

Children and Young People's Health Policy Influencing Group

Position statement on the Integration and Innovation White Paper

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 and young people's physical and mental health. This paper sets out HPIG's position on the [Integration and Innovation White Paper](#) and the forthcoming Health and Care Bill.

Overall position

As a group of organisations with expertise in child health, we know integration and joint working is critical to improving health outcomes for infants, children and young people. HPIG therefore welcomes the Government's drive towards integrated services and greater collaboration within and beyond the health and care system, including through proposals to place Integrated Care Systems (ICSs) on a statutory footing. We recognise this has been the direction of travel for some time and that some local areas have made significant headway already.

However, we are concerned that the proposals in the White Paper only consider the benefits and enablers of integration from the perspective of the adult health and social care system. There has not yet been sufficient attention on how the proposals will apply to children's services, the workforce that supports them, and existing duties related to children on the NHS, local authorities and other bodies. We are also concerned that infants, children, young people and parents/carers have not been involved in the development of these proposals.

We cannot expect a system which has been designed with the needs of adults in mind to work effectively for children. As it stands, adults are set to benefit from improved and integrated services, through ICSs and beyond, in ways that children are not. Getting these proposals right for children is essential to improving population health and reducing health inequalities now and in the future. 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 gaps in the White Paper. Alongside additional guidance, we believe some of the changes, as set out in this briefing, are needed before the Health and Care Bill is brought to Parliament.

HPIG were pleased to meet with the Department of Health and Social Care and welcomed how receptive officials were to the views of HPIG members and to hear their recognition that these proposals must work for infants, children and young people. We look forward to working together in the coming months to ensure this happens.

Why infants, children and young people need to be considered

Infants, children and young people are not a sub-category of adults: they are a distinct population who have their own health needs, system challenges, legislation and workforce. Children in England have some of the worst health outcomes in Europe¹ and there are persistent challenges in the children's health system, including around join-up between health, education and social care; insufficient workforce and service capacity; a lack of early intervention and prevention services; gaps and confusion around data sharing; and providing targeted care for vulnerable children and those with special

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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educational needs and disabilities (SEND).

Many of the proposals included in the White Paper which could address some of the issues in the children's system will not apply to children's services, including requirements on data sharing, direct social care payments, and other mechanisms of integration across health and adult social care. There are also existing legal frameworks for children which confer duties around integration and joint working, including the Children and Families Act 2014, and key legislation on safeguarding and education. It is currently unclear how the proposals in the White Paper will work alongside this legislation.

Our experience is that where the emphasis in legislation and in health structures is on adults, infants, children and young people are not considered when it comes to implementation. 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. Instead, this could be an exciting opportunity to build on the good work in the system and embed a clear focus on children's health.

If we are to achieve the Government's aim to improve population health and reduce inequalities, we must ensure that the proposals in the White Paper work in a practical sense for the children's system but additionally that they are ambitious for children's health. This must include clear vision, leadership and accountability at a national and local level for children's health, informed by the voices of infants, children, young people and parents/carers, and backed by sufficient funding.

What should be considered?

A clear vision

There is currently unwarranted variation in the support that infants, children and young people receive based on where they live, rather than their level of need. There must be a clear vision for children's health at a national and local level. We recognise that the aim of the White Paper is not to over-prescribe what local systems do, and therefore do not want to determine the detail of what ICSs focus on in relation to children. However, given the distinct experiences and needs of the children's system, every ICS must have a clear strategy for children's health in order to improve health outcomes and address inequalities.

Recommendation: The Health and Care Bill should require every ICS to have a strategy for infants, children and young people's health. There should be effective levers in the system to ensure ICSs are accountable for delivering the strategy.

Recommendation: Government should develop accompanying guidance, including workforce standards, and a national benchmark on what 'good' looks like to ensure local variation does not result in inequalities.

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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Leadership

There are significant concerns among members that only representatives for adult health and social care will be required to sit on ICS bodies. It is vital that the voices of the children's workforce across the NHS, local government, voluntary and community sector (VCS) and education settings are captured and that they are represented through strong leadership in every ICS. It is also important that ICS leadership recognises that children are not a homogeneous group and have distinct needs at different ages.

Recommendation: The Health and Care Bill should require a named Children's Lead on every ICS NHS body, given its commissioning functions, and on the ICS Health and Care Partnership.

Recommendation: There should be adequate and distinct representation on ICS boards for infants, children and young people.

Infants, children and young people's voice

If the system is not listening to infants, children and young people's voices and the inequalities they experience, they will not be able to meet children's needs effectively. There must be consideration as to how ICSs can embed opportunities to capture the voices of children, young people and parents/carers, and ensure that those who represent children and young people on ICS Partnerships represent all infants, children and young people, including those with additional needs and vulnerabilities. This should include investment in co-production and peer-to-peer engagement strategies which prioritises removing barriers to engaging 'seldom-heard' voices as well as a commitment to capture the voice of infants through proxy means.

Recommendation: There should be meaningful engagement opportunities for infants, children, young people, and parent/carers to feed in to the development of the Health and Care Bill and associated guidance.

Recommendation: There should be consideration of how the needs and voices of infants, children, young people, and parent/carers will be identified and addressed as part of the strategic priorities of every ICS.

Equal legislative protections

The White Paper acknowledges that while legislation is not the whole answer, it is an important driver of change as it can create or remove bureaucracy and barriers to integration and joint working. There are often additional layers of bureaucracy for children's health due to the wide range of partners, multiple funding streams, system barriers and additional legislation. It is therefore crucial that the children's system benefits from the same legislative protections that will embed integration and remove barriers for the health and adult social care systems.

While the current proposals allow ICS Partnerships to include children's social care if local areas choose to do so, it is not clear why this is left up to local discretion when integration between adult health and social care is mandated in both bodies. Numerous proposals across the White Paper, including those to improve data collection and sharing and the new assurance framework, currently only apply to adult social care and

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we are concerned that children's health, social care and education systems may miss out on these key facilitators of integration.

It must be clear in the legislation, as well as in guidance, how the proposals will apply equally and meaningfully to children's services.

Recommendation: The Government should ensure that the powers and duties in the Health and Care Bill apply equally for children's services as they do for adult services.

Recommendation: Further work should be undertaken to understand how the changes in the Bill will affect existing children's legislation. The Government should carry out an impact assessment on implications and unintended consequences for existing legislation. This should also include an Equality Impact Assessment.

Workforce

Consideration must be given to how proposals will work for the children's health and care workforce, including those across the NHS, employed by local authorities, education settings, VCS organisations and other providers. It is vital they are included and prioritised in ICS workforce planning and commissioning to ensure there is sufficient staffing, skills and expertise to provide consistent high-quality care and ensure there is accountability so children, particularly those with complex health needs, do not fall between the gaps.

Recommendation: The children's workforce should be prioritised in ICS workforce planning and commissioning to ensure there is sufficient staffing, skills and expertise.

Recommendation: Children's workforce planning should be joined up across health, public health, mental health, education, VCS and social care to put the child's journey and care at the centre.

Involving key partners

Greater integration between health and social care is vital to improving children's health and wellbeing. However, throughout the White Paper the term social care mainly refers to adult social care and joint working is looked at through that lens. Crucial services, including children's social care, children's VCS, and childcare and education settings will not be involved as a matter of course, in the same way adult social care will be. Without the strategic involvement of these partners, the needs of infants, children and young people will not receive the attention they require.

It is also important to ensure a balance of representation of both physical health providers and mental health providers and we would like to see this addressed to ensure parity of esteem between physical and mental health services.

Recommendation: Key partners responsible for delivering children's services must have a strong voice at every ICS.

Recommendation: Representation on ICSs should be balanced between physical and mental health providers and include children's mental health services.

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Place

Consideration should be given to what 'place' means for children's services, including how specialist or complex services will be commissioned, given the footprint of an ICS. We welcome recognition in the White Paper of the importance of Health and Wellbeing Boards (HWBs) but more clarity is needed on what services will be planned where and how children's needs will be fully considered, including how ICSs will work with HWBs in practice and how to ensure HWBs prioritise infants, children and young people.

Clarity of accountability for children's health, public health and mental health across these footprints is also needed. Members are concerned about the implications of breaking the links between local authorities and their SEND duties. They also highlighted the need to ensure there is sufficient capacity and oversight for children, and it is important that proposals to reduce the number of DCO/DMOs consider this.

Recommendation: Consideration should be given to what 'place' means for children's services, including how specialist or complex services will be commissioned.

Recommendation: There should be clarity of accountability within the system for children's health.

Funding and implementation requirements

During implementation of the Children and Families Act, Clinical Commissioning Groups (CCGs) were not initially allocated funding to support implementation and were not sighted on implementation failures until Ofsted and Care Quality Commission (CQC) inspections started. We 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. ICSs must also be supported to collaborate with other ICSs to promote innovation and allow local areas to learn from the best examples of integration across the country.

Recommendation: Funding specifically allocated for children's services to support implementation should be prioritised at the next Comprehensive Spending Review (CSR).

Recommendation: A pooled budget should be established to integrate children's health and social care services, similar to the Better Care Fund for adult health and social care services.

Recommendation: ICSs should be supported with an infrastructure and resources to share good practice across the country.

Data

The White Paper sets out significant data sharing improvements, including requiring health and adult social organisations to share information; duties on NHS Digital; and new powers for the Secretary of State to mandate standards for data and require data from adult social care providers. However, these proposals exclusively focus on health

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and adult social care. It is crucial that children and the services which support them benefit equally from improved data collection and sharing, given how vital this is to improving health and care.

Much of the existing data sharing legislation refers only to adults, which has resulted in significant barriers and misperceptions around information collection and sharing for children. Key agencies responsible for delivering support to children are also left out of data sharing permissions in legislation and throughout the White Paper, where education partners are notably missing. Relevant data relating to children and their health does not just exist within health and care systems, a significant proportion of this information is held across education. In order to fully unlock the benefits of integration for children's health, the Bill should make clear that it is permissible to share data for health, care and education purposes. Health, (adult and children's) social care and education systems should also be required to share anonymised information in the contexts set out in the White Paper.

Likewise, the new Data Strategy is exploring data sharing between health and adult social care for research purposes; expanding the permission to include children's social care data would enable children's health and care outcomes to be assessed and services to be improved. There are also significant gaps in data related to children's health and care, including a lack of data on children's access to non-medical health professionals and on paediatricians employed by community trusts in NHS Digital datasets, and due to the absence of a national dataset on children's use of social care.

Recommendation: The Bill should make clear that it is permissible to share data for health, care and education purposes.

Recommendation: Health, social care and education systems should be required to share anonymised information in the contexts set out in the White Paper.

Recommendation: The duty being introduced on NHS Digital should cover the benefits to the health, social care, and education systems of sharing data, and clarify the purposes for which these partners can use data.

Recommendation: The new powers proposed for the Secretary of State to mandate standards for data and to require data from adult social care providers should also cover the children's system. These extended powers must therefore also be given to the Secretary of State for Education, responsible for children's care.

Join-up with national policy

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 infants, children and young people currently being undertaken by Government and it is unclear how they will impact proposals in the White Paper. Without a coherent vision, these initiatives will not deliver value for money or provide sustainable improvement to children's health outcomes. The Health and Care Bill provides an opportunity for the Government to implement its own policy commitments across health, public health, mental health, SEND, children's social care and education.

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Recommendation: The Government should develop a cross-departmental strategy focused on meeting the needs of all infants, children, young people and families from conception to age 25.

Recommendation: Clarity is needed on how ICSs will be supported to understand, prioritise and implement national policy developments related to infants, children and young people. For example, the reforms to the public health system which aim to shift focus to early intervention and prevention, and the Early Years Healthy Development Review.

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