

NICE/SCIE guidance on ‘The physical and emotional health and wellbeing of looked after children and young people’.

Commentary from the Healthcare Commission
January 2009.

Introduction

The Healthcare Commission is the regulator of NHS and independent sector health service in England. We check the quality and safety of healthcare provided by the NHS and independent organisations, promoting improvements to patients.

From April 2009, the functions of the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection will merge to form a single regulator, the Care Quality Commission (CQC).

The new regulator will have responsibility for registration and regulation of health and adult social care. Ofsted will continue to regulate children’s social care and education and it is expected that the positive relationship between Ofsted and the Healthcare Commission will continue with CQC.

The Healthcare Commission currently regulates individual organisations within the NHS and independent sector, assessing them against Government standards, priority targets, and safety criteria with financial data assessed in conjunction with the Audit Commission. Our regulation systems are based on self-assessment and monitoring of key indicators, supported by a visiting and inspection programme that cross-checks declarations.

Cross-checking is carried out using a substantial repository of weighted, processed data that enables the healthcare Commission to assess individual organisations against risk of non-compliance. This influences our inspection programme and enables us to Quality Assure the self declarations effectively. Where non-compliance is detected or declared, the Healthcare Commission monitors an organisation against its improvement plan, and liaises with Strategic Health Authorities to promulgate sustainable improvement.

Supplementing these inspections and assessments against Core Standards, the Healthcare Commission also conducts a programme of reviews and studies which provides a “deeper dive” into a specific theme – for example diabetes care, maternity care and emergency services. Over the last 3 years, the Healthcare Commission has worked alongside Ofsted and other inspectorates to assess children’s services authorities under the three-year Joint Area Review (JAR) programme, focussing particularly on the services planned and provided for Looked After Children, including Child and Adolescent Mental Health services (CAMHs), access to therapies and other public health interventions.

Increasingly children’s services are working together to provide seamless care across agencies, supported by proposals to increase the powers of children’s trusts, and the requirements of the Children Act 2004 for Directors of Children’s Services to be accountable for provision locally. Health services play an important part in this framework, for commissioning and provision of health services, and responsibility for safeguarding across health agencies, yet the leverage possible on health services by Local Authorities and Directors of Children’s Services is not always clear.

Our findings from the Joint Area Reviews have served to inform our local teams where improvements are needed and where authorities and PCTs, may need to support services further, and a formal report into our findings will be published in March 2008. Overall we have, over the three years of inspection, noticed improvements generally across the health and service provision of Looked After

children. Whilst this is encouraging, there is still a long way to go, particularly around teenage pregnancy, and access to emotional and mental health support.

Healthcare Commission involvement in reviews makes a great difference to their effectiveness; all the work is evidenced openly and the scoring systems and assessment framework are available for view. Reports are clear and accurate and do not hesitate to provide judgements and ratings to enable performance management by Strategic health Authorities where this is required. Reviews enrich our knowledge and that of the healthcare community, generating detailed information across services which provide robust benchmark data and for some projects, an inspection presence on site can be a clear source of new, secure evidence, which is then analysed for best effect against our core standards.

Fundamental to the Healthcare Commission's work however, is the existence of clear, evidence-based standards. These enable us to define a clear assessment framework and test compliance against agreed thresholds. Where standards are not available, or are not absolute (for example guidelines or "best practice") it is much harder for the healthcare Commission to assess and influence improvement, and we would need to make comparative judgements which are open to challenge and harder to use for improvement.

There is a significant lack of reliable, national data for Looked After Children's health. Whilst many authorities have signed up to the Healthy Care programme, data to support our assessment is patchy and inconsistent. DCSF gathers a considerable dataset relating to education and placements activity but the sole national indicators for health are evidence of an annual health assessment and dental checks. It is important that better, effective indicators are available for the Healthcare Commission, CQC and SHAs to monitor performance of health organisations in addressing the specific needs for children who are looked after.

In conjunction with Ofsted, the Healthcare Commission is proposing a three-year programme of reviews of local children's services authority arrangements (including health) for safeguarding and the care of Looked After Children, to commence in 2009-10. Details are still being finalised but this is likely to comprise a short site visit by a multi-agency team of inspectors and interviews with key staff in addition to data collection and analysis. The programme is likely to be reviewed annually and the production of guidelines or, ideally standards from the NICE/SCIE group will significantly enhance the impact of the review work, since the inspection can start to gather data against an agreed and focused set of evidence-based criteria. It is important to pull out the impact of health organisations themselves within a partnership – assessing joint working is only truly effective if there is a mechanism for performance management of individual organisations should that be necessary and clear guidelines together with the assessment systems of CQC and the performance management role of SHAs, Monitor and PCTs themselves should effectively provide that closure.

In conjunction with the forthcoming DH strategy for the health of looked after children the Healthcare Commission welcomes the production of this guideline, and whilst unable directly to speak for the CQC, anticipates that the material produced will be of immense benefit to the new regulator and its partners.