen by the Children's Task Force, chaired by the National Clinical Director for Children, Professor Al Aynsley-Green, and eight External Working Groups. The main task of the Task Force was to oversee the development of the NSF and its work has now come to an end.

DH will consider what steering arrangements will be needed to oversee the national contribution to implementing the NSF standards as part of *Every Child Matters: Change for Children*.

Information Management and Technology

- 3.4 The provision of the right information at the right time is essential to support services for children and pregnant women. To meet the objectives of *Every Child Matters: Change for Children* and meet the NSF standards, it will be essential to ensure that the NHS, social care, education and other agencies are able to share information. Given the complexity of services in terms of the range of needs and the number of service providers involved, putting the information strategy in place will be one of the most important elements in implementation.
- 3.5 *The Children's and Maternity Services Information Strategy* was published alongside the NSF¹³ and sets out what action will be needed at national level in terms of information, its management and the associated technology to support implementation of the standards. These actions will be taken forward by the Health and Social Care Information Centre and the National Programme for IT¹⁶, working with DH and DfES. It also suggests what action can be taken forward locally to support delivery of the NSF.
- 3.6 The NSF Information Strategy forms an integral part of the overarching government programme for IT development, including the National Programme for Information Technology and the systems which will be put in place to deliver *Every Child Matters*. It comprises:
- > Information to support Cross Agency Working;
 - > Information for Direct Care of Children, Young People and Pregnant Women;
 - > Information for Secondary Purposes;
 - > Access to Knowledge;
 - > Training and Development.
- 3.7 Section 12 of the Children Act 2004 provides for the establishment of a "child index" system. DfES will lead work to clarify the costs and benefits of such a system which would include:
- > basic identifying data for every child;
 - > contact details for professionals working with that child, and
 - > a facility for them to indicate that they have a concern about the child

as a tool for better communication within and across agencies to improve outcomes for all children through early identification and action to meet their needs.

Work is now in hand to design a national network of child indexes to support better information sharing about the needs of children between practitioners within and across health, education, social care and youth offending services. The index would contain basic identifying data for each child, contact details for professionals working with the child, and a facility to indicate that a professional has a concern about a child. DfES is currently consulting on how to record practitioner details where the practitioner is delivering a sensitive service and how to record the fact that a practitioner has a concern about the child¹⁷.

3.8 DfES is working with councils with social services responsibilities which are currently implementing the Integrated Children's System which will ensure that practitioners and managers are using the conceptual framework of the Assessment Framework for all children in need, from referral to case closure. It will cover all aspects of professional practice as well as supporting the development and use of management information including recording, retrieval, analysis and decision-making. The electronic system being developed to support its use will take account of the contribution of agencies other than social services who work with children in need.

- > DH and DfES will take forward the national actions set out in the NSF Information Strategy; early priorities will include the development of the maternity and child health datasets.
- > DfES will provide Local Authorities as Children's Services Authorities with funding through the Change Fund to support local children's services priorities, including better information-sharing.
- > DfES will lead the design of a national network of child indexes to support information sharing.
- > DfES and DH will ensure that plans for this network are developed alongside and coherently with the National Programme for IT. The Government will announce the timescale for implementation of the index approach in autumn 2005, subject to approval of a business case and identification of the necessary resources.
- > DfES will continue work with councils to support the implementation of the Integrated Children's System.
- > The government will publish clear guidance for all practitioners working in children's services on information-sharing covering health, education, social care and youth offending by September 2005.

Monitoring trends in children's health

3.9 Monitoring progress and assessing trends in children's health will be helped by publication of a report on the State of the Health of the Nation's Children by the National Clinical Director for Children, supported by public health colleagues. This will take account of the 'Better Metrics' project (see paragraph 2.30); the work of the Association of Public Health Observatories will also feed in to the report.

National Clinical Director for Children/DH to produce a report in 2005 on the state of the health of children in England.

Mapping services

3.10 DH has started work on the development of a methodology to map the provision of children's and maternity services both within health, and at the interface between health and education and social care. This will build on the annual mapping of CAMH services (www.camhsmapping.org.uk) now in its third year, and is intended to provide a common approach that will facilitate local and national benchmarking and the monitoring of progress over time. Working with stakeholders, it will enable providers of children's services to measure how health contributes to the delivery of the children's NSF and improved outcomes for children.

DH to agree scope by December of services to be mapped by:

- > piloting data collection to take place (Winter '04/5);
- > seek approval for data collection (April-Summer '05);
- > first national data collection (Summer '05);
- > first year's data available (April '06).

Workforce

3.11 Nearly every intervention set out in the Children's and Maternity NSF has implications for the workforce. National support will be available to help local agencies to put in place a sufficiently resourced, skilled and motivated workforce to deliver the NSF Standards, linked to the wider DfES *Every Child Matters: Change for Children* Pay and Workforce strategy. The voluntary sector also

plays a key role in providing services for children and some of the issues outlined below may have implications for the voluntary sector workforce.

Case study

Leeds Inter-agency Project

By training all the midwives in Leeds, the Inter-agency Project has produced a focused and equitable impact on women experiencing domestic violence during pregnancy and early motherhood. In addition, the Project has improved networking between Primary Care, Trusts, General Practice and Social Services, and helped all agencies providing services to women and their children to develop good practice in relation to domestic violence. (The Inter-agency Project team comprises a Manager, a Health and Social Care Co-ordinator and two Project Workers).

3.12 The DH publication *Delivering the NHS Improvement Plan: The Workforce Contribution* (November 2004) sets out to encourage an inclusive approach to planning and highlights the strategic workforce issues that support Local Delivery Planning (LDP).¹⁸

3.13 The areas for action in relation to workforce are:

- > **Workforce Capacity** – staffing shortages, recruitment and retention;
- > **Workforce Modernisation** – new roles, amended roles and new ways of working;
- > **Skills Development** – competences, education and training, continuing professional development (CPD) and Leadership.

Case study

Educational Health Workers

Educational Health Workers have been introduced at the New Cross Special School, Salford, to increase the capacity of nursing, therapy and teaching staff caring for children 11 – 18 years old with profound and multiple learning difficulties. The Educational Health Workers deliver therapy programmes according to protocols set out by the Therapy staff, and also provide nursing support, and support the education needs of the children. The Educational Health Workers have improved communications between the children and with staff so staff are better able to understand the children's needs, improved their access to education and in some instances, speeded up children's return to school after acute episodes by providing support in the home.

See www.info.dh.gov.uk/children/nsfcasestudies.nsf

Workforce Capacity

- 3.14 The NSF acknowledges that there are workforce shortages in many staff groups providing services to children. These will be addressed nationally, through the workforce planning processes, and locally, through:
- > multi-agency workforce recruitment and retention strategies, based on an assessment of the needs of the local population, and
 - > the related plans that PCTs are preparing in conjunction with local providers and partners (see section 2.16. and 2.17) ¹⁹.

Case study

Norfolk Family Support Teams

The Norfolk Family Support Teams operate as a tier two Child and Adolescent Mental Health Service for children aged 4 – 16 years and their parents or carers. The Teams are managed by the Norfolk County Council Social Services Department, with staff from a variety of health, social care and education backgrounds taking on generic posts. The Service provides for children who are vulnerable and with emerging mental health problems and gives priority to children who do not meet the threshold to receive services from Child and Adolescent Mental Health services, Social Services or Educational Support services.

- 3.15 As well as staff shortages, the European Working Times Directive 2009 target (a further 16% reduction in junior doctor hours) may impact on 'keeping the NHS local'. *Modernising Medical Careers* may also have some implications for medical capacity.
- 3.16 Many of the standards will require appropriate numbers of trained professionals to deliver services to the level required. Particular work will be needed in specific specialties or disciplines; for example, school nurses have a key role in promoting healthy lifestyles to school-aged children and young people. New funding will be made available so that by 2010, every PCT, working with children's trusts, and local authorities, will be resourced to have at least one, full-time, year round, qualified school nurse working with each cluster or group of primary schools and the related secondary school, taking account of the health needs of the school population. School nurses and their teams will be part of the wider health improvement workforce. Roll-out will start from 2006-07 in the 20% of PCTs with the worst health and deprivation indicators. Further details will be published in the Delivery Plan for the White Paper to be published early next year.

- > A DH national programme of pilot projects is testing many of the solutions that are being proposed to implement the European WTD for doctors in training. These include pilots testing new ways of working in anaesthesia and pilots looking at maternity and paediatrics.
- > DH will promote NHS National Workforce Planning toolkits to help service providers determine their staff and training needs ²⁰.
- > DH/DfES will develop a means of mapping supply and demand of workforce for children's and maternity services.
- > DH/DfES will seek stakeholder consensus on the priorities for workforce expansion by a mixture of more staff and new ways of working ²¹.
- > The government will fund every PCT to have at least one, full-time, year round, qualified school nurse working with each cluster or group of primary schools and the related secondary school.

Workforce Modernisation

- 3.17 The continuing need to modernise the workforce and look at role redesign is highlighted within the NSF, to help address staffing constraints and to enable the service to respond flexibly to rapidly changing demands and support initiatives such as the European Working Time Directive and *Agenda for Change*. A range of new and changed roles will be developed during the lifetime of the NSF, with staff working in new ways across agencies and within multi-disciplinary teams.
- 3.18 Professional self-regulation is an essential element in the delivery of high quality patient services. Regulation is one means of securing the delivery of high standards of patient care. New ways of working for health professionals will be supported by systems of regulation to ensure the highest quality patient care.

- > The Care Services Improvement Partnership (CSIP), and the NHS Institute for Learning, Skills and Innovation (NILSI) from (July 2005), the successor organisations to the Modernisation Agency, will test and disseminate new and amended roles, eg. rapid roll-out of roles to support workers in the school health workforce²².
- > DH is currently working with groups of assistant practitioners and key stakeholders to prepare new roles for regulation.
- > The Chief Nursing Officer will work with nurse leaders and DfES to:
 - Modernise and promote school nursing (see para. 3.16 above);
 - Develop a national programme for best practice that includes reviewing children's and young people's health and supports the use of children's personal health guides.

Skills Development

3.19 There are significant education and training requirements arising from the NSF, with organisations being required to develop training strategies to ensure that all staff have the necessary skills. Standard 3 of the NSF refers to core competences for all people working with children at every level. Increasingly, that skills and competences will shape job design as a means of developing the best service.

Skills for Health (SfH) National Workforce Competence Framework for Children's Services (NWCF)

- 3.20 Training should be based on the Skills for Health National Competence Framework for Children's Services (which was developed to be applicable to a range of settings and professions) and the DfES Common Core Prospectus.
- 3.21 Phase 1 of the project covers the competences needed to care for the acutely ill child and children at risk of significant harm. These units can be downloaded from the Skills for Health website: www.skillsforhealth.org.uk. Phase 2 of the project, "Maternity and care of the newborn", covers the competences needed to care for pregnant women, their families and newborn babies (due for completion in March 2005) (drafts available on www.skillsforhealth.org.uk).
- 3.22 In addition, the Public Health Practice National Workforce Competence Framework for Children's Services will be evaluated to assess whether it can be used throughout children's services, including both health care and other agencies' workforces.

3.23 The Common Core of Skills, Knowledge and Competence will introduce a common language amongst the workforce and promote more flexible development, career progression and a more effective and integrated service. The third draft of the Prospectus is available on the DfES website: <http://www.dfes.gov.uk/commoncore/>

- > Development of Phase 3 of the Skills for Health Competence Framework is likely to include an evaluation of competences developed in specific clinical areas to ensure they are appropriate for use in children's services, and the development of a framework to support the implementation of the Common Core.
- > Publication of the Common Core Prospectus to establish a coherent framework of occupational standards, qualifications and training of all practitioners working with children and young people.
- > The successor organisation to the NHS Leadership Centre, the NHS Institute for Learning, Skills and Innovation, is working to identify the leadership development needs for staff working on the implementation of the Children's NSF. These may be formal or informal leadership roles and include the development of individuals and teams or wider system networks. (See also paragraph 3.26)
- > The NHS Institute for Learning, Skills and Innovation will work closely with the National College for School Leadership, DfES and the Social Care Institute for Excellence to promote cross-sector approaches to leadership development, shared learning and transferability of skills²³.
- > Skills for Health will oversee development of the next phase of the Career Framework, a guide for NHS and partner organisations that enables an individual with transferable competence-based skills to progress in a direction which meets workforce, service and individual needs²⁴.
- > The successor to the NHS University (NHSU), the NHS Institute for Learning, Skills and Innovation, will evaluate the need for a programme called "advanced communication skills" aimed at all staff who work with children and young people.
- > The Royal College of Paediatrics and Child Health (RCPCH) has been funded by DH to develop child protection training for Senior House Officers (SHOs) and is collaborating with the National Society for the Prevention of Cruelty to Children (NSPCC) with advice from the NHS Institute for Learning, Skills and Innovation (to be delivered December 2005).

Modernisation and Improvement

3.24 DH and DfES are working with the NHS Modernisation Agency and the Improvement and Development Agency²⁵ for local government to establish and embed the *Every Child Matters: Change for Children* programme in the NHS and local government. This will build on the lessons learned from the MA and other change agencies using existing tools, techniques, and initiatives such as “*Ten High Impact Changes*”²⁶ to improve quality, access, capacity and user experience.

Case study

Managing Therapy Waiting Lists

Hillingdon and Greenwich Primary Care Trusts have reduced therapy waiting lists from about one year to zero, for assessment and treatment. All three Trusts achieved this through changing their administrative and clinical processes. The timescale for reducing waits to zero was six months. Each Trust addressed the issue in different ways, but the common theme was a collaborative approach and methodology.

Delays due to long therapy waiting lists mean that there is a risk that children experience deterioration in their condition and delays in development and educational achievement (see NSF Standard 1). Feedback from families on the reduction in waiting lists has therefore been very positive.

3.25 Key to *Every Child Matters: Change for Children* is the need to spread good practice and to establish change programmes based on what is known to be effective. In order to share best practice and innovative approaches, every SHA has been funded to explore an aspect of NSF implementation, covering a wide range of issues such as children’s and maternity networks, children’s trust arrangements and safeguarding.

3.26 DH and DfES have jointly funded and appointed Regional Change Advisers to support Local Authorities, PCTs, SHAs, and other partners in implementation. Their role will include supporting these agencies to meet the NSF standards as one component of *Every Child Matters: Change for Children*. In addition, a nurse adviser has been appointed jointly by DH and DfES to support implementation of the CNO Review.

- > DH will disseminate the findings of the SHA's projects on implementation of the NSF in 2005.
- > DH will commission a leadership programme for paediatricians and children's nurses that will link into the wider leadership programmes led by DFES and DH. (See paragraph 3.23)
- > DH is funding the North Central London Partnership to design care management pathways of care for children and young people with asthma, diabetes and epilepsy across primary, secondary and tertiary care (to be published on the NSF website).
- > The Emergency Services Collaborative will develop a checklist for unscheduled care for children and young people.
- > DH will assess the need for the development of a toolkit for improving access to, and reducing waiting times, for therapy services.
- > DH/DfES will establish an accelerated development programme to develop the support worker role in school nursing by late-2005.
- > DH will establish an accelerated development programme for maternity support workers to provide parenting and public health support to vulnerable families and improve continuity of care between antenatal and early infancy services by late 2005.

Managed Children and Maternity Networks

3.27 Examples of the innovative approaches taken in some areas to achieve compliance with the European Working Times Directive include new working patterns, the introduction of new roles and service redesign. However, the difficulties associated with achieving compliance in these particular specialties have meant that some trusts have adopted solutions in the run-up to August 2004 when the Directive came into force, which need to be developed further if they are to be sustainable in the longer term.

3.28 Central funding (see 3.29 below) has been made available by DH to support the development of children's and maternity services managed care networks. These will be developed and managed locally to ensure there is a comprehensive, integrated, safe local service for pregnant women, children and young people. As described in standards 6, 7 and 11 of the NSF, they will focus on the

delivery of services across a whole health economy and focus in particular on the relationships between different parts of the local service. This type of network differs from Specialist Clinical Networks, such as those for neonatal or paediatric intensive care, which focus on service or illness-specific relationships and arrangements between local and tertiary services.

- 3.29 Each SHA has been given £90,000 to support the development of a Local Children's Clinical Network and a Local Maternity Network. It is up to each SHA to decide how best to form these networks and how they will work with neighbouring networks.

- > The DH will encourage the development of children's and maternity services managed networks by funding a group of clinicians to support SHAs.
- > The Children's Health & Maternity Services Policy Collaborative will develop a tool to aid managers' and professionals' understanding of the case for Local Children's and Maternity Clinical Networks by March 2005 (see paragraph 4.12).

Research and development

- 3.30 DH is investing £2.5 million in new research to support implementation of the NSF to provide information to support change. In developing the standards, a number of gaps were identified which will be used to develop a specification for new research. Topics likely to be covered include:

- > Work on the effectiveness, and cost-effectiveness of interventions;
- > A range of outcomes which reflect values and views of children and their families;
- > Studies of long-term outcomes and the effects of interventions on different groups.

- 3.31 In April 2004, the government recognised the need for high quality research in children and young people's medicines; the Chancellor announced in his Budget statement in April 2004 new funding for research into medicines for children. Work is underway to establish a Clinical Research Network on Medicines for Children as part of the new UK Clinical Research Network. This will form part of the infrastructure under the umbrella of the UK Clinical Research Collaboration (UKCRC).

- > DH will issue a call for proposals for research relating to the NSF in Summer 2005.
- > DH will establish a clinical research network focusing specifically on medicines for children, to be overseen by a national co-ordinating centre to be established in 2005.
- > A selection of evidence informing the interventions recommended in the NSF has been published ²⁷.

Quality and Effectiveness

3.32 Key to the successful delivery of the NSF is an increased emphasis on evidence-based practice as a means of improving the quality, effectiveness and the appropriateness of children's and maternity services. One component of this is successful dissemination of up-to-date, high quality evidence on what is effective to health and social care professionals.

Improving the availability of clinical information

3.33 There is currently a dearth of high quality, evidence-based guidelines and appraisals in the management of child health. To support the implementation of the NSF, further evidence-based information for clinical staff working with children will be required.

3.34 This will be addressed through the work programmes of the National Institute of Clinical Excellence (NICE) and the Social Care Institute for Excellence. Other relevant guidelines of an equivalent quality may also be signposted to support aspects of the NSF where available. Through the topic selection process, a number of new guidelines will be commissioned to support the NSF.

3.35 At present, the interests of children, young people and pregnant women are the responsibility of the NICE Women's and Children's Collaborating Centre. Given the importance of paediatric topics, a team is being set up, led by an assistant director of the Centre, with responsibility for paediatric guidelines. The new paediatric guideline team will be part of the Women's and Children's Collaborating Centre and accommodated in the Royal College of Paediatrics and Child Health.

3.36 Increasingly, as health, social care and education services become more closely integrated, guidelines will be produced jointly by NICE and SCIE covering areas such as parenting support and safeguarding children.

- > The Paediatrics and Child Health Specialist Library of the National Electronic Library for Health will be taken forward, aimed primarily at professionals, but also to make high quality information available on medical treatment to all users, including young people and parents.
- > NICE will publish guidelines, which will complement the standards, on:
 - Children & Young People with Cancer (July 2005)
 - Depression in Children (August 2005)
 - Feverish Illness In Children (November 2006)
 - Urinary Tract Infection in Children (November 2006)
 - The prevention, identification, management and treatment of obesity (January 2007).
- > DH and DfES will work with stakeholders to identify future topics for NICE and SCIE to consider; these will include a number on common childhood illnesses.
- > DH will purchase and distribute a Children's British National Formulary, produced by the RCPCH, Royal Pharmaceutical Society and the Neonatal and Paediatric Pharmacists Group, to all paediatric providers, with the first edition due in 2005. This will ensure that all paediatric prescribers have access to accurate information, which is regularly updated in the light of research, NICE guidance, and CSM warnings. This will be available in paper and electronic formats. (*see also section 4, standard 10*)

Clinical governance and clinical audit

3.37 Clinical governance is the key vehicle for assuring the quality of services - all health organisations have in place a clinical governance lead. Clinical audit is an integral component of clinical governance and participation is a continuing requirement for all health care professionals. The hospital standard highlights how clinical governance systems will need to recognise the needs of children and young people as a separate and vulnerable client group. Multi-disciplinary, child-specific clinical audit will be undertaken in all specialties in which children are treated, including primary care. All appropriate units participate in national comparative audits, such as the audit for paediatric cardiac surgery.

Case study

Leeds Asylum Seekers Support Network

The Leeds Asylum Seekers Support Network gives asylum seeking and refugee mothers the independence and confidence to access the services they need to promote their own, and their children's health and wellbeing. The Service is delivered by trained and supervised volunteers who are matched one-to-one with a pregnant woman, new mother or mother of young children and their family. Services include English-at-home, Befriending and Mother and Baby Groups (with a midwife or nurse leading the discussion and giving information about pregnancy, childbirth and early motherhood).

> DH will work with the Healthcare Commission on the adoption of all national clinical audits applicable to children, young people and maternity services including audit on neonatal intensive care. PICaNET, which audits paediatric intensive care, will continue to be supported by DH.

Confidential enquiries

- 3.38 The National Patient Safety Agency (NPSA) has recently assumed responsibility for the Confidential Enquiry into Maternal and Child Health (CEMACH). The 50th anniversary report of the Confidential Enquiry into Maternal Deaths, "*Why Mothers Die*"²⁸, highlights the importance of early assessment of known risks for a newly pregnant woman to ensure that she is offered services that are flexible and tailored to her specific needs. The report also highlights that vulnerable and socially excluded women, including women who cannot speak English, are at greater risk.
- 3.39 Following advice from the National Advisory Committee for Enquiries into Child Health (NACECH), the development of a new child health enquiry programme into the identification and classification of all child deaths will be taken forward as a priority next year and will involve a number of CEMACH regional offices. This will support the development of local screening teams to be set up under the auspices of Local Safeguarding Children Boards.

- > The government will take account of the recommendations of CEMACH reports into maternal and neonatal deaths.
- > CEMACH, as part of NPSA, will take forward work on the development of a new programme of enquiry into identification and classification of all child deaths.

Case study

Gloucestershire Children's Voice

Gloucestershire Children's Voice is a service which seeks out the views and experiences of disabled children and their families living in the County about the services they receive, and services they would like to access. Gloucestershire Children's Voice is a partnership between NCH and the local authority.

For more details see www.info.dh.gov.uk/children/nsfcasestudies.nsf

Involving children, young people and families

3.40 The *Every Child Matters: Change for Children* programme and the NSF set out the importance of providing children, young people and their families with information which will enable them to become involved in planning and making decisions about their care. In developing the NSF standards, the CNO Review, *Every Child Matters* and *Choosing Health*, a wide range of individuals and organisations were consulted and given the opportunity to express their views on the changes that were needed to improve the lives of children and young people, pregnant women and families. "*Getting over the wall*"²⁹ sets out how involving patients can lead to improvements in services.

3.41 Standard 3 of the NSF makes it clear that the views of children, young people and families should be valued and taken into account in the planning, delivery and evaluation of services. Standard 11 sets out the importance of involving women in the development of local maternity services and seeking their views. Work towards the national target to secure sustained improvements in NHS patient experience by 2008 will support these delivery of these two standards.

- > DH will support local organisations in meeting the national target to secure sustained national improvements in NHS patient experience by 2008, as measured by independently validated surveys, ensuring that individuals are fully involved in decisions about their healthcare, including choice of provider. This target applies to children as well as adults.
- > DfES will provide ongoing support for young people-led organisations to manage a Consultation Fund for children and young people, and the Children and Youth Board.
- > DfES will work with voluntary partners to develop a 'virtual good practice centre', to map policy work, to recruit a network co-ordinator, and to run good practice pilot projects.
- > DfES will provide financial support to organisations to extend the opportunities to engage with young people, such as the UK Youth Parliament and A National Voice.
- > DfES will issue regulations and guidance on social services complaints procedures for children taking account of current consultation exercise (expected to come into force from April 2005).

Built Environment and Estates

3.42 There is evidence that good environments can have a therapeutic effect on users of services including the NHS, where a positive environment can improve health outcomes, speed recovery and lessen the stress associated with being ill. In delivering *Change for Children*, ensuring that premises used by children and families are fit for purpose, modern and accessible will be key to improving outcomes. Co-locating services in places where children and young people spend much of their time can improve access and reduce the stigma associated with specialist facilities. Extended schools will provide a 'hub' for co-location of services. In the ten-year strategy for childcare, *Choice for parents, the best start for children*³⁰, a vision was set out of all secondary schools being open between 8am and 6pm on weekdays all year round offering a range of activities such as music and sport, by 2010.

- 3.43 NHS Estates has developed a series of Health Building Notes and initiatives to support the NSF in recognition of the importance of the environment in meeting needs of people using services. These are aimed primarily at planning and design teams involved in new-builds and upgrades of existing facilities. The following have already been published:
- > Improving the patient experience: 'Friendly healthcare environments for children and young people';³¹
 - > HBN 23, 'Hospital accommodation for children and young people';
 - > Building Bulletin 96: 'Meeting the educational needs of children and young people in hospital';
 - > Better Hospital Food programme – 'Catering facilities for children and young people'³².

Further Health Building Notes to be published to support the NSF will include:

- > HBN 21, 'Facilities for maternity care' (NHS Estates, in press – expected Spring 2005); this will include facilities for neonatal care;
- > HBN 30, 'Cardiac facilities for children and young people' (NHS Estates, expected early 2005);
- > HBN 43, 'Facilities for Child and Adolescent Mental Health Services' (NHS Estates, expected early 2005).

Communications

- 3.44 The NSF communications plan, led by DH, will focus on the dissemination of material and information, including the key messages, which may be useful at a local level in delivering the NSF and to promote sharing of emerging practice. A database of case studies is being launched alongside this document on the NSF website which will help to spread examples or models of emerging practice or draw attention to useful publications or report. These were derived from a number of sources including members of the External Working Groups and the Care Group Workforce Team.

> DfES and DH websites will provide a central source of information on Every Child Matters and the NSF (www.everychildmatters.gov.uk) (fully operational by March 2005) and www.dh.gov.uk.

A web-based database resource of case studies illustrating the NSF Standards and their themes through emerging practice is now available. See www.info.dh.gov.uk/children/nsfcasestudies.nsf

> DH/DfES (and, later, other government departments) will publish a cross-government newsletter by April 2005 to partner organisations on *Every Child Matters: Change for Children*;

> DH/DfES will arrange a series of regional events to support local delivery of *Every Child Matters*, *Choosing Health*, and the Children's NSF early next year;

> DH/DfES will produce core messages and promotional toolkits in early 2005 for:

- Managers to inform staff about change and promote discussion around local delivery and,
- Service providers/voluntary sector organisations to enable them to share information through their networks.

Section 4: National support for individual Children's NSF standards

4.1 Section 3 set out national action on the underpinning strategies that will support implementation of the NSF standards. This section builds on and updates the actions described in the NSF including several to address particular aspects of some of the standards and related initiatives, including *Choosing Health*. A more detailed delivery plan for *Choosing Health* will be published early in the New Year, but the commitments set out in the White Paper are included here where they relate directly to the NSF. The actions the government or national organisations (including professional organisations and those in the voluntary sector) will take are shown in the shaded boxes.

Standard 1: Promoting health and well-being, identifying needs and intervening early

4.2 *Choosing Health* identifies the health of children and young people as a key priority and sets out a range of action to support and protect children (see [paragraph 1.7](#)) in addition to a package of measures for all age groups. Many of these actions will help local organisations to meet the standards set out in the NSF and in *Every Child Matters: Change for Children*. Several of these are particularly relevant to Standard 1 and are briefly summarised below (see *Choosing Health* for more detail and for government action which will be taken for all age groups).

Case studies

Healthy Tuck Shop Initiative and Walking Buses

The Tuck Shop at Wolsey Junior School in Croydon has a Healthy Tuck Shop stopped selling crisps and instead provides fruit for the children. Pupils currently consume 2 to 4 boxes of satsumas, bananas and apples a week and staff have noticed a difference in children's behaviour and concentration levels. The initiative has had a beneficial, calming influence across the whole school.

Southend has 12 Walking Buses, enabling children to walk safely to school. Each bus includes at least two parent/volunteers, acting as a 'driver' and a 'conductor' and the children pick up passengers at pre-determined 'bus stops' along the way. Walking Buses ensure regular daily exercise and an opportunity for social interaction among children. The scheme is cutting car journeys to school and reducing traffic congestion near the school entrance. It is also encouraging greater independence among children.

- 4.3 The government is investing £1 billion for implementation of *Choosing Health* including £300 million for improving sexual health. Some of this will be used to meet the objectives set out in the chapter on children, and support local organisations in meeting the NSF Standards and improving outcomes.

The government will put in place by 2007 a comprehensive strategy for action to restrict the advertising and promotion to children of foods and drinks that are high in fat, salt and sugar, dealing with broadcast, non-broadcast, sponsorship and brandsharing, and point of sale advertising including vending in schools and labelling, wrapping and packaging.

- > The government will help enable half of all schools to become healthy schools by 2006 with the rest working towards healthy school status by 2009; local Healthy Schools programmes will be encouraged to target deprived schools and consideration given to extending the programme to include nursery education.
- > The government will invest in increasing the level of physical activity in the following areas:
 - > PE and school sport as part of the National Strategy for *PE, School Sport and Club Links* to promote sport in schools;
 - > a clearly-badged Physical Activity Promotion Fund;
 - > regional physical activity co-ordinators to ensure funds are allocated to meet regional priorities and interventions delivered in line with best practice;
 - > DH has commissioned a review of the international evidence for incentive schemes to offer rewards to young people for adopting positive behaviour; the findings will be disseminated and the government will assess which areas of public health could benefit the most and consider some piloting work should the general approach seem to be encouraging.
- > The government will, from 2005, provide eligible pregnant women (including all pregnant women under-18), breastfeeding mothers and young children in low income families with vouchers that can be exchanged for fresh fruit and vegetables, milk an infant formula, through a new scheme - *Healthy Start*.

- > The government will improve nutrition in schools through investment in:
 - enabling all 4-6 year olds in LEA maintained schools to be eligible for free fruit or vegetables;
 - revision of school meals standards;
 - subject to legislation, extension of the new standards to cover food across the school day, including vending machines and tuck shops;
 - improved training and support to catering staff;
 - the launch of a new *Food in Schools* package in early 2005, which will include guidance and resources to support implementation of the whole school approach to healthy eating.
- > The government will develop a communications programme to support local authority enforcement on under-age tobacco sales and bring forward legislation to strengthen the powers in this area.
- > The government will support local teenage pregnancy strategies to strengthen delivery in neighbourhoods with the highest under-18 conception rates.
- > The government will develop a comprehensive care pathway for prevention and treatment of obesity and support implementation through a range of new initiatives including support tools for NHS staff in assessing the risk of overweight and obesity in their patients (with a specific focus on children and young people).
- > NICE will produce definitive guidance on the prevention, identification, management and treatment of obesity (see section 3 paragraphs 3.32-3.35 on clinical effectiveness).
- > DfES, the Home Office and DH will jointly publish a summary of a delivery plan early in 2005 as part of the programme of work on the national target to reduce the use of Class A drugs and the frequent use of any illicit drug among young people under the age of 25.
- > As part of the Government's Alcohol Harm Reduction Strategy for England:
 - DH is leading a review of the evidence base on the effectiveness of interventions on alcohol prevention for children and young people, both inside and outside the school setting. Results will be disseminated by mid-2005.

- The Home Office will ensure that full use is made of existing enforcement powers on under-age drinking. The proposed social responsibility scheme for alcohol retailers will address this issue.
- > DH is leading consultation on a cross-Government Framework for Action on Volatile Substance Abuse (VSA), with a view to launching this early in 2005.
- > The government will drive forward action to implement the new National Standard for cycle training for children across England by 2005-06.
- > The government will support the Travelling to School initiative by:
 - funding around 250 local authority-based school travel advisers who are helping schools develop and implement travel plans; and
 - providing a help desk and web database of cycle trainers to support local authorities, schools and parents to administer the National Standard for cycle training.
- > By September 2005, the government will increase by one third the number of maintained schools in a school sports partnership and will achieve 100% coverage from September 2006. By 2006, there will be at least 400 sports specialist schools and academies with a sports focus.
- > The government will further strengthen the framework governing the sale of school playing fields by local authorities.
- > The government will fund every PCT to have at least one, full-time, year round, qualified school nurse working with each cluster or group of primary schools and the related secondary school.
- > The Chief Nursing Officer will work with nurse leaders and the Department for Education and Skills to:
 - modernise and promote school nursing,
 - develop a national programme for best practice that includes reviewing children and young people's health and supporting the use of children's personal health guides.
- > DfES will ensure that best practice from the Healthy Care Programme³³ is integrated effectively into the development of the children's trust approach to improve the health and well-being of looked after children.

Good practice

The Healthy Care Programme for Looked After Children

Wherever the Healthy Care Programme is implemented services will be improved so that children and young people who are looked after experience a genuinely caring, consistent, stable and secure relationship with at least one committed, trained, experienced and supported carer. They will have opportunities to develop the personal social and life skills to care for their health and well-being now and in the future; and they will receive excellent quality health care, assessments, treatment and support, and live in an environment that promotes their health and well-being within the wider community. See www.ncb.org.uk

Child Health Promotion Programme

4.4 The Child Health Promotion Programme will establish the foundations of good health for all children and young people and support parents and carers in creating a healthy environment in which to raise their children. It is central to the delivery of the *Every Child Matters: Change For Children* five outcomes, and reflects the programme's emphasis on strengthening early intervention by enabling children to receive help at the first onset of problems. With its focus on making health information available to children, young people, parents and carers, and providing services that can be tailored to the particular needs of families, the Child Health Promotion Programme enshrines the core principles set out in *Choosing Health*.

- > DH will engage with professional organisations and parents/children to identify need for further work required to support implementation of the Programme.
- > DH will develop a good practice guide and a competence framework to support multi-disciplinary team working to support implementation of the Child Health Promotion Programme.
- > DH to integrate the development of Children's Health Guides, as set out in *Choosing Health*, into the Child Health Promotion Programme.

Case study

Play and Learn Scheme

The Play and Learn Scheme is a home based play service provided by the NSPCC, which is available to all families with babies and toddlers within a defined geographical target area. Trained, experienced Play Workers work with parents create enjoyable play opportunities for parents and children which promote all aspects of the child's development. The Scheme improves children's speech and language skills, their self-confidence and their ability to socialise and make the best of educational opportunities. Parents report improvements for themselves in understanding their children's needs and in their relationships with their children and increased confidence in their parenting abilities. They also report benefits from attending the groups offered to reduce the isolation felt by many families. Play and Lend sessions are also run alongside a toy library provision.

Standard 2: Supporting parents or carers

4.5 The government places great emphasis on supporting parents in a number of ways and this is reflected in Standard 2 as well as across the *Every Child Matters: Change for Children* programme and *Choosing Health*. In addition, *Choice for parents*, the best start for children set out a 10-year strategy based on three key principles:

- > Ensuring every child has the best possible start in life;
- > The need to respond to changing patterns of employment and ensure that parents, particularly mothers, can work and progress their careers; and
- > The legitimate expectations of families that they should be in control of the choices they make in balancing work and family life.

- > The government will develop better access to information on all aspects of growing-up through more accessible services that are tailored to local needs.
- > The Sure Start Unit will put in place by late 2005 :
 - a training programme on social and emotional development to improve support for people delivering services for children between birth and five,
 - guidance for early years practitioners focusing on changing patterns of parental behaviour and delivering activities that influence the physical health of babies and young children from conception to five,
 - a Community Parental Support Project to promote greater parental involvement in children's early learning and development in some of the most disadvantaged areas. This will involve training four lead workers in each of the 500 communities supporting every Sure Start local programme, Early Excellence Centre and children's centre in England.
- > Home Start provides a home visiting programme with trained volunteers to support parents and families under stress in caring for and nurturing children during their early years. The government is significantly increasing funding to Home Start so that by 2006/07, nine out of ten local authorities will have this service available. (See www.home-start.org.uk)
- > The government will enable parents to access information and advice on their children's health through the EGov website and telephone lines and through links to Health Direct.
- > The government will also develop:
 - expanded support for parents with targeted help accessible at key transition points in children's lives
 - information for all parents on all aspects of growing-up, delivered locally to best meet their needs, through outlets in places such as children's centres, extended schools, libraries and GP practices.

> DfES is taking forward a number of initiatives to improve support for foster carers. These include:

- the establishment of a new national helpline to provide foster carers with advice and information;
- measures to improve support for foster carers who are subject to allegations;
- measures to improve training opportunities for foster carers; and
- a new national awards ceremony to recognise the outstanding contribution made by foster carers.

> The introduction by the government of *Healthy Start* to provide eligible pregnant women with vouchers will also be key in meeting this Standard (See Standard 1)

Case study

Children's 'Tell Us What You Think' Forms

Children's 'Tell Us What You Think' forms are designed specifically for children and young people to make it easy for them to give feedback about their experience of receiving hospital services. The form asks children and young people to complete the following three statements:

1. The best thing about being at the hospital is
2. The worst thing about being at the hospital is
3. The hospital would be better if

Some of the key themes children have told us have been: food, needles, waiting, the environment, facilities for older children and play facilities and toys.

Standard 3: Child, young person and family-centred services

4.6 The need for care for children and young people to be child-centred is reflected throughout *Every Child Matters: Change for Children* and appropriate interventions to make this a reality included in standard 3. Standard 3 also sets out principles for commissioning services for children. Children's trust arrangements will involve everybody working together locally to improve outcomes for children. The government is recommending that all areas should have children's trust arrangements in place by 2008. Directors of Children's Services will be appointed in all Local Authorities by 2008, and will work to bring together local services to meet the five *Every Child Matters: Change for Children* outcomes.

Case study

MAC's Place

MAC's Places are open access lunchtime 'drop-ins' for pupils in secondary schools across North Staffordshire. MAC's Places provide young people with help and advice on issues like alcohol, drugs, bullying, healthy eating, stopping smoking and advice on relationships, sexual health and contraception. They are particularly focused on improving young people's sexual health, helping to reduce teenage pregnancy rates and sexually transmitted infections. They support pregnant teenagers and teenage parents, and HIV-positive schoolchildren.

MAC's Places have multi-disciplinary teams which include Youth Workers, School Nurses, Connexions Advisers and Sure Start Plus Advisers. MAC's Places all use existing accommodation on the school sites which has been specially renovated and refurbished.

- 4.7 The 18-week maximum start-to-treatment national target applies to all GP referrals to hospital consultants, including those for children, young people and maternity services. The LDP Technical Guidance³⁴ provides further guidance on the interpretation and application of the 18-week target including:
- > The start of the 18-week period;
 - > The definition of "treatment";
 - > Handling of consultant-consultant and other non-GP referrals;
 - > Integrating patient choice and the access target.

- > The NHS Institute for Learning, Skills and Innovation will develop a programme on "advanced communication skills" aimed at all staff who work with children and young people (see paragraph 3.23).
- > The Government will work with local authorities to establish up to 2500 children's centres by March 2008 and 3500 by 2010, one for every community in England. The Government's longer-term ambition is for there to be a children's centre in every community.
- > A Common Assessment Framework (CAF) is being developed in consultation with practitioners and national representative bodies. The CAF will provide a national, common process for early assessment. An implementation plan will be published in March 2005.

- > The Government is taking forward work to improve information sharing practice and to design a network of local 'child index' systems to allow practitioners to identify accurately a child or young person (see paragraph 3.7).
- > The DH will provide support for the NHS in meeting the 18-week maximum start-to-treatment waiting time target.

Standard 4: Growing up into adulthood

4.8 Standard 4 addresses the transition to adulthood and sets out interventions that can help to make services more age-appropriate, based on the views expressed by young people during the consultation on the NSF. The government will soon be publishing a Green Paper which will develop a new "youth offer". This will include specific new proposals to improve health and provide alternatives to risk-taking behaviour and will link to standard 4 of the NSF.

Case study

Service for Children Affected by Parental Substance Misuse

A therapeutic service available to children in Thurrock between 5 and 8 years of age who are affected by their parent's substance misuse. Run by the NCPSS, a support service is provided for the parents or carers of these children. Interventions are based on a holistic assessment of each child's needs and packages of therapeutic intervention are individually tailored to meet these. Children and their parents/carers are offered individual therapy and groupwork programmes, as well as family work.

- > The government is funding a three-year Young People's Development Programme to pilot ways of reducing teenage pregnancy and substance misuse and improving sexual health, particularly amongst vulnerable young people.
- > From 2006, DH will pilot health services dedicated for young people and designed around their needs. These services will include primary care and specialist services in locations that are aimed at young people and will include facilities such as internet access.
- > The government will develop a resource to support PCTs in making NHS services easy to use and ensure that they are trusted by young people; "You're Welcome" will be published in spring 2005 with dissemination seminars starting in summer 2005.
- > The government will develop more targeted information about sexual health for young people in ways that they can access in complete confidence. This will include:
 - > confidential signposting to advice plus easier access to "teenage test your sexual health knowledge" material to ensure that all teenagers have access to the information they need at the time they need it;
 - > a confidential e-mail service offered by trained sexual health advisers;
 - > provision of information via www.ruthinking.co.uk partnerships with specialist websites such as www.teenagehealthfreak.org and online youth portals;
 - > increased support for parents in talking to children about sex and relationships;
 - > provision of advice in settings where young people go;
 - > development of interactive learning material;
 - > provision of targeted material for specific groups such as disabled children, young people in public care and care leavers;
 - > new sources of information about health for young people, including a new magazine, FIT, which will be designed to get health information across to young men aged 16-30.

Case study

Safe Space

Safe Space is a community service for young women who are being sexually exploited through prostitution, or who are at risk of sexual exploitation. The service targets hard-to-reach young women in Lambeth under the age of 18. The staff make direct contact with young women to encourage them to voice their needs and hopes. Safe Space supports young women in self-development and exploration of issues around sexual power, sexual health and substance misuse. Within the safety of the Project young women are encouraged to have fun.

During last year 50% of the young women Safe Space worked with gave up prostitution.

Standard 5: Safeguarding and promoting the welfare of children and young people

- 4.9 Safeguarding children is a key theme running throughout the NSF and *Every Child Matters*, and fundamental to the recommendations and proposed action in the CNO nursing review. It is also addressed in *Choosing Health*.
- 4.10 The Government has commissioned a consortium led by the NSPCC to develop multi-disciplinary training resources, *Safeguarding Children – Everybody's Responsibility*. These are intended to assist ACPCs and their successors, Local Safeguarding Children Boards, to deliver multi-agency training to a range of audiences from those who need to know how to respond to worries about a child's welfare or safety to those whose role it is to respond to such queries and act on them.

- > The successor organisation to the NHS Modernisation Agency will develop a web-based resource on safeguarding children for health organisations and professionals and support development of effective regional/local networks.
- > The Royal College of Paediatrics and Child Health, with Government support, are developing training resources on safeguarding children for use when training SHO's (to be published in late 2005).

- > Multi-disciplinary training resources on safeguarding will be published early next year.
- > The DfES will publish guidance on the duty to safeguard and promote the welfare of children in May 2005.
- > The Care Services Improvement Partnership will fund Hertfordshire SHA to develop and test new and extended roles that support the protection of children around the time of birth, by late 2005.

Standards 6, 7, 8 and 11: Department of Health Policy Collaborative

- 4.11 Child health and maternity is one of six policy areas participating in the second year of an initiative called the “DH Policy Collaborative”, to March 2005. The Policy Collaborative is a key programme within the Department’s Corporate Change Programme. It is piloting the use of an adapted ‘collaborative’ methodology based on the methodology of collaboratives in use in particular clinical areas, helping policy teams to work with their external stakeholders to achieve excellence in policy-making.
- 4.12 The goal of the children’s health and maternity services collaborative, within the Policy Collaborative, is to raise the profile of child health and maternity services, and to identify and address the major obstacles: to develop key principles, partnerships and practical tools to help local communities to achieve the outcomes in the NSF. The Collaborative is focusing particularly on taking forward standards 6, 7, 8 and 11 of the NSF.

DH will develop through the children’s health and maternity services collaborative, by March 2005:

- (a) a tool to help increase shared understanding between health professionals and managers of the case for setting up effective locally-managed children’s and maternity care networks;
- (b) champions for the NSF focusing initially on adolescent health and the transition to adulthood;
- (c) a proposal for the development of guidelines on the provision of individualised maternity care based on systematic and comprehensive assessment of the health and social care needs of pregnant women (*see Standard 11 below*).

Case study

Managed Paediatric Clinical Network

The Managed Clinical Network (tertiary and secondary services) is a consultant delivered service, bringing together the two hospitals in Nottingham which provide specialist paediatric surgery and general paediatric surgery to Nottinghamshire.

There are five consultant paediatric surgeons in Nottingham and each one holds clinics in the other five Nottinghamshire hospitals. Each of the clinics is also attended by one of the local paediatricians. Any investigations which can be done locally are arranged there. The clinics vary according to demand. The local general paediatric surgeons provide in-patient, day case and general emergency surgery and routine outpatients clinics at Mansfield, Lincoln, Boston, Stoke-on-Trent and Derby Children's Hospitals.

Standard 6: Children and young people who are ill

4.13 DH will continue to provide central support for the development of local children's networks (see paragraphs 3.27-3.29). The Emergency Services Collaborative is developing a children's unscheduled care checklist as practical guidance to help anyone providing care for children, including primary and secondary care, specialist and generalist services and staff working for ambulance trusts, to improve the care of children who access emergency services.

Case study

Children's Observation and Admission Unit, Burnley General Hospital

This Children's Observation and Admissions Unit provides child-centred short stay facilities, which offer a more flexible approach to managing acute paediatric referrals. The Unit receives emergency medical referrals mainly from GPs and the Accident and Emergency Department. It operates weekdays 09.00 to 22.00 hours and is staffed by dedicated, experienced practitioners who do not have to care for in-patients at the same time.

Following admission and assessment, a decision is made between nursing staff, medical staff and parents as to whether the child should be discharged, observed and reviewed or admitted; this has resulted in 25% more children being discharged home. Fast track policies are in place with pharmacy, x-ray and the pathological laboratory to ensure that a streamlined service can be offered.

Case study

Lifetime Service (Community Children's Nursing and Psychology Service), Bath and North East Somerset PCT

The Lifetime Service enables children with non-malignant life threatening diseases long-standing illness with complex nursing needs to receive treatment and care in their homes. Their needs and those of their families are met by a team of Community Children's Nurses and Clinical Psychologists, working with partner agencies. Service users include nine children who require invasive ventilation.

- 4.14 The Expert Patient Programme, launched in 2001, enables people who live with long term medical conditions to become key decision-makers in their care through the introduction of self-management programmes. Pilots of the programmes show that a “user-led” model of self-management can enhance the relationship between patients and healthcare professionals and lead to improved clinical outcomes and patients’ self-confidence.
- 4.15 To support the development of standard 6, this programme has been piloted with parents in the last two years. Early feedback from parents suggests that this approach would be of benefit to parents in dealing with the emotional impact on the family and dealing with the many different aspects of having a child with a long term condition.
- 4.16 Some preliminary work has taken place to seek the views of young people as to the benefits of developing a tailored Expert Patient Programme for them. Further work is needed to ascertain what form this would take to meet the particular needs of young people with a long term condition.

Case study

Bradford Shared Care

The Bradford Shared Care service helps about 150 children, young people with learning disabilities and their families by enhancing and broadening the social experiences and opportunities for the children; facilitating social services interventions; preventing family breakdown/children entering care; increasing young people’s confidence/self esteem; empowering parents, and retaining foster carers who no longer want to do full time caring.

Case study

Northampton General Hospital CAMHS Initiatives

The Integrated Care Pathway introduced at Northampton General Hospital allows staff, in A&E, Admissions Departments and Children and Families Services, to refer directly to the doctor on the children's ward when a child or young person needs treatment because they have self-harmed. The Pathway requires all the professionals involved to fill in one set of notes, so that one set of paperwork accompanies the child or young person from admission to discharge from the hospital.

At Northampton General Hospital, managing acute psychiatric distressed patients on paediatric wards makes it possible for families to have contact and maintain attachments during a period of acute distress. Parents do not have to travel long distances, as they did before the pathway was introduced to see their children and the hospital is able to provide continuous therapy without having to change therapy and therapists. The liaison with paediatric consultants and nurses works well. Feedback from patients has been good and the number of cases referred out-of-county for treatment has reduced.

- > The Expert Patient Programme will be rolled out nationally by 2008 to enable more people with long term medical conditions to take more control of their health; this will be adapted for parents of children affected by long term conditions.
- > DH will commission further work to evaluate the need for a tailored scheme to support children and young people in self-management of a long term condition. DH will pilot this in several PCTs in 2005/6 with a view to rolling it out more widely if successful; this would be comparable to the Expert Patient Programme.
- > DH/DfES are publishing alongside this document two further exemplars on a young person with chronic fatigue syndrome/ME and a child with an acquired brain injury following an accident (see standard 8 below).
- > Having launched a DVD for clinical staff with the NSF to update training of healthcare professionals in the diagnosis and management of acute illness in children, DH will in 2005 examine the need for a training tool such as a DVD on pain control for ambulance staff.
- > DH will continue to be involved in the work of the Joint Royal Colleges Ambulance Liaison Committee to develop a pre-hospital care pathway for analgesia for children that will link to A&E guidance.
- > DfES/DH will in 2005 update guidance on Supporting pupils with medical needs in schools (see also standard 10).

Standard 7: Children in hospital

- 4.17 The hospital standard was published before the other standards in 2003 and work has already started both nationally and locally on implementation. DH have funded work to learn the lessons from existing and emerging networks including specialist networks such as paediatric intensive care and neonatal care networks.
- 4.18 In some cases, neonates will benefit from transfer to a high level neonatal intensive care unit and work is in hand to support units who need to know what facilities are available.

Case study

Skills to Manage Medication in Schools and other Centres

The Skills to Manage Medication course covers the legal background, the classification of drugs and the requirements around record keeping and storage, care plans, school and in-house policy, information for parents, risk analyses, audits and action plans for the candidates own place of work. It offers a formal, recognised qualification for those staff who manage medication on behalf of others. Children benefit because staff are able to take responsibility for administering their medicines in schools, care settings, holiday centres etc. To date, more than 200 people in the north east of England have been trained.

- > DH will work with the Healthcare Commission on the adoption of the national audits of paediatric intensive care (PICaNET) and neonatal intensive care (see *paragraph 3.37*).
- > The Healthcare Commission is proposing to conduct an improvement review of children's hospital services in 2005/6 (see *paragraph 2.35*).
- > A health building notice, HBN 30, 'Cardiac facilities for children and young people' will be published by NHS Estates in early 2005 (see *paragraph 3.43*).
- > DH will commission a leadership programmes for paediatricians and paediatric nurses that will link into the wider leadership programme led by DFES and DH. (see *paragraph 3.23 and 3.26*).
- > DH is funding the North Central London Partnership to design care management pathways of care for children/young people with asthma, diabetes and epilepsy across primary, secondary and tertiary care; these will be made available through the NSF website (see *paragraph 3.26*).

- > The Emergency Services Collaborative will develop a checklist for unscheduled care for children and young people (see *paragraph 3.26*).
- > DH will explore an expansion of current arrangements for locating a neonatal intensive care cot to national coverage, with 24/7 access to a dedicated website for units wishing to check what facilities are available.
- > DH will assess the need for the development of a toolkit for improving access to, and reducing waiting times, for therapy services (see *paragraph 3.26*).
- > DH will continue to disseminate information regarding models of paediatric care.

Standard 8: Disabled child and those with complex health needs

4.19 Many of the actions that the Government will be taking to improve services for disabled children are set out in the core document *Every Child Matters: Change for Children*. The government will develop best practice guidance, based on current good practice, on the transitions of young people with learning difficulties and disabilities from school into adulthood by 2006.

Case study

Manchester Specialist Midwifery Service

The Manchester Specialist Midwifery Service provides a service to women and their families where drug and alcohol use is a problem. It supports and co-ordinates the care for HIV positive women identified through the HIV ante-natal screening programme. The Service also supports women in prison settings. It includes all aspects of a vulnerable and socially excluded lifestyle, collaborating with other agencies to address issues such as, mental health, domestic violence, sexual abuse and prostitution.

For more details, see www.info.dh.gov.uk/children/nsfcasestudies.nsf

- > The Council for Disabled Children³⁵ will promote implementation of the NSF through regional conferences to be held in Spring 2005 and disseminate good practice examples.
- > DfES will disseminate the findings from the experience of children's trust pathfinders which have focused on services for disabled children and their families.
- > DH/DfES are publishing alongside this document an exemplar on a child with an acquired brain injury (December 2004) and will publish an exemplar on a child with a spinal deformity (early 2005).
- > DH will disseminate and support the national implementation of the review led by the London Specialist Commissioning Group into spinal deformity in partnership with all the other specialist commissioning groups throughout England in the coming year.
- > The DfES Early Support Programme for 2002-2006 will support well co-ordinated, family focused and multi-agency service development for children with disabilities under three years and their families.
- > DH will develop a musculoskeletal services framework to be published in Spring 2005 which will focus on provision of integrated care for children and adults with musculoskeletal conditions.
- > The government will develop best practice guidance, based on current good practice, on the transitions of young people with learning difficulties and disabilities from school into adulthood by 2006.

Case study

Hackney Young Families Support Service

The service provides mentoring and support for pregnant young women and vulnerable mothers under 18 years old, in Hackney. It also provides support to the children and families of the young women. In addition to the benefits to babies and children through more informed and confident parenting, in 2003/4 young parents benefited through 42% of them returning to education and 64% of them being re-settled in stable housing.

Standard 9: The mental health and psychological well-being of children and young people

4.20 The CAMHS Project was established in 2003 to direct central activity so that the government's Public Service Agreement target for improving access to CAMHS will be achieved. The CAMHS Project is responsible for monitoring and managing the delivery of the CAMHS Standard of the Children's NSF and is accountable both to the *Every Child Matters: Change for Children* Programme and DH's Mental Health Programme Board.

- > The government will continue to make funds available for local CAMHS expansion/improvements. An additional £300 million is being invested in the three years until 2005/06. Details of the 2005/06 allocations to councils were announced in December 2004, with the ring-fenced CAMHS grant continuing until at least 2008/09.
- > The National CAMHS Support Service, funded centrally, will continue to engage with local CAMHS stakeholders to offer practical advice to those who are seeking to improve local provision.
- > Central funding of a number of local CAMHS service improvement initiatives will be expanded, focusing on some of the key service development areas.
- > DH/DfES will publish early in 2005 an exemplar of a young person with mental health needs.
- > A Health Building Notice, HBN 43, 'Facilities for Child and Adolescent Mental Health Services' will be published by NHS Estates (expected early 2005).
(See *paragraph 3.43*)

Standard 10: Medicines management for children

- 4.21 DH launched a medicines strategy for children in 2004 setting out action to improve the availability of appropriately formulated, authorised medicines in children, to improve the information available to patients, carers and health professionals, and to facilitate the conduct of clinical trials in the UK.
- 4.22 The European Commission recently adopted a proposal for a Regulation on medicines for paediatric use, which sets out a system of obligations, incentives and other measures aimed at increasing the availability of medicines authorised and adapted for use in children, and the information available on the use of medicines in children. Member States have begun formal discussions on the proposal and it is hoped that the Regulation will be finalised by the end of 2006. The UK has welcomed the proposal and hopes to make significant progress during the UK Presidency.
- 4.23 The 1996 DfES/DH guidance *Supporting pupils with medical needs in schools* set out the legal framework and provided good practice on managing pupils' routine and emergency medicines. This is currently being updated to reflect a number of changes and to take account of the NSF standards 6, 7 and 10.

- > DH will work with professional groups and other stakeholders involved in prescribing, dispensing and administering medicines to advise on the support needed for local delivery of this standard.
- > DH will take forward work in 2005/6 on the proposed Regulation on medicines for paediatric use.
- > DH will purchase and distribute a Children's British National Formulary produced by the RCPCH, Royal Pharmaceutical Society and the Neonatal and Paediatric Pharmacists Group by 2005 (see also section 3.36).
- > DfES/DH will in 2005 update guidance on Supporting pupils with medical needs in schools (see also standard 6).

Standard 11: Maternity services

4.24 The maternity standard recognises that for the majority of women, pregnancy and childbirth are normal life events; it aims to promote women's experience of having choice and control in giving birth to their baby. The standard also aims to promote health during pregnancy which is linked to the national target on improving the health of the population. Standard 11 highlights the need for services to be inclusive and to provide woman-focused care. The raft of activities underway in the area of early years (*see section 1 and standard 1 above*) and on supporting parents (*see standard 2 above*) will help support implementation of this standard.

- > The government will bring together key professional representatives to provide advice on what support is needed to support implementation of the maternity standard.
- > DH is currently scoping a proposal for the development of guidelines on the provision of individualised maternity care based on systematic and comprehensive assessment of the health and social care needs of pregnant women.
- > DH is working in conjunction with the Health and Social Care Information Centre to develop a standardised maternity dataset to ensure comprehensive data collection across the NHS which will help to inform both policy development and service delivery.
- > The DH will take account of the recommendations of CEMACH reports into maternal and neonatal deaths (*see paragraph 3.38*).
- > DH/DfES will publish an exemplar on maternity services early in 2005.
- > A Health Building Notice, HBN 21, 'Facilities for maternity care' will be published by NHS Estates in Spring 2005; this will include facilities for neonatal care (*see paragraph 3.43*).
- > DH will introduce an accelerated development programme for maternity support workers who will provide parenting and public health support to vulnerable families and improve continuity of care between antenatal and early infancy services.
- > DH will establish an Advisory Group, to advise Ministers on how to take forward the commitment in the NHS to provide a supportive, enabling environment for pregnant women to disclose domestic violence if they wish to.
- > The introduction by the government of *Healthy Start* will also be key in meeting this Standard (*See also Standards 1 and 2*).

Key Issues for primary care

4.25 Many of the next steps outlined above will support those working in primary care in meeting the NSF standards. *Key Issues for Primary Care*, was issued as part of the NSF and draws together in one document the relevant issues from all of the standards that concern those looking after children and pregnant women in primary care teams. There are some actions in particular which will support implementation of the standards in primary care:

- > The RCN, working with RCGP, will develop a self-assessment tool so that nurses in general practice can identify whether there are any gaps in their skills in working with children.
- > In reviewing the Quality and Outcomes Framework for the General Medical Services contract, DH will put the case for a new QOF which reflects the need for more child-centred primary care. DH will submit suggested indicators, which would incentivise more child-centred primary care, to the QOF independent review panel in 2005.
- > DH has a framework in place for further extending prescribing responsibilities to health professionals other than doctors.
- > Through the topic selection process, a number of new guidelines will be commissioned from NICE to support the implementation of the NSF in primary care (see section 3 paragraphs 3.32-3.36). These will include guidelines on a number of common childhood conditions.

- 1 National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06 – 2007/08, Department of Health, 2004, www.dh.gov.uk
- 2 The Chief Nursing Officer's review of the nursing, midwifery and health visiting contribution to vulnerable children and young people, Department of Health, August 2004, www.dh.gov.uk
- 3 Department of Health NHS Improvement Plan – Putting People at the Heart of Public Services The Stationery Office, June 2004, www.dh.gov.uk
- 4 Making Partnership Work for Patients, Carers and Service Users www.dh.gov.uk
- 5 www.everychildmatters.gov.uk
- 6a www.dh.gov.uk
- 6 See www.surestart.gov.uk
- 7 See Introduction to Health Care Needs Assessment; edited by A. Stevens and J. Raftery, updated 2004
- 8 As above, volume 2, chapter 18, edited by D. Hall, S. Stewart-Brown, A. Salt and P. Hill
- 9 See Choosing Health
- 10 See www.dh.gov.uk, specialised services national definitions set, number 23.
- 11 Scoping the market for children's services; <http://www.dfes.gov.uk/research/data/uploadfiles/RW24.pdf>
- 12 Institute for Learning, Skills and Innovation (NILSI) from July 2005
- 13 See Department of Health Children's and Maternity Services Information Strategy Appendix 1 www.dh.gov.uk
- 14 www.osha.nhs.uk
- 15 See Department of Health Children's and Maternity Services Information Strategy Appendix 1 www.dh.gov.uk
- 16 <http://www.npfit.nhs.uk/>
- 17 <http://www.dfes.gov.uk/consultations/conDetails.cfm?consultationId=1280>

- 18 www.dh.gov.uk
- 19 <http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining>
- 20 <http://www.nhsworkforceprojects.org.uk>
- 21 http://www.hiowwdc.nhs.uk/workforce_review_team/
- 22 <http://www.modern.nhs.uk>
- 23 www.modern.nhs.uk
- 24 www.modern.nhs.uk
- 25 www.idea.gov.uk
- 26 <http://www.content.modern.nhs.uk>
- 27 Sloper T and Statham J (Guest Editors) Child: Care Health and Development
November 2004 Vol 30 No 6
- 28 Department of Health Why Mothers Die November 2004, see also
www.cemach.org.uk
- 29 www.dh.gov.uk
- 30 www.surestart.gov.uk
- 31 NHS Estates, 2003; available from the Knowledge Information Portal at
<http://www.nhsestates.gov.uk> and via the Stationery Office.
- 32 see <http://patientexperience.nhsestates.gov.uk/bhf>
- 33 For details on Healthy Care, see www.ncb.org.uk
- 34 See www.dh.gov.uk
- 35 See www.ncb.org.uk/cdc/



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For more information about the NSF go to:
<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/fs/en>