

## **CHILDREN INTERAGENCY GROUP (CIAG)**

### **CHILD HEALTH STATEMENT**

#### **BACKGROUND**

The Children's Interagency Group (CIAG) is a group of statutory and voluntary organisations that seek to achieve the best outcomes for children, young people and their families in England. Its overall purpose is to lead a more integrated and effective approach to improving outcomes through building consensus between the key statutory and voluntary agencies concerned with children and young people.

The CIAG members listed below have contributed to, and endorse the overall content of this statement. However the document should not be interpreted as a statement of the position of individual members as it does not represent in detail the policy of separate member organisations.

CIAG member organisations include: Action for Children, The Association of Directors of Children's Services (ADCS), Barnardo's, Children England, Children's Society, Connaught Group, Local Government Association (LGA), National Children's Bureau (NCB), NSPCC, National Youth Agency (NYA), Royal College of Paediatrics and Child Health (RCPCH), The National Council for Voluntary Youth Services (NCVYS), NHS Confederation.

#### **KEY POINTS**

- Commissioning needs to be coherent and consistent across children's services;
- Consideration must be given to services that may require a more strategic view than can be offered by a GP consortia, yet are not a specialised service to be commissioned nationally;
- The role of health and wellbeing boards is pivotal in ensuring appropriate coordination of children's health services commissioning;
- The three outcomes frameworks (NHS, public health and social care) need to be aligned, and children services should be recognised in the frameworks;
- Accountability at local level, both for commissioning and safeguarding, should be more clearly defined;
- It is important to consider the findings of reviews such as Kennedy and Laming. Those key areas that have been already found not to work well in the current system should not be duplicated in the new system;
- Further progress is needed in promoting integration in service delivery for children and families;

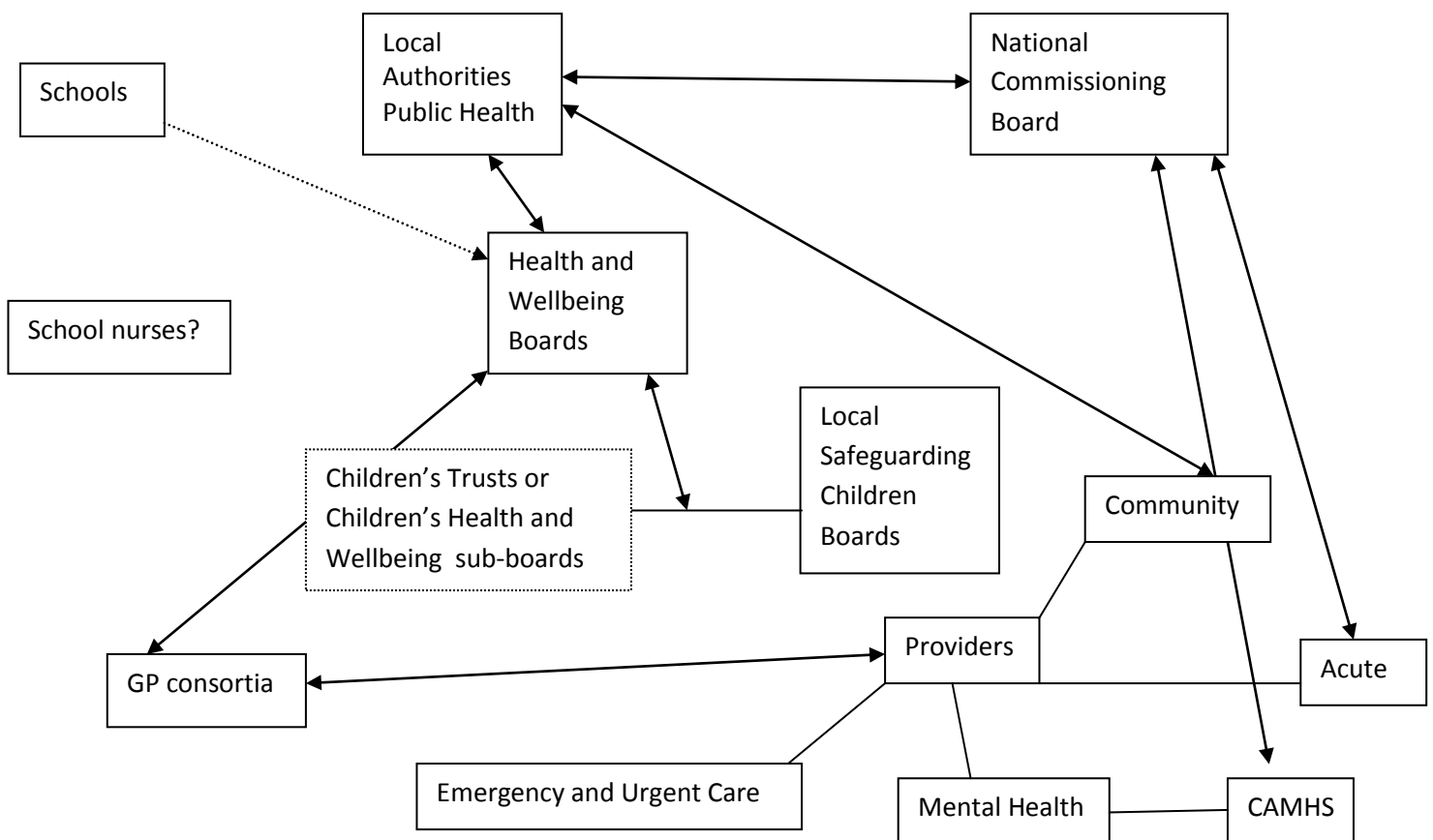
- We need to ensure that the voices of children and young people are heard in service design and delivery;

## COMMISSIONING

Most children and families will receive services from various agencies: schools, GPs, social services, housing. When commissioning services and defining outcomes for children's health, it is therefore important to think about how these services work together with other partners to achieve key outcomes.

The current proposals for health run the risk of leading to further fragmentation of commissioning for children's services, with the National Commissioning Board, GP consortia and Local Authorities responsible for commissioning different aspects of care.

The proposed system can be visualised as follows, indicating a complex configuration with commissioners, providers and those scrutinising services:



The proposed system lacks oversight and strategic management. This is particularly important for children's health services given the often complex, interdisciplinary and interagency provision required. The potential plethora of commissioners could prevent the necessary joined up approach from being delivered.

At the same time, there is a reduction on ministerial focus on child health. The Department for Education's remit for children's health has been diluted and the Department for Health's approach to children's health is not yet clear. The new system of inspection still requires a clear focus on child health.

It is not yet clear where responsibility for commissioning the range of children's health services will lie, nor who will hold responsibility for commissioning specific services such as designated safeguarding leads or school nurses.

Services should be commissioned in a coordinated way to ensure they operate seamlessly across health, social care, education and other services.

Some services will require a more strategic view than can be offered by a GP consortium, yet are not a specialised national service that might be overseen by the Commissioning Board. The existing proposed models are likely to need further refinement for some specialised services – for example, through either sub-groups of the National Commissioning Board or through clusters of GP consortia.

CIAG believes that Local health and Well-being boards would be the best place to take on the coordination of the commissioning function..

## ACCOUNTABILITY

CIAG believes that Health and Wellbeing Boards can provide an opportunity to ensure there are clear lines of local accountability for children's health services. For example:

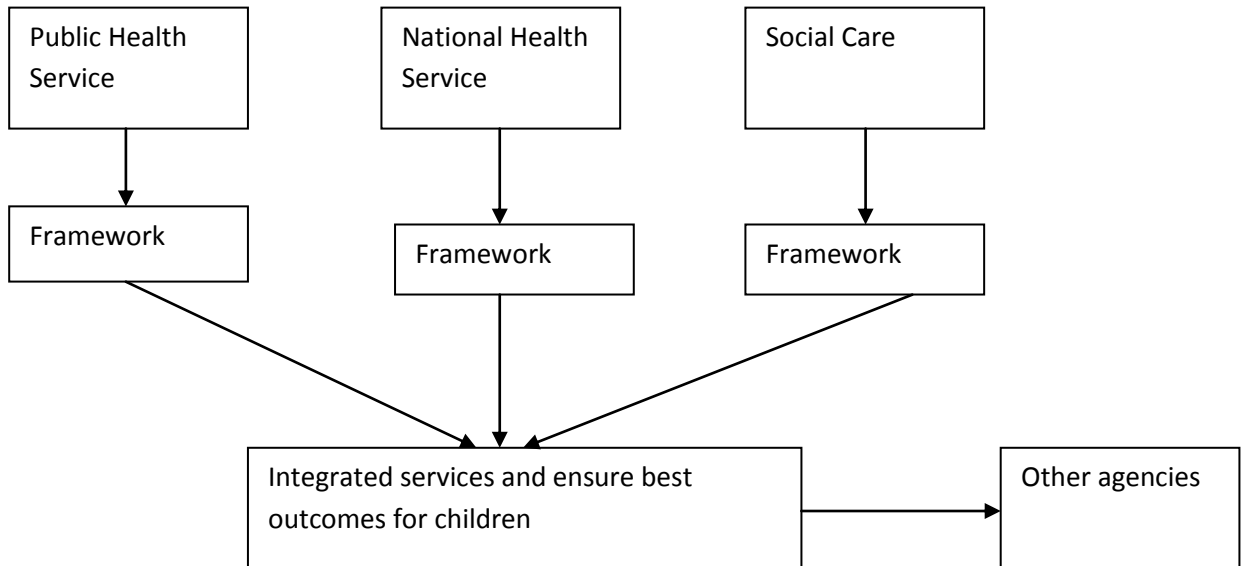
- Where local partners decide to continue co-operating through their Children's Trusts, these could be accountable to the Health and Wellbeing Boards;
- Where Children's Trusts cease to exist, Health and Wellbeing Boards may want to consider having a sub-group that can take the lead for ensuring coordinated actions and lines of accountability for all the local services for children;
- Local Safeguarding Children Boards will need to develop links to the Board, as well as to the Local Safeguarding Vulnerable Adults Boards.

In all cases, Health and Wellbeing Boards should develop clear lines of accountabilities, taking into account all the other local services and their accountability arrangements.

Health and wellbeing boards should be multi-disciplinary to ensure appropriate representation and accountability.

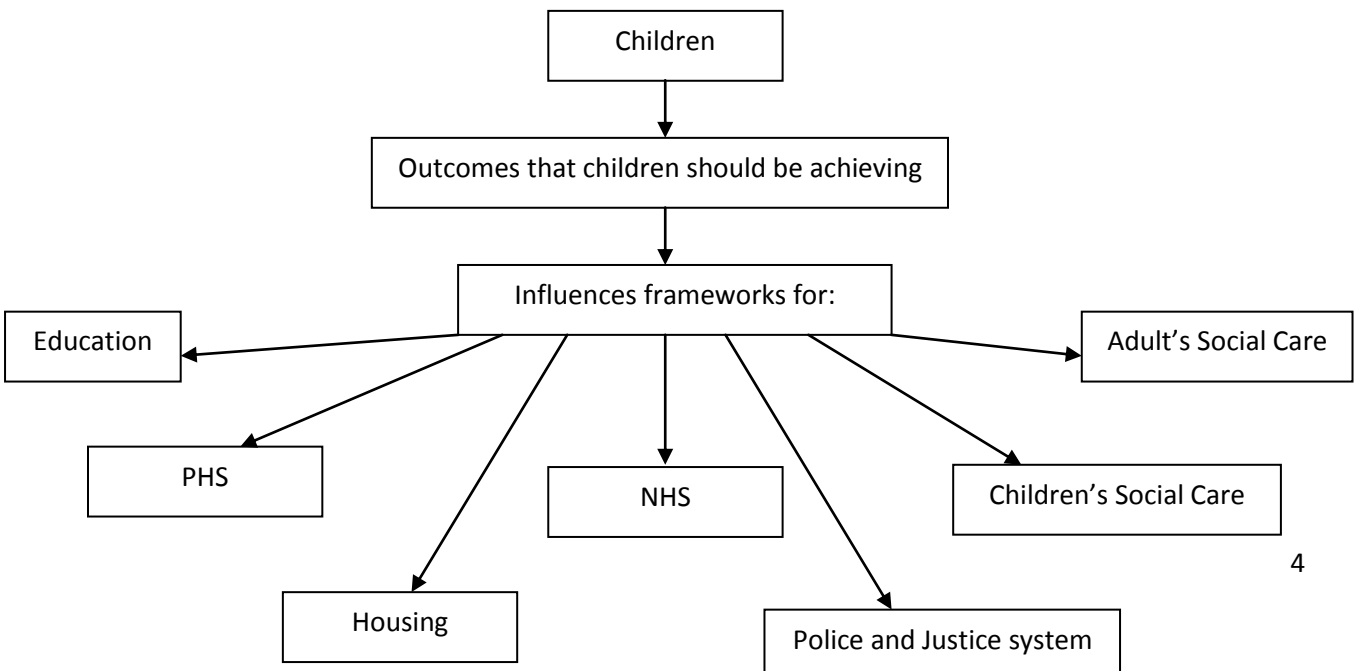
## OUTCOMES FRAMEWORK

The focus on outcomes for patients is positive, but outcomes frameworks should be aligned across agencies. If the various outcomes frameworks that are being proposed have different priorities, this will result in greater fragmentation. It is likely that unless outcomes are aligned there will be 3 separate outcomes frameworks that will influence children's health outcomes:



For example, within the current NHS outcomes framework, measures relate only to NHS intervention - for a children with a long term health condition, a key outcome might be their attendance rate at school - it would be easy to dismiss this as a possible outcome, but could be used by various agencies to align priorities.

We would suggest that children should be at the centre of the process, to ensure that services are built around their needs, thereby achieving the outcomes they need. One possible model could look like:



CIAG suggests that the Government should consider how the three outcomes frameworks could be used to hold a wider range of government departments to account for better health and to ensure all partners work together to achieve best outcomes for children.

This model would ensure that:

- The child is at the centre;
- All agencies work towards achieving the same outcomes, thereby facilitating interagency work and communication.

## CO-ORDINATED WORK

It is important that there are effective formal mechanisms to ensure joint working between the different parties in health and local government responsible for children's services, including social care and education, that link to adult and family services.

In some areas, children's trusts have provided a mechanism for establishing coordinated partnerships and a focused forum to address children's services. We are anxious that these gains are not lost in the new system. Clarification is needed on how any new arrangements will relate to children's services, including whether the duty to co-operate through children's trusts continues to exist and if so, how it is transferred to the new commissioners. If the duty to co-operate continues to exist, there will need to be a place that can hold the different agencies to account. This could be done by Children's Trusts, where these continue to exist, or by a local children's health and wellbeing board sub-group.

One way of ensuring these issues continue to get the attention they warrant may be to establish a specialist sub-group of the health and well-being board to encompass responsibilities for providing integrated children's services and safeguarding.

There is also an increasing emphasis on the use of "any willing provider". While this may have many positive effects, such as encouraging innovation and new ways of working, there are some concerns about how such providers will work together. This includes ensuring that responsibilities, such as safeguarding, are delivered appropriately regardless of provider.

## KNOWLEDGE

In order to be effective, the work of GP commissioning consortia, the NHS Commissioning Board, the public health departments and local health and well-being boards must be informed by:

- A thorough understanding of children's health, including: the wider determinants of health; the impact of broader children's services on health outcomes; and supporting children from specific backgrounds and with particular or complex needs, such as disabled children, those living in care, those with mental health problems, young offenders and black and minority ethnic groups;

- The best available evidence of what works to improve health outcomes, including examples of validated good practice, provided to commissioners in an appropriate and accessible format; and
- A strong understanding of the wider determinants of health.

This will require effective and efficient information systems that can share information appropriately between organisations in a timely manner.

## SAFEGUARDING

We welcome Government's indication in the White Paper that the legal duties of GP consortia will reflect those previously placed on PCTs and SHAs. It is also important to consider the responsibilities that the NHS Commissioning Board, public health departments and the health and wellbeing boards may have around Safeguarding.

It is important to ensure that current duties are not lost in the new system and that all agencies commissioning services for children and their families understand their safeguarding role and responsibilities.

CIAG thinks that Local Safeguarding Children Boards should have close links to Health and Wellbeing Boards to strengthen accountability and to help share information and learning. They should ensure they work closely with Adults' Safeguarding Boards as safeguarding issues may be related. If we are designing a new system, it is important to ensure that we incorporate the key recommendations from the recent reviews such as the Kennedy review, the Laming Review and the Victoria Climbié Inquiry: clear lines of accountability, the need for a coordinated system, the duty to cooperate and the need to ensure that staff have the appropriate knowledge.

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