



**Health and Social Care Bill
NCB briefing for Second Reading in the House of Lords
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Summary

NCB believes that the Health and Social Care Bill provides a real opportunity to improve children and young people's experiences of the broad range of services that promote their health and well-being. However, we are concerned that in its current form the Bill will not help us to: prioritise children and young people's health outcomes in the NHS; ensure better integration of services; and give children and young people a greater say over local services and their own care. During the passage of the Health and Social Care Bill, NCB is seeking to ensure that the government's reforms deliver for children and young people, and especially the most vulnerable to poor outcomes and social exclusion.

In particular, we believe:

- Clause 20 (new section 13A of NHS Act 2006) of the Bill should be amended so that Secretary of State must include in his mandate to the NHS Commissioning Board priorities for improving child health services
 - The Bill should be amended at clause 192 so that health and well-being boards must (rather than may) encourage integrated planning and delivery across health, social care and health-related services; and at clause 190 (7) so that the joint health and wellbeing strategy must (rather than may) include a statement on how health and social care services may be better integrated with health-related services
 - The Bill should be amended so that it is explicit that Local HealthWatch organisations must promote the involvement of children and young people in the development of services and decisions about their own care; and Government must provide assurances about its plans to enable local and national HealthWatch to work effectively with children and young people
 - Government must provide clarity as to how it will ensure there is clear accountability for promoting the health and well-being of looked after children and care leavers within the new planning and commissioning regime
 - Government must clarify its plans for enabling the voluntary and community sector to contribute to the new health system, and for maintaining and building upon the huge contribution these organisations already make to promoting the health and well-being of vulnerable children, young people and families.
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Making the health system work for children and young people

Children and young people are often let down by a health system that does not cohere to meet their needs effectively. It is vital that as new structures are created in the NHS and public health service there is adequate focus on avoiding the failures of the old. This is especially important as we know now more than ever, through the Marmot review for example, that child's health is a major determinant of their health in adulthood.

Children access different services within the NHS, often to put them in touch with the professionals that have the best experience to meet their needs, but consideration of how these services work together within the whole system is not given adequate priority at a strategic level. The Kennedy Review, published last year, found that:

"There is a real sense among professionals and organisations that services for children and young people in the NHS have a low priority. Children and young people receive a disproportionately lower priority than adults in the imperatives of management and delivery, in the relative funding allocated, and in the realisation that investment in the care of children and young people will reduce the cost of care later in life."

Sir Ian Kennedy: Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs. P4

All too often the lack of attention given to how the system as whole delivers for children is borne out in poor coordination for care for children with the most complex needs.

"The problem for us has always been that when you go to an out of county hospital, communication breaks down. If we lived locally to the hospital, they'd ring the local Health Visitor. That didn't happen for us the first time and we were left to do it ourselves – but we didn't know who to ring. A consistent pattern through every discharge we've experienced has been that people don't seem to know where to send the paperwork and who they need to speak to. It's haphazard."

Parent of disabled child

NCB wants to ensure that local clinical commissioning groups, which are lead by GPs, are able to commission health services on the basis of a sound understanding of children and young people's needs. We are concerned that not all GPs are sufficiently experienced in working with children and young people with complex needs, nor sufficiently knowledgeable about the role of wider children's services in promoting children's health, in order to effectively commission for this age group. Our concerns reflect Sir Ian Kennedy's review of children's NHS services, which highlighted gaps in GPs' paediatric training and experience¹.

NCB welcome the proposal that the NHS Commissioning Board hosts Clinical Networks to develop care pathways and Clinical Senates to look at how care can fit together in different areas of the country. If a dedicated clinical network looking at children's needs were established and clinical senates routinely advised on integration of children's

¹ Sir Ian Kennedy (2010) *Getting it right for children and young people: overcoming cultural barriers in the NHS so as to meet their needs*

services this may be part of the solution. No explicit provision is made for Clinical Networks and Senates in the Bill, and it will need to be made clear to the NHS Commissioning Board that they should use such mechanisms to improve child health.

We are calling for a determined response to these challenges at a national level and believe that clause 20 (new section 13A of NHS Act 2006) of the Bill should be amended so that Secretary of State must include in the mandate to the NHS Commissioning Board priorities for improving child health services. We also urge the government to clarify how the new clinical networks and senates will support improved health services for children and young people.

Integrated local planning for children and young people's health and well-being

NCB is pleased to see recognition in the Bill that services that are not necessarily part of the health system have an important role to play in improving the health and well-being of individuals - 'health-related services' (defined in clause 192 (6)). This is particularly important for children and young people, for whom the most effective health promotion interventions are often those delivered through non-health settings and services, such as schools and colleges, Children's Centres, youth services and youth justice services. It is therefore vital for children's health that there is effectively integrated planning and delivery across these services.

Disabled children in particular would benefit from better cross-agency coordination, as their needs are often left unmet while different agencies argue.

"You don't want to have to go to a lot of different individuals and feel some of them are fighting with one another. That just makes life more difficult. As a parent, you just want a service, but it's like health, education and social care are all separate and they don't really like working together. What you need as a family is one system – not three."

Parent

The Bill establishes local Health and Wellbeing Boards to promote co-ordinated planning and delivery across the NHS, social care and public health services (clause 191). It will be here that commissioners of health, social care and public health services will be coming together to develop the local Joint Health and Wellbeing Strategy (clauses 190 and 193 (1)).

NCB believes that Health and Wellbeing Boards will be well placed to bring together the *full* range of services that meet the health and well-being needs of children. Clause 192, however, states that local Health and Well-being Boards *must* encourage integration in relation to health and social care, but only that they *may* encourage integration across these and health-related services (such as schools, Children's Centres and youth services). This differentiated approach will particularly disadvantage children and young people for whom non-health services are so key to improving health outcomes.

Amendments to the Bill, made in response to the 'listening exercise', have introduced new general duties on health commissioners to recognise the need to integrate health

and health-related services as they carry out their functions. While this is welcome, NCB are concerned that role of local Health and Wellbeing Boards in securing this integration remains an optional part of their remit and of the scope of the Joint Health and Wellbeing Strategy, and that the new duties on commissioners will be ineffective unless Health and Wellbeing Boards are required play their part.

The Bill should be amended at clause 192 so that Health and Wellbeing Boards must (rather than may) encourage integrated planning and delivery across health, social care and health-related services; and at clause 190 (7) so that the Joint Health and Wellbeing Strategy must (rather than may) include a statement on how health and social care services may be better integrated with health-related services.

Giving children and young people a voice within the health service

NCB welcomes government's ambition to ensure that, through Healthwatch England and Local Healthwatch, patients and the wider public have greater influence over decisions about their own healthcare and the development of health and social care services (clauses 179 to 186). However, any measures to achieve this ambition must include children and young people *from the start*. A move to truly shared decision-making between the public, patients, practitioners and commissioners will require long-term cultural change, on the part of both the public and professionals. Supporting the younger generation to make a contribution, and understand the value of engaging in decisions about health care and services, will be a key step in this process.

Through NCB's work with children and young people, we know that they want a say in decisions about their own healthcare and the development of local services. However, the level and quality of their engagement in the health sector varies considerably across the country. Research commissioned by NCB² has found that local involvement networks (LINKs), which the Bill will transform into Local Healthwatch, are not always clear that children and young people are part of their remit, and often struggle to develop the skills and access the tools needed to work with confidence with younger members of the public. Government must make clear from the start that children and young people are central to the remit of Healthwatch England and Local Healthwatch, and enable these organisations to work with younger age groups in a meaningful way.

Certain groups of children and young people – including disabled children and young people, children in care and care leavers, those involved in the youth justice system and refugees and asylum seekers – have specific physical and mental health needs and face specific challenges in accessing services. However, too often their voices are not heard. Local Healthwatch and Healthwatch England will need to be able to identify capacity and maintain the skills to reach out to and engage these children and their families.

² NCB (2011), LINKs involvement of children and young people, http://www.ncb.org.uk/vss/links_healthwatch.aspx

The Bill should be amended so that it is explicit that Local HealthWatch organisations must promote the involvement of children and young people in the development of services and decisions about their own care. Government must also provide assurances about its plans to enable national and local Healthwatch to work effectively with children and young people.

Meeting the health needs of looked after children and care leavers

Looked after children are particularly vulnerable to health risks and problems, often due to their experiences prior to entering care and the subsequent challenges they face in the care system itself. While some of their health outcomes have improved in recent years, there have been persistent difficulties – particularly in relation to partnership working across health bodies and local authorities and arrangements for securing provision for children placed out of authority. It is vital that these vulnerable children and young people are not further disadvantaged by the reforms contained in the Bill.

The creation of potentially unaligned local authority and health commissioning boundaries creates a particular risk as it may jeopardise the opportunities for vital joint working on these issues. While there have been assurances that clinical commissioning groups boundaries will not normally cross those of their partner local authority, there is a need for a more robust solution.

Government must provide clarity as to how they will ensure there is clear accountability for promoting the health and well-being of looked after children and care leavers within the new planning and commissioning regime. Clinical commissioning groups whose boundaries do not align with local authorities should be required to set out specifically how they will establish effective relationships with partners to promote the health of looked after children.

Maintaining the contribution of the Voluntary and Community Sector to children and young people's health

As providers of health services to children, young people and families – and often to the most vulnerable – voluntary and community organisations (VCOs) are central to the successful implementation of government's ambitions for population health. They are particularly well-placed to support children and their carers to influence local service provision and decisions about their care, and to empower vulnerable and marginalised children and families to take-up universal and specialist services.

Research for our report, *The Ripple Effect*,³ has found that VCOs working with children and young people in particular, have been susceptible to funding cuts and losing out on public sector contracts, as local authorities and Primary Care Trusts seek to reduce their spending. At the same time, these organisations are likely to face increasing demand for their services as statutory services are squeezed.

³ *The Ripple Effect: The nature and impact of the children and young people's voluntary sector*, due for launch early October 2011. Please contact us for a copy.

Following the 'listening exercise', government has introduced new duties on the Secretary of State, the NHS Commissioning Board and Monitor, with the intention of preventing them from pursuing a deliberate policy to encourage the growth of any particular type of provider (public, private or any other status) (clause 144, clause 20 (new section 130 of NHS Act 2006) and clause 59 (10)). However, the VCOs NCB works with through our membership and specialist networks tell us that they will need help to thrive in the new health system, in particular to engage with the new commissioning arrangements and to compete to secure service contracts.

Government must clarify its plans for enabling the voluntary and community sector to contribute to the new health system, and for maintaining and building upon the huge contribution these organisations already make to promoting the health and wellbeing of vulnerable children, young people and families. It must provide assurances that this will not be obstructed by the new duties to not promote provision by a particular sector

About NCB

NCB's mission is to advance the well-being of all children and young people across every aspect of their lives. As the leading national charity which supports children, young people and families, and those who work with them, across England and Northern Ireland, we focus on identifying and communicating high impact, community and family-centred solutions. We work with organisations from across the voluntary, statutory and private sectors through our membership scheme, and through the sector-led specialist networks and partnership programmes that operate under our charitable status.

NCB has a history of working to promote health improvement among children and young people and enable them to influence the quality and choice of the health services they receive. As a Department of Health strategic partner, NCB runs the Voluntary Sector Support (VSS) Programme for voluntary organisations providing health services to children and young people.