



**Health and Social Care Bill**  
**NCB briefing for Second Reading in the House of Commons**  
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**Contact: Zoë Renton, Senior Policy Officer, [zrenton@ncb.org.uk](mailto:zrenton@ncb.org.uk), 020 7843 6005**

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**Summary**

NCB believes that the Health and Social Care Bill provides a real opportunity to improve integration across the broad range of services that promote children's health and well-being. However, if this opportunity is missed, the result could be even greater fragmentation in the way that services are planned, commissioned and delivered, resulting in children, young people and families – and especially the most in need – facing greater barriers to accessing the services and support they need. During the passage of the Health and Social Care Bill, NCB will therefore be 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 will be seeking:

- to amend the Bill so that health and well-being boards must (rather than may) encourage integrated planning and delivery across health, social care and health-related services
  - an amendment to the Bill to require health and well-being boards, when developing their joint health and well-being strategy, to have specific regard to the health and well-being of children
  - assurances that government will ensure the health and well-being board 'early implementers' trial effective ways of tackling the health issues facing children and young people in their area
  - to amend the Bill to place an explicit duty on Healthwatch England and Local Healthwatch to promote the involvement of children and young people in the development of services and decisions about their own care
  - assurances that the GP consortia pathfinders will trial approaches to building the capacity of GPs to commission effectively for children
  - clarity as to how government 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
  - clarity from government as to its plans for maintaining and building upon the huge contribution voluntary and community organisations make to promoting the health and well-being of vulnerable children, young people and families.
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## **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 service have an important role to play in improving the health and well-being of individuals. This is particularly important for children and young people, for whom the most effective interventions are often those delivered through non-health settings and services, such as schools and colleges, Children's Centres and youth services.

The Bill establishes local health and well-being boards to promote co-ordinated planning and delivery across the NHS, social care and public health services (clause 179(1)). In addition, it states that these boards may encourage integrated working between the commissioners and providers of health and social care services and of 'health-related' services (those that are not part of the health service but impact upon the health of individuals)(clause 179(3) and (4)).

While we welcome this broader focus on 'health-related' services, we are concerned that the Bill is too weak to ensure that every child in every area benefits from education, health, social care, safeguarding and recreation services that are developed and commissioned in an integrated way. It is vital that the measures contained in the Bill maintain and build upon the good work already taking place across the country to integrate commissioning and provision for children, young people and families.

**NCB will therefore seek to amend the Bill so that health and well-being boards must (rather than may) encourage integrated planning and delivery across health, social care and health-related services.**

The health and well-being board will also be responsible for preparing the local joint strategic needs assessment and the new joint health and well-being strategy (clause 180(1))<sup>1</sup>. NCB welcomes the proposal to require councillors, local authorities, GP commissioners and local Healthwatch to work in partnership to develop a plan to improve the health and well-being of local people. However, with such a broad remit, we are concerned that children and young people's needs may get lost in the process, especially as they are less likely to be receiving services primarily through the health system. This is particularly significant in the context of government's decision to remove the requirement on local authorities and their Children's Trust partners to develop a specific plan for improving the well-being of children (the children and young people's plan).

**NCB will therefore be seeking an amendment to the Bill to require health and well-being boards, when developing their joint health and well-being strategy, to have specific regard to the health and well-being of children. We will seek assurances from government that it will ensure the health and well-being board 'early implementers' trial effective ways of tackling the health issues facing children and young people in their area.**

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<sup>1</sup> Clauses 176 and 177 of the Bill place duties on local authorities and each partners commissioning consortia to prepare a joint strategic needs assessment and joint health and well-being strategy. However, clause 180(1) states that these duties will be exercised by the health and well-being board.

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### **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 166 to 169). 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. In particular, 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 they 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 will need additional capacity and skills to reach out to and engage these children and their families.

**NCB will seek to amend the Bill to place an explicit duty on Healthwatch England and Local Healthwatch to promote the involvement of children and young people in the development of services and decisions about their own care. We will also seek assurances about government's plans to enable Healthwatch to work effectively with children and young people.**

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### **Ensuring the new commissioners have a thorough understanding of the needs of children and young people**

The Bill provides for new commissioning consortia (led by GPs) to commission the majority of NHS services (clause 6). NCB wants to ensure that those taking over NHS commissioning are able to do so 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 experience<sup>2</sup>.

In order to commission effectively for children and young people, the work of GP commissioning consortia, and their health and well-being board partners, must be informed by:

- a thorough understanding of child development and how to promote children's health and well-being holistically
- knowledge of the specific needs of vulnerable groups (including disabled children, looked after children and care leavers, those involved in the youth justice system and refugees and asylum seekers)
- the best available evidence of what works to improve children's physical, mental and emotional health and well-being.

**During the passage of the Bill, NCB will be seeking assurances from government that the GP consortia pathfinders will trial approaches to building the capacity of GPs to commission effectively for children.**

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### **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 proliferation of health commissioning boundaries that may result from the replacement of Primary Care Trusts by GP consortia, and the need for local authorities to work with multiple consortia, is a particular concern for those in or leaving care.

**During the passage of the Bill, NCB will be seeking clarity as to how government 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.**

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### **Ensuring the voluntary sector promoting children's health can flourish**

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 and well-being outcomes to be delivered by the NHS, public health and their partners. 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.

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<sup>2</sup> Sir Ian Kennedy (2010) *Getting it right for children and young people: overcoming cultural barriers in the NHS so as to meet their needs*

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. There are already reports of VCOs losing public sector contracts or having their funding cut, 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.

**During the passage of the Bill, NCB will be seeking clarity from government as to 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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### **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.