



Child health in the new NHS

Results of a survey by the National Children's Bureau and the NHS Confederation

Autumn 2013

Executive summary

NCB and NHS Confederation have been joined by many other organisations in stressing the importance of ensuring the health reforms enacted from April 2013 work for children and young people. This report presents the results of our September 2013 independent survey of those directly involved in the commissioning, management and delivery of health and related services, and some analysis and reflections on the findings. 123 people responded, who were mainly NHS commissioners and providers working in the public sector.

Key findings and reflections

- Respondents were evenly split on whether or not they perceived a shared agenda for promoting children's health and wellbeing across national government and its arms-length bodies, suggesting a welcome improvement in recent years.
- Two thirds of people working in the system feel the reforms have not supported health promotion and early intervention to have equal status with caring for children who are acutely unwell; there are also concerns about prevention services being squeezed. This area clearly requires attention, particularly as it reflects a key part of the child health pledge.¹
- The majority of respondents believe barriers to integrated commissioning and delivery of child health and related services still remain following implementation of the reforms. At national level, this underlines the importance of action to continue to address these barriers. The advice and guidance provided to enable local services to work together in the context of the reformed health system was felt by 75% of respondents to be sometimes or never adequate. There is a need for more support in this area.
- At local level, a majority of respondents (63%) were positive about their local health and wellbeing board's ability to engage the right people to improve services for children. The main approaches to coordination that people feel would be most effective in improving children's outcomes are pooled budgets, clearer communication and care planning protocols between different services, and co-located multi-professional teams.
- A majority of respondents said the health reforms had made it harder to provide effective care for children with long term or complex health needs or disabilities. However, for other groups (young people moving from children's to adults' services, and looked after children and young people) many people perceived the reforms had little or no impact.
- Most respondents felt child safeguarding arrangements in the reformed NHS had been made relatively clear, though there is still room for improvement.
- The great majority of respondents (89%) felt the potential of schools for supporting health is not being fully realised, which suggests further action is required to develop the role of schools and other agencies in children's health.
- A majority of respondents felt the Government had not been clear about the implications for the planning and delivery of services of the SEN reforms currently progressing through Parliament. These reforms will require much closer working between schools and the health service. Although work to explain these reforms has been stepped up since our survey, this low baseline of understanding underlines the

¹ Better health outcomes for children and young people: our pledge (February 2013)

importance of continued attention to ensure adequate understanding by those who will implement the reforms.

- The involvement of children and young people in health services is in need of continued development. A majority of respondents thought the health service was not being well supported to involve children, and felt that their own local Healthwatch was not well equipped to champion children and young people's voices (though Healthwatch, in its first year of existence, will still be in the process establishing itself as a strong voice for all service users).

Reflecting on these findings in the context of the existing evidence base and recent developments leads us to three over-arching conclusions:

1. Joint working across agencies must be supported and nurtured as the reforms become embedded. This should include:

- ensuring the responsibilities of commissioners and providers of health and other relevant services are clear to them
- facilitating local joined up commissioning and delivery
- addressing ongoing anxieties about fragmented commissioning and improving advice and support for developing joint working within the newly reformed structures

2. Early intervention and prevention need to be given greater priority both nationally and locally. The contribution of other services working in partnership with the NHS should be better harnessed; in particular, a clearer and stronger role for schools in supporting children and young people's health could help raise the status of early intervention and health promotion. We would welcome national bodies, particularly Public Health England, engaging further with schools to support this role.

3. There is a clear need for additional support to secure more effective involvement of children and young people in the health service. Collaboration will be crucial to this, for example sharing good practice and skills across sectors and agencies and pooling resources. Many respondents are aware of good practice and want to improve engagement, which suggests any support provided should be welcomed and used.

Our survey provides a snapshot of how the reformed NHS is working in the eyes of the people who commission and provide services for children and young people, within months of the reforms' implementation date. The picture will change over time as the NHS reforms become embedded and the SEN reforms are rolled out. As part of the system-wide commitment to improve the health outcomes of our children and young people so they become amongst the best in the world, it will be important that Government and its agencies continue to monitor the impact of these major reforms on services and outcomes for children and young people.

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Introduction

In autumn 2013 the NHS Confederation and National Children's Bureau (NCB) led an independent survey of those directly involved in the commissioning, management and delivery of health and related services.

NCB and NHS Confederation have been joined by many other organisations in stressing the importance of ensuring that the health reforms that were enacted from April 2013 work for children. This has included work as part of the Children and Young People's Health Outcomes Forum, who have been tasked by Government to take this agenda forward, as well as our own reports and briefings.

Our aim with this survey was to monitor the impact of the health reforms on provision for children and young people. The survey was designed to take the temperature of the system in the immediate aftermath of the transition to new structures. The results provide a useful snapshot of the mood of, and perceived challenges facing, children's health services in the current economic and political climate, and views on what reforms have, at this early stage, achieved.

123 people responded to the survey. Respondents were mainly made up of NHS commissioners and providers working in the public sector. We also had some respondents from local Healthwatch and parent-carer forums, voluntary sector representatives, and a few from local authorities.

This report presents the results of our survey and some analysis and reflections on the findings. The conclusion sets out our overall analysis of the main lessons from the survey for both national policymakers and local commissioners and providers.

National Children's Bureau

The National Children's Bureau is a leading charity that for 50 years has been improving the lives of children and young people, especially the most vulnerable. We work with children and for children, to influence government policy, be a strong voice for young people and practitioners, and provide creative solutions on a range of social issues.

For more information visit <http://www.ncb.org.uk>

NHS Confederation

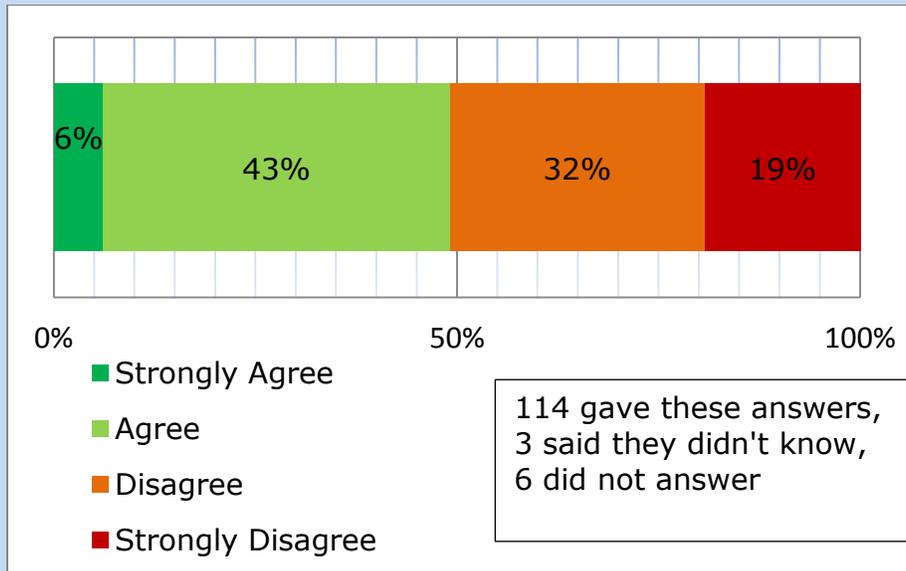
The NHS Confederation represents all organisations that commission and provide NHS services. It is the only membership body to bring together and speak on behalf of the whole NHS.

Aims and outcomes

We asked:

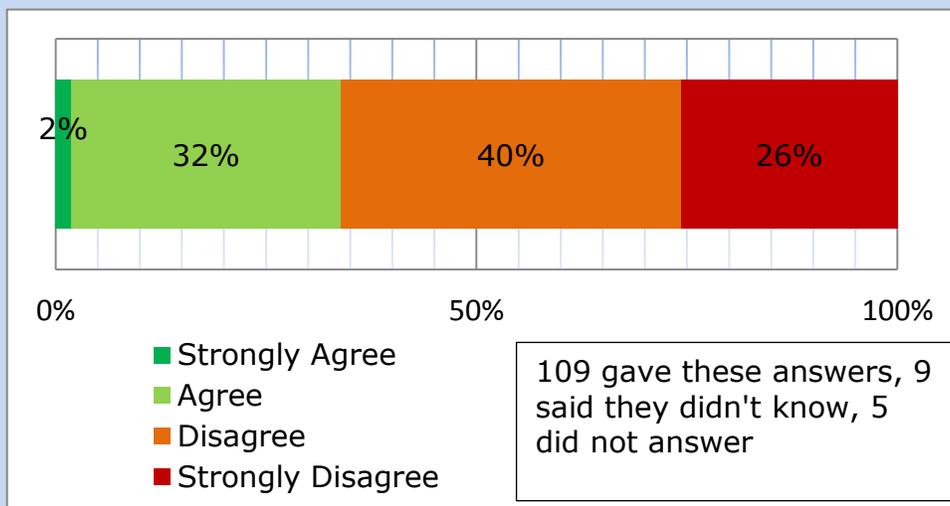
To what extent do you agree with the following statement?

"There is a shared agenda for promoting children's health and wellbeing across national government and its arms-length bodies"

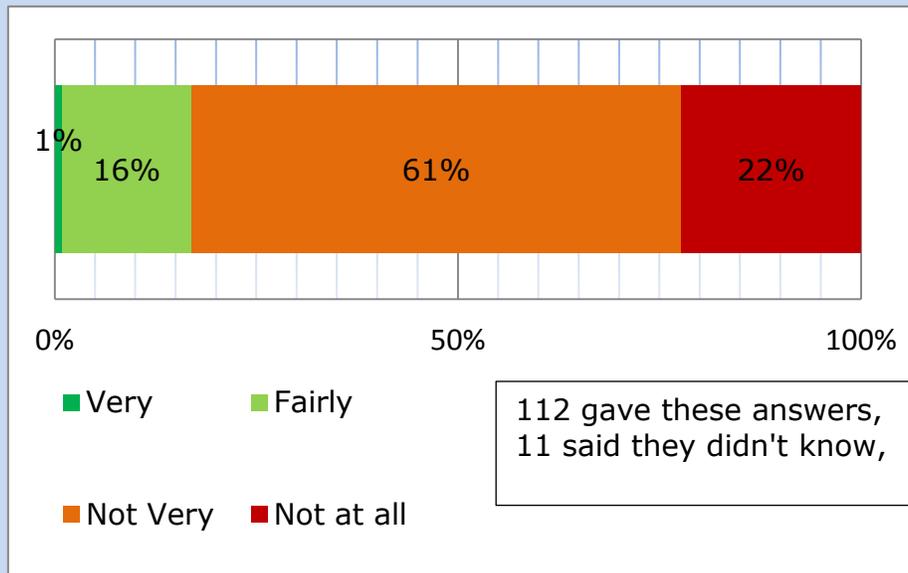


To what extent do you agree with the following statement?

"Recent reforms have supported health and related services to give promoting good health in children and early intervention equal status with caring for children who are acutely unwell."



To what extent do you think current ways in which services are paid for support better care for children?



We also compared responses from commissioners and providers to this question but did not observe a significant difference

Analysis and reflections

The fairly balanced response to the perception of a shared agenda across Government may suggest a welcome improvement on the situation described by Sir Ian Kennedy in his review published in 2010.² Notable work with the Children and Young People's Health Outcomes Forum and the signing of the pledge on child health by key agencies may have underwritten this.³

Responses to the other two questions in this section, however, were much less positive. A large majority of respondents did not agree that current ways in which services are paid for supported better care for children. This is concerning as if representative of the situation across children's health services, this would have implications for delivering a shared vision for children's health in practice.

The generally negative response to the question on health promotion and early intervention is also of concern. This question was based on the wording of the pledge on child health and the response highlights the need to explore how both the NHS and services beyond it can be held to account for their contribution to the realisation of the vision that the pledge sets out. It is also notable that in response to our last open ended

² The review identified lack of priority for children and young people in the NHS and called for more joined-up leadership across all the services that support children and young people's health. Sir Ian Kennedy (2010) *Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs*, e.g. p75

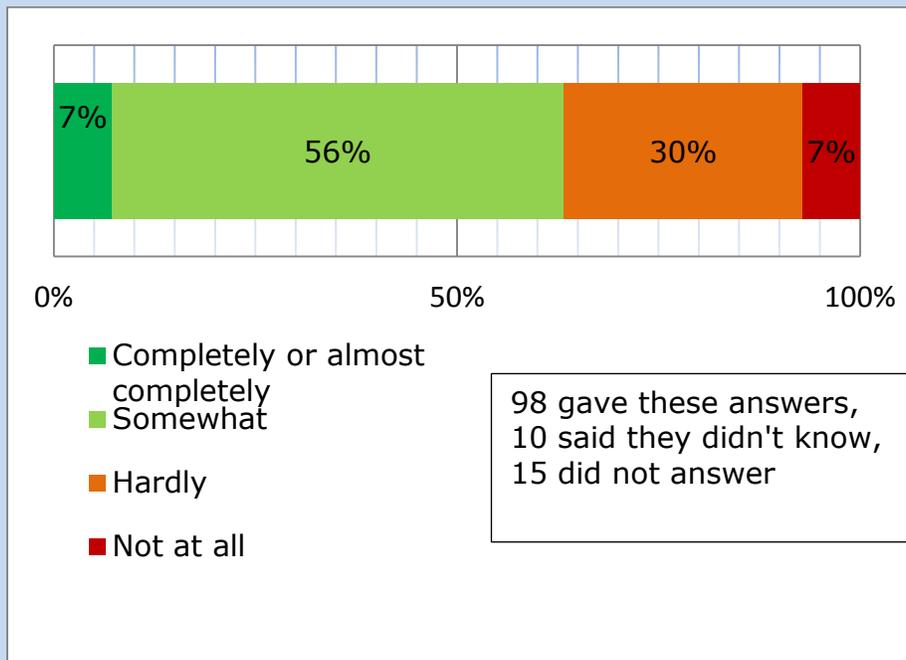
³ See *New national pledge to improve children's health and reduce child deaths*, <https://www.gov.uk/government/news/new-national-pledge-to-improve-children-s-health-and-reduce-child-deaths>

question (see below), several respondents pointed to the squeezing of more preventative services in the current financial climate.

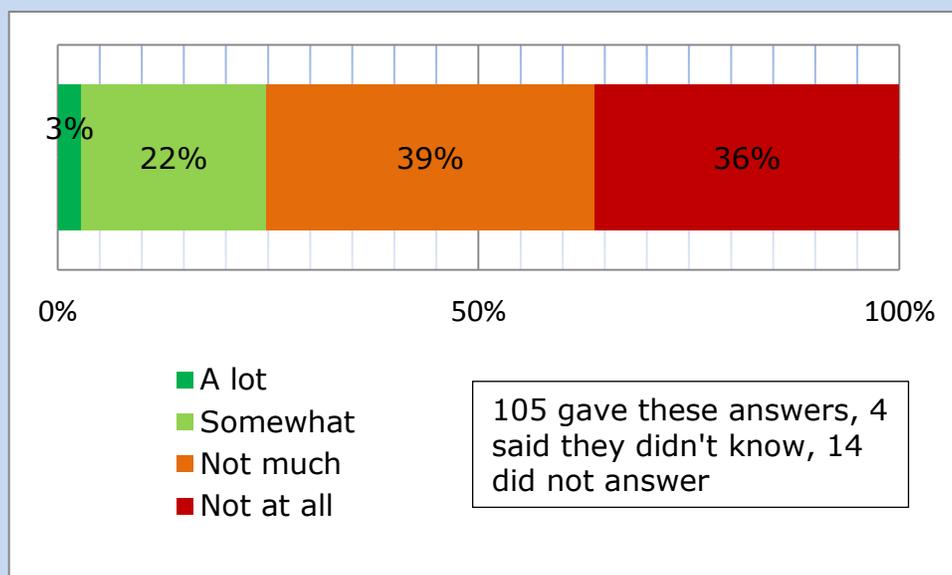
Support for joint working

We asked:

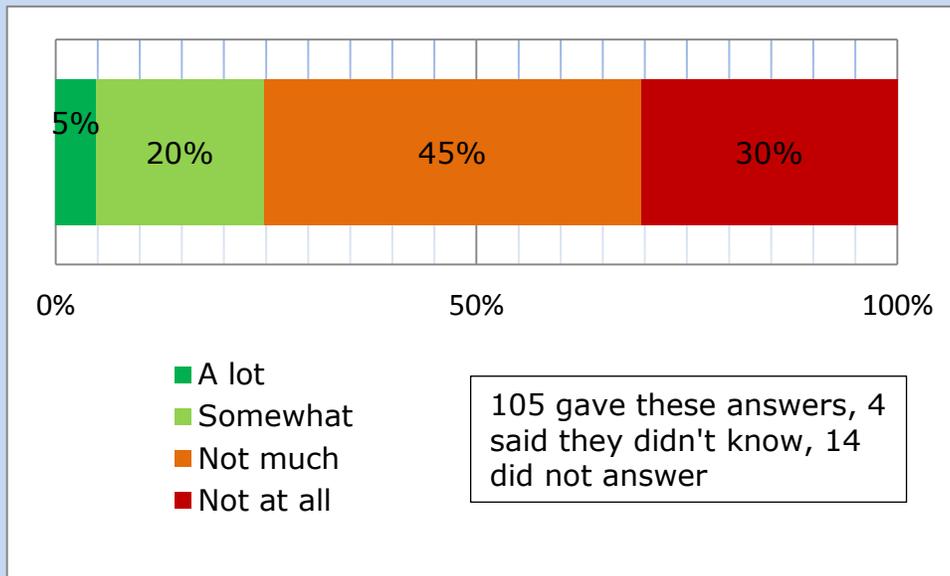
To what extent would you say your local health and wellbeing board is able to engage with the right people to improve services for children?



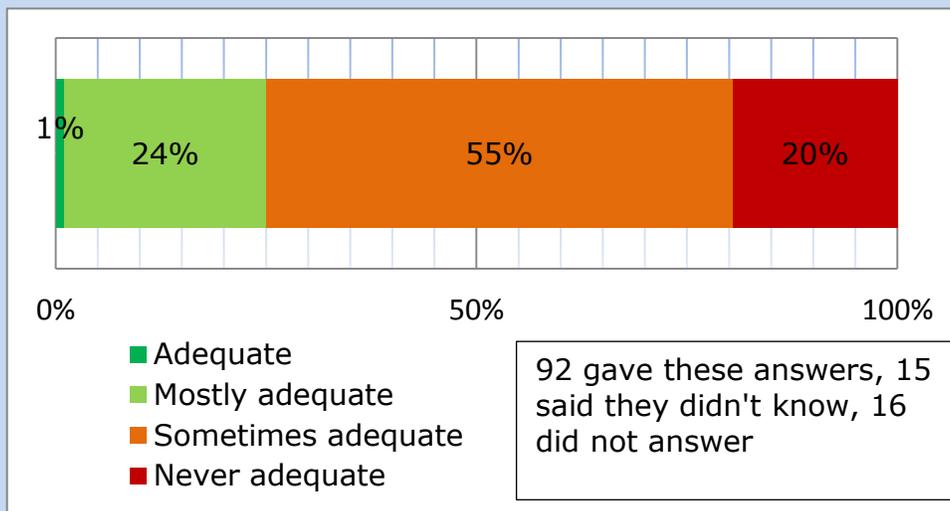
How much do you think the reforms have removed structural barriers to integrated commissioning of health, social care and other children's services?



How much do you think the reforms have removed structural barriers to integrated delivery of health, social care and other children's services in your local area?

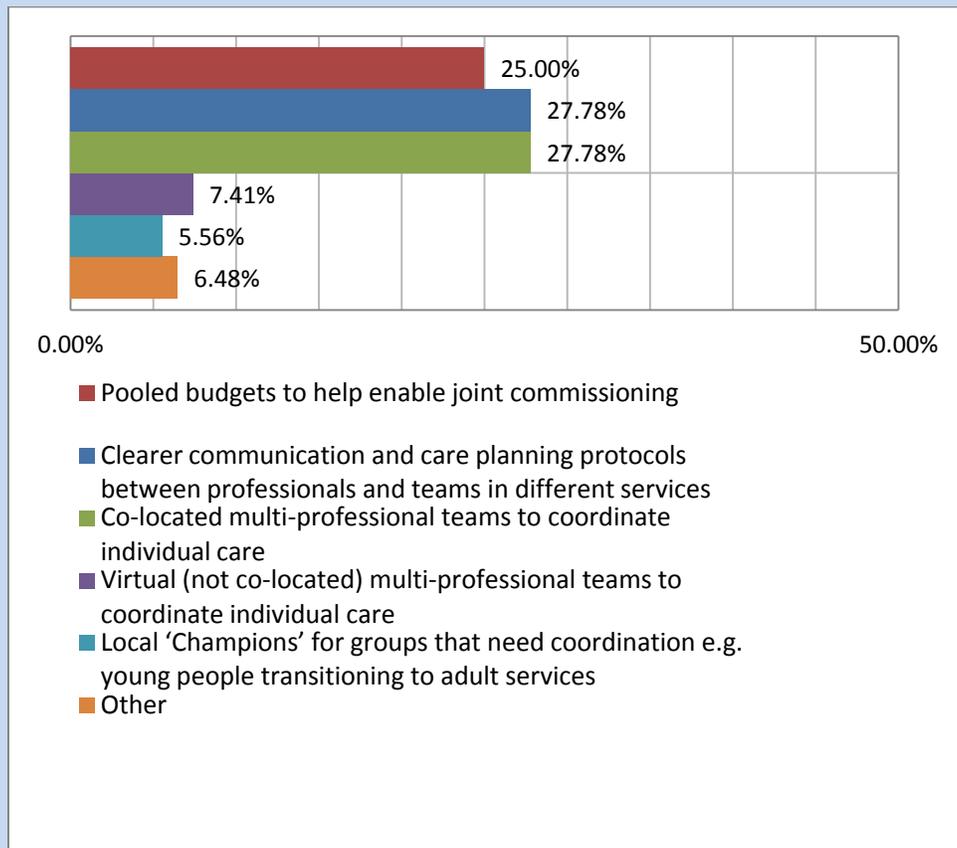


How would you describe the advice and guidance (such as statutory guidance and associated resources) that has been provided to enable local services to work together in the context of the reformed health system to meet children's needs?



From the small cohorts we had to compare, a larger proportion of providers than commissioners thought that advice and guidance was never adequate

Within the current legal context and financial constraints, which of the following approaches to coordination and integration of care do you think are or would be most effective in improving children's outcomes? (Tick one)



How do you think joint working across children's services can be supported?

58 people responded to this question with a wide range of suggestions and concerns. Key themes included the importance of aligning plans and sharing outcomes across local agencies, and suggestions that budgets should be pooled to better focus on children's needs, either at an individual or strategic level. Several people also raised concerns that fragmentation of commissioning, for example across acute and primary care and different tiers of mental health services could be a barrier.

Some examples of responses:

"From the top - government departments need to think of how their policies affect children and to work with not against each other in relation to children's services. Alignment is needed in aims, standards, outcomes and inspection criteria across health, education, social care and other government departments" *Individual working in a voluntary sector provider*

"We need to get away from the them versus us approach and go back to thinking about the needs of the child. Individual organisations only have their own agendas

and the financial crisis has made them focus yet again on acute services." *Individual working in a public sector secondary care provider*

"There is a lack of understanding of which services are commissioned from where. There are now more commissioners and fragmented providers. There is more layers of governance process to work through to get information, connections with the right commissioners and engagement with providers. There is an urgent need to join up planning and commissioning and align provision in children's services." *Individual working in a Clinical Commissioning Group*

Analysis and reflections

Looking at joint working on child health across the system, barriers to integrated commissioning and delivery of child health and related services still remain following implementation of the reforms, suggesting that organisations need further support with this. Most people felt the reforms had not removed structural barriers to integrated commissioning and provision of children's services in their area. NCB and NHS Confederation have previously raised concerns about the potential for the health reforms to fragment commissioning and provision of services for children.^{4,5} Responses to our open ended questions suggest an anxiety amongst many that this remains a real challenge. This all underlines the importance of action at a national level to continue to address barriers to joint working, which include different funding arrangements and different standards, outcome measures and approaches to inspection across the different services, as well as fragmented commissioning.

It is concerning that 75% of respondents say that advice and guidance to enable local services to work together in the context of the reformed health system to meet children's needs was either sometimes or never adequate. While this could be due to individuals' awareness of guidance issued as much as its quality, it indicates an area in which government departments and national bodies should provide additional support.

However, there is some cause for optimism about more integrated working in future. A majority of people said their HWB was somewhat, completely or almost completely able to engage with the right people to improve services for children.⁶ We also note that the approaches to coordination and integration which people most often felt would be most effective (pooled budgets; clearer communication and care planning protocols between professionals and teams in different services; and co-located multi-professional teams) are features of many recent integrated care initiatives. Hopefully, learning from this work can be applied across the country.

⁴ NHS Confederation et al (2012) *Children and young people's health and wellbeing in changing times*, p2

⁵ NCB (2011) *Health and Social Care Bill: NCB Briefing for Second Reading in the House of Commons*

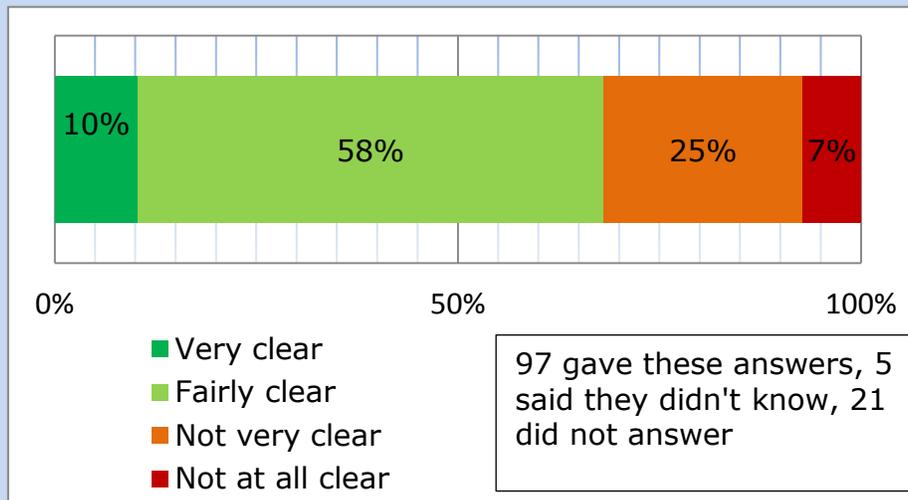
⁶ For further information on health and wellbeing boards' role in ensuring support is provided for children, young people and families, see NHS Confederation et al (2012) *Children and young people's health and wellbeing review of documents* and *Children and young people and health and wellbeing boards: putting policies into practice*, both NHS Confederation

Coordinating care

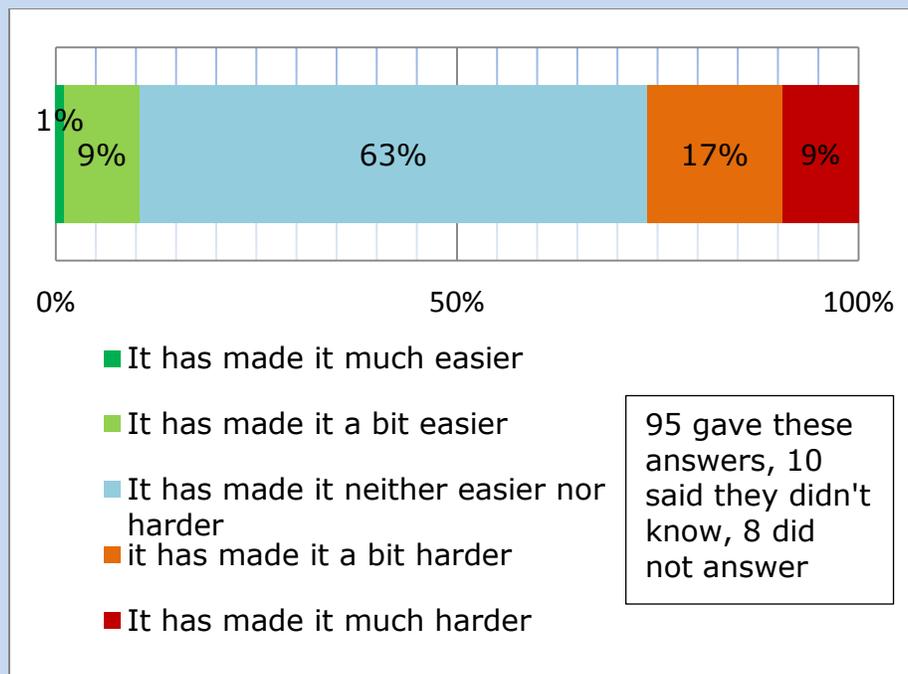
For questions in this section we also compared responses from commissioners and providers. While providers sometimes had a more evenly mixed response, the overall balance of responses (in terms of positive and negative) was not significantly different.

We asked:

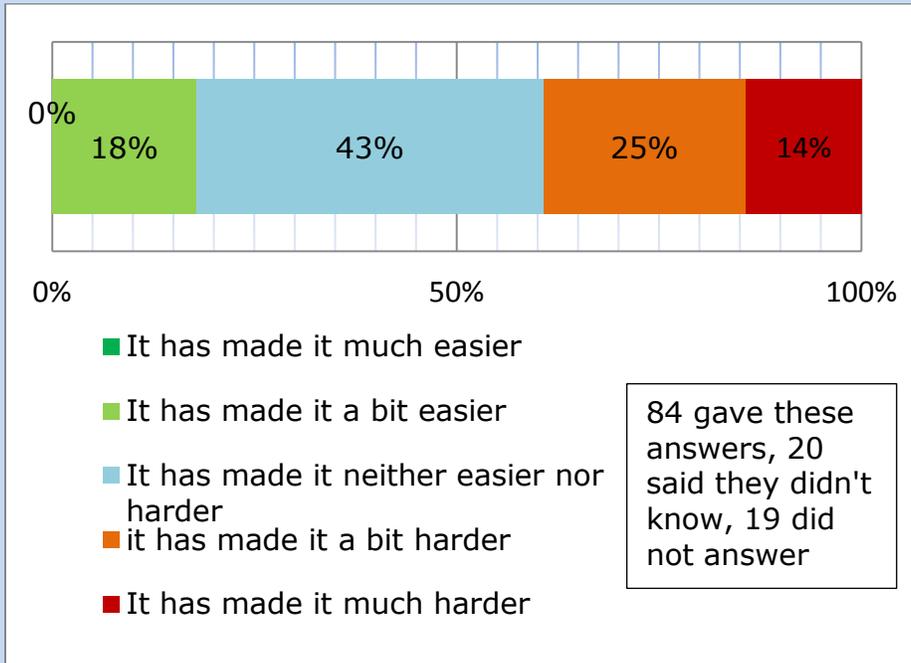
How clear do you feel arrangements for the safeguarding of children within the reformed NHS have been made?



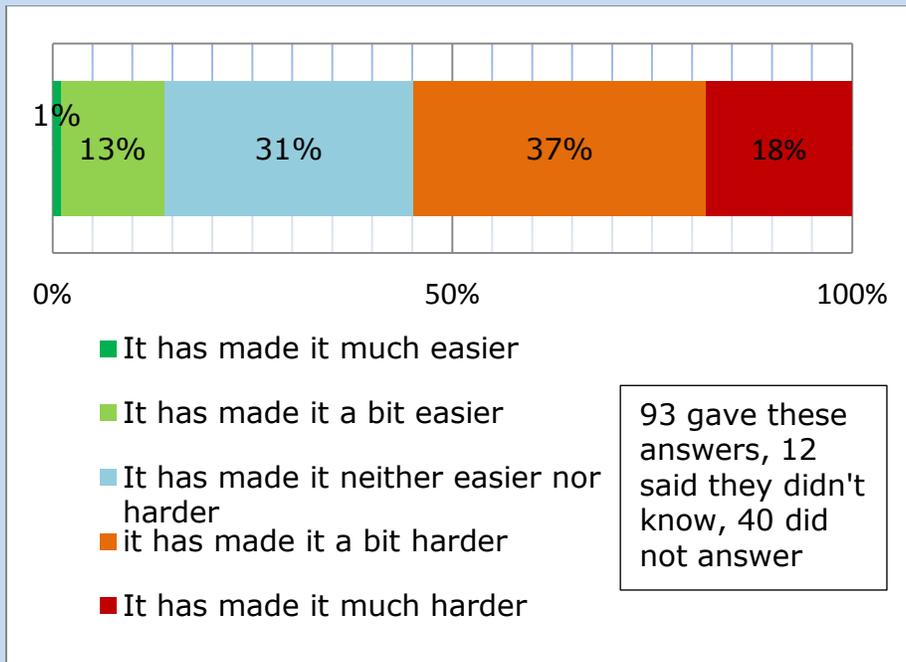
Which of these do you feel best describes the effect of the health reforms on services' ability to provide for effective transition for young people moving from children's to adults' services?



Which of these do you feel best describes the effect of the health reforms on services' ability to provide effective healthcare for looked after children and young people?

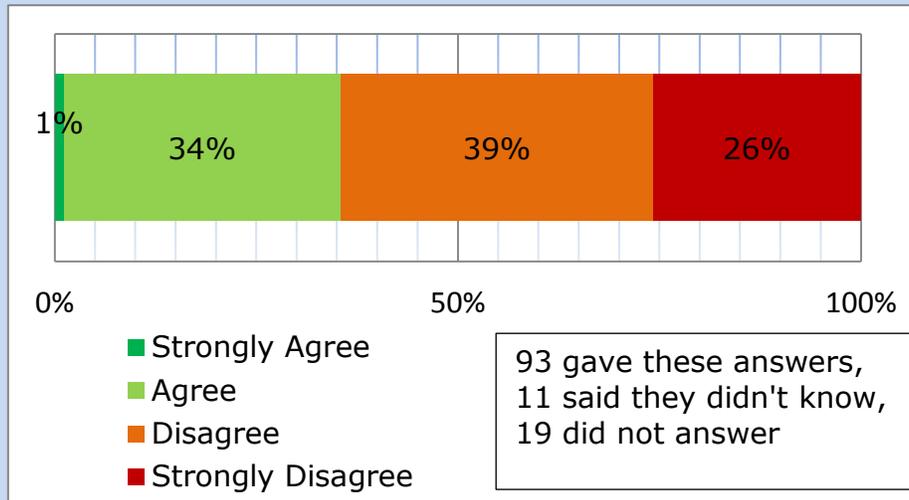


Which of these do you feel best describes the effect of the health reforms on services' ability to provide effective healthcare for children and young people with long term or complex health needs or disabilities?



To what extent do you agree with the following statement?

"Government have provided a clear narrative of the implications of reform of support for children with special educational needs on the planning and delivery of health services for these children"



Analysis and reflections

Following on from what people said about joint working in the round, it is interesting to note that so many respondents suggested that they had not observed an impact on the coordination of care for the particular groups of children and young people we asked about. The most negative responses to our coordinating care questions came in relation to children with complex needs. As well as being concerning it itself, because children with complex needs are often more frequent users of health and other services, the impact on them is an important litmus test for the possible effect on other children. This underlines that it is early days and that the impact of the reforms in these priority areas should continue to be monitored.

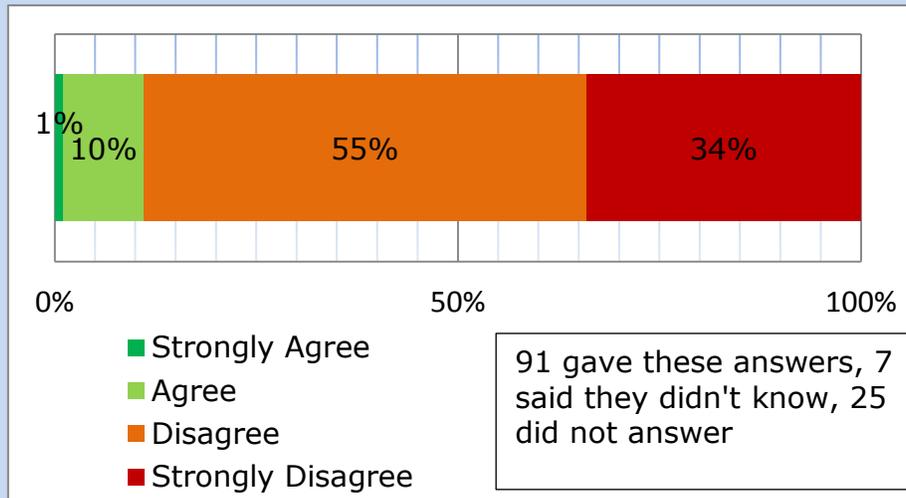
Respondents were also relatively negative when we asked about clarity on the implication of the forthcoming reforms of support for children with special educational needs. While concerning, there are a couple of contextual factors that should be taken into account. Firstly, these particular reforms are still progressing through parliament. Secondly, work is ongoing to support health agencies to understand these changes. Towards the end of the fieldwork period for this survey the relevant ministers from the Department of Health and Department for Education issued a joint letter to local areas setting out their vision of joint commissioning for children with special educational needs. NHS England will also be working with the Council for Disabled Children to inform CCGs and other key players on their duties under the Children and Families Bill and associated regulations, raise aspirations about what can be achieved and provide case studies and guidance material to support CCGs in understanding what good looks like. However, the low baseline of understanding suggested by the response to this question underlines the importance of this work and of continued attention to ensure the implications of these reforms are understood.

Schools and health

We asked:

To what extent to you agree with the following statement?

"The potential of schools as settings for the provision of health services, support and advice for children is being fully realised"



What support, if any, do you think is needed for schools and health services to work in partnership?

42 people responded to this question. Several responses called for investment in school nursing, while some also highlighted the need to support children and young people outside of school. There were calls for more clarity and support around schools' commissioning of health services, clearer responsibilities and for more partnership at a strategic level. The role that schools could play through a health promoting curriculum and working in partnership to support children's access to health services was also highlighted.

Some examples of responses:

"Less focus on schools and achievement and more focus on the wider responsibilities of schools to promote emotional and physical well being. Schools not clear about their roles as commissioners of services and are buying in services inappropriately ie counselling etc without using the local services. concern about clinical oversight of some of the support schools are buying in. Greater role for the LA in this area - locally all money has been devolved to schools with little power to ensure this is utilised properly." *Individual working in a Clinical Commissioning Group*

"If we want to radically improve children's health, then schools are the obvious setting - it is there that children are a "captive audience". We simply are not realising this opportunity. For example, why are we not using schools to introduce,

systematically, the daily physical exercise the majority of our children do not get?"
Individual working in NHS England

"Schools need to be required to support delivery of health agenda and needs to be a way of having agreements at high enough level ie. not having to negotiate with each individual school." *Individual working in a public sector community service provider*

Analysis and reflections

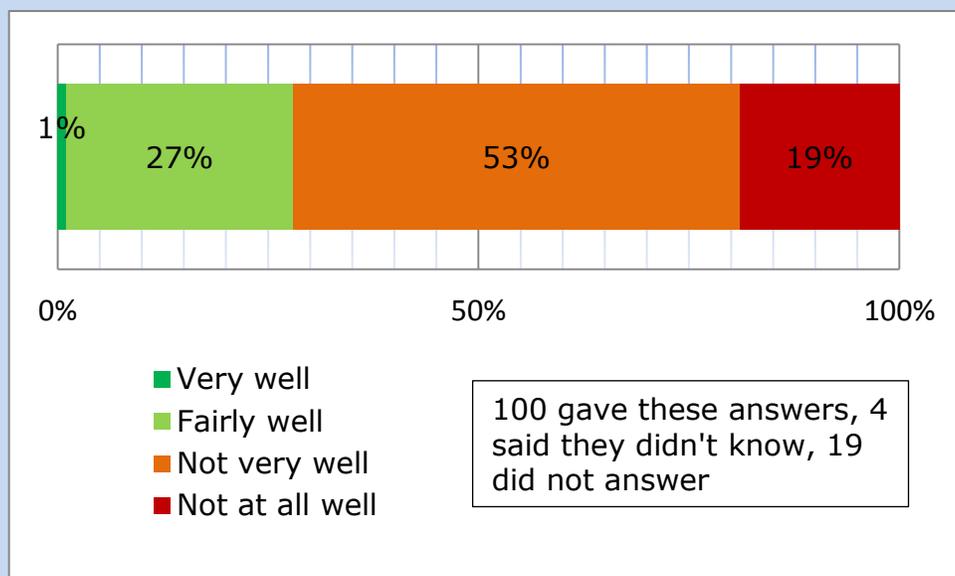
We were struck by the response to our question about whether the potential of schools for supporting health is being realised, with the vast majority disagreeing. This suggests that the role of schools, and other agencies' work with them, should be a key consideration in looking at children's health beyond the NHS. A clearer role for schools in supporting children and young people's health could be a major contributor to giving early intervention and health promotion a more equal status to caring for acutely ill children (see 'Aims and outcomes', above). The responses to the open ended question generally underline the need for clearer responsibilities for, and stronger partnerships with, schools. This finding should also give added impetus to national bodies, particularly Public Health England, to engage with schools.

We also note that the vital task of addressing the support needed by both schools and the NHS to work in partnership will be complex, following reforms not just to the NHS but also in education.

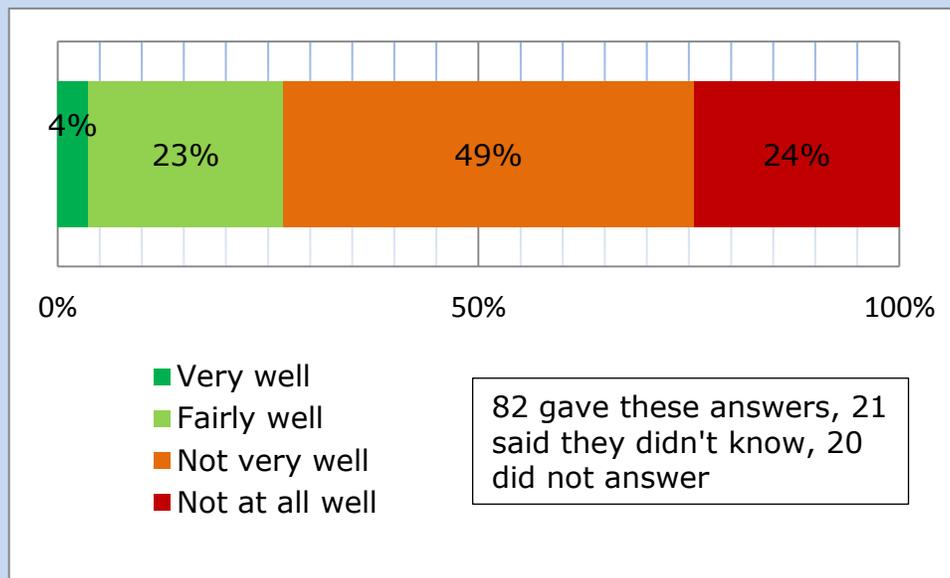
Involving children and young people

We asked:

How well would you say the health service is being supported to involve children and young people in local decision making?



How well equipped do you think your local Healthwatch is to lead in championing children's voices in health?



Is there any particular support or work that may be needed for children to be better involved?

35 people responded to this question. A number of responses suggested drawing on existing good practice, for example in mental health, the voluntary sector and local authorities. Several highlighted the need to be representative and inclusive and undertake participation work in a young people friendly way. The importance of ensuring that such work is properly resourced was also stressed a number of times.

Some examples of responses:

"Have been involved in some Healthwatch meetings and felt that it may be too intimidating. New people not always made welcome, this is being looked at. Need to look at introducing young people into this without them feeling "out on a limb" and comfortable in that setting." *Individual working in local Healthwatch*

"Rather than each organisation creating their own structure it would be much better for structures to be created in a locality which all can access, probably via the council/HWBB." *Individual working in a public sector community service provider*

"There are some examples of very good practice often led by voluntary orgs... but it needs to be an explicit part of commissioned services." *Individual working in a clinical commissioning group*

Analysis and reflections

Responses to these questions on involving children and young people paint a picture of an area of activity that is very much a work in progress and in need of continued nurturing and support, both from national leadership and from local partners who have experience of engaging children and young people effectively. This echoes a recent report by the Children's Commissioner for England on children and young people's involvement in

strategic health decisions.⁷ A majority of those that responded to these questions thought that the health service was not being well supported to involve children and that Healthwatch was not well equipped to champion their voice.

We note that those who responded to the open ended question offered constructive answers and appeared to appreciate the importance of involving children and young people; further support will be needed to enable them to turn this appreciation into action. A notable development since we carried out this survey is that guidance on patient participation has been published by NHS England, sending a clear message that children and young people must be a part of this agenda and reiterating that this will be supported at a national level, including through the development of a Youth Forum.⁸

Particular problems and challenges

We asked:

Are there any aspects of the current climate that you think are particularly challenging or problematic for particular services?

56 people responded to this question. The theme that appeared most frequently was concern about the fragmentation of commissioning of children's health services. These concerns referred to increased numbers of commissioners that would need to work together but also whether the location of particular commissioning responsibilities would prove effective. Several people expressed concern about poor communication between services. Many referenced funding cuts and the challenging financial climate, with particular concern about the vulnerability of specialist and preventative services.

Some examples of responses:

"Fragmentation of commissioning is a real challenge. Our Community Children's Service which covers two CCG areas has gone from having two commissioners to having five (two CCGs, two public health depts and NHS England). So far we are working well together but the potential for pulling in different directions is so much greater." *Individual working in a public sector community service provider*

"Constant cutting of services, staff and resources are leading to young people getting into crisis with no one able to help them because they are too stretched. Young people's services will never be fit for purpose until there is more funding." *Individual working in NHS England*

"Funding to address obesity sits with the local authority but is not ring fenced in an environment of severe savings. The impact of not investing will impact on CCG through health costs associated with adult obesity not the local authority. Serious and highly likely risk to future costs to health." *Individual working in a clinical commissioning group and local authority children's services team*

⁷ Blades, R et al (National Children's Bureau), (2013) *We would like to make a change: children and young people's participation in strategic health decision-making*, Office of the Children's Commissioner for England

⁸ NHS England (2013), *Transforming Participation in Health and Care, Guidance for Commissioners*

Conclusions

As we have set out, the results of this survey provide a useful snapshot of the mood of and perceived challenges facing children's health services in the period following the NHS reforms. Taken together, and following on from our reflections on each section above, the results of this survey support three key messages.

Firstly, it is important that joint working across agencies is supported and nurtured through the ongoing transition to new commissioning arrangements and beyond. This includes supporting clearer understanding of respective responsibilities for child health and facilitation of local joined up service offers. The anxieties about fragmentation of commissioning and the adequacy of guidance for joint working, discussed above, need in particular to be addressed.

Secondly, there is a need to shore up and build the status of early intervention to promote children and young people's health. The contribution of services outside the NHS, in particular schools, to children and young people's health should be better harnessed as also emphasised in the CMO's latest annual report. This again may include more clarity of roles but also a stronger focus in schools on health and wellbeing and their partnership with health services. There is scope for national bodies, particularly Public Health England, to support engagement with schools.

Thirdly, collaboration is key to taking forward more effective involvement of children and young people in the health service. Responses show a clear need across the system for more support with this. Support should include sharing good practice and skills across sectors and agencies and identifying and pooling resources to ensure appropriate attention can be given to being inclusive and children and young people- friendly. That our respondents perceived current arrangements were not yet adequate serves as yet another call to action and recent NHS England guidance supports this need for action. The awareness of good practice and enthusiasm to move forward evidenced in people's free text responses are an important encouragement.

These three messages very much echo some of the conclusions of published reports, most notably by the Children and Young People's Health Outcomes Forum, which provide more detailed recommendations and possible solutions.^{9,10,11}

We are grateful to all those who took the time to share their views. As it has only been a matter of months since the commencement of the new structures introduced by the Health and Social Care Act 2012, there will inevitably be many more changes filtering through to local services now and over the coming years. It will be vitally important that Government and its agencies continue to seek out and listen to the views of children, young people and their families, and those that work with them to monitor the impact of the reforms and inform efforts to make improvements.

⁹ Report of the Children and Young People's Health Outcomes Forum (2012)

¹⁰ NHS Confederation et al (2012) *Children and young people's health and wellbeing in changing times*

¹¹ *Chief Medical Officer's annual report 2012: Our Children Deserve Better: Prevention Pays*

Appendix: Methodology and respondents

Methodology

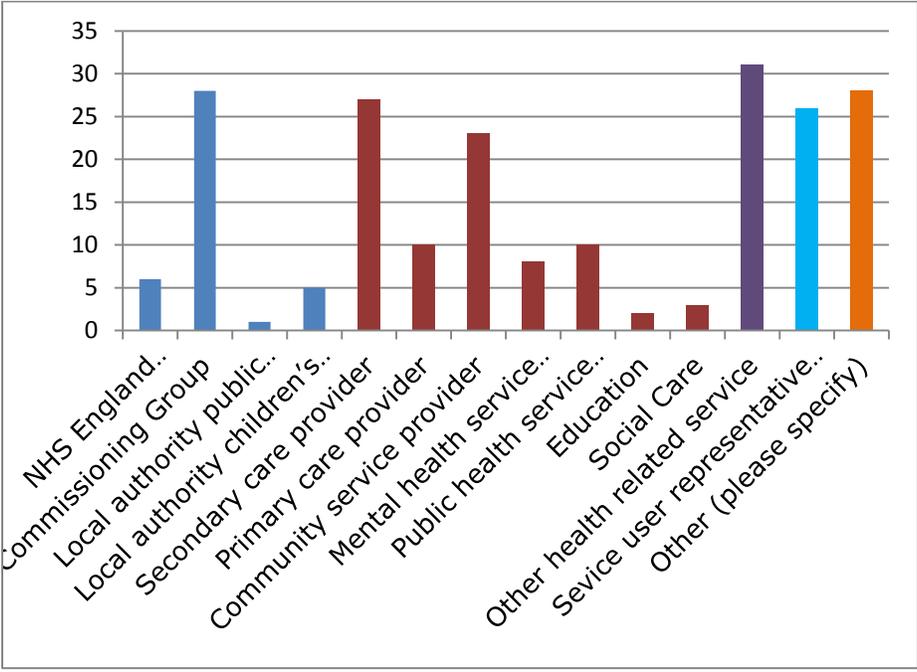
We encouraged contributions from those working in and commissioning a range of services which have an impact on children’s health, and those regularly involved in holding these services to account. (See below for a breakdown of those who responded.) The online survey was disseminated through email bulletins and social media to NHS Confederation members and NCB’s networks.

123 people responded to the survey. The number of definitive answers (excluding ‘don’t knows’ and non responses) to each multiple choice question varied from 114 to 82. There were also between 58 and 35 responses to each open-ended question.

Respondents

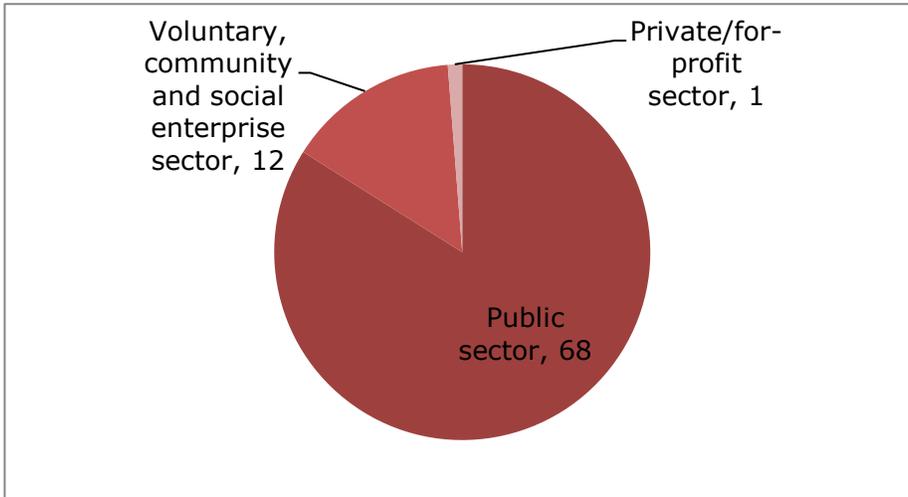
The 123 respondents were mainly made up of NHS commissioners and providers working in the public sector. We also had some respondents from local Healthwatch and parent-carer forums, voluntary sector representatives, and a few from local authorities.

The graph below sets out the how many people ticked each category we suggested to describe their work setting or role as a representative. People were allowed to choose more than one option (to allow for those who fit into multiple categories, for example, a GP who is a primary care provider and secondary care commissioner or a nurse involved in the provision of both public health and community services). There is therefore some overlap in these categories and in the commissioner and provider groups across which we disaggregated for some questions.



Note: most of those who ticked ‘other health related service’ or ‘other’ ticked at least one other option.

Service providers were asked which sector they worked in...



Those completing the survey as a service user representative were asked if this was as part of local Healthwatch, parent-carer forum or other.

