

Health & Social Services Committee HSS-03-01(p.4)

Date: Wednesday 7 February 2001

Venue: Committee Room, National Assembly for Wales

Title: Health of Children in Wales

Purpose

1. Paper to note for Committee members on progress that has been made in implementing the recommendations of the report of "Health of Children in Wales" (HCW).

Summary

2. The Health of Children in Wales continues as the most broad ranging children's health policy document for Wales and remains relevant in many areas. However there have been a number of significant developments over the past four years which also need to be taken into account in any assessment of progress in the field of children's health, both locally and nationally. These include the *Surestart Programme*, *Children First*, *Working Together 2nd Edition* and *The Health of Looked After Children*.

3. The Assembly itself is making progress in developing and introducing strategies and measures to promote the health of children and to protect them from harm. The measures summarised in this document clearly demonstrate the broad range of improvements in train. Establishing effective consultation and collaboration between the Assembly, local authorities, NHS trusts and other agencies is more important than ever.

4. Good progress has been made by the health authorities and NHS trusts since HCW was first issued. A large number of 'requirements' have been met, or are being implemented/developed, some areas have been overtaken by subsequent strategic developments and a small number are still to be addressed. These are set out in paragraph 13.

5. Health Authorities have also reinforced our view that many of the recommendations in the HCW have been superseded by other developments, such as the establishment of Specialised Health Service Commission for Wales (SHSCW). We should reconsider our approach to monitoring progress in this field.

Timing

6. The paper is being presented at the request of the committee.

Background

7. HCW was published by the Welsh Office in 1997, following on from the Strategic Intent and Direction initiative and a series of health gain protocols developed in the early 1990's. Within it was set out statutory and policy requirements, together with good practice guidance for co-operation and collaboration. It was intended to draw together advice relating to children, and to be a practical guide to promote effective joint working between Health Authorities, Trusts, GPs, Social Services Departments, local Education Authorities and voluntary organisations.

8. HCW contains 80 recommendations most of which were for Health authorities, GPs and NHS Trusts to address. These recommendations were of varying significance, from advice through to 'requirements' i.e. legal obligations or key principles of government policy. None of which were new introductions and all were to be managed within existing resources.

Health authorities have been reporting on progress to the Welsh Office / National Assembly for Wales periodically since 1997. The latest responses were received in January 2001 when health authorities responded to our request for reports on the status of the 35 'requirements' contained in HCW. They have also provided examples of good practice and identified areas of concern and of future plans.

9. The responses of the health authorities were very detailed and this paper contains an overview of them. Each authority's response is different reflecting the individual approaches being taken to local needs and plans. These differences also make it difficult to summarise clearly the good progress that has been made since HCW was first issued. A large number of 'requirements' have been met, or are being implemented/developed, some areas have been over taken by subsequent developments and a small number are still to be addressed.

10. A commentary and summary of the responses is set out below. A description of subsequent strategic developments which have /will effect developments in child health are detailed in the Annex 1.

Responses from health authorities

11. Health authorities were asked to provide information so that we can take stock of progress and to review the current position of children's services. This exercise was intended to be a snap shot and the authorities were not expected to conduct in-depth reviews or surveys but to provide answers based on information already available. Their response has been generous.

There is evidence of a genuine and shared commitment to maintain and improve the quality of children's health and social services. They have responded with comprehensive information, identifying many innovative projects, particularly involving partnerships between agencies and those established under the Sure Start, and Children and Youth Partnership schemes. However it was pointed out that the

complicated system for the allocation of funds and fixed term life span of these projects has played a major part in the difficulties experienced recruiting and retaining staff to run the projects.

12. They have also reinforced our view that many of the recommendations in the HCW have been superseded by other developments, such as the establishment of Specialised Health Service Commission for Wales (SHSCW), which means that it may no longer be appropriate to ask the health authorities about progress in isolation from other agencies. We should reconsider our approach to monitoring progress in this field

Summary of responses

13. The Health Authorities responded positively to most of the significant recommendations to be found in the Report and we have not commented on them here. Some areas of work are still under development or awaiting implementation. Set out below are those areas where action is pending or particular comment is made on the recommendation. A list of the recommendations from HCW is at Annex 2. Particular initiatives identified by the authorities in their responses are at Annex 3.

14. All health authorities expressed support for the on-going work of SHSCW in the areas of Paediatric Intensive Care, Neonatal units and critically ill children. (recs 20, 33, and 34 refer) and further development in these areas can be expected .

Chapter 4. Children at Different Ages

Recommendation 21. Pre-school children screening and monitoring.

More uniform patterns of Pre school Screening and child surveillance will be developed following the publication of the National Screening Committee's Child Health Sub Group report. Gwent health authority is in the process of implementing changes to deliver child surveillance and immunisation programmes via the Health Improvement Programme process.

Chapter 5. Physical Health

Recommendation 28. BCG Immunisation of secondary school children.

The 18-month disruption in vaccine provision has effected all health authorities' programmes. Gwent report that BCG immunisation has not been provided in 2000 and North Wales has not provided for 2 years. They anticipate further advice in 2001 on the immunisation of high risk neonates. Only high risk children have been vaccinated in Bro Taf. A policy is being developed for implementation later in 2001, if vaccine supply is restored.

Recommendation 34. Head Injuries

Services for children with head injuries remain under consideration by the health authorities. Bro Taf believe the issue should be revisited with particular focus upon social and educational after effects of such injuries.

Chapter 6. Mental Health

Publication of the final CAMHS Strategy is awaited following consultation, all are fully committed to taking account of aspects when published.

Chapter 7. Children in Need

Recommendation 38 & 39. Definition and provision of services for Children in Need

All HAs are working with local authorities and Local Health Groups on Children's Service Plans and Children First. North Wales believes there should be a national definition. Gwent has devolved responsibility for this area to Local Health Groups.

Recommendation 53. Nominated Medical Advisor for Substitute Carers

Iechyd Morgannwg has no nominated medical advisor and estimates a requirement for 2 consultant sessions per month. Service has not yet been commissioned.

Gwent HA is undertaking a pilot project on health assessment process for 'looked after children'.

In North Wales each local authority has a Senior Community Paediatrician as medical adviser on adoption and fostering. Concern was expressed about the lack of notification by private foster care providers of children placed from English counties.

Chapter 8 Responsive Care for Children

Recommendations 60 & 61. School Health Services

Health authorities await the outcome of Health Visitors & School Health Services Review. Bro Taf acknowledge that provision is unacceptably uneven, due to serious lack of resources and the lack of training in school nursing in Wales. Gwent is working to review services. Iechyd Morgannwg has funded development of supervision for school nurses.

North Wales identified a need for a statutory requirement on independent schools to adopt medical and dental inspection of pupils. Dyfed Powys has identified disappointing levels of registration for continuing dental care amongst 5-11 year olds.

Compliance

15. The Ministry of Health Act 1919 covers action conducive to the health of people. The National Health Service Act 1977 covers services related to health. Powers for both have been transferred to the Assembly and are delegated to Jane Hutt AM. The Government of Wales Act 1998 provides the Assembly with the power to do anything to facilitate, or conducive or incidental to, the exercise of any of its functions (Section 40). More general powers are available under the local authority social services (LASS) Act 1970 and the protection of Children Act 1999. There are no new compliance issues.

16. There are no issues of regularity or propriety. Assembly Compliance Office has seen this Submission and its content.

Cross cutting themes

17. Education; social services/child protection; social inclusion;

Action for the HSS Committee

18. To note

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Annex 1 – National Assembly for Wales developments

Annex 2 – Requirements identified in HCW

Annex 3 – Health authorities good practice examples and comments

ANNEX 1

NATIONAL ASSEMBLY FOR WALES DEVELOPMENTS

1. The health and welfare of the children in Wales is one of the top priorities for the Assembly. A more comprehensive strategic approach is being developed, which was set out in our paper 'Children and young people: a framework for partnership' which you considered recently. This framework covers all areas of social policy. The Assembly is making progress in developing and introducing strategies and measures to promote the health of children and to protect them from harm. These are summarised as follows:

Children's Commissioner

2. Provision for establishing the Office of the Commissioner was made initially in the Care Standards Act 2000, but its functions were limited to the services covered by this legislation. The Children's Commissioner for Wales Bill now before Parliament aims to implement the original, broader vision of the Assembly's Health and Social Services Committee. The principal aim of the Commissioner is to safeguard and promote the rights and welfare of children.

3. He will have the power to review the effect on children in Wales of the exercise of functions by a very wide range of bodies, including the Assembly itself, and public bodies such as local authorities, Health Authorities and Assembly Sponsored Public Bodies. He will be able to examine cases of particular children and to assist them in taking forward cases involving this wide range of bodies. He will be able to review and monitor arrangements for complaints procedures, whistleblowing and advocacy, across a wide range of bodies in Wales providing services to children. These will include local education authorities, social services, NHS hospitals, GPs, schools, other education establishments and training organisations.

4. The Bill received its second reading on 16 January and moved into committee stage on 23 January. Peter Clarke, who has been selected for the appointment, takes up his post in March.

Working Together 2nd Edition

5. The National Assembly published the new version of the main guidance on child protection in September 2000. It has been issued to Area Child Protection Committees and the agencies that work with children's services to inform good practice.

Review of Safeguards in the NHS

6. In September the Health Advisory Service (HAS) 2000's follow up report into safeguards and standards of care in residential child and adolescent mental health units in Wales was published. Having been satisfied that appropriate safeguards are in place to protect children and young people receiving in-patient psychiatric care, consideration was also given to how the lesson learned from the reviews by HAS 2000 could be projected across the whole of the NHS in Wales; as well as the implementation of the recommendations from the report by Sir Ronald Waterhouse 'Lost in Care'.

7. I announced my decision to establish a review team, chaired by Lord Carlile of Berriew, QC, to consider and make recommendations about the protection of children and young people treated and cared for by the NHS in Wales. Membership of the Review Panel, comprising of childcare experts drawn from the NHS and social services, was announced on the 9 November 2000.

8. The review will consider the whole spectrum of NHS care from primary health care and community NHS services through to specialist children's services. The Panel is keen to obtain the views of as wide a cross section of professional and public opinion as possible in order to inform it when making recommendations to the Assembly towards the end of 2001. An advert was placed in the press inviting written views towards the end of 2000. Oral evidence from experts and members of the public will be heard in March and a series of public meetings around Wales are being arranged.

Children First - Health Aspects

9. The National Assembly has given commitment in "Better Wales" to improving the well-being and education attainment of all children in need, including those looked after by local authorities, by implementing the Children First Programme. The aim of the programme is to improve the outcomes for children who are looked after by a local authority, children in the child protection system and other children in need. In its response to report of the North Wales Child Abuse Tribunal, the National Assembly made it clear that Children First will form the core part of its programme to improve children's services and to ensure that children are safe in public care. Proper access to health care is a key element in the well being of all children. This programme targets better health outcomes for these particular groups of children and will support Better Health Better Wales objectives in tackling poor health in communities and inequalities in access to health care.

Promoting Health For Looked After Children

10. There is clear evidence that children and young people who are looked after away by public bodies have greater health needs than their peers. As part of the 'Children First' programme to improve the quality of services for looked after children, draft guidance on promotion of health for this group was developed and circulated for consultation in Spring 2000. In parallel with the consultation in England, the National Assembly for Wales held two workshops for adults working with looked after children. Children in public care were also consulted at separate workshops. The guidance takes a strong health promotion approach, which as an integral component of good health care planning would contribute

towards minimising the risks. In addition, it reinforces the main thrust of Children First, namely the need for local authorities to take the role of good parents. The guidance is in the process of being re-drafted following the responses to the consultation exercise, the final guidance is expected to be published later this year.

Surestart programme

11. This three year £25m programme in Wales began in 1999 and each of the 22 local authority areas is undertaking a different programme of work, taking account of locally defined needs. It has provided an opportunity for health authorities to work closely with local authorities and voluntary organisation within local authority areas to focus on the needs of the 0-3 year olds and their families.

12. The aim of Sure Start is to work with parents and children to promote the physical, intellectual and social development of pre-school children - particularly those who are disadvantaged - to ensure they are ready to flourish when they get to school.

Drug and Alcohol Strategy

13. The Assembly launched its new strategy '*Tackling Substance Misuse in Wales: A Partnership Approach*' in May 2000 to replace the previous Drug and Alcohol strategy ('*Forward Together*'). A key aim of the new strategy is to help children, young people and adults resist substance misuse in order to achieve their full potential in society and to promote sensible drinking in the context of a healthy lifestyle. Work is now in hand to develop and a separate research and information strategy which will outline arrangements for the monitoring of progress against key performance targets, the handling of information and the generation of research studies.

Health Visiting and School Health Services

14. The Assembly commissioned consultants from the Institute of Health Science, University of Wales, Swansea to undertake work to look at the current services in Wales as part of the work plan for 'Better Health Better Wales'. The remit for the Review was to identify changes in demand for health visiting and school health services in the light of current policy, to measure the current provision and different models of service provision in Wales and to assess workforce and education implications to meet future requirements. The review report was circulated widely in September 2000 and comments will be collated to inform work on primary care and children's services.

Children with Disabilities - Continuing Care

15. Continuing care is provided for children and young people living with lasting illness and disability and health, social services and education services as well as the voluntary sector all have contributions to make to supporting children and their carers. As a contribution towards this effort, a short issues paper was prepared by the Children's Services Subcommittee of the Welsh Nursing and Midwifery Advisory

Committee in 2000.

Universal Neonatal Hearing Screening (UNHS) developments

16. The National Assembly has been represented on the child health sub group of the National Screening Committee, which advises the four UK countries on screening. The NSC has advised that a new approach to screening for deafness in babies should be adopted, and that Universal Neonatal Hearing Screening should be implemented. In Wales, the Assembly has commissioned a mapping exercise to determine the pattern and capacity of current audiological screening provision, to inform decisions about the implementation of the programme in Wales. We will also be taking on board information and lessons from the pilot programmes being carried out in other parts of the UK.

Child Health Information Systems

17. The Assembly is considering the present Child Health System and its future development in Wales. Variations in practice make it important to review the future of the systems, including links with other systems and central data capture requirements.

18. An assessment has been made of the information presently collected and of the problems with the current systems. Users are being consulted to determine how best to establish a new minimum national data set with common standards and definitions, which is more accessible and meets the requirements of a wider range of legitimate users.

Breastfeeding Strategy

19. The Breast Feeding Strategy forms part of the Health Promotion Strategy and is an example of the Assembly's commitment to improving the health of children in Wales. The Strategy will be launched for consultation in Spring 2001. It aims to increase the initiation and continuance of breast feeding in Wales through encouraging health professionals and voluntary groups to work together with mothers during both the ante-natal and post-natal periods.

Child and Adolescent Mental Health (CAMH) Strategy

20. A draft Child & Adolescent Mental Health Services Strategy for Wales was widely distributed for consultation at the end of 2000. Responses have been collated and the draft has been well received. A final document will now be prepared which we hope to be distributed in late spring. This will be the first strategy of its kind in the UK and will be the first essential step in addressing present deficiencies and inequities in CAMHS in Wales.

Specialised Services

21. One of the Specialised Health Services for Wales' immediate priorities following its establishment was to review paediatric cardiac services across Wales. This involved some very detailed work on option appraisals and this work is now coming to fruition. Another key area of work for the Commission has been to prepare a service framework for the care of critically ill children in Wales as well as commissioning care from the established Paediatric Intensive Care Unit at UHW. A major new project that the Commission has recently embarked upon is the review of tertiary services for children. This review will embrace some of the very specialist services not commonly provided at District General Hospitals involving complex conditions and treatment both within and without Wales.

Welsh Network of Healthy School Schemes (WNHSS)

22. I launched the Welsh Network of Healthy School Schemes (WNHSS) in September 1999. A national framework for Healthy School Schemes was then issued to all Health Authorities and Education Authorities within Wales. The national framework presents national aims from which local criteria can be derived. It also gives advice on working with schools, and suggests the incremental introduction of new activities over several years. This will ensure that schools are realistic in the amount that can be achieved, whilst ensuring that thinking health becomes a way of life. An accreditation process is in place, by which local schemes will be accredited as part of WNHSS. They in turn accredit their network schools, who will receive an official National Assembly plaque. During December 2000 all local authority areas in Wales have been offered funding to set up or further develop local schemes in their area within a health and education partnership.

Sexual Health Strategy

23. The Sexual Health Promotion Strategy aims to reduce teenage pregnancy in Wales and decrease the number of sexually transmitted infections among young people. The Strategy proposes a number of measures to increase young people's access to quality information, advice, and services relating to sexual health. Specific measures include: a sexual health telephone helpline; emergency contraception and sexually transmitted infection awareness campaigns; development of local sexual health strategies and service specifications; new sex education guidance; and guidance on the development of services geared specifically for young people.

Children's Hospital for Wales

24. Proposals for a Children's Hospital on the University Hospital of Wales site are being developed by the Cardiff and Vale NHS Trust. The Trust's ultimate wish is for a three phase development, with a total capital cost of £21 million (1999 prices), which is intended to achieve the rationalisation of acute paediatric services for Cardiff and the Vale of Glamorgan and provide tertiary paediatric services further afield.

25. To date only Phase 1a, which involves the construction of two new paediatric wards of 24 beds each on land adjacent to the existing Children's Unit at UHW, together with facilities for children's ear, nose

and throat outpatient services, has been approved by Bro Taf Health Authority and the National Assembly, on 18 January 2000. The approval was given on the basis that the development would not cost the Health Authority more than the services in place at the moment, and that, at the Trust's suggestion, that the total capital costs of approximately £3.7 million would be funded entirely from charitable donations.

26. A draft Outline Business Case for Phase 1b, which involves the transfer of paediatric oncology beds from Llandough Hospital to UHW, should be submitted to the Assembly this month. The capital and revenue costs associated with this phase are unknown to us until the business case is submitted. To achieve health authority support the revenue costs are likely to be, at worst, neutral against current spend. The requirement for capital funding will have to be considered against other urgent priorities for capital schemes from across Wales.

Immunisations

27. In Wales there are currently five vaccination programmes protecting children against a variety of diseases. Children routinely receive the DTP-Hib vaccine as infants. This offers protection against diphtheria, tetanus, pertussis (whooping cough) and haemophilis influenzae type B (Hib). Polio vaccine is also delivered at this time. The BCG vaccine, which protects against TB, is delivered to 10-14 year olds. The MMR vaccine, which is the best form of protection against measles, mumps and rubella, is offered to parents of children aged 12 to 15 months. A campaign to increase uptake rates of this vaccine will be launched shortly. The programme to protect children against Meningitis C is almost complete and there is optimism that the programme has been a success as incidences of this disease in Wales seem to be in decline.

Children with Special Educational Needs and Disabilities (SEN)

28. The Assembly is in the process of reviewing the way in which we provide for children with special educational needs and disabilities. Our SEN Action Programme for Wales 'Shaping the Future for Special Education' sets out the measures we will promote to improve further aspects of provision that are working well while at the same time to address weaknesses.

29. A key component of the SEN Action Programme is a review of the provision of primary health care services, in particular Speech and Language Therapy (SLT), for children with SEN. As part of that review, the Assembly co-sponsored with the DfEE and the Department of Health, a comprehensive research study into SLT provision, including the Welsh Language dimension. A final Report of the Study, entitled 'Provision for Children with Speech and Language Needs in England and Wales – Facilitating Communication Between Education and Health Services' was published in November 2000.

30. The Government and the Assembly will consider carefully the recommendations stemming from the Study in deciding how these can best be taken forward. In doing so, the Assembly will be taking account of the views of the Therapy Working Group, established as a sub-group of the Welsh Advisory group on

SEN, which comprises members drawn from the relevant health and education fields in Wales. It is widely recognised that strong inter-agency collaboration is vital in managing the solutions to complex health and learning needs.

31. The National Assembly has issued guidance recently to Health and Local Authorities in Wales on 'Flexibilities for Joint Working between Health and Local Government'. The guidance comes in the wake of new powers to promote inter-authority working practices under the Health Act 1999, underpinned in the Assembly in the 'NHS Bodies and Local Authority Partnership Arrangements (Wales) Regulations 2000.

'REQUIREMENTS' IDENTIFIED IN THE HCW ANNEX 2

CHAPTER 1: CHILDREN ARE DIFFERENT

1 Guiding Principles: Purchasers and providers of services for children should take account of the provisions in the UN Convention on the Rights of the Child, the Children Act 1989, and the Children's and Patient's

Charters.

2. Agencies should be aware of their obligations and responsibilities under equal opportunities legislation, the Welsh Language Act 1993, guidance on consent and respective responsibilities for care.

CHAPTER 2: INTEGRATING CARE FOR CHILDREN

3 The care a child receives should be integrated. This approach requires different agencies and disciplines to work together to match effective interventions to assessed and prioritised needs.

4. Care Management: Health and Local Authorities should develop a care management approach.

5. Health Authorities will need to consider locally how best to achieve the aims of a combined acute and community child health service and an integrated service with primary health care. Where services are provided by several health care providers the Welsh Office policy guidance is that commissioners contract with one provider, to oversee the service, sub-contracting as necessary. Authorities will need to work together in securing highly specialised services.

6. Co-operation between agencies: Health and Local Authorities have a statutory duty to co-operate, particularly in relation to:

- children with special educational needs;
- functions under the Children Act including, "Children in Need",
- children at risk of abuse, children "looked after" by Social Services
- Departments, and children "accommodated" by the health service
- the provision of medical advice on adoptions;
- the education of sick children.

7. GPs (Fundholders and Non-fundholders) should be full and active participants in the planning of children's services.

8. Continuing Health Care for Children: The NHS has a clear responsibility to arrange and fund services to meet the needs of children who require continuing health care. Health Authorities, Social Services Departments and Local Education Authorities have important and complementary roles in caring for such children. Authorities are required to agree, fund and publish their respective responsibilities. This applies to GP Fundholders for the services they are responsible for purchasing.

9. Where either Health or Local Authorities are proposing a significant change in the pattern of services for children, which will impact on the resources of the other agencies, they must seek the agreement of that other agency.

CHAPTER 4: CHILDREN AT DIFFERENT AGES

10. From Birth to one year of age: Policies should be developed to encourage and support breast-feeding and weaning (see Chapter 8).

11. Neonatal units should be readily available in line with official guidance (see Chapter 5).

12. Pre-school Children: "Health for All Children" (Hall) recommends a pattern of screening and monitoring of pre-school children which could be used as a framework by Health Authorities when planning their local programme. The immunisation and vaccination programme must be maintained.

CHAPTER 5: PHYSICAL HEALTH

13. Respiratory Disease: BCG immunisation of all children at secondary school age remains government policy.

Injuries, Accidents and Poisoning

14. Paediatric Intensive Care: Health Authorities must allow for adequate provision for paediatric intensive care.

15. Head Injuries: Health Authorities will need to consider the findings of the Welsh Health Authorities and Chief Executives Group on service improvements for children with head injuries.

CHAPTER 6: MENTAL HEALTH

16. No child should be excluded from a comprehensive child and adolescent mental health service (CAMH).

17. Specialised Mental Health Service: No young person under the age of 16 should be admitted to an adult psychiatric inpatient unit, unless there are extenuating circumstances.

CHAPTER 7: CHILDREN IN NEED

18. The concept of "Children in Need" is central to the Children Act 1989

and requires multi-agency co-operation whilst recognising that Local Authorities have the lead. Children who are accommodated by the Local Authority, in need of protection, with permanent disabilities, with chronic or life threatening illnesses, are likely to fall within the definition. The Children Act definition of "Children in Need" includes those where "health or development is likely to be significantly impaired", which effectively extends the scope of the legislation beyond the Social Services Department to the NHS (see Chapter 2).

19. Four areas require a joint approach and consultation:

- defining and assessing needs
- prioritising between needs
- identifying the children concerned
- planning services

20. Register for Children with Disability: Social Services Departments are required to maintain a register of children with disabilities. Active co-operation is needed between Social Services Departments, Health Authorities, individual NHS Trusts and Local Education Authorities to ensure the development of effective registers.

21. Learning Disability: The planning, organisation and delivery of services should be informed by the principles contained in the Welsh Mental Handicap Strategy.

Child Protection

22. Welsh Office Guidance sets out the role of Social Services Departments, the NHS and other agencies (see Chapter 2). Guidance has been issued on the disclosure of information by health

professionals.

23. **Prevention of Child Abuse:** All health service staff have a duty to protect children. GPs, especially those involved in child health surveillance, health visitors, and school health services are well placed to identify risk factors and harm at an early stage.
24. **Joint Working for Abused Children:** (see Chapter 2). Where abuse is suspected agencies should follow the procedures for working together produced by their Area Child Protection Committee.
25. It is essential that the views of all agencies who may have been involved with the child, including the child's GP, are incorporated in the subsequent case review.
26. **Adoptions:** There should be agreed procedures for medical examinations and assessment reports for children placed for adoption and for applicants for adoption.
27. **Substitute Carers (eg Fostering):** There should be a nominated medical advisor to comment on the health of such carers.

CHAPTER 8: RESPONSIVE CARE FOR CHILDREN

28. **Informed Choice:** (see Chapter 1). The consent of the parent/guardian should, wherever possible, be obtained to treat children under 16 years old. Where a child has sufficient understanding and intelligence to give or withhold consent a note should be made of the factors taken into account. Normally a child seen alone should be encouraged to inform his/her parents.
29. **Disability Discrimination Act:** The providers of NHS care should comply with the legal requirements of the Act.

Child Health Services For School Age Children

29. **School Health Services:** Reviews should be carried out on the current school health services. No changes should be made unless parents, Local Education Authorities and schools have been consulted.
30. **Health Authorities** are reminded that although the duty to provide for the medical and dental inspection of pupils in school does not extend to the independent sector, this does not detract from the other duties that authorities have in relation to children in independent schools. The provision available for children in independent schools should be reviewed.
31. **Children with Special Educational Needs:** All agencies are statutorily required to have regard to the Code of Practice on the Identification and Assessment of Special Educational Needs.

32. **Safety and Security:** The child's safety is paramount and it is essential that all areas implement the recommended standards for safety and security.

33. **Responsive Staff:** There should always be 2 nurses holding the RSCN or Project 2000 Child Branch qualification on duty in hospital children's departments and wards, and one to advise on the nursing of children in other departments. The standard relating to nurses having the skills to care for children also apply to Mental Health and Learning Disability.

CHAPTER 9: RESOURCE EFFECTIVENESS

34. **Balance of Providers:** Health Authorities and GP Fundholders should not make changes to child health services, particularly in the community, without first determining the extent of need, the value of current provision or the impact of changes on complementary services provided by other agencies.

ANNEX 3

HEALTH AUTHORITIES GOOD PRACTICE EXAMPLES AND COMMENTS

Gwent Health Authority

Gwent HA identified the need for continued funding support for programmes such as Sure Start and Children & Youth Partnership, in order to avoid problems over providing limited 3-year schemes, both related to staffing and to the projects themselves.

Special Interest Good Practice

Children and Youth Partnership

Young Carers Information Pack

Child and Adolescent Mental Health Services

Substance Misuse Project

Sexual Health Strategy

Health needs of children and young people looked after by Caerphilly Borough Council

North Wales Health Authority

North Wales HA provided a detailed response to the Waterhouse Report and to innovative projects involving partnerships between agencies.

Child and Adolescent Mental Health

Sure Start

Special Education Needs

MMR Myth-buster pack

Nursing practice development posts in Ysbyty Glan Clwyd for very sick children

Health Visitor training scheme

Iechyd Morgannwg Health Authority

Sure Start, Children & Youth Partnership - On Track Initiatives

Youth Offending Teams

Children's Community Team, Bridgend

Child & Adolescent Mental Health Service Community Intensive therapy team funded by Local Health Group

Specialist Nurse for children with complex needs

Sexual Health project for young people

Special needs Forum

Young Carers Project

Local Authority transition to adulthood policy development

Bro Taf Health Authority

Bro Taf HA highlights the lack of formal structures requiring disparate organisations to co-ordinate care and no ring fenced budget for child care across the statutory authorities. It identifies the need for a

critical review of child health surveillance and that the transition between childhood and adolescence is not addressed.

The Health Authority urges the National Assembly for Wales to set as a priority the improvement and investment in School Health Services.

Dyfed Powys Health Authority

In the Dyfed Powys Annual Report by the Director of Public Health, priority areas are outlined for modernising the approach to planning, co-ordinating and delivering children's health services in the County. Particular reference is made to:

Sustainable Designated Doctor service

Review of entire child health services in Dyfed Powys by the Clinical Futures Group

Development of Child and Adolescent Mental Health Services

Improved partnership working

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Jane Hutt