



## **NCB policy priority – child health, December 2010**

### **Aims**

NCB will seek to work with central and local government, health services and practitioners, the voluntary and community sector and business to ensure that:

1. The reformed NHS and the new public health service – Public Health England – deliver for children and young people, and in particular those with complex needs
2. The full range of services that work with children and young people act in partnership to promote children's physical, emotional and mental health and well-being
3. Children and young people have a voice within the NHS and Public Health England, including influence over the development of health services, health research and decisions about their own care.
4. The influence of the environment, sustainable development and climate change on children and young people's health and well-being is recognised in the development and implementation of health policy and initiatives, and opportunities to join up sustainable and healthy lifestyle approaches are maximised
5. Voluntary and community sector organisations that effectively promote the health and well-being of children are able to thrive within the reformed NHS and public health service.

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### **Background**

The coalition government has plans for wide-ranging reforms to the commissioning and delivery of health services in England. Its NHS and Public Health White Papers set out proposals for:

- a new system of health commissioning, overseen by the NHS Commissioning Board, with GP consortia taking on the majority of Primary Care Trusts' (PCTs') commissioning activity.
- greater levels of patient involvement in decisions about health services and their own care through HealthWatch England and local HealthWatch organisations
- improvements in local partnership working across the NHS, public health and social care, through statutory 'health and well-being boards'
- a new national Public Health Service – Public Health England
- local authorities taking on responsibility for public health from PCTs, with a Director of Public Health overseeing a ring-fenced public health budget
- a new performance management regime for health services, with Outcomes Frameworks for the NHS and public health services.

All these measures will have a significant impact on children and young people, their access to and experience of health services, their ability to make healthy choices and their engagement in decisions that affect their lives. It is vital that, as these measures are developed and implemented, there is a strong focus on ensuring they have a positive impact on the health and well-being of children and young people. Specific effort will be needed to ensure that vulnerable children and young people with complex needs – including disabled children and young people, those who are looked after or leaving care, those involved in the youth justice system and those

in supported housing – are not further disadvantaged by changes announced in the White Papers. Any reforms to NHS and public health services must deliver for these children.

While the emphasis is on *local* planning for health, the government has committed to a number of relevant *national* initiatives, including:

- a “Public Health Responsibility Deal” to create partnerships with the corporate and voluntary sectors around food, alcohol, physical activity and behaviour change
- recruiting 4,200 extra health visitors, working in part through Sure Start Children’s Centres which will be focused on the most disadvantaged
- extension of the Family Nurse Partnership programme
- the continuation of Healthy Schools, Healthy Further Education and Healthy Universities, but *only* as voluntary programmes led by the sector
- a new vision for schools nurses
- an independent review into the commercialisation and sexualisation of childhood.

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### **Detailed policy asks**

#### **1. The reformed NHS and the new public health service – Public Health England – deliver for children and young people, and in particular those with complex needs**

- The Department of Health should put in place mechanisms and incentives to ensure that local health and well-being boards prioritise children’s health needs, and in particular those of vulnerable groups including disabled children, looked after children and those engaged in the youth justice system.
- As part of its transition strategy, central government must develop frameworks for providing support on commissioning children’s health services to: local health and well-being boards, the NHS Commissioning Board, GP consortia and local authorities. Commissioners, and those overseeing commissioning, will need a thorough understanding of children’s health, the diverse needs of vulnerable children and young people and early intervention, as well as access to the best available evidence on what works to improve health outcomes and support in involving children and young people in planning, commissioning and service delivery.
- All existing Primary Care Trust and Strategic Health Authority legal duties in relation to children’s well-being and safety, looked after children, ‘children in need’ and youth justice services, should be replicated for GP consortia and (where appropriate) the NHS Commissioning Board.
- The NHS and Public Health Outcomes Frameworks must include specific and robust measures of child outcomes, including the experiences and outcomes reported by young patients themselves. These and the adult social care framework should be coherent and complementary, underpinning effective joint working for children’s health and well-being.
- The reformed public health system draws upon evidence of what works in promoting better health outcomes, utilising a range of sources, including the national and local voluntary and community sector organisations.

- Specific action must be taken by the Department of Health and Department for Education to ensure there is clarity on local responsibilities for the health of looked after children.
- Government should review on a regular basis the impact and effectiveness of the Public Health Responsibility Deal, and publish criteria for when move to greater regulation would be considered.

**2. The full range of services that work with children and young people act in partnership to promote children’s physical, emotional and mental health and well-being.**

- Statutory local health and well-being boards should be responsible for ensuring the development of a local commissioning strategy for children’s health, education, social care, housing, youth and other services.
- Government should play a role in supporting the delivery of health improvement interventions across children’s services, including through schools, further education colleges, early childhood settings, youth services and youth justice services (including enabling the effective transition to sector-led initiatives).
- Local authorities should ensure that early childhood and education service providers are engaged in the work of the health and well-being board.
- Every school should be supported to become a new-model ‘Healthy School’.
- Sure Start Children’s Centres should be supported by central and local government to provide *universal*, integrated services that promote young children’s health and well-being, with additional support for those who need it.
- Initial and on-going training for the children and young people’s workforce – across health, early years, education, social care and housing – should provide them with knowledge and understanding of child development and health and the skills for building partnerships with children, young people and parents/carers to promote better health and well-being, and outcomes for children.
- Local authority children’s services and adult services should work together effectively to smooth the transition of young people to adult services, and to address the needs of the children whose parents have health difficulties.

**3. Children and young people have a voice within the NHS and Public Health England, including influence over the development of health services, health research and decisions about their own care.**

- HealthWatch England and local HealthWatch should have an explicit duty to ensure that the voices of children and young people are represented in decisions about national and local health services and initiatives.
- The Department of Health should work with local authorities to put in place a strategy to ensure that HealthWatch England and local HealthWatch organisations have the values, knowledge and skills to effectively engage children and young people of all ages and backgrounds in their work. This must include additional resources and tools to engage groups of children with complex needs or who do not usually have the opportunity to participate, including: looked after children, young disabled people, those involved in the youth justice system, those living in supported housing, and young children.

- Local HealthWatch should provide children and young people with appropriate and accessible information about making healthy choices and using and influencing local health services, working through early childhood services, schools, further education institutions, social services, youth services and youth justice provision. Children and young people should also be consulted on and involved in the development of this information.
- HealthWatch England should publish a national picture of children and young people's views and experiences of health services, on an annual basis, in order to inform the wider development and improvement of services.
- The Department of Health and local authorities should actively involve children and young people in the development of the new public health service, related research and the evaluation and improvement of health improvement services locally.
- Local authorities, GP consortia and the NHS Commissioning Board should directly involve children and young people, including vulnerable groups, in health commissioning to ensure services meet their needs.
- Local authorities, the NHS, Public Health England and other health research commissioners should involve children and young people in the planning and process of research and evaluation.

**4. The influence of climate change and the environment and the opportunities presented by sustainable lifestyle approaches in improving children and young people's health and well-being is recognised in the development and implementation of health policy and initiatives.**

- Health services and services that promote sustainable living and climate change responses should work together in order to tackle health inequalities and improve public health, recognising that the health and well-being of children and young people is significantly influenced by the environments and communities in which they live.
- Public health responses for children and young people should reflect and respond to the challenges and opportunities presented by climate and environmental change and broader sustainable living approaches making the connection between health outcomes and the environments and communities in which children live.

**5. Voluntary and community sector (VCS) organisations that effectively promote the health and well-being of children are able to thrive within the reformed NHS and public health service.**

- Local authorities should take action to ensure that voluntary and community sector bodies are represented on their local 'health and well-being board'.
- Government should work with partners, such as the Department of Health's Third Sector Strategic Partners, to ensure that the proposed changes to the health system do not disproportionately disadvantage voluntary organisations.
- The Department of Health should put in place a framework to provide voluntary sector organisations and health commissioners with knowledge, support and incentives to engage with each other as part of the commissioning process.
- The Department of Health should work to ensure that statutory bodies do not automatically cut funding to the VCS as a way of making efficiency savings.