

# Barnardo's position paper on the Health and Care Bill

December 2021



## About Barnardo's

Barnardo's is the UK's largest children's charity. In 2020-21 we supported 382,872 children, young people, parents and carers, through around 800 services and partnerships. Barnardo's has a long-standing history of providing services to children and young people not living with their parents – we were founded to provide food, shelter and skills to children living on the streets of Victorian London. Today we provide support to families who are struggling; we run 62 children's centres and family hubs across England which provide a range of universal and targeted preventative and early intervention support.

Barnardo's delivers 157 health services across the UK<sup>1</sup>. These include delivering community-based social prescribing services to which primary care medical practitioners refer children and young people for non-medical, holistic, approaches to address health and wellbeing, Mental Health Support Teams in schools and specialist community mental health services. We deliver targeted therapeutic intervention and support for trauma, abuse and exploitation and work with children who self-harm, have substance misuse problems and neurodiverse children such as those with attention deficit hyperactivity disorder (ADHD) and autism. We also provide support for families, carers and new parents including practical public health advice on healthy lifestyles, oral health and breast feeding.

In response to the COVID-19 pandemic, Barnardo's has developed innovative new approaches to support, blending face to face work with digital solutions. For example, Barnardo's Education Community is a specialist resource for professionals working in education, from early years through to universities.<sup>2</sup>

For more information, please contact Menna Thomas, Senior Policy Adviser, at [menna.thomas@barnardos.org.uk](mailto:menna.thomas@barnardos.org.uk)

## Executive summary

Barnardo's welcomes the Health and Care Bill, as it provides a unique and timely opportunity to tackle child health inequalities and improve the integration of health and social care services. We hope this will mean better provision of preventative and early intervention support for children and families, to ensure they receive the right support at the right time, stemming the development of more acute and complex problems that many families face today.

It is during childhood that the foundations of adult health are laid.<sup>3</sup> Children growing up in England today face some of the worst health outcomes in Europe, from poor nutrition and high levels of obesity to increasingly poor mental health.<sup>4</sup> Alongside this, we continue to see the increasing impact of climate change on children's health, including increased air

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<sup>1</sup> <https://www.barnardos.org.uk/integrating-health-and-social-care>

<sup>2</sup> <https://www.educators-barnardos.org.uk/>

<sup>3</sup> Fair Society, Healthy Lives (instituteofhealthequity.org)

<sup>4</sup> Royal College of Paediatrics and Child Health, 2018. [Child health in 2030 in England.](#)

pollution.<sup>5</sup> In addition, children living in the most deprived communities face much poorer health outcomes than their wealthier peers. Many of these issues, if left unresolved, are carried into adulthood, with huge costs to our health and social care systems.

If we are to 'level-up' and fulfil the ambitions of the Bill to reduce inequalities, we must intervene earlier, and investing in children is the best place to start, as it lays the foundation for a lifetime of good health. The recent announcement of increased funding to address the adult health and social care crisis is understandable, however children's health and social care is also in crisis. Specialist CAMH services are currently failing to keep pace with the need for services to address eating disorders for example, which can be life threatening without prompt, appropriate treatment<sup>6</sup> whilst the care system, responsible for protecting and caring for our most vulnerable children, has been described by the Chair of the Independent Review of Children's Social Care as a 'tower of Jenga held together with Sellotape'<sup>7</sup>. These pressures at the acute end of services are a huge wake up call for investment in earlier, preventative work with children and families. The Health and Care Bill is a real opportunity to progress this work.

However, Barnardo's is concerned that the Bill, as currently drafted, fails to specifically recognise and address the needs of children and young people. The NHS ambition for Integrated Care Systems (ICSs) is that they will support a reduction in health inequalities<sup>8</sup>, many of which we know start in childhood. However, Barnardo's is concerned that by failing to specifically consider the needs of children and young people, the Bill will in fact be a missed opportunity to address child health inequalities as well as the need for further integration within children's health and social care services. Therefore, Barnardo's recommends that:

- The Bill should include a specific commitment to reducing children's **unequal access** to health services and **unequal health outcomes** across England. ICSs should champion children, young people and the voluntary, community and social enterprises who support them, by ensuring they are **represented** within ICS structures.
- The Better Care Fund should be extended to fund **integration** between children and young people's health and care services.
- The Bill should recognise the needs of **young carers** when discharging patients from hospital.
- The Bill should mandate that a **Child Impact Assessment** is undertaken by the Government within two years of the Bill's implementation to assess its impact on children.

In conjunction with these legislative changes, we are also calling for:

- A **family hub** in every community to facilitate holistic and joined up public services for the whole family from pre-birth to 19 years old.
- The divide between clinical services for children with serious mental health conditions and the community and school-based support for emotional wellbeing to be closed and establish an **integrated child and adolescent mental health service**, providing accessible, child-centred support for emotional wellbeing and mental health.

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<sup>5</sup> Environment Agency, 2021. [State of the environment: health, people and the environment](#).

<sup>6</sup><https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2021/08/18/record-number-of-children-and-young-people-waiting-for-eating-disorder-treatment-as-soaring-demand-overwhelms-services>

<sup>7</sup> [case-for-change.pdf \(independent-review.uk\)](#)

<sup>8</sup> <https://www.england.nhs.uk/wp-content/uploads/2021/01/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems.pdf>

## Introduction

The White Paper on Health and Social Care, *Integration and innovation, working together to improve health and social care for all*<sup>9</sup> was published in February 2021. It sets out the Government's proposals for a Health and Care Bill, building on the principles and objectives of the NHS Long Term Plan<sup>10</sup>. The Health and Care Bill<sup>11</sup> is currently at Committee Stage which will report in November. This paper sets out Barnardo's position on the legislation and what it means for vulnerable children and young people.

The Covid-19 experience has cast a spotlight on health inequalities and drawn attention to the need to address health challenges early, preferably via preventative action, which is a key aim of the NHS Long Term Plan. The Health and Care Bill pursues increased health and social care integration with the aim of improving planning and investment in early preventative action, which has clear benefits for individuals, communities, and NHS and social care resources in the longer term.

Key features of effective local responses to the challenge of Covid-19 involved close collaboration between health and social care organisations, the streamlining of bureaucracy, and the upscaling of digital approaches. This worked particularly well in areas where models of integrated health and social care, known as integrated care systems, had already been established. The legislation seeks to lock in the best of this learning, primarily by placing integrated care systems on a statutory footing.

### The Health and Care Bill focuses on four areas:

1. **Working together to integrate health and care**, including putting Integrated Care Systems (ICSs) on a statutory footing and introducing a duty to collaborate
2. **Reducing bureaucracy**, including permitting the NHS to make decisions without the involvement of the Competition and Markets Authority (CMA) and reform of procurement processes through a bespoke health services provider selection regime.
3. **Improved accountability**, including merging NHS England with NHS Improvement, and giving more powers to the Secretary of State
4. **Additional proposals** on social care, public health and safety and quality.

### What are Integrated Care Systems?

NHS England describes Integrated Care Systems (ICSs) as, 'new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups'.<sup>12</sup> ICSs can include public sector, voluntary and community sector and private sector organisations and since April 2021 have been established across England in 42 areas<sup>13</sup>. ICSs will take on the commissioning functions that currently sit with clinical commissioning groups (CCGs) alongside some of those within NHS England. Currently ICSs have no basis in legislation or statutory guidance.

The Health and Care Bill proposes that they are made up of two statutory bodies:

- The ICS NHS body, which will focus on integration within the NHS and,
- The ICS Health and Care Partnerships, which will focus on integration between the NHS, local authorities (LAs), and wider partners.

<sup>9</sup> <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

<sup>10</sup> <https://www.longtermplan.nhs.uk/>

<sup>11</sup> <https://publications.parliament.uk/pa/bills/cbill/58-02/0140/210140.pdf>

<sup>12</sup> <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>

<sup>13</sup> <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>

## 1. A commitment to reducing children's inequality of access to health services and unequal health outcomes should be made explicit in the Bill

The NHS's stated core purpose of the Integrated Care Systems (ICSs) is to:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience and access.
- Enhance productivity and value for money.
- Help the NHS support broader social and economic development.<sup>14</sup>

For children and young people, health starts in their homes, schools, neighbourhoods, and communities. The Royal College of Paediatrics and Child Health states: '*across most indicators, health outcomes are worse for children who live in deprived areas*'.<sup>15</sup> Those born into families experiencing economic insecurity, poor quality housing and unsafe neighbourhoods are more likely to be impacted by a range of challenges affecting their health outcomes. Children in the most deprived parts of the country are:

- More than twice as likely to be obese as their peers living in the richest areas,<sup>16</sup> creating childhood health inequalities as well as impacting their health as an adult.<sup>17</sup>
- At increased risk of developing mental health difficulties.<sup>18</sup> For children physical and emotional health are closely intertwined as they grow and develop.<sup>19</sup>
- The stress and stigma of poverty impacts on children's physical and mental health<sup>20</sup> and high levels of stress have been shown to impact on children's hormone levels, placing them at greater risk of common childhood illnesses such as ear infections, viral infections, asthma, intestinal infections and urinary tract infections.<sup>21</sup>
- Stressed children and young people can develop 'behavioural, physical, and psychological problems' which last a lifetime,<sup>22</sup> and those exposed to the 'toxic stress' of adverse childhood experiences (ACEs) such as physical, sexual and emotional abuse are 'at greater risk of many health problems in adulthood, from depression to cardiovascular disease and obesity'.<sup>23</sup>

Research carried out in England found that people who experienced ACEs were far more likely to develop health harming behaviours such as substance misuse, smoking and poor diet, concluding that: 'The importance of addressing ACEs is often hidden, along with the voices of the children affected. However, exposing the levels of ACEs experienced even in a developed country like England and investing more in their prevention makes both ethical and economic sense.'<sup>24</sup>

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<sup>15</sup> <https://stateofchildhealth.rcpch.ac.uk/one-year-on/>

<sup>16</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2018-19-school-year>

<sup>17</sup> as above

<sup>18</sup> [Poverty and Mental Health.pdf](#)

<sup>19</sup> <https://www.mentalhealth.org.uk/a-to-z/p/physical-health-and-mental-health>

<sup>20</sup> <https://www.rcpch.ac.uk/news-events/news/impact-poverty-child-health>

<sup>21</sup> <https://www.bmj.com/content/371/bmj.m3048>

<sup>22</sup> <https://www.bmj.com/toxic-stress>

<sup>23</sup> <https://www.bmj.com/toxic-stress>

<sup>24</sup> <https://bmcmmedicine.biomedcentral.com/track/pdf/10.1186/1741-7015-12-72.pdf?site=bmcmmedicine.biomedcentral.com>

We know that around half of mental health disorders start by age 14<sup>25</sup> and whilst research has shown that around 30-40% of the risk of anxiety and depression is genetic and 60-70% is environmental.<sup>26</sup>

Barnardo's surveys its frontline workers on a quarterly basis to understand the emerging needs of the communities served. Data gathered via these surveys indicate that the COVID-19 pandemic, and the social adaptations and changes it has triggered, continues to have a detrimental impact on children and young people's mental health. Between April 2020 and July 2021, the survey data showed that the mental health and emotional wellbeing of children and young people was the primary concern of practitioners. In the most recent July 2021 survey, of the 275 Barnardo's practitioners who responded:

- 84% said they were currently supporting a child with their mental health.
- 72% thought that those children were reliant on their Barnardo's service for support.
- 95% thought there were more children with mental health and emotional wellbeing problems.

Data on child health recently published by Public Health England correlates with this evidence, showing increases in the numbers of hospital admissions for self-harm in children and young people aged 10-24.<sup>27</sup>

In 2020 children and young people using Barnardo's services were involved in co-producing a report on the impact of the pandemic on their lives.<sup>28</sup> This is a snapshot from their perspective:

'Not being able to do things that normally make me happy and help me cope has made my mental health decline massively.'

'The needs and voices of the most vulnerable children and young people had been forgotten in the pandemic, with many of society's most vulnerable children and young people left with no support at all. If we learn anything from coronavirus it must be to make a change, listen to and prioritise these groups of children and young people.'

'The ability to keep in touch with others and do the usual bonding and interesting activities young people would ordinarily do is a major precipitating factor for mental and physical health conditions.'

'Been a reminder that I've not got the same support as others like a Mum and Dad, whereas other people at my university are getting collected by family. I'm here alone.'

'72% of young people who responded said they had decreased social contact with friends and family. Although this was an intended consequence of the quarantine it is important to remember the on-going effects of this on the wellbeing of young people. Humans are innately social and to be restricted by threats to our health is frustrating and saddening due to our inability to do anything to rectify it.'

'The government forget[s] about people who can't speak English or explain themselves properly which is so unfair. Just because they can't speak English [it] doesn't mean they don't have anything to say.'

<sup>25</sup> [Half of all mental illness begins by the age of 14 | World Economic Forum \(weforum.org\)](https://www.weforum.org/articles/2019/05/half-of-all-mental-illness-begins-by-the-age-of-14/)

<sup>26</sup> as above

<sup>27</sup> [Young People - High Impact Areas \(phe.org.uk\)](https://www.phe.org.uk/publication/young-people-high-impact-areas)

<sup>28</sup> <https://www.barnardos.org.uk/mental-health-covid19-in-our-own-words-report>

'I would like the health and wellbeing of people to be a main focus for the government after the pandemic, for the poverty stricken to not be abandoned and the people in those situations to be helped and not made to feel like scum for having government aid which is barely enough to keep them going.'

The evidence shows that children who aren't afforded a healthy start, both physically and emotionally, are at higher risk of health problems during their childhood, which will continue to undermine their health as adults, reducing their opportunities for personal achievement and to contribute fully as citizens. However, Andrea Leadsom's recently published *Best Start for Life Review* found that receiving high quality care during a child's early years can lead to better physical and emotional health outcomes throughout a person's life.<sup>29</sup>

The Health and Care Bill is, potentially, a significant opportunity to address children's health inequalities. However, what is clear from our reading of the Bill is that children and young people, and the organisations that serve them, are conspicuous by their absence. We therefore propose that in the key sections relating to reducing inequality of access and outcomes, children should be listed specifically within section 14Z35. Our proposed amendments are as follows:

#### **14Z35 Duties as to reducing inequalities**

Each integrated care board must, in the exercise of its functions, have regard to the need to—

- (a) reduce inequalities between patients, **[INSERT]** 'of all ages including children,' with respect to their ability to access health services, and
- (b) reduce inequalities between patients, **[INSERT]** 'of all ages including children,' with respect to the outcomes achieved for them by the provision of health services.

#### **Examples of government policy, and draft policy, which the Bill could be harnessed to implement or support:**

- **The Best Start for Life: A vision for the 1,0001 critical days (2021)** describes its' intention of 'setting babies up to maximise their potential for lifelong emotional and physical wellbeing.'<sup>30</sup> an aim which correlates directly with the Bills headline Triple Aim of 'Better health and wellbeing for everyone'. The report lays out its policy aim of 'Seamless support for families 'delivered from 'A welcoming hub for families' and identifies 'Family Hubs as a place for families to access Start for Life services.'<sup>31</sup> The Health and Care Bill could be an important lever to facilitate the realisation of this policy vision in communities up and down the country.
- **Strengthening Families: 2021-22 and beyond. March 2021.** The Troubled Families programme recognised the value of delivering a 'whole family' approach, bringing public services together to deliver support as integrated family hubs.<sup>32</sup> The

<sup>29</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/973112/The\\_best\\_start\\_for\\_life\\_a\\_vision\\_for\\_the\\_1\\_001\\_critical\\_days.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf)

<sup>30</sup> [The best start for life a vision for the 1 001 critical days.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf) (publishing.service.gov.uk)

<sup>31</sup> As above

<sup>32</sup> [The Troubled Families programme \(England\) - House of Commons Library](https://www.parliament.uk/libraries/commons/libraries/commons/2021/03/2021-03-24-troubled-families-programme-england/) (parliament.uk)



renamed Supporting Families Programme seeks to continue to drive local service integration, with the aim of being able to identify problems and provide support and intervention earlier to address emerging need, including the impact of Covid on families.<sup>33</sup> **Were the integration of children and family services explicitly addressed in the Bill proposals then this would serve to build on the integrated family hub models, which the government committed to champion in their 2019 Conservative manifesto.**

- **The Green Paper on Transforming children and young people’s mental health provision.**<sup>34</sup> The contents of this paper were warmly welcomed on its publication in July 2018. It remains a consultation paper, however, the aims outlined within it, such as the establishment of Mental Health Support Teams in schools, have been implemented in some areas with a view to testing models. Since 2018 the Covid-19 pandemic has completely upturned school and college communities up and down the country, rupturing pupils educational experience, impacting on their wellbeing and mental health and pushing the education workforce beyond what any teacher would have expected to be dealing with when entering the profession. **Barnardo’s believe that this Bill could be the opportunity to make the changes, so sorely needed, across all schools in England to support a whole school approach to mental health and wellbeing and to harness cross sector services, on a community level, to support children and young people’s wellbeing and mental health.**
- **The NHS Long Term Plan**<sup>35</sup> sets out some ambitious goals in relation to delivering mental health provision by 2023/24. These include that 345,000 additional children and young people aged 0-25 will have access to support via NHS-funded mental health services and school- or college-based Mental Health Support Teams and that there will be a comprehensive offer for 0–25-year-olds that reaches across mental health services for children and young people and adults. **Barnardo’s believe a specific focus on services for children and young people in the Health and Care Bill will serve to support the provision of a wider range of appropriate wellbeing and relational mental health support services in schools and communities that prevent children and young people needing more specialised health intervention.** This would help to reduce the number of children and young people requiring specialist community mental health service and make the Long-Term Plan goals more achievable.

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<sup>33</sup> [Strengthening families, protecting children \(SFPC\) programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/strengthening-families-protecting-children)

<sup>34</sup> [Transforming children and young people’s mental health provision: a green paper - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision)

<sup>35</sup> [NHS Long Term Plan](https://www.nhs.uk/longtermplan)

## 2. Ensuring children and young people are represented within Integrated Care Systems

Ensuring that children's health and social care services have strong representation in the ICS governance structures, and that all aspects of the Bill are considered from the perspective of a child and young person will support these purposes. Excellent integrated services for children and their families are one of the best ways of providing strong foundations for adult health and ensuring children grow into healthy citizens, ready and able to contribute positively to their communities.<sup>36</sup>

Under the current proposals, there is no duty to include representation from children's health and social care services on the Integrated Care Board (ICB) or the Integrated Care Partnership (ICP).

Barnardo's sought to identify whether existing ICBs had a children and young person's lead or representation. We found that out of the 42 existing ICSs:

- **17** had no stated children or young people leads on their boards.
- **24** did not list their ICB members.
- **Only one** ICS Board, North London Partners in Health and Care, listed a strategic lead for Children, Young People and Maternity on their Integrated Care System Senior Leadership Team.

We agree with the Health and Policy Implementation Group hosted by the National Children's Bureau that this suggests that more ICSs need to ensure that children, young people and families are served by having their views and needs represented on ICBs.

One of the stated aims of this Bill is to tackle health inequalities and prevention. As drafted, the Bill risks missing the opportunity to clarify the role of ICSs in delivering improved integration in services for children and young people and support achieving the Triple Aim - which is to improve 1) health and wellbeing, 2) the quality of services, and 3) efficiency and sustainable use of resources. Our view is that providing services to address children's health inequalities should be central to the overall aims of the legislation.

The NHS *Integrated Care Systems: Design Framework* states that "the ICS Partnership will have a specific responsibility to develop an 'integrated care strategy' for its whole population, using best available evidence and data, covering health and social care (both children's and adult's social care), and addressing the wider determinants of health and wellbeing. This should be built bottom-up from local assessments of needs and assets identified at place level, based on Joint Strategic Needs Assessments".<sup>37</sup> It is difficult to see how this can be achieved within a governance framework which has no mandate to include children's public and voluntary, community and social enterprise (VCSE) organisations representation, or to pay specific attention to children's health inequalities.

Barnardo's believes including representation from children's health and social care services on the ICB and the ICP would ensure a strong strategic voice in decision making in relation to developing the 'Integrated Care Plan' for the area (Clause 20). As outlined earlier in this brief, investing in integrated, holistic approaches to supporting children and family's wellbeing is an investment in lifelong health. In developing an 'Integrated Care Plan' for a local area (Clause

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<sup>36</sup> <https://www.hsj.co.uk/service-design/integrating-care-for-children-and-young-people/7024263.article>

<sup>37</sup> <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf>



20) children, young people and their families risk missing out on having their views and needs comprehensively represented and addressed and in accessing funding for integrated services unless there is a mandate to include a specific section on babies, children and young people in the plan.

As a member of the Health Policy Influencing Group (HPIG), led by the National Children's Bureau (NCB) Barnardo's is supporting the following amendments put forward by the HPIG on representation and strategic planning:

### **Involving key partners**

Clause 20, page 29, line 7, at end insert –

(3) When appointing members to the integrated care partnership, the integrated care partnership must pay particular attention to the range of services used by children and young people aged 0-25.

#### Explanatory statement:

This amendment would require integrated care partnerships to consider representation from the full spectrum of services used by babies, children and young people, including education settings.

### **Strategy**

Clause 20, page 29, line 32, at end insert –

(c) In preparing a strategy under this section, an integrated care partnership must – include specific consideration of how it will meet the needs of children and young people aged 0-25.

#### Explanatory statement:

This amendment would require an integrated care partnership to specifically consider the needs of babies, children and young people when developing its strategy.

**Primary legislation and guidance should establish a clear, inclusive, robust framework for localities to work with, that harnesses local expertise and maximises collaborative working amongst all agencies who deliver these services, including charities.** Alongside this, there is a need for investment to support Voluntary, Community and Social Enterprise (VCSE) leadership and engagement with ICS structures so that they are seen as equal partners alongside NHS and statutory sector representatives rather than an add on. It will be vital that the ICSs and the children's sector can see clearly how children's services can be represented and how the Local Joint Health and Wellbeing Strategy can be informed and shaped to deliver appropriate services for children, young people and families. **This doesn't compromise the freedom & flexibility of the ICSs to evolve their own approaches to addressing local issues but rather ensures that all have the right access to personnel and information to make that work impactful.**

### 3. Better Care Fund

The Better Care Fund has been used to promote 'person-centred integrated care' in adult services since 2015. During that time, it has been viewed as achieving some success in helping to promote integrated working between health and social care.<sup>38</sup>

Clause 9 of the bill establishes the Better Care Fund as an ongoing funding provision. The wording of Clause 9 does not, of itself, rule out the prospective use of the fund in children's services integration. However, due to the lack of reference to children throughout the Bill and with no mandate for the representation of children's services in the ICSs, we are concerned that it will not be available to children's services or that, given the competing need in adult services, that it will be prioritised for adults.

Barnardo's would like to see the fund used to support and promote the delivery of integrated services for children, young people, and families. This would provide a timely lever for integrating children's health and social care services, to tackle some of the issues impacting children due the pandemic, particularly mental health. As evidenced earlier, there is a close relationship between children's physical and mental health. Closer integration of physical and mental health services within the NHS, argued for by some NHS professionals<sup>39</sup>, as well as in primary health and community-based services, will be of key importance as we emerge from the pandemic. Barnardo's believe it is imperative to have funding streams ready for the new ICSs, to frontload opportunities to get to grips with tackling children and young people's health inequalities at the earliest opportunity.

#### **Suggested amendment:**

##### 9 Funding for service integration

The National Health Service Act 2006 is amended as follows:

“(2) In section 223B (funding of NHS England)—

(a) for subsection (6) substitute—

“(6) The Secretary of State may direct NHS England—

(a) that an amount of the sums paid to it under this section in respect of a financial year is to be used for purposes relating to service integration

**[INSERT] for all ages including children;**

(b) about the use by NHS England of that amount for those purposes.”

<sup>38</sup> [5424.pdf \(pssru.ac.uk\)](#)

<sup>39</sup> [Paediatric services must treat the "whole child" | Comment | Health Service Journal \(hsj.co.uk\)](#)

## 4. Hospital discharge and young carers

Clause 78, known as 'discharge to assess', removes the requirement under the Care Act 2014 for hospital patients with care and support needs to have a social care needs assessment prior to being discharged home, if they have been assessed as no longer needing hospital care.<sup>40</sup> This may have unintended negative consequences for young carers.

Barnardo's is concerned that releasing an adult home into the care of a child or young person may come with risks, both for the children and the patient themselves, therefore we regard an assessment of care and support needs in these circumstances to be a safeguarding matter.

A young carer is a child under 18 who provides care to a relative who has a condition, such as a disability, illness, mental health condition or a drug alcohol problem, with many also look after their siblings. Young carers are a group of children that have proved difficult to identify, so we are also concerned about adults being released home in any circumstances without first checking whether their care will be taken on by young adults and/or children.

The 2011 census reported that there were almost 166,000<sup>41</sup> young carers between the ages of 5 and 17 in England. However, research carried out by the University of Nottingham, with the BBC, in 2018 indicates that numbers are much higher with an estimated 800,000 children providing regular care and, of that number, 250,000 providing high levels of care.<sup>42</sup>

Under the Children and Families Act 2014 young carers were first recognised as requiring assessment of their support needs as carers. The legislation states that this should happen 'on the appearance of need', that is, they are to be identified by professionals who encounter them rather than just in response to a request for assessment having been made.

This Children and Families Act 2014 recognised that a young carer could be identified by schools and health sector services delivering support or treatment for the person they are caring for, but also child or adult social care and other services young carers encounter, such as pharmacies. In 2017, Barnardo's published 'Still Hidden Still Ignored' which identified the limited impact of this change in legalisation on young carers supported by Barnardo's and called on GPs to increase their identification and referral of young carers for support.<sup>43</sup> Barnardo's also called for checks to be made at the point of discharging a patient from hospital regarding who will be taking on the care at home:

*'Hospitals should ensure that when someone is discharged from their care, there is an opportunity for the question of who will support the adult at home to be asked. This should be recorded and shared with other agencies to ensure that young carers are being identified, supported and are not slipping through the net.'*<sup>44</sup>

### Case study

In a focus group in Newcastle, a young carer told us that despite repeated visits to a GP both for herself, her little brother and her mum, she was never referred to a young carers' service. The same young carer visited and cared for her mum and her new-born brother in hospital, and she would divide her time between caring for both of them. She was very tired and stressed, constantly missed school but felt there was no other option. Upon discharge,

<sup>40</sup> [210140en.pdf \(parliament.uk\)](#)

<sup>41</sup> [The lives of young carers in England \(publishing.service.gov.uk\)](#)

<sup>42</sup> <https://www.nottingham.ac.uk/news/pressreleases/2018/september/children-england-care-sick-family.aspx>

<sup>43</sup> [Still Hidden Still Ignored Barnardo's young carers report.pdf \(barnardos.org.uk\)](#)

<sup>44</sup> [Still Hidden Still Ignored Barnardo's young carers report.pdf \(barnardos.org.uk\)](#)

there was no assessment from the hospital about what support was needed for either the mother or the new-born brother and the young person became the sole carer for both over the next few years leading to her leaving school and becoming increasingly isolated. It was only when a health visitor for her infant brother picked up the amount of caring she was doing that she was finally referred to Barnardo's.<sup>45</sup>

In order to ensure the needs of young carers are considered, we are calling for the Bill to be amended to include the following clause:

**Insert new clause:**

“Young Carers Needs Assessment

(1) In the Children Act 1989, after section 17 insert—

17ZF Young Carers Needs Assessment

(1) NHS Body must ascertain during hospitalisation whether a patient when discharged will be cared for primarily by a young carer

(2) NHS Body must give the Local Authority where the patient lives notice that a young Carer will require a needs assessment

(3) The local authority when carrying out Young Carers needs assessment must cover:

(a) whether it's appropriate for the young carer to provide care

(b) identify what support or services need to be in place for safe discharge.”

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<sup>45</sup> [Still Hidden Still Ignored Barnardo's young carers report.pdf \(barnardos.org.uk\)](https://www.barnardos.org.uk/young-carers-reports/still-hidden-still-ignored-barnardos-young-carers-report.pdf)

## 5. Child Impact Assessment

Barnardo's is calling for a Child Impact Assessment to be carried out within two years of the Bill's implementation to assess its impact on children.

This Bill provides an opportunity to drive forward integrated early intervention and prevention services for children, young people and families. Children and young people should be located at the heart of the thinking and planning of this Bill going forward, because, as evidenced above, infancy and childhood are where the building blocks of good lifelong health are laid.

There are 13.9 million children and young people aged 18 and under living in England compared to 12.4 million people aged over 65.<sup>46</sup> This generation, from infants to older teenagers will, as described earlier in this evidence, have had their health and wellbeing impacted by COVID-19. In just over a decade over half of this group will have left school and entered further and higher education, or the workforce.

Barnardo's view is that this legislation cannot claim to be addressing the challenge of improving overall population health without tackling child health inequalities. To this end children and young people should have access to the services they need, when they need them. As evidenced earlier, caring for children's health now is an investment in future adult health and our NHS, a central purpose of this legislation.

Barnardo's view is that the success of this Bill should be measured by the practical impact it will have in ensuring children and young people's access to timely, appropriate health and social care services.

Therefore, the bill should be amended to include the following new clause:

**After 14Z57 before 14Z58 insert a new clause:**

"Produce a report on Child Impact Assessment

- (1) All Integrated Care Boards must review and prepare a report on the impact of the changes for children and young people within two years of the changes.
- (2) The Secretary of State must prepare and publish an annual report that compares all 44 Integrated care boards assessment and lay the report before Parliament.
- (3) A Minister of the Crown must, not later than two months after the report has been laid before Parliament, make a motion in the House of Commons in relation to the report."

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<sup>46</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2019estimates>

## 6. Family Hubs

Successive governments have sought to address the needs of vulnerable families through the provision of local Sure Start Children's Centres and more recently Family Hubs. Barnardo's has been at the forefront of delivering these services, with local authority and health partners, and currently delivers 62 family hubs/children's centres across England.

Barnardo's believes that children's social care should be recognised as having a key role in supporting families. Such support should be available not just when there is an identified risk to children but for all families who may from time-to-time find themselves needing a bit of extra support and advice with the difficult job of raising children.

Universal family services provide an important role in building community links. Families support their children best when they effectively have a 'village' to rely on for support. Often that village develops naturally however, where such a village does not already exist, universal support can help to facilitate connections within a community, reducing social isolation for parents and giving them a group of peers who can provide advice and support.

Barnardo's believes it can also reduce the need for more extreme interventions including the need for care proceedings. This has the potential to achieve savings for the state in the longer term. We recently conducted our own cost benefit analysis of our intensive family support work service in the Isle of Wight. This service supports families who are facing a range of challenges many of which are strongly correlated with social care referrals such as domestic abuse and poor parental mental health.

Barnardo's looked at the improved outcomes delivered<sup>47</sup> by the service alongside the cost of provision and compared them to estimates provided in a range of academic papers of what intensive service intervention would cost the state. Using this information our analysis was able to estimate that **for every £1 invested in the service, the saving in costs to the state was about £2.60. Based on this, we concluded that for families helped in the last year, this single service produced savings to the state of approximately £1 million in the year 2020/21. Additionally, we believe the investment is likely to provide additional savings based on improved outcomes for these families in coming years.**

To help facilitate better community support Barnardo's **recommends the introduction of a family hub which would be fully embedded in every community.** These would provide a vehicle for children's services to provide families within their communities with a one stop shop where they could go for parenting support and advice. These hubs would include access to both universal services and targeted support for families with the greatest need.

Barnardo's believes that the Health and Care Bill is an opportunity to provide an informed strategic plan for delivering support to families through family hubs, from the birth of their child through to age 19, in each ICS area. A family hub should deliver the integrated health and care service offer that families need to ensure they have access to appropriate support early, from one service location or point of contact.

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<sup>47</sup> <https://www.barnardos.org.uk/sites/default/files/2021-09/It-Takes-a-Village-the-case-for-family-support-in-every-community.pdf>



Below are two examples of family hubs delivered by Barnardo's in partnership with other agencies:

### **Essex Child and Family Wellbeing Service**

The Essex Child and Family Wellbeing Service, which is provided by Virgin Care in partnership with Barnardo's, ensures that families have free and easy access to local health services in the community, whether in a local clinic, children's centre, or in a family's home. Support the service provides include health visiting; parenting support; school nursing; family health; support for ages 5-19 and support for young people with SEND up to the age of 25. More information on this service can be found here:

<https://essexfamilywellbeing.co.uk/>

### **Birmingham Forward Steps**

Birmingham [Forward Steps](#) provide health and wellbeing services for babies and children up to five years old integrating professionals from health, social care, early education and the voluntary and community sector. It covers the ten Birmingham districts, is commissioned by Birmingham City Council and is made up of five strategic partners:

- Birmingham Community Healthcare NHS Fountain Trust
- Barnardo's
- Spurgeons Children's Charity
- The Springfield Project
- St Paul's Development Trust

[Health Visiting](#) teams provide health reviews and antenatal advice. [Children's Centres](#) across Birmingham offer baby groups, free baby massage, breastfeeding support, family support, stay and play sessions and more. Birmingham Forward Steps offers a variety of [support for families](#) including [child speech and language development support](#), Community engagement workers, [healthy lifestyle advice](#), behaviour management, [parenting education](#), and [online virtual support](#). Identifying a child's needs early is key to giving them the best start in life and ensuring parents receive the support they need. Birmingham Forward Steps aims to:

- Encourage: support children to lead health lifestyles with advice on healthy diet and staying active.
- Keep children safe: ensure children develop well physically, emotionally and socially help keep children safe.
- Advise families: advise families on parenting and emotional wellbeing and offer extra family support when situations are challenging.
- Create opportunities: support communities to develop accessible services that families really want by creating opportunities to listen to local people and develop new services together.

## 7. Integrated child and adolescent mental health services

In January 2021 the Children's Commissioner for England's fourth annual report on children's mental health services in England described a system, pre-pandemic, which was woefully unprepared to meet the challenge of the oncoming crisis. Despite four years of service improvement, services remained inaccessible to thousands of children with mental health needs, and despite an increase of 35% in referrals for support this was met with only a 4% uplift in numbers of children and young people accessing services.<sup>48</sup> In September the Commissioner published the report on her Big Ask survey of children in England, which had over half a million responses. Mental health was the key issue of concern, with one in five 16–17-year-olds saying that they were unhappy with their mental health, with girls and older children in deprived areas the worst affected.<sup>49</sup>

The impact of the pandemic on children and young people's mental health and wellbeing, due to isolation from peers and support networks, disrupted education and the trauma of losing loved ones, is widely acknowledged. Evidence gathered from Barnardo's quarterly surveys of frontline workers since March 2020 have showed a steady increase in concerns about the deteriorating mental health of the children and families, they work with nine out of ten practitioners reported an increase in mental health issues among the children, young people and parents they worked with in April 2021 compared with seven in ten in April 2020. A lack of mental health support, long waiting times, and high thresholds were frequently mentioned as barriers to getting support.

The NHS Long Term plan makes a series of commitments as part of a comprehensive offer for 0–25-year-olds, integrated across health, social care, education, and the voluntary sector to address health inequalities. This includes an increase in Mental Health Support Teams (MHSTs) in schools with an upscaling of the roll out of the programme in response to Covid-19, which will see MHSTs in 25% of schools by 2022. Wider commitments include ensuring 6,000 highly vulnerable children with complex trauma will receive consultation, advice, assessment, treatment and transition into integrated services.<sup>50</sup> In light of the impact Covid-19 has had on children and young people's mental health, outlined above, Barnardo's would like to see MHSTs rolled out to all schools across England as a matter of urgency.

Barnardo's further recommends that the Health and Care Bill is used to facilitate the integration of local education, community, social care and health services to provide a one stop, accessible, child centred, non-stigmatising approach to support emotional wellbeing and mental health. A model of community CAMHS support called Solar has been developed in Solihull which removes the traditional tiered system of delivering CAMHS establishing one access point to an integrated team of health and social care professionals, is already achieving improved outcomes for children and young people. Published in March 2018, National Mental Health Data Set showed that Solar was the only service in England to have met the national target of 30% increase in access to CAMHS by hitting 34.7%. More recently another promising health and social care model is being initiated in Surrey, based on the Thrive model.<sup>51</sup>

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<sup>48</sup> cco-the-state-of-childrens-mental-health-services-2020-21.pdf (childrenscommissioner.gov.uk)

<sup>49</sup> <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2021/09/the-big-ask-the-big-answer-09-2021.pdf>

<sup>50</sup> NHS Long Term Plan v1.2 August 2019

<sup>51</sup> thrive-booklet\_march-15.pdf (annafreud.org)

## **Solar service, Solihull**

Solar is a partnership between Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands and is the service that provides Emotional Wellbeing and Mental Health Services to Children, Young People and Families in Solihull (0-19). Traditional CAMH services are separated into four tiers, often delivered by multiple agencies across multiple sector, with several transition points, even within the tiers.

Solar was set up as a service with a focus on timely access to appropriate support for children and young people's needs rather than tiers. The service is truly integrated with staff from Birmingham & Solihull Mental health Foundation Trust, Barnardo's and Autism West Midlands working alongside each other with a culture of mutual professional respect and integrity.

Since initiating this new approach to offering a CAMH service the percentage of children and young people referred accessing a CAMHS increased from 55% in 2014/15 to 84% in 2018/19.

## **The Surrey Emotional Wellbeing and Mental Health Service for Children and Young People.**

This is a new initiative which sets out to provide a service within which children and young people have a strong voice in their care, setting their own goals and have access to a wider range of options for support. The approach is based on the Thrive Model<sup>39</sup> and incorporates statutory and voluntary sector services in the shared task of supporting children and young people's mental health.

A key part of this approach in Surrey has been the commissioning of, with joint health and social care funding, an alliance of voluntary sector services to deliver a range of wellbeing support services.<sup>52</sup>

These can be deployed, alongside statutory services, to design bespoke packages of support, according to the children and young people's individual needs and choices. The service tackles the stigma of accessing support by aiming to make services more visible in the community, with the aim of ensuring they can be accessed in a variety of ways, not just within school or clinic setting.

This initiative is in its early stages of implementation but has already shown an innovative and ambitious approach to integrated service planning and funding.

Another example of the stronger links which are being developed between children's social care and health are through social prescribing networks. Social prescribing allows clinicians working in primary care settings to refer patients into non-clinical local services which are able to meet their needs in a holistic way. A range of activities are available to patients and might include volunteering, befriending, physical activities and so forth. Voluntary and community organisations tend to be the main providers. In Cumbria<sup>53</sup>, Barnardo's works in partnership with several local Primary Care Networks through the LINK service, offering social

<sup>52</sup> <https://surreywellbeingpartnership.org>

<sup>53</sup> <https://northcumbriaccg.nhs.uk/news/new-service-support-wellbeing-young-people-cumbria>

prescribing to children and young people aged between 5 and 19 years of age who are struggling with their emotional health. Children and young people who may be struggling with issues such as anxiety, low mood, loneliness or stress from relationship difficulties with family and friends, can be referred into the LINK service by GPs and health professionals, schools and other supporting organisations.

LINK workers from Barnardo's meet with each young person and work with them and their support network over a period of time, personalising the approach to the needs of each individual. The specialist LINK workers provide practical and emotional support, helping to build confidence and identify strengths, worries and things within young people's lives that they are struggling with. They provide them with strategies and tools to deal with these issues and work towards achieving goals, as well as connecting young people to wellbeing-boosting services within their local communities and other additional support as required. The service has been co-designed with local children of primary and secondary school ages, who were involved with recruitment, branding and advising on service aims and delivery.

## **Conclusion**

The Health and Care Bill is a once in a generation piece of legislation, laying a foundation which will shape the development and growth of our health and care services for years to come. Children and young people's services must be central to that future development. As we have made clear in this paper, the foundations of good health are laid in childhood and to neglect children's health inequalities now is to neglect our own future communities and the health and social care organisations that serve them.