Integrated Care Systems and the health needs of babies, children and young people

A report from the Children and Young People's Health Policy Influencing Group

January 2024

Executive summary

Alström Syndrome UK
Strength for today, hope for the future

Ambitious about Autism

AUDITORY VERBAL UK

ayph

BAMT BRITISH ASSOCIATION FOR MUSIC THERAPY

Believe in children
Barnardo's

best beginnings
for every parent, for every child

Better Breastfeeding

Body & Soul
transforming trauma with love

brook

CARERS TRUST

Children & Young People's Mental Health Coalition

CHF

contact
For families with disabled children

coram BAAF
adoption • fostering • kinship

Children's Alliance
Better starts, brighter futures

CHILDHOOD BEREAVEMENT NETWORK

COUNCIL FOR DISABLED CHILDREN

Cystic Fibrosis Trust

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

Disabled Children's Partnership

DOWN'S SYNDROME ASSOCIATION

epilepsy action

family action

HOME START

iHV Institute of Health Visiting
Excellence in Practice

NATIONAL CHILDREN'S BUREAU

National Deaf Children's Society

Our Time
for children of parents with a mental illness

NHS
King's College Hospital
NHS Foundation Trust

NSPCC

Parent-Infant FOUNDATION

PCF PAEDIATRIC CONTINENCE FORUM

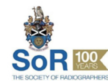
RAINBOW TRUST
SUPPORTING FAMILIES WITH A SERIOUSLY ILL CHILD

RACC-UK

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

RC OT Royal College of Occupational Therapists

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

SAPHNA

SoR 100 YEARS
THE SOCIETY OF RADIOGRAPHERS

Speech and Language UK

STARLIGHT

The Children's Society

The Health Foundation

together for short lives

V O D G
Voluntary Organisations Disability Group

Young Epilepsy

YOUNG LIVES vs CANCER

YOUNGMINDS
fighting for young people's mental health

Executive summary

The Children and Young People's Health Policy Influencing Group (HPIG) is a strong, independent voice advocating for improvements to the health of babies, children and young people. As a group of influential charities and Royal Colleges, we look to ensure that the particular and unique health needs of babies, children and young people are a focus for the health system.

This report reflects that goal and focus. It provides a snapshot of how the newly formed Integrated Care Systems (ICSs) are enacting their duties for strategic planning as outlined in the Health and Care Act 2022. In particular, the requirements for Integrated Care Partnerships (ICPs) to produce an integrated care strategy and for Integrated Care Boards (ICBs) to produce a five-year joint forward plan (JFP). To create this report, we analysed almost three-quarters of ICS strategies and plans to determine the extent to which they have reflected the needs of babies, children and young people within them.

This report recognises the good work that is developing in ICSs and where they are effectively reflecting the needs of babies, children and young people in their strategic planning. It also highlights a number of areas where there is significant room for improvement, including co-production with children and young people, integration with education and children's social care, and greater clarity on leadership and accountability. We acknowledge this is the first year that ICSs have been required to publish a strategy and a JFP, and that it will take time to get things right.

We hope this report will give national government a chance to reflect on where it might wish to offer greater support and guidance to ICSs, as well as an opportunity for ICSs to learn from each other and consider additional areas as they refresh their strategies and plans in the coming year.

Key findings

1. Population health

Findings

1.1 Every ICP strategy recognised babies, children and young people as a distinct group, however some did not identify children and young people as a distinct group up to the age of 25.

1.2 There was variation in whether babies, children and young people were covered in their own section or whether they were threaded through other areas of the strategies and plans.

1.3 There were significant differences in the way the needs of babies, children and young people were highlighted, but a majority of strategies and plans prioritised children's mental health, obesity, early years, special educational needs and disabilities (SEND) and inequalities.

1.4 More than half of strategies did not explicitly reference the needs of babies, children and young people with major and long-term conditions as a specific population health group.

1.5 Priorities identified in the strategy led to clearly articulated actions in JFPs.

Recommendations

For government and arms-length bodies:

- As part of a wider strategy for childhood, the Department of Health and Social Care (DHSC), working with other government departments, should select a small number of child health priorities that all ICSs must explicitly address in strategies and JFPs. This should complement Core20PLUS5.
- DHSC should consider how babies, children and young people with major and long-term conditions should be more clearly considered in updated ICP strategies and ICB JFPs.

For ICSs:

- The rationale for prioritising particular population health areas of focus, including specifically the areas of focus within the children and young people population, should be clearly articulated by ICP strategies, and ICB JFPs should clearly link timebound actions with these to support local understanding of decision making.
  - Where there are gaps in data and knowledge of population need, plans should clearly highlight how they intend to address these gaps.
  - This could benefit from a centrally created audit tool.

2. Leadership in relation to babies, children and young people

2.1 Many ICSs did not set out who led their work on babies, children and young people. 57% of JFPs did not clearly identify the Executive Lead for Children and fewer had a named SEND or safeguarding lead.

2.2 Providing clear leadership appeared to be an ambition for many of the strategies and plans but specifics on what that looked like were lacking in general.

Recommendations

For government and arms-length bodies:

- NHS England (NHSE) should facilitate a national network of ICB Executive Leads for Children with an annual development budget, and be chaired by the National Clinical Director for Children and Young People.

For ICSs:

- The names of ICB Executive Leads for Children, and SEND and safeguarding leads, should be made publicly available, and include a way for members of the public to make contact.
- ICSs should make publicly available an overview of the different roles and responsibilities of individuals within the system and who should be contacted for particular matters.

3. The extent to which co-production took place with children

Findings

3.1 52% of strategies highlighted that some engagement took place, but it was more likely that parents and carers were involved than children and young people.

3.2 Only 6% of strategies and 17% of JFPs highlighted how engagement influenced the strategy and plan.

3.3 Future plans for engagement were focused on existing parent and children's networks, or establishing representative boards.

3.4 Only 48% of strategies included an easy read or accessible version.

Recommendations

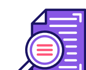
For government and arms-length bodies:

- Updated ICS guidance should strengthen expectations on strategies providing details on how engagement took place, who was consulted, and what was changed as a result.
- Networks of Executive Leads could be used to share good practice and identify areas of challenge within co-production where further central NHSE support would be beneficial.

For ICSs:

- ICSs should adopt an inclusive and intersectional approach to co-production and co-design in both plans and strategies, with a particular focus on those population groups facing health inequalities.
  - ICSs should acknowledge the importance of engaging with children and young people themselves, as well as with parents and carers and put this into practice.
- ICSs should clearly differentiate where they have a) involved parents and carers and b) where they have involved children.
- All strategies and JFPs should have an easy read or accessible version.

4. The children's workforce



Findings

4.1 The majority (61%) of strategies did not consider the ICS's current children's workforce capacity. JFPs took greater steps to carry out a risk analysis with 63% considering the impact of workforce constraints on its plans to some extent.

4.2 There was general recognition of the need to address workforce challenges within a particular geographical footprint but there was a lack of focus on specific practitioners, especially within the children's workforce.

4.3 77% of strategies and 45% of JFPs did not identify specific practitioners. When plans were mentioned, there was a focus on school nursing and midwives.

4.4 Some strategies mentioned alternative 'Workforce' or 'People' strategies where more detail may be found.

4.5 When workforce was mentioned, inclusivity and creating a culturally sensitive workforce were highlighted.

Recommendations

For government and arms-length bodies:

- DHSC should set expectations for how ICP strategies and ICB JFPs make reference to and evidence local work that aligns with national plans such as the NHS Long Term Workforce Plan.
  - This should include measurable targets for the extent to which ICSs are implementing 'one workforce' actions.

- DHSC and the Department for Education (DfE) should develop a children's workforce strategy that supports ICSs in their understanding of workforce developments across health, children's social care and education.
  - This strategy should appoint a national lead or advisory group to support and oversee child health workforce planning and development.

For ICSs:

- ICSs should continue to prioritise the development of a diverse, inclusive, and representative workforce to enable nuanced approaches in health and care, build reflexivity and connect with local communities.

- Strategies and plans should consider the children's workforce in the widest sense as part of their risk analysis for plans, including the workforce of other children's services (such as children's social care, education, youth justice) and workload pressures across the system.

- ICB JFPs should explicitly consider the children's health workforce required to meet the needs of babies, children and young people in their area when considering workforce capacity across the population.

5. Data and information sharing across children's health, care and education services

5.1 A majority of strategies drew on education (55%) and children's social care data (61%) to inform their strategy development to some extent. Where it was used, education or social care data did inform decisions about prioritisation.

5.2 There was a general recognition of the importance of information sharing between agencies and the use of technology to support this, but there was little detail of the specific information sharing challenges faced by service providers for babies, children and young people.

5.3 Only 6% of JFPs specifically looked to address the challenges around data and information sharing for babies, children and young people (with 35% doing so to some extent).

5.4 Developing better data sources and feedback loops to support with targeting health interventions and reducing health inequalities were seen as important for ICBs in their 'population health management'. What this meant for children's health was often not included.

Recommendations

For government and arms-length bodies:

- The government should make a firm commitment to a consistent child identifier (CCI) that will allow ICSs to consider how they may start to implement the infrastructure necessary for a CCI and greater interoperability within their future ICB JFPs.

- NHSE should set specific health and wellbeing outcome metrics for children and young people that ICSs must collect data on, this should align with the Healthcare Inequalities Improvement Dashboard.

For ICSs:

- ICSs should develop a tailored local outcomes dashboard that reflects national expectations for outcome metrics and supports local population understanding for how future strategies and plans build on from previous work.
  - This could align with the children's social care outcomes dashboard.

- Expectations for information sharing between children's services and how barriers will be overcome should be clearly outlined within strategies and plans and aligned with DHSC guidance, such as **Information sharing advice for safeguarding practitioners - GOV.UK (www.gov.uk).**
  - This should also include a focus on when children and young people transition between children's, teenage and young adult, and adult services.

6. Integration across children's health, care and education services

Findings

6.1 Very few ICP strategies fully articulated the role of local authority (LA) children's services or education settings.

6.2 There was some evidence of ambition for new infrastructure and teams to support with multi-agency work, but on the whole, this was not a significant part of how ICSs looked to promote integration.

6.3 The voluntary, community and social enterprise (VCSE) sector was considered a key partner within many strategies and plans.

Recommendations

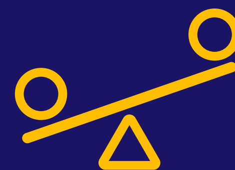
For government and arms-length bodies:

- The Better Care Fund, which provides support to ICSs and LAs to pool budgets and further integrate their health and care provision, should have an additional explicit focus on integration for children.
- Good practice for multi-agency working should be highlighted and shared across systems.

For ICSs:

- When they next update their ICP strategies and ICB JFPs, ICSs should review the extent to which integration across all children's services, including education settings, could be strengthened at different geographical levels.
    - This should include evidence of engagement with the full range of statutory agencies with responsibility for children and young people as part of the development of the ICP strategies and ICB JFPs.
    - This could also include reference to where section 75 joint commissioning agreements would be valuable.

7. Inequalities and babies, children and young people



7.1 Addressing inequalities within the population was a significant theme for strategies and JFPs, and this often extended to babies, children and young people with 42% of JFPs focusing on inequalities for children as a priority (with 48% doing so to some extent).

7.2 Specific groups of children were focused on as a priority, with close to 50% of strategies highlighting vulnerabilities for children with SEND and children looked after. However, this did not translate to JFPs with SEND remaining the sole group that a majority of plans looked at.

7.3 Most JFPs did not look to address specific barriers to accessing services nor did they take an intersectional approach to addressing inequalities.

7.4 Core20PLUS5 was mentioned in eight strategies and JFPs.

Recommendations

For government and arms-length bodies:

- DHSC should publish an annual report on health inequalities among babies, children and young people, summarising existing sources and identifying gaps.

For ICSs:

- Future strategies and plans should consider adopting the Child Health Integrated Learning and Delivery System (CHILDS) framework to support with targeted early intervention and integrated biopsychosocial care to children with major and long-term conditions and everyday child health problems.

Overarching recommendations

Recommendations

For government and arms-length bodies:

- The Major Conditions Strategy should acknowledge the centrality of child health in preventing illness in adulthood and recommend steps that future ICP strategies and ICB JFPs should consider to increase investment towards preventing ill-health in childhood.
- Government should give particular focus to addressing accountability concerns and how the legislative duties for strategies and plans could be upheld.
  - This should include an expectation on ICBs to clearly identify executive leadership for children and young people, SEND and safeguarding and for all strategies and plans to lay out the leaders accountable for ensuring the needs of these groups are met.

For ICSs:

- A specific section for babies, children and young people should be included within ICP strategies and ICB JFPs summarising the priorities and actions relevant to them.
- Preventing ill-health and poor wellbeing in babies, children and young people should be a priority in and of itself as well as a core tenet of an early intervention agenda and improving health outcomes and quality of life later in life.

Written and researched by Ben Fraser and Rhea Singhvi

United for a better childhood

The National Children's Bureau brings people and organisations together to drive change in society and deliver a better childhood for the UK. We interrogate policy, uncover evidence and develop better ways of supporting children and families.

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