

Children and Young People's Health Policy Influencing Group

Health and Care Bill

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

HPIG members represent infants, children and young people from 0-25. References to 'children' in this briefing includes infants, 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; lack of join-up between health, education and social care; insufficient workforce and service capacity; gaps and confusion around data sharing; and challenges in providing targeted care for vulnerable children and those with special educational needs and disabilities (SEND).

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. These will be made up of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs). We believe integration and joint working are critical to improving health outcomes for infants, children and young people.

However, **HPIG has significant concerns that the *Integration and Innovation White Paper* and the 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. The Health and Care Bill provides an opportunity to improve children's health outcomes but for this to happen, there must be concrete action to address its gaps.

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

A clear strategy for children in every ICS

To deliver on its vision of improving health outcomes and reducing inequalities, the Government must ensure that infants, children and young people are a central consideration in ICSs. While the intention of the bill is to provide local flexibility, our

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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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 Health and Care Bill includes requirements for a number of plans to be developed by ICSs including a five-year forward plan (clause 19), an integrated care strategy (clause 20) and a joint local health and wellbeing strategy (clause 20). We believe **there should be a requirement that these plans include specific consideration of the needs of infants, children and young people** to ensure they are prioritised within ICSs.

The proposed legislation provides flexibility for ICBs (Schedule 1B) and ICPs (Clause 20) to include children's services as part of their membership, if they wish. HPIG are concerned that crucial services, including children's social care, the children's voluntary and community sector (VCS), children's mental health, and childcare and education settings 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.

It is also crucial that ICSs ensure that the voices of infants, children and young people are heard and acted upon at all levels within its structure. We welcome proposals around public involvement in commissioning plans and strategies. However, we are seeking assurances that ICSs will be required to listen to children's voice, in particular.

Question for Second Reading: How will Government ensure that every ICS prioritises infants, children and young people's health?

Join-up at national policy level

Integration at a local level must be supported by join-up at a national level. There are a number of proposed reforms and policy developments related to children currently being undertaken by Government and it is essential they are connected to the reforms in the Health and Care Bill. These national policy initiatives include:

- The Early Years Healthy Development Review, headed by Dame Andrea Leadsom;
- The Independent Review of Children's Social Care;
- The SEND Review; and
- The establishment of the Office for Health Promotion and closure of Public Health England.

The Health and Care Bill provides an opportunity for the Government to support its own policy agenda across health, public health, SEND, children's social care and education. However, without a coherent vision, these initiatives will not deliver value for money or provide sustainable improvement to children's outcomes.

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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Question for Second Reading: What plans does the Government have to ensure ICSs support the wider children's policy agenda?

Supporting integrated services for children

There are many barriers to integrated services for children. These include the wide range of public services involved in children's lives, multiple funding streams, and a complex array of legislation. It is therefore crucial that children benefit equally from the proposals in the Health and Care Bill that will embed integration and remove barriers in the adult health and care systems.

Many of the legislative proposals which aim to facilitate integration across health and adult social care could also address some of the issues in the children's system. However, **requirements on data sharing, direct social care payments and the new assurance framework will only apply to adult social care.** Without mechanisms to overcome barriers to integration across the children's health, social care and education systems, children will miss out on the benefits of integrated care.

In addition, existing duties on Clinical Commissioning Groups (CCGs) related to children will be transferred to ICBs (Schedule 4). HPIG are concerned that there has been a failure to understand how this transfer of duties will work in practice.

Question for Second Reading: How will Government ensure that the children's system benefits from legislation which facilitates integration across the adult health and social care system?

Providing sufficient support for successful implementation

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. However, there is no equivalent for children's health and social care. HPIG 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.**

It is also vital that the children's health and care workforce, including those across the NHS, local authorities, education settings, VCS organisations and other providers are included in ICS workforce planning. There must be sufficient staffing, skills and expertise to provide accountability and consistent high-quality and integrated care so children, particularly those with complex health needs, do not fall between the gaps. Clause 33 sets out a duty on the Secretary of State to publish a report describing the system in place for assessing and meeting the workforce needs of the health service at least once every five years. While this duty will provide clarity on who is responsible for workforce planning, there are no proposals to address workforce issues across the children's system.

Question for Second Reading: What are the Government's plans to ensure the children's system has the necessary workforce and funding to deliver high-quality integrated care?

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This briefing is supported by:

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