Born Unequal: Tackling the Root Causes of Health Inequity in Childhood

The Children and Young People's Health Equity Collaborative

Changing childhoods. Changing lives.

INSTITUTE of HEALTH EQUITY

Cheshire and Merseyside Health and Care Partnership

Birmingham and Solihull Integrated Care System
Caring about healthier lives

South Yorkshire and Bassetlaw Integrated Care System

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Foreword

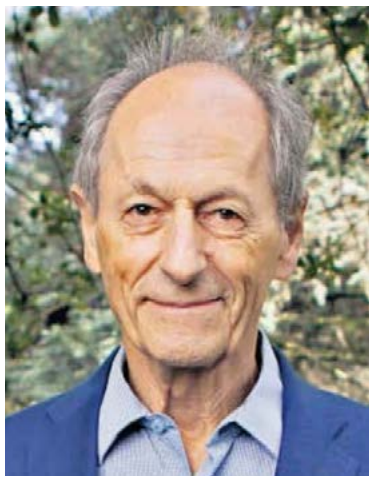
England is failing its children. The social gradient in child health is steep and widening. Too many children are growing up in cold, overcrowded homes, breathing polluted air, experiencing food insecurity, and lacking nurturing activities fundamental to healthy development. These are the social determinants of health - and they shape not only childhood, but health and life chances across the whole life course.

The new Government has recognised this: “nothing says more about the state of a nation than the wellbeing of its children,” and has set a bold ambition to raise the healthiest generation of children in our history. It is the right ambition.

If we are to build a society in which children can flourish, local health and care systems must take an active role in addressing the social determinants of health. The Child Health Equity Collaborative provides valuable learning to support this mission - showing how local health and care systems, working with the community and voluntary sector, local government, and with children and young people themselves, as well as their families, can begin to act on the conditions in which children are born, grow, learn and play. CHEC offers practical insights, tools and approaches that can help ICBs to turn ambition into action.

The rationale is compelling. There is a strong economic case: investing in children yields lifelong returns - in education, productivity, and reduced pressure on services. But even more compelling is the moral case. A good society is one in which all children have the opportunity for good development and healthy lives and where social cohesion is strong. Such a society can only be achieved with sustained, focused attention on the development and wellbeing of infants, children and young people.

The learning and outputs from the CHEC provide local areas with means to act - to strengthen leadership, measure what matters, and work with partners to create the conditions for children to thrive. If we place children’s health equity at the centre of local and national strategy, we can make real the promise of a healthier generation and build a fairer society for all.



Professor Sir Michael Marmot

Introduction

The health and wellbeing of children and young people have deteriorated over the last 15 years, in particular since the pandemic, and the UK has some of the worst health outcomes in Europe (1). There are also widening inequalities in health among children and young people, with those from more disadvantaged backgrounds, from some ethnic minority groups and among those with disabilities and facing discrimination more likely to have poor health (2). Inequalities experienced during childhood tend to widen through adulthood and contribute to increasing inequalities in health and life expectancy among adults.

These highly concerning trends among children and young people are not just the result of inadequate resources, high demand and a focus on adult health in the NHS, although all these features are present, but are closely related to widening inequalities in social, economic and environmental conditions – known as the social determinants of health. The Government has recently set out an ambition for this generation to become the healthiest ever generation of children. The Children and Young People's Health Equity Collaborative (CHEC) was established to show how the healthcare system can do much more to improve the social determinants of health for children and young people. The CHEC's vision is that all children should enjoy good health and positive wellbeing through action on the social determinants of health.

The CHEC delivered initiatives in three Integrated Care Systems (ICS) in partnership with the voluntary and community sector and with children and young people themselves. The evaluation of the initiatives showed that they led to some positive impacts on health and wellbeing among the participating children and young people, even in the short timescales of the programme, and have provided important insights about how healthcare can prioritise and improve the social determinants of health. An important innovation of the CHEC is that the NHS has taken the lead in establishing initiatives on the social determinants of health among children and young people in partnership with local government and the voluntary sector. The ambition is that the learning from the CHEC about why and how to support greater child health equity is taken forward by other ICSs and national policy makers, to enable them to contribute to the Government's ambition of creating the healthiest ever generation of children.

Call to action

The CHEC programme has involved the delivery of three initiatives by the health care system, in partnership with the voluntary sector, children and young people and local government. The impacts of the CHEC on participants in the initiatives and on the health care system have been assessed through an evaluation. These programmes have provided rich learning about the opportunities and challenges to better support children and young people's health and approaches for other ICBs and their partners within the ICSs to develop and use. The learning has led the CHEC to make a call to action to the health care system.

Call to action for child health equity

Develop a cross-government child health action plan aligned with the Child Health Equity Framework (as set out on p8) and supported by clear metrics, which are informed by the Child Health Equity Monitoring Framework and describe a clear vision for the healthiest ever generation of children.

The NHS to strengthen its role and investment in the social determinants of health by weighting resources towards achieving greater health equity for children and young people, guided by the Child Health Equity Framework.

For children, young people and their families to be involved and collaborate in the design and delivery of programmes to support better health and wellbeing, using evidence-based approaches.

Strengthen neighbourhood partnerships between health care, the voluntary and community sector, business, local government, schools and youth and children's services to deliver action on the social determinants of child health.

Implement stronger governance, accountability and monitoring for health equity by strategic commissioners for children and young people, based on the Child Health Equity Framework.

The Children and Young People's Health Equity Collaborative

The Children and Young People's Health Equity Collaborative (CHEC) was a three-year partnership which ran from 2022 to 2025 between Barnardo's, the UCL's Institute of Health Equity (IHE), and three ICSs – NHS Birmingham and Solihull, NHS Cheshire and Merseyside and NHS South Yorkshire.

Barnardo's sponsored and developed the CHEC as it has been aware since its early beginnings as a charity, nearly 160 years ago, that factors such as poverty, housing and education have a profound impact on the childhoods and life course of children. Every day the charity sees families across its 760 services facing increasing pressures– from poverty to mental health - and finding it harder to access the right services. Improving health inequalities among children and young people is at the heart of Barnardo's 2024–2027 strategy. With this in mind, it was vital to create system change by influencing how key decision makers in health and social care think about this issue and by giving them practical tools to take action locally, so that children can have the childhoods they deserve.

The IHE, directed by Professor Sir Michael Marmot, has supported more than 50 places in the UK and regions and nations globally to take action on the social determinants of health and has worked with health care systems, businesses and voluntary sector organisations to strengthen approaches to health equity. Integrated Care Systems have a remit and requirement to tackle inequalities in outcomes, experience, and access to health care services.

To promote the vision that all children should enjoy good health and positive wellbeing, regardless of circumstance, the CHEC embedded a social determinants of health approach in the health care system, in partnership with the voluntary community and social enterprise (VCSE) sector, local government and children and young people themselves.

The CHEC:

- Supported ICSs to strengthen their leadership for child health equity and take action on the social determinants of health for children and young people.
- Strengthened partnerships between the ICSs and the voluntary sector to deliver pilot initiatives.
- Developed collaborations with children and young people related to the design of programmes to support their health and wellbeing.
- Developed data tools that monitor child health and the social determinants of health and ensured that this information is used to develop greater accountability for health inequalities affecting children and young people.

There were several components of the CHEC which contributed to these aims, set out in more detail in the rest of the summary:

1. The Child Health Equity Framework.
2. The Child Health Equity Monitoring Framework.
3. System support and leadership for child health equity.
4. Partnerships with the voluntary sector for child health equity.
5. Collaborations with and the involvement of children and young people.
6. Delivery of pilot initiatives for child health equity through action on the social determinants of health:
    - Using Social Value and Corporate Social Responsibility in Procurement to Promote Child Health Equity – Birmingham and Solihull ICS
    - Tell Me a Story, Liverpool - Cheshire and Merseyside ICS
    - Friday Fun Club in Rotherham - South Yorkshire ICS

The programme was overseen by a high-level advisory board, the Children and Young People's Health Equity Board, consisting of national policy leads, ICS leads, Barnardo's, IHE, the Local Government Association, academics and think tanks.

CHEC outputs

There are several outputs from the CHEC programme which provide tools and learning for other health care systems to meet the challenges of delivering greater health equity for children and young people.

- The Child Health Equity Readiness Tool
- The Children and Young People's Voice and Influence Tool
- What Good Child Health Equity Data Looks Like and how the Voluntary, Community and Social Enterprise Sector can Contribute Report
- The Child Health Equity Framework and the Children and Young People's Insight Report
- The Child Health Equity Monitoring Framework
- The evaluation of the Children and Young People's Health Equity Collaborative

Policy ambitions

The CHEC is aligned with a number of current Government policy objectives. Particularly relevant are the priorities outlined in 2025 in the 10 Year Health Plan for England: Fit for the Future (4). The CHEC provides learning and tools that support delivery of a neighbourhood health programme for children and young people focusing on supporting better health and preventing ill health, as proposed in the plan.

Family Hubs and Best Start in Life Centres and the Families First Partnerships are also important ways to deliver the types of initiatives developed by the CHEC (5). The forthcoming Child Poverty Strategy and the National Youth Strategy will likely have profound implications for the health of children, young people and their families, and again, the CHEC is highly relevant as a way in which the health care system can support delivery of their core objectives. Recent guidance for the NHS and local government, including Neighbourhood Development, the NHS Operational Guidance and the Local Government Outcomes Framework, are also well aligned.

The CHEC is also relevant for national policy makers from the Department of Health and Social Care, the Department for Education and the Ministry of Housing, Communities and Local Government and for local government, business and the economic sector as they deliver social value and support communities and places.

TACKLING INEQUALITIES IN HEALTH AMONG CHILDREN AND YOUNG PEOPLE: ROUTES TO TAKE

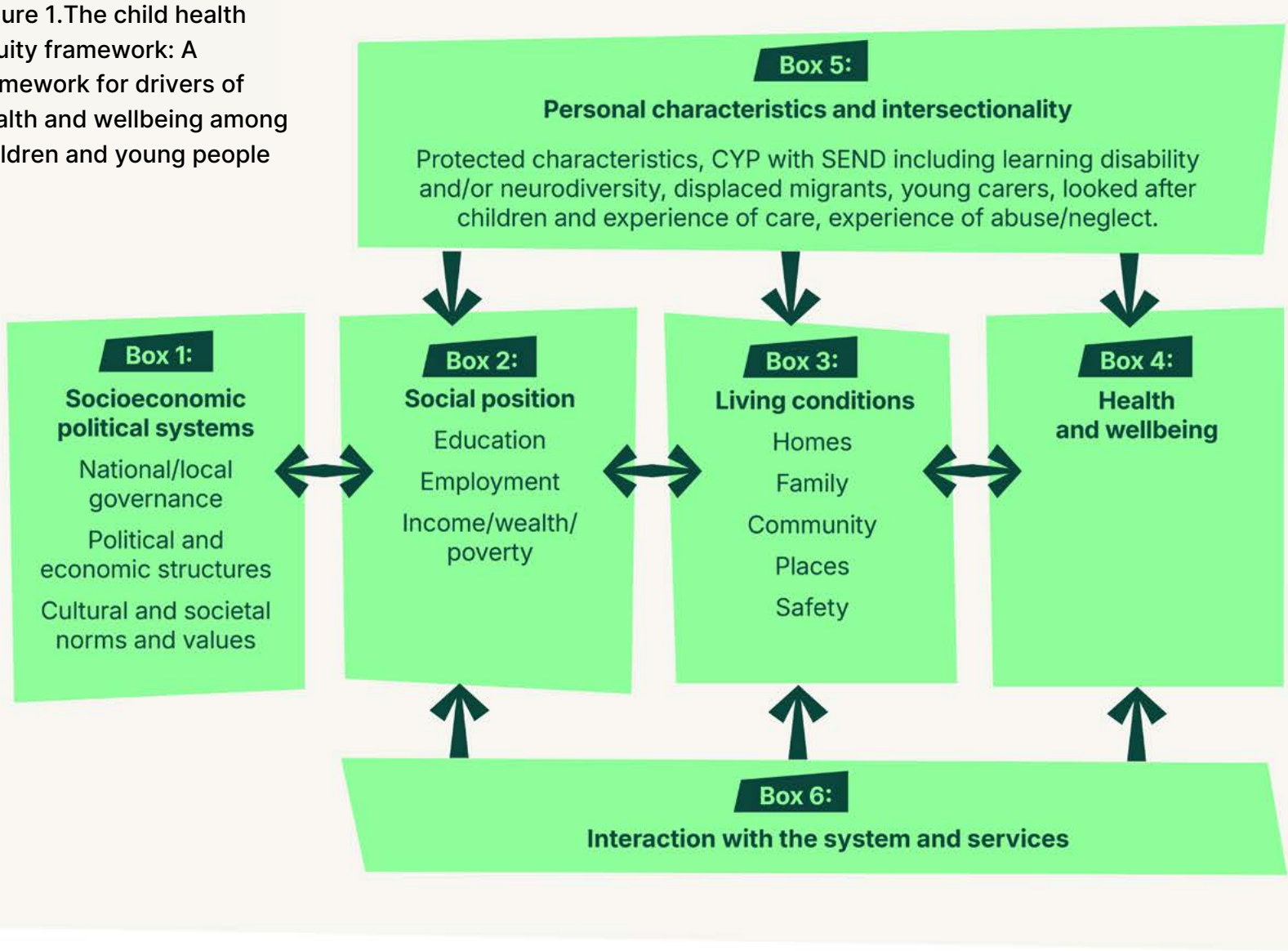
1 The child health equity framework

The CHEC began through the development of a framework encapsulating the drivers of health for children and young people and involved extensive engagement with over 300 children and young people. The framework identifies the key social determinants of health and wellbeing and was used to guide the delivery of initiatives and action in the CHEC. The initial framework presented for consultation was from the 2008 Commission on the Social Determinants of Health (CSDH) (6). During a co-production phase, children and young people outlined the ways they felt their health and wellbeing were affected, some of which were not well represented in the CSDH framework nor in the academic evidence or data. Children and young people focussed more on where they lived and went to school and they were concerned about feeling safe, both psychologically and physically, at home, at school and in public.

The redeveloped framework incorporated these concerns and boxes 2-6 in figure 1 are where the health care system can take action in partnership with local governments, education, business and the voluntary, community and social enterprise sector. In other resources, we have demonstrated how each of the areas represented in the box links to health conditions, such as asthma, and early childhood development (6). The framework can guide:

- service and intervention development – identifying areas where the health care system can intervene to support better health
- where the voice of children and young people and data are needed to identify particular issues and monitor impacts
- advocacy – to support stakeholders to make the case that the health care system can and must recognise that health is shaped by the social determinants and act to improve them.

Figure 1.The child health equity framework: A framework for drivers of health and wellbeing among children and young people



2 The child health equity monitoring framework: what gets measured gets done

In order to tackle health inequalities and the social determinants of health among children and young people, appropriate data which is produced regularly enough to allow monitoring and reflect key dimensions of inequality is required. The Child Health Equity Monitoring Framework complements the Child Health Equity Framework and the report on what good child health equity data looks like.

The Child Health Equity Monitoring Framework is a set of priority indicators for monitoring the social determinants of health and health equity for children and young people, based on boxes 2-6 in the framework. The indicators can be disaggregated by relevant dimensions – such as geographic area, socioeconomic position, gender, disability, ethnicity and other personal characteristics and experiences (Box 5 in the framework). It strengthens the identification of, and response to health inequalities and the social determinants of health among children and young people.

Local health and care systems can use the Child Health Equity Monitoring Framework to build a more complete picture of child health equity in their areas and develop or strengthen child health equity strategies. It can also guide the design and commissioning of services to address identified gaps and ensure that resources are targeted effectively. The three CHEC ICS partners are putting the Child Health Equity Monitoring Framework into practice by developing or refining existing child health equity dashboards that track progress and inform decision-making.

While this is a challenging time to introduce new frameworks to the NHS, the Child Health Equity Monitoring Framework can support delivery of national policy priorities including the NHS Core20PLUS5 programme and the 10 Year Health Plan for England, and local areas can develop their own frameworks and dashboards based on the proposed indicator set, as has happened, for example, in Camden Council.

3 System support and leadership for child health equity

A key objective of the CHEC has been strengthening leadership for child health equity and the social determinants within ICBs. Clearly the NHS has many priorities. There are significant demands on resources and the leadership and workforce are under huge pressure. In this challenging context the CHEC makes the case that investing in the social determinants of child health is supportive of the many other ambitions that the NHS must deliver, including reducing pressure on services by improving health and investing in prevention. For example, the NHS supporting better housing conditions in partnership with housing providers and the VCSE will improve respiratory health and reduce asthma prevalence and severity, thereby improving health equity. Shifting the focus and culture within a system is always challenging and particularly so at the moment. Nonetheless, the CHEC had senior level support in each of the three ICBs and reducing health inequalities is a statutory requirement for them.

The evaluation found that the CHEC had:

- Raised the profile of the social determinants of children and young people's health. The CHEC helped embed the social determinants of children's health into the agenda of ICSs and in national forums. Leaders from the three ICSs reported that issues such as poverty, housing, and school attendance are now more visible in long-term strategies.
- Influenced governance and strategic priorities, helping support the prioritisation of services and support for children and young people in the three ICSs.
- Helped embed children and young people's health as a priority alongside adult services. The programme contributed to the development of new boards, partnerships, and governance structures and created accountability mechanisms that have begun to shift the way children and young people's health is considered at the highest levels.
- National support, with the CHEC being referenced in the Hewitt Review, parliamentary committees, and other national forums. This visibility reinforced local activity, helping ICBs secure senior buy-in and aligning child health equity with broader NHS and government priorities.

4 Partnerships for child health equity

A key ambition for the programme was to strengthen partnerships between the VCSE, local government and the NHS in delivering programmes for greater child health equity. These partnerships, while essential, are challenging to implement, given different priorities, systems, cultures, workforce and budgets. The evaluation found that:

- The CHEC contributed to the strengthening of partnerships between the ICSs and the VCSE sector. They were viewed as trusted partners and intermediaries between statutory services and young people.
- There was limited evidence that VCSE partners were systematically included in decision-making and future work of this nature should consider how the VSCE, and the data they hold, could contribute more.
- There was evidence that local government were partners in the design or delivery of the programmes in the three places, and an interest and a willingness to go further to strengthen local partnerships between the three ICBs and local authorities.

5 Collaborations with children and young people for child health equity

A central aim of the CHEC was to involve children and young people in the identification of issues that are affecting their health and wellbeing, and in the decision-making related to the design and delivery of programmes to tackle these issues. To achieve these aims, the CHEC created several routes for the involvement of children and young people. As highlighted, the Child Health Equity Framework, which underpins the CHEC, was redeveloped following their engagement. Among the children and young people involved in the development of the framework, a number went on to become Health Equity Champions. The role of the Health Equity Champions was to help the work of the programme to be grounded in the voice of children and young people.

The Champions gave children and young people a voice within ICSs and the CHEC programme to represent their concerns and to inform decision making. The evaluation found that:

- While their input has not yet translated into consistent strategic influence, their presence has begun to shape conversations, interventions, and local planning, signalling the foundations for deeper involvement in decision-making.
- Champions across the programme gained skills, confidence, and networks.

6 Delivery of initiatives for child health equity through action on the social determinants of health.

An important component of the CHEC was the delivery and evaluation of the three pilot child health equity initiatives - one in each of the three ICSs. These provided a practical way for the partnership to implement the Child Health Equity Framework and show it could be applied in local health and care systems to benefit children and young people's health.

The guiding principles for the CHEC partners in the development of the initiatives were:

- **Use of the Child Health Equity Framework:** Each initiative should be informed by the Child Health Equity Framework, which identifies the key social determinants shaping children's health and wellbeing.
- **Prevention and early intervention:** Initiatives should emphasise supporting children early to give them the best start in life and reduce future demand on services.
- **Partnership working:** Initiatives should seek to strengthen collaboration across healthcare, public health, local councils, communities, the VCSE sector, and directly with children, young people, and their families.
- **Building on local assets:** Initiatives should make use of existing services and networks to increase relevance and sustainability.
- **Planning for sustainability:** Initiatives should consider system strengthening and capacity-building to ensure long-term impact.

The child health equity pilot initiatives and their evaluations were designed to generate practical learning for the participating ICSs and the wider health and care system. By providing real-world case studies, they offer insights into effective approaches, mechanisms of change, and challenges in practice, which we hope will inform the design of future initiatives and support continued investment in child health equity.

Using Social Value and Corporate Social Responsibility in Procurement to Promote Child Health Equity - Birmingham and Solihull ICS

One in three children live in poverty in Birmingham, there are wide inequalities in health among children and adults and overall health is worse than in England. Birmingham is an ethnically diverse area, and there are related ethnic inequalities in health and the social determinants of health (7).

By embedding social value (SV) and corporate social responsibility (CSR) requirements into procurement processes, the health care system can direct resources and support toward children, young people, and their families without requiring additional public spending.

Birmingham and Solihull ICS had already begun a major programme to embed SV and CSR into procurement for public good. This included increasing the SV weighting in contracts from 10 percent to 20 percent. These activities were not created by or for the CHEC, but they provided an important foundation for their CHEC initiative, which centred on exploring if and how embedding SV and CSR into procurement could promote child health equity and increase focus on the social determinants of health.

By aligning supplier contributions with locally defined needs, the ICS enables voluntary and community organisations to deliver community-based solutions that address the social determinants of health.

The aim was to align supplier SV commitments with local child health equity priorities so that children and families in the most deprived areas of the city receive more support from community and voluntary sector organisations.

The tangible benefits for children, young people, and families include direct support - such as resources for projects focused on children and young people - and indirect benefits, such as supplier contributions that help address the wider social determinants of child health. Suppliers are now providing more meaningful and sustained support to voluntary and community organisations working with children and families. Stakeholders described how many suppliers used to support children and young people through smaller and more tokenistic gestures, such as toy donations, and this has now developed into more substantial contributions, including the funding of outreach initiatives. For example, a business providing cots, moses baskets and beds to children and babies in temporary accommodation, another business funded all kit and equipment to a community sports programme in a more deprived area of Birmingham, and a construction company working in a children's hospital offered apprenticeships, work experience and guaranteed interviews for care leavers.

Embedding SV/CSR in procurement is supported at the highest levels within the ICB with a board member focusing on health equity, and senior leaders, including the ICB Chair and Chief Financial Officer, actively backing these efforts. The CHEC programme has reinforced this by highlighting health inequalities and social determinants of health, with dedicated leads advocating for child health equity. Senior leaders making child health equity more visible has raised awareness across the ICB and among public, private, and voluntary sector stakeholders, attracting attention from policymakers, the media, and the public, and helping inform wider efforts to address child poverty and inequality.

Most stakeholders said that hearing directly from children and young people with lived experience was the most powerful way to encourage them to tailor support and contributions to local needs. Children and young people Champions shared their own stories and those of their peers about how inequalities affected them, and this has been a motivator for private sector organisations and the ICB, as has voluntary sector organisations sharing the challenges that their clients face and the benefits of private sector support.

Birmingham and Solihull's work to embed SV and CSR into procurement has the potential to promote child health equity and address many of the drivers of children's and young people's health and wellbeing. The scale of support is currently too low for the level of local need, young people's voices are not fully included, and supplier commitments are not always followed through, with progress relying on a few individuals. Despite these challenges, the work shows potential as a model that other health and care systems could adapt and build on.

Tell Me a Story, Liverpool - Cheshire and Merseyside ICS

Data from Cheshire and Merseyside showed that children across the region are below the England average in measures of school readiness and a relatively large proportion of children in the city start school with notable delays in speech, language, and emotional skills. A local child health equity assessment, based on the Child Health Equity Framework, confirmed the scale of the challenge.

Families in Liverpool often face poverty, low adult literacy, and other pressures that make activities like reading together more difficult. Practitioners also shared how some parents lack confidence with reading, which can become a barrier to enjoying stories with their children. Tell Me a Story, Liverpool was created with local partners to address these concerns and support development of better speech, language and emotional skills among a group of particularly disadvantaged young children and their families.

Following a collaboration between system partners from health care, local authorities, public health, the VCSE and Health Equity Champions, it was identified that storytelling was a fun and accessible way to support preschool children's development, boost parents' confidence, support parent-child attachment in ways that addressed inequalities in school readiness and early years development, and build on local strengths and relationships.

Tell Me a Story, Liverpool, delivered in partnership with Mersey Care NHS Foundation Trust, Liverpool City Council, the BookTrust and the Dollywood Foundation, launched in March 2025. The pilot gives first-time teenage parents a free letterbox picture-book each month (suitable for the age and development of their child), addressed to their child, through the Dolly Parton Imagination Library.

Family Nurse Partnership (FNP) nurses and health visitors received training in storytelling and shared reading from the BookTrust, with extra training for FNP nurses through the Peers Early Education Partnership (PEEP) Learning Together programme. This equipped practitioners with the skills and confidence to help parents build their children's language, communication, and literacy at home, and to know where to access further resources or support.

FNP nurses highlighted multiple challenges faced by teenage parents and their children. Many children are at higher risk of poorer outcomes, including low school readiness, limited educational attainment, and reduced confidence, sometimes compounded by learning needs. Some parents feel embarrassed about reading or have little experience with books, while high levels of poverty mean many households have few or no books. Adversity, mental health difficulties, and early school leaving are also common among the parents. One FNP nurse estimated that "at least 75–80 percent of our teenage parents" are likely to benefit from the initiative. Participating families live in vulnerable or complex households, and most families reside in Liverpool's most deprived areas.

The initiative is designed to continue beyond the CHEC programme, supported by Family Hubs. It has started with an enhanced offer for teenage parents and their families but aims to expand to all families over time. In the short term, Tell Me a Story, Liverpool aims to boost practitioner support for families and improve how literacy programmes work together; in the long term, it aims to improve children's school readiness.

Over three months, parents reported that their children were more engaged and enjoyed reading and storytelling, that they themselves were enjoying these activities and feeling more confident, and that they felt more bonded with their children. Additional benefits include FNP nurses enjoying the sessions and building trust with the families, increased access to books and learning resources at home, and more parents finding time each day to look at or read a book together with their child. It is anticipated that inequalities in early years development may reduce if the programme is further rolled out, bringing widespread benefits to future educational attainment, employment and improved health and wellbeing.

Friday Fun Club in Rotherham - South Yorkshire ICS

The Friday Fun Club (FFC) was created through collaboration between health care and voluntary sector partners. The programme was developed by drawing on local data, national research, stakeholder insights, and informed by the CHEC consultation on the framework, during which mental health, wellbeing, and school attendance were highlighted as key concerns, further affected by the cost-of-living crisis, underfunded youth services, and long waiting times for support. Children consistently said they wanted safe spaces to belong, connect, and feel respected and valued. Evidence shows that educational attainment, attendance and feelings of safety and connection and feeling valued are all important social determinants of health and wellbeing and the programme sought to enhance outcomes in all these areas.

The FFC ran two programmes between September 2024 and July 2025, with a weekly two-hour after-school programme at Rotherham United Football Club. It was delivered in partnership between Rotherham United Community Trust, which has a strong track record in youth engagement, and the Integrated Care System. It combined fun activities with mentoring and creative health sessions to support emotional wellbeing, confidence, and school engagement. Children co-designed activities at the start of the intervention and each week, to ensure they were meaningful and relevant.

The initiative's main goal was to improve children's mental health and wellbeing by building trust, fostering social connections, and giving them a sense of belonging, agency, and confidence – ultimately supporting better school attendance and engagement in learning. It also aimed to strengthen collaboration across sectors, spark creative solutions to shared challenges, and influence future commissioning models to put children's voices at the centre.

Attendance was consistently high across both cohorts, unusual in programmes of this kind. Parents, youth workers, project staff, and teachers reported that children really enjoyed the club and the friendships they built with peers and youth workers and the project team indicated that children benefitted from taking part in multiple ways. Participation was linked to improved school engagement and behaviour, alongside gains in confidence, self-esteem, self-expression, and emotional regulation. Children also formed new friendships, strengthened peer relationships, and developed social skills, while becoming more engaged in out-of-school activities. Some children benefitted more than others, depending on the level and complexity of their needs, particularly in their home environment.

Many stakeholders noted, however, that the programme's short timeframe and small group sizes made it difficult to identify clear impacts on school attendance. Overall, early signs point to encouraging improvements in behaviour and engagement at school. Schools involved in the FFC initiative reported a range of positive outcomes, including improvements in classroom dynamics, pupil behaviour, staff practice, and overall school culture.

All of these improvements are positive indicators for health and wellbeing, however, the pilot programme was not extended by the Integrated Care Board following the CHEC and the end of the initiative was upsetting to the children and other stakeholders. It clearly indicates the challenges health care systems face in investing in upstream drivers of poor health given all their other pressures.

Evaluation of the CHEC pilot initiatives highlights how initiatives guided by child health equity principles could, if funded at scale, improve child health outcomes and reduce inequalities. The ongoing challenge for health and care systems is how to tackle child health inequalities by designing, delivering, and linking services and initiatives in ways that match both the scale and the specific nature of local needs.

The three ICBs have strengthened their partnerships with the VCSE sector through co-designing and delivering child health equity initiatives that have built on local strengths and respond to children's and families' needs. Collectively, these initiatives have benefitted children, young people, and their families while fostering stronger collaboration between the ICB, schools, local authorities, health services, suppliers, and VCSE organisations. This has contributed to more creative, coordinated and sustainable support that can help reduce child health inequalities over time.

RESOURCES FOR THE PROGRAMME

Insufficient resources for the CHEC initiatives and, more broadly, across each ICS was a significant barrier to achieving greater impacts throughout the programme. While each ICS delivered pilot initiatives which had positive impacts, they mostly relied on existing assets, workforces and resources. The initiative developed in South Yorkshire ICB has not been extended, despite positive impacts. Short term programmes have been repeatedly highlighted as damaging trust and engagement with communities and there is a need more broadly to ensure sufficient resources and investments over the longer term. However, the CHEC has shown that where there is strong leadership and ambition, even without large resource, it is possible to deliver initiatives that address the social determinants of health and have a positive impact on the health and wellbeing children and young people.

SUMMARY: SUPPORTING CHILD HEALTH EQUITY: LEARNING FOR OTHER PLACES AND SYSTEMS

The CHEC's contributions to efforts to support greater health equity among children and young people lie in the systems change it seeded as well as the initiatives and products developed by the collaborative. It demonstrated that upstream, preventative approaches to improve child health equity can be delivered in partnership between the NHS, local governments and the VCSE, despite financial and structural pressures. It helped change the way the system worked, rather than relying on new resources, and created sustainable infrastructure, dashboards, governance, VCSE partnerships and CYP engagement mechanisms that are continuing beyond the life of the programme. As the evaluations demonstrate, CHEC contributed to a cultural shift: children's health equity is now more visible, more systematically monitored, and more firmly embedded in strategic conversations than when the programme began. It has also demonstrated that the vision of preventive, neighbourhood health outlined in the 10 Year Health Plan for England is achievable for children and young people and that ICBs' remit to tackle health inequalities, through their role as strategic commissioners, is possible through action on the social determinants of health

Yet this progress remains fragile. Structural barriers, financial pressures, fragmented leadership, and statutory limitations of the NHS mean there is a risk of regression if momentum is not sustained. Leaders stressed the need for continued ownership by senior leaders, more devolution of resources, and explicit alignment with national health strategies to embed child health equity as a long-term system priority.

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