Care Quality Commission

Position statement and action plan for children, young people and maternity services 2010-2015

March 2010

About the Care Quality Commission

The Care Quality Commission is the independent regulator of health care and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether services are provided by the NHS, local authorities or by private or voluntary organisations, we make sure that people get better care by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Contents

Background 4
How we developed this plan 5
What have people told us? 5
General messages from people 7

What does the Care Quality Commission need to do? 8
Our regulatory tools 9
What we will do 10

Appendix 1 – Background and briefing paper 15
Background 15
Overview of policy coverage 16
Some key determinants of children's health 18

Background

As the independent regulator of health and adult social care, the Care Quality Commission (CQC) has a unique ability to influence the quality of care in England.

We are responsible for driving improvement and taking action if providers of care do not meet essential quality and safety standards. We will also ensure people have the power to make informed choices about the care services they receive and access to services that offer a seamless experience of care.

We want to focus our activities to ensure they make a real difference to people. We have therefore published our five-year strategic plan setting out how we intend to approach our work.

We have identified **five** priorities where we believe our unique role as regulator will enable us to significantly enhance the quality of outcomes for people who use services:

1. **Making sure care is centred on people's needs and protects their rights.**
2. **Championing joined-up care so that health and social care are more coordinated.**
3. **Acting swiftly to help eliminate poor quality care.**
4. **Promoting high quality care.**
5. **Regulating effectively, in partnership.**

Our work to achieve improvement in these priority areas will always be underpinned by the principles of equalities and human rights. This will include a strong focus on differences in access to services, the safety and effectiveness of care, and people's rights to be treated with dignity and respect. We will pay particular attention to the needs of people in more vulnerable circumstances, including those with mental health problems, learning disabilities, physical disabilities or long-term conditions; older people; and children and young people.

This document sets out our early thinking on our approach to ensuring not only that services for children and young people, and maternity services reach basic standards of quality and safety, but also improve. It sets out some priority actions for CQC to take to ensure that, working with others, we can make a difference to people accessing maternity services and services for children and young people. It is supported by a briefing note (Appendix 1), which provides some information about the current policy framework against which services operate. It also outlines what we know about services for women who are pregnant, children and young people, and about their experiences of using these services.

Care for children and young people inherently includes the need to keep them safe from harm, neglect and abuse. The term "safeguarding" extends across child protection systems to the wider

promotion of wellbeing and enabling every child to achieve their full potential. This paper does not go into detail about our approach to safeguarding adults and children, as this is the subject of a separate programme of work, but does include some of the actions and outcomes that underpin it.

The principles of the 'Think Family' approach[1] are fundamental to our activities, encouraging all services working with or treating individuals to consider the impact of their interventions on dependants and on family cohesion. This approach also focuses on those families in the poorest and most disadvantaged households, who are hard to reach and who may have multiple needs for support.

The scope of our regulation of services for children and young people extends across all health care. However, children's social care and education are regulated by Ofsted, with whom we work closely in our assessments and inspections to ensure that regulated services for children join up across boundaries and are coherent.

How we developed this plan

In order to develop our approach to children, young people and maternity services, we have reviewed the information we have about the performance of services and some of the recent reports and policies that have been produced on the subject. We have also carried out two stakeholder events and sought external views and contributions on our priorities and ways to involve people further in our planning and prioritisation. We have aimed to ensure that our approach considers how children's needs as dependants and adolescents heading for adulthood are accommodated in our plans.

What have people told us?

We sought views from children and young people, their parents and carers, staff that work in health care services, and representatives of organisations related to children and children's health in the following ways:

- We held two events with external stakeholders, including voluntary bodies that work with children and young people.
- We sought the views of external stakeholders through a range of email networks and individual meetings.
- We worked with the Children's Rights Director to seek the direct views of children and young people living away from home.
- We gathered together relevant comments from our consultation in 2009 about registration compliance.

[1] Cabinet Office Social Exclusion Unit families at risk review 2007/08 – Reaching Out: Think Family.

We also placed three questions on our website during October 2009, giving information about the role of CQC, and distributed them through existing child health networks.

The three key questions were:

1. **What is working well, and what are the three most important areas for improvement in children's health and maternity services over the next three to five years?**
2. **What do you think needs to be done by CQC in these areas to make health services better for children, young people and their parents and carers?**
3. **What is the best way we could involve and inform children and young people, their parents and carers about our work?**

The responses to these questions have shaped this plan. We will continue to involve stakeholders, and particularly develop our work directly with children and young people as part of our core work.

We have analysed the main themes to come out of this work and these are summarised below.

General messages from people

a) Areas receiving positive feedback

- Inspection visits and feedback received, which stimulated improvement.
- Joint working between agencies.
- Implementing Maternity Matters.
- Development of children's centres and integrated health.
- Wide coverage of policy documents and standards in children's health.

b) Areas for improvement

- Commissioning.
- Child and adolescent mental health services.
- Transition between child and adult health services.
- Emergency and urgent care pathways.
- Primary care for children, including GPs.
- Pathways for people with long-term and life limiting conditions and work with schools.

c) Where CQC can make a difference

- Build on our valued recent work and that of our predecessors, particularly in thematic reviews and partnerships.

- Follow up on previous work to determine if change has been sustained, such as in maternity care.
- Increasingly raise the profile of health amongst Children's Trust partners in local authorities.
- Focus on reducing overlaps in inspection/data collection requests.
- Develop and use more and better benchmark indicators to help services compare and improve.
- Ensure children's health is seen as equally important as adult health.
- Be clear about what CQC can and cannot achieve as a regulator.
- Focus effort on a small number of key themes.

d) Involving children and young people

- Various agencies and existing networks offered support.
- Information needs to be made more accessible.
- Have regular forums and events with children and young people.
- Continued development of outcome measures related to patients' views.

What does the Care Quality Commission need to do?

As noted above, we have identified five strategic priorities to guide us in our work over the next five years. The work we have done with stakeholders and representatives of children and young people and their families has helped us to think about what these priorities might look like for children's health and maternity services.

In taking forward these priorities, we will draw on the powers available to us. There are a number of activities that we will carry out in regulating health and adult social care. Our core statutory functions include:

- The registration of health and social care providers to a common set of quality and safety standards, and checking ongoing compliance with these registration requirements.
- Powers of escalation and enforcement where services fall below essential quality standards.
- Visiting patients whose rights are restricted under mental health legislation to ensure their rights are protected.
- Carrying out periodic reviews of the performance of providers and commissioners.
- Undertaking special reviews and studies of particular aspects of care.
- Publishing information to drive choice, change and improvement.

For the first time, we will be able to use a common set of requirements when regulating the quality and safety of health and social care providers. We have ensured that the detail of our system for registration is focused on outcomes for people using services, promotes their rights and ensures that care is delivered in a way that is person centred.

Increasingly, children's services are commissioned and provided in partnership with local authorities, and across NHS and independent sector provision. We do not regulate social care for children and young people, as Ofsted is responsible for this. We will continue to work closely with Ofsted to ensure that our programmes are aligned, and we will share our information and approaches to improve outcomes for children and young people.

Our joint inspections with HMI Prisons and HMI Probation also include assessments of health services for children and young people, and we work with the Audit Commission on Comprehensive Area Assessment and other public health projects. CQC will develop these links around the health of children and young people further, and also work closely with professional and voluntary bodies such as the Royal Colleges, the National Children's Bureau (NCB) the National Society for the Prevention of Cruelty to Children (NSPCC) and the Centre for

Maternal and Child Enquiries (CEMACE) towards greater sharing of information and support for those commissioning and providing health services for pregnant women, children and young people.

We will also strive to listen to the voices and experiences of children, young people, their parents and carers, and young carers, in addition to the opinions of internal and external experts, to ensure that children's needs and age-appropriate care are considered and embedded in all relevant programmes and projects.

Fundamental to our approach is the recognition that children, like adults, are not a homogenous group. They have different health needs, views, experiences and wishes which will vary with their age and stage of development. They, like adults, are users of services and active members of the community – experts in their own lives and co-creators of knowledge, identity and culture. Children's wide-ranging health needs, views and experiences cannot readily be divided into established categories such as health, welfare or education, and this strategy reflects the importance of a holistic approach to regulation that cuts across service boundaries and links with partner agencies where appropriate. Throughout our work programmes, we should assess what impact our work has on children and young people, and make sure any proposals for adult-only work include a clear rationale as to why services for under-18s have been excluded.

Our regulatory tools

Our key challenge is to ensure our work delivers improved services and health outcomes for all children and young people, without having to commit additional resources or to deviate from core activities and priorities. For the majority of children, we will achieve this through robust regulation of providers, and focused assessment of commissioners, ensuring they are delivering high quality services. However, in some areas we may also need to influence overarching policy and practice where we see barriers to improvement. We must be confident in the use of our range of encouragement and enforcement powers where required, and work effectively with partner regulators to identify and fix poor performance and inequity where this occurs in the boundaries between children's services.

From April 2010, registration for provider services, which will be introduced in phases, will build on previous standards. Compliance with registration requirements will be the main method of ensuring services are safe, meet statutory requirements and are managed appropriately. We have worked hard to ensure that the new requirements accommodate the particular characteristics of children's services, in order that our review processes and enforcement tools ensure improvement where providers fail to meet these standards. The challenge going forward is to ensure that the information we gather enables us to make a consistent and accurate judgement of the quality of services provided, using the essential standards of quality and safety, and that where appropriate, action is taken swiftly to

improve services where the quality of care does not meet requirements.

The inclusion of maternity and midwifery services as a specific regulated activity will also ensure that we are able to use tools such as quality and risk profiles to understand and respond to risks and concerns at a service level.

Assessment of the quality of commissioning is, for children's services, a key priority to improve outcomes for children. Our programme of joint inspections with Ofsted provides some data on commissioning – particularly around safeguarding and the care of looked after children. However, it is important that we remain proficient in developing appropriate assessment systems for commissioning by children's trusts as they move to statutory status, to improve outcomes for the children in their area.

This will increasingly require good information and well-supported and briefed local teams, who work in partnership with Ofsted and the Audit Commission, where commissioning is pooled and performance management responsibilities are complex.

In the section below, we set out how we will use our powers to effect change and improvement for children's health outcomes and how these relate to our strategic priorities. We need to be realistic about what we have the capacity to deliver as CQC embeds its new ways of working and also to ensure that the actions we identify are capable of delivering the improvements we seek. There have been many reports recommending action to improve children's services, and we need to focus on how we can use our core functions effectively to drive improvement.

What we will do

On the basis of our work with stakeholders, and our analysis of national policy and previous reports, we have identified three key areas for improvement where CQC would like to make a difference over the next five years. These are:

- Making sure that health outcomes and experiences for children and young people improve steadily as a result of boards making it more of a priority and our greater focus on it.
- Making sure that pregnant women, children and young people receive services that are joined-up, effective and safe.
- Improving the health of children through effectively regulated joint commissioning, and a focus on preventative work and early intervention.

We have also identified two key activities that will enable CQC and our partners to effect change in this field. They are:

- Improving the information we have and making sure it is more widely available.

- Building our capability as an organisation to understand children's services across partnerships and our capacity to engage with children, young people and their families.

Tables 1 and 2 set out how we will use our system of registration, inspection and reviews to pick up issues and concerns raised with us, and what actions over and above this we might take to increase the potential for this work to have impact. We have suggested some measures to help evaluate the progress of this work. We have established an internal steering group that will develop the action plan and agree a framework for monitoring delivery. We will review our progress and report to our Board in 12 months' time.

Table 1: Activities to enable change

Enabling activities	Specific actions	Measures
Improving the information we have and making sure it is more widely available	Work with the Department of Health/Information Centre and partner organisations to enhance the information available to CQC and others, including minimum datasets and support for Children's services mapping and the Child and Maternal Health Observatory (ChiMat).	Information CQC holds is relevant, up to date and used effectively.
	Work to ensure that the information we use acknowledges the views and opinions of children and young people or their representatives.	Improved engagement for general and specific areas of work, including using others who work extensively and directly with children and young people.
Building our capability as an organisation to understand the children's field and our capacity to engage with children and their families	Deliver, evaluate and maintain policy briefings and training for staff to improve knowledge and skills in regulation of children's services, including safeguarding.	Improved awareness among staff of issues relating to children's services and safeguarding.
	Improve clarity for staff around registration of children's services, including overlaps and information sharing with other regulators such as Ofsted.	Staff are able to identify local systems and links and have access to clear guidance on registration processes where applicable.

Table 2: Actions against strategic priorities

Care Quality Commission priorities	Specific actions	Measures
Making sure care is centred on people's needs and protects their rights	Develop effective systems for assessment of all commissioning for children's health services, and ensure collated findings from joint inspections are considered.	Clear indicators of quality of commissioning for children's health. Evaluation of joint inspection activity.
	Develop effective mechanisms for engagement with children and young people, their parents and carers.	Evidence of engagement and consultation with children and young people, their parents and carers for specialist children's work as well as general regulatory work.
	Monitor placements for children and young people who are detained or using mental heath services to receive safe, appropriate services, including any placements in adult settings.	Evaluation of findings for children and young people.
	Conduct further scoping work on adolescent health and the transitions between children's and adult services, including young carers.	Position paper on adolescent health, potentially leading to a review.
	Complete the survey of maternity users and consider additional indicators to monitor improvement since the Healthcare Commission review.	Survey report, possibly linked to follow-up review.
	Ensure that our regulatory processes are effective in regulating child and adolescent mental health services (CAMHS) and consider a special review after 2011.	Position report and potential special review.
Championing joined up care	Make sure CQC's approach starts at all-age coverage and include Think Family principles of inclusion across systems.	Evidence of consideration in all project plans.
	Ensure that child-specific factors, such as Children's Trusts and joint commissioning, are accommodated within CQC's monitoring arrangements.	Clear process detailing how evidence from inspection of children's services impacts assessment and performance of commissioners.

Care Quality Commission priorities	Specific actions	Measures
Acting swiftly to help eliminate poor quality care	Continue with the programmes of joint inspection of Looked After Children and safeguarding services and youth offending teams, and evaluate / develop existing programmes to ensure they remain effective.	Evaluation / review report from both programmes.
	Develop the Quality and Risk profile (QRP) to ensure that the information relating to maternity, children and young people's services is effective in improving outcomes.	Guidance and briefings as required to inform development and use of QRPs.
	Maintain vigilance over safeguarding children arrangements, particularly around information sharing and learning from incidents.	Effective systems in place and widely communicated, including local link arrangements with partner regulators and strategic health authorities (SHAs).
	Make sure that all CQC staff have received appropriate safeguarding training.	Training records are up to date.
	Strengthen CQC's involvement with Serious Case Reviews, and notifications against standards including clear systems for local engagement with Local Safeguarding Children Boards (LSCBs).	Clarity over roles and responsibilities in Serious Case Reviews, including engagement with LSCBs.
	Ensure that CQC is equipped as a regulator to implement and assess implementation of the Vetting and Barring Scheme.	Provision of clear guidance for providers and inspectors.
Promoting high quality care	Work with ChiMat, the Information Centre and other information sources to improve the performance monitoring and benchmarking information available about children's health care services.	Clear agreements for working together and evidence of benefits.
	Maximise the use of available data from internal and external sources to influence improvement in commissioning and provision of children's and maternity services.	Cross-organisation and cross-directorate communication/ and collaboration: strategy/intelligence/ ops.
	Completing a special review of support for families of disabled children.	Effective completion, launch and follow-up.

Care Quality Commission priorities	Specific actions	Measures
Regulating effectively in partnership	Make sure that CQC's information on registration of services relating to children is current, informative and accessible.	Clear guidance on registration of children's services with Ofsted and CQC.
	Clarify registration and inspection arrangements for providers where services also come under Ofsted's remit.	Audit of provision and project plan for inclusion of registerable activities.
	Contribute to development of registration and accreditation processes for dentists and general practice relating to children prior to these groups entering registration.	Processes and systems recognise specific requirements relating to children's care.
	Review and develop CQC's approach to assessment of health care for children in secure settings with other regulatory bodies.	Inclusion of youth settings in review of secure settings.
	Work with other agencies to extend registration to relevant groups, such as independent midwifery.	Working collaboratively to establish a definite timescale for registering independent midwives.
	Support development of the QRP to appropriately identify risks in cross-agency and partnership working.	Evidence of use of QRP for partnership concerns.

Appendix 1 – Background and briefing paper

Background

Definitions and responsibilities

CQC's responsibility as a regulator covers adult social care, domiciliary care for all ages, and NHS and independent/voluntary health services – including some regulation of child/adolescent residential care. Our work links to both the Department of Health and the Department of Children, Schools and Families (DCSF), as well as the Youth Justice Board and Ministry of Justice. Most non-health children's services are regulated by Ofsted, but we also work with HMI Probation, HMI Prisons and the Audit Commission in joint assessments of services.

The term "child" under the Children Act 1989 refers to those under 18 years of age, although in some circumstances this extends to those under 19, or for certain conditions or disabilities, up to age 25. Our remit across adult services also extends to responsibility for ensuring that all services are aware of their responsibilities for children and young people, whether as actual or potential service users, visitors, staff or volunteers.

Key statistical information

Around 20% (11 million) of England's population is under 18 and the birth rate (currently around 650,000 pregnancies annually) is increasing by around 3% per year. Within this population there are 570,000 children with a disability[2], 23,000 with diabetes, and around one in 11 children has asthma. There are 3,000 within the criminal justice system, more than 32,700 who have a child protection plan[3] agreed by social services, and 60,900[4] who are looked after by the local authority. There are around 3 million attendances at A&E annually by under-18s, 7.9 million outpatient appointments for 0-19s[5] and around half a million emergency admissions to hospital. There are around 3 million GP appointments per year for children, and around 5% of all prescription medication is for those aged 16 or under[6].

The NHS in England employs over 7,000 specialist paediatric doctors and over 17,000 registered children's nurses. More than 12,000 staff are employed managing or delivering specialist mental health services to around 108,000 children and young people[7].

Maintaining the health and wellbeing of this population is key to building a healthier nation. Maternity care and children's health are

---

[2] HM Treasury, *Every disabled child matters – better support for families*, 2007.
[3] As at 31 December 2008. Care Quality Commission, *Safeguarding children: A review of arrangements in the NHS for safeguarding children*, July 2009.
[4] As at 31 March. DCSF, Statistical release, 2009.
[5] NHS Information Centre, "all outpatient attendances 2008-9".
[6] The Information Centre, *Prescriptions dispensed in the community 1997-2007*, 2008.
[7] Department of Health, *Child Health mapping*, 2008.

two of the four key population groups set out in the NHS operating plan for 2009/10, and child safeguarding is also specifically mentioned as an important priority in the 2010/11 plan.

Overview of policy coverage

The first child health strategy, *Healthy lives, brighter futures: The strategy for children and young people's health* was launched jointly in February 2009 by the Department of Health and the DCSF. It sets out the priorities for children and young people's health: bringing together the best from the National Service Framework, Every Child Matters, the NHS Next Stage Review and the Children's Plan, into a workable framework that is informed by the UN Convention on the Rights of the Child and will be supported by the forthcoming legislation for Children's Trusts. Better support in the early years and through childhood and adolescence will lay the foundation for better health and life chances into adulthood. This strategy sets out how the NHS can build on recent progress through the achievement of world class health outcomes, services of the highest quality, excellent experiences in using services and minimising health inequalities.

The child health strategy aligns with the DCSF's aim to "make England the best place for children to grow up". It considers initiatives and policy from maternity through to adolescent health and wellbeing, including public health and safe care, and care for the sick child and those with complex needs or severe physical or mental health needs.

Accompanying *Healthy lives, brighter futures* is *Securing better health for children and young people through world class commissioning*. This guide describes exactly what world class commissioning for the improvement of health outcomes for children, young people and families looks like. Support for improvement in commissioning for children is provided through two agencies – Commissioning Support for Health and the Centre for Excellence in Outcomes (C4EO).

The NHS operating framework set out, in December 2009, some ambitious targets for maternity, children and young people's healthcare, including a strong focus on the Healthy Child programmes (HCP 01-5 and HCP 5-11) and continued requirements for maternity and children's and adolescent care. Building on the children's strategy and its earlier 'parent' the children's plan, are separate publications focusing on, for example, the health of offenders[8], looked after children, early years[9], alcohol and substance misuse, teenage pregnancy, infant mortality, palliative care, obesity, diabetes, young carers (the national carers' strategy) and the school-age healthy child programme. These publications describe how services should be provided and the expectations of improvement. This is supplemented by an extensive range of guidance from the National Institute for Clinical Excellence, particularly around pregnancy, and a comprehensive suite of initiatives, tools and performance

[8] HM Government, *Healthy lives, safer communities*, December 2009.
[9] Department of Health, Healthy Child Programme: Pregnancy and the first five years of life, 2009.

management systems developed by central Government as well as locally by strategic health authorities and Government Offices.

While particularly well served by policy and expectation, service users and frontline staff continue to report patchy provision, delays, and poor quality care, particularly during transition between services. Despite the progress made through the Child and Maternal Health Observatory and the Commissioning for Quality and Innovation (CQUIN) payment framework, and the national data sets for CAMHS, maternity and child health, the lack of current, consistent benchmarked data is a significant impediment to developing universal, high-quality services.

In October 2009, it was announced that David Nicholson, the Chief Executive of the NHS, had commissioned Professor Sir Ian Kennedy to conduct a review of NHS services for children, looking at how to build on recent progress and ensure that there are lasting improvements in quality and outcomes for children. Sir Ian has been asked to explore the "cultural obstacles" that can stand in the way of sustained improvement in the provision of care for children. He will be looking at areas such as:

- The care of children outside specifically paediatric settings.
- Health visiting and community services.
- The pathways of care.
- Primary care, including A&E.
- Arrangements to safeguarding children.
- The management of the transition to adult care.
- How the NHS works with its partners to support children.
- How the NHS responds to the needs of families as well as individuals.

Professor Sir Ian Kennedy has been asked to report with recommendations by Spring 2010.

Safeguarding in health systems for children has not been explored in detail in this document, since a separate paper specifically on adult and child safeguarding covers this topic. However, there have been rapid developments in the Department of Health's policy and approach to safeguarding during 2009, stimulated by Lord Laming's report on the protection of children and our safeguarding review published in July. More widely across Government, an increasing focus on delivery of public service agreement targets for safety and safeguarding has accompanied the development of a range of proposed indicators for safeguarding compliance with statutory guidance.

Involving service users

Our engagement strategy, *Voices into action* sets out the detail of CQC's commitment to involving service users of all ages and

backgrounds to focus on what is important to them. However, while some providers and commissioners are involving children and young people in their planning, there is little evidence from our research or inspection work that this is systematic, and our engagement with LINks has similarly identified little positive practice in this area.

There are a range of external organisations, such as the Children's Rights Director, National Children's Bureau (NCB) and Young Minds which engage well with children and young people and who are keen to work with CQC to improve understanding of what is important for children and young people.

There are a variety of techniques to be explored by CQC and others on how to best seek the voices of children and young people. The GP patient survey may be extended to include the views of children and provide data at GP practice level. We are aware of survey programmes specifically aimed at children and young people, such as Tellus (run by DCSF), the annual monitor (run by the Children's Rights Director) and the Audit Commission's school survey, which may provide opportunities for gathering users' perspectives of services in a local area that can feed into our assessment programme.

The 2009/10 review of the health support provided to the families of disabled children includes a programme of engagement with parents and families. This project is piloting new techniques for engagement which may be rolled out across other areas of children's health care, building a strong network of users and clarity over expectations and mutual commitment.

Some key determinants of children's health

This section considers the key public health and behavioural influences on the children and young people's agenda and how as a regulator we are, and should be, driving improvement in outcomes.

Pregnancy and early years

Pregnancy and birth – the choices made by a woman and her partner before and during pregnancy, and after birth can significantly affect the long-term health of their child. There is clear evidence of the impact of smoking, alcohol/ substance misuse and deprivation as key factors influencing still birth and neonatal death rates[10] but many of the 7,000 stillbirths and neonatal deaths annually remain unexplained.[11] Pregnant women who have or who are deemed likely to develop co-morbidities (for example, obesity, diabetes, social or mental health issues) are more likely to experience a difficult pregnancy, which may result in a stillbirth or neonatal death. Increasingly, co-morbidities and the effects of deprivation are putting additional pressure on the quality of pre-conceptual and antenatal care required to reduce the risk in labour and improve overall

[10] Confidential Enquiry into Maternal and Child Health (CEMACH), Perinatal mortality figures, 2007.
[11] Department of Health, *2007 Annual Report of The Chief Medical Officer*, 2008 – "500 missed opportunities".

experience and outcomes. A proxy indicator for performance in this area is early access to a health professional and completion of core assessments by 12 weeks gestation. The Government has committed to a target (monitored by CQC) around women being "booked" into antenatal care by the 12th week of pregnancy, but the impact of this remains to be evaluated. The impact of the Healthcare Commission's Maternity review is still significant and there is a substantial amount of investment in redesign and strengthening of leadership, which it is important to monitor over the next two to three years to ensure the improvement is sustained. A survey of women's experience is taking place during 2010, three years on from the previous survey, and it is anticipated that this will be supplemented by further data analysis and surveillance to build a broad picture of maternity care.

Increasing the breastfeeding rate will significantly influence and have an impact on outcomes for children. Stimulated by the findings of the Healthcare Commission's maternity review, improving breastfeeding rates is now a PSA target, Annual Performance Assessment indicator and subject to consolidated "improvement" effort across Government and through SHAs and PCTs.

Ensuring people are **immunised** in childhood for dangerous diseases improves overall health significantly. Parental concerns over the combined measles, mumps and rubella vaccination has caused rates to dip to levels where these diseases may become prevalent, but coverage of the Hib (meningitis) and HPV (Cervical cancer) immunisations is encouraging. PCTs are monitored through national initiatives in immunisation and CQC has a national target on performance in this area.

Tackling **childhood obesity** remains the biggest challenge for children's services across all settings, and the objective remains to reduce the proportion of overweight and obese children to 2000 levels by 2020. This target requires all agencies to address parental choices, knowledge and access to good nutrition, as well as influencing young people themselves and building their resilience to advertising and peer pressure around unhealthy diets. PCTs are monitored on their performance against this target through a National Support team, with "Spearhead" PCTs being particularly targeted, stimulated by this being a National Government (PSA) priority. The national social marketing "Change4Life" programme was launched in January, and child weighing and measuring is also one of the CQC indicators within our Annual Performance Assessment.

Screening for disease in pregnancy and childhood enables early intervention and treatment for conditions such as Sickle cell disease, HIV, Down's syndrome, Hepatitis B, newborn hearing, etc. All programmes have been proven as cost-effective prior to introduction. Rates of screening take-up are monitored locally and nationally through a national programme and selected data is used in CQC's evidence database for our NHS performance ratings. More could be done in this area to secure robust data and leverage on PCTs around universal child health.

Adolescence, choice and emotional well-being

Adolescence is a key time in a person's life where choices are made that can significantly affect future health outcomes. Choices increasingly become available around diet, sexual activity, smoking, substance misuse, alcohol consumption and other risk-taking behaviours which may be heavily influenced by peer behaviours and experiences within early childhood. A person's physical and hormonal changes can often be combined with emotional vulnerability and a desire to conform or rebel can result in them rejecting conventional health messages. This means that services need to be targeted and appropriately designed to protect and support young people during this critical time in their lives.

The "You're Welcome" initiative, combined with training packages for clinical and ancillary staff aims to equip teams with an understanding of appropriate approaches to engage young people – whether for general public health advice information and support, or for those with short or long term conditions or complex needs to maintain their commitment and cooperation with treatment. Young people with diabetes, for example, frequently exhibit frustration and non-compliance with insulin regimes during adolescence, which may have far reaching long term consequences. Too often, clinics are aimed at children or at adults and do not provide easy access or appropriate environments for adolescents.

A new approach has been tested in several Teenage Health Demonstration Sites (or THuDS) which aimed to get more adolescents interested in their own health. The programme offers teenagers access to specially trained advisers, who can provide information on pregnancy, social and emotional development, diet/obesity, drugs and smoking. Support is offered in a range of appropriate settings, such as youth clubs and sports centres as well as more 'traditional' settings. Adolescent life checks (which assess a young person's lifestyle risks and help them to make healthier choices) were piloted during the programme and extremely positive results emerged. Encouraging personalisation of health services to suit the needs of adolescents is one of the fundamental principles of CQC's approach, and we are advised to explore issues around management of adolescent health in greater depth, including some of the key elements below.

Teenage pregnancy is a result and cause of poverty, low achievement, and low aspirations, and is generally associated with poor, long-term outcomes for young parents and their children. England has one of the highest teenage pregnancy rates in Western countries. However, the rate has fallen over the last 10 years – despite a small increase last year. Reducing the rate requires consolidated and sustained partnership work by education, social services, the youth services and the voluntary sector, and progress is monitored vigorously through a national task force, as set out in *Teenage pregnancy – Next steps* (2007). The inclusion of a national indicator within our NHS performance ratings, which itself contributes to the

Comprehensive Area Assessment picture of a local authority area, provides some influence and knowledge in this area of work, and in 2008 some 106 local authorities chose teenage pregnancy as one of their priority local area agreement indicators.

The abuse of alcohol and the misuse of drugs and other substances has led to recent public health guidelines on alcohol[12] safe drinking for young people[13] and specifically for those involved with youth offending services, given the clear association between substance misuse and offending behaviour (particularly in relation to violent offending). Neither of the plans were accompanied by dedicated, ring-fenced funding for alcohol treatment – and so trusts need to be encouraged to allocate funding from their overall budget allocation. Substance misuse services are seen as equally important and have had significant injections of finance by the Government following an updated drug strategy in 2002, to support this work, particularly with vulnerable groups – including young people. The current drug strategy dates from 2008. The correlation between alcohol and drug misuse with offending by children and young people is well established with the relevant factors for both appearing to overlap significantly. Sixteen per cent of the prevention cases looked at by HMI Probation and Healthcare Commission inspectors between 2003 and 2008 had clear substance misuse and physical health needs, while the percentage of community order cases with substance misuse needs totalled 49%. With this level of need, we should continue to determine whether health services are sufficiently engaged and involved in efforts to reduce the impact of substance misuse for children and young people. There are no national outcome indicators for these areas of work, beyond a locally-selected indicator of all-age admission to hospital for alcohol-related harm.

The mental health of children and young people remains a concern; ensuring support and early intervention to maintain emotional wellbeing is critical to preventing escalation to more severe mental health problems. Services need to be age-appropriate and focused on improving outcomes. This requires a range of services and providers, such as universal services from teachers, school nurses, and support staff in community settings to targeted specialist services provided and managed by mental health services.

Three recent major reviews of CAMHS services, publication of the Government's response[14] and several years of increased funding have thrown a spotlight on commissioning and provision, but the range and variety of services, settings and needs make tangible outcome and access measures difficult to assess. We have developed an effective six-part indicator for mental health trusts for 2008/09, with an existing four-part PCT indicator already established, and there is good mapping data on service provision and resources, but we need to do some further work in this area to build a clear picture of the range, impact and effectiveness of services for children and young people,

[12] *National Alcohol Harm Reduction Strategy,* 2004.
[13] *Youth Alcohol Action Plan*, 2008.
[14] *Keeping Children and Young People in Mind*, 2009.

and particularly focus on transitions between services and the impact of changing provision.

Ill health, acute care and disability

Acute hospital care for children was reviewed by the Healthcare Commission in 2006, with a small number of follow-up indicators published in March 2009. The implementation of the European Working Time Directive limiting doctors' hours is having a significant impact on provision of services, and as the number of children with specialised conditions is relatively small, many services are increasingly sub-specialising and clustering paediatric care in tertiary centres. At the same time, it is important to minimise the disruption to the lives of these children and young people, and their families, and to provide them with services, including emergency services, as close to home as possible. Increasing specialism has consequently had an impact on the availability of emergency medicine and surgery, particularly in rural areas, and enabling junior medical staff to receive sufficient experience requires creative and collaborative rotation arrangements.

Planning the provision of specialised services must address other competing pressures – maximising efficiency in one service can compromise the provision of key services for other children, and specialised commissioners must optimise outcomes and balance access. Six years ago[15], reconfiguration was recommended across children's acute services but implementation of the recommendations has been patchy. The Royal College of Paediatrics and Child Health is working closely with the Department of Health in supporting the redesign of paediatric services and we are monitoring how this will impact on the overall provision of children's health services. *The Commissioning of Safe and Sustainable Specialised Paediatric Services* was published in July 2008. Sponsored by the Department of Health, it is clinically driven and relevant to the Next Stage Review. It provides a tool to ensure that safety and quality are a priority for commissioners when reviewing population needs and service requirements.

Recent work by the National Patient Safety Agency (NPSA)[16] around incident reporting for children, and other findings from work around Child death reviews[17] has highlighted areas of concern in acute care, particularly around recognising the sick child and medicines management. Together with colleagues in the safe care team it is important that these risks are identified and trusts are clear where improvement is needed.

Admission to hospital from unintended injuries by children and young people is a key public service agreement (PSA) indicator for child safety, and includes situations as diverse as road traffic accidents, knife crime and victims of child abuse. It does not, however, include

[15] Bristol Royal Infirmary Inquiry, Secretary of State for Health, 2001 www.bristol-inquiry.org.uk
[16] NPSA, *Bridging the Gap: Addressing the needs of children and young people from a patient safety perspective*, June 2009, and the Intrapartum Scorecard.
[17] CEMACH, *Why Children Die – Confidential enquiry into child deaths*, 2007.

attendance at accident departments, only admission, so it is not truly representative of the prevalence of incidents.

Children who are ill with chronic or life limiting conditions such as diabetes, asthma, Cystic Fibrosis or physical disability need good access to care that meets their needs and supports their families and/or carers. There are several influential and effective third sector groups, such as Diabetes UK and the Every Disabled Child Matters group (NCB), which have made a major impact in raising awareness and securing government funding for short breaks, access to therapy services and equipment. Increasingly, schools are being expected to make provision in normal activities for children with particular needs.

We are currently conducting a review of the care and support for the families of **disabled children**, which will report in Autumn 2010.

Palliative and end of life care for children and young people is provided by a mixture of independent and NHS services, with around 40 independent hospices contributing significantly to packages of care. Better *Care, Better Lives* was published in 2008, following a review of provision by Professor Sir Alan Craft and Dr Sue Killen, and we are working with the umbrella bodies for children's hospices (ACT and Children's Hospices UK) as they develop guidelines and indicators to support high quality care. The planned end of the five-year children's hospice grant in March 2011 and the rollout of the Department of Health's vision (February 2010) for access, lead professional, choice of setting and integrated care heralds a particularly important time for this sector and a strengthening of commissioning may be required in some areas to monitor care provision and quality.

An easy read summary of this document is available on our website
www.cqc.org.uk

© Care Quality Commission 2010

Published March 2010

This document may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the document title and © Care Quality Commission 2010.

Care Quality Commission

How to contact us

Phone: 03000 616161
Email: enquiries@cqc.org.uk

Registered Office:
Care Quality Commission
Finsbury Tower
103–105 Bunhill Row
London EC1Y 8TG

Please contact us if you would like a summary of this document in other formats or languages.

Corporate member of
Plain English Campaign
Committed to clearer communication.
459