

Children and Young People's Health Policy Influencing Group

Health and Care Bill

House of Commons Committee Stage 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 work on children's physical and mental health.

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 Europe¹. There are persistent challenges in the children's health system, including unwarranted variation in service provision; lack of join-up between health, education and children's social care; insufficient workforce and service capacity; gaps and confusion around data sharing; and challenges in providing a full spectrum of services from prevention and early intervention to targeted and specialist care.

Our organisations welcome the Government's drive towards integrated services and greater collaboration within and beyond the health and care system, including the proposals to place Integrated Care Systems (ICSs) on a statutory footing. We believe integration and joint working are critical to improving children's health outcomes and that the legislation can provide a helpful starting point to address some of the challenges in the system.

However, **HPIG are concerned that the *Integration and Innovation White Paper* and the *Health and Care Bill* have only considered the benefits of integration from the perspective of the adult health and social care systems.** We believe that there has not yet been sufficient consideration of how the bill can improve outcomes for children, or how the proposals will apply to the distinct services, workforce and legislation that support them. We cannot expect a system which has been designed with the needs of adults in mind to work effectively for children. As it stands, there is a risk that adults are set to benefit from improved and integrated services, through ICSs and beyond, in ways that children are not.

In order to meet the Government's aims to level up, tackle health inequalities, improve population health, and shift the system towards prevention and early intervention, we must start with children. Prioritising children within ICSs will also support a number of the Government's existing policy initiatives related to children, including the Independent Review of Children's Social Care, the Special Educational Needs and Disabilities (SEND) Review, and the Early Years Healthy Development Review.

The Health and Care Bill provides a crucial opportunity to think differently about how we meet children's needs and improve children's health outcomes but for this to happen, there must be concrete action to address its gaps.

¹ 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

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Ensuring children are at the heart of our health and care system

Our organisations support the crucial amendments tabled by Edward Timpson CBE MP which will ensure that the needs of babies, children and young people receive equal priority within ICSs:

Involving key partners

Clause 20, page 29, line 7, at end insert –

(2A) When appointing members to the integrated care partnership, the integrated care partnership must pay particular attention to the range of services used by children and young people aged 0-25.

Explanatory statement: This amendment would require integrated care partnerships to consider representation from the full spectrum of services used by babies, children and young people, including education settings.

Clause 20 sets out the required membership of the joint committee for Integrated Care Partnerships (ICP). While the proposed legislation provides flexibility for ICPs to include children's services as part of their membership, our organisations are concerned that crucial services, including children's social care, childcare and education settings, and children's health, mental health and public health will not be involved as a matter of course. Without the strategic involvement of these partners, the needs of children will not receive the attention they require and many of the Government's aims around improving population health and tackling health inequalities will not be achieved.

The proposed amendment would ensure that ICSs consider how best to include representation for the wide range of services used by children aged 0-25 on the ICP joint committee, recognising that children are not a homogenous group and have distinct needs at different ages. ICSs must also consider how the voices of children, young people and parents/carers will be represented in governance structures, including the voices of disabled children and very young children.

Representation of children's services on the ICP will provide clear leadership, ensuring that children are prioritised within ICSs and that the distinct services and workforce that support them are represented. However, representation for children on the ICP alone is not enough. There must be a genuine commitment to continuously champion children's voices and needs embedded throughout the ICS. This commitment should be set out in the ICP strategy.

A clear strategy for children in every ICS

Clause 20, page 29, line 32, at end insert –

(c) include specific consideration of how it will meet the needs of children and young people aged 0-25.

Explanatory statement: This amendment would require an integrated care partnership to specifically consider the needs of babies, children and young people when developing its strategy.

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Clause 20 sets out the requirement for ICPs to prepare an integrated care strategy which details how a local area's needs will be met. The proposed amendment would require ICP strategies to include specific consideration of the needs of all babies, children and young people in the area in order to deliver on the Government's vision of improving health outcomes and reducing inequalities.

Our organisations recognise the intention of the bill is to provide local flexibility however, our experience is that where the emphasis in legislation and in health structures is on adults, children are not considered when it comes to implementation. For example, analysis by Young Minds² found that 77% of Sustainability and Transformation Partnerships (STPs) failed to sufficiently consider the needs of children. We do not want to see this replicated in the new ICS structure. The proposed amendment provides the necessary safeguard to ensure children will receive equal priority within ICSs while allowing flexibility for ICSs to determine how to respond to the needs of their local population.

When developing local strategies, we believe ICPs should include:

- **Clear leadership and accountability for children.** This will be supported by the proposed amendment to require ICPs to consider representation from the full spectrum of services used by children when appointing members to its joint committee.
- **Children's voice.** If an ICS is not listening to the voices of children and parents, they will not be able to meet children's needs effectively. It is vital that the voices of children, young people and parents/carers are heard when developing the ICP strategy. The strategy must also set out how this approach will be embedded throughout the ICS and how barriers to engaging 'seldom-heard' voices will be removed. This must include a commitment to include the voices of disabled children and capture the voice of very young children through proxy means.
- **Children's workforce.** ICSs must prioritise the development of a well-qualified children's workforce, enabling them to acquire the skills and experience needed to support and protect the babies, children and young people they work with. The strategy must therefore consider the capacity and skillset required in the workforce to provide consistent high-quality and integrated care which meets children's needs. Children's health workforce mapping and modelling should be joined up across the NHS, local government, voluntary and community sector (VCS) and education settings to put the children's journey and care at the centre.

Additional points for the bill to cover

Providing sufficient support for successful implementation

There are currently a number of duties on Clinical Commissioning Groups (CCGs)

² YoungMinds *YoungMinds calls for all STPs to prioritise children's mental health* <https://youngminds.org.uk/about-us/media-centre/press-releases/youngminds-calls-for-all-stps-to-prioritise-children-s-mental-health/>

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related to children which will transfer to Integrated Care Boards (ICBs). This includes membership of multi-agency safeguarding partnerships and co-operation and joint commissioning duties introduced in the Children and Families Act 2014 in respect of services for disabled children and their families. Our organisations are concerned that there has not yet been careful consideration of how ICBs will take on these duties. The Government must publish a plan, setting out how these existing duties will be transferred to ICBs without a negative impact on the provision of services.

The Better Care Fund requires ICBs (formerly CCGs) and local authorities to make joint plans and pool budgets for the purposes of integrated care, providing a context in which they can work together as partners towards shared objectives. Our organisations are concerned that unless there is financial support for implementation which is specifically allocated for children's services, integration may not happen regardless of the legislation. The Government must introduce a children's Better Care Fund to support integration across health, children's social care and education.

Improving data and information sharing

High-quality data collection and sharing will allow local areas to effectively assess children's needs and respond accordingly. National and local government must lay strong foundations to ensure services do not work in siloes and instead join up data across health, education, children's social care, and the VCS to better understand and address needs. The Government must consider how to improve legislation and guidance to help overcome barriers to sharing children's data, including by setting out clear parameters for how and when it is reasonable and safe to share children's data.

For more information, please contact:

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