



Setting the mandate to NHS England for 2016 to 2017 Consultation response from the Children and Young People's Health Influencing Group

Summary

This response calls for:

- The retention of the existing objective for NHS England to take forward *Better health outcomes for children and young people: our pledge*, or an equivalent
- An objective for NHS England to take forward the programme of work implementing reforms of children and young people's mental health services, including proposals in Government's *Future in Mind* report and the pledged £1.25bn investment
- The Department of Health and NHS England to ensure that children and young people benefit from improvements to services delivered under other objectives.

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

The Children and Young People's Health Policy Influencing Group (HPIG) represents a strong, independent voluntary and community sector voice on children and young people's physical and mental health issues in England. Membership of the group includes voluntary organisations engaging in advocacy, research, practice development and service delivery to improve children and young people's health.

This consultation response is supported by the following members of HPIG:

- National Children's Bureau
- Council for Disabled Children
- Children England
- Teenage Cancer Trust
- CLIC Sargent
- Challenging Behaviour Foundation
- YoungMinds
- CORAM BAAF
- Youth Access
- Association for Young People's Health
- National Council for Voluntary Youth Services

Question 1: Do you agree with our aims for the mandate to NHS England?

We agree that the mandate should be made clearer and more accessible so that it is easier for children, young people and their families to understand what it requires of NHS England and Clinical Commissioning Groups, and therefore what improvements they can expect to see. The objectives in the NHS mandate have a distinct statutory nature, so it is important that they in particular are made clear and the NHS is held to account for delivering on them.

Setting the mandate, and NHS budgets, over a longer period would also be welcome. A longer planning cycle will help the NHS get serious about prevention, allowing longer term impacts on improved services for children and young people to be taken into account, and enabling long term work to be accommodated in organisational plans. The pledge¹ signed by health agencies in 2013 to improve health outcomes, for example, includes ambitions to put children, young people and their families at the heart of decision-making and to integrate services around individuals. The culture change and service reconfigurations required to make meaningful progress on these can be more effectively achieved over a longer time frame.

The Five Year Forward View sets out positive ambitions for the NHS to play its role in prevention, make services more person-centred and develop its relationship with the voluntary and community sector. While it will be constructive and sensible for the

¹ Department of Health (2013) *Better health outcomes for children and young people: Our pledge*
<https://www.gov.uk/government/news/new-national-pledge-to-improve-children-s-health-and-reduce-child-deaths>

Mandate to reflect this, Government must also ensure that the NHS is held to account for ensuring that the benefits of change are realised for all service users, including children and young people, particularly where this requires radical thinking and culture change.

Question 3: What views do you have on our overarching objective of improving outcomes and reducing health inequalities, including by using new measures of comparative quality for local CCG populations to complement the national outcomes measures in the NHS Outcomes Framework?

We agree that transparency is needed in the quality and outcomes of care. There is still a deficit, however, in the NHS Outcomes Framework regarding the children and young people's experiences. Many of the indicator measures used do not collect any data regarding people under the age of 16 or 18. In 2012 the Government-appointed Children and Young People's Health Outcomes Forum made a number of recommendations for addressing this.²

Only a very small proportion of these recommendations have been implemented, leaving an accountability system that largely ignores the experiences of children, young people and their families. Furthermore, particular care will need to be taken in development of measures used at CCG level to ensure that the outcomes of all parts of the population, even if small in number within a particular area, are taken into account – including children and young people with low incidence needs.

There needs to be improved data on the health outcomes of children and young people and their experiences of health services, in order to monitor the impact of health services for children and young people. The Department of Health will need to continue work with NHS England, the Health and Social Care information Centre and others to deliver this.

Question 4: What views do you have on our priorities for the health and care system?

Ensuring children and young people's health are a priority within the NHS

HPIG believes that children and young people's health needs to be a priority within the NHS, particularly in the context of an ageing population and increasing demand, and that clear lines of accountability are needed.

The Mandate for 2014-15 and 2015 – 16 included an objective for NHS England to work with its partners to take forward the pledges they signed up

² Report of the Children and Young People Health Outcomes Forum (2012)
<https://www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results>

to in *Better health outcomes for children and young people: Our pledge*³. While some important actions have been taken forward during this period, NHS England has been unable to demonstrate that the vision set out in the *Pledge* has been fully realised. There are a number of recommendations from the Children and Young People's Outcomes Forum's first report⁴, and more recent reports on improving mental health services⁵ and support for those with learning disabilities and behaviours that challenge⁶, which are yet to be implemented on the ground for children and young people. In this context it is vital that the objective for NHS England to deliver on the pledge, or an equivalent reflecting its ambitions and commitments, is retained for this next Mandate.

Improving mental health services for Children and Young People

We are concerned that the consultation document lumps together discussion of mental health learning disabilities and autism and does not propose a specific objective on any of these issues.

In 2014, recognising the unacceptable situation that had arisen in the access to and quality of child and adolescent mental health services, Government commissioned a group of experts, led by the representatives from the Department of Health and NHS England, to make proposals for transforming these services.⁷ £1.25bn was also pledged by the Chancellor to help make these improvements, a pledge that has been repeated a number of times by the current Government. The proposals in the *Future in Mind* report are ambitious and it is only a few months into what is intended to be a five year programme of investment. It is very perplexing that the Department of Health has not proposed an objective for NHS England to continue this programme of work.

To deliver parity of esteem between physical and mental health HPIG believes Government must ensure clear accountability and sufficient resources for the delivery of services that promote children and young people's mental health and emotional well-being. This means setting a clear objective for the NHS to improve children and young people's mental health

³ Department of Health (2013) *Better health outcomes for children and young people: Our pledge*
<https://www.gov.uk/government/news/new-national-pledge-to-improve-children-s-health-and-reduce-child-deaths>

⁴ Report of the Children and Young People Health Outcomes Forum (2012)
<https://www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results>

⁵ Department of Health and NHS England (2015), *Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing*.
<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

⁶ Department of Health (2012) *Transforming care: A National response to Winterbourne View Hospital*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

⁷ Department of Health and NHS England (2015), *Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing*.
<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

services, implementing the proposals of the Future in Mind report, and for Government to deliver on its promise to invest in these services over the course of this parliament.

Prevention

We welcome the proposal to set an objective for NHS England to lead a step change on prevention. Improved health outcomes for children and young people require increased investment in early intervention and preventative services and creating the conditions for children and young people and their families to make healthy lifestyle choices. NHS England and Clinical Commissioning Groups should work with local authorities and other partners to help deliver this.

The most effective way of improving the NHS contribution to preventing ill health is to focus attention early in the life cycle. This means improvements to services to ensure that babies are born as healthy as they can be and children, young people and their families are supported to manage their health and can access the right support at the right time to avoid conditions getting worse.

Improving healthcare and support for people with learning disabilities and autism are issues which are related to but distinct from the planned transformation of mental health services for children and young people. For children and young people with learning disabilities and behaviours that challenge it is important that preventative services in the community are improved. This is vital for reducing the reliance on assessment and treatment units which are widely acknowledged as not being an appropriate response to people with these types of need.

High quality care

It is good that the Department of Health states in the consultation document that it wants the NHS to provide the best quality of care for all. It is vital that standards of quality and safety and expectations on patient experiences are not overlooked even for people for whom meeting these may challenge existing structures, procedures and culture of the NHS. Attention needs to be paid to securing the best possible care and a positive experience of care for all children and young people, no matter how complex their needs or disability, rare their condition or challenging their behaviour might be.

We welcome the recognition in the consultation document that feedback is particularly vital for improving services for the most vulnerable. HPIG wants the NHS to ensure that all children and young people have a voice in decisions about their own care and are empowered to influence the shape of provision locally and nationally, from priority setting to service design. The Mandate must make clear that the NHS has responsibilities to involve all people in decisions in their care, and to ensure their involvement of the

public in strategic decisions is representative, including all children, young people and their families.

Service integration

We welcome a proposed objective to transform out of hospital care and the extension of the Better Care Fund. It is important to remember that children should also be able to benefit from work to integrate services, ensuring health services are built around their lives, families, and education and that opportunities for prevention and health promotion are not missed. Joined-up approaches are needed across all the services that have an impact upon children and young people's health, including GPs, health visiting, hospitals, schools and early childhood services.

Getting the right care at the right time and integrating services should also mean seamless support for children and young people as they grow up and proper coordination of care for those who rely on a wide range of professionals and services to meet their needs. The NHS must ensure that children and young people have access to age-appropriate services, and that they are supported in smooth transitions from child to adult services and between specialised and community provision.

Question 5: What views do you have on how we set objectives for NHS England to reflect their contribution to achieving our priorities?

The objectives set for NHS England should be consulted on in an appropriate way. If they indeed are to set the priorities and deliverables for biggest part of the public sector for up to three years or longer it is important that children, young people and their families have an opportunity to input their views and be heard. This consultation has run for less than one calendar month, which is a completely inadequate time for advocacy organisations to arrange opportunities for them to input.

Children, young people and their families have vital insights into whether the NHS is delivering on core functions and statutory duties on the ground. It is particularly important to seek out their experiences given the deficits in other measures such as the NHS Outcomes Framework (discussed above).

Relevant objectives should remain in the Mandate until such time as NHS England has been able to demonstrate that they have been achieved or fully embedded in the health system. This means that, as stated above, an objective to take forward the pledge on child health, or an equivalent, should be retained.

Objectives should also reflect the promises that Government have made on the NHS's behalf, particularly where a step change in how services are arranged and delivered is required. This is undoubtedly the case for children and young people's mental health, for which, as stated above, there should be a dedicated objective in the mandate.

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