

Implementing the NHS 10 Year Health Plan

A policy briefing by the
Children and Young
People's Health Policy
Influencing Group (HPIG)

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About the Children and Young People's Health Policy Influencing Group (HPIG)

Convened by the National Children's Bureau (NCB) and the [Council for Disabled Children \(CDC\)](#), the Children and Young People's Health Policy Influencing Group (HPIG) provides a strong, independent voice on the health needs of babies, children and young people in England.

Our membership includes over 60 leading national charities, Royal Colleges and professional associations engaging in advocacy, research, practice development and service delivery. Our members represent babies, children and young people from a range of backgrounds, ages, and needs.

What we do and the impact we make

HPIG is a campaigning and influencing group that recognises that our impact is strongest when we work collectively. We meet regularly as a group to share insights with the government, provide feedback on consultations and legislation, work together on major policy reports and provide joint position statements.

In the past year we have engaged regularly with NHS England and the government to advocate for babies, children and young people to be prioritised in the Ten Year Health Plan including publishing a [Roadmap](#) to achieve this, successfully lobbied the government to propose introduction of a Single Unique Identifier, ensured children are part of the Major Condition's Strategy, and [written a report on how newly formed Integrated Care Systems](#) are considering the needs of babies, children and young people in their strategies and plans.

Our priorities for 2025

HPIG is holding the UK government to account through regular engagement with officials and parliamentarians to work with them to deliver on their commitment to raise the healthiest generation of children ever.

HPIG will continue to influence national policy including on anticipated legislation on the Single Unique Identifier, and shaping an NHS Ten Year Health Plan that centres babies, children and young people.

Finally, HPIG will continue working with Integrated Care Systems and ICB Executive Leads for Children to establish how strategies and plans are influencing delivery and what good practice looks like.

Our members

HPIG membership is open to non-profit organisations whose priority is improving the health of babies, children and/or young people.

Our membership is diverse and includes charities, Royal Colleges, and other organisations working on children's health.

We welcome new members who share our goal and can support our collective expertise and understanding of what a good health system for babies, children and young people would look like.

All members of HPIG are equal and the collective power of our work is maximised through the diverse range, size and focus of the organisations who are members.

To find out more please contact us at HPIG@ncb.org.uk



Introduction

HPIG welcomes the 10 Year Health Plan's three shifts of prevention, digital transformation, and a stronger community offer. These are positive ambitions, but they are not new. As the Government makes clear, the plan is only the first stage; it is the approach to implementation that will determine if it leads to successful transformation of the NHS for better health outcomes for all.

For babies, children and young people, this will mean implementing the Plan in a way that delivers on the government's manifesto ambition to raise 'the healthiest generation of children ever'. The Plan lays the foundation for this work by clearly setting out the scale of the challenge. Particularly the highly concerning deterioration in child health outcomes as identified by Lord Darzi's investigation, and it commits to focused action to reverse this trend.

We must now turn from ambitions and commitments to action, seizing this opportunity to create a robust implementation plan to **fundamentally reprioritise** the way babies, children and young people are served by the health system.

Planning delivery to a high standard requires strategic leadership, sustained investment and a clear roadmap to mobilise expertise across departments. Below are considerations that must be made in planning the delivery of the 10 Year Plan to ensure that babies, children and young people are prioritised by the health system.

Summary of all recommendations

- **Health Inequalities:** Align the Health, Opportunity and Safer Streets Missions with the Child Poverty Strategy to include explicit targets for improving child health outcomes and commit to a more equitable share of NHS funding for children following the Spending Review settlement.
- **Neighbourhood Health Service:** DHSC and NHS England should establish a cross-government 'Neighbourhood Health for Children' working group in consultation with the children's sector, with children, young people and families fully involved in the design process.
- **Structures and Accountability:** Create a National Outcomes Framework for Children's Health to measure progress towards the 'healthiest generation of children ever', making ICBs explicitly accountable for improving these outcomes in their population health improvement strategies.

- **Prevention and Early Intervention:** Develop the 10-Year Plan delivery approach in close dialogue with the Child Poverty Strategy, fully cost the Healthy Child Programme to identify the funding gap, and extend the Start for Life programme across the full conception-to-age-five range.
- **Disabled Children and Children with Major and Long-Term Conditions:** Introduce an elective recovery standard ensuring 100% of children are seen within the 18-week target by the end of this Parliament, and work with DfE to bring forward SEND system reforms with clear responsibilities for ICBs.
- **Workforce:** Commit to developing a comprehensive child health workforce strategy alongside the Long-Term Workforce Plan refresh, responding to the specific recommendations in the Children's [Health Workforce Alliance report](#).
- **Safeguarding and Vulnerable Children:** Sustainably resourcing statutory child safeguarding amidst ICB cost-cutting measures and invest in health professionals' capacity to contribute to multi-agency initiatives including the Families First Partnership Programme.
- **Digital:** Implement the Single Patient Record using a single unique identifier for every child, develop age-appropriate digital standards, and ensure 'digital by default' does not replace in-person support for young people requiring relationship-based care.
- **Children's Mental Health** - Prioritise the outstanding recommendations from the [Future Minds campaign](#) with a clear delivery plan and ensure Neighbourhood Health Services explicitly include children's mental health provision with pathways for early intervention and specialist support.

Health inequalities

HPIG felt that the 10 Year Plan was disappointingly unambitious on **health inequalities**, lacking a credible roadmap for the government's ambition to halve the healthy life expectancy gap between England's richest and poorest regions. The prevention chapter states that by the end of the 10 years this plan will only have begun narrowing health inequalities and restarted progress on longevity. That is an unacceptably low ambition. Implementation and monitoring of the plan must proactively maximise every opportunity to narrow inequalities in child health.

This means building a system that always views children's mental and physical health in the context of their **wider experiences** and the **circumstances** in which they grow up. Family income, discrimination and abuse, the local environment, their experiences in education, and a whole range of other factors fundamentally shape children's health outcomes. This also includes unique challenges faced by disabled children who are disproportionately impacted by health inequalities.

The implementation of the 10 Year Plan must ensure that clinical staff are able to play a central role in wider multiagency teams addressing children's holistic needs. Those responsible for the planning, commissioning and delivery of services must prioritise system-wide approaches to address the drivers of health inequalities.

Recommendations:

- The Health, Opportunity and Safer Streets Missions, alongside the cross-government Child Poverty Strategy, must align and include explicit targets and accountability for improving child health outcomes and narrowing inequalities between them.
- The Darzi investigation identified that children are 25% of the population yet account for only 11% of NHS expenditure, and 5% of health research funding. We note that the funding allocations after the Spending Review settlement have yet to be finalised. To both reach the ambition of the healthiest generation of children ever and genuinely shift the NHS towards prevention, DHSC must commit to a more equitable share of health service funding for children as it allocates its multi-year Spending Review settlement to different priorities.

Neighbourhood Health Service

The principles of a Neighbourhood Health Service are welcome, including the opportunity to repurpose paediatric resource in a way that adds value to other community resources. Neighbourhood Health Centres must be designed to ensure they are child- and family-friendly and specific metrics should be designed to monitor this progress, while considering the quality of care delivered to families.

To promote joint working, government departments must ensure a clear common definition of 'neighbourhood health', which is currently used in different ways across a range of other statutory and non-statutory services for children.

It is welcome that the 10 Year Plan points to the need for integration between Neighbourhood Health Services and the other services that children use in other settings like Family Hubs and schools. It was also encouraging to see an emphasis on integration in the government's Best Start in Life strategy. Making the most of this opportunity to transform how services for children and families are delivered will require improved integrated work across Best Start Family Services, Start for Life services, children's mental health services and other paediatric services with emerging neighbourhood health models.

Greater clarity is needed on the role Neighbourhood Health Teams will play in meeting the needs of disabled children, those with long-term conditions as well as those with palliative care needs. There must be clear processes for coordination with specialist services to enable elements of children's care to be delivered closer to home without compromising access to specialist care.

Recommendations:

- DHSC and NHS England should move quickly to establish a cross-government 'Neighbourhood Health for Children' working group in full consultation with the children's sector. Children, young people and families must be fully involved in the design process.

Structures and Accountability

It is imperative that children's health services are not disrupted by the programme of national structural transformation. NHS England deliver important national Transformation Programmes (e.g. maternity, CYP, SEND). If ICBs are to be given greater freedom, it is critical there are specific metrics for achieving the 'healthiest generation of children ever' and that ICSs are held to account for delivery. The reported new DHSC Delivery Unit must be given an explicit mandate to focus on child health.

Partnership with local government will be critical in shaping and delivering on the ambitions of the 10 Year Plan, and especially in enabling integration with wider children's services. We welcome the intention that ICBs will be expected to align their operational boundaries with Strategic Authorities when practically possible. This must be backed up with clear expectations and accountability for new partnerships around child health to ensure this is not lost as a priority during a time of rapid change and significant cuts to ICBs.

Recommendations:

- If we are to genuinely make progress on the 'healthiest generation of children', a National Outcomes Framework for Children's Health must set out how progress on this ambition will be measured. ICBs must then be made explicitly accountable for improving these outcomes in their population health improvement strategies. This must be fully aligned with other key government Missions and frameworks, and in particular consider the results of the recently published Local Government Outcomes Framework consultation.
- A Health Framework could form part of an overall National Outcomes Framework for Children that captures the inter-relationship of (for example) health, wellbeing and educational attainment outcomes.
- Further explicit consideration should be made of how ICBs should be accountable for the Opportunity Mission's Best Start in Life target (i.e. increasing the number of children reaching Good Level of Development at age 5). Given the consensus on the importance of identifying and addressing needs early, developmental milestones measured at two years of age are equally important and should be routinely reviewed and reported on.

Prevention and Early Intervention

HPIG welcomes the government's prevention-first approach to health. The evidence is crystal clear: if we are to take upstream action to prevent illness in the general population, we must begin with healthy childhoods.

Alongside prevention, redistributing resources to early intervention can significantly improve population health, and help with managing health conditions that have the potential to significantly impair children's development at a later stage.

Nonetheless, the Child Poverty Strategy remains a critical piece of the jigsaw. There are few measures which will have such an impact on child health. Confirmation of the Healthy Start Scheme is reassuring; however it must be linked up with tackling child poverty as the two are so interrelated.

Recommendations:

- The delivery approach for the 10-Year Plan must be developed in close dialogue with the Child Poverty Strategy due out in late 2025, so that implementation of both can be aligned to maximise the potential impact on the public health of children and young people.
- There are several important measures the government is taking on public health, including steps to address childhood obesity, improve vaccination take-up, and eliminate the harms of smoking and vaping among young people. Despite these positive steps, the Government must address the chronic underfunding of the Healthy Child Programme (HCP), the comprehensive and evidence-based statutory public health framework for children.
- Full delivery of the Healthy Child Programme must be fully costed so we can identify the current funding gap, and the 0-19 Commissioning Guidance should be refreshed and renewed, with a longer-term aim of giving them the status of statutory guidance target
- Cross-government work, and engagement with the VCSE sector must drive the realignment of Family Hubs expansion with Start for Life services, and the Start for Life programme must be extended across the full conception-to-age-five range, including additional health visiting and speech and language support.

Disabled children and children with major and long-term conditions

While prevention is rightly central to the government's Health Mission, a health system that works for all children must explicitly consider children with chronic illness, disabilities and long-term conditions.

These conditions are often not caused by preventable factors and come with unique and specific needs which are different from adults. This means services that support children with certain illnesses, such as cancer, are specialised and often commissioned separately to other services. This can result in a reduced level of oversight and accountability towards them.

The failure to provide children with timely access to services can irreparably damage childhoods, puts unacceptable pressure on emergency care, and leads to greater demand on resources in the long run. Children's hospital waitlists for elective services and treatments have grown to a record high, at times growing at double the rate of the adult waiting times. While paediatric diagnostic pathways, speech and language therapy and mental health services have some of the highest waiting times across the whole health system.

Health services make a vital contribution to both the well-being and educational progress of children and young people with Special Education Needs and Disabled children (SEND), who make up almost one-fifth of the child population and a significant proportion of the children and young people who are supported by NHS community services. However, long waiting lists and fragmented services mean too many children are not receiving the support they need, undermining their health and development. It is positive that the plan emphasises the need for a joined-up approach between education and healthcare providers, working together with other local services to plan and deliver new models of evidence-based early interventions for children with SEND.

Recommendations:

- DHSC must introduce an elective recovery standard for children's health service recovery, including children's community services, so that 100% of children are seen within the 18-week target by the end of this Parliament.
- DHSC must work in partnership with DfE to bring forward reforms to the SEND system, with a Schools White Paper that sets out how this approach will be

realised – with clear and actionable responsibilities for ICBs and other elements of the health system.

Workforce

Fundamentally, the success of this plan will also depend on sustained investment in the workforce. With fewer NHS staff projected in 2035 than in the previous Long Term Workforce Plan, it is essential that the specific implications of this are fully thought through for children, who often have very different requirements of health professionals. This can only be done adequately with an additional child health workforce strategy that considers how services for children can be improved safely and where additional recruitment is in fact required to achieve this.

The Children's Health Workforce Alliance (CHWA) is an HPIG sub-group of 25 organisations from health, education, and social care sectors in the UK. Launched in September 2025, its primary goal is to address the crisis in children's health services by advocating for a stronger and better-funded workforce. It is working to ensure that the government's upcoming workforce plan prioritises children's health, recruitment, retention, and development.

The group has recently published a policy briefing- Building a workforce for the 'healthiest generation of children ever'- , which outlines the serious challenges faced by the child health workforce, from staffing shortages and burnout to gaps in training and retention. The briefing also sets out a series of cross-sector solutions for governments to take forward, including investment in workforce planning, improved career pathways, and stronger integration across services. These measures will be essential to the delivery of the government ambition to shift more services into the community.

Recommendations:

- Alongside the Long-Term Workforce Plan refresh, the government must commit to developing a comprehensive child health workforce strategy. This is essential for delivery of services which can safely meet children's health needs.
- The Government should respond to the specific recommendations contained in the CHWA report and include them in a future child health workforce strategy.

Safeguarding and vulnerable children

To ensure the role of health is strengthened within safeguarding, more needs to be done to make sure the Plan meets the needs of children whose family lives and living conditions are less stable, including those looked after.

ICBs hold statutory responsibility for safeguarding children. They are one of the three safeguarding partners, alongside the local authority, and the police. The proposed merger of NHS England with DHSC must consider how these duties will be delivered effectively in light of the changes. Additionally, the cuts to ICB administration must not affect their capacity to safeguard babies, children and young people.

Recommendations:

- DHSC must sustainably resource statutory child safeguarding amidst ICB cost-cutting measures. With the impending merger of NHS England, DHSC must ensure NHS providers and ICBs will be held accountable for child safeguarding through clear lines of responsibility within the new organisational structure.
- DHSC must invest in securing health professionals' capacity to contribute to positive new multi-agency initiatives, including the Families First Partnership Programme, to improve early help for families and Multi-agency Child Protection Teams in the Children's Wellbeing and Schools Bill.

Digital

The plan outlines a shift to a digitally enabled NHS that empowers patients and staff through tools like the Single Patient Record and a redesigned NHS App, envisioned as the main access point for services. The implementation of the Government's plans for a single unique identifier provides a golden opportunity to enable the creation of a single digital record for every child and allow practitioners to share data in a timelier way.

Digital tools like My Carer and My Children in the NHS App could give families more control and help coordinate care more effectively. However, they must be designed for families navigating complex care – including supporting older children who are beginning to take on more responsibility for their own health. They must be used in a way that addresses the additional safeguarding considerations in some circumstances- including child protection interventions, domestic abuse, or estrangement.

To support early identification of health and developmental concerns, key metrics recorded in a baby's 'red book' should be recorded in the app too. Greater efforts are needed to achieve universal coverage of babies' mandatory health reviews, as set out in the Healthy Child Programme. Too many babies are not receiving these mandatory reviews, meaning missed opportunities to identify concerns and unmet needs. In a 'data-driven' NHS, high quality data capture and reporting is crucial to early identification of health or developmental concerns.

Additionally, digital tools to engage young people must be accompanied with the development of age-appropriate standards of smartphone/internet usage, as information in digital form for children comes with additional risks.

NHS online health advice must ultimately aim for young people to understand and manage their own healthcare. Currently, it is not tailored to engaging with children. Patients must have access to reliable sources of health information to reinstate their trust in NHS services.

The 10 Year Plan states that healthcare will be 'digital by default'. Young people who use services (as opposed to largely healthy children) have fed back that for many of them face-to-face contact is extremely important. Children often have quite different needs and priorities to adults in this regard and for children a digital approach should not fundamentally replace in-person support and relationship building.

Recommendations:

- The strong focus on digitisation could create additional inequalities related to digital exclusion- safeguards need to be put in place to mitigate this and improve access and digital literacy.
- The Single Patient Record must be implemented using a single unique identifier for every child, enabling better data sharing between practitioners and integrating key health metrics from the "red book" into the NHS App.
- "My Carer" and "My Children" features in the NHS App must be developed in a way that works for complex care situations, support older children managing their own health, and incorporate robust safeguarding considerations.
- DHSC must ensure all babies receive mandatory health reviews as outlined in the Healthy Child Programme and improve data capture quality to enable early identification of health and developmental concerns.
- National standards must be developed for smartphone and internet usage that address the additional risks children face when accessing health information digitally.
- DHSC must ensure that "digital by default" does not completely replace in-person support for young people using services, recognising that children have different needs than adults and require relationship-based care.

Children's mental health

HPIG endorses the Future Minds campaign and its call for transformational change in children's mental health services. Whilst the 10 Year Plan acknowledges the mental health crisis affecting children and young people, many of the key asks from the Future Minds campaign remain outstanding.

The deterioration in children's mental health is one of the most pressing public health challenges facing the country. Long waiting times, fragmented services, and insufficient early intervention continue to leave too many children and families without the support they need. Mental health is inextricably linked to physical health, educational attainment, and long-term life outcomes, making it fundamental to the government's ambition to raise the 'healthiest generation of children ever'.

The 10 Year Plan's emphasis on prevention and community-based care provides an opportunity to fundamentally reshape how children's mental health services are delivered. However, this can only be achieved with sustained investment, a comprehensive workforce strategy for children's mental health professionals, and genuine integration between mental health services, schools, primary care, and other support services that children access.

Recommendations:

- DHSC must prioritise the outstanding recommendations from the Future Minds campaign, including establishing a clear delivery plan with timelines and accountability mechanisms for improving children's mental health outcomes.
- The implementation of Neighbourhood Health Services must explicitly include children's mental health provision, with clear pathways for early intervention and access to specialist support when needed.