

# Children and Young People's Health Policy Influencing Group

## Putting children at the heart of Health and Care Bill House of Lords second reading briefing

### About the Children and Young People's Health Policy Influencing Group

The Children and Young People's [Health Policy Influencing Group](#) (HPIG) is a membership group made up of over 70 leading voluntary organisations, Royal Colleges and professional associations who champion the needs of children in the health service.

HPIG members represent babies, children and young people aged 0-25. References to 'children' in this briefing includes babies, children and young people.

### Our position on the Health and Care Bill

Children in England have some of the worst health outcomes in Europe<sup>1</sup>. There are persistent challenges in the health system for children, including: a lack of priority; inconsistent join-up with education and children's social care; insufficient workforce capacity; and barriers to information and data sharing.

Our organisations welcome the Government's drive towards integrated services, including the proposals to place Integrated Care Systems (ICSs) on a statutory footing.

The Health and Care Bill provides a crucial opportunity to think differently about how we meet children's needs and reduce inequalities. However, **we have concerns that the bill does not do enough to bring the benefits of integrated working to children and families**. While progress has been made in the House of Commons, we believe that more needs to be done to address these gaps and ensure the bill works for children, as well as adults.

### Progress in the House of Commons

Our members were pleased that the Minister for Health, Edward Argar MP, recognised the importance of focusing on children and families in the new ICS structures and his commitment that the government would develop **"bespoke guidance for Integrated Care Systems on meeting the needs of babies, children and young people"**.

We welcome the increased attention that has been paid to children as the bill has progressed through the House of Commons and we would like to thank the officials who have consulted with HPIG members and worked with us to address some of our concerns. However, we believe more needs to be done in the House of Lords to ensure that children are at the heart of our health and care systems.

## Ensuring children are at the heart of our health and care systems – our priorities for the House of Lords

### Accountability for children in Integrated Care Systems

It is vital that ICSs deliver improvements in health and social care outcomes for children. This will require local prioritisation of children, supported by a national accountability framework that supports ICSs to meet these goals and acts where they are not delivering.

An integrated approach to accountability is a crucial opportunity to reflect and reinforce the wider government agenda for children, including healthy development in the first 1001 days, improving provision for children with long-term health needs, delivering integrated services for disabled children and those with special educational needs, and strengthening the children's social care system.

As well as planning services, Integrated Care Boards will take on the legal duties previously held by Clinical Commissioning Groups. These legal duties include joint leadership of local safeguarding arrangements. As the recent Wood Review highlighted:

*"...the transition of CCGs to ICSs in Health [must] take full account of the central importance of the new arrangements and the leadership role of safeguarding partners in any multi-agency model affecting children".<sup>ii</sup>*

**A national accountability framework should provide support and challenge to ensure ICSs deliver for children.**

**The Secretary of State should produce a plan setting out how the existing legal duties on clinical commissioning groups, including duties relating to children's safeguarding and SEND, will be transferred to Integrated Care Boards without a negative impact on the provision of services or safety of children.**

### Ensuring the Health and Care Bill improves data and information sharing for children as well as adults

Barriers to sharing information and data has been identified over many years as one of the key barriers to better joint working, commissioning and research across the children's system<sup>iii</sup>. Part two of the Health and Care Bill seeks to improve data sharing arrangements between adult social care and the health service. It does this by: requiring health and adult social organisations to share information; removing legislative barriers; and placing duties on NHS Digital to provide greater clarity on what is permissible. **Yet the measures to improve the sharing of information and data in the Health and Care Bill only apply to the adult system.**

Due to the invisibility of children in existing data sharing legislation and the exclusion of education and children's social care, the children's system faces even greater barriers to sharing information than for adults.

As well a lack of clarity about the ability to share information and data, the absence of a single unique identifier for children makes identification of children who are in touch with multiple systems very difficult and hinders joined up support. The House of Lords Public Services Committee, in its recent publication '[Children in crisis: the role of public services in overcoming child vulnerability](#)' states:

*"A common concern raised by witnesses was that, in most local areas, services working with children are unable to match unique pupil identifiers on the national pupil database with children's NHS numbers. This limits the ability of early intervention services to reach the most vulnerable children"<sup>iv</sup>.*

Answering a recent question in Parliament from Geraint Davies MP, the Minister of State for School Standards Robin Walker MP noted that the department is continually analysing the effectiveness of unique identifiers alongside colleagues from the Department of Health and Social Care and this will include "*consideration of the merits of greater use of the NHS number as an identifier for children*". We believe the Health and Care Bill presents a unique opportunity to ensure the government develops this important idea.

**The bill should be amended to ensure that the benefits of improved information and data sharing apply equally to children by:**

- **Requiring health and children's social care agencies to share information as part of the measures set out in the Health and Care Bill;**
- **Making it clear that agencies can and should share information and data where it is in the best interests of children to do so; and**
- **Requiring the government to develop plans for moving towards a single unique identifier for children.**

### **Supporting implementation by expanding the Better Care Fund to cover children as well as adults**

The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care. The programme requires the NHS and local authorities to make joint plans and pool budgets to develop integrated services, aiming to reduce the barriers often created by separate funding streams. There are a number of funding streams to the Better Care Fund, that in 2021/22 equal £6.9bn.

However, **the BCF is primarily focused on supporting integration for services used by adults**. There is no reference to children within the four metrics underpinning the fund and two of the four are focused on adults over the age of 65<sup>vi</sup> and the Improved Better Care Fund (iBCF) grant, worth over £2bn, only funds services to meet the needs of adults.<sup>vii</sup>

Integrated, multi-agency support for children and families is key to delivering on the government's policy agenda, including for disabled children and those with special educational needs, for children supported by the social care system, and for children in the first 1000 days of life. In a government review of the BCF, 93% of areas said that the fund had improved joint working in their locality<sup>viii</sup>. We believe that re-targeting the BCF to cover services for children would greatly accelerate the process of integration and support the government's wider ambitions for children.

**Clause 9 of the bill confirms the Better Care Fund will continue to be a crucial enabler of integration. However we are concerned that children's services will not be given equal priority.**

**Clause 9 of the Health and Care Bill should be amended to ensure greater inclusion of children in the Better Care Fund.**

### Putting the ICS guidance regarding children on a statutory footing

At Committee Stage in the House of Commons, the Minister for Health committed that the government would develop *"bespoke guidance for Integrated Care Systems on meeting the needs of babies, children and young people"*.

Given that ICSs will deal with many competing priorities, and that the needs of children are not often given priority in health services, this is an important step forward. However, we are concerned that if this guidance is not statutory, holding ICSs to account with regards to their responsibilities for children's services would be impossible.

**The ICS guidance for children should be included on the face of the bill. This would ensure that:**

- **Future Secretaries of State would be required to maintain this guidance and that children will remain at the heart of the new system for years to come; and**
- **ICSs act in accordance with the guidance. Without this, the bespoke guidance would be optional and there would be no way of holding local systems to account if it was not followed. Local accountability is a crucial backstop to ensure children continue to be a focus for ICSs, even where there are many competing priorities.**

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**For more information please contact:**

Tariq Anderson, Research and Policy Assistant, The National Children's Bureau  
([tanderson@ncb.org.uk](mailto:tanderson@ncb.org.uk))

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- <sup>i</sup> Royal College of Paediatrics and Child Health (2018) *Child health in 2030 in England*  
[https://www.rcpch.ac.uk/sites/default/files/2018-10/child\\_health\\_in\\_2030\\_in\\_england\\_report\\_2018-10.pdf](https://www.rcpch.ac.uk/sites/default/files/2018-10/child_health_in_2030_in_england_report_2018-10.pdf)
- <sup>ii</sup> Wood Report: Sector expert review of new multi-agency safeguarding arrangements  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/987928/Wood\\_Review\\_of\\_multi-agency\\_safeguarding\\_arrangements\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/987928/Wood_Review_of_multi-agency_safeguarding_arrangements_2021.pdf)
- <sup>iii</sup> See work of the NHS Future Forum and the Children and Young People's Health Outcomes Forum
- <sup>iv</sup> <https://committees.parliament.uk/publications/7881/documents/81834/default/>
- <sup>v</sup> <https://questions-statements.parliament.uk/written-questions/detail/2021-11-23/80199>
- <sup>vi</sup> <https://www.england.nhs.uk/wp-content/uploads/2021/09/B0898-300921-Better-Care-Fund-Planning-Requirements.pdf>
- <sup>vii</sup> <https://www.gov.uk/government/publications/better-care-fund-policy-framework-2021-to-2022/2021-to-2022-better-care-fund-policy-framework#national-condition-4>
- <sup>viii</sup> Ibid.