

**Date:** Wednesday 6 June 2001

**Venue:** Committee Room 3, National Assembly for Wales

**Title:** Health and Wellbeing of Children

### **Purpose**

1. To update the Committee on policy and practice developments in the area of health and wellbeing of children and to invite the Committee to select an area of children's health to focus on in more depth in the autumn with a view to developing policy in that area.

### **Recommendation**

2. The Committee is recommended to consider an examination in one of the following areas: health of school age children, children's tertiary services or special educational needs and disabilities.

### **Timing**

3. This paper is presented following a decision taken at the meeting of the party health spokespersons to look at issues in the area of children's health. The Committee will want to programme space for further policy development work into the programme of meetings from October 2001.

### **Background**

4. "Better Wales", the strategic plan of the National Assembly sets out a long-term vision of Wales as a place which "values its children and where young people want to live, work and enjoy a high quality of life" The consultation document "Children and Young People - A Framework for Partnership" made proposals to realise the aspirations in "Better Wales".

5. Attached at Annex A is a review of policy and practice developments in the area of health and wellbeing of children.

### **Future work of the Committee on the health of children**

6. If the Committee wished to devote time to the health of children there are three possible areas that they might consider are appropriate for a much deeper and fuller examination: a) the health of school age children; b) tertiary children's services and c) special educational needs and disabilities. Each of the areas has been chosen as being areas where the Committee has not previously focused and are areas where there is a need for joined up work. The 3 areas are explored further below.

### **The health of school age children**

7. Children's health can be divided into pre and post entry into school. An examination of the health of school age children could encompass the following:

- Health promotion in schools, including healthy lifestyle choices (e.g. healthy eating and not smoking).
- Healthy choices about risky behaviour (e.g. sexual health and substance misuse).
- Health education as part of the school curriculum.
- Emotional behaviour (Child and adolescent mental health).
- Accidental injuries in school age children.
- Role and provision of school nurses.
- Health of looked after children.
- Immunisation.
- Oral health (fluoridation is being separately considered by the Committee).

8. This is an important area where little new policy work has been done in recent years in Wales and where there is considerable scope for joined up working between health, education and social care services. There is likely to be direct results in terms of contribution to work on social deprivation, equality of access and opportunity, tackling inequalities and promoting sustainable development. Work on this area would fill a policy void between services for pre-school children (e.g. via SureStart) and services for young adults.

### **Children's tertiary services**

9. An examination of children's tertiary services could encompass the following:

- The report of the Inquiry into the management of the care of children receiving complex cardiac services at the Bristol Royal Infirmary (BRI).
- Review of tertiary services by the Specialised Health Services Commission for Wales (SHSCW).
- Tertiary child and adolescent mental health services.
- Proposals to develop a children's hospital in Cardiff.

10. These are important issues which will impact on future health service planning in Wales. It is anticipated this report on services at BRI will be published later this year.

## **Special educational needs and disabilities**

11. Children with special educational needs and disabilities are part of the category of children in need who require co-ordinated services. The Children First programme is the initiative that drives services for this category of children. The national curriculum, qualifications, school administration and organisation are all matters which fall to the Education and Life Long Learning Committee. However the Health and Social Services Committee have an overlapping interest with that Committee in respect of children with special education needs and disabilities and any work could perhaps be best jointly with that Committee. An examination of special educational needs and disabilities could encompass the following:

- Speech and language therapy.
- Autism and dyslexia.
- Provision for physically disabled.
- Joint working between the NHS and local education authorities
- Assessment, treatment and evaluation of service outcomes.

12. This is a very important area and one where there are also critical links between education, health and children's services. However the Cabinet Sub-Committee on Children and Young People is likely to focus on SEN and Children in Need in the near future. Their work could provide a good basis for a discussion on policy implementation by the Committee at a future date.

## **Advice**

13. The Committee will wish to consider these options for further policy development work and in particular consider the merits of looking in the first instance either at work on meeting the health needs of school aged children or at children's tertiary services.

## **Methodology for undertaking further work**

14 Should the Committee wish to develop policy in any of the areas of children's health this could be undertaken as follows:

- Meeting 1 - confirm remit, identify witnesses and invite written evidence
- Meeting 2 and 3 - evidence taking sessions
- Meeting 4 - consider draft report

**Jane Hutt**  
**Minister for Health and Social Services**

## **Children's commissioner**

The Commissioner has been established initially by virtue of Part V of the Care Standards Act 2000 to reflect Sir Ronald Waterhouse's recommendations on the establishment of a Commissioner in his report 'Lost in Care'. The Commissioner's functions under the Act extend to all social care services for children to be regulated by the Act, including children's homes. Peter Clarke, the first Commissioner, took up office on 1 March 2001 and is expected to become operational this summer, when relevant Assembly regulations, currently out to consultation, should come into force.

However the Assembly's policy is to establish a Children's Commissioner for Wales with wide-ranging functions, whose scope extends to *all* children in Wales and not just those receiving services regulated by the Care Standards Act. The Children's Commissioner for Wales Bill, currently before Parliament will widen the office of the Commissioner. It is expected to receive Royal Assent this session.

## **Children and Young People's Strategy**

The Strategy will provide a comprehensive framework for the range of services that the Assembly oversees for children and young people. It will aim to ensure that authorities and agencies work together under a common framework of values, objectives and priorities to tackle uneven provision, raise standards and improve quality of outcomes for those most in need.

Draft planning guidance is being prepared which will set out in more detail the context and scope for community planning arrangements, links to other plans and time tabling issues. This will be issued in time to inform debate in consultation events in July.

Given the extension to the consultation period and final issue of the Framework at the end of this year, the new arrangements for bringing together funding schemes are now planned for implementation from April 2003.

The Framework gives high priority to the participation of children and young people in the decisions that affect them and proposes to establish local structures, based upon Youth Forums that are already in place in many local authorities. This will link children and young people into the community planning process being established under the Local Government Act 2000.

The first phase of the Young Voice-Llais Ifanc project showed just how important it is to develop and support youth empowerment and participation networks. We are about to consult on how the views of

children and young people can best be taken into account at both local and national levels within a restructured and refocused Young Voice-Llais Ifanc, for which a proposal has been drafted with the involvement of children and young people themselves.

The Frameworks paper was issued in December and the time scale for consultation is to end in July. Eight consultation events have been arranged across Wales during July. Four will involve young people and will include discussion of the Extending Entitlement proposal. Four events have been arranged for professionals to consider the Frameworks paper. The final version will issue in December 2001.

## **Carers Strategy**

Caring about Carers - A Strategy for Carers in Wales, Implementation Plan was launched in July 2000. This strategy outlined a number of action points including the independent assessment of need and issues for young carers. Two research projects are being undertaken, one of which is focussing on the perspectives of children and young people who have a caring role and are therefore young carers, this is due for reporting back to the Assembly during June 2001.

Consultation on the Guidance and Regulations under the Carers and Disabled Children Act 2000 has taken place. The Guidance and Regulations are due to come into force in the summer of 2001. The Act provides local authorities with powers to carry out carers' assessments and to provide services directly to carers for the first time, opportunities for carers will increase and their lives will be enhanced.

Consultation is underway for this year's Carers Special Grant Report. The Assembly is encouraging local authorities to be even more inventive in the breaks they provide and to plan ahead to ensure that this money is spent quickly and appropriately. It is hoped that with the additional powers given to local authorities under the Carers and Disabled Children Act 2000 that there will be plenty of scope to meet the real needs of all carers in the most appropriate way.

Increased levels of funding have been agreed in relation to carers both under the Carers and Disabled Children Act 2000 to assist local authorities to carry out carers assessments, the development of the Carers Strategy and the Carers Special Grant. This totals over £19 million over the next 3 years.

During the week of the 12 June 2001, there will be a number of debates on carers' issues. The report on the first year of the Carers Strategy and the launch of its next stage; consideration of the Carers and Disabled Children Act 2000 Regulations, and the Carers Special Grant Report; and also a general debate on carers issues.

## **Children (Leaving Care) Act 2000**

This Act covers new arrangements in Wales to support young people (aged 16 - 17) leaving local authority care. The Act will come into force on 1 October this year.

## **Children First**

Children First was introduced in April 1999 in response to the report by Sir William Utting on safeguards for children living away from home. Its aim is to improve the quality and management of local authority children's social services in Wales. Local Authorities are required to submit full progress reports against plans and targets for 2001-02 by 31 March next year.

As part of this programme local authorities are required to improve placement choice and stability for children who are looked after. A task group has been established to develop a strategic framework for local authorities - draft due in the autumn.

There is clear evidence from inspection and research that children and young people who are looked after away from their homes have greater health needs than their peers. Adolescents moving into the looked after system are least likely to access health assessment but are most vulnerable to risk taking behaviour and early pregnancy.

Guidance on health care planning, including a strong health promotion message, is being drafted. The guidance is expected at the end of the year.

The education of children looked after by local authorities has in the past been characterised by fragmentation and high levels of failure. The Assembly is due to publish revised guidance on the education of looked after children in summer 2001. The main points of action proposed are:

- a Personal Education Plan (PEP) for every looked-after child;
- Secure education placement at same time as care placement;
- maximum time limit of 20 school days to set education placement;
- Local Authorities to establish protocols for information sharing; and
- a designated teacher in every school

This action will assist authorities in meeting the Assembly's targets for improving the attainment of the looked after children. The targets are: 50% of looked after children to achieve one qualification by 2001, rising to 50 % of children looked after achieving two GCSEs by 2002, rising to 75% achieving two GCSEs by 2003.to 75% by 2003.

## **The Youth Justice Agenda in Wales**

The impact of youth crime for the victims, local communities, young offenders and their families is significant in terms of their collective health and well-being. The Crime and Disorder Act gave the Youth Justice Board responsibility for delivering its intention to reduce the level of youth offending.

The National Assembly supports local authorities in addressing the factors that contribute to social exclusion; links the Youth Justice Board's work on youth justice measures with health, education,

welfare and community renewal strategies in Wales; and ensures that perspectives and issues particular to Wales are taken into account in the development of the broader youth justice agenda.

## **Sure Start**

Sure Start provides integrated, locally based services to support families with very young children. The programme aims to improve the health, social and emotional development and the ability to learn of very young children so that they are ready to thrive when they get to school. It aims to improve health by supporting parents in caring for their children to promote healthy development before and after birth. The programme aims to see a reduction in proportion of low weight babies and in the number of children admitted to hospital as an emergency during their first year of life with gastro-enteritis, a respiratory infection, or a severe injury.

These aims are being achieved through projects run by the local partnerships. For example several schemes are being run that encourage new mothers to breastfeed their babies. There is strong evidence emerging that breastfeeding helps reduce the risk of gastro-enteritis and respiratory infections. There are also schemes running that loan safety equipment, such as safety gates, fireguards and cooker guards, to families on low-incomes.

Many Sure Start partnerships also have projects to help parents of children with special needs.

## **Framework for Assessment of children in need and their families**

The framework will be published in Wales later this month. Practice Guidance to be published alongside the framework will include the needs of children from black and ethnic minorities and disabled children and their families.

## **Adoption review**

Following the Prime Minister's review of adoption and the subsequent White Paper "Adoption - a new approach", officials are reviewing the proposals set out in the White Paper. A task group has been set up to look at improved placement choice and stability.

**The Assembly's plan for the NHS 'Improving health in Wales'** identifies the following action for children's services:

- a review of the highly specialised hospital services for children (tertiary services) including neo natal intensive care provision by the Specialised Health Services Commission for Wales, will report in 2001;
- a strategic review of the health and other health services needs of children in Wales will be undertaken by 2002; and

- the Learning Disabilities Advisory Group's report to the National Assembly will be put out to consultation during 2001.

## **Strategic review and National Service Framework (NSF) for children**

The Health Challenges Task and Finish Group for the Implementation of the NHS plan is charged with looking at the actioning of the strategic review of health and other health service needs of children in Wales. At around the same time as the issue of the NHS plan, the Department of Health announced that they plan to develop a National Service Framework (NSF) for children. NSFs set national standards and define service models for a specific service or care group, put in place programmes to support implementation and establish performance measures against which progress within an agreed timescale will be measured. If Wales joins in with this NSF, this will go a long way towards implementing the NHS plan action point.

## **Tertiary Services for Children**

The Specialised Health Services Commission for Wales (SHSCW) is currently reviewing Tertiary Services for Children. The objective of the review is to define tertiary services for children and to identify access to such services by the children of Wales.

One of SHSCW's immediate priorities following its establishment was to review paediatric cardiac services across Wales. A proposal has been made to appoint 3 paediatric cardiologists, based in South Wales, to work jointly between Bristol and the University Hospital of Wales. This will be subject to public consultation.

The Minister's agreement has been sought to consult on the 'Publication of Standards for the Paediatric Intensive Care (PIC) Service Framework'. SHSCW was asked to produce a Service Framework for PIC by the Assembly in April 1999. These Standards are to be issued by the Assembly to the NHS in Wales to achieve the best outcomes for the children of Wales, which are being adversely affected by the failure to implement common standards across the region.

## **Children's Hospital**

Proposals to develop a Children's hospital on the University Hospital of Wales site have been under development for some years. The development is intended to achieve the rationalisation of acute paediatric services for Cardiff and the Vale of Glamorgan and would provide tertiary paediatric services further afield. The scheme is being developed by Cardiff and Vale NHS Trust and proposes a three phase development with a total capital cost of £21 million.

Phase 1a was approved by the National Assembly on 18 January 2000 and involves the construction of two new paediatric wards of 24 beds. 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, as suggested by the Trust, the capital costs of approximately £3.7 million would be funded from charitable donations.

The approval given to phase 1a does not on any way confer or imply approval to any subsequent phases of development. Cardiff and Vale are developing an outline business case for phase 1b for Assembly consideration in the next two months.

## **Mental Health**

The draft Child & Adolescent Mental Health Services Strategy has now been consulted on and was well received. A final document is planned to be issued this summer.

## **Carlile Review**

In September, the Assembly Minister for Health and Social Services established 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 consists of childcare experts drawn from the NHS and social services. The review is considering the whole spectrum of NHS care from primary health care and community NHS services through to specialist children's services. The panel is expected to present its report at the end of this year.

## **Breast Feeding Strategy**

Breast feeding is recognised to provide the best nutritional start in life for the baby, as well as having health benefits for the mother. The Assembly has developed a breast feeding strategy that aims to improve initiation and continuation of breastfeeding in Wales. The strategy was launched for consultation on 9 March 2001.

## **Antenatal Screening Programme**

Screening programmes during pregnancy help to identify specific health problems that may effect the baby. The objective is a uniform service developed nationally to inform choices of pregnant women and to maintain standards in Wales. Work has commenced on a baseline study and option appraisal as the first step in developing an effective and appropriate antenatal screening programme.

## **Childhood Screening and Surveillance Programme**

This programme which aims to identify specific health problems at an early stage is currently under review. Screening for biochemical abnormalities takes place in the newborn period to make early treatment possible. This programme is kept under review as technological developments and the results of large population studies increase the number of conditions for which this form of screening is appropriate. Some conditions in childhood are picked up during examinations carried out routinely at

certain ages. This also is subject to regular review to update the programme in the light of new knowledge.

Preparatory work has begun on universal neonatal hearing screening. In Wales a mapping exercise is being undertaken to describe current services which, together with the results of the pilot programmes elsewhere, are expected to inform subsequent roll out in Wales.

## **Immunisation**

In Wales there are currently five vaccination programmes protecting children against a variety of diseases. Children/infants routinely receive the DTP-Hib vaccine (diphtheria, tetanus, pertussis (whooping cough) and haemophilis influenzae B), MMR (measles Mumps and rubella), and polio vaccine. The routine schools programme for BCG vaccine (tuberculosis) was suspended in September 1999 because of vaccine supply difficulties and since then only vaccine for "at-risk" and "contact" immunisation has been available. The supply problems have now been resolved and the routine programme is being reintroduced. The programme to protect children against Meningitis C is complete and has been a success with reductions in the incidences of the disease.

## **Health Visitors and School Nursing Services Review**

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. An executive summary of the report was circulated widely in Autumn 2000 and comments are currently being collated to inform work on primary care and children's services.

## **Continuing Care of Children**

Continuing care is provided for children and young people with life threatening and/or life limiting conditions 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 July 1999.

## **Childhood Mortality**

With effective control of infectious disease, through improved living conditions and safe and effective immunisation, childhood mortality has decreased markedly, until now it is relatively rare for a child to die.

The cause for most congenital anomalies is poorly understood, but for some conditions links have been made with factors such as poor nutrition and young age of mother, which are linked to social deprivation. Any link with environmental agents is difficult to prove, but detailed monitoring is particularly important in this context. We have an excellent monitoring system in Wales (Congenital Anomaly Register and Information Service - CARIS).

Low birth weight is an important factor in perinatal mortality and this is linked with young maternal age and also smoking during pregnancy, although we do surprisingly well in Wales.

## **Accidental Injury**

The biggest single cause of the greatest number of deaths is accidental injury. In Wales this accounts for between 50 - 70 deaths every year. There is concern over the link between social deprivation and childhood accidents. For example toddlers living in rented accommodation are at particular risk. Child pedestrian deaths are also related to areas of greater deprivation. Using the All Wales Injury Surveillance System (AWISS - all ages) we are undertaking considerable surveillance of child accidents in Wales.

Wales is a centre of excellence in this field. The Minister recently opened the Collaboration for Accident and Injury Control (CAPIC) website that draws together research into epidemiology of injuries and preventative measures. CAPIC is a network of researchers and professionals working to improve the injury profile in Wales. It is co-ordinated by the department of Public Health, University of Wales College of Medicine.

Using a grant from the Assembly, Child Safe Wales is producing a report that will offer guidance to Local Health Groups and Local Health Alliances, based on a review of their needs, about effective measures and working practices to reduce childhood injuries in Wales. A workshop of multi-agency professionals working in the field of injury prevention throughout Wales has produced recommendations and practical guidance for this report.

## **Child Health Information Review Project**

The Child Health system is a computer system that records information about all children in Wales. The Assembly is considering the present 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. An assessment has been made of the information presently collected and of the problems with the current systems. Phase 2 has now been commissioned to make recommendations on a minimum/core data set for children; the method of collation of data to allow for a national repository of child health data for Wales; and how the data should be captured.

## **Health Promotion**

Health Promotion for children and young people requires a comprehensive and holistic approach. This involves the development of knowledge and understanding, attitudes, values and skills related to a whole range of health issues. Approaches will vary with the age of the young people, but should all be supported by the development of a healthy environment which reinforces that which is taught.

The Welsh Network of Healthy School Schemes (WNHSS) was launched by Jane Hutt in September 1999. A national framework for Healthy School Schemes was then issued to all health authorities and education authorities in Wales. It presents national aims from which local criteria can be derived and offers advice on an incremental introduction of activities. An accreditation process is in place by which local schemes will be accredited as part of WNHSS. All local authority areas have accepted the funding offered and are developing schemes e.g. to encourage fruit tuck shops, and to support other national initiatives.

The National Assembly for Wales is offering a co-ordinated range of initiatives which will make it less likely that young people will begin to smoke and which will help them stop, targeted at young people of different ages. A holistic approach is advocated. These initiatives include 'Smokebugs' for 8-11 year olds (young members of the club pledge not to smoke), A 'Smokefree Class Competition', 'smoke signals' and 'Burning Issues' education pack, and Tobacco Action Groups (TAGs) are being initiated in Gwynedd and Swansea, with funding from GlaxoWellcome as part of their RightFit initiative, and work is beginning on pilots re adolescent smoking cessation.

Our health promotion website for schools currently contains information on nutrition for primary schools. In April 2001 it was extended to deal with tobacco issues for both the primary and secondary sectors.

## **Sexual Health and Young People**

The sexual health of young people is a matter of concern in Wales. In particular, high rates of teenage pregnancy and increasing rates of some sexually transmitted infections, such as chlamydia.

The *Strategic framework for promoting sexual health in Wales* recognises that well designed sex education programmes and access to sexual health services plays an important role in enabling young people to make positive choices about their sexual health and to protect themselves from risk. Outlined in the Strategy, are a number of proposals designed to ensure that all young people in Wales receive effective education about sex and relationships as part of their personal and social development, and have access to good quality sexual health advice and services.

## **Learning Disability Advisory Group**

At the end of 1999, the National Assembly established a Learning Disability Advisory Group to draft a framework for services for people with learning disabilities. The aim is to give people with learning disabilities, their families and carers a clear picture of the services and support they are entitled to from

statutory authorities.

The Group's Report to the National Assembly is due at the end of May 2001. A wide consultation on its proposals will follow.

### **Children with Special Educational Needs and Disabilities (SEN)**

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.

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.

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.

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.