



Looking after Children in Primary Care

**A companion to the
Children's National Service Framework**

**Edited by Ruth Chambers and Kirsty Licence
Foreword by Al Aynsley-Green**

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Foreword

The Children's National Service Framework emphasises the real commitment across the NHS to improve health services for children. But the NSF goal to improve the lives and health of children and young people goes beyond the NHS – to education, social care and the voluntary sectors too. With the NSF we recognise that children and young people are not 'little adults' and deserve health services designed for their needs and preferences. We want to find ways to deliver healthcare to children and young people and their parents or other carers, so that they feel comfortable using them, can participate in making decisions about their management, and receive the best care we can offer within our resources. We expect that the NSF will lead to an increased focus and investment by all those responsible for children's and young people's health and wellbeing as they work in more joined up ways in their localities.

This book has been developed as a companion to the Children's NSF for those working in primary care. We know that setting out policy is just the first step. Everyone involved in children's and young people's care, from frontline clinicians and support staff to managers at all levels, must work out ways of matching policy with action to improve the care they provide for children and young people. This book helps you do just that.

Many of the professionals leading on the NSF have written chapters here with tips and guidance on how the NSF can be implemented in primary care – in your practice – tomorrow. They remind you that children and young people come from all sorts of backgrounds and circumstances – some with disabilities, others in care, some with loving parents and others without support. If you want to improve the care you provide to your young patients and their parents, read on – I am sure this book will help you and your team craft the care your young patients deserve.

Professor Al Aynsley-Green
National Clinical Director for Children
October 2004

Preface

How this book fits with the Children's National Service Framework

This book has been written as a companion to the Children's National Service Framework (NSF) to help you to put the NSF into practice in primary care. Most of the chapter authors chaired or participated in one of the eight External Working Groups (EWGs) of the NSF. The book includes much of their background material and evidence that went into the evolution of the final Children's NSF as it relates to primary care. The authors have taken the opportunity to expand on the vision, themes and goals within the published NSF and recommend tried and tested ways for implementing best practice in primary care settings.

The vision and standards of the various themes of the Children's NSF are reproduced in the Appendix at the back of this book. The chapters are written around the themes and priorities for primary care so you will need to refer to the relevant standards that underpin each chapter as you read through the book.

We hope that by reading and using this book, you will be able to improve the children's services you provide in your everyday work in primary care, whether you are a health professional, support worker, manager or policymaker. The scope of each chapter is applicable to children's healthcare anywhere in the Western world, so although the Children's NSF relates to England, those in other countries in the UK or beyond will be able to generalise from the contents of this book to their own workplace.

Gathering the evidence for the Children's NSF

The NSFs set the standards for the provision of NHS care in key clinical areas, alongside the work of the National Institute for Clinical Excellence (NICE) and are based on the best available evidence. 'National Service Frameworks will bring together the best evidence of clinical and cost-effectiveness with the views of service users to determine the best ways of providing particular services.'¹

The evidence base for the interventions set out in the Children's NSF was collated by a small team of researchers, who gathered evidence to meet the generic guidance set out in *A First Class Service*,¹ including:

- the rationale behind each key topic or standard. This included the importance of the topic in determining health, prevalence of associated health effects, issues of inequality and current provision of services
- the evidence for the effectiveness of interventions set out in the NSF, including the populations and settings in which different interventions have been shown to be effective and the potential size of the effect. Evidence of cost-effectiveness was also sought
- gaps in the evidence base to guide future research.

A categorisation of evidence was agreed by all the researchers contributing to the Children's NSF (*see* Box P.1). This was based on the system used in the Older People's NSF.² This categorisation is used in Chapters 6, 8, 9 and 12, the four chapters that present the evidence base commissioned from the healthy child and young person EWG.

Box P.1 Categorisation of evidence used in the Older People's and Children's National Service Frameworks

A1

Systematic reviews which include at least one randomised controlled trial (RCT) (e.g. systematic reviews from the Cochrane Library or the NHS Centre for Reviews and Dissemination)

A2

Other systematic and high-quality reviews which synthesise references

B1

Individual RCTs

B2

Individual, non-randomised experimental/intervention studies

B3

Individual well-designed non-experimental studies, controlled statistically if appropriate

C1

Descriptive and other research or evaluation not in B

C2

Case studies and examples of good practice

D

Summary review articles and discussions of relevant literature and conference proceedings not otherwise classified

CE

Evidence from economic studies, including cost-effectiveness analysis,
cost-benefit analysis and option appraisal

Evidence from expert opinion

P

Professional opinion, including reports of committees, inquiries,
Social Services Inspectorate (SSI) reports

U1

User views – children

U2

User views – parents/carers

Where available, NSF researchers used recent high-quality reviews as the main sources of evidence. On topics where no good recent review could be identified, the primary literature was searched and appraised. Members of the NSF EWG (see www.dh.gov.uk for membership) also contributed evidence from their own areas of expertise. Because of the scope of the Children's NSF, the evidence base for different sections comprised different amounts of published and unpublished, primary and secondary, professional- and user-derived evidence.

In the areas of the NSF relating to health promotion for children and young people, the evidence base presented in this book relies principally on reviews and syntheses of primary and secondary research ('reviews of reviews'), which were readily available for most topics. These were identified from major quality assessed databases (Box P.2). Where primary research was used or where more formal bibliographic searches were carried out, the database used was PubMed. The evidence presented here does not profess to be a critical and systematic review of the available evidence. Instead, it brings together the conclusions of past reviews, systematic and narrative, identifying the interventions that are consistently supported by analysis of primary trials.

Many of the papers referred to are available on the Internet through sites such as the Cochrane Library, the Health Development Agency evidence base, the NHS Centre for Reviews and Dissemination, the National Guidelines Clearing House and other sources (Box P.2).

Box P.2 Website addresses for main evidence sources and databases

- Cochrane Library www.nelh.nhs.uk/cochrane.asp
- UK Department of Health www.dh.gov.uk
- Health Development Agency www.hda-online.org.uk
- Health Education Board for Scotland www.hebs.scot.nhs.uk
- NHS Centre for Reviews and Dissemination www.york.ac.uk/inst/crd/ (for Health Technology Assessments, the Database of Abstracts of Reviews of Effectiveness, the NHS Economic Evaluation Database, Effectiveness Matters and Effective Healthcare Bulletins)
- National Guideline Clearinghouse www.guideline.gov
- PubMed www.ncbi.nlm.nih.gov/PubMed
- Scottish Intercollegiate Guideline Network www.sign.ac.uk

Ruth Chambers
Kirsty Licence
October 2004

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- 1 Department of Health (1998) *A First Class Service: quality in the new NHS*. HMSO, London. www.dh.gov.uk/assetRoot/04/04/48/91/04044891.pdf
- 2 Department of Health (2001) *The National Service Framework for Older People*. HMSO, London. www.dh.gov.uk/assetRoot/04/07/12/83/04071283.pdf

About the authors

Editors

Professor Ruth Chambers has been a GP for over 20 years. She was the co-chair of the Children's NSF External Working Group (EWG) on the healthy child and young person and is a member of the Children's Taskforce. She is currently a part-time GP, head of the Stoke-on-Trent Teaching Primary Care Trust (PCT) programme and clinical dean at Staffordshire University. She has published widely on healthcare topics including teenage pregnancy and sexual health and other clinical fields.

Dr Kirsty Licence is a specialist registrar in public health who was seconded part-time to the Department of Health (DH) to work on the Children's NSF. Her main role was to gather evidence for interventions across the key topic areas of the NSF that related to the healthy child and young person. Kirsty was a GP before switching to public health in 1998. She has worked on various initiatives during her public health training, in particular prevention of road traffic injuries, services for children and adolescents with mental health problems, local area profiling and health protection.

Contributors

Dr Ruth Bastable is a GP in Cambridgeshire, where she has worked for 25 years. She has always had an interest in children's issues and recently became interested in children in special circumstances. She works with or for GPs, general practices, PCTs, the Area Child Protection Committee, the Eastern Deanery and the Royal College of General Practitioners (RCGP).

Francine Bates is chief executive of Contact a Family. The organisation was set up in 1979 to help families with disabled children. Francine is a member of the Children's Taskforce and was chair of the NSF EWG on disabled children. She is a non-executive director of the Royal Marsden NHS Trust and a long-standing governor of an inner-city school for children with severe learning difficulties.

Dr Helen Bedford is a lecturer and researcher in children's health and Director of Child Health Monitoring at the Institute of Child Health. She

has a background in nursing and health visiting. Her main interest is childhood immunisation, particularly the determinants of vaccine uptake. She is a member of the Standing Committee of the Royal College of Paediatrics and Child Health on immunisation and infection. She writes and lectures widely on the subject for audiences of parents and health professionals.

Rob Chambers is employed as an apprentice joiner in industry. He works and socialises with teenagers and young adults from whom he collated insights about teenagers' personal habits and lifestyles and adolescent healthcare, for this book.

Dr Dick Churchill is a practising GP and part-time lecturer in primary care at the University of Nottingham. He has undertaken and published research in the areas of teenage health, teenage pregnancy, glue ear and the management of depression in general practice. He runs a clinical skills centre for undergraduate healthcare students in the medical school and is vice chair of the RCGP Adolescent Task Group.

Mary Crowley MBE is chief executive of the Parenting Education and Support Forum. Before she joined the Forum she was head of the adult education service of the London Borough of Waltham Forest. Mary created and directed the European Socrates *Dialogue* parenting education project with partners in six EU countries. In 2000, she was awarded the MBE for services to parenting education and family learning.

Dr David Elliman is a consultant community paediatrician working at Islington PCT and Great Ormond Street Hospital for Children. He is Chair of the Child Health subgroup of the National Screening Committee and co-editor of the fourth edition of *Health for all Children*. David sat on the healthy child and young person EWG. His main interest is immunisation and he has authored many papers on the subject, a large number in conjunction with Helen Bedford.

Dr Amanda Hampshire qualified as a GP in 1991. For the past 10 years, she has been a lecturer in primary care at the University of Nottingham and worked as a GP. She has been a job-share principal in a suburban practice working with a closely knit primary healthcare team. Mandy's clinical and research interests include child health and she has recently completed her doctorate, based on an evaluation of child health surveillance in primary care.

Dr Caroline Lindsey is a consultant child and adolescent psychiatrist and systemic family therapist at the Tavistock Clinic, London. She has been co-chair of the CAMHS EWG. She was previously chair of the faculty of Child and Adolescent Psychiatry at the Royal College of Psychiatrists. Caroline has a special interest in fostering and adoption and child protection work. She is

also involved in training GPs and primary health professionals and specialist registrars in child psychiatry using a systemic/narrative approach.

Professor Margaret Lynch is professor of community paediatrics at Guy's, King's and St Thomas's School of Medicine. She is the designated doctor for child protection for Southwark PCT. Margaret is a member of the Children's Taskforce and co-chair of the EWG on children in special circumstances. She has provided professional advice to the Department of Health as a member of the Climbie Response Team and to the Department of Education and Skills' (DfES) Child Death Screening Groups. Her work on child protection and children's rights has received national and international recognition. Margaret chaired the Royal College of Paediatrics and Child Health's Child Protection Committee until 2003 and continues to chair their advocacy committee.

Dr Ann McPherson is a GP in Oxford and lecturer in the Oxford University Department of Primary Care where she runs a research team looking at patients' experiences of health and illness. These are available on the website www.dipex.org. Ann writes books for teenagers with Dr Aidan Macfarlane, including the best-selling *Teenage Health Freak Series* and the www.teenage-healthfreak.org website. She chairs the RCGP Adolescent Committee, which is dedicated to improving teenager services in primary care.

Miss Heather Mellows has been a consultant obstetrician and gynaecologist at Bassetlaw Hospital since January 1998. She was previously clinical director for maternity and has been postgraduate clinical tutor since 1997. She has been the regional obstetric assessor for the Confidential Enquiry into Maternal Deaths since 1993. Heather has been involved in RCOG affairs for over 10 years and among other positions has been chairman of the Hospital Recognition Committee for three years. She is now junior vice president in charge of home affairs and has particular interests in maternity services as well as the assessment of competence and assisting doctors in difficulty. Heather was co-chair of the *maternity* EWG of the Children's NSF.

Professor Leon Polnay has worked in Nottingham since 1978 and is professor of community paediatrics. He was assistant secretary to the British Paediatric Association from 1990 to 1995 and chair of the British Association for Community Child Health from 1994 to 1998. Leon chaired the National Working Party on Health Needs of School Age Children from 1992 to 1995 and was the workstream lead for Secondary Care Services for the fourth edition of *Health for all Children*. He was one of the first two consultant community paediatricians appointed in the UK and works in the inner-city area of Nottingham. He is the author of two textbooks: *Community Paediatrics* and *Manual of Community Paediatrics*.

Meryl Thomas was co-chair of the maternity EWG. She has been a practising midwife for 35 years, holding a variety of posts in midwifery practice,

management and education. For 13 years, until its demise in 2002, she was the director of midwifery education, supervision and practice at the English National Board (ENB). Meryl devised and led the development of the National Audit and Annual Report on Visits to Maternity Services across England for the ENB. She led the establishment of midwifery education within the university sector and the development of the new curriculum. Meryl was made an honorary vice president of the Royal College of Midwives in 2000 and was awarded an Honorary MSc by the University of the West of England in 2002.

Marilyn Toft is head of the Schools and Young People's Health Team at the Health Development Agency and co-ordinator of the National Healthy School Standard. She is currently on secondment from Lewisham Education and Community Services, where her role is senior adviser for Personal, Social and Health Education (PSHE), which includes managing a local healthy schools programme, involving a partnership between three local education authorities (LEAs) and local PCTs, as well as leading continuing professional development services for teachers.

Acknowledgements

We are grateful to all those who have participated in the developing work programme of the External Working Groups (EWGs) of the Children's NSF from whom we have derived much of the material for this book. We have included examples of good practice sent into the Children's NSF teams from professionals working in health and social care – users and carers – from around the country.

We should particularly like to acknowledge the contribution of the Department of Health team that worked on the healthy children and young people module, led by Cathy Hamlyn and supported by Ruth Stanier, Geoff Rayment and Jane Rumble. Paul Ennals co-chaired the module, consultation with young people was enthusiastically organised by Jo Butcher and the overall compilation of the NSF was ably led by Claire Phillips.

The Children's National Service Framework and the vision for primary care

Ruth Chambers

The vision of the Children's National Service Framework (NSF)

The Children's NSF sets out a vision and range of national standards for children's and young people's health and social services, outlining what support should be available to children and their parents in managing and preventing a wide range of conditions and problems.¹ (See Appendix 1 at the back of the book.) This should drive up the quality of services, promote general health improvement and redress health inequalities.

The Children's NSF emphasises the promotion of evidence-based clinical guidelines and provides examples of good practice for children and young people, whatever their circumstances. The NSF addresses health inequalities – between various groups of children and young people and their parents or carers, in different settings. In addition, exemplars use particular problems to illustrate what the standards mean for children and their families and health, social services and education sectors working together with voluntary organisations and the public themselves. The Department of Health (DH) will publish exemplars and other examples of good practice on related websites and as toolkits, as more material is developed to support the NSF.

Implementing the NSF will require great changes in our attitudes towards children. The NSF is a 10-year direction of travel designed to revolutionise the care of children in England. Some of the changes, such as changes to the law to aid information sharing about risk factors between staff working in different organisations, will need action by the government. Others, such as issues around accountability, will need action to be taken by strategic health authorities (SHAs) and primary care trusts (PCTs) or individual practitioners. The formation of children's trusts will need action on a countrywide basis and not just from those working in the health sector, but also from education and social services. It is important not to be overwhelmed by the scale of these changes; real lasting change will depend on each of us playing our part.

The Children's NSF is the way by which the government's Children's Taskforce will deliver the NHS Plan in England, in respect of the quality of children's services.² The overarching aim for the NSF is to enable 'all children and young people to develop healthy lifestyles and to have opportunities to achieve optimum health and wellbeing within the context of high-quality preventive and treatment services if and when they need them. Children and young people should be supported/enabled to have the resilience, capacity and emotional wellbeing that allows them to play, learn, relate to other people and resolve problems in life'.³ Broadly, the NSF will put children, young people and pregnant women at the centre of their care – building services around their needs.

This NSF is different from the previous disease-based NSFs in that it relates to a large section of the population – children and young people and their families. Health, social care and education sectors and voluntary sector organisations will all be responsible for implementing the NSF, which concerns children and young people from pre-birth to their nineteenth birthday, covering the transition into both adult life and services. PCTs will be instrumental in achieving the standards of the NSF, supported by SHAs. The Children's NSF aims to describe outcomes, what good children's and young people's services look like, leaving practitioners to devise local arrangements to achieve good practice. This will take time though – the NSF is a means to an end and not an end in itself.

The principles upon which the policies and services for children and young people should be based were derived from the Children and Young People's Unit (www.cypu.gov.uk):

- centred on the needs of the young person
- high quality
- family oriented
- equitable and non-discriminatory
- inclusive
- empowering
- results oriented and evidence based
- coherent in design and delivery
- supportive and respectful
- community enhancing.

No one could argue with these ambitions for children's services. Children's services have been ignored for too long. Some question whether these ambitious proposals are realistic and achievable for GPs and their primary healthcare teams without hypothecated funding (that is, funding additional to the core NHS budget). There is little additional funding specific to children's services contained in the quality framework of the new General Medical Services (GMS) contract.⁴

There is a strong emphasis on services being designed around children, young people and their families and their needs. It is expected that PCTs will

work with local authorities to develop multiagency preventive services that meet the needs of this sector.

The first part of the NSF was published in advance of the full NSF in 2003, describing three standards for hospital services for children concerning:

- 1 child-centred hospital services
- 2 quality and safety of care provided
- 3 quality of setting and environment.⁵

Strong local leadership and children's champions with the ability and commitment to influence and drive change in partnership with local people (including children and families) are seen as key to the success of implementing the hospital standards.⁵

How the Children's NSF has evolved

The Children's NSF was drawn up in a similar way to the other NSFs, by professionals in the field working with public sector officials to recommend an NSF to government ministers. Eight EWGs composed of over 250 professionals were drawn from across health settings, social services, education and voluntary sectors, including service users and carers and key advocates for children's services. Many of the EWG members worked in practice and were in regular contact with patients or clients as well as having relevant senior or expert roles of some sort. The EWGs focused on: children who require acute or hospital services, maternity, child and adolescent mental health (CAMHS), children with disabilities, children in special circumstances (for instance, looked after children in local authority care), medicines management, the ill child and the healthy child and young person. Each group was supported by teams of experienced staff from the DH and other sectors, who undertook the drafting of documents and compilation of the overarching NSF.

In addition, parallel working groups focused on information, research and development/evidence, workforce and the built environment. These parallel groups considered the practice implications of the draft recommendations in the NSF, such as changes in skill mix or the need for premises and resources in order to improve access arrangements. As the interventions in the NSF became more defined, experts gathered evidence of their effectiveness and undertook an economic analysis.

Proposals in other key documents relating to child and public health were carefully considered and incorporated into the NSF's ongoing development.

There were local and national consultations between professionals from the NSF and the general public, throughout the drafting of the NSF. Consultations were undertaken that involved children and parents from vulnerable groups and not just those who were relatively easy to access. A primary care advisory group provided a reality check for the application of the evolving NSF in the primary care setting which led to a nationwide consultation. A consultation

organised by the Royal College of General Practitioners (RCGP) considered final drafting of the NSF in relation to primary care.

Addressing health inequalities

Promoting health and wellbeing and preventing illness means tackling the root causes of inequalities to enable all children and young people to achieve the best health possible. The main causes of mortality in the adolescent age group are accidents and self-harm. Injuries, self-harm and other risk-taking behaviour all show marked social class gradients in incidence and prevalence, for example increased risk of injury to child pedestrians and from fires and increased prevalence of smoking with lower social class. Addressing health inequalities requires a multiagency approach. Interventions profiled in the Children's NSF include helping children and young people to manage health-related risks, e.g. from smoking and substance misuse; preventing injuries and accidents; providing healthy settings in schools and other locations used by children and young people.

Box 1.1: Campaign targets second-hand smoking⁶

More than 40% of children and 20% of non-smoking adults are exposed regularly to second-hand smoke. The second phase of a campaign aimed at encouraging parents to give up smoking around their children and raising general awareness about second-hand smoking risks was launched at the end of 2003.

The campaign featured billboards, TV spots and cinema and press adverts with a slogan that appears to be written by a child in crayon: If you smoke, I smoke. It also included the distribution of bibs with the same slogan to all babies born in December 2003 and the promotion of survey results that show the majority of children dislike exposure to second-hand smoking.

Over the last century the risk of dying in infancy has fallen dramatically. In 2002, the infant mortality rate (the number of deaths of children under one year of age per 1000 live births) was 5.3 per 1000 live births in England and Wales. But infant mortality rates are 70% higher in the most deprived areas than the most affluent areas.⁷ The wider determinants of health such as income, employment, education and other social and environmental factors such as housing conditions all contribute to the relatively poorer health of children and young people whose families fall into social class 4 or 5 categories. This is why it is important to use the NSF to improve conditions for all children and young people to reduce health inequalities.

There are some practical examples of government initiatives to address inequalities, as with the free fruit initiative described in Box 1.2.

Box 1.2: Free fruit as part of healthy eating in schools

A free fruit drive is part of the government's '5 A DAY' programme, a plan aimed at increasing fruit and vegetable consumption. All children aged 4–6 years old in state schools in England are entitled to a free piece of fruit or vegetable each school day, according to the NHS Plan. This will involve the distribution of about 440 million pieces of fruit and vegetables to over 2 million children in some 18 000 schools across England. The programme has been rolled out across various regions of England with funding of £42 million from the National Lottery.

The government has also set aside £2 million for the new Food and Schools Programme, which will promote healthy-eating tuck shops, vending machines with less sugary products and improved nutritional content in packed lunches.

The aims of increased consumption of fruit and vegetables should be realised in terms of benefits in relation to heart disease and cancer as well as combating obesity.

Support for children and young people, their carers and families

The Children's NSF stresses the extent of good information, education, ongoing support and services that parents and carers need to help them to bring up healthy children. It has put an emphasis on helping hard-to-reach groups of parents and carers.

There has been widespread concern about the health and wellbeing of young people who provide informal care for family or friends with chronic illnesses. Around 114 000 children aged 5–15 years old act as informal carers in the UK. One study estimated that nearly 9000 children provide at least 50 hours of care per week and 18 000 provided at least 20 hours of care per week.⁸

Improving access to primary healthcare

Improving access to healthcare requires a more holistic approach than has been conventionally adopted in the past, concerning basic practice issues applicable to any healthcare environment.

- Assurance of confidentiality.
- Appointment systems.

- Staff training to be more receptive or responsive.
- Resources to address young people's health issues (e.g. free condoms).

Improving access might concern specific initiatives, for example:

- invitations to attend, such as via sixteenth-birthday-card invites to health review clinics
- special services for rural locations to overcome transport difficulties
- health clinics held on school or youth club premises (such as those described in Box 1.3)
- drop-in sessions in GP surgeries.

Box 1.3: Clinic in a box

Clinic in a box is a nurse-led service that was launched in 2000 and operates in 25 youth-friendly venues across North Staffordshire. The service was established to provide sexual health and contraceptive supplies to young people and, in response to requests from young people, has expanded to provide a general health service. Clinic in a box nurses provide information and advice around issues such as diet, relationships, alcohol and drug use, as well as support for safer sex and good sexual health. The teenage pregnancy team in North Staffordshire set up the scheme to reduce the rate of unwanted teenage conceptions in line with national targets.⁹

Improving access should result from better collaboration between public sector organisations (especially health, education, social care and youth services) or groups of general medical practices. For instance, core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders require initial assessment by GPs followed by the coordination of care across primary and secondary care. Good practice is to make a clear agreement about the responsibility for monitoring a patient with, for example, an eating disorder among individual healthcare professionals, which is put in writing and shared with the patient and, where appropriate, his/her family and carers. Good information and support in this case will include education and information on the nature, course and treatment of eating disorders and contact details of self-help and support groups.¹⁰

Some groups of young people have particular difficulties with access to services associated with issues arising from disability, poverty, ethnicity, being looked after and sexual orientation.

School nursing

School nurses are involved in a wide range of health-promoting and public health activities. A school nurse is a registered nurse who has additional

training, skills and knowledge that enable them to work competently with school-age children and young people in a range of settings, including schools. School nurses work in different ways to improve the health of individual schoolchildren and of whole school communities. In some areas school nurses work closely with primary care teams, collaborating over the organisation of GP surgeries held in schools or in relation to drop-in clinics for teenagers held in local GP surgeries. Some school nurses are involved in coordinating local healthy schools programmes (*see* Chapter 7), through school nurse secondments, while others have a more peripheral role.

Some of the work undertaken by school nurses in relation to local healthy schools programmes includes:¹¹

- confidential, one-to-one advice for young people, provided in a convenient and acceptable way to support them in managing their own health needs
- contributing insights into the health needs of the school community
- clinical knowledge and expertise that support school staff across themes
- linking schools with primary care – helping PCTs to understand the priorities and language of the education sector; helping schools to understand their contribution to addressing local and national targets
- their working knowledge of the NHS and local services.

Links with the General Medical Services GP contract

Child health surveillance provides the only additional funding for children's services within the quality framework of the new GMS contract.⁴ That includes child development checks and follow-up of problems identified. The quality points offered for these indicators are minimal (6 points), compared with the rest of the quality framework. Some other quality indicators are relevant, but not specific, to general practice provision of children's services, such as those relating to organisation, records, information and communicating with patients. Consequently, there is a risk that ensuring high-quality services for children and families will not be an immediate priority for primary healthcare teams.

Medicines management

Children having ready access to safe and effective medicines in formulations that can be easily administered to different age groups is an integral component of the vision of the Children's NSF (*see* Appendix 1).

Those working in primary care should enable parents, young people and children (as appropriate) to take an active role in making decisions about options for treatment and investigation of their condition. To do that they need up-to-date, comprehensive and timely information about the safe and effective use of medicines in children and young people. Risks and benefits of treatment should be discussed, so that parents and children/young people understand