

Children First - health

Susan Young



Not many Government documents arrive to the same approving reception as its strategy on children and young people's health earlier this year. Many of those working to implement *Every Child Matters* had found it difficult to get health professionals fully involved in integrated working and so the new strategy is almost a missing link.

For one of the Directors of Children's Services *EJ* interviewed this month, that is exactly the way she sees the new strategy. "It was the missing link," says Rosalind Turner, director for children and young people at Suffolk County Council. "It's good because they have listened. I've been to too many conferences, and people have said over and over again it simply isn't enough to focus on health. We wanted to make sure health colleagues and local authority colleagues were working together, committed to resolve together and deliver in a joined up way through children's centres and schools and youth activities. Now it's statutory and up to us to get on with it and deliver it."

In Brighton and Hove, Di Smith is leading an established Children's and Young People's Trust in which the primary care trust has been a full and active partner for some time. Her view of the strategy is therefore different to that of many of her colleagues, as her city has already achieved many of the document's aspirations. "It's the first ever children's health strategy and I think we have finally got our vision around what an integrated approach to children's health services looks like, although I don't think there is anything startlingly new in it," she said.

As Ms Smith points out, fewer than

ten DCSs currently commission children's health services although there are informal arrangements in place in some other areas. In her city the Trust is used to working closely together. "We have a Children and Young People's Trust with clinical governance as part of that and we are doing business together. It's more than just partners having similar priorities: we develop all of our shared priorities together," she says.

Ann Baxter, director of children's services for the London borough of Camden and policy lead on health for the Association of Directors of Children's Services, adds: "Am I pleased? It was a long time in the coming. Overall we do really welcome it. Now it's how we use it as a tool, in our discussions with partners in health across everyone, from GPs, involving them in our children's trusts." The strategy, she thinks, will help with preventive early intervention for children rather than dealing with ill health, and making those links with universal services such as schools. "I think it's a great milestone," she adds.

For Rosalind Turner, the strategy is not before time. "I think as a sector we've been waiting for this for some time now. *Every Child Matters* and the Children Act were very much about bringing all the services around children and young people, but one of the hardest things was to get complete engagement of health and its been very valuable across the country having a clear strategy for everybody concerned, it's really welcome."

For Ms Turner, the vital aspects are target setting and that the aspirations come with real cash attached. "It translates into clear targets. The national health system is a very target driven service. Children's health hasn't been driven in the same way as the reduction in A and E waiting times or reducing cancers or all the rest of it. And what's also important is that there is some additional funding – and that's welcome. There's work around school nurses – most areas will tell you schools really value school nursing services."

As Di Smith says, it's the first time that a health strategy has talked about children's matters, rather than coronary heart disease targets. "It's about how you encourage young people to be

healthy, what services do you need to tackle health inequality and encourage healthy lifestyles?" Health visitors are at the heart of parts of the strategy, which could pose problems in parts of the country where they are in short supply. In Brighton and Hove, this has not been a problem. "On the creation of the trust and the establishment of integrated working we started with the health visitors in the children's centres ... They were like a pivotal part of the development of our integrated services ... it's what we've built around," says Ms Smith. But other areas are not as fortunate.

"Hopefully that is part of the workforce development strategy for children's services," says Ms Turner, pointing out that there are also recruitment problems around speech and language therapy and child and adolescent mental health services. She adds: "What we should be doing is going down a similar model of the use of teaching assistants, with highly qualified teachers leading classes but lots of support through teaching assistants and whole new careers. I am hoping for a similar sort of strategy with health visitors and speech and language staff... almost like an early warning system in additional support to the family."

Ann Baxter has similar aspirations. "Health visitors – that's one of the challenges as we develop the children's workforce and around health visiting there are in some ways similar issues to availability of social workers – we need more of them, need to raise their profile and need to look at training and support. Perhaps as the impact of where we are in the recession may



Di Smith



Ann Baxter

mean people look to all parties in public services, whether teachers or social workers or health visitors, with a positive vision. Children's services need the brightest and the best, we need to attract and keep them."

So, what next? In Brighton and Hove, current priorities are teenage pregnancy, child obesity and also the rolling out of an easily accessible mental health service for 14-25 year olds. There is a lot of work under way with teenagers, whilst free swimming and improved playgrounds are part of an overall fitness and obesity strategy.

Rosalind Turner has aspirations for 2012: "I would hope for a clear entitlement for every parent from the point of conception to a certain level of health care and health advice, and children and young people should also have entitlement to advice and support. They should know who to turn to and access. We want advice and information at an early age and not waiting until there is a serious problem – it's very

much joining up together."

Ann Baxter is pleased by the links to the Olympics, which she thinks are a good way of enthusing children. "Many of us adults just see problems in the Olympics but kids are really excited about it and there is a real opportunity over the next couple of years to get them really interested in sport and the Olympics. Maybe there will be sports people coming into school? Maybe schools will use it as a thematic background, maybe in history and geography with the ancient Greeks."

Ann Baxter thinks the way has become clearer. "Step by step we are integrating children's services, getting health people around the children's trust leadership to make sure as we develop our children's plans and priorities we get that health perspective. More specifically directors of children's services linking with local primary care trust people to get even more embedded. It's step by step. This isn't going to change in the next



Rosalind Turner

fortnight. We always said ECM was a ten year programme, and this is a timely reminder at five years."

Healthy Lives, Brighter Futures. The strategy for children and young people's health
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400



The adult learning revolution

Ian Nash

In the current climate of recession, a government offer of £30 million extra spending is not to be sneezed at. This was achieved by John Denham, Secretary of State for Innovation, Universities and Skills, in crafting the recent White Paper on informal learning over the dead bodies of several resistant civil servants.

The recommendations offer a chance to reconnect self-organised learning such as that offered by the Third Age Trust and Workers Education Association with the more structured offerings of further education colleges and the Open University.

How adults organise their own learning has always been a key to success – but too often as a middle-class reserve. Now, with the help of IT, Denham pledges to extend that. In *The Learning Revolution*, as the White Paper is optimistically titled, he offers £20m in new resources to back creative and innovative developments in informal adult learning, digital mentors and champions to encourage all sections of the community to take part, greater access to "open spaces" for adult

learning in public buildings and more co-ordinated work involving action by a wide range of government departments, from education and the arts to health and welfare.

A national learning festival along the lines of the NIACE Adult Learners Week will be created and national indicators will be set to keep local authority provision and performance up to scratch. Not surprising then that Alan Tuckett, NIACE Chief Executive, described the White Paper as representing "a bright light at the end of the tunnel for adult learning and provides concrete evidence of the personal commitment and vision of John Denham".

Public outcry

So, it would seem churlish to start picking holes in the package at this early stage. But the paper must be seen in the light of prior disastrous developments for adult education in FE. Arguably, ministers would not even have bothered to craft the paper but for the public outcry over the loss of 1.4 million adult education places in colleges, when the Government

switched everything behind the skills agenda, and the groundswell of protests from 200 organisations which signed up to the Campaigning Alliance for Lifelong Learning (CALL).

Those organisations broadly welcome the White Paper, and, as Alan Tuckett acknowledges, it goes a long way to restoring lost ground. But there are deeper concerns that require constant vigilance. Despite the rhetoric of the paper, there is a danger that informal learning will be cast in a silo, apart from college and other so-called formal learning. If developments post-White Paper become a sticking plaster over cuts that need more radical surgery and the burden is merely shifted – on the cheap – to the voluntary sector, greater long-term damage will result.

This will not happen, Alan Tuckett insists. "This (White Paper) is only one bit of a jigsaw but it is important and reconnects provision locally. We like the principles and analysis – but of course there is not enough money, and it leaves the task of rebalancing the FE budget. Nevertheless, we think there are several initiatives worth backing."



Much ado about much to do...

Chris Waterman, Children's Services Editor

H *Healthy Lives, Brighter Futures*¹ finally entered the world on 12 February 2009, after a very long gestation period and with questions about how strong the strategy will prove to be. Although potentially the most important piece of the *Every Child Matters* picture to be painted since the Children Act 2004 – and a joint DH and DCSF strategy – both the launch and the response to it were much lower key than many in the sector would have hoped.

While the joint ministerial statement opened with the words “We cannot *overstate* [my italics] the importance of children and young people’s health”, the reaction of many was that the strategy is, if anything, somewhat *understated* with continued efforts needed to move child health up the health agenda.

While strong on:

- new and re-issued guidance;
- better information for parents and young people;
- more pilots in more areas (both service areas and geographical areas);
- better partnerships;
- more plans.

there are, in fact, precious few additional resources in the strategy – other than the very welcome announcement that PCTs have allocated £340 million (not ring-fenced) to improve the experience of disabled

children and their families. While this is understandable, particularly in the current economic situation, there is no commitment to any re-distribution of existing health service resources to children and young people and no definition of how children figure in the bigger NHS picture.

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There is considerable disappointment at the apparent rowing back from the provision of a school nurse in every secondary school to every area having a ‘school health team’, while the National Obesity Forum is “flabbergasted” (an unintended pun surely) at the lack of bite in the strategy.

What the strategy does very clearly is place child health in the wider national framework, with specific

reference to the ECM outcomes, linking it with a range of Public Service Agreement targets (see diagram below).

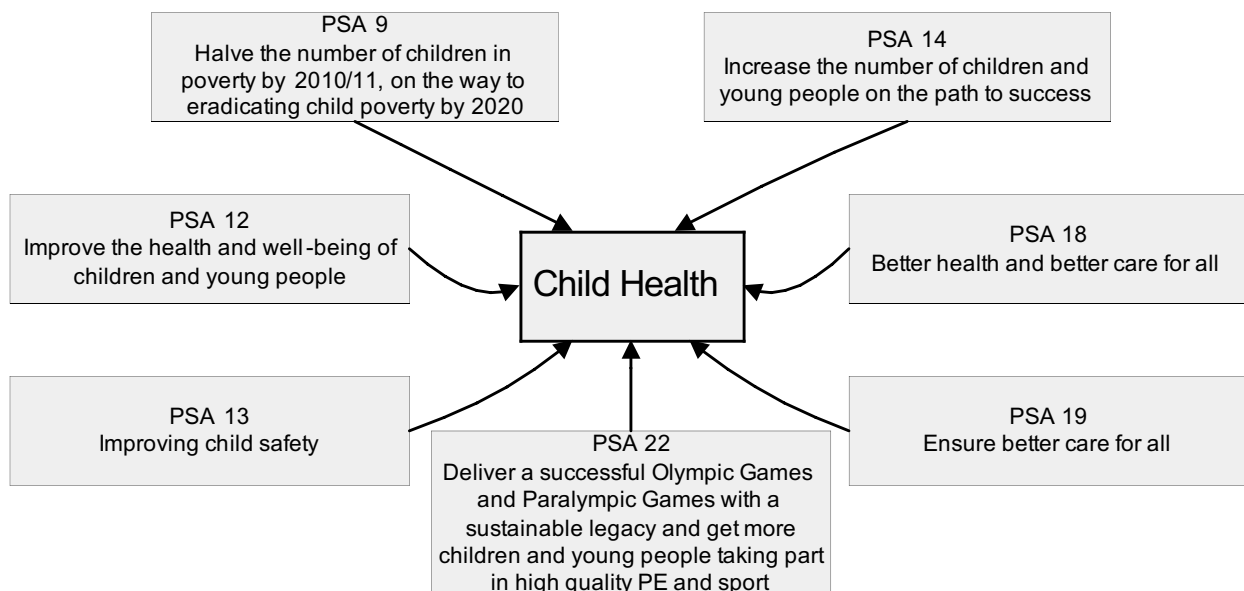
In Chapter 2, *Building on Progress: the Framework for Child Health*, reference is made to the “strong policy framework on which to build” and details the various strategies and action plans published since the National Framework was published in 2004 – a ten-year programme that is now at the half-way stage (see diagram on the following page).

Chapter 3, *Pregnancy and the Early Years of Life* is a fairly retrospective look at what has happened, but identifies further developments in:

- the health visitor workforce;²
- a new antenatal and preparation for parenthood programme;
- the expansion of the Family Nurse Partnership from 30 to 70 sites;
- a strengthened role for Sure Start Centres in health promotion programmes.

Chapter 4, *School Age Children* focuses on:

- an improved Healthy Child Programme;
- schools’ role in promoting pupils’s health;
- creating a world-class system of PE and sport;
- collecting evidence of the impact of extending free school meals;
- making better quality Personal,



**The National Service Framework for
Children, Young People and Maternity
Services (2004)**

Children's Plan

NHS Next Stage Review

Children's Plan : One Year On

Healthy Child Programme

**2020 Children and Young People's
Workforce Strategy**

Speech and Language Review

Staying Safe Action Plan

Maternity Matters

Youth Alcohol Action Plan

Teenage Pregnancy Strategy

National CAMHS Review

Healthy Weight , Healthy Lives

Social, Health and Economic education statutory.

While these are all very worthy, the feeling is that not enough is said about ensuring accessibility and take-up by vulnerable groups. The pledge that "we will explore how we can deliver against an aspiration [my italics] that every teenager can have access to a professional, with appropriate health skills, to talk about their health issues"³ is a pretty feeble commitment. More positive is the commitment to strengthen the guidance for health services to looked after children, which is currently non-statutory for the NHS.⁴

Chapter 5, *Young People*, identifies three main strands:

- implementing the PE and Sports Strategy for Young People;
- rolling out the "You're welcome" standards across England;
- a £27 million contraceptive awareness campaign.

This is a fairly modest approach to a critical group, although the section on targeting support for vulnerable young people⁵ points up how important this group is – but can only identify the think family roll out, which is funded by the DCSF.

Chapter 6, *Services for Children with Acute or Additional Health Needs* begins by:

- seeking to clarify the NHS funding available for palliative and end-of-life care;
- committing to test and expand new approaches to the provision of services;
- promising to provide an individual care plan by 2010 for children with complex needs.

While the additional £340 million over three years for palliative and end-of-life care is very welcome, this chapter seems to be principally drawing together the various elements of the provision for children with acute and complex need in one document.

Chapter 7, *Making it Happen* sets out a simplified model for children's health delivery with a commitment to:

- promote joint leadership and strengthen accountability arrangements for child health;
- promote action to ensure all organisations fulfill their safeguarding children responsibilities;
- introduce high level commissioning guidance;⁶
- promote better use of data;

- strengthen the child health workforce;
- further promote the voice of children;
- promote and ensure the quality of health services.

Chapter 8, *Next Steps* opens with the ambitions for children's health and wellbeing and points out that the Government has secured funding to:

- deliver improved outcomes;
- support the work through
 - the NHS Operating Framework for 2009-10
 - the Transforming Community Health Services Programme
 - the development of quality metrics
 - align the proposals to the NHS Next Stage Review
 - work to take forward the recommendations of the recent reviews of specific areas
- work in partnership with stakeholders.

All in all, it is a huge step forward to have a dedicated child health strategy, although there are disappointments about the scope and scale of the commitments. One commitment that could easily be made is the one that DCSF made when the *Children's Plan* was published: to issue a progress report one year on. Hopefully the Department of Health has it in hand.

Let us hope that, in the next 12 months, the relatively small changes to child health combine to form a "tipping point", which in epidemiology is defined as "the concept that small changes will have little or no effect on a system until a critical mass is reached. Then a further small change "tips" the system and a large effect is observed." There are many who feel that the tipping point for child health within the NHS is long overdue!

Footnotes

- ¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400
- ² Since the report was published, there have been reports of reductions in health visitors, but also a recommendation in the Laming Progress Report that the recruitment and professional development of health visitors be prioritised.
- ³ Para 4.36
- ⁴ Para 4.52
- ⁵ Para 5.45
- ⁶ Published alongside the strategy.

CAA: an even harder test?

Chris Waterman
Children's Services Editor

The final report of the CPA process, *CPA – The Harder Test*, was published by the Audit Commission in March 2009. The headlines in the trade press “CPA disappears in a shower of stars” and “CPA reveals the growing gulf” reflected the mixed feeling of the sector about the process. The CAA, “the new framework for the independent assessment of local public services in England” was published by the Audit Commission on 10 February 2009. In the press release, the Audit Commission claims the new arrangements amount to: “a radical shake-up of the way public services in England - including children's services, health, social care, waste and recycling, fire and the police - are inspected and reported on. Now, the people who foot the bills will be given the means to examine their local services in close-up, all together in one place.”

And, according to Audit Commission Chief Executive Steve Bundred: “This outcome and partnership focus gives CAA the potential to become the country's most user-friendly public service reporting system ever.” Of considerable interest to the local authorities will be how user-friendly the system is to the inspected – with the Audit Commission's reputation with local authorities still at a delicate stage after the way in which the commission chose to present its report on Children's Trusts.

The framework sets out to provide:

- a catalyst for improvement;
- independent assurance;
- an independent evidence base;
- a means of focusing, rationalising and co-ordinating inspection.

One of the problems for local authorities is that the assessment is about place and the assessment will include other public bodies and private sector partners. As Michael O'Higgins, chairman of the Audit Commission acknowledges: “If councils' partners are not up to scratch, how will that tension play out? That's one of the real tricky issues. We have to be very clear in the way we report. If there are less than effective relationships in an area it may not be the council that is the problem.”

He accepts that councils, as the only

democratically elected body, will rightly say that the electorate will blame them for a poorly performing local strategic partnership – regardless of where the problems are – but says that this awkwardness needs to be addressed by ensuring that assessments have a narrative, not just a summary score. “It's about an element of maturity, that the people in the centre of government understand the nature of the judgments that are being made and that they are more wide-ranging in covering a range of other actors than was previously the case.”

Local authorities will also be looking for more than just “an element” of maturity in the way that the Audit Commission handles the publication of the CAA.

What it will look like

The two main elements of the CAA will be:

- An area assessment, which will take the LAA (local area agreement) priorities as the starting point. This will be a narrative assessment rather than an numerical one - but the areas of concern or excellence will be indicated by a red flag or a green flag.
- An organisational assessment on a scale of 1 (lowest) to 4 (highest), as set out in the diagram below (which appears on p. 11 of the Framework).

While there will continue to be individual inspection regimes, with their own reporting mechanisms, the CAA will attempt to bring together the work of all the inspectorates “to

provide an overview of how successfully local organisations are working individually and together to improve their area.”

For the area assessment three overarching questions for the CAA will be

1. How well do local priorities express community need and aspirations?
2. How well are the outcomes and improvements needed being delivered?
3. What are the prospects for future improvement?

Four themes will underpin these questions: sustainability; inequality; people whose circumstances make them vulnerable; value for money.

In the narrative reporting of areas, a green flag will indicate exceptional performance or outstanding improvement, while significant concerns about outcomes will attract a red flag.

For the organisational assessment, the four main categories will be: managing finances; governing the business; managing resources; managing performance. The final grade (1 to 4) will be based on combining an overall use of resources grade with the grade for managing performance.

As with the CPA, the JAR and the APA, the devil will not only be in the detail, but in the quality of the inspectors and the robustness of the evidence. The final page of the document sets out how the CAA will be reviewed and evaluated. It is essential that this is as rigorous – and independent – as the CAA itself is meant to be.

